



International Conference

TRIPLE BURDENS OF DISEASES:

NURSE-LED GAME CHANGER TO
OPTIMIZE THE OUTCOMES OF CARE

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Room 1 Nursing Innovation



Effectiveness of SP6 (san yin jiao) acupressure during the first stage of labor on duration of labor: Systematic review and meta-analysis

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Abstract

Purpose:

The acupressure point SP6 (San Yin Jiao) is located four finger-widths above the posterior malleolus, acupressure on women in labor is thought to be effective in relieving labor pains, augmenting uterine contractions and reducing labor duration. It is widely practiced as a routine midwifery care in many regions worldwide. Several randomized controlled trials (RCTs) have been conducted to assess its effectiveness. However, its efficacy remains uncertain. The purpose of this study was to evaluate the effect of SP6 acupressure on the duration of the first stage of labor.

Methods:

The search was conducted in October 2024 using the following databases: MEDLINE, CINAHL, The Cochrane Library, CiNii, and ICHUSHI. We focused on randomized controlled trials (RCTs) that investigated the effects of SP6 acupressure stimulation on women during labor. The primary outcome measured was the duration of the first stage of labor. Two reviewers independently performed the screening, data extraction, and risk of bias assessment. A meta-analysis was conducted on studies that met the inclusion criteria, using a random-effect model to synthesize the results.

Main Findings:

The database search identified 700 studies. Of these, 5 RCTs involving 423 women in labor were included in the meta-analysis. The random-effect model meta-analysis revealed that SP6 acupressure, compared to standard care, significantly reduced the duration of the first stage of labor (mean difference: -91.34 minutes; 95% CI: -142.92 to -70.37; $p < 0.001$). However, substantial heterogeneity was observed among the studies ($I^2 = 91\%$, p for heterogeneity < 0.00001).

Conclusions and Recommendations:

SP6 acupressure for women in labor may help reduce the duration of the first stage of labor. However, substantial heterogeneity was observed in the meta-analysis. This heterogeneity may have been caused by differences in care, such as different acupressure methods in each RCT and the use of oxytocin infusion as routine care in both groups in the RCTs. Therefore, it is considered necessary to establish effective acupressure methods, and unify the intervention methods as much as possible in future RCTs.

Keywords:

labor duration, Sp6, systematic review

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Effect of a digital multidomain intervention in older adults with type 2 diabetes mellitus and mild cognitive impairment: A randomized controlled trial

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Abstract

Purpose:

To develop and evaluate the effectiveness of a multicomponent intervention delivered via the WVO (Wisdom, Vitality, and Oasis) digital platform, designed to improve cognitive function in older adults with type 2 diabetes mellitus (T2DM) and mild cognitive impairment (MCI) in rural China.

Methods:

This randomized controlled trial was conducted in rural areas. A total of 66 participants diagnosed with T2DM and MCI were recruited and randomly assigned to either the intervention group or the waitlist control group. The intervention was delivered through the WVO digital platform, which included modules on health education, oral care, cognitive training, psychological support, and physical activity. Data were collected at baseline and at the 4-month follow-up. Analysis of covariance (ANCOVA) was used to compare changes in cognitive function and diabetes self-efficacy between the groups before and after the intervention.

Main Findings:

At baseline, there were no significant differences in clinical characteristics between the groups. After 4 months, no dropouts occurred in either group. Compared to the control group, the intervention group showed significant improvements in cognitive function and diabetes self-efficacy at both baseline and follow-up.

Conclusions and Recommendations:

This study demonstrates the positive effects of a digital platform-based multicomponent intervention on cognitive function and diabetes self-efficacy in rural individuals with T2DM and MCI. However, further research is needed to validate the effectiveness of this intervention.

Keywords:

digital platform, mild cognitive impairment, type 2 diabetes mellitus

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Effectiveness of intervention for improving self-management behavior and clinical outcomes in systemic lupus erythematosus patients: A systematic review

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Abstract

Purpose:

Systemic lupus erythematosus (SLE) is a chronic autoimmune disease that significantly impacts patients' physical, mental, and economic well-being. Effective self-management behaviors are crucial for controlling disease progression. Interventions aimed at improving self-management behaviors can reduce symptom severity and depression while enhancing patients' quality of life. The purpose is to review the article that could improve the self-management behaviors and other outcomes in SLE patients.

Methods:

A systematic review was conducted by searching PubMed, Web of Science, Scopus, ScienceDirect, SAGE, MEDLINE, ProQuest, and CINAHL Plus databases. A total of 3,623 studies were identified, of which 15 met the inclusion criteria (No limitation of time, Randomization and quasi experimental design, Ages of participants 18 or more, Diagnosis of SLE, Describe in English language, and include an outcome related to self-management behaviors or clinical outcomes). The quality of evidence was assessed using the Joanna Briggs Institute Critical Appraisal Tool for risk of bias. Thematic analysis was employed to synthesize the data.

Main Findings:

The included studies were primarily ten randomized controlled trials and five quasi-experimental designs. Interventions were delivered by physiotherapists, psychologists, physicians, and multidisciplinary teams, either in-person or online. Intervention components included physical activity, counseling, cognitive behavioral therapy, self-management courses, and transitional care. Outcomes were categorized into physical and mental health dimensions. Physical outcomes included reduced fatigue, foot pain, BMI, and improved physical fitness. Mental health outcomes included reduced anxiety, stress, and depression, alongside increased acceptance of disability, self-efficacy, awareness, and cognitive flexibility. Improvements were also observed in health behaviors, self-care agency, disease management, hospital remission rates, knowledge, and quality of life.

Conclusions and Recommendations:

Self-management for SLE patients encompasses multiple dimensions, with interventions focusing on physical activity and mental health support proving effective in improving health outcomes. Contemporary interventions delivered via online and in-person platforms have demonstrated the ability to enhance functional status, alleviate symptoms, and improve overall outcomes. Future research should explore integrated interventions combining physical and mental health components to better address the complex needs of SLE patients and optimize their self-management behaviors.

Keywords:

intervention, self-management, systemic lupus erythematosus

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Effectiveness of teaching breathing exercise with incentive spirometry combined with the use of facial tissue in elderly patients with hip fracture

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Abstract

Purpose:

Incentive spirometry (IS) is widely used to prevent postoperative pulmonary complications (PPCs), especially in elderly patients with hip fracture whose numbers are increasing every year. Traditional of teaching method for elderly patients to use IS involve explaining the technique before practicing with the device, which can be difficult, time-consuming, and often unsuccessful. This study introduces the use of tissue paper to assist in teaching the inhalation before practicing with the device, helping patients understand and correctly perform the procedure. The purpose of the study is to compare the time spent teaching breathing exercise with IS, the duration the ball floated, the number of balls floated and the occurrence of PPCs between using traditional method and teaching with the use of tissue paper.

Methods:

A randomized experimental design was employed. The sample consisted of elderly patients with hip fractures undergoing surgery who were selected based on inclusion criteria. Participants were randomly assigned to a control group (40 patients) taught using traditional methods and an experimental group (40 patients) taught using tissue paper. Data were collected using the research recording form, including personal information, IS training outcomes, and pulmonary complications. Data analysis was conducted using descriptive statistics, independent t-tests, Chi-Square tests, Mann-Whitney U tests, and Fisher's Exact test.

Main Findings:

The average time to correctly teaching IS was significantly less the experimental group than in the control group ($p < .05$). There were no significant differences in the duration the ball floated, the number of balls floated, and the average oxygen saturation levels in the day before surgery, the day after surgery and discharge day between the two groups ($p > .05$). The incidence of hypoxemia, atelectasis, and pneumonia showed no significant differences between the two groups ($p > .05$).

Conclusions and Recommendations:

Nurses and healthcare teams can use tissue paper as a tool to assist in teaching elderly patients with hip fractures to perform breathing exercises with incentive spirometry to prevent postoperative pulmonary complications, reduce teaching time, and be effective for patients who previously failed with traditional teaching methods.

Keywords:

incentive spirometry, geriatric hip fracture, teaching breathing exercises

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The diet and physical activity intervention on glycemic control, illness perceptions, and patient satisfaction in adults with uncontrolled type 2 diabetes: A randomized controlled trial

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Abstract

Purpose:

This study aims to examine the effects of the diet and physical activity intervention on glycemic control, illness perceptions, and patient satisfaction in adults with uncontrolled Type 2 Diabetes.

Methods:

This randomized controlled trial included 102 participants. The participants were male and female adults aged 30 to 59 years with uncontrolled Type 2 Diabetes, defined by HbA1c levels ranging from 7.5% to 9.0%. Participants were randomly assigned to the experimental or control group, with 51 participants in each group. The experimental group received four weekly sessions, two monthly telephone follow-up sessions, and standard care, while the control group received only standard care. Glycemic control and patient satisfaction were assessed at baseline and at week 13, while illness perceptions were measured at baseline, week 6, and week 13. Data were analyzed using descriptive statistics, t-tests, chi-square tests, the Mann-Whitney U test, two-way repeated-measures ANOVA, and ANCOVA.

Main Findings:

The mean of HbA1c and FPG in the experimental group were lower than that in the control group ($F_{(1,96)} = 7.292, p = .008$; $F_{(1,97)} = 25.737, p < .001$, respectively). The mean scores for illness perceptions were also lower in the experimental group compared to the control group at week 13 (95% CI: -9.577 to -3.398, $p < .001$). Illness perceptions and patient satisfaction in the experimental group improved over time.

Conclusions and Recommendations:

These findings suggest that the intervention can positively influence illness perceptions and motivate adults with uncontrolled Type 2 Diabetes to better manage their diet and physical activity. This approach could serve as a model of care to enhance patient perceptions in various settings and among populations with other noncommunicable diseases.

Keywords:

adults, illness perception, uncontrolled Type 2 diabetes mellitus

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Effects of mobile application education for the practice of anesthesia in patients undergoing day surgery

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Abstract

Purpose:

This quasi-experimental study aimed to investigate the effects of the "Application ODS" mobile app on educating one-day surgery (ODS) patients about anesthesia practices, specifically its impact on their knowledge and clinical outcomes.

Methods:

The sample consisted of 62 one-day surgery patients at Lampang Hospital, randomly divided into an experimental groups (n=31) and a control (n=31) groups. The "Application ODS," a general information questionnaire, a knowledge assessment form, and a clinical outcome record form were utilized. Data analysis employed descriptive statistics, paired t-test, independent t-test, and chi-square test.

Main Findings:

The experimental group's mean knowledge score increased significantly more than that of the control group, from 11.03 ± 0.65 to 17.83 ± 0.73 , compared to an increase from 10.77 ± 0.55 to 12.55 ± 0.77 in the control group ($p < 0.001$). The experimental group achieved a high level of knowledge without experiencing adverse events and had significantly short hospital stays compared to the control group ($p = 0.015$ and $p = 0.019$, respectively). Surgery cancellation or postponement rates did not differ significantly between the groups.

Conclusions and Recommendations:

The "Application ODS" effectively increased one-day surgery (ODS) patients knowledge and improved some clinical outcomes. Widespread adoption should be promoted to enhance healthcare quality and safety for this patient group. Further app development based on user needs and larger, long-term studies are recommended to inform appropriate policies.

Keywords:

anesthesia, mobile application, one-day surgery

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The effectiveness of mobile application Insight ICU program on uncertainty in illness of patient's family in intensive care unit

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Abstract

Purpose:

To examine the effectiveness of mobile application Insight ICU program on uncertainty in illness of patients' families admitted to the intensive care unit.

Methods:

This research was a quasi-experimental design with two groups, pre- and post-test. The subjects were 128 patients' families in intensive care unit of the super tertiary hospital in Bangkok were divided equally into control and intervention groups. The control group received usual care, while the intervention group received usual care along with the mobile application Insight ICU program developed based on the Uncertainty in Illness Theory (Mishel, 1988) for 5 days. Data were collected using a personal data questionnaire and the Mishel Uncertainty in Illness Scale-Family Member Form (PPUS-FM). Data were analyzed using descriptive statistics, the Chi-Square test, the Fisher's Exact test, t-test, the Wilcoxon Signed Ranks test, and the Mann-Whitney U test.

Main Findings:

The results showed that the mean age of the sample in both control and intervention groups was 46.6 ± 12.5 and 41.6 ± 11.9 years, respectively. Before the intervention, the uncertainty in illness scores in both groups was at a moderate level, ($\bar{X} = 88.9 \pm 12.5$; $\bar{X} = 92.2 \pm 13.7$, respectively). After the intervention, both groups had a moderate level, ($\bar{X} = 87.2 \pm 12$; $\bar{X} = 79.9 \pm 15.5$, respectively). The average level of uncertainty in the intervention group significantly decreased not only after receiving the program but also compared to the control group ($t = 6.45$, $p < .01$; $t = 2.99$, $p < .01$, respectively).

Conclusions and Recommendations:

Nurses should bring the mobile application Insight ICU program to apply for the patients' families in intensive care unit. Additionally, there should be research on the evaluation of the appraisal, coping, and adaptation related to the uncertainty in illness after receiving the program in order to further promote the adaptation of the patient's family in intensive care unit.

Keywords:

family nursing, mobile application, uncertainty

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The effects of digital information and psychological support program on anxiety of mothers with critically ill preterm

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Abstract

Purpose:

The study aimed to compare the mean anxiety scores of mothers who participated in a specialized program with those who received routine nursing care. Additionally, it sought to evaluate changes in the mean anxiety scores of mothers within the program group, comparing their levels of anxiety before and after receiving the intervention.

Methods:

This quasi-experimental study utilized a two-groups pretest-posttest design. The study sample comprised 56 mothers of critically ill preterm infants admitted at the neonatal intensive care unit in tertiary hospital affiliated with Ministry of Public Health located in Bangkok. The sample was selected by convenience sampling based on the inclusion criteria and divided into the experimental and the control groups of 28 mothers each. The mothers in the experimental group received information and psychological support through video, Line application, and video call. The mothers in the control group received routine nursing care. Data were collected by demographic data record forms, the State Trait Anxiety Inventory (STAI). Data were analyzed by using descriptive statistics, non-parametric statistic, Mann-Whitney U test and Wilcoxon matched pairs signed ranks test.

Main Findings:

After the intervention, the mean anxiety score of the experimental group (Mean = 34.5, SD = 8.5) was significantly lower than that of the control group (Mean = 64.0, SD = 12.9) at the .05 level ($z = -5.9, p < .001$). After the intervention, mothers in the experimental group reported significantly lower anxiety scores (Mean = 34.5, SD = 8.5) compared to pre-intervention scores (Mean = 70.9, SD = 6.5; $z = -4.6, p < .001$).

Conclusions and Recommendations:

The findings of this study suggest that providing information and psychological support through digital media can reduce the anxiety levels of mothers with critically ill preterm infants. Consequently, implementing this program for mothers is recommended to enhance the quality of care.

Keywords:

anxiety, digital information, psychological support

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Oral Presentation

Room 2 Management of Care



Factors predicting early complications within 48 hours in patients with acute coronary syndrome

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Abstract

Purpose:

To determine the factors predicting early complications within 48 hours in patients with acute coronary syndrome.

Methods:

This study was a predictive correlational design. The sample comprised 153 patients diagnosed of acute coronary syndrome admitted at a super tertiary hospital in Bangkok, both male and female with aged 18 years or older, were purposive sampling. Data were collected using personal and clinical data questionnaire, Richards Campbell Sleep Questionnaire, and early complications record. Data were analyzed by descriptive statistics and logistic regression.

Main Findings:

The results revealed that 55.6% patients with acute coronary syndrome had early complications within 48 hours including acute heart failure (50.3%), cardiogenic shock (12.4%), and malignant ventricular arrhythmia (8.5%). From logistics analysis, we found that the patients who had increasing of 1 mg/dl in blood glucose level on admission from 140mg/dl is associated with an 58% increase of early complications within 48 hours [OR = 0.42 (0.20 - 0.89), $p < 0.05$], good sleep quality had 3% increase of early complications [OR = 0.97 (0.95 - .99), $p < 0.05$], lowering of mg/dl in HDL level had 2% increase of early complications [OR = 0.98 (0.96 - .99), $p < 0.05$], and increasing of 1 mg/dl in triglyceride level had 2% increase of early complications [OR = 0.99 (0.98 - 1.00), $p < 0.05$]. BMI could not predict early complications within 48 hours.

Conclusions and Recommendations:

Nurses and healthcare professionals should closely monitor patients who have high blood glucose level, high triglyceride level and low HDL level on admission to early manage the complications within 48 hours. They also should enhance sleep quality in order to reduce early complications occurrence.

Keywords:

acute coronary syndrome, complications, sleep quality

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Prognostic factors associated with breast cancer-specific survival from 1995 to 2022: A systematic review and meta-analysis of 1,386,663 cases from 30 countries

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Abstract

Purpose:

Breast cancer is the fifth-ranked cancer globally. Despite early diagnosis and advances in treatment, breast cancer mortality is increasing. This systematic review and meta-analysis aims to examine all possible prognostic factors that improve/deteriorate breast cancer-specific survival.

Methods:

MEDLINE, PubMed, ScienceDirect, Ovid, and Google Scholar were systematically searched until September 16, 2023. The retrieved 41 studies from 1995 to 2022 accumulated 1,386,663 cases from 30 countries.

Main Findings:

A total of 13 out of 22 prognostic factors were significantly associated with breast cancer-specific survival. A random-effects model provided a pooled estimate of the top five poorest prognostic factors, including Stage 4 (HR = 12.12; 95% CI: 5.70, 25.76), followed by Stage 3 (HR = 3.42, 95% CI: 2.51, 4.67), a comorbidity index ≥ 3 (HR = 3.29; 95% CI: 4.52, 7.35), the poor differentiation of cancer cell histology (HR = 2.43; 95% CI: 1.79, 3.30), and undifferentiated cancer cell histology (HR = 2.24; 95% CI: 1.66, 3.01). Other survival-reducing factors include positive nodes, age, race, HER2-receptor positivity, and overweight/obesity. The top five best prognostic factors include different types of mastectomies and breast-conserving therapies (HR = 0.56; 95% CI: 0.44, 0.70), medullary histology (HR = 0.62; 95% CI: 0.53, 0.72), higher education (HR = 0.72; 95% CI: 0.68, 0.77), and a positive estrogen receptor status (HR = 0.78; 95% CI: 0.65, 0.94).

Conclusions and Recommendations:

Heterogeneity was observed in most studies. Data from developing countries are still scarce. The results highlight the beneficial effects of surgery, higher education, early detection, and the consideration of comorbidities in the treatment of breast cancer patients.

Keywords:

breast cancer specific survival, prognostic factor, hazard ratio

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The effectiveness of exercise programs on fatigue in patients after lung cancer surgery: A systematic review

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Abstract

Purpose:

The main objective of this systematic review was to assess the effectiveness of exercise programs on fatigue in patients after lung cancer surgery.

Methods:

Randomized controlled trials that investigated the effectiveness of exercise programs on fatigue, either as a primary or secondary outcome, in patients after lung cancer surgery were included. The information sources used to identify studies were PubMed, Embase, Medline, CINAHL, and Scopus. The risk of bias in the included studies was assessed using the Cochrane Risk of Bias assessment tool for RCTs (Cochrane RoB 2).

