

# Shaping the Future

## nurses and midwives navigating new frontiers

7th Commonwealth Nurses and Midwives Conference

Thursday 24 and Friday 25 September 2026, New Delhi, India

## CONFERENCE BOOK OF ABSTRACTS



# Shaping the Future

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## Keynote Speakers



### Dr Ben Parkinson, United Kingdom

Senior Lecturer, Department of Nursing, Community and Public Health, Glasgow Caledonian University. Registered Mental Health Nurse, Registered Nurse Teacher, and a Senior Fellow with the Advance Higher Education Academy. Ben is Editor of the journal Evidence-Based Nursing and has extensive expertise in mental health, psychological therapies, education, mixed methods research, and research ethics.

**Safeguarding Evidence: Ethics and Integrity in a Changing World**

Why is it important to safeguard evidence? The presentation seeks to answer five questions:

- Why should we care?
- What is changing?
- Who is being heard?
- What is at stake?
- What is needed

Why should we care? Because nurses and midwives need trustworthy evidence on which to base care. Nurses and midwives hold a position of public trust. Evidence informs the decisions we make. Trustworthy evidence supports safe and effective care. We are only as trustworthy as the evidence we use. We use evidence to protect patients, advance science, and promote trust. What makes evidence trustworthy? Quality: the use of appropriate rigorous methods. Integrity: honest and transparent conduct. Ethics: respect, welfare, and fairness. Governance: accountability and oversight.

The research and publishing environment is changing. There is pressure to publish, demonstrate impact, and progress careers. There is a rapid growth in the volume and speed of scholarly communication. AI is changing how we search, analyse, write, and review evidence, and traditional markers of credibility are increasingly being tested. For Editors, the question is not simply – is this publishable, but can we trust how this knowledge was produced?

Who is being heard? The presentation explores who gets to produce knowledge; who gets published or cited; who gets to review or decide; and what enables or limits visibility? Unequal visibility can skew the nursing and midwifery evidence based. Across the Commonwealth, published research from nurses and midwives is dominated by a few countries.

What is at stake is patient and population health and wellbeing outcomes. Research integrity is a patient safety and public trust issue.

What is needed is responsible stewardship of nursing and midwifery evidence. Stewardship means protecting, developing, sharing, and using evidence responsibly. For researchers to generate research ethically and report transparently; for reviewers to critique fairly and constructively; for editors to protect standards and broaden participation; for institutions to create cultures that support integrity; and for the profession to use evidence critically and responsibly.

The future of nursing and midwifery depends on our collective stewardship of evidence, and how well we safeguard it for future generations. Safeguard the evidence – shape the future!



# Shaping the Future

## nurses and midwives navigating new frontiers

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### Dr Deva-Marie Beck, Canada

International Co-Director of the Nightingale Initiative for Global Health (NIGH). Nurse, author, educator, researcher, multi-media journalist, global civil society activist, and award winning Florence Nightingale scholar.

**Nurses and Midwives: On the Vanguard of Humanity**

Around the world, nurses and midwives endure ceaseless challenges from overwhelmed healthcare systems. We experience related inequities—race, socioeconomic status, disability, and gender. We endure anxiety, depression, posttraumatic stress, as well as increased threats, hostility, and violence. Burnout and low morale are now at critical levels.

Before COVID, a worldwide deficit of six million nurses already existed. Now – according to the International Council of Nurses – there is "an all too understandable exodus from the profession, at the time when all the evidence is pointing to a 13 million nurse shortfall by 2030!"

Albert Einstein is attributed with the idea that problems cannot be solved with the same mindset: "A new type of thinking is essential if [hu]mankind is to survive and move toward higher levels."

What might our solutions be? One is to evolve our sense of identity and value to the world. Florence Nightingale identified 'Sick Nursing' and 'Health Nursing.' Since her time, we have well established our role as 'Sick Nurses.' Who are we as 'Health Nurses?' Nightingale said, "health is not only to be well but to use well every power we have." She demonstrated this 'power' though public information and advocacy. What can we do with this same 'power' we have? What can we do with the evolving virtual global public platforms available to us?

Across the world, nurses are exemplary for caring, compassion, commitment and courage – the attributes humanity needs. We have demonstrated these with 'Sick Nursing.' Now we can use the same attributes to demonstrate 'Health Nursing.' The 'power' of our public voices can be heard, listened to, and respected, for the value of our perspectives – as role models for the health of humanity. Nurses and midwives! We are on the vanguard of what humanity can and must become!



Dr Kithsiri Edirisinghe, Sri Lanka
Co-Founder and CEO International Institute of Health Sciences Multiversity, Founder Bio-Inquirer/e-Incubator/Impulse Healthcare/GHC Global Education, and Chairperson of Green Healthcare Pty Ltd

**Wisdom in Action: Nursing Leadership at the Crossroads**

Nursing leadership is at the 'crossroad'. Healthcare is being redesigned while nurses are simultaneously delivering care, leading teams, and protecting trust. The 'crossroads' are real right now:

- workforce pressures: shortages, retention, migration ethics;
- digital acceleration: AI, data, telehealth, cyber risk;
- changing populations: ageing, NCDs, mental health needs;
- quality expectations: safety, transparency, experience; and
- climate crises: heat, disasters, conflict, pandemics.

This presentation asks the question: how do we make wise decisions when evidence, resources, emotions, and uncertainty collide. The world has more nurses than in 2018, yet gaps, maldistribution, and retention risks remain strategic threats. Leadership must move beyond headcounts to equitable distribution, decent work, fair migration, and retention. Wisdom in action goes beyond knowledge and competence. Wisdom is the disciplined integration of evidence, ethics, experience, and compassion under uncertainty. Wise action is the leader's capacity to pause, interpret, choose, and act with integrity based on evidence, experience, ethics, and emotional intelligence within the context in which the decision needs to be made.

Ethical decisions consider autonomy, beneficence, non-maleficence, and justice. Ethical decisions respect voice, choice and dignity; act for the patient and public good; avoid harm, including system harm; and consider fair access, fair workloads, and fair opportunity. Emotional intelligence is the operating system of wise leadership. Trust requires more than just social skills. It requires self-awareness, self-regulation, motivation, and empathy.

The presentation suggests six practical commitments for nurse leaders at the crossroads:

1. see the whole system;
2. ask the ethical question;
3. protect the workforce;
4. govern technology wisely;
5. build adaptive teams; and
6. create successors.

At the crossroads, nursing leadership must be wise enough to protect care, brave enough to change systems, and compassionate enough to carry people through uncertainty.





# Abstracts

### 1. Mr Oduor Kevin Otieno, Kenya (Oral and Poster)
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**A digital innovation for personalised non-communicable disease risk assessment in Africa**

Background: The burden of non-communicable diseases (NCDs) is rapidly increasing in Africa, with the World Health Organization (WHO) African Region reporting that they are attributable to 37% of deaths as of 2019. Unfortunately, access to early screening for early detection remains limited, especially in scarce resource and remote settings. Barriers including cost of screening, travel time, and lack of screening facilities hinder timely risk detection, diagnosis, and intervention. Afyalytics is a digital health platform designed to empower individuals to self-assess their exposure to NCD risk factors through lifestyle-based questionnaires (accessed here https://afyalitics.com/(https://afyalitics.com/)).

Description: Afyalytics employs an interactive, evidence-based questionnaire adapted from WHO and regional NCD risk factor frameworks, covering diet, physical activity, alcohol and tobacco use, and air pollution, among other lifestyle determinants. On completing and submitting the response to the lifestyle questionnaire, users receive an instant NCD Risk Report detailing their exposures, together with personalized recommendations of how to reduce risk exposures. The platform is accessible via smartphone, tablet, or computer, making it usable anytime, anywhere.

Lesson learnt: Initial pilot testing (from 2024 September) has been conducted with 621 participants in Kenya and Rwanda to evaluate usability, accessibility, and preliminary impact. Preliminary analysis demonstrated that 78.2% of participants were at moderate to high risk for at least one major NCD risk factor. Key exposures identified included inadequate physical activity (64%), high processed food consumption (58.6%), and harmful alcohol use (27.1%). Users reported high satisfaction (81.6%) with the platform's ease of use and clarity of recommendations.

Conclusion: Afyalytics demonstrates the potential of digital innovations to gaps in NCD risk detection and prevention in Africa by offering accessible, low-cost, and user-friendly self-assessment tools. The emphasis is on early risk detection and diagnosis, reinforcing the importance of prevention in reducing NCD prevalence.

### 2. Mrs Anjali Sancha, India (Oral)
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**Impact of climate change on human health in India: a systematic review**

Introduction: Climate change has already contributed to the global burden of disease, and this contribution is expected to grow in future. Climate change has regionally specific effects that are unevenly distributed within and between nations, regions and even communities. Particularly in low and middle-income countries with limited resources like India, individual susceptibility to climate change is determined by national and regional indices such as socioeconomic status, healthcare access, infrastructure advances, and even awareness. In this context, the present study aims to systematically review the impact of climate change on the health of Indian population. Objectives: to systematically review the various health impacts of climate change in people of India.

Methods: This systematic review study is conducted according to the preferred reporting items for systematic reviews and meta-analysis (PRISMA) guidelines. The focus was on studies conducted in Indian population, highlighting the various health impacts of climate change. Databases such as Pubmed, Embase, Sopus, Google scholar, Research Gate and OVID were searched for the articles published between 2013 and 2023. A total of 173 articles were identified, which was screened for any duplicity and relevant content as per the inclusion criteria was done and finally 19 articles were selected after full text screening was done on the basis of inclusion criteria. The systematic review was registered in PROSPERO having the number CRD42024550419.

Findings: The study delves into the various themes such as air pollution and climate change, the psychological impact of climate change, impact of Climate change on vector–borne disease emergence, effects of extreme weather on health, increased burden of non-communicable diseases, and the effect of climate change on vulnerable populations. The review of studies revealed a broad range of adverse effects on public health in India.

Conclusion: The findings of this review emphasize the urgent need for evidence-based policy-making and expanded research to the escalating crisis of climate change and its impact on human health.

### 3. Professor Marion Eckert, Australia (Oral)

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**An Ai-driven harm response management tool to prevent adverse events in healthcare**

Introduction/Aim: The size, distribution, and skill mix of the nursing workforce are recognised drivers of patient outcomes, yet limited evidence exists on how workforce, clinical, and environmental variables interact to prevent harm. Despite extensive reporting systems, metropolitan hospitals continue to see rising rates of falls, medication errors, and violence, events typically identified only after they occur. This underscores the need to shift from retrospective surveillance to predictive, data-enabled harm prevention. The PreHaRM project, 'Predictive Harm and Response Management', aims to deliver this shift by implementing a predictive harm algorithm across South Australia's two largest health networks, with potential for national scale-up. Its purpose is to equip clinicians with early risk insights that support proactive intervention.

Methods: Sub-project 1, now completed, developed the predictive risk model by identifying priority harm outcomes and mapping contributing factors across clinical, workforce, and environmental domains. Drawing on both conventional data (safety learning systems, adverse event datasets) and non-conventional sources (nursing rosters, ward-level staffing, patient flow), the project used data mining, machine learning, and multivariate modelling to generate and validate the algorithm. The model demonstrated capacity to detect emerging risk patterns before harm occurs. With the algorithm established, Sub-project 2 focuses on real-world implementation. Current activities include algorithm refinement and co-design of an interactive clinical dashboard to support workflow integration. The dashboard will embed predictive outputs directly into clinicians' daily practice, enhancing situational awareness and enabling timely, data-driven decisions. Evaluation will assess usability, predictive accuracy in live environments, and impact on harm reduction.

Results: The completed modelling phase has produced a validated predictive harm algorithm capable of identifying risk signals across workforce and clinical variables. The next phase will translate this into an operational digital tool through clinician-led dashboard co-design.

Conclusion: By embedding predictive analytics into routine care, PreHaRM enables a shift from reactive reporting to proactive harm prevention, with potential to reduce falls, medication errors, and violence in healthcare settings.

### 4. Ms Kiran Kumari Yadav, India (Oral)

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**Comparative study to assess mothers' perception and satisfaction regarding care of neonates in MNCU and NICU in tertiary care facility**

Background: Admission of a newborn to a Newborn Intensive Care Unit (NICU) is an emotionally intense experience for mothers. Conventional Newborn Intensive Care Units (NICUs), although medically advanced, often restricts maternal involvement, potentially affecting maternal bonding, satisfaction, and caregiving confidence. The Mother Newborn Care Unit (MNCU) model, by enabling maternal presence and participation, aims to promote family-centred care. This study aims to evaluate whether the MNCU model provides improved emotional support, satisfaction, and bonding opportunities for mothers. By identifying differences in perception and satisfaction between the two settings, the study aims to generate evidence that could guide improvements in neonatal care practices and promote family-centred care.

Methods: A comparative descriptive study was conducted at Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi, after obtaining ethical clearance [IEC, VMMC/SJH/CERT/DEC-2024/156]. Data were collected from 300 mothers (150 each from MNCU and NICU) between January 29 and March 19, 2025, using a convenient sampling technique. Structured tools were used to assess mothers perception and satisfaction. Data analysis was done using SPSS version 23 and Microsoft Excel, employing descriptive and inferential statistics.

Results: Demographic variables were similar between the two groups. In the MNCU group, 89.3% of mothers reported a good perception of neonatal care, compared to 56.7% in the NICU group. Perception scores were significantly higher in domains such as mother-infant bonding and maternal self-efficacy. Regarding satisfaction, 97.3% of MNCU mothers were highly

satisfied versus 70.7% in the NICU group. No mothers in either group reported dissatisfaction. Higher satisfaction in MNCU was noted in areas like parental involvement, quality of care, and information, education, and communication.

Conclusion: The MNCU model significantly improves maternal perception and satisfaction, especially in aspects related to emotional bonding, caregiving confidence, and active maternal participation. These findings support the implementation of MNCU to promote family-centred care and enhance the quality of neonatal services.

### 7. Mr Inayat Ahmad Baba, India (Oral and Poster)

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**A mixed-method moderated mediation analysis of risk and attitude in organ donation**

Background: An organ transplant might be the only therapeutic option available for people suffering from organ failure. Organ donation rate in India continues to be <1 per million population. College students, a unique population, remain understudied in India. This study aimed to examine the mediating role of attitude and moderating role of perceived risk in the relation between awareness and willingness-intent to donate organs; and explore the influence of cultural-religious factors.

Methods: This mixed-method combined a cross-sectional survey using multistage cluster of 978 students from 3 central universities of New Delhi, via pre-tested questionnaire having four scale sections: awareness (13 items), risk perception (15 items), attitude (15 items) and willingness-intention (16 items) (CVI = 0.97-1; r=0.84-0.94); followed by 13 interviews to gain qualitative insights into culture and religion influences. Data was collected from consenting students after piloting, ethical clearance and administrative approval from colleges from May-September 2025. Quantitative data were analysed using Stata and thematic analysis manually.

Results: Most students were 18-28 years (95.1%); Hindu (76.1%), and males (54.7%). Students exhibited low-moderate awareness (42% each); negative attitude (40.1%); very low-low-risk perception (57.8%); very low-low intention (71.6%). Attitude partially mediated ($\beta$=1.458, $p<0.001$) the relation between awareness and willingness-intent, perceived risk did not moderate ($\beta$=-0.013, $p=0.379$) the relationship. Emergent themes: (i) Religious and socio-cultural determinants; (ii) Family validation; (iii) Deterrents and Enablers of organ donation; (iv) Hesitancy behaviour and inaction. Together themes highlight how personal beliefs, family influence, barriers or enablers and hesitation influence individual decisions regarding organ donation.

Conclusion: Together, findings highlight a paradox: college students, although educated, socially engaged and altruistic, still face cognitive, emotional and structural hurdles in organ donation. It underscores the need for targeted interventions, culturally sensitive awareness campaigns, and simplified mechanisms for donor registration. Such strategies could ultimately strengthen organ donation and advance public health.

### 16. Mrs Kelly Mitchell, United Kingdom (Oral)

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**Career pathways and nurse retention – an inner London hospital investigation**

Introduction: This qualitative study explores the relationship between career development opportunities and nurse retention within an acute medical division in an inner London hospital NHS Trust. This research focuses on the lived experience and perspectives of band 5 -7 nurses. Two focus groups (n=10) were conducted using purposive sampling and analysed using a thematic analysis framework. Five overarching themes were identified: career progression, organisational support, workplace culture, personal motivation and barriers to retention. Participants emphasised the importance of visible frameworks, proactive support and inclusive environments. Internationally educated and part-time nurses also identified challenges around access, recognition and support.

Findings: suggest career conversations, leadership, visibility and structure development pathways contribute to retention. Despite being a small sample, the findings from this study offers valuable insights into nurse retention. It underscores the role of local leadership in shaping nurse retention strategies and calls for more longitudinal research across a diverse setting.

### 17. Mrs Kelly Mitchell, United Kingdom (Oral)

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**Integrating strategy and values in nursing workforce development: the 4Ps and 4Cs framework**

Aim:/objective: To present and evaluate the 4ps and 4cs framework a values-based model integrating mindset (purpose, passion, perseverance, professionalism) and action (clarity, competence, credibility, connection) as a practical tool to enhance nursing career development and retention. the framework was designed to gaps in career progression and workforce sustainability, supporting equitable opportunities for development, particularly among internationally educated nurses.

Background: Ongoing challenges in nurse retention and career progression highlight a gap between national workforce strategy and the lived experience of staff. Frameworks such as the 6Cs and the Healthcare Leadership Model promote compassionate leadership but often lack operational clarity at the individual level. Design: A practice-based development and evaluation approach was used. The framework was created through reflective practice, staff engagement, and leadership feedback within an acute medical division of a large NHS Foundation Trust. Implementation was iterative, combining focus group insights, coaching sessions, and leadership reflection.

Methods: Qualitative feedback from focus groups, one-to-one coaching, and leadership discussions informed the refinement and application of the framework. Thematic analysis identified common experiences and perceptions of professional growth and career clarity.

Findings: indicated improved confidence, engagement, and understanding of career direction among nurses. The framework operationalised compassionate and inclusive leadership principles through structured self-development and transparent career planning.Conclusion: The 4ps and 4cs framework bridges national workforce policy and individual professional growth, promoting equity, transparency, and professional identity. it offers a scalable, values-driven model for embedding career development across healthcare settings.

### 19. Mr Deepesh Swami, India (Oral)

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**Effectiveness of sterile versus clean indwelling catheter care: a randomized controlled trial**

Background: Catheter-associated urinary tract infection (CAUTI) a leading hospital-acquired infection, contributing to increased morbidity and healthcare costs. While sterile catheter care is standard, major guidelines recommend clean maintenance care, though debate continues. Objective: The objective of the study is to compare the effectiveness of sterile versus clean indwelling catheter care in preventing CAUTI.

Methods: A participant-blind, computer-generated, stratified block randomized controlled trial was conducted at a tertiary care centre. Patients with sterile baseline urine cultures were randomized to either the sterile or clean catheter care group. Data collection continued until catheter removal, hospital discharge with catheter in situ, Day 14 of catheterization, or onset of CAUTI symptoms, whichever occurred first. CAUTI symptoms including fever > 38°C, rigors, pus discharge, suprapubic pain, agitation, and confusion were monitored. The pre-specified non-inferiority margin was 12%. Analyses were performed per protocol; no intention-to-treat analysis was conducted.

Results: Among 346 participants, CAUTI occurred in 7.5% of the clean group and 6.9% of the sterile group ($p = 0.83$). Group assignment was not associated with CAUTI in adjusted analysis, while catheter duration was the strongest independent predictor (adjusted odds ratio (aOR): 1.262, 95% confidence interval (CI): 1.135-1.400). The overall incidence was 20.64 per 1,000 catheter days, with a median catheterization duration of four days in the clean group and three days in the sterile group. Pseudomonas, Klebsiella, and Escherichia coli were the most common isolates, with some showing multidrug resistance. The study was underpowered to detect small between-group differences.