Main Findings:

Out of 669 articles identified in the search, four studies met the inclusion criteria. These four studies involved a total of 194 participants. Exercise types prescribed in the studies were varied, including light-intensity walking and balance exercises, a combination of walking, balance exercises, and other types of exercises guided by nursing personnel, aerobic training with inspiratory muscle training, and a combination of aerobic exercise, resistance exercise, and stretching exercise. Two studies reported significant reductions in fatigue, while two studies reported no statistically significant difference between the intervention and control groups.

Conclusions and Recommendations:

Exercise programs may help reduce fatigue in patients after lung cancer surgery, but current evidence is limited due to variability in fatigue assessment methods and short follow-up durations. Future studies with larger sample sizes are necessary to provide more reliable evidence and determine optimal exercise regimens. These findings suggest that healthcare professionals should consider incorporating tailored exercise interventions into post-surgery care plans to manage fatigue and enhance recovery.

Keywords:

exercise, fatigue, lung cancer,

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Illness intrusiveness in adults with type 1 diabetes mellitus: Role, determinants, and glycemic control

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Abstract

Purpose:

This study aims to examine the associations of treatment satisfaction, disease duration, psychological factors (anxiety, fear of hypoglycemia [FOH], depression), illness intrusiveness, glycemic control, and the mediation role of FOH.

Methods:

This secondary analysis included data for 74 adults with Type 1 Diabetes Mellitus (T1D) which met the inclusion criteria of age range from 18 to 60 years and using an insulin infusion pump as a treatment. Being hospitalized for diabetes or related complications within the previous 3 months, having a history of severe microvascular diseases, severe macrovascular diseases and musculoskeletal system, being pregnant, or having a documented medical condition or physical impairment judged by a healthcare practitioner to contraindicate exercise were excluded from the study. Measures included the Diabetes Treatment Satisfaction Questionnaire, Hypoglycemia Fear Survey-II, Hospital Anxiety and Depression Scale, and Illness Intrusiveness Rating Scale. Glycemic control was measured by fingerstick A1C. Data analyses included correlational and multiple regression analyses, mediation analysis using structural equation modeling (SEM), and path analysis.

Main Findings:

This sample had a mean age of 26.70 (7.66) years, mean body mass index (BMI) of 26.60 (5.12), mean A1C% of 7.56 (1.25), and mean diabetes duration of 14.27 (9.13) years. Treatment satisfaction, disease duration, FOH, anxiety, depression (adjusted for age, gender, and BMI) jointly predicted illness intrusiveness ($R^2 = .432$, $F(8,65) = 6.176$, $p < .001$) and glycemic control ($R^2 = .236$, $F(8,65) = 2.508$, $p = .019$). In the mediation analysis, FOH had a 36% ($p = .034$) mediation effect on A1C through illness intrusiveness.

Conclusions and Recommendations:

Study findings suggest that FOH impacts glycemic control through illness intrusiveness. FOH may be an explanatory mechanism for the role of illness intrusiveness on glycemic control in the T1D population.

Keywords:

glycemic control, illness intrusiveness, type 1 diabetes mellitus

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Interventional studies for hypertension management and consideration of patient activation and social determinants of health in Thailand: An integrative review

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Abstract

Purpose:

Uncontrolled hypertension is a major public health challenge in Thailand, driven by low awareness and social disparities. Increasing patient activation is a promising strategy for improving hypertension awareness and self-management. However, there is limited evidence examining how patient activation and social determinants of health (SDOH) influence hypertension care in Thailand. This review aims to synthesize the current state of findings from interventional studies on hypertension management as well as patient activation and SDOH considerations.

Methods:

This integrative review followed the guidelines by Oermann and Knafl and examined studies published between 2013 and 2023. Studies were identified from databases including PubMed - MEDLINE, Web of Science, CINAHL Plus Full Text, EMBAS, SCOPUS, and WHO Index Medicus for the South-East Asia Region, and hand-searched in Thai Journals Online. The eligible studies included interventional studies targeting hypertension management and/or patient activation among individuals at risk of or diagnosed with hypertension in Thailand.

Main Findings:

Thirty-one interventional studies were included. Among all, 24 studies implemented individual-level interventions, primarily focusing on health behavior and lifestyle coaching, and 18 of them reported significant reduction in either systolic or diastolic blood pressure or both. Seven studies focused on individual and community levels by enhancing stakeholders' capacity, which was

mostly effective in hypertension management. The included studies did not measure patient activation directly yet encompass patient activation proxy measures such as assessments of awareness, perception, self-efficacy, knowledge, and health behavior. The included studies mainly mentioned SDOH as a characteristic of the sample, with a few incorporating specific SDOH aspects, such as socioeconomic status, into their analysis.

Conclusions and Recommendations:

This study highlights the need for more integrated and multi-level approaches to address hypertension care in Thailand. It suggests incorporating patient activation strategies and implementing community and policy interventions could be a promising way to tackle complex hypertension management and interrelated social determinants of health influencing outcomes in Thailand.

Keywords:

blood pressure, intervention study, self-management

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Factors predicting transition readiness to adult care in Thai adolescents with kidney or urinary tract diseases

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Abstract

Purpose:

This study investigated transition readiness among Thai adolescents with kidney or urinary tract diseases and examined the predictability of age, anxiety, health responsibility, peer support, and family support on transition readiness to adult care.

Methods:

A cross-sectional study was conducted with 113 adolescents (aged 12-18 years) and their caregivers at the pediatric outpatient departments of Siriraj Hospital and Ramathibodi Hospital in Bangkok, Thailand. Data were collected from May 2024 to July 2024 using six questionnaires, including a socio-demographic questionnaire, the Screen for Child Anxiety Related Emotional Disorders, the Health Responsibility Questionnaire, the Perceived Social Support from Friends and Family, and the Transition Readiness Assessment Questionnaire. The data were analyzed using descriptive statistics and multiple linear regression analysis to identify predictors of transition readiness.

Main Findings:

About half of the adolescents (50.4%) were not ready to transit from pediatric to adult care, in particular to the appointment keeping and the tracking health issue domains. Transition readiness showed significant positive correlations with age ($r = 0.286, p < .01$), health responsibility ($r = 0.452, p < .01$), peer support ($r = 0.463, p < .01$), and family support ($r = 0.424, p < .01$), while demonstrating a negative correlation with anxiety ($r = -0.358, p < .01$). Multiple linear regression analysis identified three significant predictors of transition readiness, including anxiety ($\beta = -0.263, p = .001$), health responsibility ($\beta = 0.296, p = .001$), and peer support ($\beta = 0.218, p = 0.013$).

Conclusions and Recommendations:

For adolescents with kidney or urinary tract diseases, reducing anxiety levels, fostering health responsibility, and enhancing peer support can strengthen their readiness for transition. Healthcare providers, particularly nurses, should prioritize the assessment of these significant factors, and the development of targeted interventions to enhance transition readiness. Further research should employ a longitudinal study design to validate the relationship between transition readiness assessment and successful transition outcomes.

Keywords:

Transition readiness, Adolescent, Urinary tract disease

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Uremic pruritus and its influencing factors in patients undergoing continuous ambulatory peritoneal dialysis

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Abstract

Purpose:

The study aims to explore uremic pruritus and its influencing factors including physiologic factors, psychological factors, and situational factors guided by Theory of Unpleasant Symptoms in patients undergoing continuous ambulatory peritoneal dialysis.

Methods:

This study is a predictive correlational study. It was carried out at four dialysis centers in Thailand. The participants included 143 patients undergoing continuous ambulatory peritoneal dialysis aged 18 years and above who had received CAPD for more than 3 months. They were excluded if they had suffered from rashes and pruritus which were not associated with CKD and had psychosis or dementia. Three questionnaires including demographic data questionnaire, Thai version of 5D itch scale, and Thai version of the 10-item perceived stress scale were used for data collection. Descriptive statistics, chi-squared test, and binary logistic regression were applied for data analysis.

Main Findings:

The participants' mean age was 56.35 years old (S.D. = 14.72). Approximately a half of them (49.7%) were 60 years old and above and were female (51.7%). Uremic pruritus was presented in 55.2 % of the sample. The degree of uremic pruritus was reported as mild in 33.6% of the sample. The most common site of uremic pruritus was on the back (42.7%). On binary logistic regression, the results showed that age > 60 years old (odds ratio, 2.831; 95%CI, 1.246-6.430; P = 0.013) and serum phosphate (odds ratio, 2.148; 95%CI, 1.003-4.601; P = 0.049) were significant factors influencing uremic pruritus in patients undergoing continuous ambulatory peritoneal dialysis. However, this study found that sex, Kt/V, stress, and PM2.5 were not significantly associated with uremic pruritus (P > 0.05).

Conclusions and Recommendations:

Advanced age and abnormal serum phosphate levels were associated with increased severity of uremic pruritus in patients undergoing continuous ambulatory peritoneal dialysis. In addition to topical treatments, strategies to control serum phosphate should be prioritized. Healthcare providers should also pay close attention to older patients, as they are at a higher risk of developing severe uremic pruritus.

Keywords:

continuous ambulatory peritoneal dialysis, factors, uremic pruritus

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Factors predicting acute kidney injury among patients with sepsis at emergency department

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Abstract

Purpose:

To examine the predictive correlation among health literacy, perceived severity of disease, family support, prehospital time on the incidence of acute kidney injury in patients with sepsis in the emergency department of a university hospital in Thailand.

Methods:

This study was a predictive correlational design guided with the Healthcare Access Framework. A total of 151 participants, both male and female, aged 18 years or older and diagnosed with sepsis, were selected through purposive sampling. Data were collected using the Acute Kidney Injury Assessment, Health Literacy in Emergency Illness, Perceived Severity of Disease scale, and Chinese Family Support Scale. Acute kidney injury status was defined by Kidney Disease Improving Global Outcome (KDIGO) criteria within the first 48 hours after admission to the emergency department. Data were analyzed by descriptive statistics and logistic regression.

Main Findings:

The average age of participants was 64.7 years (SD = 15.4), with 56.3% were female. Notably, 47.7% developed acute kidney injury. According to the logistic regression analysis, the odds ratios (OR) along with the 95% confidence intervals (CI) of influencing factors were as follows: health literacy [OR = 0.67 (0.56 - 0.80), $p < 0.001$], perceived severity of disease [OR = 0.98 (0.95 - 1.00), $p < 0.05$], and prehospital time [OR = 1.01 (1.00 - 1.01), $p < 0.05$].

Conclusions and Recommendations:

Nurses and healthcare professionals should assess health literacy, perceived severity of disease, and prehospital time among patients with sepsis. These assessments will inform the development of nursing care plans designed to enhance patients' health literacy and awareness of disease severity. This approach can facilitate timely access to treatment and help prevent acute kidney injury in patients with sepsis.

Keywords:

acute kidney injury, emergency department, sepsis

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International Conference

TRIPLE BURDENS OF DISEASES:

NURSE-LED GAME CHANGER TO
OPTIMIZE THE OUTCOMES OF CARE

Oral Presentation

Room 3

Public Health & Community



The impact of climate change on the triple burden of disease: Results of a scoping review

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Abstract

Purpose:

More frequent and extreme climate-change related events have resulted in worsening health inequities. The relationship between the social determinants of health and disparities in the effects of climate change must be examined to identify potential solutions. This study sought to identify the current state of the literature examining the effect of climate change variables on disparities in the triple burden of disease in low- and middle-income countries (LMIC).

Methods:

A scoping review was conducted utilizing the Arksey & O'Malley Scoping Review Framework (2005). Six databases were searched. Countries identified as LMIC were included as keywords, combined with an extensive list of climate change related variables, and keywords related to health inequity. The years 2022-2024 were searched. Inclusion criteria were: English language, primary studies within the defined context of climate change and disparities in health outcomes. The results of this were added to a subset of studies on LMIC from a prior scoping review (prior to 2022) using the same search criteria which also included high income countries.

Main Findings:

Twenty-four publications met the inclusion criteria. Nine studies examined communicable diseases, 15 studies included non-communicable diseases, two included injuries, and five evaluated mortality or life expectancy. Extreme temperatures were by far the most studied climate variable ($n = 14$), followed by storms or flooding ($n = 8$), drought or desertification ($n = 6$), earthquake ($n = 4$), and air quality ($n = 3$). Socioeconomic status ($n = 16$) was the variable describing inequities most often. The findings are further analyzed and recommendations for strategies to decrease inequities due to climate related events are provided.

Conclusions and Recommendations:

Although climate change is a complex and difficult problem to address, there are ways to modify the inequities seen in climate change-related events. At the national level, countries can target policies and interventions to lessen the impact of climate change on disadvantaged groups such as those experiencing poverty, low education level, and gender discrimination. At the health system and individual nursing level, this information can help to stratify risk greater climate change-related impacts and develop interventions to modify those risks.

Keywords:

climate change, health inequity, social determinants of health

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Daytime and nighttime road traffic injuries in Thailand: Insights from recent data

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Abstract

Purpose:

Nighttime road traffic injuries (RTIs) are a critical public health challenge in Thailand, contributing significantly to traffic-related fatalities. Despite efforts on the injury surveillance system (ISS), limited studies have explored factors of nighttime injuries compared to daytime injuries. This study aimed to identify factors, including demographics, urbanicity, alcohol involvement, transport mode, and emergency response levels, to inform targeted road safety interventions.

Methods:

This retrospective study analyzed RTI data from Thailand's ISS from 2019 to 2023. Accidents were categorized as daytime (6:00 am - 5:59 pm) or nighttime (6:00 pm - 5:59 am). Multivariable logistic regression estimated odds ratios (OR) to assess associations between factors and nighttime RTIs.

Main Findings:

A total of 1,639,399 RTI records were analyzed. Alcohol involvement was the strongest factor, with drinkers being 4.17 times more likely to experience nighttime injuries than non-drinkers (OR = 4.17, 95% CI: 4.13–4.21). Males had 1.37 times the odds of nighttime injuries compared to females (OR = 1.37, 95% CI: 1.36–1.38). Adults (18–59) were 1.32 times more likely to sustain nighttime injuries compared to those under 18 (OR = 1.32, 95% CI: 1.31–1.34). The Bangkok Metropolitan Area had 1.21 times the odds of nighttime injuries compared to other areas (OR = 1.21, 95% CI: 1.19–1.24). Pedestrians and passengers exhibited slightly higher odds of nighttime injuries than drivers.

Conclusions and Recommendations:

Nighttime RTIs are strongly associated with alcohol use, demographics, urbanicity, transport mode, and emergency response levels. Efforts should prioritize alcohol control policies, improve EMS access, and enhance public awareness of nighttime road safety. Future studies should explore environmental and behavioral factors to develop comprehensive prevention strategies in Thailand.

Keywords:

nighttime injuries, alcohol involvement, emergency response

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Enhancing child development: Comparing teacher-nurse collaboration and parental empowerment in child care centers

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Abstract

Purpose:

This study compares two approaches to promoting development among preschoolers with suspected developmental delays. The first approach involves a collaborative model where nurses coach teachers to be a key person to screen and support these children, ensuring continuity of care through parental involvement. The second approach empowers teacher and parents to promote their child's development at day care center and home.

Methods:

The sample included 42 parents and children with suspected developmental delays and 17 teachers from two childcare centers. Data collection involved pre- and post-intervention questionnaires assessing teachers' knowledge of and behaviors in promoting preschool development. Data analysis used descriptive statistics, t-tests, and chi-square tests.

Main Findings:

Results showed that after one month, the number of children with suspected delays decreased from 20 to 11 in the first approach and from 22 to 16 in the second. Teachers' knowledge scores improved significantly in both groups, with a greater increase observed in the empowerment model (mean change: 3.45 ± 2.25) compared to the collaborative model (mean change: 0.75 ± 1.70 ; $t = -2.96$, $p < 0.05$). Behavior scores also increased significantly in both groups: collaborative model (mean pre: 35.15 ± 8.47 , post: 41.50 ± 10.60 ; $t = -4.56$, $p < 0.05$) and empowerment model (mean pre: 35.82 ± 7.91 , post: 40.60 ± 8.21 ; $t = -2.55$, $p < 0.05$), but the change was not statistically different between the groups ($p > 0.05$). Parental engagement improved significantly in both groups, with no notable differences between approaches.

Conclusions and Recommendations:

This study highlights the need to equip teachers with knowledge and skills while fostering collaboration among teachers, parents, and healthcare professionals. Regular developmental assessments and strong partnerships can ensure effective support for early childhood development.

Keywords:

collaborative intervention, early childhood education, suspected developmental delays

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Patterns of frailty and incident dementia among community-dwelling older adults: A longitudinal study

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Abstract

Purpose:

To investigate the longitudinal association between different patterns of frailty and incident dementia among community-dwelling older adults.

Methods:

The National Health and Aging Trends Study (NHATS) round 1 to 13 data (N=5,362), a nationally representative dataset conducted from 2011 to 2023, was used in this prospective longitudinal study. Physical frailty was assessed using the Fried Frailty Phenotype paradigm with five questions, cognitive impairment was measured through a clock drawing test, memory recall test, doctors' diagnosis, and AD8 Dementia Screening Interview. Social frailty was evaluated using the Makizako Social Frailty Index paradigm within the NHATS context. Age, gender, race, education attainment, number of chronic illnesses, number of ADL impairments, number of IADL impairments, prescribed medication uses as well as anxiety and depressive symptoms were considered as covariates. Cox proportional hazard models were employed to examine the association between different frailty patterns and future incident dementia.

Main Findings:

Among a total of 5,362 community-dwelling older adults without dementia at baseline who were weighed, approximately 32.41% (n=1,738) developed dementia during the 12-year follow-up period. The prevalence rates for physical frailty, cognitive frailty, and social frailty were 35.38%, 13.05%, and 21.89% respectively. In terms of frailty patterns, the numbers of participants with no frailty, only physical frailty, only cognitive frailty, only social frailty, concurrent physical and social frailty, and concurrent cognitive and social frailty were as follows: 2,980 (55.58%), 788 (14.70%), 420 (7.83%), 485 (9.05%), 409 (7.63%), and 280 (5.22%). According to the Cox proportional hazard model analysis results, physical frailty alone, cognitive frailty alone, and social frailty alone are significantly associated with an increased risk of developing dementia (HR=1.27, 1.80, 1.26, separately). Notably, individuals with both cognitive and social frailty have the highest risk among all patterns of frailty (HR=1.95, $p<.001$).

Conclusions and Recommendations:

All patterns of frailty are associated with an increased risk of dementia among older adults living in the community. Notably, individuals with both cognitive and social frailty have a 1.95 times higher risk of developing dementia. Interventions can be developed to enhance the frailty status of older adults, thereby reducing their risk of developing dementia.

Keywords:

dementia, frailty, longitudinal study

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From clinic to context: using an ecological mobile cognitive screening tool to detect cancer-related cognitive impairment among lung cancer survivors

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Abstract

Purpose:

Lung cancer survival rates have improved globally. However, up to 67% of lung cancer survivors report experiencing subtle to moderate changes on their cognitive function, which can significantly impact their quality of life. Accessible and real-time cancer-related cognitive impairment (CRCI) assessments remain limited. This study aimed to develop and validate the ecological mobile cognitive screening tool for detecting CRCI and establish the concurrent validity and test-retest reliability, as well as its feasibility and ecological validity through ecological momentary assessments.