Conclusion: Clean catheter care was comparable to sterile care in this single-centre trial. While it may be a practical alternative, conclusions are limited by under powering and methodological constraints. Larger multicentre studies with intent-to-treat analyses and adjustment for antibiotic exposure are needed to confirm these findings.

20. Ms Babita Babu, India (Oral)
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**Prevalence of Irritable Bowel Syndrome and its associative factors**

Background: In India, Irritable Bowel Syndrome (IBS) among working population is shaped by unique dietary, sociocultural, and occupational factors significantly reducing workforce productivity. Stressful work exacerbates IBS through gut–brain axis, increasing symptom severity impairing the ability to work. The scarcity of India-specific data underscores the importance of investigating the relationship between IBS, occupational stress, and work ability in this population.

Methodology: This biphasic cross-sectional study screened 992 employees (convenient sampling) of tertiary hospital in New Delhi using Manning's, Rome III, and Rome IV criteria, in Phase I; while in Phase II classified and assessed severity, occupational stress and work ability. Standardised and validated scales (CVI >0.90; r= 0.81–0.97) such as Bristol Stool Form Scale (7-item), IBS Symptom Severity Scale (5-item), Demand Control Support Questionnaire (17-item), and Work Ability Index (7-dimensions). Administrative and Ethical approval was obtained. A pilot study guided estimation of sample at 226 and data was collected (July–September 2025). Data was analysed using descriptive and inferential statistics with $p<0.05$ in SPSS v20.

Results: Most cases were aged 31–40 years 129 (57.1%), females 121 (53.5%), and 198 (87.6%) were from the upper-middle class. The prevalence of IBS was: Manning 3.8%, Rome III 22.7%, and Rome IV 17.7%. Regarding stool patterns, constipation-predominant (43.8%) and diarrhoea-predominant (25.2%) were the common subtypes. Mild IBS severity was seen in 48.2% and moderate in 51.8%; 30.5% were in high-strain jobs; while 36.2% had moderate work ability. High-strain jobs were linked to greater IBS severity ($F=3.48$; $p=0.032$) and lower work ability ($F=4.16$; $p=0.017$); and severity negatively correlated with work ability ($r=–0.258$, $p=0.007$).

Conclusion: IBS is seen to be prevalent among employees and significantly associated with occupational stress, underscoring the need for workplace interventions to reduce stress, improve health, and enhance productivity.

21. Mr Stephen Odhiambo Ogweno, Kenya (Oral)
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**From posters to participation: co-creating school-based health communication for sustainable behaviour change**

Introduction: Traditional school-based health communication often relies on didactic, top-down delivery that treats learners as passive recipients, limiting engagement, retention, and behaviour change. Participatory approaches grounded in constructivist learning theory, social cognitive theory, and diffusion of innovations emphasize active knowledge construction, social modelling, and peer dissemination. These frameworks suggest that learners who co-create, observe, and share health knowledge are more likely to adopt and sustain healthy behaviours. This project applied these principles through two Kenyan primary school interventions focused on accident prevention in Nairobi County and water, sanitation, and hygiene in Kisumu County.

Methodology: The project engaged 140 pupils and teachers across four primary schools through multi-day workshops conducted in school settings. Using design-based research principles, the intervention emphasized iterative testing, co-creation, and contextual adaptation with end users. Participants reviewed ten core health messages per thematic area and provided feedback on clarity, relevance, and visual design while proposing additional locally relevant content. Activities included guided poster walkthroughs, group discussions, and teacher validation sessions. A key innovation was the back-of-the-poster design, which integrated structured activities and facilitation prompts, transforming static posters into reusable learning tools. Feedback was systematically documented to inform refinement and extract transferable design principles.

Results: High engagement and demand-driven uptake were observed across all sites. Schools requested to retain draft posters, and learners anticipated finalized materials. Students contributed additional safety and hygiene messages addressing falls, fire, poisons, road safety, first aid, and hygiene practices. Teachers reported strong alignment with Kenya's competency-based curriculum and reinforcement of practical learning. Spillover effects extended into households and communities through peer sharing and family engagement. Posters supported repeated use through participatory interaction and multiple activity pathways.

Conclusion: Participatory, co-created health communication addresses engagement and contextual gaps inherent in didactic models. Positioning learners as contributors and embedding structured activities supports message retention, sharing, and real-world adoption. Combining design-based research with social and constructivist learning frameworks offers a replicable approach for sustainable school health behaviour change.

### 22. Dr Saima Habeeb, India (Oral)
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**"No Stranger at My Birth": The 'Warm Handoff'; a nurse-led relational continuity model**

Background: In remote Himalayan border regions, maternal healthcare systems suffer from a critical relational discontinuity. While 89% of pregnant women receive antenatal care from community-based Auxiliary Nurse Midwives (ANMs), 67% deliver with completely unfamiliar facility-based nurses – a "stranger-attended birth" phenomenon that erodes trust, delays care-seeking, and contributes to anxiety-driven refusal of evidence-based interventions. This care chasm represents both a clinical risk and an ethical failure in personalised care.

Objective: To implement and evaluate "The Warm Handoff," a structured nurse-midwife led intervention that creates intentional relational continuity between community and facility care for pregnant women in conflict-affected border districts.

Method: A mixed-method study was conducted from September 2024 to March 2025 across three Primary Health Centres (PHCs) in Anantnag district, Kashmir. The Principal Research Investigator trained six staff nurse-midwives as "Continuity Champions" to receive structured introductions of pregnant women at 28 weeks gestation from their community ANMs. Core components included: (1) a formal in-person handoff ritual at the PHC, (2) a culturally-coded "Birth Connection Kit" featuring a pheran (traditional cloak) stitch token exchange, and (3) a low-technology communication protocol between ANMs and nurses. We tracked 72 enrolled women through pregnancy, delivery, and postpartum, comparing outcomes with retrospective data from 68 women receiving standard care. Qualitative data came from semi-structured interviews with women, ANMs, and nurses.

Results: Of 72 enrolled women, 68 (94.4%) completed the Warm Handoff. Intervention group outcomes showed: a 41.2% increase in timely arrival at facility (within 4 hours of labour onset: 79.4% vs. 38.2% in controls); a 52.9% reduction in "stranger-attended births" (11.8% vs. 64.7%); and a 35.3% higher acceptance of Active Management of Third Stage Labor (91.2% vs. 55.9%). The median decision-to-departure time during labour decreased from 3.2 to 1.1 hours. Qualitatively, women described transforming the facility from "a government building" into "my nurse's place," citing the handoff as "the moment I stopped being afraid." ANMs reported increased professional respect and job satisfaction.

Conclusion: In fragmented systems, relational continuity is essential healthcare infrastructure. The Warm Handoff demonstrates that nurses can architect powerful connections using minimal resources, ensuring no woman gives birth attended by a stranger. This scalable model offers a blueprint for Commonwealth nurses to bridge the last relational mile in maternal care, particularly in marginalised borderlands.

### 23. Professor (Dr) Shailla Cannie, India (Oral)
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**Agentic AI in nursing practice: a scoping review of autonomous systems and their roles**

Background: The nursing profession will see a change from AI-assisted task completion to AI-led autonomous goal execution as AI progresses from reactive large language models (LLMs) to agentic systems. Systems that can think in several steps, employ tools independently, and take goal-directed action without constant human intervention are referred to as agentic AI. The taxonomy and clinical implications of "agency" in nursing are still unclear, despite its potential to improve precision treatment and lessen administrative load. Objective: To systematically map the existing literature on agentic AI in nursing to define its core characteristics, identify its clinical applications, and explore the professional implications for the nursing workforce.

Methods: A Scoping Review will be conducted following the Joanna Briggs Institute (JBI) methodology and PRISMA-ScR guidelines. The PCC framework (Population: RN/RM/APN; Concept: Agentic AI; Context: Clinical healthcare settings) will be the inclusion criteria. A comprehensive search will be performed across PubMed, CINAHL, Scopus, and IEEE to explore for

studies published between 2020 and 2026. Grey literature and industry white papers will also be included to capture rapid technological shifts.

Results: (Preliminary/Expected Findings) Initial literature indicates a transition from "Decision Support" to "Agentic Orchestration." Identified themes include Ambient AI for zero-manual documentation, autonomous care coordination for chronic disease management, and predictive "digital twins" for proactive triage. Significant gaps exist regarding algorithmic advocacy and the legal frameworks required for nurses to govern autonomous digital agents.

Conclusions: Agentic AI represents a paradigm shift in nursing informatics. While these systems offer a solution to nursing burnout by automating complex workflows, they necessitate a new competency framework for "AI Governance" within the profession.

### 27. Ms Diksha, India (Poster)

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**Impact of CAN support on self-efficacy, quality of life and caregiving-burden among caregivers of cancer patients**

Background: Cancer continues to be a major global health concern, particularly in less developed countries where multiple barriers hinder timely diagnosis and effective treatment. Over the past decade, caregiving for cancer patients has gained increasing attention as a vital component of patient care.

Material and Methods: A quasi-experimental non-equivalent control group pre-test post-test design was used to assess the effectiveness of CAN support on self-efficacy, Quality of life and caregiving burden among the caregivers of cancer patients. A total of 70 caregivers of patients that were admitted in oncology ward of MMIMS&R Hospital, Mullana, Ambala were selected by convenient sampling and divided into two groups and post-test was taken at 7th and 14th day of enrolment in the study. Intervention package comprising of number of interventions for increasing self-efficacy and quality of life and reducing caregiving burden among caregivers of cancer patients was delivered for five days. The tool used for data collection was standardized self-efficacy (CSE-8), quality of life (AC-QOL), caregiving burden (Modified Zarit Caregiver Burden Inventory).

Results: As compared with the comparison group, the experimental group had significantly greater increase in self-efficacy, quality of life and decrease in caregiving burden with the mean of 68.52±3.24, 98.7±4.72, 19.36±5.85 at day 14th as compared to 33.47±8.21, 55.78±6.87,51.44±4.37 mean of comparison group.

Conclusion: CAN support was effective in increasing self-efficacy, quality of life and decreasing caregiving burden among the caregivers in experimental group in day 7th and 14th however effectiveness increased as indicated by increased mean scores of in self-efficacy, quality of life and caregiving burden.

### 28. Ms Shikha Gulia, India (Poster)

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**A study to assess perceived stressors and associated environmental factors among adult patients admitted to ICUs of selected hospitals**

Introduction: Patients admitted to the Intensive Care Unit (ICU) experience high levels of stress due to critical illness, unfamiliar surroundings, invasive procedures, and limited communication. Environmental factors such as noise, bright lights, lack of privacy, and frequent interruptions further increase patient stress and affect recovery.

Aim: To assess perceived stressors and environmental factors among adult patients admitted to the ICU.

Objectives:

- To identify common stressors experienced by adult ICU patients.
- To assess environmental stressors present in the ICU.
- To find the relationship between perceived stress and environmental factors.

Methodology: A quantitative descriptive pilot study was conducted in selected ICUs of Haryana. Ten adult ICU patients were selected using purposive sampling. Data were collected using the ICU Perceived Stressors Assessment Tool and an Ambient Log Tool. Descriptive statistics were used for data analysis.

Results: Most patients experienced moderate to high stress levels during ICU stay. Major stressors included pain, fear, anxiety, difficulty in communication, and loss of independence. Common environmental stressors were noise, bright lights, lack of privacy, uncomfortable temperature, and frequent disturbances. A significant relationship was found between patient stress and environmental factors.

Conclusion: ICU patients experience multiple stressors, and environmental factors play an important role in increasing stress. Simple nursing interventions and improvements in the ICU environment can help reduce stress and improve patient comfort and outcomes.

### 29. Ms Anu Reshma V, India (Oral)
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**An exploratory study to assess the contributing factors of migration and satisfaction level of migrated nurses**

Introduction: The migration of nursing officers from the Indian government sector has been a concerning trend in recent years. The migration of talented nurses represents a “brain drain” for India.

Materials and Methods: An exploratory survey was conducted among 306 Nurses all around the world who were migrated from Indian Government service through exponential non discriminative snowball sampling technique. A structured assessment questionnaire administered via google form was used to assess the data.

Results: The study revealed that the majority of migrated nurses from the Indian government sector were aged 31-40 years (83.9%), mostly female (66.6%), and married (92.1%), with nearly half having two children (49.8%). A significant portion were Christians (48.8%) and had primarily obtained B.Sc. Nursing degrees (66.6%). Many had 6-10 years of experience (40.7%) and worked as Nursing Officer (88.2%), with 45.2% coming from Central Government institutions. The UK (33.8%) was the top destination, followed by Australia (15.4%) and New Zealand (13.4%). The study identified that professional factors (42.5%) were the primary contributors to nurses migrating from the Indian government sector to overseas, followed by social (39%) and economic factors. The post-migration satisfaction levels of nurses who migrated from the Indian government sector to overseas destinations shows that the majority (79.3%) reported being highly satisfied, 16.4% indicated being satisfied, only a small percentage (4.3%) expressed dissatisfaction. with satisfaction scores between 25 to 45.

Discussion: In present study finding is supported by the study Yong-Shian Goah et.al 2016 which shows that migrant nurses were highly satisfied with their jobs.

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**Assessment of quality of life among patient undergoing haemodialysis**

Introduction: Quality of life is an individual perception of position in life in the context of the culture value system and relationship to life goal, expectation, standard and other related matter according to the WHO the quality of life is a person sense of where they are in relation to society and is influenced by both their physical and mental wellbeing.

Aim: The present study aimed to assess the quality of life among the haemodialysis patients in selected hospital of Ambala, Haryana.

Methodology: A descriptive study was conducted to assess the quality life among 104 haemodialysis patients in MMIMSR, Mullana, Ambala, Haryana. Sample were selected by using convenient sampling technique. Data were collected by using standardized socio-demographic variables and standardized KDQOL-36 Kidney Disease Quality of Life through interviews techniques.

Results: The study findings showed that quality of life scores ranged from 36 to 128, with a mean score of 95.1 ± 24.06, indicating considerable variability in patient experiences. The median score was 102, suggesting that 50% of the patients

scored above this value and 50% scored below it. The Chi-square test revealed a statistically significant association between quality of life and the duration of haemodialysis treatment ($\chi^2 = 18.41$, df = 8, p = 0.01).

Conclusion: Among the total of 104 patients, half (52; 50%) had a good quality of life, reflecting effective treatment and support, while 36 patients (35%) had an average quality of life, and a smaller proportion, 16 patients (15%), experienced poor quality of life.

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**High-end perioperative surgical competency training for operation theatre nurses: participatory action research study**

Introduction: Perioperative nursing competence is critical to patient safety and quality surgical outcomes, particularly in technologically advanced modular operation theatres (OTs). Continuous, practice-oriented education is essential to equip nurses with evolving surgical, technological, and teamwork competencies. This participatory action research (PAR) evaluated the effectiveness of a High-End Workshop on perioperative surgical competencies among OT nurses across selected centres in India.

Methods: A convergent parallel mixed-methods design (QUAN+QUAL) was employed. Fifty OT nurses from eight Indian states were recruited using purposive sampling and allocated to intervention and control groups. The intervention comprised a structured six-day High-End Workshop on perioperative nursing (HEWON), integrating theory, simulation, and intensive hands-on training in modular OTs. Quantitative outcomes were assessed using pre- and post-tests measuring knowledge, practice (Objective Structured Practical Examination—OSPE), and attitude, alongside participant satisfaction. Qualitative data were collected through in-depth and focused group interviews to explore learning experiences, perceived benefits, and implementation challenges. Data were analysed using descriptive and inferential statistics (t-test, ANOVA) and thematic content analysis, adhering to COREQ guidelines.

Results: The HEWON intervention resulted in significant improvements in perioperative nursing competency. The intervention group demonstrated marked gains in knowledge (32.28%), practice/OSPE (2.67%), and attitude (21.04%) compared with the control group ($p<0.001$). Post-training scores for knowledge ($t=12.86$), practice ($t=5.52$), and attitude ($t=2.38$) indicated statistically significant improvements. Nurses with greater OT experience showed enhanced learning outcomes. Qualitative findings revealed strengthened confidence, improved interdisciplinary communication, enhanced familiarity with advanced OT equipment, and increased adherence to surgical safety practices. Participants highlighted the workshop's hands-on, collaborative, and context-specific learning as unique strengths, while noting logistical and scheduling challenges.

Conclusion: The High-End Workshop significantly enhanced perioperative nursing competencies in modular OTs. Participatory, interdisciplinary, and hands-on training models such as HEWON offer a sustainable strategy for advancing nursing competence, patient safety, and quality surgical care. Incorporating certified high-end workshops into continuing nursing education and licensure renewal frameworks is strongly recommended.

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**Governance, strategy, selection: The BSc. Nursing entrance examination – shaping a competent nursing workforce**

In the context of rapidly evolving healthcare systems, the quality, competence, and ethical orientation of the nursing workforce have become central to effective health governance and strategic planning. Nursing education, as a foundational component of healthcare delivery, begins at the point of professional entry. This paper examines the B.Sc. Nursing Entrance Examination as a key governance and strategic selection mechanism that influences the development of a competent nursing workforce.

From a governance perspective, the B.Sc. Nursing entrance examination functions as a standardized and transparent admission tool that promotes merit-based selection, equity, and accountability in nursing education. By establishing uniform criteria for entry, the examination strengthens institutional credibility and public trust while shaping the overall quality of

the nursing workforce. Such governance-driven selection processes play a crucial role in nursing workforce sustainability, demographic transitions, and emerging healthcare demands.

Strategic planning in nursing education requires anticipation of future healthcare challenges, including technological advancement, complex disease patterns, public health emergencies, and expanded community-based care. The entrance examination contributes to this strategic vision by identifying candidates with strong foundational knowledge, analytical reasoning, and problem-solving abilities.

Selection through the entrance examination also initiates early professional identity formation. The preparation and assessment process fosters discipline, resilience, responsibility, and ethical awareness among aspiring nurses—qualities essential for effective clinical practice and leadership. The entrance process symbolically introduces candidates to the values of service, accountability, and patient-centred care.

In conclusion, the B.Sc. Nursing entrance examination represents a critical intersection of governance, strategy, and selection in healthcare education. Strengthening this gateway through good governance and strategic alignment is essential for shaping a competent, ethical, and resilient nursing workforce capable of navigating contemporary and future healthcare challenges.

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**Birth companion training and engagement in labour support techniques in the labour room: a nurse-led quality improvement program**

Objectives: To improve labour support by trained birth companion, maternal satisfaction, birth outcomes, through a nurse-led quality improvement program at a tertiary care hospital.

Introduction: Improving the quality of intrapartum care and maternal experience remains a global priority, particularly in resource-constrained settings. The presence of a trained birth companion during labour has been recognized by the World Health Organization as an effective, low-cost strategy to enhance maternal and neonatal outcomes. This nurse-led quality improvement initiative aimed to strengthen labour support by training and engaging birth companions through a structured program in the labour room of a tertiary care hospital.

Methods: A total of 69 primigravida women and their identified birth companions were enrolled. The intervention was implemented using the Point of Care Quality Improvement (POCQI) approach through four sequential Plan–Do–Study–Act (PDSA) cycles. Birth companions received structured training using multimodal strategies including verbal instruction, animated videos, posters, hands-on demonstrations, and continuous reinforcement by researcher and nursing staff. Maternal satisfaction, labour support practices, pain perception, and birth outcomes were assessed using validated Likert scales, observational checklists, and pain assessment tools.