Methods:

Data from 175 newly diagnosed non-small cell lung cancer patients were analyzed. Participants completed in-person assessments, including objective (HK-MoCA 5-Min Protocol) and subjective (FACT-Cog) cognitive measures, as well as a mobile-delivered survey containing the cognitive function and ratings of anxiety, depression, fatigue, pain, and sleep disturbance. A subgroup of 10 participants also completed the ecological mobile delivered survey twice daily for seven consecutive days. Receiver operating characteristic (ROC) curve analysis was performed to determine the diagnostic accuracy of the ecological mobile cognitive screening tool, using the HK-MoCA 5-Min Protocol and FACT-Cog measures as reference standards. Youden's index was used to determine the optimal cut-off score of the ecological mobile cognitive screening tool. The scores obtained from ecological mobile cognitive screening were further compared with HK-MoCA 5-Min Protocol and FACT-Cog measures.

Main Findings:

The ROC curve analysis revealed excellent diagnostic performance of the ecological mobile cognitive screening tool, with area under the curve (AUC) values of 0.861 and 0.928 when referenced against the HK-MoCA 5-Min Protocol and FACT-Cog PCI-18, respectively. The optimal cutoff score of 4 on the FACT-Cog PCI-18 yielded a sensitivity of 88% and specificity of 83.7%. The ecological mobile cognitive screening scores correlated with measures of anxiety, depression, fatigue, and sleep disturbance. The test-retest reliability coefficient was 0.724, and participants reported high satisfaction with the ecological mobile survey format.

Conclusions and Recommendations:

The ecological mobile cognitive screening tool demonstrates excellent diagnostic performance and ecological validity. This brief, ecological mobile cognitive screening measure has the potential to transform how CRCI is detected, monitored and managed as well as enabling timely interventions and preventive strategies implementation.

Keywords:

cancer-related cognitive impairment, ecological momentary assessment, mobile cognitive screening

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Facilitators and obstacles of the process of care to promote antibiotic use behavior in Thai's communities

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Abstract

Purpose:

To explore the facilitators and obstacles of the process of care to promote antibiotic use behavior.

Methods:

This is a qualitative study. Data were collected through semi-structured interviews with key informants, consisting of patients receiving health services at sub-district health-promoting hospitals, health care providers, network partners in communities, and community pharmacies who were involved in promoting rational antibiotic use in the community and supporting rational antibiotic use behavior in the communities. The interviews were conducted face-to-face using semi-structured interviews and reviewed by the research team for content validity. Data were transcribed, and content was analyzed.

Main Findings:

Fifty-eight key informants were interviewed. The primary facilitating factors in the process of care to promoting antibiotic use behavior were five key activities: coordination and collaboration, the implementation of policies led to an increase in usage, with key performance indicators serving as the operational driving force, enhanced competency of primary care workforce, communications from a provincial level about antibiotic use and antimicrobial resistance to patients, activities to promote the rational drug use such as promoting rational drug use literacy about antibiotic use and antimicrobial resistance and partnerships and stakeholder participation to promote rational drug use and regulation evaluation. The obstacles related to healthcare provider networks and communication with community members such as pharmacists and volunteers operate as a collaborative community, with each member playing a vital role. Antibiotics are believed to be effective in treating it, and law enforcement controls appropriate antibiotic access.

Conclusions and Recommendations:

The research findings contribute to a deeper understanding of the characteristics of antibiotic use within communities. Nurses and healthcare providers should prioritize enhancing the quality of care by increasing home visits with village health volunteers, educating the community about responsible medication use, and collaborating with the community to promote appropriate antibiotic usage.



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Keywords:

antibiotic use behavior, process of care, rational drug use

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How to develop the proactive breast cancer screening program for rural women: A qualitative study

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Abstract

Purpose:

Low participation in breast cancer screening programs and restricted access to healthcare services delivery are associated with the high prevalence of breast cancer and its late-stage diagnosis in low-resource countries. The study aimed to develop a proactive breast cancer screening service for women in rural communities.

Methods:

A qualitative study was conducted using the Stanford Design Thinking process to guide data collection and content analysis. The main technique for collecting data was semi-structured, in-depth interviews. Three focus groups comprising 25 key informants were conducted from April to June 2023 at the local primary care unit. The participants included 14 community healthcare providers, 8 local stakeholders, and 6 rural women with and without breast cancer. The data were analyzed using the thematic analysis method.

Main Findings:

The findings consist of five major themes. The result from the empathy process using the focus group found that there were three major themes included: 1) current practice of breast cancer prevention in rural communities, 2) facilitating factors to the health service system in rural areas, and 3) the barriers of breast cancer screening service in rural communities. Then the defined and ideated process identified strategies and outcome indicators for improving breast cancer screening services in rural communities, focusing on creating a proactive screening program. Finally, the prototype was developed and test-retested by rural women and healthcare provider. The findings revealed that the program increased accessibility for rural women and fostered trust in undergoing breast cancer screening. Participants appreciated the convenience of accessing the program from home or nearby locations and found the online platform helpful for ongoing education and engagement. Additionally, they demonstrated an improved understanding of the importance of regular screening and self-examination.

Conclusions and Recommendations:

This study demonstrates the effectiveness of addressing local needs approach to develop health service delivery innovation. The resulting program not only improved access to care but also fostered the sustainability of breast cancer prevention efforts for rural women and enhanced early detection of breast cancer.



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Keywords:

breast cancer, proactive screening program, rural women

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The experiences and perspectives of death preparedness among adults: A qualitative meta-synthesis

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Abstract

Purpose:

Death is just a natural part of life. While everyone will inevitably experience death, it is a profoundly challenge for the majority of individuals to consider and prepare their mortality. This study systematically synthesized qualitative research on adults' perspectives and experiences to identify the factors and the process of death preparedness and provide relevant information for the development of death preparedness.

Methods:

This study is a meta-synthesis of qualitative studies. We followed ENTREQ and PRISMA to guide this qualitative meta-synthesis. A systematic literature search identified qualitative studies meeting the inclusion criteria. PubMed, the Cochrane Library, Scopus, Medline, EMBASE, Web of Science, CINAHL, CNKI, Weipu (VIP), and Wanfang Data were searched. The results of eligible studies were analyzed thematically.

Main Findings:

Ten studies were included for analysis. Four themes and twelve subthemes were identified from the thematic synthesis: (1) reactions of facing death preparedness; (2) process of death preparedness; (3) influencing factors of death preparedness; and (4) consequences of implementing death preparedness.

Conclusions and Recommendations:

Death preparedness is an ongoing and dynamic process affected by multiple aspects. We need to consider various factors when preparing for death. Family and healthcare providers should provide diverse support and assistance to improve the quality of death preparedness. The significance of nursing care is to ensure that the patient could receive the appropriate help and care before the illness. Death preparedness is the key part of improving the quality of patients during the dying



TBD2025

Abstract No. O-0014

process, health care providers should be the initiator in helping the patient to explore a positive strategy to reassure and cooperate with the treatment and reduce the problems associated with the patient's death preparedness.

Keywords:

death preparedness, end of life, terminal care

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Predicting factors of discharge readiness in patients with sepsis

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Abstract

Purpose:

This research study investigates the predictive relationships among quality of discharge teaching, frailty, uncertainty in illness, perceive severity in illness with discharge readiness in patients with sepsis. The sample consisted of 107 patients diagnosed or suspected of having sepsis who were treated in the inpatient department of a tertiary hospital in Bangkok.

Methods:

Data were collected using a personal information questionnaire, a short-form discharge readiness scale, a short-form discharge teaching quality scale, a disease severity perception questionnaire, a short version of the Uncertainty in Illness Scale for Adults, and a health frailty assessment questionnaire. The data were analyzed using descriptive statistics and multiple linear regression, with a statistical significance level set at .05.

Main Findings:

The results revealed that the average age of the sample was 64.2 years (SD = 18.3, Range 19 - 96 years), with 63.3% indicating readiness for discharge. The quality of discharge teaching was perceived at a good level by 56.1% of participants, while 57.0% reported high levels of disease severity perception, and 59.8% experienced low levels of uncertainty regarding their illness. Additionally, 44.9% of participants exhibited signs of frailty. Multiple regression analysis showed that the factors could explain 8.3% of the variance in discharge readiness ($F(2,104) = 4.710$, $p < .001$). Significant predictors of discharge readiness included discharge teaching quality ($\beta = .848$, 95%CI .092 to 1.605, $p < .05$) and disease severity perception ($\beta = .080$, 95%CI .004 to .157, $p < .05$).

Conclusions and Recommendations:

Based on the findings, nurses and healthcare professionals should promote discharge readiness in patients with sepsis through effective discharge teaching and develop programs to enhance this teaching. Additionally, assessing patients' perceptions of disease severity is crucial in preparing them for discharge readiness.

Keywords:

discharge readiness, discharge teaching quality, sepsis

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International Conference

TRIPLE BURDENS OF DISEASES:

**NURSE-LED GAME CHANGER TO
OPTIMIZE THE OUTCOMES OF CARE**

Oral Presentation

Room 4
Mental Health



Survival skills of the 21st century”: An exploratory qualitative study of health sciences students’ experience of self-care in persevering and sustaining their university studies

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Abstract

Purpose:

The design of university health sciences education aims to prepare students to become job-ready workers who can function effectively in the real world. Students' learning environments encompass diverse and highly challenging settings, including both the classroom and clinical placements. Success in health sciences education depends largely on students' ability to confront challenges that demand self-directed initiatives, independence, and perseverance in their studies. This study aims to explore the experiences of health sciences students in self-care for sustaining perseverance throughout their university studies.

Methods:

An exploratory study was conducted on students undertaking five health sciences programmes (Biomedical Sciences, Dentistry, Medicine, Nursing, Midwifery, and Pharmacy) at the largest health sciences education provider in Brunei Darussalam. Focus group discussions (N=36) were conducted to explore in-depth the health sciences students' experiences of the strategies they undertook to sustain and persevere throughout their studies at the university. Thematic analysis, underpinned by the constructivist paradigm, was performed to analyze the data.

Main Findings:

The core theme “survival skills of the 21st century” encompassed three overarching themes emerged: 1) “The process of identifying challenges and motivators” underpins the important strategies undertaken by students to enhance engagement, motivation, and retention in learning; 2) “Students’ learning lives support” encompasses the fundamentals of holistic support from students’ surroundings for consistently facilitating their learning; and 3) “The shield for survival” emphasizes the self-care skills required by students that prepare them for enhancing their mental health in view of persevering for the dynamic and changing demands of the workforce.

Conclusions and Recommendations:

Perseverance emerges as a pivotal factor in students' academic endeavours. It is imperative to design educational programs that prepare them adequately for the challenges they will encounter, fostering a collaborative environment among academics, clinical staff, students, and families. Such innovative strategies not only enhance students' preparedness but also reinforces their ability



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to persevere throughout their university studies. Failure to address this preparation may inadvertently contribute to adverse mental health outcomes.

Keywords:

Brunei, environments, health sciences education

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Preferences of psychiatric nurses in preventing workplace violence: A discrete choice experiment

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Abstract

Purpose:

To explore the psychiatric nurses' preferences for workplace violence prevention by using a discrete choice experiment (DCE).

Methods:

The study design is discrete choice experiment, and the study population is psychiatric nurses. Develop survey tools based on DCE design principles and use Stata17.0 for data analysis. In a mixed logit model, we choose some arbitrarily defined base violence prevention program and evaluated the probability of an alternative violence prevention program.

Main Findings:

The study is ongoing. The sex attributes in our study have had a significant impact on the preferences of psychiatric nurses in coping with violence. The preference of psychiatric nurses for scheduling patterns and emergency drills is influenced by their experience of violence and seniority. In addition, we predict that the most ideal situation is regular drills, great support from leaders, fixed partners, abundant anti-violence tools, and multi-party cooperation.

Conclusions and Recommendations:

Measures to prevent and respond to workplace violence should be based on the preferences of psychiatric nurses. At the same time, the preference differences of nurses with different experiences and seniority should be considered.

Keywords:

preferences, psychiatric nurses, workplace violence

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Utilizing biofeedback and brief mindfulness practice for stress reduction in family caregivers of individuals with dementia: A feasibility study

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Abstract

Purpose:

Caring for individuals with dementia (PWD) can be highly stressful for family caregivers. Mindfulness practice has shown promising results in reducing stress, yet many caregivers discontinue regular practice after initial interventions. Providing visual feedback on progress through biofeedback may help sustain mindfulness practice. This study aimed to evaluate the feasibility and preliminary effects of using a consumer-grade wearable device with biofeedback, combined with brief mindfulness training, for stress reduction in family caregivers of PWD.

Methods:

This study employed a single-blinded, randomized controlled trial design. A convenience sample of 36 community-dwelling family caregivers of PWD was randomly assigned to either the intervention group, which received brief mindfulness training and biofeedback from a consumer-grade wearable device, or the control group, which received only brief mindfulness training. Primary outcomes (stress) and secondary outcomes (depression, anxiety, and the behavioral and psychological symptoms of the care recipient) were assessed at the midpoint of the intervention (T1) and immediately post-intervention (T2), and compared to baseline (T0). A process evaluation was conducted through focus groups to understand the strengths and limitations of the therapeutic components and to identify participants' perceived challenges in using the wearable device with biofeedback and brief mindfulness training.

Main Findings:

The intervention demonstrated high acceptability and feasibility, with adherence and completion rates of 95% and 96%, respectively. The intervention group showed significantly greater improvements in stress ($p = .04$), depressive symptoms ($p = .003$), and anxiety ($p = .03$) at T2. The focus group discussions revealed three major themes: impacts on caregivers, perceptions of practicing mindfulness, and barriers and facilitators in using a wearable device with biofeedback.

Conclusions and Recommendations:

The findings support the feasibility and preliminary effectiveness of using a consumer-grade wearable device with biofeedback and brief mindfulness training for stress reduction in family caregivers of individuals with dementia. A future study with a larger and more diverse sample is recommended to assess the long-term effects and generalizability of the intervention, as well as its impact on individuals with dementia.

Keywords:

brief mindfulness, biofeedback, family caregivers

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Predictors of relapse in patients with first episode schizophrenia

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Abstract

Purpose:

The study aimed to examine factors that predict relapse in patients with first-episode schizophrenia.

Methods:

This research is a predictive study aiming to investigate the factors that predict relapse in patients with first-episode schizophrenia. The sample consisted of 220 patients with first-episode schizophrenia, diagnosed within a period of no more than three years and received treatment at Specialized Psychiatric Hospital, Thailand. The patients met the criteria for sample selection and were chosen through convenience sampling. Data were collected using a personal information questionnaire, Brief Psychiatric Rating Scale (BPRS), Beck Cognitive Insight Scale (BCIS), Medication Adherence Report Scale (MARS), Brief COPE inventory, and Multidimensional Scale of Perceived Social Support (MSPSS). Descriptive statistics, Univariable and Multivariable logistic regression were employed for data analyses.

Main Findings:

The results showed that 21.8% of patients with first-episode schizophrenia experienced relapse. Univariable logistic regression indicated 5 factors to be significantly associated with relapse, that is, medication adherence, coping strategies, social support, substance use ($p < 0.01$) and cognitive insight ($p < 0.05$). Finally, Multivariable logistic regression revealed medication adherence and coping strategies to be significantly associated with relapse. It was shown that for every one-unit increased in medication adherence, the likelihood of relapse decreased by 71% (OR = 0.29; 95% CI = 0.12, 0.31, $p < 0.01$). Similarly, for every one-unit increase in the use of coping strategies, the likelihood of relapse decreased by 20% (OR = 0.80; 95% CI = 0.67, 0.94, $p < 0.01$).

Conclusions and Recommendations:

This study emphasizes the prediction of age of onset, duration of untreated psychiatric, substance use, cognitive insight, medication adherence, coping strategies, and social support on relapse in first episode schizophrenia. Medication adherence and coping strategies predict relapse likelihood in first-episode schizophrenia patients. The findings from this research can serve as a basis for predicting relapse in first-episode schizophrenia patients. Therefore, the health professional should consider and promote patient adherence to medications and coping strategies to lead to comprehensive holistic care. This data can also be used as a foundation for developing care and relapse prevention programs for first-episode schizophrenia patients.

Keywords:

first-episode schizophrenia, medication adherence, relapse

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Factor predicting parental self-efficacy in parenting children with autism spectrum disorder

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Abstract

Purpose:

This study investigates the factors predicting self-efficacy in parents of children with autism spectrum disorder (ASD), consisting of the perception of behavioral problems, modeling, social support, and parenting stress.

Methods:

This predictive research study involved 206 parents of children with ASD aged 2-6 years, receiving treatment at the child and adolescent psychiatry Hospital in Bangkok, Thailand. Data were collected using personal information questionnaires, observational learning experience questionnaires, perceived self-efficacy questionnaires, Childhood Autism Rating Scales, Revised-Thai Multi-dimensional Scale of Perceived Social Support, and Parental Stressor Scale: Autism. Data were analyzed using descriptive statistics and multiple regression statistics.

Main Findings:

The results revealed that the perception of behavioral problems, modeling, and parenting stress collectively explained 24% of the variance in self-efficacy in parenting children with ASD ($R^2 = .24, p < .05$). Significant predictors included perception of behavioral problems ($\beta = -.21, p < .05$), modeling ($\beta = .30, p < .05$), and parenting stress ($\beta = -.15, p < .05$). Social support was not a significant predictor.

Conclusions and Recommendations:

This research found that modeling is the strongest factor in predicting parental self-efficacy, followed by the perception of behavioral problems in children with ASD and parenting stress. The study emphasized that the perception of behavioral problems can lead to poor caregiving performance for children with ASD, as it directly impacts and creates unsuccessful experiences that negatively affect parental self-efficacy. Promoting modeling and reducing parenting stress, along with the essential support from family, significant others, and friends, are key strategies to enhance parental self-efficacy in parenting children with ASD. Further studies should also develop specific programs aimed at enhancing parental self-efficacy and investigate the effectiveness of such programs through both short-term and long-term research.

Keywords:

autism spectrum disorder, parental self-efficacy, parenting stress

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Predictive power of bully behaviors, parenting styles, social support, resilience, and mindfulness on adolescent depression

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Abstract

Purpose:

This study investigates the predictive power of parenting styles (including parental caring and overprotection), bully behaviors, social support, resilience, and mindfulness in adolescent.

Methods:

A predictive research design was employed, involving 200 junior high school students from government schools in Nakhon Phanom, Thailand. Data were collected using seven questionnaires: demographic data, the revised Olweus Bully/Victim Questionnaire, the Parental Bonding Instrument, the Multidimensional Scale of Perceived Social Support, the Connor-Davidson Resilience Scale, and the Mindfulness Attention Awareness Scale. Descriptive statistics and multiple linear regression analysis were used to analyze the data.

Main Findings:

The results revealed that 28% of the sample experienced depression. Multiple linear regression analysis demonstrated that all five variables could jointly explain 56% of the variance in adolescent depression ($R^2 = .56$, $p < .05$). Significant predictors included parental caring ($\beta = -.23$, $p < .05$), bullying behavior (bullied $\beta = .19$, $p < .05$; both bullies and victims $\beta = .13$, $p < .05$), resilience ($\beta = -.18$, $p < .05$), and mindfulness ($\beta = -.31$, $p < .05$). Social support was not a significant predictor.

Conclusions and Recommendations:

This study emphasizes the impact of bully behavior, parental caring, resilience, and mindfulness on adolescent depression. Bully behaviors were identified as risks for depression, while parental caring, resilience, and mindfulness were protective factors. These findings suggest that depression prevention programs should focus on fostering resilience and mindfulness to help adolescents handle obstacles and enhance parental support. Healthcare providers and educators should implement interventions that not only promote resilience and mindfulness but also address bullying within schools to decrease the risk of long-term mental health problems. Further research should explore the psychosocial factors of adolescent depression, identify early interventions that can reduce the risk of long-term issues, and examine these interventions in various settings. Furthermore, developing programs supporting educators and healthcare providers in developing comprehensive support systems for adolescents focus on psychosocial factors to promote mental health.

Keywords:

adolescent, depression, high school student

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Characteristics of the co-morbidity of demoralization with anxiety and depression among lung cancer patients: A network analysis

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Abstract

Purpose:

Demoralization in lung cancer patients shares similarities with, but remains distinct from, anxiety and depression. These conditions often coexist, interact, and significantly affect patients' prognoses, yet the precise nature of their interrelationships is poorly understood. This study employs network analysis to explore the associations and interactions between demoralization and these mood disorders at the symptom level.

Methods:

A total of 521 lung cancer patients from three tertiary hospitals in Wuhan, China, were recruited between January and July 2024. Three regularized network models were developed to examine the associations and dynamics between demoralization-anxiety, demoralization-depression, and demoralization- anxiety- depression comorbidity networks model. Demoralization, anxiety, and depression were assessed using the Demoralization Scale (DS), Generalized Anxiety Disorder Scale-7 (GAD-7), and Patient Health Questionnaire-9 (PHQ-9), respectively. Expected influence (EI) and bridge expected influence (BEI) were used to identify central and bridging symptoms within these networks. Network stability was assessed through a case-dropping bootstrap program.

Main Findings:

Demoralization, anxiety, and depression were prevalent in 68.52%, 44.15%, and 45.26% of patients with lung cancer, respectively. In the demoralization-anxiety network, "Irritability" and "Helplessness" emerged as key bridging symptoms, while "Depressed or sad mood" and "Helplessness" were central in the demoralization-depression network. In the comprehensive network, "Irritability", "Depressed or sad mood", and "Helplessness" exhibited strong bridge centrality. Notably, "Disheartenment" was the most central node among three network models. All networks showed good stability.

Conclusions and Recommendations:

This study highlights the intricate co-morbidity of demoralization with anxiety and depression. "Disheartenment" plays a pivotal role in overall network connectivity, and "Irritable", "Depressed or sad mood" and "Helplessness" act as critical bridges between symptoms. Early identification



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and intervention for these symptoms could reduce co-morbidity rates. These findings have important implications for the development of effective clinical interventions.

Keywords:

co-morbidity, lung cancer, network analysis

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Predictors of depressive symptoms in patients with chronic obstructive pulmonary disease

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Abstract

Purpose:

This research study aims to examine factors predicting depressive symptoms in patients with chronic obstructive pulmonary disease (COPD).

Methods:

This study employed a predictive correlational research design. The sample consisted of 202 COPD patients who received treatment at the pulmonary clinic and the outpatient department of internal medicine at a tertiary hospital in Bangkok. The patients met inclusion criteria were selected through convenience sampling. The data were collected using General Information Questionnaire, Perceived Stress to COVID-19 Scale, Functional Performance Inventory (FPI), Multidimensional Scale of Perceived Social Support (MSPSS), Brief COPE inventory, and Patient Health Questionnaire (PHQ-9). The data were analyzed using descriptive statistics and multiple regression.

Main Findings:

The research results showed that 24.8% of patients with COPD experienced depressive symptoms. Eight variables together could significantly predict the occurrence of depressive symptoms at 54.3% with statistical significance at the .05 level. ($R = .737$, $R^2 = .543$, $F_{8,193} = 28.71$, $p < .001$). There were three factors which significantly predicted the occurrence of depressive symptoms in COPD patients. That is, the number of acute exacerbations in the previous year ($\beta = .34$, $p < .001$), perceived stress to COVID-19 ($\beta = .41$, $p < .001$), and ability to perform daily activities ($\beta = -.15$, $p < .05$).

Conclusions and Recommendations:

The results of the study can be used as information to enhance the effectiveness of care for patients with COPD based on the studied variables. Additionally, they can serve as a foundation for developing programs to prevent or reduce depressive symptoms in patients with COPD.

Keywords:

chronic obstructive pulmonary disease, depressive symptoms, perceived stress to covid-19

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International Conference

TRIPLE BURDENS OF DISEASES:

NURSE-LED GAME CHANGER TO
OPTIMIZE THE OUTCOMES OF CARE

Oral Presentation

Room 5

Health System & Policy



Home-monitoring-based telenursing for people with chronic conditions: Bridging research, practice, education, and policy development

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Abstract

Purpose:

As part of a people-centered care model, we developed and implemented a home-monitoring-based telenursing system for people with chronic conditions receiving home care. This presentation evaluates health outcomes and health literacy among older adults, highlights the education provided to nurses delivering telenursing services, and discusses the impact of this approach on Japan's healthcare reimbursement system.

Methods:

We assessed health outcomes through a randomized controlled trial involving 37 people with chronic obstructive pulmonary disease receiving home oxygen therapy (COPD-HOT). We evaluated changes in health literacy using a longitudinal mixed-methods approach in 18 people with COPD, congestive heart failure (CHF), diabetes, non-small cell lung cancer (NSCLC), and amyotrophic lateral sclerosis (ALS). We delivered telenursing education through 50 e-learning modules covering the principles of telenursing, information and communication literacy, telemonitoring skills, and practical case scenarios. After completion of the modules, we measured the confidence of 143 nurses regarding their understanding of telenursing. On the basis of these findings, we submitted a proposal for reimbursement to the ministry.

Main Findings:

Telenursing for people with COPD-HOT reduced the incidence of acute exacerbations by 32.9%. This enabled people with chronic conditions to better understand their health, incorporate telenursing into daily life, recognize symptoms, and engage in self-management, thereby improving their health literacy. Among nurses who completed the e-learning modules, 72.7% demonstrated increased confidence and a deeper understanding of telenursing. However, lack of knowledge hindered improvement among nurses who were initially overconfident. Japan introduced a reimbursement system for telemonitoring in the COPD-HOT in 2018 and for cancer in 2022. Home-monitoring-based telenursing has proven effective in improving health outcomes and literacy and boosted nurses' confidence in adopting new nursing methods. Reimbursement for telenursing in Japan is gradually progressing.

Conclusions and Recommendations:

Our telenursing system has demonstrated significant benefits for people with chronic conditions. It not only improves health outcomes but also enhances health literacy for people with COPD, diabetes, CHF, ALS, and NSCLC, enabling them to better manage their conditions. Furthermore,

structured e-learning has notably increased nurses' understanding of and confidence in telenursing. This approach has shown promising results in both patient care and nursing practice.

Keywords:

chronic conditions management, home-monitoring-based telenursing, nurse education

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Ophthalmic care education and training in nursing: A scoping review

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Abstract

Purpose:

The purpose of this review is to examine the literature to determine whether standardized or formal training exists for nurses in ophthalmic care. Ophthalmic care is a crucial aspect of patient care, encompassing a wide range of activities, from basic eye hygiene and medication administration to advanced skills in assessment and diagnostics.

Methods:

This scoping review adhered to Joanna Briggs Institute (JBI) methodology and is reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews Checklist (PRISMA-SrC). Six databases were searched for quantitative, qualitative, mixed methods studies and structured review peer-reviewed articles published in English between 2013 and 2023 using Medline, CINAHL, PubMed, Scopus, Web of Science and Embase databases. Two reviewers conducted titles and abstracts and full-text screening and data extraction. Covidence software was used to ensure systematic and unbiased reviewing was done.

Main Findings:

Out of a total of 3,231 records, 31 studies were included in the final review. It appears there is limited official, standardized training at the undergraduate level to ensure that nursing graduates can adequately deliver ophthalmic care. Ophthalmology is an integral part of nursing practice, this represents a critical gap that needs to be addressed. The majority of the studies focused on targeted training programs aimed at developing specific skills essential for advanced nursing practice or enhancing professional development.

Conclusions and Recommendations:

Professional development in basic eye care indicates that undergraduate nursing preparation may be inadequate. Furthermore, it is unclear what fundamental content and skills undergraduate nursing curricula require. This may indicate that graduates may not be well-prepared to provide basic eye care. The findings suggest a critical need for further research into basic and advanced nursing roles, as well as ophthalmic content, within formal nursing curricula. This is essential to ensure comprehensive preparation of graduates for ophthalmic care and skills.

Keywords:

education, nursing, ophthalmic

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Perceived learning needs of hospitalized cancer patients and nurses

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Abstract

Purpose:

This study aimed to understand the differences in perceived learning needs between cancer patients and nurses.

Methods:

This is a cross-sectional descriptive design. Data were collected from 1147 cancer patients and 1000 nurses using a convenience sampling method from February 2022 to June 2023. Sociodemographic data of patients and nurses were collected through a self-designed general information questionnaire. Patients and nurses completed the Revised Chinese version of the Patient Learning Needs Scale to identify their perceptions of the learning needs and the difference between patient and nurse knowledge of needs.

Main Findings:

According to cancer patients and nurses, the top learning needs were information on complications and symptoms. In contrast, patients perceived the lowest priority learning needs to be disease related issues, while nurses perceived the lowest priority learning needs to be daily treatment and activities.

Conclusions and Recommendations:

Patients and nurses have different views on the essential contents to be learned, highlighting the importance of considering these two aspects in formulating health education programs.

Keywords:

cancer patients, learning needs, nurses

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Utilization of HIV and STI prevention services in Thailand through a digital health platform

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Abstract

Purpose:

This study aims to evaluate the effectiveness of the digital platform Love2Test.org in expanding access to HIV and STI prevention and treatment services across major cities in Thailand. By analyzing booking and website interaction data, this research seeks to identify trends that can inform targeted health interventions and improve public health outcomes for key populations.

Methods:

Data from the Love2Test.org platform was collected from October 1, 2023, to September 30, 2024. Each booking record details service location, type (e.g., HIV testing, STI screening, PrEP, PEP, hormone testing), booking date, user age, and self-identified gender. Data were de-identified according to Thailand's Personal Data Protection Act (PDPA). Analytical methods included descriptive statistics, service utilization analysis, K-means clustering for user segmentation, and correlation analysis to assess relationships between demographic factors and service utilization. Geographic and temporal trends were also evaluated.

Main Findings:

The platform recorded 158,639 visitors and 8,865 confirmed service bookings across 48 clinics in 16 major Thai cities. Most users were male (59.6%), with a mean age of 29 years (SD = 7.7). HIV testing was the most commonly requested service (76.3%), followed by STI screening (57.3%) and PrEP (56.1%). Clustering analysis identified three distinct user segments, each with unique demographic profiles and service preferences: younger users primarily sought PrEP, while older users favored HIV treatment. Geographic analysis highlighted service utilization hotspots in Bangkok, Chiang Mai, and Chon Buri, and temporal trends revealed peak booking periods in January and August, aligning with targeted outreach campaigns.

Conclusions and Recommendations:

This study highlights the effectiveness of a digital health platform in reaching key populations, including young men who have sex with men (MSM), transgender individuals, and other vulnerable groups. The findings suggest a need for targeted awareness campaigns, particularly around PrEP uptake among younger users, and increased engagement in underserved regions such as Phuket. Expanding clinic partnerships and offering tailored services, including telehealth and flexible appointment options, could enhance service accessibility. Future research should explore the long-term impact of digital health interventions on HIV/STI prevention and treatment in Thailand.



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Keywords:

digital health, HIV prevention, public health innovation

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Cost-benefit analysis of nurse-nurse aid skill mixed care model for hospitalized patients based on real-world data in China

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Abstract

Purpose:

The purpose of this study is to explore the cost-effectiveness of Nurse-Nurse Aid skill mixed (NNAsm) care model from the perspective of hospitals and patients using real-world data. To provide rigorous, scientific and objective data to support the smooth promotion of NNAsm care model in China.

Methods:

In this study, we used the convenience sampling method in the surgical ward of the NNAsm care model of a hospital in Shandong Province, China, from May to June 2024, and selected 50 surgical patients who were admitted to the hospital and diagnosed with lung nodules. During the hospitalisation, we collected the costs of accommodation, food, transportation, daily necessities and lost work for the caregivers, as well as the costs of hiring medical staff, etc. In addition, we also recorded the staff, material and other related costs incurred by the hospital in implementing the service model. Based on the concepts of probability cost and unavoidable cost in economics, the maximum cost that patients could choose not to pay under the ideal NNAsm care model is calculated, and the Net Present Value (NPV) method is used to analyse and compare the benefits provided to patients by the current NNAsm care model. At the same time, the cost-effectiveness of the hospital was analysed.

Main Findings:

A total of 47 patients were included in this study, and 3 patients who had a greater impact on the results of the study were excluded. The reason for this was that these 3 patients had serious postoperative complications and a longer hospital stay. The results show that from the patient's point of view, the maximum value of the average cost-benefit difference of the patient's family members is 1,338.24 yuan, that is, the use of NNAsm care model, each patient can save the most cost during hospitalisation. From the hospital's point of view, save the nurse's informal care time, the department can save 7,938.65 yuan per month.

Conclusions and Recommendations:

The implementation of the NNAsm care model is highly cost-effective for patients and hospitals, reducing non-medical costs for patients and labour costs for nurses.

Keywords:

care model, cost-benefit analysis, nurse-nurse aid

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Development of the interprofessional collaboration model for rational drug use of antibiotics at medical intensive care unit, Songklanagarind Hospital

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Abstract

Purpose:

The purposes of the study are 1) study the situation of the interprofessional collaboration to promote rational use of antibiotics, 2) develop the interprofessional collaboration model to promote rational use of antibiotics, and 3) study the results of the interprofessional collaboration model to promote rational use of antibiotics at Medical Intensive Care Unit, Songklanagarind hospital.

Methods:

The research is participatory action research. The model in this research adopted Kemmis & McTaggart which consisted of 4 steps: planning, action, observation, and reflection. Qualitative data were collected using semi-structured, in-depth interviews, inquiry and observation on the deployment of the interprofessional collaboration model to promote rational use of antibiotics. A total of 30 informants in situation analysis phase and 38 participants in developing model phase were collaborated in the study, comprising 5 experts, 49 nurses, 9 doctors, and 5 pharmacists. The content analysis method was used to analyze the qualitative data. Quantitative data were analyzed using mean, percentage, and standard deviation.

Main Findings:

The results of the research found that the Interprofessional Collaboration model consisted of 4 activities 1) daily antibiotics round with interprofessional team by specifying roles, duties, and responsibilities of each profession, sharing of information between team and developing the guideline for prescribing and administering the antibiotics, 2) monthly data feedback between interprofessional team about time of receiving antibiotic drug within 1 hour and de-escalation antibiotic drug after reporting the culture results, 3) organizing the rational drug use of antibiotic learning activity with interprofessional team every 3 months, and 4) reviewing the use of antibiotic drug and incident report for learning and development every 6 – 12 months. The study found that after implementing the developed model, the rate of rational antibiotic prescribing increased from 46.67 to 78.33 percent, and overall collaboration level score of the interprofessional team was increased from “high level” ($M = 3.57$, $SD = 0.50$) to “highest level” ($M = 4.61$, $SD = 0.54$).

Conclusions and Recommendations:

Nursing administrators can use the results of this research as guidelines for improving the quality and safety of care to promote interprofessional collaboration for patients receiving antibiotics at Intensive Care Units.

Keywords:

intensive care unit, interprofessional collaboration model, rational drug use of antibiotics

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Unplanned re-attendance to emergency department of patients with systemic inflammatory response syndrome: A situational analysis

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Abstract

Purpose:

Unplanned re-attendance at the emergency department (ED) of patients with systemic inflammatory response syndrome (SIRS) remains unclear, and studies exploring health service factors related to unplanned re-attendance are limited. This study aimed to analyze the 30-day incidence of unplanned re-attendance in the ED following discharge and determine factors affecting unplanned re-attendance, including sociodemographic and clinical characteristics, agent, and the health service delivery system in patients with SIRS.

Methods:

This study employed a cross-sectional and prospective cohort study design. The sample comprised 900 patients and 14 ED supervisors. This study was conducted between February 1, 2021 and July 30, 2022 at 14 hospitals in Thailand. Data were collected using a standardized questionnaire and information from medical records.

Main Findings:

The majority of the sample met two SIRS criteria (76.4%), of which respiratory rate (85.1%) and heart rate (74.5%) were the most common criteria. Most of the re-attendances were one-time (90.3%), and 30% developed sepsis and septic shock and required inpatient and critical care (45.8%). The unplanned re-attendance incidence was 16%, with an incidence rate of 6 persons per 1,000 persons/day. Middle-level hospitals had a higher re-attendance incidence (24%) than high-level (14.3%) and first-level (12.7%) hospitals. Factors affecting unplanned re-attendance to the ED within 30 days included comorbidities (hazard ratio [HR] = 5.0, 95% confidence interval [CI] = 3.056–8.413, $p < 0.001$), alcohol use (HR = 6.2, 95% CI = 3.555–10.854, $p < 0.001$), the model of care in the ED and discharge (HR = 11.1, 95% CI = 2.619–47.499, $p < 0.001$), and care in the ED and observed symptoms and discharge (HR = 13.8, 95% CI = 3.401–56.167, $p < 0.001$), which was the highest risk factor for unplanned re-attendance.



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Conclusions and Recommendations:

The findings of this study indicate a high re-attendance occurrence among patients with SIRS. Both individual characteristics and health service delivery system efficiency play significant roles in influencing unplanned re-attendance. These factors can serve as valuable inputs for crafting policies aimed at enhancing the standard of care provided in EDs and guiding future research endeavors.

Keywords:

Unplanned Re-Attendance, Emergency Department, SIRS

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Association between availability of health information and health service utilization among older people: A cross-sectional study

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Abstract

Purpose:

The population ages rapidly amidst the widespread development of mass media pertaining to health-related information. Considering the increasing demand for health care among older people, the study investigated the association between availability of health information and health service utilization among older people in the Philippines.

Methods:

Cross-sectional data of individuals aged 60 years and above ($N = 1,134$) was derived from a population-based health survey in the Philippines conducted from May to June 2022. A household questionnaire was used to gather information through face-to-face interviews. The outcome variable is health services utilized (medical consultation, medicines and laboratory tests, and immunization). Independent variables are age, sex, education, marital status, national health insurance (NHI) coverage, and sources of health-related information (TV, information, education, and communication (IEC) materials, and internet). Descriptive and multivariate logistic regression analyses was performed at a 95% confidence interval.