Results: Following the intervention, labour support was improved, maternal satisfaction significantly improved from 57.2% at baseline to 98.8%. There was a notable increase in normal vaginal deliveries, early initiation of breastfeeding within one hour of birth, and enhanced emotional support during labour. The need for labour augmentation and requests for pharmacological analgesia were substantially reduced. Improved mother–infant bonding and emotional well-being were also observed. Sustainability was achieved through the introduction of birth companion identification cards, structured registers, and visual reminders, which minimized companion turnover and ensured continuity of support.

Conclusion: The findings demonstrate that a structured, nurse-led birth companion training program can substantially improve labour support, maternal satisfaction, labour experience, and neonatal outcomes without additional financial burden. This model is effective, scalable, and aligns with evidence-based global maternity care recommendations, highlighting the pivotal role of nurses in leading quality improvement initiatives in obstetric care.

37. Professor Fhumulani Mavis Mulaudzi, South Africa (Oral and Poster)
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**Beyond cultural inclusion: Indigenous knowledge as a foundation for healthcare sciences education**

Indigenous Knowledge Systems (IKS) play a central role in shaping health-related meaning-making in African contexts, yet they remain marginal within healthcare sciences education, which is predominantly grounded in Western biomedical epistemologies. This study offers a conceptual analysis of curriculum decision-making in healthcare sciences education to examine how Indigenous Knowledge can function as a foundational epistemological resource rather than an additive cultural element. Through a narrative synthesis of scholarship on Indigenous Knowledge, curriculum theory, and educational leadership, the study interrogates how knowledge is selected, framed, and legitimised within curriculum spaces. The analysis identifies curriculum design as a critical site of educational leadership and argues that epistemic inclusion of Indigenous Knowledge enhances interpretive depth, contextual understanding, and professional judgement. The study contributes a conceptual framework for rethinking curriculum design in healthcare sciences education that aligns professional preparation with African health realities.

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**Clinicopathological determinants and disease outcomes of abnormal vaginal discharge among women undergoing cervical pap smear screening**

Background: Abnormal vaginal discharge (AVD) is a frequent gynaecological complaint among women of reproductive age and may reflect underlying infections, inflammatory conditions, or malignancy. In low-resource settings, delayed health-seeking behaviour and reliance on syndromic management often lead to underdiagnosis of serious pathology, including premalignant cervical lesions.

Objectives: To determine the prevalence of abnormal vaginal discharge, assess associated demographic and clinicopathological determinants, evaluate their association with AVD, and analyse disease outcomes among women undergoing cervical Pap smear screening.

Methods: A hospital-based cross-sectional study was conducted among 310 women aged 20–45 years attending the gynaecology outpatient department of AIIMS Kalyani, Eastern India. Consecutive sampling was used. Data on socio-demographic characteristics, clinical presentation, and Pap smear findings were collected. Descriptive statistics and inferential statistics were applied to identify associations between variables.

Results: Abnormal vaginal discharge was prevalent among a significant proportion of participants. AVD was commonly associated with reproductive age, parity, contraceptive. use, menstrual hygiene practices, and history of reproductive tract infections. Pap smear analysis revealed inflammatory changes, cervicovaginal infections, and premalignant epithelial lesions in a subset of women. A statistically significant association was observed between AVD and abnormal cytological findings. Simple linear regression analysis was performed to examine the association between the number of children and patient age. The model revealed a statistically significant but weak positive relationship: Age = 32.09 + 1.76 × (Number of Children) ($\beta$ = 1.76, SE = 0.57, t = 3.10, p = 0.002; 95% CI [0.64, 2.89]

Conclusion: Abnormal vaginal discharge is a common yet neglected symptom with important clinicopathological implications. Premalignant epithelial lesions such as atypical squamous cells of undetermined significance (ASCUS) and low-grade squamous intraepithelial lesions (LSIL) were detected in a subset of participants, highlighting for Strengthening awareness, importance of early screening, and etiological diagnosis is essential for effective reproductive health care.

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**Respectful maternity care and maternal satisfaction with childbirth services**

Respectful Maternity Care (RMC) is essential for improving maternal outcomes, mental well-being, and mother–infant bonding. While most Indian studies focus on service availability, quantitative evidence on RMC and maternal satisfaction remains limited. This study assessed the level of RMC and maternal satisfaction with childbirth services among postnatal mothers in a tertiary care hospital in Western Rajasthan. This study aimed to assess the level of Respectful Maternity Care and maternal satisfaction with childbirth services among postnatal mothers at a tertiary care hospital and to determine their association with selected socio-demographic variables. A cross-sectional study was conducted among 100 postnatal mothers at AIIMS, Jodhpur, selected through convenience sampling. Mothers who delivered by normal or assisted vaginal delivery and received at least two days of postnatal care were included. Data were collected using a socio-demographic questionnaire, the Person-Centred Maternity Care (PCMC) scale, and the Hindi version of the Scale for Measuring Maternal Satisfaction (SMMS). The mean age of participants was 25.87 ± 4.49 years. The overall PCMC mean score was 69.24 ± 4.38, with the highest scores in dignity and respect and the lowest in supportive care. No physical abuse or informal payments were reported, though 89% perceived waiting time as long. All mothers expressed overall satisfaction, with highest satisfaction for informed consent and lowest for labour pain management. Gender of the baby and postnatal day showed significant associations with RMC, while correlation between RMC and maternal satisfaction was weak and not significant. The findings of the study reported that all the postnatal mothers were satisfied with the overall childbirth experience. However, efforts could be made to decrease the waiting time and improve management of labour pain. Further investigation may examine how to improve these areas and raise the standard of care given to postnatal mothers as a whole.

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**Knowledge and attitude regarding stroke among hypertensive patients in selected rural communities**

Introduction: Stroke is the second leading cause of death worldwide, with ~70 % of cases occurring in low- and middle-income countries. Uncontrolled hypertension—often undiagnosed or poorly managed—is the most important modifiable risk factor. Rural populations bear a disproportionate burden of hypertension-related complications despite a higher overall prevalence of hypertension in urban areas, leading to a rising incidence of stroke in these settings. Objectives To assess the level of knowledge and the attitudes toward stroke among hypertensive patients residing in selected rural communities and to identify gaps that may inform targeted educational interventions.

Methods: A descriptive, cross-sectional study was conducted in several rural villages. Adults with a physician-diagnosed hypertension who were on regular antihypertensive therapy comprised the target population. Systematic sampling was used to recruit participants (sample size ≈ 150). Data were collected via a structured questionnaire covering basic stroke knowledge, perceived risk, and preventive behaviours, complemented by an attitude scale. Ethical approval was obtained, informed consent was secured, and confidentiality was maintained. Descriptive statistics (frequencies, percentages) and chi-square tests examined associations between knowledge levels and attitudes. After data collection, a health-talk session was delivered to the participants.

Results: Overall, 78 % of respondents demonstrated average knowledge of stroke, 12 % had poor knowledge, and 9 % possessed good knowledge. Attitude scores were generally positive, but knowledge gaps persisted, especially regarding early warning signs and the importance of medication adherence. A modest but significant correlation was observed between higher knowledge scores and more proactive attitudes ($p < 0.05$).

Conclusion: While a baseline awareness of stroke exists among hypertensive patients in rural areas, substantial misconceptions remain. Targeted, culturally appropriate education—emphasizing risk factor control, early symptom recognition, and consistent medication use—is essential to reduce stroke incidence.

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**e-Learning versus modular learning related to integrated sexual and reproductive health**

Background: Maternal health is not just a national issue but a global concern linked to development, climate resilience, humanitarian response, and social justice. Improving maternal health requires ing broader systems affecting women's lives. Many women face chronic health problems while managing work and family, highlighting the need to prioritise their health for stronger families and societies. In India, sexual disorders affect 21.2% of males and 15.8% of females, mainly due to low awareness and stigma. Strengthening education on sexual and reproductive health is crucial to improve overall well-being.

Materials and Methods: A quasi-experimental pretest-post-test study was conducted with 68 nursing students divided into E-learning and Modular learning groups. The E-learning group used a UNFPA online module, while the Modular group received the same content in printed form. Knowledge and decision-making ability were assessed using structured questionnaires, and satisfaction was measured using a rating scale. The four-day intervention was followed by a post-test after 15 days. Data were analysed using SPSS 20 with Chi-square, t-tests, and ANOVA, considering $p < 0.05$ as significant.

Results: Post-test knowledge scores were similar between E-learning (20.06 ± 3.95) and Modular learning (20.79 ± 3.59) groups. Decision-making ability scores were also comparable E-learning (12.81 ± 2.46) and Modular (12.36 ± 2.88). No significant differences were found ($p > 0.05$). Both methods showed significant improvements in knowledge and decision-making, with equal satisfaction among students.

Conclusion: E-learning and Modular learning were equally effective in improving nursing students' knowledge, decision-making abilities, and satisfaction in Integrated Sexual and Reproductive Health.

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**Digital versus conventional teaching for obstetrical emergencies management: knowledge, decision-making, and competency**

Background: Obstetrical emergencies are potentially fatal conditions occurring during pregnancy, and labour. Midwives often lack adequate skills in the identification and initial management of these emergencies. Literature indicates that nursing professionals face difficulty in translating theoretical knowledge into clinical practice, highlighting the need for effective educational strategies in obstetrical emergency management. Objectives: To evaluate the effectiveness of an e-learning programme and conventional teaching method on the management of obstetrical emergencies in terms of knowledge, decision-making ability, and competency among nursing students.

Methodology: A quantitative research approach with a quasi-experimental, non-equivalent control group pre-test and post-test design was adopted. A total of 362 nursing students were selected through multistage sampling from nursing colleges of Haryana, Punjab, and Himachal Pradesh. Participants were divided into an experimental group (n=207) and a comparison group (n=155). Data were collected using a structured knowledge questionnaire, decision-making ability questionnaire, competency assessment, and acceptability and utility opinionnaire through self-report and observation techniques. Pre-test was conducted on Day 1. The e-learning programme was administered from Day 2–4, followed by post-test 1 on Day 15 and post-test 2 on Day 52.

Results: A statistically significant improvement in knowledge was observed in the experimental group at post-test 1 ($t=6.39$; $p=0.001$*) and post-test 2 ($t=3.73$; $p=0.001$*). Significant differences in mean decision-making ability scores across three time points were found in both experimental ('F'=76.12, $p=0.001$*) and comparison groups ('F'=25.96, $p=0.01$*). Mean competency

scores also showed statistically significant improvement in the experimental ('F'=476.12, p=0.001*) and comparison groups ('F'=621.40, p=0.001*). Significant positive correlations were found between pre-test knowledge and competency (p=0.05) and between pre-test knowledge and decision-making ability (p=0.001) in both groups.

Conclusion: E-learning programme and conventional teaching method were effective in improving knowledge, decision-making ability, and competency in the management of obstetrical emergencies among nursing students, with high acceptability of the e-learning programme

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**A study to assess the developmental status of toddlers using the Denver Developmental Screening Test in selected hospitals**

Introduction: Early childhood development is a crucial stage that shapes future learning and growth, and any delays can impact cognitive, motor, language, and social skills. The Denver Developmental Screening Test (DDST) is commonly used to assess milestones in children up to six years, enabling early detection of potential delays. Timely identification allows interventions that improve developmental outcomes. Objective: The study aimed to assess the developmental status of toddlers using the DDST at MMIMS&R Hospital, Mullana, Ambala.

Methodology: A descriptive research design was adopted. The study was conducted in the Paediatric OPD and Paediatric Medicine Ward of MMIMS&R Hospital, Mullana, Ambala, Haryana. A total of 110 toddlers aged 1–3 years were selected using purposive sampling. Data collection tools included a self-structured socio-demographic questionnaire and the DDST Performa. Descriptive statistics (mean, median, standard deviation, frequency, percentage) and inferential statistics (Chi-square test) were used to analyze the data.

Results: The majority of toddlers were aged 20–27 months (38.2%), and males slightly outnumbered females (52.7%). Most were term-born (81.8%) and had normal birth weight (83.6%). DDST domain analysis showed highest performance in Gross Motor (mean 15.1 ± 1.9) and Personal–Social (14.2 ± 2.1), whereas the Language domain had the lowest mean (12.9 ± 2.8) with greater variability. Overall, 23% of toddlers showed suspected developmental delay. Chi-square analysis revealed significant associations between developmental status and gestational age (p = 0.02), birth weight (p = 0.04), and caregiver education (p = 0.01). Other demographic variables showed no significant association.

Conclusion: It concluded that routine DDST screening and active caregiver involvement in fostering healthy early childhood development.

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**Evaluating the effectiveness of neonatal resuscitation program in enhancing competency among nursing students**

Introduction: Neonatal resuscitation is a critical procedure to save newborns with respiratory or cardiac distress. Major causes include fetal distress, meconium aspiration, prematurity, and obstetric complications. Timely intervention within four to six minutes is essential to prevent brain damage or death. Nursing students require proper training, and structured programs significantly enhance their competency and emergency preparedness.

Objective: The study aimed to evaluate the effectiveness of Neonatal Resuscitation Program (NRP) training in enhancing competency among nursing students.

Materials and Methodology: A descriptive research design was adopted. The study was conducted among 80 nursing students selected through convenience sampling at M.M. College of Nursing, Mullana, Ambala. Tools included a structured knowledge questionnaire and a competency checklist for return demonstration. Pre-test and post-test assessments evaluated knowledge and practice. Statistical analysis used descriptive statistics (frequency, percentage, mean, standard deviation) and inferential statistics (paired t-test, chi-square test).

Results: The study revealed that the Pre-test assessment of 80 nursing students revealed that 76 (95%) demonstrated inadequate knowledge, 4 (5%) had moderate knowledge, and none achieved adequate knowledge regarding neonatal resuscitation. In terms of practice, the majority of students were unable to perform resuscitation skills effectively, with low baseline scores reflecting limited competency in airway management, chest compressions, and use of resuscitation equipment. Following the Neonatal Resuscitation Program (NRP) training, post-test findings indicated a substantial improvement. 40 students (50%) achieved adequate knowledge, 32 (40%) demonstrated moderate knowledge, and only 8 (10%) remained inadequate. Practice scores also showed marked enhancement: a majority of students were able to correctly demonstrate essential resuscitation steps, including effective ventilation techniques, appropriate chest compression ratios, and timely initiation of interventions. Statistical analysis confirmed a significant difference between pre-test and post-test scores in both knowledge and practice ($p < 0.05$), underscoring the effectiveness of NRP training in enhancing competency. Improvements were evident across both theoretical understanding and practical skill domains, with mean post-test scores significantly higher than pre-test scores. No significant association was found between demographic variables (age, gender, year of study) and competency outcomes. However, the source of information and professional qualification showed significant associations with knowledge and practice improvements, suggesting that prior exposure to neonatal care concepts may influence training outcomes

Conclusion: NRP training was highly effective in enhancing competency. Structured teaching and simulation-based practice improved knowledge, skills, and confidence. Incorporating NRP training into nursing curriculum is strongly recommended to strengthen emergency preparedness and improve neonatal outcomes.

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**Assessment of stress, coping strategies, and sense of competence among parents of hospitalised children**

Background: Hospitalization of a child is a stressful event that can significantly affect parents, leading to anxiety, guilt and reduced caregiving capacity. Parental stress may also negatively influence the child's well-being, while coping strategies and perceived competence play a crucial role in managing these challenges. Aim: To assess the level of stress, coping strategies and sense of competence among parents of hospitalized children.

Methods: A descriptive study was conducted at MMIMS&R Super-specialty Hospitals, Mullana, Ambala, Haryana. Using convenience sampling, 83 parents of hospitalized children were recruited. Data were collected through standardized tools: Parental Stress Scale, Coping Health Inventory Scale, and Parental Sense of Competence Scale and analysed using descriptive and inferential statistics by SPSS Version 20.

Results: Most parents (77.1%) reported moderate stress, with a mean score of 39.04 ± 5.54. Coping ability was high (mean 101.19 ± 8.77), and parental competence was strong (mean 77.92 ± 4.46), with high satisfaction (97.6%) and efficacy (80.7%). Stress was negatively correlated with coping ($r = -0.34$, $p < 0.05$) and competence ($r = -0.37$, $p < 0.05$), while coping was positively correlated with competence ($r = 0.31$, $p < 0.05$).

Conclusion: Parents of hospitalized children experience moderate stress, particularly mothers, which intensifies with repeated or prolonged hospitalizations and chronic illness. Effective coping strategies and family support enhance parental competence, enabling parents to maintain confidence and satisfaction in their caregiving role despite challenges.

### 50. Ms Monika Justa, India (Poster)

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**Menstruation, emotions and eating: exploring the link between cycle phase and emotional food intake**

Background: Menstruation and stress during menstruation are prevalent among female nursing students. These factors often influence emotional eating patterns, which are increasingly common in today's generation.

Aim: To assess the correlation between stress levels and emotional eating during menstruation among female nursing students at a selected nursing college in Mullana, Ambala.

Material and Methods: A quantitative research approach with a descriptive design was used. Data were collected from 220 female nursing students using a questionnaire, through convenient sampling.

Results: The study found that 67.1% of participants experienced moderate stress, and 43.2% exhibited mild emotional eating tendencies. The majority had regular cycles (77%) and moderate bleeding (78.8%). A weak negative correlation (-0.190, $p < 0.05$) was observed between perceived stress and emotional eating.

Conclusion: Stress and emotional eating are significant issues among nursing students. Higher stress levels were associated with emotional eating, especially cravings for high-calorie and sugary foods. Addressing stress and eating habits during menstruation is essential for improving students' overall well-being.

### 51. Ms Monika Justa, India (Oral)
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**Disaster risk perception and preparedness: a correlational analysis of hospital nurses**

Introduction: Nurses serve as frontline responders during disasters, and their risk perception significantly influences their level of disaster preparedness and patient safety. In disaster-prone regions such as Haryana, India, assessing nurses' risk perception and preparedness is essential to strengthen hospital disaster management.

Methods: A quantitative descriptive research design was adopted. The study was conducted among 150 hospital nurses working at MMIMSR, Mullana, Ambala, selected using convenience sampling technique. Data were collected using structured questionnaires to assess risk perception and disaster preparedness. Descriptive statistics and Pearson's correlation test were used for data analysis.

Results: The findings revealed that 82.0% of nurses had a high level of risk perception, while 84.9% demonstrated high disaster preparedness. The mean disaster preparedness score was 191.27 ± 11.49. A statistically significant moderate positive correlation was observed between risk perception and disaster preparedness ($r = 0.411$, $p < 0.05$).

Discussion: The study indicates that increased risk perception among nurses is associated with higher disaster preparedness. Regular disaster training, mock drills, and continuous education programs are recommended to further enhance nurses' preparedness and strengthen hospital disaster response systems.

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**Effectiveness of a nurse-led home- based diabetes management programme on glycaemic control and quality of life among people living with diabetes**

Non-communicable diseases (NCDs), including diabetes, are slow-progressing illnesses that pose a major global public health challenge. Current strategies emphasize prevention through health education, promotion of healthy lifestyles, early detection, equitable access to quality healthcare, research, and multisectoral collaboration. This randomized controlled trial evaluated the effectiveness of a Nurse-led Home-Based Diabetes Management Program (N-HBDMP) in improving glycaemic control (GC) and quality of life (QOL) among people living with diabetes (PLD). Ethical clearance was obtained from MMDU, Mullana, Ambala, and was registered with the CTRI. Participants were recruited from HWC of CHC Barara and the Medicine OPD of MMIMS&R, Mullana. Following a 16.25% attrition rate, 134 PLD completed the study. Data were collected through structured interviews at baseline, day 120, and day 240 using standardized tools to assess GC (BMI, average blood pressure, HbA1c, RBS), diabetes symptoms (DSC-R), diabetes self-management (DSMQ-1 and DSMQ-2), and QOL (QOLID). Non-parametric tests were applied due to non-normal baseline data distribution. Baseline characteristics showed that participants in both experimental (EG) and control groups (CG) were predominantly female (72.06% and 75.76%), aged 50–60 years (41.18% and 50.00%; mean age 54.2 years), married, Hindu, and largely from upper-lower socioeconomic strata. After 240 days, the EG demonstrated significant improvements ($p<0.001$) in BMI (27.25 to 26.62 kg/m$^2$; $\chi^2=56.3$), average blood pressure (104.3 to 102.5 mmHg; $\chi^2=45.4$), HbA1c (8.1% to 7.4%; $\chi^2=40.18$), and RBS (222.5 to 200.0 mg/dl; $\chi^2=18.9$). Significant gains were also noted in diabetes self-management (DSMQ-1 $\chi^2=20.2$; DSMQ-2 $\chi^2=118.5$), reduction in symptoms

($\chi^2$=106.1), and QOL (47.15 to 70.90; $\chi^2$=39.3). Although the CG showed modest but significant improvements ($p<0.05$), the EG achieved superior clinical outcomes, including greater improvement in QOL (+50.4%), DSMQ-1 (+33.2%), and greater reductions in HbA1c (–8.6%) and diabetes symptoms (–51.9%). These findings confirm the effectiveness of N-HBDMP in enhancing diabetes management and overall quality of life among PLD.

### 55. Ms Somya Yadav, India (Poster)

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**To assess the attitude and perception of nursing students towards mental illness**

Introduction: Mental illness remains a global health challenge, often accompanied by stigma and misconceptions that hinder effective care. Nursing students, as future healthcare providers, play a pivotal role in shaping mental health services. Their attitudes and perceptions directly influence patient advocacy, quality of care, and recovery outcomes. Assessing these perspectives is essential to identify gaps in knowledge, reduce stigma, and strengthen nursing education for compassionate practice.

Aim: The present study aimed to assess the attitude and perception of nursing students toward mental illness.

Materials and Methods: A quantitative research approach with a non-experimental survey design was adopted. Data were collected from 121 nursing students of M.M. College of Nursing, Ambala, Haryana, using a convenient sampling technique. Responses were obtained through self-report using the Mental Illness Clinicians' Attitude Scale (MICA-4). Data were tabulated and analyzed using descriptive and inferential statistics.

Results: The majority of participants were aged 18–23 years (97.6%), predominantly female (62%), Hindu (76%), and from nuclear families (78.5%). Over half (52.1%) belonged to rural areas, with most residing as paying guests (34.7%) or in hostels (33.1%). A large proportion (76%) had prior exposure through clinical placements, while only 3.3% reported a family history of psychiatric illness. Based on the MICA-4 scale, 57.9% of students demonstrated negative attitudes toward mental illness, whereas 42.1% showed positive attitudes. The mean score for negative attitudes was 1.16 ± 0.992 compared to 0.42 ± 0.469 for positive attitudes. Significant associations were found between attitudes and gender ($p = 0.041$) as well as father's education ($p = 0.034$), while other demographic variables were not associated.

Conclusion: The study revealed that more than half of nursing students held negative attitudes toward mental illness despite prior psychiatric exposure. Gender and father's education significantly influenced attitudes, highlighting the need for targeted educational interventions to foster empathy, reduce stigma, and promote holistic mental health care.

### 56. Ms Sunali Sharma, India (Oral)

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**Knowledge, perception, and readiness for menarche among early adolescent girls**

Background: Menarche, the first menstrual bleeding, marks the onset of reproductive capability and is shaped by genetic, nutritional, environmental, and socio-demographic factors. Its timing has major health implications—early menarche links to metabolic and mental health risks, while delayed menarche may indicate illness or deficiencies. Shifts like urbanization, diet, and climate change are influencing age at menarche globally. Awareness of menstruation before menarche is now proposed as a key global indicator for adolescent health, though uptake remains limited.

Aim: The present study aimed to assess the knowledge, perception, and psychosocial preparedness for menarche among early adolescent girls. Materials and Methods: The study used a quantitative descriptive design with 100 purposively selected adolescent girls. Data were gathered through a knowledge questionnaire, Likert scale, and psychosocial checklist, then analysed using descriptive and inferential statistics in SPSS-21.

Results: The findings revealed that majority of adolescent girls showed average knowledge, neutral perception, and moderate psychosocial preparedness. A positive correlation existed between perception and preparedness ($p = 0.019$). Class was significantly associated with knowledge and information source, but no other demographic links were found.

Conclusion: The study revealed that while most early adolescent girls possessed an average level of knowledge regarding menarche, their perception remained largely neutral and their psychosocial preparedness was only moderate. These findings underscore the need for "structured, age-appropriate educational programs and supportive counselling within school settings" to enhance positive perception, strengthen psychosocial preparedness, and promote healthy menstrual adaptation among early adolescent girls.

### 57. Mrs Madhuchanda Choudhury, India (Oral)

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**A mixed-method study on reflections and contributing factors among unsuccessful nursing students**

Poor academic performance in universities is a worrying issue. Academic failure among nursing students often arise from a complex interaction of academic, personal, and emotional factors. Unsuccessful nursing students may face learning difficulties, examination stress, lack of confidence, and limited support, yet their perspectives are frequently overlooked. A mixed-methods research approach with a convergent parallel design was adopted to explore the contributing factors to academic failure and to understand the personal reflections of unsuccessful nursing students in selected colleges of Mullana, Ambala. 31 students were selected using Purposive sampling technique. The data were collected through record analysis and interview technique by using sample characteristics Performa, Reflection assessing tool, and failure rating scale The quantitative phase assessed academic, personal, and institutional factors associated with unsuccessful performance, while the qualitative phase explored students' reflections through in-depth interviews. Integration of findings revealed that Most of the students reflect their most contributing factors for failure was too much assignment (45.16) in failure assessing scale. The major themes emerged from qualitative data were School of misery, Academic difficulties, Lack of vision, plan &execution-threefold mantra of students, Friendship, Blessings or curse? Our own world, Managing expectation, Miscellaneous. Giving voice to students' experiences highlights the need for empathetic, student-cantered academic and psychosocial support systems. The findings can guide nursing educators and institutions in developing targeted interventions to improve academic outcomes and promote student well-being.

### 58. Ms Sonia V, India (Poster)

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**Assessing the effectiveness of a self enhancement programme on health behaviour among older adults**

Objectives: The aim of the study to assess the effectiveness of self enhancement programme on health behaviour among elderly and to find out the association of health behaviour among elderly with their selected variables.

Material and Methodology: A quasi-experimental one-group pre-test post-test design was used with 62 older adults from rural areas of Mullana, Ambala, Haryana, selected through purposive sampling technique. Data were collected using the Geriatric Health Behaviour Questionnaire (GHBQ). A pre-test was conducted on Day 1, followed by a Self-Enhancement Programme from Day 2–4, and post-tests on Day 15 and Day 30. Reliability of the tool was established using Cronbach's alpha. Data were analysed using parametric tests in SPSS version 20.

Results: The study finding showed that most of the elderly (64.5%) were having poor health behaviour before administration of self enhancement programme. After administration of self enhancement programme more than half of the elderly (64.5%) and (79.1%) were having good health behaviour in post-test I and post-test II respectively. The mean health behaviour score during pre -test (day1), post-test I(15th day), post-test II(30th day) after the administration of self enhancement programme was 5.50±1.96, 11.08±1.51, 12.02±1.31 respectively. The difference in mean health behaviour score at 3 point of time was found to be statistically significant (F=478.33, P=0.001) at 0.05 level of significance.

Conclusion: Findings of this study concluded that Self Enhancement Programme was effective in improving health behaviour among elderly as there was a significant increase in health behaviour score after the administration of self enhancement programme.

59. Dr Sudhir Gupta, India (Poster)
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**A descriptive study to assess the quality of life and coping strategies among cancer patients**

Background: Cancer affects not only the physical body but also the psychological, social, and spiritual well-being of patients. For many individuals, receiving a cancer diagnosis is one of the most traumatic life events. Patients often experience overwhelming fear, anxiety, depression, loss of control, helplessness, hopelessness, and uncertainty about the future. These emotional disturbances are further intensified by physical symptoms and treatment side effects such as severe fatigue, pain, nausea, vomiting, hair loss, weight changes, altered body image, infertility concerns, and disfigurement. Such challenges disrupt family dynamics, affect employment and economic stability, strain interpersonal relationships, and impact day-to-day functioning The present study aim assessing quality of life and coping strategies among cancer patients. In present study Quantitative research approach was used.

Material and Method: The research approach adopted for the study was Quantitative research. The study was conducted in MMIMSR Hospital, MM University, Mullana, Ambala. The tool used for the data collection were structured questionnaire to assess the quality of life and coping strategies among cancer patients. Total 100 cancer patients were observed during data collection. The data were analysed using both descriptive and inferential statistics.

Results: The finding of the study were The Mean Quality of Life and Coping Strategies score of cancer patients was 52.4±8.6. Cancer patients had Average level (70%) of quality of life and coping strategies followed by good level (30%).

Conclusion: The finding of the study revealed that the cancer patients had average level of quality of life and coping strategies.

60. Dr Sanjay Mallappa Peerapur, India (Oral and Poster)
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**AI micro-credentials for faculty leadership in competency-based nursing education**

Background: As per records of the Indian Nursing Council, India has 5,253 nursing institutions (809 government & 4,444 private institutions), producing approximately 3.87 lakh nursing personnel annually. Although regulatory reforms introduced by the Indian Nursing Council, such as the transition to a semester based, competency focused curriculum and revised evaluation methods have strengthened the policy framework, uniform implementation across institutions remains a challenge & inconsistent. The challenge lies not in the absence of curricular guidance, but the lack of structured, continuous mechanisms that support faculty in translating syllabus directives into consistent classroom, clinical and evaluation practices.

Purpose: To propose a practical, leadership-oriented model using artificial intelligence to strengthen faculty capacity for effective and uniform implementation of competency-based nursing education.

Proposed Plan: An AI-enabled Faculty Micro-Credential Platform is proposed to provide focused, skill-based certification for nursing educators. Unlike syllabus recommendations that describe what should be taught, this platform operationalizes how reforms are implemented through short, outcome-driven micro-credentials in competency-based teaching, OSCE-station design, assessment blueprinting, clinical-evaluation using rubrics and reflective-supervision. AI-guided tools will assist faculty in converting syllabus outcomes into structured lesson plans, skill-lab sequences and standardised assessment tools. Completion of each micro-credential will demonstrate implementation readiness and position faculty as academic leaders responsible for educational quality and curriculum fidelity.

Expected Impact: This model is expected to reduce reliance on one-time workshops, minimise time and cost barriers and promote consistency in teaching and assessment practices across institutions thereby supporting uniform competency development among nursing students.

Conclusion: Curriculum reforms define educational intent, but academic leadership determines educational outcome. Preparing future-ready nurses requires empowering faculty with practical leadership tools supported by scalable technologies. AI-supported micro-credentialing offers a feasible and sustainable pathway to strengthen faculty leadership and improve the quality of competency-based nursing education.

### 61. Ms Neetu P B, India (Poster)

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**Assessment of nurses' knowledge on paediatric early warning score**

Background: Pediatric Early Warning Scores (PEWS) are clinical tools designed to facilitate early identification of clinical deterioration in pediatric patients by monitoring vital parameters related to behaviour, cardiovascular, and respiratory status. Although survival rates in pediatric oncology have improved due to early diagnosis and advanced treatments, timely recognition of deterioration remains critical in tertiary cancer care settings.

Aim: To assess nurses' knowledge of Pediatric Early Warning Score and explore factors influencing its use in a tertiary cancer hospital. Objectives: To determine the level of knowledge among nurses regarding PEWS in a tertiary cancer hospital.

Methods: A cross-sectional descriptive study was conducted among nurses at Tata Memorial Hospital. Data were collected over four weeks using a validated structured questionnaire administered through a Google Form. Participants were given 20 minutes to complete the questionnaire. Content validity was established by seven clinical research experts. Data were analysed descriptively.

Results: Data were obtained from 68 nurses, with female nurses constituting 95.6%. Nearly half of the participants (47.1%) were above 36 years of age. Knowledge regarding age-appropriate normal values of weight, respiratory rate, oxygen saturation, blood pressure, heart rate, and body temperature across pediatric age groups (0–11 months, 1–4 years, and 5–12 years) was generally adequate. Nurses demonstrated better understanding of normal respiratory rates and oxygen saturation parameters, indicating familiarity with core PEWS components.

Conclusion: The findings suggest that nurses possess satisfactory knowledge of the Pediatric Early Warning Score system. PEWS can be effectively implemented in busy tertiary care oncology settings to support early detection of clinical deterioration. However, PEWS should be used in conjunction with clinical judgment and additional variables. Ongoing education and reinforcement may further strengthen effective utilization of PEWS in pediatric oncology care.

### 62. Dr Tarika Sharma, India (Oral)

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**Randomized controlled trial of a nurse-led virtual clinic improving quality of life in cirrhosis**

Introduction: Liver cirrhosis is a chronic, progressive condition that constitutes a major global health burden and markedly impairs patients' quality of life (QoL). The disease course ranges from compensated to decompensated stages, with progressively worsening physical, psychological, and social functioning. Given the demonstrated benefits of nurse-led interventions in chronic disease management, this study aimed to evaluate the effectiveness of a Nurse-Led Virtual Liver Cirrhosis Clinic (NLVLCC) on the quality of life of patients with liver cirrhosis.

Methodology: A randomized controlled trial (RCT) was conducted among 90 patients with liver cirrhosis, allocated in a 2:1 ratio to the experimental group (n=60) and control group (n=30). Participants in the experimental group received care through the NLVLCC, which included structured patient education, dietary counseling, psychological support, brief intervention for alcohol use, physical activity guidance, and scheduled virtual follow-ups. The control group received standard care. Quality of life was assessed using the Chronic Liver Disease Questionnaire (CLDQ).

Results: Patients receiving NLVLCC demonstrated a statistically significant improvement in overall QoL compared to those receiving standard care ($p<0.001$; Cohen's $d=0.538$). Significant improvements were observed across all QoL domains—abdominal symptoms, fatigue, systemic symptoms, activity, emotional function, and worry—in the experimental group compared to the control group ($p<0.001$). The mean QoL score in the experimental group increased significantly from pretest ($3.69 \pm 0.82$) to post-test ($5.35 \pm 0.31$), whereas the control group showed a decline from pretest ($3.82 \pm 1.01$) to post-test ($3.64 \pm 0.82$).

Conclusion: The Nurse-Led Virtual Liver Cirrhosis Clinic was effective in significantly enhancing the quality of life of patients with liver cirrhosis. These findings underscore the value of nurse-led, technology-enabled hepatology services in delivering patient-centred, evidence-based care and support their integration into routine clinical practice and health policy frameworks.

63. Mrs Shantilata Mishal, India (Poster)
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**Strengthening nursing care quality through leadership, training, infection control, and national accreditation driven practices**

Quality nursing care is fundamental to patient safety and positive health outcomes. Secondary care hospitals often face challenges such as limited workforce, varying competency levels, infection control gaps, and difficulties in sustaining accreditation standards. Strong nursing leadership supported by structured training programs and NABH-aligned practices is essential to these challenges. This quality improvement initiative aimed to strengthen nursing care quality through leadership, continuous staff training, infection control measures, and integration of NABH standards in a secondary care hospital in India. A structured nursing improvement program was implemented under the leadership of the Nursing Superintendent. Key interventions included regular supervisory rounds, competency-based staff training, infection control audits, hand hygiene monitoring, implementation of NABH-aligned standard operating procedures, and continuous mentoring of nursing supervisors. Monitoring was carried out through internal audits, compliance checklists, and supportive feedback mechanisms. Following implementation, notable improvements were observed in nursing documentation practices, adherence to infection control protocols, and hand hygiene compliance. Nursing staff demonstrated improved understanding of NABH standards, increased confidence, accountability, and teamwork. Internal audit findings and patient safety indicators showed consistent positive trends over time. The initiative highlights that effective nursing leadership combined with continuous training, infection control monitoring, and NABH-driven practices significantly enhances nursing care quality. This model is practical, sustainable, and cost-effective, making it adaptable for implementation in similar secondary care hospital settings.

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**User centred app design for nurses in haematology centres**

Background: Nurses working in haematology centres provide care to patients with complex, high-risk blood disorders that require advanced clinical knowledge, continuous monitoring, and adherence to evolving treatment protocols. High patient acuity and frequent complications contribute to significant cognitive and emotional demands on nurses. User-centred mobile health applications have the potential to support nurses by improving access to clinical information, education, and point-of-care decision support.

Objective: To develop a user-centred mobile application aimed at supporting nurses working in a haematology centre by enhancing clinical decision-making, facilitating access to evidence-based guidelines, and addressing ongoing educational needs.

Method: A user-centred design approach guided the development of the mobile application. A needs assessment was conducted through a review of relevant literature and consultations with haematology nurses to identify priority clinical and educational requirements. Based on these findings, the application was designed with a focus on usability, relevance, and ease of navigation. Iterative feedback from end users was incorporated throughout the development process to refine content and functionality.

Result: The developed mobile application enabled rapid access to evidence-based clinical guidelines and educational resources specific to haematology nursing practice. User feedback indicated high usability, clinical relevance, and usefulness in supporting routine nursing activities. The application demonstrated potential to enhance nurses' confidence, support clinical decision-making, and reduce cognitive workload in the haematology care setting.

66. Mrs Vinita Pandey, India (Oral and Poster)
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**Exploring climate change and its impact on the health of vulnerable communities**

Climate change has emerged as one of the most significant global health challenges of the 21st century, disproportionately affecting vulnerable populations with limited adaptive capacity. This mini-review examines the multidimensional impacts of climate change on human health, with a special focus on India—one of the world's most climate-sensitive regions. Rising temperatures, extreme weather events, deteriorating air quality, altered rainfall patterns, and ecosystem disruptions have intensified the burden of heat-related illnesses, vector- and water-borne diseases, respiratory conditions, malnutrition, and mental health disorders. Vulnerable populations—including children, the elderly, women, low-income households, migrant workers, and residents of rural and urban-poor settings—face the highest health risks due to prevailing social, economic, and environmental inequalities. The review also highlights the emerging association between climate change and antimicrobial resistance (AMR), a growing "silent pandemic" exacerbated by increased infection rates, compromised sanitation systems, and inappropriate antibiotic use during climate-related disasters. Gender-specific impacts indicate that women experience disproportionate challenges because of caregiving responsibilities, limited access to resources, and increased exposure during climate crises. While technological innovations, such as the proposed Oxygenomanometer, may aid health monitoring and pollution awareness, sustainable mitigation requires integrated strategies. These include environmental conservation, climate-resilient healthcare systems, community empowerment, gender-sensitive policies, and strengthened global collaboration. Climate change is not merely an environmental concern but a critical public health and social justice issue, demanding urgent, compassionate, and multidisciplinary action to safeguard present and future generations.