Main Findings:

The prevalence of gathering health-related information using the television, IEC materials, and the internet is 77.7%, 50.3%, and 36.7%, respectively. Adjustment for NHI coverage and internet use revealed that older people with a secondary education degree (Adjusted Odds Ratio [AOR] 1.53, 95% confidence interval [95% CI] 1.02 – 2.30) and NHI coverage (AOR 1.82, 95% CI 1.19 – 2.78) are significantly more likely to utilize health services. The use of the internet increases the likelihood of utilizing health services, a significant difference was not observed (AOR 1.17, 95% CI 0.87 – 1.67), which is in contrast to older people utilizing the television and radio (AOR 1.63, 95% CI 1.19 – 2.23).

Conclusions and Recommendations:

The findings underscore the wide availability of health information through mass media sources and the role of NHI coverage in increasing the utilization of health services. It is imperative to develop targeted healthcare policies on the enhancement of mass media communication with emphasis on promoting healthy lifestyle behavior, implementation of health programs, and expanding of infrastructure for a wider access to health information among the older population in low- and middle- income countries.

Keywords:

Health care utilization, health information, older adults

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Factor predicting delay access in healthcare service among patients with rheumatoid arthritis in north Vietnam

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Abstract

Purpose:

To study factors including age, education, income, health insurance, health literacy, illness perception, and help-seeking behaviors that predict delays in accessing healthcare services among patients with Rheumatoid Arthritis (RA) in North Vietnam.

Methods:

A predictive correlation design was employed. Data were collected from June to September 2023, guided by the Behavioral Model of Health Utilization (BMHU) - 6th Revision by Andersen et al. (2013). A total of 310 RA inpatients, aged 18 years or older and within five years of symptom onset, were recruited from four hospitals in North Vietnam using convenience sampling. The study utilized questionnaires to gather information on patient characteristics, access time, health literacy, illness perception, and help-seeking behaviors. The data were analyzed using descriptive statistics and structural equation model.

Main Findings:

The study found that 91% of patients experienced a delay of three months or more (Mean = 29.68, SD = 19.49). The modified model of delayed access in healthcare services among RA patients showed a good fit. Health literacy and illness perception had the highest significant negative direction effect on delays ($\beta = -0.390$, $p < 0.001$), while education and help-seeking behaviors had the highest significant positive direction effect ($\beta = 0.390$, $p < 0.001$). Three latent variables health literacy, illness perception, and help-seeking explained 61.85%, 41.77%, and 7.79% of the variance in delayed access, respectively. These findings align with the BMHU - 6th Revision and existing literature review, as well as the context of Vietnam.

Conclusions and Recommendations:

The study highlights that health literacy, illness perception, and help-seeking behaviors are critical factors in predicting delayed access to healthcare services among adults with RA in North Vietnam. These factors should be considered when developing interventions to promote early access to healthcare services. Healthcare providers should focus on enhancing patients' understanding of health, raising awareness about illness, and encouraging help-seeking behaviors to improve timely access to healthcare services. This, in turn, will help RA patients receive the best possible treatment and reduce the adverse effects of delayed healthcare access.

Keywords:

delay access, rheumatoid arthritis, Vietnam

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International Conference

TRIPLE BURDENS OF DISEASES:

**NURSE-LED GAME CHANGER TO
OPTIMIZE THE OUTCOMES OF CARE**

Poster Presentation



Public health nurses' perceived need for and practice of advocacy by years of experience

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Abstract

Purpose:

Advocacy is a responsibility of the nursing profession. Public health nurses (PHNs) must advocate for not only individuals but also groups and communities. However, their understanding of advocacy activities may be inadequate. The purpose of this study is to identify the experiences of PHNs regarding the perceived need for advocacy and the status of their advocacy practices, focusing on their years of experience as a PHN.

Methods:

Study design was cross-sectional study design. A self-administered questionnaire was mailed to participants. One-fourth of Japan's municipalities were randomly selected. Supervising PHNs were asked to distribute the questionnaire to PHNs in each municipality. The questionnaire included items on demographics, PHNs' experience of perceived need for advocacy (4 levels), and the Public Health Nurses' Advocacy Practices Scale in Group and Community Settings (a 5-factors, 27-item scale), which measures advocacy actions. We computed descriptive statistics by years of experience as a PHN (4 categories). When calculating the scale score, we excluded participants who did not experience any perceived need for advocacy. Ethical Considerations: This study was approved by the Ethics Review Committee of the first author's university.

Main Findings:

Of the 1,269 distributed questionnaires, 445 were returned, and 430 were used for analysis (33.9% valid response rate). Among the respondents, 243 (56.6%) reported experiencing at least one perceived need for advocacy, 161 (37.4%) reported never perceiving such a need. There were no significant differences in these results by years of experience. Regarding the advocacy practice scale scores, those with fewer years of experience tended to have lower scale scores; significant differences were observed in the total score ($P<0.05$), and 3 subscales, Factor 1, "Raising awareness of the challenging situations faced by disadvantaged individuals" ($P<0.01$), Factor 4, "Working toward policy changes" ($P<0.01$), and Factor 5 "Collaborating with stakeholders and organizations to enhance the effectiveness of activities" ($P<0.05$). There are no significance in Factor 2 and Factor 3.

Conclusions and Recommendations:

The concept of advocacy is poorly understood and may have contributed to a perceived need. Advocacy practice related to years of experience, indicating the need for collaboration between experienced and newer PHNs. Both the mobile application and health education significantly enhanced physical activity levels

Keywords:

advocacy, public health nurse, years of experience

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Development of a learning program for intractable diseases coordinators in Japan

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Abstract

Purpose:

In Japan, as part of measures to combat intractable diseases, intractable disease coordinators are assigned to local governments to provide consultations for patients with intractable diseases. Highly specialized knowledge is necessary for consultations on intractable diseases; however, no standardized teaching materials or training opportunities are currently available in Japan. To fill this gap, our project team developed a learning program aimed at improving the qualifications of intractable disease coordinators.

Methods:

We conducted focus group interviews with 27 intractable disease coordinators, organized into groups of three to four participants per session across seven Zoom meetings. Participants discussed the challenges they faced at work, the knowledge and skills they needed, and their learning needs. With written consent, the content was recorded, and learning needs were sorted and categorized from the verbatim recordings in a qualitative inductive manner. Participants were informed about the survey through a letter of intent, and their consent was obtained before participation. Learning needs were reviewed by team members, and the learning program items were established. A questionnaire survey was conducted to assess the content validity of the identified twenty learning program items among 721 professionals working with intractable diseases nationwide. Respondents rated the relevance and necessity of each item using a four-point Likert scale. The achievement objectives and syllabi were developed after the research members engaged in collaborative discussions.

Main Findings:

Twenty learning needs were identified, and a learning program item was established. In the validation questionnaire, 280 responses (38.8% response rate) were received, confirming that more than 93.2% of the respondents recognized all 20 learning program items as "very necessary" or "necessary." This high percentage indicates strong content validity for the identified learning program items. Fourteen achievement objectives and syllabi were developed. The learning program consisted of a "basic knowledge section (e-learning)" and a "practical section (web seminar)". An e-learning system will be developed with the basic knowledge section scheduled to be launched in October 2024. The practical component will be conducted twice a year through web and face-to-face seminars to share practical activities, case studies, group work, and role-plays.

Conclusions and Recommendations:

The study findings suggest that the practical skills of intractable disease coordinators should be continuously evaluated and that the content of the learning program be regularly updated.

Keywords:

coordinators, intractable diseases, learning program

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The impact on community residents' understanding of dementia: Through collaborative horticultural activities with older individuals with dementia

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Abstract

Purpose:

In 2024, the ageing population rate in Japan exceeded 29%. Japan's population is aging, and the number of older individuals with dementia is expected to continue to increase. Therefore, this study aimed to examine the use of collaborative horticultural activities between community residents and older individuals with dementia to enhance community residents' understanding of dementia.

Methods:

Horticultural activities were performed once monthly in a small-scale multifunctional in-home care facility (hereafter "facility"), available on long-term care insurance, for facility users with dementia (hereafter "users") and community residents in small groups. Facility staff and researchers attended each session of ≤ 60 min. We conducted 10 sessions in total. After each session, the participants reflected on the activities, methods, and user conditions. Additionally, community residents were surveyed regarding their acceptance of dementia at initial participation and after six months. The study was approved by the Kyushu University Institutional Review Board for Clinical Trials.

Main Findings:

Eight community residents agreed to participate in this study, but only four completed the twice dementia acceptance survey. One community resident expressed a positive user profile regarding horticultural activities. Other community residents expressed that user still smoothly performed the tasks they conducted previously, their knowledge helped others, and they were extremely lively that they felt that there was a lot they could do, even with dementia. Moreover, community residents recognized symptoms and behaviors related to dementia if they saw users harvesting other users' plants and suddenly changing their emotions. Some community residents observed the interaction of the facility staff with users according to their situation and imitated them. The average values of the dementia acceptance survey's knowledge scale, attitude scale, and dementia acceptance were all higher after six months than at initial participation.

Conclusions and Recommendations:

It has been suggested that horticultural activities provide a valuable opportunity for community residents to find positive and negative profiles of dementia and deepen their understanding of the condition.

Keywords:

community residents, older individuals with dementia, understanding of dementia

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Role of Bruneian women in influencing men's health help seeking

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Abstract

Purpose:

Men generally have shorter life expectancies and poorer health outcomes compared to women. This disparity is evident globally, especially in Africa and Southeast Asia. Men tend to engage in riskier behaviors, are more prone to injuries, and are less likely to seek healthcare. Societal norms often view men as strong and self-reliant, discouraging them from discussing health concerns, which may be seen as a sign of weakness. In Brunei, this trend is reflected in life expectancy rates, with men living approximately 2.4 years less than women. Major health issues like ischemic heart disease and diabetes are more prevalent in men. The first study on men's health in Brunei revealed that men typically delay seeking help and rely on various sources for health advice. Their reluctance to seek care is linked to traditional masculinity norms, where men believe that asking for help compromises their status. Women's role in influencing men's health-seeking behavior has been acknowledged, with evidence showing that men are more likely to seek care when encouraged by significant women in their lives. This study explores women's experiences with men, focusing on how men respond to illness and make healthcare decisions. The research examines the role women play in encouraging men to seek professional healthcare.

Methods:

Using a qualitative approach, semi-structured interviews and focus group discussions were conducted with 37 men and 10 women in Brunei. Thematic analysis was used to explore the dynamics between men and women regarding health-seeking behaviors.

Main Findings:

Three themes emerged: 1) "It is tiring but it is how it is ... it's our responsibility": Nagging as caring, 2) Health help-seeking as a demonstration of love and care, and 3) "Keeping the peace": Not wanting to upset significant others. Generally, applying and responding to pressure to seek health help was reported. Women reported difficulty persuading men to seek healthcare, with men often delaying treatment. Acts of persuasion were seen as expressions of love and care. Men's compliance with health-seeking was viewed as a way to maintain harmony in relationships.

Conclusions and Recommendations:

The study underscores the importance of women in promoting men's health-seeking behavior and highlights the need for nursing practices to consider gender dynamics. Nurses should develop cultural competence and involve family members, particularly wives, in encouraging men to seek healthcare. Gender-specific interventions and community outreach should challenge harmful norms and emphasize the family responsibility of seeking care early. Further research on gender dynamics in healthcare is also recommended to reduce stigma and improve timely health interventions.

Keywords:

men's health-help seeking, role, women

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Oral condition improvements through gel-based oral care among bedridden older adults

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Abstract

Purpose:

Preventing oral frailty is crucial for sustaining physical and mental health. However, the effectiveness of oral care among physically impaired older adults remains unclear. This study aimed to investigate changes in the oral condition bedridden older adults, who were incapable of oral intake, using a gel-based, waterless oral care regimen.

Methods:

Oral condition using the Oral Health Assessment Tool (OHAT) and oral moistness measuring is before (Pre) and at 4 and 6 weeks (Post 4 and 6W) after the initiation of oral care with moisturizers. Oral moistness was measured at the center of the tongue, and the median value of three measurements taken from the same area was used for the analysis. A generalized linear mixed model with composite symmetry was employed to analyze the results, with the time points of measurement (time) as fixed effects and participants as variable effects. The oral care procedure involved brushing the teeth with a toothbrush, followed by wiping the mouth with a sponge brush dipped in gel moisturizer, and then applying a fresh layer of moisturizer. A nurse provided this care regimen thrice daily over 6 weeks. The study was approved by the Ethics Review Committee. Consent was obtained from the participants and their families.

Main Findings:

The median OHAT score was 9.0 (8.0-10.0) at Pre, 4.7 (4.0-6.0) at Post 4W, and 5.0 (4.0-6.0) at Post 6W, showing a significant decrease ($p = .000$), and the oral condition improved at Post 4W and Post 6W compared to Pre. The median oral moisture score was 25.3 (15.1-28.3) at Pre, 28.8 (24.5-30.7) at Post 4W, and 27.6 (26.5-29.9), indicating that the oral moisture score increased significantly after 4 weeks ($p = .023$) and 6 weeks ($p = .019$).

Conclusions and Recommendations:

Gel-based oral care is expected to improve the oral condition and moistness of bedridden older adults, who were incapable of oral intake. Given the association between OHAT scores and quality of life, improvements in OHAT scores are expected to lead to better quality of life for these individuals.

Keywords:

bedridden, older adults, oral care

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The effects of an evidence-based yoga programme on physical and psychological outcomes among community-dwelling older adults: A feasibility randomised controlled trial

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Abstract

Purpose:

This study examines the feasibility and acceptability of an eight-week evidence-based yoga programme designed for community-dwelling Chinese older adults in Hong Kong. It explores the perceptions and barriers to practice, and evaluates the preliminary effects of the programme on physical and psychological health.

Methods:

An evidence-based yoga programme had been developed based on the findings of a systematic review. A 2-arm parallel single-blinded randomized controlled trial (RCT) was conducted. The participants were recruited from two community centers and randomly assigned to the intervention group, which followed the yoga programme, or the control group, which engaged in the centers' routine daily activities. The outcome measures were physical and psychological health of the participants. Assessments occurred at baseline (T0) and after completion of the eight-week programme (T1). Participants in the intervention group attended a semi-structured interviews at T1. The participant demographics was described by descriptive statistics. Physical and psychological outcomes compared using the Mann-Whitney U test. Data was analyzed using SPSS version 26.0 and a content analysis was performed.

Main Findings:

Seventy-four participants were recruited, with a mean age of 67.6 (SD 5.5) years. The attrition rate was 14.9% (n=11). Causes of the attrition included personal issues, lack of interest, time constraints, and health problems. The mean attendance rate for the yoga sessions was 89.9% and the participants were satisfied with the sessions. The content analysis identified two themes: New Yoga Experiences and Obstacles to Practice. Reported health benefits included pain reduction and improvements in balance, gait, strength, flexibility, and mood. The yoga group showed significantly greater improvements in the Short Physical Performance Battery ($p < 0.001$) and the Depression, Anxiety and Stress Scale ($p < 0.001$) at T1. However, 62.1% of the participants did not adhere to the prescribed home practice due to laziness or limited resources.

Conclusions and Recommendations:

The yoga programme brings physical and psychological improvements and is feasible and acceptable for community-dwelling Chinese older adults in Hong Kong. Strategies needed to be developed to boost the adherence to self-directed home practice. A robust trial is necessary to assess the intervention's effectiveness as this feasibility trial was under-powered to determine actual efficacy.

Keywords:

health, older, yoga

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Effectiveness of augmented reality (AR) in nursing courses enhancing clinical reasoning among nursing students in Taiwan

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Abstract

Purpose:

Clinical reasoning (CR) is a crucial competency distinguishing professional nurses from ancillary care providers. After the COVID-19 pandemic, the importance of clinical reasoning in nursing has become even more pronounced. Augmented reality (AR) is among the interventions that have shown promise for enhancing learning performance, fostering learning motivation, and promoting positive attitudes toward learning. However, more empirical research is needed to assess the use of AR interventions to improve nursing care competencies in students. This study aims to evaluate the effectiveness of augmented reality (AR) in enhancing clinical reasoning among nursing students in Taiwan.

Methods:

This quasi-experimental study employed a single-group repeated-measure design with random cluster sampling. The Clinical Reasoning Scale (CRS) was used to collect participants' scores at three intervals: pre-intervention, post-intervention, and follow-up.

Main Findings:

The study included 45 students from a university in eastern Taiwan, with an average age of 21.17 years. Generalized Estimating Equations (GEE) analysis indicated that four domains of the CRS—"awareness of clinical cues," "confirmation of clinical problems," "determination and implementation of actions," and "evaluation and self-reflection"—showed significant increases especially from pre- to post-intervention.

Conclusions and Recommendations:

AR has the potential to enhance clinical reasoning competency among nursing students; however, the domain of "confirmation of clinical problems" among students requires further strengthening. It is recommended that future nursing education incorporates AR and CR to support the core competencies of nursing students and registered nurses.

Keywords:

augmented reality, clinical reasoning, nursing students

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Exploring the impact of COVID-19 infection in nursing staffs on their professional commitment

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Abstract

Purpose:

This study aims to explore the impact of COVID-19 infection among nursing staff on their professional commitment

Methods:

A cross-sectional study was conducted among nursing staff at a medical center in eastern Taiwan. The participants totaled 371. Data were collected through electronic questionnaires from September 1, 2023, to February 28, 2024.

Main Findings:

A total of 371 questionnaires were distributed, with 364 valid responses, achieving a response rate of 97%. Among the respondents, 316 individuals (86.8%) had been infected, while 48 individuals (13.2%) had not. The study found no significant differences in scores for work stress, social support, and professional commitment between nurses who had been infected with COVID-19 and those who had not ($p = 0.112$, 0.637 , 0.397). Correlation analysis showed a positive correlation between professional commitment and work stress ($r = 0.116$, $p = 0.027$) as well as social support ($r = 0.261$, $p < 0.001$). Multiple regression analysis indicated that social support, age, and work stress significantly impacted nurses' professional commitment, with higher levels of social support and work stress associated with higher professional commitment ($p = 0.006$, $p < 0.001$). Nurses aged 18-30 and 31-40 had significantly lower professional commitment scores compared to those aged over 41 ($p = 0.001$, $p = 0.04$).

Conclusions and Recommendations:

Whether or not nursing staff are infected with COVID-19 does not affect their professional commitment. However, factors such as social support, age, and work stress have a significant impact on their professional commitment. Despite the high work pressure during the COVID-19 pandemic, nurses can still maintain their professional commitment through social support, and the level of commitment increases with age. Social support has a positive impact on the professional commitment of nursing staff. Nursing administration can enhance support for nurses in various aspects, such as improving work processes, providing adequate resources, and offering necessary support. These measures can help nurses cope with work stress and sustain their professional commitment.