68. Mr Nelson Nche Ngang, Cameroon (Oral and Poster)
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**A model for the care of critically ill patients in Cameroon**

The Intensive Care Unit settings in Cameroon are generally resource-constrained, with the provision of quality care to patients depending on trained medical personnel and informal carers. This work has explored the interaction of perception of the carers' experiences of the healthcare workers and the clinical characteristics of patients on the outcomes of the ICU at the Centre Hospitalier Universitaire de Yaoundé and Yaoundé General Hospital. The study population consisted of 154 carers and 37 healthcare workers, and clinical records of 164 patients using structured questionnaires and a case-data prompt form filled out by ICU staff. The mixed-methods design was used to collect specific qualitative and quantitative data on the care delivery process. The triangulation method compared and contrasted the findings. Using SPSS version 25, the critical analysis showed recognizable demographic and clinical trends in patients who were critically ill with respiratory or neurological conditions. Four factors highly influenced carer perceptions (cost burden, household socioeconomic status, quality of communication, and emotional support received), affecting their interpretation of patient outcomes. Healthcare workers identified three factors (clarity of communication, visibility of the leader, and teamwork cohesion) that greatly influenced their job satisfaction and perceived care quality. Documentary review also indicated significant lapses in clinical documentation and adherence to international best-practice guidelines. Nevertheless, overall results showed enhanced coordination, interpersonal communication, collaboration, facilitation of leadership, and integrated carer involvement. This study offers evidence-based suggestions on seven developmental areas.

69. Mrs Nafiza Aktar Anwar, United Kingdom (Oral, pre-recorded)
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**Addressing workforce inequalities and improving maternal outcomes through the Association of South Asian Midwives**

Purpose: South Asian women in the UK continue to experience disproportionate risks in maternity care, including a significantly higher incidence of stillbirth, maternal mortality: (MBRRACEUK, 2023), and obstetric anal sphincter injuries (RCM, 2021). The 2024 UK Birth Trauma Inquiry underscored systemic failures in communication, consent, and culturally safe care, particularly for marginalised communities. In response, the Association of South Asian Midwives (ASAM), alongside other

partner organisations, health professionals, charities, and women with lived experience, co-led the first South Asian Maternal Health Conference in June 2024. This abstract shares the learning from this event and its impact on tackling inequities through a collaborative, maternity-led model.

Discussion: The conference was co-designed with diverse partners and stakeholders, centring the voices of South Asian mothers, clinicians, and community leaders. Over 180 attendees ranging from midwives to policymakers engaged in workshops, panels, and storytelling to explore trauma-informed care, pelvic health, respectful communication, and inclusive service delivery. The model prioritised co-production and cultural humility, demonstrating how community voice, education, and leadership can drive system-wide change. Key discussions highlighted how stigma, lack of continuity, and underrepresentation in managing care directly contribute to poor experiences and outcomes for South Asian women.

Evidence where relevant: The 2024 Birth Trauma Inquiry (Parliament,2024) emphasised how marginalised women were often "ignored, dismissed, or dehumanised. Data from MBRRACEUK continues to show that South Asian women experience 60% higher maternal mortality rate than white women. Evaluations from the conference showed improved health care professional confidence in delivering culturally safe care, strengthened cross-sector collaboration, the development of new regional training and care pathways tailored to ethnic disparities.

Key message: To close the equity gap in maternity care, culturally responsive, maternity-led models grounded in lived experience must be embedded into education, leadership, and commissioning. The South Asian Maternal Health Conference offers a replicable blueprint for addressing trauma, rebuilding trust, and achieving meaningful system transformation.

### 70. Ms Nisha Newar, India (Poster)

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**Reconciliation of medication counselling by pharmacists for improving outpatient adherence: a review**

Background: Medication adherence is crucial in managing chronic and acute diseases, particularly in outpatient settings. However, noncompliance remains a significant issue, leading to adverse health outcomes and increased healthcare costs. Pharmacists play a vital role in overcoming these challenges through medication counselling and reconciliation. Materials and Methods: a systematic search of relevant literature was conducted using electronic databases including PubMed, Google Scholar, Scopus, and Science direct. Articles focused solely on inpatient or hospital-based settings without outpatient follow-up.

Results: This review explores the effectiveness of pharmacist-led interventions in outpatient settings, focusing on counselling, medication reconciliation, post-discharge counselling, and their impact on adherence. Pharmacists ensure that patients understand their medications, reducing errors and improving health outcomes. Key strategies such as motivational interviewing, patient education, and technology integration contribute to enhanced adherence rates and fewer medication discrepancies.

Conclusion: Pharmacist-led medication adherence programs significantly improve patient outcomes by reducing errors, enhancing compliance, and lowering hospital readmission rates. The review highlights key strategies, challenges, and innovations that enhance pharmacist-led adherence programs.

### 71. Ms Stephy Harshal, United Kingdom (Oral)

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**Pathway to excellence: transforming nursing practice at Glenfield Hospital**

Background: Nursing practice is evolving rapidly, shaped by technological advances, workforce challenges, and expectations for high-quality care. Creating a positive practice environment that empowers nurses is essential for staff retention, wellbeing, and professional development. The Pathway to Excellence® Programme provides a framework to embed these principles in healthcare organisations.

Aim: To describe the implementation of the Pathway to Excellence® Programme at Glenfield Hospital, UK, and explore how it supports nurses in navigating modern professional challenges and shaping the future of care delivery.

Methods: A multidisciplinary Pathway Steering Group, led by nursing leadership and frontline staff, was established. Baseline assessments were conducted against the six Pathway Practice Standards. Engagement strategies included listening events, surveys, shared governance forums, and educational sessions. Evidence of practice improvements, leadership visibility, and staff empowerment was collected and analysed.

Results: Implementation strengthened nurse engagement, enhanced participation in decision-making, and expanded professional development opportunities. Nurses reported increased confidence, autonomy, and satisfaction in their roles. The initiative reinforced collaborative working, leadership presence, and alignment between organisational values and everyday practice, helping the workforce navigate the evolving healthcare landscape.

Conclusion: The Pathway to Excellence® journey at Glenfield Hospital, UK, demonstrates how structured accreditation programmes enable nurses to navigate new professional frontiers safely and successfully. By fostering empowerment, collaboration, and professional growth, the programme supports quality care, innovation, and workforce sustainability, aligning closely with global priorities in nursing and midwifery.

### 73. Ms Bashiq Saba Ajaz, India (Oral and Poster)

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**A correlation between clinical governance climate and work effectiveness among nursing officers**

Background: Clinical governance is structured framework to ensure standard quality of patient care which is transparent and accountable. Nurses as frontline providers establish perceptions regarding clinical governance climate that significantly influence their work effectiveness. To reinforce the professional role of nurses in health care systems the relationship between clinical governance climate and work effectiveness is essential to explore.

Methods: For present study quantitative correlational design, guided by Kanter's Theory of Structural Empowerment (2001), comprising 150 nursing officers selected by simple random sampling from a tertiary care hospital in Kashmir. Data were collected from October to November 2025, using Scale for Clinical Governance Climate developed by researcher and Conditions for Work Effectiveness Questionnaire (CWEQ-II) (CVI = 0.97–1; r = 0.85 and 0.89). The analysis of quantitative data included descriptive and inferential statistics using SPSS20. Open-ended responses from Scale for Clinical Governance Climate were categorized into 7 domains and analysed using descriptive statistics.

Results: Majority of nursing officers (68.18%) perceived moderate level of clinical governance climate. The barriers faced were staff shortage (89.4%), heavy workload (68.4%), and poor communication (43.4%). The suggestions included recruit more nursing staff (76.3%) regular in-service education (51.3%%), update policies (22.3%), and install health information systems (30.2%). Most (59.37%) nursing officers perceived moderate level of work effectiveness. A significantly moderate positive correlation was found between clinical governance climate and work effectiveness ($r = 0.534$, $p < 0.01$).

Conclusion: The findings indicated that positive clinical governance climate significantly increases nurse's work effectiveness. To enhance the quality of patient care in hospitals and optimize nursing performance, it is imperative to implement the principles of clinical governance in a systemic and systematic approach.

### 75. Dr Preethy Dinesan, India (Oral)

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**The effectiveness of midwife led care in terms of antenatal satisfaction among low-risk pregnant women**

Background: The Government of India recognizes that midwifery care is one of the many initiatives to improve quality care in a respectful and dignified manner. Utilization of antenatal care services depends on many factors, including the satisfaction of the care provided. Further, the quality of antenatal care dispensed to pregnant women is vital for their adherence to antenatal schedules and compliance. Hence, midwives must assess the satisfaction of pregnant women regarding their care they received.

Objectives To assess the effectiveness of midwife-led care by comparing the antenatal satisfaction between the midwife-led care group and the study group.

Methods: Post test only control group design was used for the study. Study participants were recruited and allocated to the midwife-led care group and the routine care group, 50 each by purposive sampling. The researcher and the team of trained midwives provided care to the study group participants. It included Screening for high-risk cases, Antenatal assessment and need based care, Empowerment through Antenatal education, and Birth preparedness. The antenatal satisfaction was assessed in 36 weeks of gestation. The collected data was coded in an Excel sheet and analysed using SPSS IBM version 23.

Results: The Midwife-Led Care group reported a higher mean satisfaction score 80.66 ± 2.544, as compared to the Routine Care group of 48.26 ± 3.225. The mean difference between both groups is 32.4, with a 95% confidence interval ranging from 31.25 to 33.55 was statistically significant; $t(98) = 55.772$ and $p<0.001$. Additionally, the effect size, indicated by Cohen's $d = 2.904$ suggests a very large effect. Thus, it can be inferred that midwifery-led care provides a more satisfying antenatal experience compared to routine care.

Conclusions: Midwife led care aims to provide pregnant women with respectful individualized, person-centred care at every contact, which makes antenatal care more satisfied.

### 76. Mrs Leena Pravil John, India (Oral)
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**Enhancing post-discharge parental competence in the care of at-risk neonates**

Background: Parents of at-risk neonates often face challenges in providing effective home-based care after hospital discharge due to inadequate knowledge, poor decision-making ability, and insufficient caregiving skills. Structured, nurse-led discharge education may improve parental preparedness and continuity of neonatal care. Objectives: The study aimed to evaluate the effectiveness of a structured Parental Discharge Education Program on parental insights, decision-making ability, and caregiving skills among parents of at-risk neonates.

Methods: A quasi-experimental design with experimental and comparison groups was adopted. Sixty parents of at-risk neonates were selected using non-probability sampling from selected hospitals. The experimental group received a structured Parental Discharge Education Program, while the comparison group received routine discharge care. Data were collected at three points: pre-test, post-test at discharge, and post-test at day 15 after discharge, using structured assessment tools. Statistical analysis included descriptive statistics, independent t tests, repeated measures ANOVA, correlation, and one-way ANOVA.

Results: The mean pre-test parental insight scores were comparable between the experimental (10.60 ± 3.60) and comparison (10.10 ± 3.76) groups. Following the intervention, significant improvement was observed in the experimental group at discharge (14.30 ± 3.13) and day 15 (15.33 ± 2.77) ($p < 0.001$). Decision-making ability improved from a pre-test mean of 7.56 ± 2.26 to 9.93 ± 1.68 at day 15 ($p < 0.001$). Caregiving skills also showed marked improvement from 18.80 ± 4.35 at pre-test to 27.33 ± 4.79 at day 15 ($p < 0.001$). Significant positive correlations were found among parental insights, decision-making ability, and caregiving skills.

Conclusion: The structured, nurse-led Parental Discharge Education Program was highly effective in improving parental preparedness for home-based care of at-risk neonates. Incorporation of structured discharge education into routine neonatal nursing practice is strongly recommended.

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**A study to assess prevalence of premenstrual syndrome among college going girls of selected college of Ambala, Haryana**

Background: Menopause marks the end of menstruation, derived from the Greek words "menos" (month) and "pauses" (cessation). It begins with changes in menstrual cycle length and ends with the last menstrual period. Simply put, menopause occurs when a woman's menstrual periods stop.

Aim: and Objectives The study aims to assess menopausal symptoms and health-promoting behaviours among women in a rural community, explore the relationship between these symptoms and behaviours, and examine the association with selected sociodemographic variables.

Methodology: The study, conducted in Mullana, Ambala, used a descriptive research design with 162 conveniently selected samples. Data on menopausal symptoms and health promotion behaviour were collected via self-interviews using a Google form and analysed with SPSS 16. RESULT: The research assessed menopausal symptoms and health-promoting behaviour among women in a rural community in Ambala. Key findings include: 56.1% were aged 50-60, 78.3% were Hindu, 84.5% were married, 82% had 1-2 children, 40.9% were from middle-lower families, 76.5% were postmenopausal, 52.4% had mild symptoms, and 72.8% had good health-promoting lifestyles. This study aligns with Ehab A. Abo-Alis' 2021 research on Egyptian women.

Conclusion: Findings of this study concluded that Women going through menopause experience an array of physical and mental changes. To combat the same, a few of them are implementing self-care techniques. On the other hand, there is a need for education about menopausal problem management. It is also the most ignored area. To overcome the scenario, healthcare professionals must take the necessary actions.

### 80. Professor (Dr) Soya Kattil, India (Oral)
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**Impact of holistic nursing interventions on birthing outcomes: a quasi-experimental study**

Background: While childbirth is a significant life event, the quality of intra-natal care profoundly influences maternal and neonatal outcomes. This study aimed to evaluate the effectiveness of holistic nursing interventions (HNI), grounded in Katharine Kolcaba's Theory of Comfort, on labour outcomes among women in a tertiary care setting in Kerala.

Methods: A quantitative quasi-experimental post-test-only comparison group design was employed. The intervention (HNI) comprised specialized nurse training, comprehensive maternal preparation for the labour process, and the application of audio analgesia (music therapy). Using a total enumeration sampling technique, 928 subjects (Comparison group, (n=589); Intervention group, (n=339) were recruited from Baby Memorial Hospital, Kozhikode. Data were collected via a socio-personal datasheet and a labour outcome datasheet and analysed using descriptive and inferential statistics.

Results: The intervention group demonstrated a significantly shorter mean duration of labour (150.13 ± 40.40 minutes) compared to the comparison group (190.48 ± 43.41 minutes $t=8.270$, $p < 0.001$). Implementation of HNI was associated with a reduction in patient requests for Lower Segment Caesarean Section (LSCS) ($\chi 2 = 4.330$, $p < 0.05$). Regarding neonatal outcomes, spontaneous initiation of breathing was significantly higher in the intervention group ($\chi 2 = 20.595$, $p < 0.001$). Furthermore, the mean time to initiate breastfeeding was significantly lower in the intervention group (64.53 ± 26.84) than in the comparison group (80.67 ± 55.54) ($t=5.023$, $p<0.001$).

Conclusion: Holistic nursing interventions effectively reduce labour duration, decrease maternal requests for surgical intervention, and improve neonatal transition and breastfeeding initiation. Integrating comfort-theory-based HNI into routine intranatal care can significantly enhance maternal and child health outcomes.

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**Lived experiences of neonatal nurses managing emotional challenges in NICUs**

Introduction: Neonatal Intensive Care Units (NICUs) are ethically complex environments where nurses provide highly specialized care to critically ill neonates while navigating end-of-life decisions, parental expectations, and interdisciplinary challenges. These contexts expose neonatal nurses to profound emotional challenges and moral distress. Although qualitative studies have explored such experiences, the evidence remains fragmented, warranting a systematic synthesis.

Methods: A systematic review and meta synthesis were undertaken following PRISMA 2020 guidelines. A comprehensive search was conducted in PubMed, MEDLINE, CINAHL, Embase, Scopus, and Web of Science between December 2025 and January 2026. Qualitative studies exploring neonatal nurses' lived experiences of ethical dilemmas and emotional challenges

in NICU settings were included. Reference management was performed using Mendeley, and screening was conducted in Rayyan. From 918 records identified across databases, 116 full-text articles were screened for eligibility, and 27 studies were included for analysis. Data extraction focused on study characteristics, context, participant profiles, ethical challenges, emotional experiences, coping strategies, and support systems. Methodological quality was appraised using the Joanna Briggs Institute Critical Appraisal Checklist for Qualitative Research. Data synthesis was conducted using the Braun and Clarke thematic meta-synthesis approach.

Results: The qualitative synthesis revealed that moral distress among neonatal nurses is pervasive and cumulative. Ethical conflicts between professional obligations and personal moral values were common, particularly during aggressive or potentially futile end-of-life care. Recurrent exposure to neonatal death contributed to sustained emotional, physical, and professional burden.

Discussion: These findings indicate that moral distress is not an isolated response but a systemic issue embedded within NICU structures and practices. Strengthening organizational support, staffing, education, and structured emotional support may mitigate distress and enhance both nurse well-being and the quality of end-of-life care.

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**Effectiveness of nursing intervention on psychosocial and biophysiological outcomes in diabetes mellitus**

Background: Type 2 Diabetes Mellitus (T2DM) remains a major non-communicable disease burden across Commonwealth countries, particularly in rural and resource-limited communities where sustained self-management support is inadequate. Nurses are strategically positioned within primary health care systems to deliver integrated interventions that both clinical control and psychosocial well-being.

Objective: To evaluate the effectiveness of a structured nurse-led intervention on self-care activities, diabetic distress, depression, anthropometric indicators, biophysical profiles, and quality of life among adults with T2DM in a rural community setting.

Methods: A cluster randomized controlled trial was conducted across 12 rural villages in Odisha, India, randomized equally into intervention and control groups. Adults aged 18–55 years with T2DM for more than six months and HbA1c >6.5% were enrolled. The nurse-led intervention (NIB-FAME) was implemented in two phases: Phase 1 consisted of six intensive sessions over two weeks focusing on family engagement, mindful eating, and motivational interviewing; Phase 2 provided reinforcement through home visits, interactive board games, and telephonic follow-ups. Outcomes were assessed at baseline, midline, and endline using validated tools.

Results: Participants receiving the nurse-led intervention demonstrated statistically significant improvements in quality of life across physical, psychological, social, and environmental domains ($p<0.001$). Significant positive changes were also observed in self-care behaviours, anthropometric measures, and biophysical parameters. In contrast, the control group showed limited and inconsistent improvements, primarily restricted to psychological quality of life, with overall unfavourable trends. Discussion: A structured, nurse-led, and family-centred intervention significantly enhanced diabetes self-management, psychosocial well-being, and quality of life among adults with T2DM. Integrating such nurse-led models into primary health care services offers a scalable and sustainable strategy for improving diabetes outcomes in rural and low-resource Commonwealth settings.

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**Psychological distress, dyadic coping, and quality of life among women undergoing ART treatment**

Background: Infertility affects one in six individuals worldwide and is frequently accompanied by emotional distress and a diminished sense of well-being. Women undergoing Assisted Reproductive Technology (ART) treatments often experience additional psychological strain due to the uncertainty and financial, physical, and emotional burden of the process.

Methods: A descriptive cross-sectional study was conducted among 135 infertile women attending the ART unit of a tertiary care hospital in Northern India. Data were gathered using standardized tools assessing psychological distress, dyadic coping, and quality of life. Statistical analysis was performed using SPSS software, employing descriptive and inferential statistics such as frequency, percentage, mean, standard deviation, chi-square, ANOVA, and Pearson's correlation at a 0.05 significance level.

Results: The findings revealed that most participants experienced moderate to high psychological distress (mean = 16.41 ± 7.30), while dyadic coping was moderate (mean = 18.14 ± 6.04). The mean quality of life score was 21.25 ± 8.39, indicating a moderate level of well-being. A significant negative correlation was found between psychological distress and quality of life ($r = -0.563$, $p < 0.001$). Education, type of infertility, ART procedure, medical condition, and dietary habits were significantly associated with distress levels.

Conclusion: The study highlights that psychological distress remains a critical concern for women undergoing ART, adversely affecting their quality of life. Integrating psychosocial screening and couple-based counselling into ART services is essential to promote emotional stability and treatment satisfaction.

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**Impact of nurses' emotional intelligence and selfcompassion on occupational burnout**

Background: To cope up with the stressors and to make correct decisions in critical conditions and to enhance the quality of health care services the nurses adopt measures like emotional intelligence and self-compassion.

Material and methods: A nonexperimental descriptive correlation research design was used to collect data from 450 staff nurses working in different wards of Mahatma Gandhi hospital, Jaipur, Rajasthan, from 01/08/2023 to 30/9/2023 by convenient sampling technique. The dropout rate was 4.44%. A demographic information form and three valid and reliable research questionnaires were used that is, trait emotional intelligence questionnaire short form (TEIQue-SF), self-compassion scale, and Maslach Burnout Inventory. A descriptive and Pearson correlation analysis was used.

Results: The findings showed that most of the nurses had average level of emotional intelligence (88.60%) and moderate level of self-compassion (63.95%). Majority of nurses have moderate risk for emotional exhaustion (55.58%) and depolarization (73.72%). Totally, 45.58% had high risk for personal achievement. Positive correlations were found between self-compassion-emotional intelligence ($r = 0.28$, $P < 0.01$). Negative correlations were observed between self-compassion and occupational burnout ($r = -0.33$, $P < 0.01$); and between emotional intelligence and occupational burnout ($r = -0.31$, $P < 0.01$).

Conclusions: Recommended for health policy makers and nursing managers to impart continuous training sessions for nurses to promote their emotional intelligence and self-compassion and thus reducing burnout.

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**Assessing the effectiveness of a cardiopulmonary resuscitation training program on the life-saving knowledge and skill of high school students**

Cardiovascular diseases account for about 30% of global deaths, with cases expected to rise by 2030. Immediate CPR during cardiac emergencies can improve survival; however, a lack of trained responders often leads to potentially preventable deaths. This study assessed the effectiveness of a CPR training program on the life-saving knowledge and skills of high school students in a school in Uttarakhand. A quantitative research approach with a pre-experimental one-group pretest–post-test design was used for the study. A total enumerative sampling technique was adopted. A total of 50 high school students participated in the study. Data were collected using a self-structured knowledge questionnaire and an observational checklist to assess CPR skills. Baseline data were gathered before the training program, followed by the implementation of the CPR training intervention. A post-test assessment was conducted to evaluate changes in knowledge and skill levels among the students. The study revealed a significant improvement in both knowledge and skills following the training program. The mean pretest knowledge score was 12.88 with a standard deviation of ±3.88, which increased to a mean post-test score of

20.76 with a standard deviation of ±5.40. The calculated t-value for knowledge was 10.30 with p = 0.001, indicating statistical significance. Similarly, the mean pretest skill score was 1.48 (±1.51), which increased substantially to 21.34 (±3.55) in the post-test. The calculated t-value for skill was 35.47 with p = 0.001, demonstrating a highly significant improvement. Baseline CPR knowledge and skills among high school students were inadequate, but training significantly improved their life-saving knowledge and skills, highlighting the need to include CPR education in school curricula to better prepare students for cardiac emergencies. This paper also highlights the need for a multicentric and multi-city study of a similar nature.

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**Patients heal better when nurses are respected**

Patients heal better when nurses are espected and valued as essential members of the healthcare team. Respect fosters trust, strengthens communication, and creates a supportive therapeutic environment where patients feel safe and understood. When nurses are acknowledged for their dedication, clinical expertise, and compassionate care, they are empowered to perform at their highest potential. This positive professional atmosphere not only enhances the quality of care but also contributes significantly to faster recovery, improved patient outcomes, and overall well-being. A respectful relationship between patients and nurses builds trust. When patients trust their nurses, they are more likely to share their concerns, follow instructions, and cooperate with treatment plans. This leads to better patient outcomes and faster recovery. Respect also improves communication, which is essential for safe and effective care. Clear communication helps in early identification of problems and timely interventions. On the other hand, lack of respect can lead to stress, burnout, and reduced job satisfaction among nurses. This may affect the quality of care provided to patients. When nurses feel valued and appreciated, they are more compassionate, patient, and dedicated to their work. A positive work environment encourages teamwork and coordination among healthcare professionals, which is beneficial for patient care. Respect can be shown in simple ways, such as polite communication, listening to nurses' opinions, and acknowledging their hard work. Hospitals and healthcare organizations should promote a culture of respect and support for nurses. Respecting nurses is not only a moral responsibility but also a key factor in improving patient healing. A respectful environment enhances nurse performance, strengthens patient-nurse relationships, and ultimately leads to better health outcomes.

### 89. Ms Taniya Mondal, India (Oral)
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**Women empowerment: in terms of education, financial independence and decision making on reproductive health**

This study conducted in February, 2024 aims to assess women's empowerment in a selected community of Darjeeling District, focusing on empowerment in terms of education, financial independence, and decision-making regarding reproductive health among 140 married women. Employing a quantitative approach and descriptive design, the research investigates the current status of women's empowerment in these three key areas. The conceptual framework was developed based on Naila Kabeer's 'Three-factor model'. Non-probability convenient sampling technique was adopted to select the samples from the Matigara Block. Semi-structured interview schedule was used to collect the demographic data and structured 3-point Likert scale was used to assess the level of empowerment among the married women. Result shows that in terms of education 56.43% women had moderate empowerment, 22.14% women had low empowerment and 21.43% women had high empowerment. In terms of financial independence, 53.57% women had moderate empowerment, 26.43% women had low empowerment and 20% women had high empowerment. In terms of decision making on reproductive health, 61.43% women had moderate empowerment, 21.43% women had low empowerment and 17.14% women had high empowerment. Significant association found between women empowerment with age ($\chi 2$ df(1) = 8.27, $p<0.05$), education($\chi 2$ df(1) = 12.47, $p<0.05$), monthly family income($\chi 2$ df(1) = 7.06, $p<0.05$),duration of marriage ($\chi 2$ df(1) = 9.54, $p<0.05$) and number of living children ($\chi 2$ df(1) = 8.75, $p<0.05$).The study findings show that a moderately positive correlation (r= 0.57) lies between education and financial independence, Strong positive correlation (r= 0.71) lies between education and decision making on reproductive health and a strong positive correlation (r= 0.77) lies between financial independence and decision making on reproductive health. The findings will shed light on the level of empowerment in educational attainment, financial autonomy, and involvement in reproductive health choices among married women in this rural setting. This information can be valuable in understanding the needs and challenges faced by these women and informing targeted interventions for promoting gender equality and overall well-being in the communities.

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**Effectiveness of a skill-based intervention on nurses' knowledge and confidence in management of perinatal psychiatric illnesses**

Introduction: Perinatal period is critical as the women are undergoing physical, physiological, hormonal, and psychosocial changes which can sometime exhibit mild to moderate psychological concerns. The increasing incidence and prevalences of perinatal mental illnesses demand the health system and health care professionals especially nurses working in maternal and newborn units to have preparedness and expertise in identifying, screening, managing, referring, and educating women in need. The current study evaluates a Skill-based intervention regarding " management of perinatal psychiatric illnesses" on knowledge, confidence and self-efficacy among nurses working in maternal and newborn units.

Methods: The study design was pre-experimental one group time series study with one pretest and 2 post-tests (at 1 week & 1 month). 128 Nurses working in maternal and newborn units of 2 hospitals were included in the study using convenience sampling technique. Knowledge, confidence, and self-efficacy were studied using a researcher prepared structured tool after validation and reliability check. Skill based intervention (one and half hour) with 3 modules were administered using a lecture cum discussion method.

Results: The mean age of nurses was 28.9 + 5.4 where 78.1% were working in maternal units and 21.9% were working in neonatal ICU and 84.3% had no previous training on management of perinatal mental illnesses. The study findings revealed that Skill based intervention is effective in improving the Knowledge, confidence and self-efficacy of nurses and there were no association found between selected sociodemographic data and pre-interventional levels of study variables.

Conclusion: The study was one of the pioneer studies in India using a Skill based intervention which was a well-structured package to address the common learning needs of perinatal care nurses and found effective; hence it can be further assessed with larger sample in different settings. It is recommended to train nurses on perinatal mental health nursing for effectively integrating maternal and child health services with mental health care.

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**Impact of art therapy on fatigue, sleep and anxiety among hospitalised children**

Background and Objective: Hospitalisation for a child is a stressful situation as they encounter an unfamiliar environment, painful medical interventions, and a disrupted daily routine. Most of the children frequently exhibit increased fatigue irrespective of their disease condition, poor sleep quality, and anxiety throughout their hospital stay. Non-pharmacological interventions such as art therapy focusing on child-centred care are essential to alleviate these adverse effects of hospitalization. The aim of the present study is to assess the impact of art therapy on fatigue, sleep, and anxiety among hospitalized children.

Methods: A quantitative quasi-experimental pre-test and post-test control group design was used. Ethical approval was obtained from Institute ethical committee. Study was done on 60 hospitalized children aged 6–18 years admitted in pediatric medicine wards using purposive sampling technique and assigned to an experimental group (n = 30) and a control group (n = 30). The experimental group received a structured origami-based art therapy intervention for five consecutive days, while the control group received routine hospital care. Fatigue was assessed using the child-reported Pediatric Functional Assessment of Chronic Illness Therapy–Fatigue (Peds FACIT-F) scale, sleep quality using the parent-reported Children's Sleep Habits Questionnaire (CSHQ-22), and anxiety using child-reported State-Trait Anxiety Inventory for Children (STAI-C).

Results: Data were analysed using descriptive and inferential statistics. The experimental group showed a significant improvement in fatigue scores from pre-test (26.1±9.54) to post-test (34.43±5.85; p value < 0.001). Sleep habits also improved significantly, with scores reducing from 55.6±10.54 to 43.2±8.27 (p value < 0.001). Anxiety levels decreased significantly, with state anxiety scores reducing from 38.20±5.32 to 32.03±3.12 and trait anxiety scores from 35.37±6.42 to 31.07±5.20 (p value < 0.001).

Conclusion: Art based activities help children to express emotions, reduce stress and promote relaxation. Origami, an art therapy, had significant improvement in decreasing fatigue, improving sleep quality and reducing anxiety. Hence, origami-based art therapy can be considered as a feasible, nurse-led intervention to enhance holistic pediatric care during hospitalization

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**Bridging the policy and practice gap in midwifery: pathways to professional autonomy – a systematic review**

Background: Despite progressive maternal health policies, midwives globally continue to experience a gap between policy intentions and actual clinical practice. Professional autonomy remains constrained by regulatory, institutional, and sociocultural barriers.

Objective: To systematically review evidence on factors contributing to the policy and practice gap in midwifery and to identify pathways that strengthen professional autonomy.

Methods: A systematic review of qualitative, quantitative, and mixed-method studies published between 2016 to 2025 was conducted. Databases searched included PubMed, Scopus, CINAHL, and Web of Science. Studies examining midwifery autonomy, scope of practice, regulatory frameworks, and implementation challenges were included.

Results: Four major themes emerged: (1) Regulatory ambiguity, (2) Institutional hierarchy and medical dominance, (3) Educational and competency gaps, and (4) Organizational culture and leadership deficits. Pathways to autonomy included legal reform, midwife-led models of care, leadership training, and professional recognition.

Conclusion: Bridging the policy and practice gap requires integrated reform across education, regulation, and health system governance. Sustainable autonomy improves maternal and neonatal outcomes.

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**Loneliness, subjective well-being, and self-esteem among older adults residing in old age homes**

Background: Loneliness is prevalent among all; the older adults suffer too. Residing in old-age homes is becoming popular as seniors opt to live in a community-like environment to reduce their loneliness. This paper aimed to examine the level of loneliness, subjective well-being, and self-esteem of older adults and relationship between these three variables.

Methods: A baseline analysis was conducted in a quasi-experimental study among old-age home dwellers. Twelve old-age homes within three Districts of West Bengal, India, were selected by cluster random sampling, while the subjects aged between 60to 90 years were sampled by the total enumeration technique. Data were collected by face-to-face interviews with the subjects, in which subjective well-being, loneliness and self-esteem were measured using the General Well-Being Schedule (GWBS), UCLA version 3 and the Rosenberg self-esteem scale, respectively.

Results: The mean age of the participants was 74.4±7.10 years and 68.6% were females, 30.2% had an educational qualification of higher secondary, 62.9% were widows/widowers, 79.9% had no social connections except their family. Loneliness was found to have a significant negative relationship with subjective well-being ($r = -0.509$, $p<0.001$) and self-esteem ($r = -0.441$, $p<0.001$), while self-esteem and subjective well-being had a positive significant relationship ($r=0.530$, $p<0.001$). Additionally, the predictors of loneliness were revealed as ‘decision making by self for staying in Old Age Home’, and ‘never visiting own home by the older adult’, further, ‘never visiting home by the older adults’ was found as negative predictors and ‘educational level post-graduation & above’ was depicted as the positive predictor of Self-Esteem. The study recommended for urgent measures should be considered to reduce loneliness and improve the general well-being and self-esteem of these individuals to ensure their optimum level of healthy lives.





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**What future nurses should be: lived experience insights from Regional Australia**

The global ageing population is increasing the demand for nurses who are well prepared to deliver high-quality, person-centred aged care. In navigating new frontiers of practice, nursing must be informed by care recipients' perspectives to define the attributes required of the future workforce. However, lived-experience perspectives remain underrepresented in shaping how future nurses are prepared for aged care practice. This project aimed to explore older people's lived-experience perspectives on the knowledge, skills, and attributes that future nurses should develop to deliver safe, effective, and person-centred aged care. A participatory consultation approach was undertaken involving residents, aged care staff, students, and family members (n=45). Participants were presented with a predefined set of skills and attributes derived from existing nursing curriculum content and were asked to prioritise those most important for future nursing practice. Data were analysed using descriptive statistics, including frequency distribution and comparative analysis across stakeholder groups.

Findings demonstrated that relational and person-centred care capabilities were consistently prioritised across all groups. "Kindness" emerged as the highest-ranked attribute, followed by "effective communication," "respect for individual preferences and autonomy," and "maintenance of privacy and dignity." Residents strongly emphasised understanding individual needs, valuing life experiences, and promoting family involvement in care. In contrast, staff highlighted empathy and clinical risk management, while students prioritised systems-based competencies such as policy knowledge, time management, and clinical task performance.

These findings highlight that, while clinical competence remains essential, the quality of aged care is largely shaped by how nurses communicate, show kindness, and respect the dignity of older people. For trainee nurses, this means developing strong relational and person-centred care skills alongside clinical knowledge. Integrating lived-experience perspectives into education can better prepare future nurses to provide compassionate, respectful, and responsive care in aged care settings.

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**Modified digital enteral feeding pump: a randomized controlled trial**

Background: Intragastric tube feeding is widely used to provide nutritional support for patients who are unable to meet their nutritional requirements orally but have a functioning gastrointestinal system. Conventional methods such as syringe feeding and gravity-based feeding are frequently associated with problems including inaccurate flow rates, feeding intolerance, and increased nursing workload. Technological innovations in enteral feeding systems are therefore essential to improve accuracy, safety, and patient comfort. Objective: To evaluate the efficacy of a modified digital enteral tube feeding pump in terms of accuracy, safety, and patient acceptability compared with conventional feeding methods.

Methods: A randomized controlled trial was conducted in a tertiary care hospital. Participants requiring intragastric tube feeding were randomly assigned to three groups: modified digital enteral tube feeding pump, syringe feeding method, and Kangaroo feeding pump. The study assessed feeding accuracy, safety indicators such as complications during feeding, and patient acceptability. Data were collected using standardized observation and assessment tools and analysed using appropriate statistical methods.

Results: The findings indicated that the modified digital enteral tube feeding pump demonstrated significantly improved accuracy in feed delivery compared with the syringe method and comparable performance to the commercial feeding pump. The intervention also showed better safety outcomes with fewer complications and improved patient acceptability.

Conclusion: The modified digital enteral tube feeding pump is an effective and safe alternative to conventional feeding methods. It has the potential to improve the precision of enteral nutrition delivery while enhancing patient comfort and reducing nursing workload. The innovation may contribute to improved nutritional care practices in clinical settings.

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**From inception to impact: an innovative model of research development in a nursing college for faculty empowerment and societal outcomes**

Background: Developing a sustainable research culture in nursing institutions remains challenging, particularly in resource-constrained settings. This study describes the systematic evolution of research capacity in a nursing college, transitioning from minimal research activity to a center of funded projects, scholarly output, and measurable societal impact.

Methods: A chronological, model-based approach was implemented from 2018, focusing on faculty empowerment, student engagement, capacity building, and strategic collaborations. Key strategies included initiating self-funded studies, securing extramural funding (ICMR, DHR-ICMR), conducting clinical trials, organizing skill-based workshops (OSCE, NRP, BLS & ACLS), and promoting undergraduate research scholarships. Research outputs and milestones were systematically documented.

Results: The institution progressed from a single self-funded study in 2018 to multiple funded clinical trials by 2026, with cumulative funding exceeding ₹57 lakhs. Undergraduate research capacity improved substantially, with scholarship selections increasing from 6 in 2021 to 19 in 2022 and sustained thereafter. Scholarly productivity expanded through multiple publications in PubMed and Scopus-indexed journals, including Q1 and Q4 categories. Capacity-building initiatives enhanced research competencies among faculty and students.

Societal Outcomes: Key outcomes included development of a Telugu WHOQOL-BREF, a DHR-ICMR funded mhGAP-based mobile application for mental health training, improved immune and quality-of-life outcomes among PLHIV through a yoga intervention, strengthened primary-level mental health care via e-mhGAP, and a comprehensive geriatric day-care model enabling early diagnosis and holistic care.

Conclusion: The innovative institutional model demonstrates that strategic planning, consistent capacity building, and integration of research with community needs can transform a nursing college into a hub of impactful research. This model not only enhances faculty and student research competencies but also generates meaningful societal outcomes, making it scalable and replicable across similar educational settings.

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**The utilization of government social protection schemes by people living with HIV: a cross-sectional study**

Introduction: Government Social protection schemes (GSPS) are critical to reduce the various socio-economic challenges faced by people living with HIV (PLWH). It is unclear whether the PLWH utilize the provision of these schemes to their benefit. This study was conducted to estimate the utilization of the social protection schemes by PLWH and to identify the facilitating and constraining factors in accessing the schemes.

Methods: In this cross-sectional study, we recruited 94 participants from three anti-retroviral therapy (ART) zones in the district by purposive sampling. The participants were interviewed for the utilization of the pre-identified schemes, including the health scheme, financial aid, nutritional aid, housing, aid for their children, and life insurance/employment. The barriers and facilitating factors were simultaneously explored by thematic analysis.

Results: Utilization of the GSPS is high for health benefits (n = 84, 89.4%) and free ration (n = 85, 90%), but considerably lower for ART pension (n = 17, 18%), housing (n = 34, 36.2%), aid for children (n = 31, 38%), life insurance (n = 23, 24.5%) and legal assistance (n = 0, 0%). The enrolment in the schemes and availing thereof is often self-directed and infrequently supported by the health workers and the local leaders. Lack of awareness, administrative challenges, and perceived stigma are major barriers to availing the schemes. The participants expressed their concern about the behavior of their family members towards them, the perceived stigma, and the dire need for support to sustain their lives.

Conclusion: Utilization of the social schemes by PLWH is quite complex. An integrated and inclusive approach to provide the GSPS is needed.

98. Dr Krishna A M, India (Oral and Poster)
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**Impact of integrated yoga practice on immune parameters and quality of life of adult people living with HIV: a randomized open-label trial**

Background: The primary goal of HIV treatment is to restore immune function, reflected by CD4 count and viral load, which determine susceptibility to opportunistic infections. Although antiretroviral therapy (ART) improves survival, adherence in India ranges between 73%, highlighting the need for complementary, cost-effective interventions. Yoga, recognized under AYUSH, is known to enhance immunity, reduce stress, and improve well-being; however, evidence on its immunological benefits in people living with HIV (PLHIV) remains limited. This study evaluated the effect of a six-month integrated yoga intervention on immune parameters, cardiometabolic profile, and quality of life (QOL) among adults with HIV on ART, aligned with the UNAIDS 95-95-95 targets.