Keywords:

COVID-19, nursing staff, professional commitment

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Machine learning approach to predict physical, lifestyle, and biological factors of frailty in older adults with metabolic syndrome

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Abstract

Purpose:

With the growing population of older adults worldwide, the prevalence of frailty in this population is increasing substantially. Metabolic syndrome (MetS) and frailty are commonly associated with increased morbidity and all-cause mortality; however, there have been conflicting reports showing an association between MetS and frailty. This study aimed to determine the association between MetS and frailty in older adults and to identify risk factors for frailty among them.

Methods:

This is a secondary analysis using data from the Korean National Health and Nutrition Examination Survey (NHNES) VI and VII, conducted nationwide in South Korea from 2015 to 2018. 2,309 eligible participants were included in the study; frailty was categorized as robust, pre-frail, and frail according to the Fried Frailty Phenotype. Metabolic syndrome was assessed using the NCEP-ATP III. Sociodemographic factors, physical factors, biological factors, and lifestyle and psychological factors were used as risk factors for frailty. Descriptive analysis, ordinal regression, and machine learning were used for analysis.

Main Findings:

There were 6.8% of frail, 52.4% of pre-frail and 40.8% of robust older adults. Metabolic syndrome, gender, age, economic level, comorbidities, educational level, alcohol consumption, blood urea nitrogen, white blood cell count, forced vital capacity (FVC), sitting time, body mass index (BMI) were shown as risk factors for frailty. Those with metabolic syndrome were also affected by hemoglobin. Random forest analysis showed that BMI (feature importance [FI] 0.14), forced vital capacity (FI: 0.06) were rated as important predictors of frailty with MetS, and model fit assessed by F1 score was 0.74.

Conclusions and Recommendations:

Older adults with metabolic syndrome are at increased risk of developing frailty, with increased BMI and decreased FVC being significant risk factors. To effectively prevent frailty in these individuals, interventions that focus on weight loss through diet and exercise and on improving lung function are recommended. Blood markers such as hemoglobin, blood urea nitrogen and white blood cell count may serve as potential physiological indicators to predict frailty. However, further longitudinal studies are needed to identify additional risk factors and to develop a more precise and accurate frailty prediction model.

Keywords:

aged, frailty, machine learning, metabolic syndrome

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Explore the practical abilities of psychiatric nurses caring for older patients with depression

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Abstract

Purpose:

To explore the nursing practical ability of nursing staff in caring for elderly patients with depression and to evaluate the proficiency and confidence of nursing staff in performing practical nursing work.

Methods:

This study was conducted in two phases to establish and evaluate mental health nursing competencies for older people with depression and to assess the proficiency and confidence of nursing staff in providing care for these patients. The first stage uses the action research method and the second stage cross-sectional research. Scale of knowledge, attitude, and practical ability in caring for elderly depressed patients. The study was conducted after 30 patients underwent the precursor test. The study was approved by the hospital's Institutional Review Board for Human Trials and Research Ethics (IRB No: TTPC-113004), and data collection was conducted after obtaining consent from the participating nursing staff.

Main Findings:

Nursing practical ability of nursing staff in caring for elderly patients with depression, five major nursing ability categories, and twenty-two types of practical work requirements. Nursing staff (N=334) self-evaluated their confidence and proficiency in practical work. The results showed that in 20% of the practical work items, the nursing staff self-assessed that they were confident and proficient in performing practical; in 70% of the practical work items, the nursing staff There is some proficiency in the self-assessment, and nearly 10% of the practical work items are not proficient in the self-assessment of nursing staff. 67% of nursing staff have not participated in geriatric depression care-related courses.

Conclusions and Recommendations:

Nursing experts and educators should work together to assist nursing staff in increasing their practical nursing capabilities for older people patients with depression and to plan specific care for practical situations. Basic versus advanced competencies, and developing or selecting methods to measure these competencies appropriately.

Keywords:

depression, education, nursing practical, older people

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A literature review on social isolation and loneliness among child-rearing mothers in Japan

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Abstract

Purpose:

In recent years, in Japan, due to the declining birthrate and weakening relationships with neighbors, mothers raising children are easily isolated and feel lonely. In addition, social isolation is a significant risk factor for child maltreatment. This study aims to review previous studies of social isolation and loneliness among child-rearing mothers and find suggestions for supporting isolated mothers.

Methods:

The keyword search terms "child-rearing" and "social isolation" or loneliness were used to search the Japanese medical literature database for Japanese-language studies published between 2018 and 2024. The review identified 27 studies.

Main Findings:

Based search results, the loneliness and isolation experienced by mothers raising children can be broadly divided into three categories: 15 papers related to child-rearing itself, 7 papers related to mothers with disabled children, and 5 papers related to postpartum depression. Loneliness and isolation related to child-rearing itself were associated with basic attributes of the mother and the presence or absence of social support. Secondly, mothers with disabled children experienced difficulties in dealing with their children's needs all day long. They repeatedly felt anxious and lacked understanding from others, consciously isolating themselves. The difficulties experienced by mothers with postpartum depression were influenced by the lack of knowledge about postpartum depression from their relatives. Social isolation among mothers raising infants has been shown to be associated with higher feelings of loneliness.

Conclusions and Recommendations:

Loneliness in mothers with infants was associated with their dissatisfaction with the environment of their child-rearing and with their lack of confidence in raising their own children. It is may be useful to create an environment where mothers can easily access child rearing support by combining traditional face-to-face support with Information and Communication Technology.

Keywords:

child-rearing, loneliness, social isolation

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Practical report on activities for the promotion and planning of a team-building skills development program for health professionals

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Abstract

Purpose:

The Master's and DNP courses at the Graduate School of St. Luke's International University offer a 'Team Building Skills Development Program' in collaboration with the University of Michigan. The program aims to foster high-quality multidisciplinary cooperation and team-building skills. Core activity-based exercises incorporating the Adventure Leadership Program are incorporated, and exercises based on Kolb's experiential learning theory (e.g., communication, problem solving, collaboration) are conducted. This study aimed to evaluate the use of this program for healthcare professionals (HCPs) and the hospital staff.

Methods:

Among hospital workers, the subjects were four nurses, one nutritionist, and one medical office staff at the managerial level. They participated in the activity-based "Adventure Leadership Program" as an exercise of the Interdisciplinary Team Building Theory offered at the Graduate School of St. Luke's International University. After the program, a self-administered questionnaire was used to analyze and descriptively evaluate the program's goals on a four-point Likert scale from 'Strongly Disagree' to 'Strongly Agree'.

Main Findings:

The questionnaire response rate was 83% (n = 5). The respondents answered 'Strongly Agree' (60%, n = 3) and 'Agree' (40%, n = 2) about whether it would be useful for their department staff to receive training on communication skills, leadership, and membership for effective team building and understanding of their own team characteristics. The respondents answered 'Strongly Agree' (60%, n = 3), 'Agree' (40%, n = 2), and 'Disagree' (20%, n = 1) as to whether the training gave them experience on how to solve problems in an interdisciplinary team. Free comments raised the issue of ambiguity in the course aim as it is conducted with graduate students, it necessitates improvement of in-hospital use in consideration of learning the team communication theory, and it generated an opinion that the participation of multiple professions is better.

Conclusions and Recommendations:

This program provided an opportunity for the participating HCPs to learn the elements of effective team-building. For future program usage of HCPs, it is necessary to refine and tailor the content to the team structure of the implementing healthcare institution and to make adjustments for the participation of a greater number of professions.

Keywords:

adventure leadership program, experimental learning program, interdisciplinary team

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Improving the comfort of older adults with neurocognitive disorder who participate in community intergenerational programs: An ethnographic approach

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Abstract

Purpose:

Over the years, Japan has experienced a declining birthrate and an increasing aging population, causing an increase in older adults with neurocognitive disorder (ND). Thus, the Japanese Ministry of Health, Labour and Welfare has promoted the establishment of a community-based integrated care system to enable people in serious need for long-term care to continue living in their familiar communities. Community intergenerational exchange spaces are being created where older adults can actively participate. To further expand intergenerational exchange activities, the needs of older adults with ND must be identified and addressed. This study aims to describe how older adults with ND experience comfort and react to community intergenerational programs, and how community volunteers support older adults with ND to feel comfortable.

Methods:

This study focused on a community intergenerational exchange space for local residents in a municipality in Tokyo. An ethnographic approach was employed involving participant observation and informal interviews of participants with ND. Additionally, community volunteers were interviewed. Seven participants with ND and nine community volunteers were included in the study.

Main Findings:

The comfort experiences of older adults with ND in the community intergenerational program settings were characterized as follows: “They feel that the place is where they belong”, “They have a good time at the place”, “They can spend time freely,” and “They come to the place by their own choice”. Community volunteers demonstrated the importance of providing “only the necessary support,” “establishing equal relationships,” and “supporting individuals to express their own abilities” to ensure that the older adults with ND feel comfortable and show their own abilities in the community space. The participants’ experiences and cultural knowledge varied by age group, indicating that intergenerational exchange occurs even among older adults.

Conclusions and Recommendations:

For older adults with ND, feeling a sense of belonging in a community space where they can freely spend their time according to their own will contributes to their comfort. In the targeted space, community volunteers provided support to enable the participants to spend their time freely. Expanding community intergenerational exchange spaces where older adults with ND can comfortably spend their time in the community may contribute to the development of a community-based integrated care system.

Keywords:

community intergenerational exchange, neurocognitive disorder, older adults

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Stool color and serum direct bilirubin in children with biliary atresia

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Abstract

Purpose:

Stool color inspection is a simple tool for monitoring outcomes of biliary atresia (BA). The aim of this study was to identify a correlation between stool color and serum direct bilirubin (DB) among BA and evaluate agreement of color inspection between groups of medical providers.

Methods:

Prospective data collection was performed in 110 BA patients who admitted in Division of Pediatric Surgery for various conditions. Stool color card was created using standard CMYK system and was arranged as level of yellow color composition. Stool inspection was calibrated using stool color card and was performed when blood test for DB was ordered. Data analysis was performed using Spearman's correlation coefficient, Fisher's exact test, Diagnostic test, AUROC and Cohen's weighted kappa.

Main Findings:

The overall correlation between intensity of yellow color in stool and DB was statistically significant inverse ($r = -0.31$, $p < 0.05$). When the intensity of yellow color was graded as level 1-5, there was statistically different between groups in term of detection of abnormal DB (p -value = 0.006). Five levels of intensity were grouped to find the best cut-point for abnormal DB. Children who had stool color level 1-4 could predict abnormal DB as sensitivity as 72%, specificity as 71% and AUROC as 0.73. There was almost agreement of color inspection of the same specimen between group of doctors, nurse and practical nurse.

Conclusions and Recommendations:

Stool color card could be used by healthcare providers as a standardized tool to assess DB. Stool color inspection and calibrated with stool color card could be applied as a screening tool for abnormal serum DB. Patients who had stool color level 1-4 should be further assessed the blood test for liver function.

Keywords:

biliary atresia, cholangitis, stool color card

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Association of severity of urinary incontinence in quality of life and difficulties in daily living of older men after robot-assisted prostatectomy: A mixed-methods study

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Abstract

Purpose:

To explore the association of severity of urinary incontinence (UI) and changes in quality of life (QOL) and daily living difficulties in older men after-robot-assisted radical prostatectomy (RARP) using a mixed-methods approach.

Methods:

Quantitative data on UI severity (UI volume) and QOL (assessed using the King's Health Questionnaire) as well as qualitative data on daily living difficulties were collected, analyzed, and integrated using a mixed-methods convergent design. To characterize the participants, they were divided into two groups based on UI severity at T1. Quantitative data were analyzed using repeated measures ANOVA, and qualitative data were examined through text analysis. Data integration was conducted at three-time points (T1: from catheter removal to discharge, T2: first outpatient visit, T3: three months post-surgery), leading to comprehensive meta-inferences.

Main Findings:

The participants (ages 65–74) were divided into a high-volume group ($n = 5$) and a low-volume group ($n = 5$). Both groups exhibited a reduction in UI volume. Regarding changes in QOL, the high-volume group demonstrated improvements in the domains of "role limitations" and "physical activity limitations." In addition, both groups showed an improvement in the domains of "perceived severity". Daily living difficulties for the high-volume group included "hindrance to going out or working," "nighttime awakenings," and "diaper selection." For the low-volume group, difficulties included nighttime insomnia". The integration of both data indicated that improvements in UI severity were attributed to improved physical and bladder function. The meta-inferences highlighted increased activity, better incontinence management strategies, a smoother return to work, reduced anxiety, improved sleep, and a comfortable return to pre-surgery life, these changes reduced daily living difficulties.

Conclusions and Recommendations:

Improvements in UI severity were attributed to improved physical and bladder function and were associated with increased activity levels, return to work, and return to pre-surgery life; improvements in QOL were associated with self-management surgery, and QOL changed based on experience.

Keywords:

difficulties in daily living, quality of life, urinary incontinence

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The development of nursing care program to prevent delirium in older patients with critically ill, at medical intensive care unit (MICU), Songklanagarind hospital

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Abstract

Purpose:

Delirium is a cognitive disorder with acute onset fluctuation, characterized by reduced ability to pay attention to the environment, impaired memory, disorientation, impaired language perception, and impaired judgment. The Medical Intensive Care Unit (MICU), at Songklanagarind Hospital provides care for medical critically ill patients, 68-85% of patients admitted to the MICU were elderly, and found the incidence of delirium in older critically ill patients was 44-88 % per year. Patients who develop delirium have a longer length of stay, longer duration of mechanical ventilation, and suffer from long-term neuropsychological deficits after discharge. Currently, there is no specific nursing intervention to prevent delirium in older patients with critically ill in MICU. This quality improvement project aims to 1) develop the Nursing Care Program to Prevent Delirium in Older patients with critically ill, at MICU and 2) evaluate nurse satisfaction after using the program.

Methods:

The program was developed and tested the outcomes by using the Plan-Do-Study-Act (PDSA) framework and design thinking process. Multi-non-pharmacological interventions were applied to develop the M'SOAFs program to prevent delirium in older adults. It consists of 1) M: Music therapy 2) S: SKT 7 meditation 3) O: Orientation 4) A: Assessing common risk factors and current health status and management 5) Fs: Family involvement & empowerment. The programs were applied to three older patients who met the criteria and twelve nurses who cared for the patients.

Main Findings:

The absence of a specific nursing intervention or program to prevent delirium in critically ill older patients within the MICU highlighted a significant gap in care. The development and application of the M'SOAFs program demonstrated the potential to address this deficiency as follows: 1) Three older critically ill patients who received nursing care following the M'SOAFs program had no incidence of delirium (assessed by using The Intensive Care Delirium Screening Checklist (ICDSC), 2) Twelve nurses participated in the program, eighty-six percent of nurses who use the M'SOAFs program to care for older patients in MICU had a high level of satisfaction.

Conclusions and Recommendations:

The M'SOAFs nursing care program, developed for the prevention of delirium in older critically ill patients at the MICU, Songklanagarind Hospital, shows promise in reducing delirium incidence and improving patient outcomes. While the program's feasibility and acceptability among nurses are encouraging, successful widespread implementation necessitates comprehensive nurse training (including SKT 7 meditation), the formation of a dedicated training group, and a larger-scale pilot study to validate its effectiveness and sustainability. Future research should focus on extending data collection and refining the program's design for broader applicability and long-term success within the MICU.

Keywords:

development of the delirium prevention program, medical intensive care unit, older patients with critically ill

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Incidence and influential factors of hypothermia in critically ill patients receiving continuous renal replacement therapy at Siriraj hospital, Thailand

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Abstract

Purpose:

Hypothermia is a relatively common complication in patients receiving continuous renal replacement therapy (CRRT). However, few studies have reported the factors associated with hypothermia. Our aim was to identify the incidence of hypothermia in critically patients with AKI requiring CRRT. We also evaluated the factors associated with hypothermia in such patients. Moreover, we examined the characteristics of temperature modulation during CRRT and their impact on patient outcomes.

Methods:

A retrospective cohort study was performed in five intensive care units (ICUs) to evaluate the incidence of hypothermia and the predictive factors for developing hypothermia during CRRT, with hypothermia defined as a time-weighted average temperature $<36^{\circ}\text{C}$.

Main Findings:

From January 2020 to December 2021, 300 patients were enrolled. Hypothermia developed in 23.7% of them within the first 24 hours after CRRT initiation. Compared to non-hypothermic patients, hypothermic patients were older and had lower body weight, more frequent acidemia, and higher ICU and 30-day mortality rates. In the multivariate analysis age >70 years (odds ratio [OR], 2.59; 95% CI, 1.38–4.98; $P=0.004$), higher positive fluid balance on the day before CRRT (OR, 1.11; 95% CI, 1.02–1.22; $P=0.02$), and CRRT dose (OR, 1.003; 95% CI, 1.00–1.01; $P=0.04$) were significantly associated with hypothermia. Conversely, a higher body weight was independently associated with mitigated risk of hypothermia (OR, 0.89; 95% CI, 0.81–0.97; $P=0.01$). Moreover, a higher coefficient of variance of temperature was associated with greater ICU mortality (OR, 1.41; 95% CI, 1.13–1.78; $P=0.003$).

Conclusions and Recommendations:

Hypothermia during CRRT is a relatively common occurrence, and factors associated with hypothermia onset in the first 24 hours include older age, lower body weight, higher positive fluid balance on the day before CRRT, and higher CRRT dose. Greater temperature variability was associated with increased ICU mortality. We suggest that patients with these characteristics should undergo more frequent temperature monitoring. Preemptive or early intervention to prevent hypothermia in such patients should be considered.

Keywords:

acute kidney injury, continuous renal replacement therapy, hypothermia

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Examining the severity of depression among Taiwanese gay men: A moderated mediation model of resilience and positive identity

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Abstract

Purpose:

The WHO *Mental Health Action Plan 2013–2020* emphasizes the elimination of discrimination and stigma in mental health services, with a focus on sexual minorities. To better understand the impact of cultural differences on the mental health of these groups, researchers recommend expanding the application of Meyer's Minority Stress Model, which was initially developed within Western contexts.

Methods:

A survey of 234 gay men aged 18 and above was conducted from January to June 2020, using both online and paper-based methods. Instruments included the Measure of Internalized Sexual Stigma (MISS), Resilience Scale (RS), Lesbian/Gay/Bisexual Positive Identity Measure (LGB-PIM), and Patient Health Questionnaire-9 (PHQ-9), all of which were reliably translated into Chinese. Moderated mediation analysis was performed using the SPSS-PROCESS macro. The study was approved by the Ethics Review Committee of Sapienza University, Rome.

Main Findings:

A total of 234 valid responses were obtained from participants in Taiwan. Statistical analysis revealed that MISS had significant negative correlations with RS ($t = -0.29, p < .01$) and LGB-PIM ($t = -0.59, p < .01$) and a significant positive correlation with PHQ-9 ($t = 0.23, p < .01$). Similarly, RS was positively correlated with LGB-PIM ($t = 0.41, p < .01$) and negatively correlated with PHQ-9 ($t = -0.53, p < .01$). A significant negative correlation was also found between LGB-PIM and PHQ-9 ($t = -0.23, p < .01$). In the moderated mediation analysis, RS fully mediated the relationship between MISS and PHQ-9 ($F = 26.38, p < .001$). Additionally, LGB-PIM moderated the indirect effect of MISS on PHQ-9, with an effect size of 0.22 (95% CI [0.13, 0.32]), suggesting that positive identity can mitigate the negative impact of internalized stigma on depressive symptoms.