Methods: This randomized, open-label, parallel-group trial included 42 PLHIV IA-14 and CA-28, Stage 2, aged 18–59 years. Participants were allocated to the intervention arm (IA, n=14) or control arm (CA, n=28) using block randomization. The IA received integrated yoga for six months, while the CA received yoga health education; both groups continued standard ART. Outcomes assessed included immune parameters, cardiometabolic indicators, QOL, and economic evaluation.

Results: Baseline characteristics were comparable except for gender (p=0.025). The IA showed greater improvement in CD4 count (mean increase: 349 vs 197 cells/mm$^3$; p=0.05). Viral load differences were not significant (p=0.07). Significant reductions in HbA1c (p=0.05) and triglycerides (p=0.01) were observed in the IA, while haemoglobin and total cholesterol remained unchanged. QOL improved significantly across multiple domains in the IA ($p < 0.002$), whereas the CA showed decline. Overall QOL increased in IA (+15.9) and decreased in CA (−16.2) (p=0.001).

Conclusion: The adjunctive yoga-based intervention demonstrated significant benefits in immune recovery, glycaemic control, triglyceride levels, and multidimensional quality of life among people living with HIV, while virological suppression remained primarily influenced by antiretroviral therapy. These findings highlight the potential of integrating structured, low-cost behavioural interventions such as yoga into routine HIV care to enhance patient-centred outcomes and emerging metabolic and psychosocial challenges. Further large-scale, multicentric studies are recommended to establish long-term effectiveness and scalability.

99. Dr Kiranmayi Koni, India (Oral and Poster)
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**Daycare geriatric mental health services by primary health care staff: study protocol of a randomized control trial at community centres**

Background: Health issues among the elderly population are almost inevitable. Mental health problems are common among them, and it is one of the most neglected areas of health. There is a felt need to develop strategies to meet the needs of these populations. Social prescribing is one of the effective strategies to improve their health and well-being. The objective of this study is to estimate the effectiveness of daycare geriatric mental health services through social prescription on quality of life (QOL) of elderly aged 60 years and above in rural communities of Chittoor district, Andhra Pradesh.

Methods: In this randomized controlled interventional trial, people aged 60 years and above with no acute psychotic symptoms will be recruited from the community areas of Chittoor district, Andhra Pradesh. Eligible populations will be directed to daycare geriatric mental health services, where interventions will be planned based on the results of the needs assessment. Follow-up will be conducted every two months to identify challenges in continuing daycare services by these populations. Implementation costs will be calculated concurrently. Analysis will be conducted using both intention-to-treat (ITT) and per-protocol analyses. To examine the association between the participants' characteristics and their QOL, univariate analysis will be done. Thematic analysis will be done to analyse qualitative data where themes and sub-themes will be identified.

Discussion: Mental health services for the geriatric population are a neglected area. Daycare geriatric mental health services are essential to improve the quality of living and also their physical and mental health.

101. Dr Prasanna Kumari Balisetty Naga, India (Oral and Poster)
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**Effect of selected nursing interventions on activities of daily living and quality of life among elders**

Ageing is a natural, unavoidable, biological, and universal occurrence that brings about a variety of changes in one's physical, mental, hormonal, and social situations. These modifications are anticipated which will have impacts on the senior citizens' quality of life. A true experimental study was successfully executed "to evaluate the effect of selected nursing interventions on Activities of Daily Living and Quality of Life among elders at selected old age homes in Hyderabad, Telangana state" with the chief aims of, to evaluate the effect of nursing interventions on level of ADL & QOL among elders in experimental and control group after the intervention, to correlate the post-test state of ADL & QOL among elders in experimental and control group. The duration of the study was one year, stratified random sampling technique was used to select the setting of the study and sample size was 200 elders, 100 designated to experimental and 100 designated to control group by using simple random sampling technique. The study results shows that comparison of the level of overall mean score of Activities of Daily Living and Quality of Life among elders before and after the intervention in experimental group was indicating highly significant at P≤0.01. There was a moderate positive correlation found in experimental group between the level of overall Activities of Daily Living 21.94 ± 1.58 and the level of overall Quality of Life 47.93 ± 2.85, the obtained 'r' value 0.47 indicates significant co-relation between Activities of Daily Living and Quality of Life among elders. The outcome of study result proved that the range of motion exercises and yoga on activities of daily living and quality of life among elders were effective in the experimental group.

102. Ms Mita Mandal, India (Oral)
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**Expressed emotions among family members of bipolar affective disorder patients at a tertiary care hospital**

Background: Bipolar Disorder is defined as a severe, chronic, disabling disease characterized by periods of severe depression that alternate with periods of mania or hypomania. Family members of bipolar disorder often show negative attitude with higher range of expressed emotion (EE) towards their relatives. Expressed emotion (EE) includes criticism, emotional over involvement hostility plays a crucial role in family members burden and patient outcomes. High EE environments have been linked to increased relapse rates and hospitalization. Materials and method: The present cross-sectional study was conducted to assess Expressed Emotion among family members of patients with bipolar disorder. Study setting was outpatient department and psychiatry ward of Medical College Hospital, Kolkata. One hundred eighty bipolar disorder patients and 180 family members were included in the study by random sampling technique. Tools used in the study were sociodemographic and clinical profile of the patients, sociodemographic datasheet of the family members, and family attitude scale.

Results: Family members were predominantly middle aged 39–59 years old (127,71.11%), female (60.55%), married (156, 86.66%), relationship with patients spouse (128,70.75%) Majority of family members had high level of Expressed Emotion (109,60.55%) The mean FAS score was 68.12 ± 13.4, indicating a high level of expressed emotions. Their EE had significant association with gender and occupation of the family members. Education and marital status of the patients were significantly associated with expressed emotion of the family members.

Conclusion: expressed emotion among caregivers has a significant influence on the course of bipolar disorder. There is need for psychosocial intervention for the family members of bipolar disorder patients to help them get better outcomes for the patients.

103. Dr Linu Sara George, India (Oral)
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**Anxiety, symptom experience and functional status among older adults with heart failure**

Introduction: Heart failure (HF) is a chronic condition that can have an impact on a patient's daily life due to a variety of physical, emotional, and social symptoms. The current study aimed to assess anxiety, symptom experience and functional status of older adults with HF.

Materials and Methods: This study was conducted among 170 older adults diagnosed with heart failure using a descriptive cross-sectional design. A purposive sampling technique was used to select participants with confirmed diagnosis of heart failure for treatment, aged 60-80 years who have consented to participate in the study. The Geriatric Anxiety Inventory, The Heart Failure Somatic Perception Scale and the Lawton Instrumental Activities of Daily Living, demographic and clinical proforma were used to collect the data. The study was conducted after obtaining ethical permission. Descriptive and inferential statistics were used to examine the data.

Results: The mean age of the participants was 68.8±7.35 years. Most of the participants 61.8% were male, and 71.2% were married. Participants included both newly diagnosed HF cases and long-standing chronic cases of HF. The mean anxiety score was 9.9±6.56, with 49.4% of the participants reported higher level of anxiety. Regarding findings on symptom experience, it revealed that 30.7±14.3 (mean± SD). Items wise analysis showed that participants reported significant somatic symptoms associated with physical discomfort and functional impairment. Symptoms such as breathing difficulties, feeling fatigued, body discomfort, and activity-related distress were perceived as more severe by a significant number of participants. Furthermore, functional status, 57.1% of the male participants and 32.4% of the female participants were dependent for their activities.

Conclusion: The findings of the study highlight the necessity for individualized nursing interventions, and rehabilitation, which can improve the functional independence and quality of life.

### 104. Dr Sunita Lawrence, India (Oral and Poster)
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**Artificial Intelligence: navigating a path for Indian Gen Z nurses**

Future of nursing is AI-driven practice a real time path for Gen Z nurses. Studies suggest that use of AI has highly positive impact on advance nursing practice. This assists to reshape traditional nursing roles if included in bachelor's curricula with novel customized AI technology system. Several steps are imperative to optimize pathway while navigating AI for Gen Z nurses. The Journey of AI for Indian Gen Z nurses, requires a balanced approach and extensive process of preparation. AI in nursing education assists to raise Gen Z nurses' degree of understanding and readiness concerning to this technology. In India existing gaps between nursing education and practice need incorporation of technological aspects in all nursing curricula. This poster illustrates the AI empowerment pathways for Gen Z Nurses towards education and clinical practice. Illustration includes steps in development of AI-literacy, AI-driven digital educational tool kits, AI equipped simulation, AI-driven chat bots, AI-driven research gate, tele-health integration, ChatGPT, Instagram, LinkedIn, Interactive Peer Centred learning, Hybrid learning technology, AI-workflow monitoring and evaluation. Illustrations also depicts the gaps in Indian nursing education and practice; lack of standardize AI approaches, ethical and policies concern, AI pitfalls which hampered the AI empowerment in Gen Z nurses. Challenges and research data placement will have specific place in illustration to enhance Indian Gen Z nurses future nursing direction with AI. Suggestions will highlight for Indian policy makers of nursing education. Gen Z nurses will be the pivotal key of health organizations by 2030. Therefore, they need to adapt AI technology in clinical care. Transformation of skills furnish with AI technology will shape the future of nursing towards patients' care. The artificial intelligence is a solution to align patients' health needs with nursing care expertise and excellent path for Gen Z nurses.

### 105. Dr Shani S D, India (Poster)
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**Perioperative nursing care strategies and post operative outcome of patients undergoing anterior skull base surgeries**

Anterior skull base lesions might pose considerable difficulties owing to their proximity to vital structures. Complex skull base tumours, once reserved exclusively for open craniofacial resection, are now ed via endoscopic techniques although they are exceedingly complex endeavour and associated with many complications. The overall risk for complications reported to be 10–20%. However, beyond the technical mastery needed to achieve success, adequate and complete care of patients hinges on several important factors. The majority of perioperative care strategies for endoscopic skull base surgery lack strong supporting evidence and frequently have varied use or implementation amongst institutions. A longitudinal follow up study among prospective patients who are posted for anterior skull base surgeries through trans nasal approach for the first

time with both endoscope and non-endoscope is planned to estimate the incidence of complications within one month after anterior skull base surgeries, to assess the postoperative clinical status at 5th day or at discharge whichever is earlier and to study the association of perioperative care strategies on the post operative outcome. The estimated sample size is 150. Structured interview and review of medical records will be done to collect the personal and clinical information. Sino nasal quality of life will be assessed using SNOT-20 questionnaire at 5th day or at discharge whichever is earlier after surgery. Skull base inventory will be used to assess the quality of life of patients at routine follow up at 4-6 weeks. Data will be analysed using descriptive and inferential statistics. This proposal was approved by the institutional ethics committee and a pilot study was conducted among 20 participants. Fine corrections were done in the translated version of tools for more understanding of participants. Data collection and analysis will be completed in July 2026 and completed abstract will be presented with results.

### 107. Professor Ligy Jacob K, India (Poster)

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**Knowledge and perception regarding BRCA1 and BRCA2 genetic testing for breast cancer detection: an exploratory study**

Background: Breast cancer remains one of the leading health concerns affecting women worldwide. Early identification of genetic risk factors, particularly mutations in the BRCA1 and BRCA2 genes, plays a vital role in the prevention, early detection, and management of breast cancer. This study aims to assess the level of knowledge and perception regarding BRCA1 and BRCA2 genetic testing among women of reproductive age.

Methodology: A quantitative research approach was adopted for the study. A total of 100 women aged between 18 and 40 years residing in Ratua, Bhopal, Madhya Pradesh, were selected using a convenient sampling technique. Data were collected using a structured knowledge questionnaire that included demographic variables and knowledge-related questions. A 5-point Likert scale was used to assess participants' perception towards BRCA1 and BRCA2 genetic testing. Descriptive statistics was used such as frequency, percentage, mean and standard deviation to summarize demographic characteristics and score distributions. Inferential statistics were used to determine the association between knowledge and perception with selected demographic variables, with the level of statistical significance set at $p < 0.05$.

Findings: The findings revealed that a majority of the participants had inadequate knowledge and negative perception regarding BRCA1 and BRCA2 genetic testing. Statistical analysis revealed that educational qualification had a significant association with knowledge levels regarding BRCA1 and BRCA2 genetic testing. Similarly, educational qualification and source of information showed a significant association with perception levels ($p < 0.05$).

Implications: The study highlights the need to strengthen health education and awareness programs regarding BRCA genetic testing among women of reproductive age. Healthcare professionals should provide counselling and educational interventions to reduce misconceptions and stigma. Improving accessibility to information and genetic screening services may encourage early detection and better preventive health practices.

### 108. Ms Sandhya Verma, India (Oral and Poster)

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**Effectiveness of Orem's Self-Care Nursing Pathway on outcomes among post-percutaneous coronary intervention patients**

Aim: To assess the effectiveness of Orem's self-care theory-based nursing interventional pathway on self-care ability, health literacy and clinical outcomes among post percutaneous coronary intervention (PCI) patients in Coronary Care Unit (CCU), AIIMS New Delhi.

Materials and methods: A quasi-experimental study was conducted among 80 post PCI patients admitted in CCU using purposive sampling technique 40 in each experimental and control group. Experimental group received post PCI nursing care based on Orem's self-care theory-based nursing interventional pathway and control group received routine nursing care. Data was collected using post PCI self-care ability scale, post PCI health literacy questionnaire, post PCI clinical outcome checklist

and Orem's self-care model-based nursing intervention pathway compliance checklist. At the time of discharge health literacy and clinical outcomes was assessed in both groups. After 28 days post discharge self-care ability was assessed in both groups.

Results: The experimental group showed significantly higher self-care ability with a median (IQR) score of 71 (2) compared to 38 (7.5) in the control group ($p < 0.001$). Health literacy was also markedly better in the experimental group with a median (IQR) score of 21 (2.5) versus 9 (3) in the control group ($p < 0.001$). Experimental group demonstrated better overall clinical outcomes in comparison with control group, Although the difference in clinical outcomes was not statistically significant ($p > 0.05$)

Conclusion: This study concluded that Orem's self-care theory-based nursing interventional pathway is effective in improving self-care ability, health literacy and clinical outcomes among post percutaneous coronary intervention (PCI) patients

### 113. Mrs Geeta Saifi, India (Oral)

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**Unmet sexual and reproductive health needs and pregnancy complications in Delhi slums**

Background: Pregnancy-related complications remain a persistent cause of maternal morbidity in urban slum populations. Limited access to essential SRH services may contribute substantially to these adverse outcomes, yet quantitative evidence from urban slum settings is scarce. Women residing in urban slum communities are often limited in obtaining essential SRH services, which may increase the risk of unintended pregnancies, delayed health utilization and untreated maternal health conditions which can ultimately lead to pregnancy complications. Objectives: To determine the magnitude of pregnancy complications and to examine their association with unmet SRH needs among married women residing in selected urban slums of New Delhi.

Methods: A quantitative cross-sectional was conducted on 450 married women aged 15–49 years residing in an urban slum of South Delhi. Participants were selected using purposive sampling. Data were collected through a validated interviewer-administered questionnaire covering socio-demographic characteristics, obstetric history, ANC utilization, pregnancy complications and access to SRH services. Descriptive statistics were used to analyse the prevalence of pregnancy complications. Associations between unmet SRH needs and pregnancy complications were examined using chi-square tests and binary logistic regression analysis in IBM SPSS version 23. Odds ratio (OR) with 95% confidence intervals (CI) were calculated to determine the strength of associations.

Results: Nearly two-thirds of the participants (65.1%) reported experiencing at least one pregnancy-related complication. Anaemia was the most frequently reported condition (61.8%), followed by PPH (12.0%) and gestational diabetes (5.3%). Unmet SRH needs were reported by 92.9% of women. A statistically significant association was observed between unmet SRH needs and pregnancy complications ($p<0.001$). Women with unmet SRH needs had markedly higher odds of pregnancy complications (OR=15.68; 95% CI: 5.39–45.63). After adjustment for socio-demographic variables, the association remained statistically significant (AOR=0.064; 95% CI: 0.03–0.34; $p<0.001$).

Conclusion: Pregnancy complications are highly prevalent among women living in urban slums and are strongly associated with unmet SRH needs. Improving the availability, continuity, and quality of SRH services is critical for reducing preventable maternal morbidity in underserved urban communities.

### 114. Ms Helen Zahos, Australia (Oral)

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**Socio-ecological insights on adverse mental health outcomes in disaster-deployed nurses**

Background: As disasters increase in frequency, complexity, and duration across the Commonwealth, nurses are increasingly deployed as part of disaster and humanitarian response teams. Nurses play a critical role in mitigating population health impacts, yet evidence highlights psychosocial burden, such as post-traumatic stress disorder (PTSD), anxiety, depression, burnout, and moral injury associated with disaster deployment. Despite this evidence, systems designed to protect nurses'

mental health and wellbeing remain inconsistent, fragmented, and often under-resourced, particularly for volunteer nurses.

Aim: Drawing on findings from two scoping reviews within a multi-study PhD program, this presentation examines the mental health burden among disaster-deployed nurses and identifies organisational and system-level factors influencing adverse mental health outcomes. The findings highlight implications for disaster nursing policy, leadership, and workforce sustainability across the Commonwealth.

Methods: Two scoping reviews were conducted in accordance with Joanna Briggs Institute methodology and PRISMA-ScR guidelines. The first examined the incidence and prevalence of adverse mental health outcomes among clinicians deployed to disaster and humanitarian responses, while the second applied a workplace socio-ecological framework to explore organisational and system-level influences on mental health outcomes across the deployment cycle.

Findings: Nurses were identified as a high-risk professional group for adverse mental health outcomes. Key influencing factors included inadequate pre-deployment preparation, poor leadership and communication, limited access to psychosocial support during deployment and barriers preventing help-seeking at the organisational level. Volunteer nurses were particularly vulnerable due to gaps in organisational accountability, inconsistent application of mental health frameworks for best practice, and no access to long-term psychological care.

Conclusion: Shaping the future of disaster nursing requires coordinated, system-level responses that embed psychosocial care before, during, and after disasters. Strengthening organizational responsibility, leadership capability, and long-term support mechanisms is essential to protecting the mental health and wellbeing of the disaster nursing workforce across the Commonwealth.

### 115. Mrs Priyanka Jose, India (Oral)
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**Navigating the complexities of neuro care: nursing strategies for intracranial pressure monitoring**

Introduction: Acute brain injuries, which include both traumatic and non-traumatic causes, can result in elevated intracranial pressure (ICP), which in turn can cause further secondary injury to the brain. Elevated ICP is therefore a neurological injury that requires intensive monitoring and time-sensitive interventions. ICP monitoring is an established modality that can aid prognostication after brain injury.

Approach: In neurocritical care units, patients are admitted with traumatic brain injury, anoxic-ischaemic brain injury, intracerebral and subarachnoid haemorrhage, hydrocephalus, or brain oedema after large strokes, hypoxic brain injury, central nervous system infections. Neurocritical care unit use wide range of invasive and non-invasive ICP monitoring methods that aids in detection and early management of Intracranial hypertension. ICP monitoring also allows calculation of cerebral perfusion pressure and ensure maintenance of optimum cerebral oxygenation. The most widely used ICP monitoring in ICU include intraparenchymal catheter or the intraventricular catheter. Intraventricular catheter remains the gold standard for ICP monitoring, as it measures global ICP. Non-invasive methods include optic nerve sheath diameter, Transcranial Doppler, quantitative pupillometer.