Conclusions and Recommendations:

The findings indicate that internalized stigma significantly contributes to depressive symptoms among gay men in Taiwan, with resilience fully mediating this relationship and positive self-identity partially moderating it. These insights provide practical guidance for healthcare providers supporting sexual minorities. Future research should explore other sexual orientations, intersectional discrimination, and additional health outcomes to further elucidate the relationship between minority stress and health.

Keywords:

depression, internalized stigma, resilience

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ICU nurses' perceptions of family engagement: A qualitative review from Japanese data in an international collaborative study

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Abstract

Purpose:

The experience of a family member with critical illness is distressing, which may create a family crisis. Intensive care unit (ICU) admission is often unexpected and leads to acute stress, anxiety, exhaustion, worry, and confusion in the family. Support involving the families of patients in acute situations is becoming increasingly important worldwide. However, the study of family engagement remains in its early stages of development. Methods for engaging families and addressing barriers in the ICU setting remain unclear. This study aimed to describe ICU nurses' perceptions of family engagement in Japan.

Methods:

The qualitative analysis focused on Japanese data from an international collaborative study (10 countries), including Japan. Specifically, the Japanese data were characterized within the framework of an inductive content analysis conducted in an international collaborative study.

Main Findings:

The participants were 65 nurses, with 4–12 participants per country. Our group identified three common themes depicting ICU nurses' perception and practice of family engagement. First, family engagement entailed an ebb and flow of relational power between nurses and families. Second, constant fluctuations in nurses' practices occurred depending on individual nurse attributes. Third, family engagement was shaped by the ICU context. In the first theme, the Japanese data were characterized by negotiations with families conducted by nurses, such as exploring care that can be done with the family.

Conclusions and Recommendations:

The background to ICU nurses' perception of family engagement as “an ebb and flow of relational power between nurses and families” is that in the ICU, the primary focus is to save the patient's life and maintain life through intensive care. Therefore, there are often situations in which it is difficult to collaborate with patients and their families, although they want to. Many ICU nurses are believed to assess ways they can collaborate with nurses based on the family's condition and atmosphere, especially in Japan, in which there is a ‘perceiving culture.’

Keywords:

intensive care, international collaborative study, nurse-family engagement

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Exploring theoretical models used to explain factors influencing breast cancer screening participation: A scoping review

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Abstract

Purpose:

This study aims to explore theoretical models used to guide research studies that explain factors influencing participation in breast cancer screening. The study also aims to examine the extent to which these models effectively explain the factors influencing breast cancer screening.

Methods:

The study conducted according to the scoping review framework developed by Arksey and O'Malley, and reported in line with the PRISMA-ScR guidelines. A comprehensive search from a total of nine electronic databases including PubMed, Embase, CNKI, Wanfang, Chinese Biomedical Abstracts, Web of Science, Ovid, EBSCO, and the Cochrane Library was performed. Two experienced researchers independently screened titles and abstracts. Data extraction and cross-checking were conducted on the included studies. In case of disagreements, the third researcher facilitated consensus. Extracted information included author, publication year, country, research methods, sample size, age, theoretical framework, and outcomes. A pre-designed form ensured consistency and accuracy in data extraction.

Main Findings:

A total of 86 studies, comprising 8 qualitative, 68 quantitative, and 1 mixed-methods study, were included after systematic screening in accordance with PRISMA guidelines. These studies were analyzed to evaluate the application of theoretical models in breast cancer screening. The Health Belief Model is the most empirically supported framework across studies and is particularly effective in identifying economic barriers and trust issues within healthcare systems, especially among low-income populations with low health literacy. Furthermore, this model has been integrated into more comprehensive frameworks, demonstrating strong predictive power and practical applicability across a wider range of variables. All models offer distinct strengths, but the predictive power of the models largely depends on the research contexts and target populations. These variations may result in an incomplete or unreliable understanding of the factors influencing breast cancer screening behavior.

Conclusions and Recommendations:

The findings provide a comprehensive summary of the models employed to investigate the factors influencing breast cancer screening over the past decade. Future refinements of these models are expected to enhance their applicability and effectiveness across diverse populations and settings.

Keywords:

breast cancer screening, factors, theoretical models

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Clinical outcomes and prognostic factors in cervical cancer patients receiving radiotherapy

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Abstract

Purpose:

To analyze treatment failures and identify the prognostic factor in cervical cancer patients treated with radiotherapy

Methods:

This is a retrospective study which included cervical cancer patients treated with concurrent chemoradiotherapy (CCRT) or radiotherapy (RT) alone followed by 3D image-guided adaptive brachytherapy (3D-IGABT) between 2012 to 2016 at Division of radiation oncology, Department of Radiology, Faculty of Medicine Siriraj hospital. Local failure, nodal failure and distant metastasis rates were reported. Multivariate proportional hazard Cox model was used to evaluate the prognostic factors. P values < 0.05 were considered statistically significant.

Main Findings:

Total of 378 patients were evaluated with the median follow-up time of 5.2 years (IQR 18). The median age of patients was 57.5 years. Most of the patients harbored squamous cell carcinoma history. The treatment failure was found in 142 patients: local recurrence (34 patients; 9%), lung metastatic (28 patients; 7.4%), multiple metastatic (26 patients; 6.9%), residual disease (14 patients; 3.7%), and lymph node metastatic (11 patients; 2.9%). From multivariate analysis, there were clinical factors that were found to have a significant correlation with treatment failure. The significant prognostic factors included stage I-II versus III-IV HR 1.92; (95% CI 1.36, 2.73 p<0.001), hemoglobin pretreatment (Hb-Pr) <10 versus ≥10 mg/dl HR 0.60 (95% CI 0.42, 0.87; p0.007), number of chemotherapy cycle (CMT-c) <4 versus ≥ 4 HR 0.50 (95%CI 0.35, 0.70 ;p<0.001), total treatment time within 56 day HR 1.44 (95%CI 1.02, 2.02;p0.037) and the percentiles weight loss found no significant correlation.

Conclusions and Recommendations:

Treatment failures after radiotherapy in cervical cancer were still problematic and the significant prognostic factors for treatment failure were staging, pre-treatment hemoglobin level numbers of chemotherapy cycle and total treatment time. Optimal nursing care to prepare patients prior to the treatment could be a promising way to overcome this issue

Keywords:

cervical cancer, clinical outcome, prognostic factors

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Effect of a tele-health nursing program on maternal knowledge and behaviors in preventing neonatal jaundice in late preterm infants

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Abstract

Purpose:

This study aimed to evaluate the effect of a tele-health nursing program on maternal behaviors in preventing neonatal jaundice in late preterm infants.

Methods:

The study included 30 mothers of late preterm infants with neonatal jaundice undergoing phototherapy. Participants were assigned to an experimental group ($n = 15$) and a control group ($n = 15$). The experimental group received a tele-health nursing intervention, while the control group received routine care. Maternal knowledge and behaviors regarding prevention of neonatal jaundice care were assessed using validated questionnaires. Data were analyzed using descriptive statistics, chi-square test, Fisher's exact test, Mann-Whitney U test, paired t-test, and ANCOVA.

Main Findings:

Mothers in the experimental group demonstrated significantly higher scores in knowledge ($F = 8.900, p = .006$) and care behaviors ($F = 18.461, p < .001$) compared to the control group. Within the experimental group, significant improvements in knowledge ($t = 5.771, p < .001$) and care behaviors ($t = 2.474, p < .05$) were observed post-intervention compared to baseline. ANCOVA results showed that maternal age had no significant effect on knowledge ($F = 1.194, p = .285$) or care behaviors ($F = .555, p = .463$), indicating the program's effectiveness across demographics.

Conclusions and Recommendations:

The tele-health nursing program effectively improved maternal knowledge and behaviors for preventing neonatal jaundice in late preterm infants. This program can be implemented as a practical nursing intervention to enhance home care, potentially reducing hospital readmissions and improving outcomes for late preterm infants with jaundice.

Keywords:

maternal behaviors, neonatal jaundice, tele-health nursing

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Strategies of nutrition education for older adults with neurocognitive impairments and their informal caregivers: A scoping review protocol

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Abstract

Purpose:

Nutrition education empowers older adults with neurocognitive impairments (OANI) and their informal caregivers to manage their health independently. However, specific characteristics of neurocognitive impairments, such as memory loss or anosognosia, pose challenges to effective education. Identifying strategies in nutrition education is essential to address these barriers and provide valuable insights for developing nutrition educational programs for OANI. This scoping review aims to explore nutrition education strategies for OANI and their informal caregivers in healthcare settings.

Methods:

Scoping review questions: i) What educational strategies have been employed to deliver nutrition education to OANI and their family caregivers? ii) What factors facilitate or hinder the implementation of nutrition education for OANI and their family caregivers? A systematic search will be conducted across the following databases: PubMed, Embase, CENTRAL, CINAHL with Full Text, and Ichushi-Web (a Japanese database). The inclusion criteria are as follows: i) Nutrition education targeting OANI at any stage of the disease and their informal caregivers in any healthcare setting. ii) Quantitative, qualitative, and mixed-method studies in English or Japanese. Data will be extracted using a standardized table to gather detailed information on nutrition education strategies from the included articles. The scope of educational strategies will include an exploration of program design, delivery methods, educator characteristics, educator training, evaluation processes, and theoretical foundations. Additionally, factors that facilitate and barriers that impede nutrition education will be analyzed. The scoping review will adhere to the JBI methodology for scoping reviews and the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR).

Main Findings:

This review is anticipated to provide an overview of current educational strategies for delivering nutrition education to OANI and their family caregivers, identify evidence gaps, and outline future challenges in this field.

Conclusions and Recommendations:

The scoping review aims to analyze educational strategies for delivering nutrition education to OANI and their family caregivers. The findings are expected to identify evidence gaps and challenges, offering a foundation for the development of future interventions.

Keywords:

neurocognitive impairments, nutrition education, scoping review

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Actual status of support books for adolescents with developmental disorders in Japan

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Abstract

Purpose:

In Japan, support books are tools that are freely available to the public and have no restrictions on how they can be used. However, their content and potential uses have not been verified. The authors are verifying telenursing methods for children with developmental disorders, and wanted to verify areas that are not sufficiently supported by existing support books. This study aimed to identify the publication status and content characteristics of support books that can be used for free and obtain suggestions for future support for the lives of children with developmental disorders by telenursing.

Methods:

Google searches were performed using the following keywords "support book" and "developmental disabilities". Additionally, we browsed the websites of the departments involved in disability welfare in the 47 prefectures and selected "support books for children with developmental disorders". The contents of the support books were extracted and classified based on qualitative content analysis methods.

Main Findings:

We searched in 2023. Of the 59 books, 58 were published by local governments and one was by an NPO. There were 14 books with ≤ 30 pages, and 35 books with ≥ 31 pages. Many support books included basic information, such as age, school, family and information about the disability of the child and parents' hopes for the future. Only a few books contain information about the child's future life and coping status after parents' death.

Conclusions and Recommendations:

Many support books are useful for clearly communicating the situation of children and their families to others. However, they are extremely long for children to use, and contain many items, therefore they should be refined. Items that consider the child's future lead to support that responds to changes in the child's situation depending on the developmental stage and social situation.

This study was granted by JSPS KAKENHI (PI: Kaori Nishigaki, 23K21559)

Keywords:

adolescents, developmental disorders, support books

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The characteristics of clinical judgment by pediatric nurses: A concept analysis

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Abstract

Purpose:

The purpose of this study was to characterize the clinical judgment of nurses involved in pediatric nursing.

Methods:

I conducted a conceptual analysis using the conceptual analysis approach of Rogers & Knafl (2000). The target literature was searched using PubMed, CINAHL, and Ichushi-Web. The following search terms were used: ("Clinical Judgment*" or "Clinical Judgement*") and (Nurs* or nurses) and (child or pediatrics). The publication year was set from 2000 to April 2024. A total of 482 English-language and 61 Japanese-language articles were reviewed, with duplicates excluded. Articles that did not focus on clinical judgment by pediatric nurses were also excluded. Additionally, articles deemed important through a hand search were included, resulting in a total of 19 articles selected for analysis.

Main Findings:

The analysis revealed the following core themes as attributes of the concept: "Interpretations, responses, and reflections aimed at child and family centered care that were discovered in the process of integrating the cues and evidence of child and family" as antecedent requirements: "The specialty of pediatric nursing, which knows children and families subjectively and objectively in an uncertain context," and as consequences: "Quality of life for children and families through child and family centered care" as core themes were found.

Conclusions and Recommendations:

The results of this study supported Tanner's Clinical Judgment Model (2006/2022). The clinical judgment of pediatric nurses was influenced by three factors: "Nurse's background," "Knowing the person," and "Context." Pediatric nurses repeated the cycle of "Noticing," "Interpreting," "Responding," and "Reflecting in practice" and arrived at "the patient's response." The characteristics of clinical judgment by pediatric nurses were identified as follows: the focus is always on children and their families; emphasis on importance of understanding wholeness, including not just the child but the whole family, and of forward and backward reasoning.; and the specialization of pediatric nursing, which is child and family centered care. To apply the results of this research to in-service training for pediatric nurses and basic nursing education, it is necessary to confirm the degree of compatibility between the clinical judgments of pediatric nurses in actual pediatric medical settings and each concept and to clarify how their clinical judgments develop.

Keywords:

clinical judgment, concept analysis, pediatric nursing

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Perceived social stigma in diabetes questionnaire (PSSDQ): Preliminary psychometric testing

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Jeerunda Santiprabhob, Division of Endocrinology & Metabolism, Department of Pediatrics, Faculty of Medicine, Siriraj Hospital

Abstract

Purpose:

Empirical studies reveal high prevalence of social stigma among adolescents with type 1 diabetes. These adolescents face with negative experiences from others people in society such as discrimination, social embarrassment, and social rejection. These experiences of social stigma may reduce diabetes self-management behaviors and result in suboptimal clinical outcomes. Moreover, in Thailand, studies related perceived social stigma among Thai adolescents with type 1 diabetes including a tool for measuring perceived social stigma are scarce. Thus, developing the Perceived Social Stigma in Diabetes Questionnaire (PSSDQ) based on the framework for understanding diabetes related-stigma is necessary for further examining the relationships between perceived stigma and diabetes self-management among Thai adolescent with type 1 diabetes. The purpose of this study was to develop a tool for measuring perception of social stigma in adolescents with type 1 diabetes and examine its preliminary psychometric property.

Methods:

Items pool was developed based on the framework and literature review as well as experiences of perceived stigma obtained by interviewing certain adolescents with type 1 diabetes. The PSSDQ consisted of 20 items with 5-point rating scale ranging from 1 (never true) to 5 (always true). Higher total score indicated higher perceived social stigma. Content validity was checked by three experts including a pediatric endocrinologist, a pediatric advanced practice nurse in diabetes, and a child psychologist. Internal consistency reliability using Cronbach's alpha coefficient was examined with 26 Thai adolescents with type 1 diabetes in pediatric outpatient diabetes clinics at two university hospitals in Bangkok.

Main Findings:

The content validity index (CVI)/average was .97 and CVI/ universal agreement was .90. Cronbach alpha of .81 was obtained. Item mean was 1.77 ranging from 1.08 to 3.35.

Conclusions and Recommendations:

According to the preliminary results, the PSSDQ was a valid and reliable tool for measuring Thai adolescents' perception of society's views or attitudes towards their diabetes. Low item mean implies that all subjects perceived low social stigma; this might be a specific characteristic of this study group. Further study for the construct and criterion-related validities with more heterogeneous subjects who come from various hospitals is highly recommended.

Keywords:

adolescents, social stigma, type 1 diabetes

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Effectiveness of competency development program for tobacco control among nursing student leaders

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Abstract

Purpose:

This research aims to study the effectiveness of competency development program for tobacco control among nursing student leaders.

Methods:

This is a quasi-experimental study with one-group, pre-posttest design. The participants consisted of 79 nursing student leaders from the Nursing Student Club for a Smoke-Free Thai Society. They were selected using purposive sampling. Research tools include 1) a program for competency development consisted of providing knowledge about tobacco and new media for tobacco control, 2) a knowledge test on creating modern media for tobacco control, 3) a skills assessment tool in creating modern media for tobacco control, and 4) a satisfaction assessment form for participating in activities.

Main Findings:

The results showed that after the program, nursing student leaders demonstrated a significant increase in knowledge and skills related to creating modern media for tobacco control, compared to their levels before the program. Satisfaction in participating in activities of nursing student leaders was at a high level ($M = 4.13$, $SD = 0.662$).

Conclusions and Recommendations:

Educational institutions should support and encourage nursing students in their competency development, enabling them to lead activities focused on knowledge exchange in media production. By using innovative programs, students can collaboratively create media for practical applications.

Keywords:

create modern media, nursing student leaders

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Examining maternal self-efficacy among Thai mothers at their first postpartum visit

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Abstract

Purpose:

To examine Maternal Self-Efficacy (MSE) levels and associated factors among Thai mothers at their first postpartum visit.

Methods:

A cross-sectional descriptive design was conducted at the Family Planning and Reproductive Health Unit at Siriraj Hospital, Bangkok, Thailand. 220 Thai postpartum mothers at their first postpartum visit (6-10 weeks) were included in this study. Following consent, questionnaires to record demographic data, maternal/infant characteristics, and contextual variables were distributed by the researcher to participants, along with three measures: the 1) Self-efficacy in Infant Care Scale (SICS-R), 2) Thai version of the Edinburgh Postnatal Depression Scale, and 3) Revised-Thai Multidimensional Scale of Perceived Social Support (r-T-MSPSS). We used standard descriptive statistics to describe participant demographics and multiple linear regression analyses to explore the associations between MSE and related factors, controlling for confounders.

Main Findings:

A total of 220 Thai mothers participated. The mean MSE score was 85.08 (SD = 9.87). Multiple linear regression analysis revealed that MSE level was significantly associated with maternal age ($\beta = 0.27$, 95% CI: 0.027 - 0.508), parity ($\beta = 4.3$, 95% CI: 1.534 - 7.079), postpartum depression ($\beta = -0.36$, 95% CI: -0.608 - -0.119), infant temperament ($\beta = -11.13$, 95% CI: -17.641 - -4.626), and social support ($\beta = 0.15$, 95% CI: 0.035 - 0.270). These five predictors accounted for 24% of the MSE variance and the overall model was statistically significant ($p < 0.001$).

Conclusions and Recommendations:

Higher MSE facilitates the process of becoming a mother. Understanding the factors that support its development is vital, as increased MSE levels are associated with improved health outcomes for mother and child. Study findings signal that Thai mothers with their first child, reporting difficult infants, experiencing postpartum depression, and/or with low social support are at risk for low MSE. Nurses and nurse midwives play a key role in supporting new mothers. They should assess MSE levels, maternal descriptions of their infants, depression, and social support to identify at-risk mothers and tailor postpartum interventions.

Keywords:

influencing factors, maternal self-efficacy, postpartum

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Exploring the interrelationships among nurses' attitudes towards older adults, aging knowledge, and self-efficacy in integrated medical and elderly care settings: A cross-sectional study

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Abstract

Purpose:

Integrated Medical and Elderly Care is a new strategic model in elderly care encouraged by Chinese government. Nurses, as key implementers in this model, their attitudes towards older adults significantly influence their career trajectories and the quality of geriatric care they provide. This study aims to explore the interrelationships among nurses' attitudes towards older adults, aging knowledge, and self-efficacy.

Methods:

All licensed nursing staff from the Integrated medical and elderly care settings at three tertiary hospitals in the eastern region of China were recruited, and they completed anonymous surveys on the "Questionnaire Star" platform. Kogan's Attitudes Toward Old People Scale, Facts of Aging Quiz (FAQ), and General Self-efficacy Scale were used. ANOVA, Pearson correlation analysis, and non-parametric percentile Bootstrap method were applied for data analysis

Main Findings:

A total of 176 valid questionnaires were collected. The overall attitude score of nursing staff from Integrated medical and elderly care settings towards older adults was found to be 149.21 (SD = 21.50). The score of nurses' aging knowledge was (11.17 ± 3.055), and self-efficacy score was (26.18 ± 6.56). Age, marital status, years of working experience, education level, whether or not living with elderly, and willingness to continue in geriatric care, were significantly associated with nurses' attitudes toward older adults ($p < 0.05$). Furthermore, both aging knowledge and self-efficacy were significantly and positively correlated with attitudes towards older adults ($r = 0.175$, $p < 0.05$; $r = 0.276$, $p < 0.01$). Additionally, aging knowledge played a mediating role between self-efficacy and attitudes towards the older adults (the direct effect = 83.37% and the indirect effect = 7.26% of the total effect), meaning that self-efficacy can not only directly influence nurses' attitudes towards the elderly but can also affect nurses' attitudes towards the elderly through aging knowledge.

Conclusions and Recommendations:

A significant proportion of nursing professionals in Integrated Medical and Elderly Care settings demonstrate favorable attitudes towards older adults. As enhancing nurses' aging knowledge and their sense of self-efficacy is key to improving their attitudes, nursing administrators can enhance educational curricula focused on gerontological knowledge and skills, as well as strengthening

nurses' self-efficacy through targeted training, which ultimately contributing to an improved quality of life for the geriatric population.

Keywords:

attitude, integrated medical and elderly care, nurse

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Assessing the economic burden: Patient costs of home chemotherapy for colorectal cancer

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Abstract

Purpose:

Colorectal cancer (CRC) is a significant health concern in Thailand, with rising incidence rates and treatment costs. The shift to home chemotherapy services, accelerated by the COVID-19 pandemic, offers an opportunity to evaluate the financial impact of this care model on patients and households. This study aims to assess the costs incurred by CRC patients receiving home chemotherapy in Thailand.

Methods:

This cross-sectional study examined the cost incurred by CRC patients receiving home chemotherapy through face-to-face interviews with 39 purposively sampled participants. Data was collected using a specialized and validated cost-of-illness record form, which captured both the direct and indirect costs. Descriptive statistics were used to analyze the findings effectively.

Main Findings:

The costs incurred by colorectal cancer (CRC) patients receiving home chemotherapy were classified into three main categories. First, direct medical costs included out-of-pocket expenses for service fees from chemotherapy units, equipment, and medications, with a median cost of 1,440.00 THB (IQR = 1,320.00 THB). Second, direct non-medical costs included travel expenses, food and beverage costs during treatment visits, lodging while awaiting services, and other related expenses such as hiring formal caregivers, with a median cost of 11,040.00 THB (IQR = 24,000.00 THB). Finally, indirect costs reflected the opportunity cost of time lost by patients during treatment, with a median value of 15,707.20 THB (IQR = 10,062.43 THB), as well as the opportunity cost of time lost by their informal caregivers, which had a median of 5,890.20 THB (IQR = 7,853.60 THB).

Conclusions and Recommendations:

The government should prioritize implementing social welfare policies to alleviate the significant financial burdens faced by patients undergoing home chemotherapy. These policies could include conditional cash transfers and vouchers for essentials such as food and transportation. Additionally, developing a skilled healthcare workforce and establishing robust networks for continuous care, including home support and local chemotherapy services, is essential to reduce both direct non-medical and indirect costs effectively.

Keywords:

colorectal cancer, home chemotherapy, patient cost

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The integration of nutritional self-management and the SKT meditation: A holistic approach to managing chemotherapy-induced nausea and vomiting in breast cancer patients

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Abstract

Purpose:

This research aimed to explore the integration of a nutritional self-management program combined with the Somporn Kantharadussadee Triamchaisri (SKT) meditation therapy as a holistic intervention to alleviate chemotherapy-induced nausea and vomiting in breast cancer patients.

Methods:

Grounded in the principle of a self-management and mind-body harmony, the research employed the Iowa development model, comprising two phases: (1) the development phase, and (2) the evaluation phase to assess its implementation feasibility. The program was co-designed with input from 10 professional nurses specializing in oncology care for breast cancer patients. The intervention incorporates three core components: (1) self-management support emphasizing nutritional well-being, (2) SKT 1 and 7 meditation practices promoting mind-body alignment, and (3) practical nutritional guidance tailored to chemotherapy patients. The research instruments evaluated the content validity of the self-management program. Qualitative data were analyzed using content analysis, while quantitative data were examined through descriptive statistics, including frequency distribution, percentage, mean, and standard deviation.

Main Findings:

Findings revealed that the program's design is practical, user-friendly, and aligned with holistic health principles. The feasibility evaluation scored exceptionally high ($M = 4.87$, $SD = 0.15$). Participants reported enhanced integration of physical and mental health care strategies, underscoring the program's applicability.

Conclusions and Recommendations:

The integration of nutrition self-management program and SKT meditation therapy offers a comprehensive and holistic solution for management chemotherapy-induced nausea and vomiting. By addressing both physical and emotional dimensions of care, the program provides a practical and supportive framework for patients on their journey through chemotherapy.

Keywords:

breast cancer patients, chemotherapy-induced nausea and vomiting, holistic health, nutritional self-management, SKT meditation

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Psychosocial measurements during pregnancy: A systematic review of tools and applications

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Abstract

Purpose:

The psychosocial health of pregnant women is a critical determinant of maternal and fetal outcomes. Numerous tools assess psychosocial factors such as depression, anxiety, stress, social support, and coping mechanisms during pregnancy. However, the heterogeneity of these measures poses challenges for research and clinical practice. This systematic review aims to identify, evaluate, and synthesize available instruments for measuring psychosocial factors during pregnancy, focusing on their psychometric properties, applicability, and relevance across diverse populations.

Methods:

A systematic search was conducted in databases including PubMed, CINAHL, PsycINFO, and Scopus for studies published between 2014 and 2024. Search terms included combinations of “psychosocial assessment,” “pregnancy,” “prenatal care,” “screening tools,” and “mental health.” Eligible studies included those evaluating the development, validation, or application of psychosocial measurement tools during the prenatal period. Exclusion criteria comprised studies involving non-pregnant populations, tools lacking psychometric validation, and non-English publications. Data were extracted on tool characteristics (e.g., constructs assessed, number of items, scoring methods), psychometric properties (e.g., reliability, validity), and population-specific applicability.

Main Findings:

The review identified commonly used tools such as the Edinburgh Postnatal Depression Scale (EPDS), Perceived Stress Scale (PSS), and Multidimensional Scale of Perceived Social Support (MSPSS). Additional instruments addressing specific psychosocial constructs during pregnancy were also included. Findings summarized the strengths, limitations, and suitability of these tools across various contexts and populations.

Conclusions and Recommendations:

This review provides a comprehensive synthesis of psychosocial assessment tools used during pregnancy, offering insights into their use in both research and clinical settings. The findings highlight the need for culturally sensitive, psychometrically robust, and accessible tools to ensure accurate screening and intervention. These results aim to guide future research and support the development of targeted strategies to improve maternal psychosocial health and pregnancy outcomes.

Keywords:

measurement tools, pregnancy, psychosocial factors

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Selected factors related to needs of persons after coronary artery bypass graft surgery

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Abstract

Purpose:

The purposes of this correlational research were to investigate needs of persons after coronary artery bypass graft surgery discharge from hospital and identify factors related to needs of persons after CABG discharge from hospital based on aged, comorbidity, symptom distress, activities of daily living (ADL), social support and pain.

Methods:

Correlational research, 94 participants were after CABG discharge from hospital and were followed up between 2 weeks to 1 year duration. Both male and female over 18 years old from the Cardiovascular and Thoracic outpatient clinics of three tertiary hospitals in Bangkok, Thailand. were recruited using a multistage sampling technique. The instruments are composed of MMSE-Thai 2002 (for ≥ 60 years old), Demographic data, Needs of patient questionnaire, Charlson comorbidity index, Symptom distress questionnaire, Barthel ADL index, social support questionnaire and Numeric rating scale. Descriptive statistics and Spearman rank - order correlation was applied to analyze the data.

Main Findings:

The overall needs score of persons after CABG discharge hospital was at a moderate level (Mean = 104.32, S.D. = 13.56). When considering each aspect, Information needs score and spiritual needs score a high level (Mean = 31.71, S.D. = 4.49, Mean = 24.67, S.D. = 3.34) while physiological needs score and emotional needs score were at a moderate level (Mean = 20.73, S.D. = 3.45, Mean = 27.20, S.D. = 4.24). In terms of comorbidity, symptom distress, and pain were significantly positive concerning related to needs of persons after CABG discharge from hospital at the 0.05 level. (Spearman rho = 0.207, Spearman rho = 0.222, and Spearman rho = 0.203, respectively). Conversely ADL was negative related to needs of persons after CABG discharge from hospital at the 0.05 level. (Spearman rho = - 0.243). Aged and social support were not related to needs of persons after CABG discharge from hospital.

Conclusions and Recommendations:

This study demonstrated the important role of health care providers in promoting ADL to enhance the capability of cardiac rehabilitation of patients after discharge from hospital. Care plan management needs to include pain management, symptom distress and comorbidity to promote patient self-care needs.

Keywords:

coronary artery bypass graft surgery, needs, related factors

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Back to the past of nursing: A qualitative study of nursing professional identity during the prolonged COVID-19 pandemic

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Abstract

Purpose:

This study aimed to explore the nursing professional identity and its dynamic throughout the prolonged COVID-19 pandemic.

Methods:

The descriptive phenomenology of a qualitative approach was implemented in the study. A topic guide was employed to collect data from 29 nurses in China between July and December 2021 through four focus group discussions and nine semi-structured individual interviews. The practical coding was conducted using Quirkos software version 2.4.1, and the data analysis procedure was conducted using Colaizzi's method.

Main Findings:

Three main categories, each with subcategories, extracted from the data: 1) Changeable professional identity; 2) Gaps between self and social perception; 3) Factors influencing professional identity. The changeable professional identity emerged into two subcategories: “like a mirage” and non-nursing tasks, while gaps between self and social perceptions category included three sub-categories: social stereotypes and self-perceptions of nursing responsibility, perception of the value of nurses, and conflicting identity. Besides, the category of factors influencing professional identity resulted in three subcategories: autonomy, the discrepancy between ideal and practice, and trust and support. This study revealed that nurses experienced a rise in professional identity during the initial phases of the COVID-19 outbreak, which subsequently reverted to pre-pandemic levels in the later stages of the pandemic. This exploration also highlighted the disparity of contemporary nursing images and several factors that affect nursing professional identity.

Conclusions and Recommendations:

This study demonstrated the dynamic nature of professional identity, which is influenced by multiple factors. Although public image impacts nursing professional identity, this study suggests nursing managers also pay attention to other elements that affect professional identity over the long term and establish strategies to enhance and sustain it.

Keywords:

nurses, professional identity, prolonged COVID-19 pandemic

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Factors influencing the reduction of salt and sodium consumption behaviors among working-age teachers at risk of hypertension in Bangkok

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Abstract

Purpose:

To study the influence of body mass index, income, nutritional knowledge about sodium consumption, access to low-salt food, and social support on salt and sodium reduction behavior among working-age teachers at risk of hypertension in Bangkok.

Methods:

This predictive correlational design aimed to study the influence of body mass index (BMI), income, and nutritional literacy about sodium consumption, access to low-salt foods, and social support on salt and sodium reduction behavior among working-age teachers at risk for hypertension in Bangkok. A sample of 242 people was obtained by multi-stage random sampling. Data were collected through questionnaires administered via Google Forms. The analysis involved both descriptive and inferential statistics. Descriptive statistics included frequency, percentage, mean, and standard deviation, while inferential statistics were used to examine relationships and predictive factors. Multiple regression analysis was employed to assess correlations and determine the predictive power of the variables.

Main Findings:

The results of the study showed that body mass index, income, nutritional knowledge about sodium consumption, and social support factors significantly predicted the behavior of reducing salt and sodium consumption among working-age teachers at risk of hypertension in Bangkok. ($\beta = -.131$, $p < .05$, $\beta = .212$, $p < .05$, $\beta = .156$, $p < .05$, and $\beta = .136$, $p < .05$, respectively) by 29.70 percent ($R^2 = .297$, $df = 5$, $F = 19.826$).

Conclusion and Recommendation:

The research findings can inform the development of a behavioral intervention program aimed at reducing salt and sodium consumption among working-age individuals at risk of hypertension. The program should prioritize enhancing nutritional knowledge about salt and sodium consumption, strengthening social support systems, and advocating for policy development. Such policies should focus on empowering teachers at risk of hypertension with the knowledge and skills necessary to make informed food choices and access low-salt and low-sodium options. These measures can help promote healthier dietary behaviors and mitigate the risk of hypertension in this population.

Keywords:

risk of hypertension, salt and sodium consumption behavior, working-age teachers

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Improving school-based smoking cessation service system for early adolescents: A participatory action research approach (phase 1)

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Abstract

Purpose:

Cigarette use among early adolescents (ages 13-16) is a complex problem. The smoking cessation service system (SCSS) in Thailand is not yet tailored to the youth, which limits the accessibility of existing programs on the current prevalence of smoking in this population. This study aimed to explore the smoking situation of junior high school students in Thailand, students' need to quit smoking, the need of smoking cessation services for adolescents, and the situation of students' access to smoking cessation services from the perspectives of students and stakeholders.

Methods:

Using participatory action research design, a set of five groups of key informants (N = 40) was conducted. The qualitative data were analyzed using content analysis and descriptive statistics were used for quantitative data analysis.

Main Findings:

The findings show that limitations of access to SCSS for smoker students, such as, lack of referral system, limitations in the number and competence of teachers and health care providers in providing smoking cessation assistance, adolescents feeling ashamed to get service, and school activities such as anti-drug campaign did not affect smoking cessation. Stakeholders suggested organizing events that focus on real-life experiences. This approach aims to raise awareness of the issue and promote smoking cessation, utilize age-appropriate social media channels, encourage parent involvement, and conduct initial assessments supervised by teachers are recommended. Students with high nicotine dependence should be referred for individual counseling with trained nurses.

Conclusions and Recommendations:

The smoking adolescents reported myriad barriers to accessing SCSS with many levels, including individual, interpersonal, organizational, and institutional, community, and policy-levels. Developing culturally and linguistically appropriate School-based SCSS will provide adolescent smokers with equal access to health services. The development of health and nursing services system for smoking cessation in adolescents should develop interventions to deal with factors at various levels that influence smoking behavior among adolescents, focusing on solving problems systematically, which will help adolescents who smoke to successfully quit smoking.

Keywords:

early adolescents, school-based, smoking cessation

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Incident of violence escalation among psychiatric emergency patients in general emergency departments: Characteristics and contributing factors

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Abstract

Purpose:

Our study investigates the incidence of violence escalation among emergency psychiatric patients admitted to general emergency departments in hospitals in central Thailand. Moreover, we describe characteristics among the patients with and without violence escalation.

Methods:

The research design was a prospective observational study, and the study sample included 507 psychiatric emergency patients over eighteen from 16 emergency departments in the central region of Thailand, selected through stratified random and purposive sampling. The study analyzed patient and psychiatric emergency services systems data using descriptive statistics. The chi-square, Fisher's exact test, and the Mann-Whitney U rank exact test were used to compare the characteristics of patients with and without violence escalation. The Kaplan-Meier method estimated the violent escalation curve.

Main Findings:

The study's results indicate that the incidence of violent escalation of patients with psychiatric emergencies in the emergency department was 7.3%, while the incidence rate of violent escalation was 3 per 100 psychiatric emergency patient visits-hours. The percentage of patients with violence escalation was higher in the small general hospital than the non-violence escalation group ($p < 0.05$). The violence escalation group had a significantly higher median score of violent behavior at triage compared to patients without violence escalation ($p < 0.05$). Additionally, the result discovered differences in the characteristics of the psychiatric emergency services system between patients with and without escalated violence including nurse competency ($p = 0.05$), adherence to clinical practice guidelines ($p < 0.05$), and the availability of a dedicated room for emergency psychiatric care ($p < 0.05$).

Conclusions and Recommendations:

Assessing the violent behavior of psychiatric emergency patients at triage may assist emergency

providers in monitoring patient behavior and providing early intervention to prevent the escalation of violent behavior. In addition, training emergency nurses in psychiatric emergency care, implementing psychiatric emergency care guidelines, and establishing dedicated areas for psychiatric emergency care may help prevent violent incidents.

Keywords:

nurse competency, psychiatric emergency, violent

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The health service model for promoting good death in critically ill end-of-life patients in the emergency department: A qualitative study

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Abstract

Purpose:

To describe scenarios of critical end-of-life patients identified in the emergency department (ED) and examining service delivery to promote good death in the ED that focus on human dignity and equity at the end of life.

Methods:

A qualitative approach was used with purposive sampling that included eight bereaved family members who loss of their loved one in the ED and 25 emergency staff, including 11 emergency physicians and 14 emergency nurses of a tertiary hospital in the Bangkok Metropolitan area, Thailand. Semi-structured, face-to-face interviews were conducted from February to August 2021 (6 months). All the interviews were transcribed verbatim for content analysis.

Main Findings:

The result identified four distinct scenarios of end-of-life patient characteristics in the ED. From the perceptions of emergency staff and bereaved families identified seven core themes including 1) Identifying end-of-life patients by a wristband or a living will; 2) Managing pain and clinical symptoms to reduce suffering; 3) Involving families in decision-making; 4) Providing communication at the end-of-life period; 5) Religious and spiritual support; 6) Managing private and quiet environments, and 7) Bereavement Support.

Conclusions and Recommendations:

Qualitative analysis indicated that good death should be a health service outcome of quality care in the ED. Findings suggest benefits are possible through more explicit guidelines on end-of-life communication, support between emergency staff and family members, and a minimum of training in palliative care skills among emergency staff. The good death model is related to several essential factors in the health care system and four different situation of the patients

presents in the ED. To promote a good death in the ED, health care provider should consider the unique service deliver for each critically end-of-life patients and their family members.

Keywords:

emergency department, good death, qualitative research

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