Observation and nurses' role: Nurses' play a crucial role primarily from setting sterile field for establishment of Intraventricular and intraparenchymal ICP monitoring system, transducing, calibrating, levelling of the monitors. More predominantly analysing, interpreting, and implementing rapid intervention for elevated ICP. For non-invasive ICP monitoring role of nurse switch on to the performer for ONSD evaluation and pupillometry: interpreting and communicating the values to the primary physician for initiating intervention.

Discussion: ICP monitoring is crucial tool. Establishing standardized nursing protocols for invasive and non-invasive ICP monitoring and further research can enhance its efficiency and safety in acute care setting.

### 116. Lt Col Sitara Pani, India (Oral)
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**Nurse-led transformation of OPD waiting time into sustainable wellness platform**

Background: OPD represent a largely underutilised opportunity for delivering preventive and promotive healthcare. High patient volume and prolonged waiting periods often result in missed opportunities for patient engagement, education, and empowerment.

Aim: Mission Aarohan aimed to transform OPD waiting time into structured, sustainable nurse-led wellness intervention enhancing knowledge, self-care, and satisfaction.

Methods: The innovation was implemented across the OPDs of a Armed forces hospital. A structured, nurse-led OPD Wellness Programme was delivered over 100 consecutive days, with 20–30-minute sessions across specialty OPDs, ensuring feasibility, seamless workflow integration, and intervention fidelity without disrupting routine services. The intervention delivered interactive, theme-based sessions integrating education, patient engagement, demonstrations, and practical skill-building. Core components included medication literacy, perioperative care, disease-specific diet, lifestyle change, home care, and preventive practices tailored to clinical needs, delivered through multimodal strategies with visual aids and demonstrations to enhance engagement and retention. A cross-sectional descriptive study evaluated Mission Aarohan satisfaction among 200 OPD patients with newly diagnosed chronic conditions using a validated Questionnaire and analysed using descriptive statistics and Chi-square tests.

Results: Overall patient satisfaction was 79%, with 15% reporting moderate satisfaction and 6% neutral responses; no dissatisfaction was reported. High positive responses were observed for effective communication by nursing officers (90%), clarification of doubts (86%), relevance of sessions (85%), and improved confidence in self-management (87%). Satisfaction was significantly associated with age ($p < 0.05$), with higher satisfaction among older adults. Notably, 92% of participants perceived OPD waiting time as meaningfully utilised, indicating high acceptability.

Innovation Value and Conclusion: Mission Aarohan required no additional financial resources, infrastructure, or workforce, relying on workflow optimisation and nursing leadership. The initiative demonstrates that OPDs can be transformed into effective wellness platforms through sustainable, nurse-led innovation. The model is scalable, replicable, and adaptable across Armed Forces Medical Services and civil healthcare systems.

### 117. Mrs Archana Maju, India (Oral)
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**Advancing prenatal care through nursing innovation: AI prediction of low birth weight and risk factors**

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

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

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

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

### 118. Ms Chandani Thakur, India (Poster)
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**Patient-based workload assessment of nursing officers in selected hospitals**

Background: Nursing shortages and high workload remain persistent issues in India. Despite the International Council of Nurses advocating patient-need-based safe staffing, Indian government hospitals follow bed-based Staff Inspection Unit (SIU) norms (1991-92), underscoring the need for workload assessment

Objectives: To assess the patient-based workload of Nursing Officers, determine nursing staff requirements, evaluate compliance status with SIU norms, and explore the challenges faced by Nursing Officers and Senior Nursing Officers due to high patient-based workload in the selected wards and critical care units.

Methods: A Mixed-Methods Research study was conducted in five Postnatal wards, one High Dependency Unit (HDU), one Medical Intensive Care Unit (M-ICU), and one General Intensive Care Unit (G-ICU) across two secondary and one tertiary government hospitals in Delhi during Jun 2024–Jan 2025. Data collection involved semi-open-ended questionnaire schedule to finalize nurses' activities; proformas for activities' annual statistics, nurses' available working time, and nurse-bed and nurse-patient ratios; non-participant observations for activity completion time; and FGDs to explore challenges of high patient-based workloads. Workload and nursing staff requirements were analysed using the World Health Organization's Workload Indicators of Staffing Need method. SIU norm compliance was evaluated with descriptive and inferential statistics, and FGD data were analysed using thematic analysis.

Results: Except for HDU, the patient-based workload of Nursing Officers in all five Postnatal wards, M-ICU, and G-ICU was high, with a shortage, indicating that existing Nursing Officers in these wards were inadequate to manage annual patient-based workload. M-ICU was compliant during morning shift; all Postnatal wards and G-ICU were non-compliant with SIU norms across all 3 shifts, reflecting poor nurse-patient ratios. 6 themes were identified, along with their categories, through thematic analysis.

Conclusions: Regular nurse workload assessments and revision of SIU norms based on patient-based workload are imperative to ensure patient safety, quality care, and improved nursing outcomes.

Acknowledgement: I extend my profound gratitude to my respected Supervisor, Dr. Neerja Sood, Director and Professor, School of Health Sciences, IGNOU, New Delhi, for her expert advice, insightful inputs, guidance, and continuous support, which have been instrumental in the successful completion of this study. I also thank all the esteemed members of the Doctoral Research Committee at the School of Health Sciences, IGNOU, New Delhi, for their valuable guidance and suggestions.

### 119. Professor (Dr) Pratibha Sainath Athare, India (Poster)
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**Impact of advanced family empowerment model on quality of life among school aged children with thalassaemia and their parents**

Thalassemia is one of the most common inherited haematological disorders worldwide, significantly affecting the physical, psychological, and social well-being of children and their families. This study aimed to assess the effectiveness of an Advanced Family Empowerment Model on the quality of life (QoL) among school-aged children with thalassemia and their parents in selected hospitals of Mumbai.

A quantitative research approach with a quasi-experimental design was adopted. The study included 208 participants selected through non-probability sampling. Data were collected using a structured knowledge questionnaire and modified quality of life scales for children and parents. The tools demonstrated high reliability (r = 0.97) and were validated by experts from nursing, psychology, and education fields.

The findings revealed a significant improvement in the quality of life of both children and parents following the intervention. Post-test scores showed a marked reduction in physical, emotional, social, and school-related difficulties among children.

Similarly, parents demonstrated improved QoL, with a notable shift from poor and average levels to good quality of life after the intervention. Statistical analysis indicated highly significant differences between pre-test and post-test scores ($p < 0.001$).

The study concludes that the Advanced Family Empowerment Model is an effective intervention for enhancing the quality of life among children with thalassemia and their parents. Empowering families through education, participation, and support plays a crucial role in improving health outcomes and overall well-being.

### 120. Dr Dipti Shukla, India (Oral)
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**Improving post-Caesarean recovery among rural mothers using an innovative postpartum abdominal binder**

Background: Post-caesarean mothers routinely encounter pain, discomfort and impaired mobility in the postpartum period; this burden is disproportionately borne by mothers in rural contexts where helpful maternal care resources are inadequate. Nurse-led interventions may improve maternal comfort and increase the likelihood of recovery. The innovative postpartum abdominal binder was developed to provide support, reduce pain and improve mobility in the post-caesarean mother.

Aim(s): To find out the efficacy of the novel postpartum abdominal binder in reducing postoperative pain, improving mobility and maternal satisfaction among rural post caesarean mothers.

Methods: A quasi-experimental interventional pilot study was carried out among 10 post-caesarean mothers in purposively selected rural healthcare settings of Uttar Pradesh. Participants were purposefully sampled. Pain and mobility were measured at baseline using the Numerical Pain Rating Scale and Functional Mobility Observation Checklist. The binder when innovatively used was combined with standard post-natal care. Assessment post-intervention was completed after application of the binder. Maternal satisfaction was analysed by structured satisfaction scale. Data were analysed using descriptively and inferential statistical analysis such as mean, standard deviation, percentage, paired t-test.

Results: Mean pain score (NRS) decreased significantly from $8.1 \pm 0.87$ prior to intervention to $4.2 \pm 0.91$ following intervention ($p < 0.0001$). Maternal mobility including sitting down, walking and changing position improved after application of the binder. Approximately 70% of mothers reported their satisfaction with the intervention was very high

Conclusion: The new innovated postpartum abdominal binder was safe and effective in providing postoperative pain relief and improving activity level among the patients. The intervention led by nurses was feasible, economical and well accepted, suggesting that larger studies would be needed to confirm the results.

### 121. Dr Dipti Shukla, India (Oral)
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**Comparative study of nurse-made single-blade vaginal reflector during gynaecological vaginal procedures**

Background: The necessity of visualisation during gynaecological vaginal procedures is critical to effective and safe clinical practice. In particular, traditional vaginal retractors and speculums may contribute discomfort, limited visualization and procedural difficulty during vigorous examination. To overcome these issues, the need to innovate a single-blade vaginal reflector developed specifically for use by nurses that are designed to open and provide good visualization of the vagina but also preserve patient comfort. Objective: To assess the safety and feasibility of a nurse-made single-blade vaginal reflector as compared with standard vaginal instruments in gynaecologic vaginal surgery.

Methods: A comparative pilot interventional study was conducted on 10 women over a period of time who were undergoing selected vaginal procedure in the Department of Obstetrics and Gynaecology. It employed the purposive sampling technique, using a referential source for selecting participants. Five of the procedures were performed with traditional vaginal instruments while five used a single-blade vaginal reflector made by a nurse. Data were collected using an observational checklist and structured rating scales for visualization of the operative field, instrument handling, patient comfort, procedure duration as well as satisfaction from healthcare provider. We performed analysis using descriptive statistical methods.

Results: Procedures performed with the nurse-made single-blade vaginal reflector offered superior visualisation and more easy access than conventional instruments. Those in the intervention group reported feeling less uncomfortable during procedures. Healthcare providers were more satisfied with manoeuvrability and handling.

Conclusion: Single-blade vaginal reflector is a suitable tool to improve visualization, procedural efficiency, and also patients comfort when it comes to gynaecological procedures, which is made by Nurse themselves. This simple and inexpensive nurse-led innovation may serve to improve the quality of gynaecological care with the low health-tech levels characteristic of healthcare facilities in many countries.

### 122. Dr Deepali Narendra Umale, India (Oral)

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**Artificial intelligence and beyond: a meta-analysis of technological integration in nursing practice**

Background: The rapid expansion of artificial intelligence (AI) and digital health technologies is reshaping nursing and midwifery practice globally. While individual studies report benefits in telehealth, clinical decision-making, and education, evidence remains fragmented with limited critical synthesis of real-world effectiveness.

Methods: A rigorous meta-analytical synthesis was conducted using PRISMA-informed methodology, integrating findings from eight key studies (2017–2026), including systematic reviews, scoping reviews, and qualitative investigations. Data were extracted on AI applications, clinical outcomes, user perceptions, and implementation barriers across nursing and midwifery domains.

Results: The synthesis demonstrates that AI-enabled technologies—particularly telehealth platforms, predictive analytics, and machine learning systems—consistently improve diagnostic accuracy, early risk detection, and patient engagement in remote and acute care settings. Evidence indicates enhanced accessibility and continuity of care, especially during pandemic-driven service disruptions. However, critical appraisal reveals a disparity between technological promise and clinical translation; only a small proportion of studies report measurable real-world outcomes. Furthermore, AI integration remains uneven, with limited nurse involvement in design and evaluation processes. Cross-study analysis identifies persistent challenges, including algorithmic bias, data privacy risks, ethical and legal ambiguities, infrastructural constraints, and insufficient digital competency among nursing professionals. Qualitative findings highlight a reconfiguration of professional roles, where nurses must negotiate the balance between technological reliance and person-centred care.

Conclusion: AI integration in nursing practice offers substantial potential to enhance care quality and system efficiency; however, its impact is contingent upon ethical governance, workforce preparedness, and inclusive technological design. This meta-analysis underscores the urgent need for structured digital education, interdisciplinary collaboration, and policy frameworks that empower nurses as active stakeholders. Future advancements must ensure that technological innovation strengthens—rather than diminishes—the humanistic core of nursing care.

### 123. Professor Nanthini Subbiah, India (Oral)

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**Assessment of CHO skills in the delivery of primary health care in selected districts of India**

Background: In order to achieve Universal Health coverage and attain SDG goals, the GOI has taken an initiative to create a new cadre called CHOs /(MLHP) under the Ayushman Bharat scheme. They are the basic health care providers, expected to have competency in clinical and public health domains to provide the comprehensive primary health care services and to ensure quality care at Ayushman Arogya Mandir

Aim: To assess the skills of CHOs in provision of comprehensive primary health care services across selected districts in two Indian states.

Methods: A descriptive cross-sectional study was conducted among 366 CHOs (225 from Andhra Pradesh, 141 from Haryana), selected using multistage random sampling. The core skills of CHOs were assessed through an objective structured clinical examination (OSCE) using a model and categorized as inadequate (≤50%), moderately adequate (50–75%), or adequate (>75%).

Results: Among 366 participants, 79.2% were female, 61% were aged 21–30 years, and 68.8% held B.Sc. Nursing degree. More CHOs in Haryana (68%) had over one year of experience compared to Andhra Pradesh (36%). Most of the CHOs demonstrated adequate skill in blood pressure measurement (88%), while 71% correctly performed urine testing. Blood sugar assessment was better in Haryana (96%) than Andhra Pradesh (74%). In newborn resuscitation, inadequate skills were observed in 63% of CHOs in Haryana and 20% in Andhra Pradesh. Partograph skills were poor overall, with only 22% performing correctly and 69% showing inadequate skills. About 51% of CHOs demonstrated adequate geriatric assessment skills. Overall, CHOs in Andhra Pradesh outperformed those in Haryana.

Conclusion: Overall, the assessment showed that CHOs demonstrated adequate skills in blood pressure measurement, urine testing, and blood sugar monitoring. However, their skills were inadequate in key areas such as neonatal resuscitation, partograph use, geriatric assessment, and cancer screening. These findings highlight the need for continuous training to strengthen clinical competencies and improve primary health care delivery.

### 125. Miss Vinice Thomas United Kingdom (Oral)

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**The power of nurse system leaders to impact beyond boundaries**

Background: System leadership as a term does not have a widely agreed definition, however the description of system leadership emphasises the importance of engaging with multiple interacting systems, where system leaders operate to influence and drive change for the benefit of local populations (Van Dyke 2013, Kaehne et al 2022). Hence, a system level nurse leader is characterised by the ability to work across organisational boundaries and engage with senior leaders from various sectors. This collaborative approach is essential for fostering quality healthcare services and outcomes.

Aim: Drawing on findings from my critical review of the literature as part of my doctorate study, initial insights from interviews with nurse system leaders, (ethical approval has been obtained from Anglia Ruskin University ethics committee), and my experience as a nurse system leader, the session will explore the role of a nurse system leader, and the extent to which it is able to influence the quality of care and health service provided. This session will stimulate discussions on the role of system nurse leaders, challenges and opportunities within these roles, and their impact on care, outcomes and populations.

Summary: little is understood of the experience of nurse leaders operating at system level. What is known, is that nurse leaders have a crucial role in collective leadership, yielding greater results working in collaboration, rather than working in isolation, as seen during the COVID-19 pandemic. To be effective as a nurse system leader, it is essential there is an understanding of the complexity of systems which can impact health such as social care, law enforcement, education, housing, and industry, and their differing infrastructures, and cultures (Castelyn 2024). This knowledge, and applying advanced interpersonal skills, will empower nurses working across sectors to positively impact the health care of the patients, communities and populations they represent.

### 126. Dr Sawroop Dhillon, India (Oral)

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**Predictors of health-related quality of life in patients receiving nurse-led home-based cardiac rehabilitation**

Background: Cardiovascular diseases significantly impair Health-Related Quality of Life (HRQoL), necessitating effective rehabilitation strategies. Nurse-led, home-based cardiac rehabilitation (HBCR) programs have emerged as feasible and patient-centred interventions to improve health outcomes. This study aimed to assess changes in HRQoL over time and identify clinical, behavioural, and psychological predictors influencing HRQoL.

Methodology: A study was conducted among 97 participants undergone cardiac interventions with HRQoL assessed at three time points: baseline, at six weeks, and at twelve weeks. The intervention was a 12-week nurse-led HBCR program included educational and counselling sessions on physical activity, dietary modifications, and medication adherence delivered through in-person interactions, exercise videos, booklets, weekly home visits, and motivational/reminder SMS twice weekly. Data were analysed using Linear Mixed Model (LMM) to evaluate change over time in HRQoL and identify its predictors.

Results: HRQoL improved significantly across time points (F=924, p<0.001, $\eta^2$p=0.906), with mean scores increasing from 584.53 ± 313.52 at baseline to 2464.43 ± 403.11 at 12 weeks. Post hoc analysis confirmed significant differences between all time-intervals (p<0.001). LMM demonstrated strong explanatory power with a marginal $R^2$ of 0.833 and conditional $R^2$ of 0.877. Several variables emerged as significant predictors. Higher fruits and vegetables consumption (β=0.833, p=0.009) and better functional capacity (β=1.341, p=0.031) were associated with improved HRQoL. Conversely, higher fat intake (β=−37.262, p=0.006), excessive salt consumption (β=−90.251, p<0.001), higher body mass index (β=−16.612, p=0.042), elevated mean arterial pressure (β=−9.386, p=0.001), and anxiety levels (β=−12.577, p=0.001) were significantly associated with poorer HRQoL.

Conclusion: HRQoL significantly improved during the nurse-led HBCR program period. Lifestyle factors, physiological indicators, functional capacity, and psychological factor were important predictors of HRQoL, highlighting the need for comprehensive interventions targeting these factors to enhance overall patient outcomes.

### 127. Dr Xavier Belsiyal Chellappan, India (Oral)

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**Psychological first aid preparedness among emergency healthcare professionals in Indian tertiary setting**

Background: As healthcare systems navigate increasingly complex emergencies, including disasters and humanitarian crises, Psychological First Aid (PFA) has emerged as a critical frontline competency. Nurses and midwives, often the first responders, are uniquely positioned to deliver immediate psychosocial care. However, preparedness for PFA remains a key challenge in advancing resilient and future-ready health systems, particularly in low-resource settings.

Aim: To evaluate the knowledge, attitudes, and practices (KAP) of healthcare professionals regarding Psychological First Aid and explore implications for strengthening workforce preparedness in emerging healthcare frontiers.

Methods: A descriptive cross-sectional study was conducted among 122 healthcare professionals working in emergency and trauma units of a tertiary care institution in North India. Data were collected using a validated, self-administered questionnaire assessing PFA-related knowledge, attitudes, and practices. Statistical analysis included descriptive and inferential measures.

Results: Participants demonstrated moderate knowledge (61.56%) and practice levels (63.27%), while attitudes towards PFA were predominantly neutral (56.26%). No significant correlation was found between knowledge and attitude or practice. Importantly, prior training in PFA showed a significant association with improved competency across all domains ($p < 0.05$), highlighting training as a key determinant of preparedness.

Conclusion: Findings reveal critical gaps in psychological preparedness among frontline providers despite high exposure to trauma care. Integrating structured PFA training into nursing education, continuous professional development, and emergency preparedness frameworks is essential for equipping nurses to navigate evolving healthcare challenges. Strengthening these competencies will support the development of a resilient, responsive, and future-ready nursing workforce capable of delivering holistic care across diverse and unpredictable clinical frontiers.

### 129. Mrs Maryline Flinsi, India (Poster)

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**Effect of music therapy on depression among patients with depressive disorders at tertiary care hospitals, Kolkata**

The aim of the study was to examine the levels of depression before and after music therapy to find out the relationship of music therapy with levels of depression among patients with depressive disorders. The study was pre-post experimental longitudinal design with repeated measurement. Beside standard care, the experimental group participated in twelve sessions of 15-30 minute individual music therapy online session, twice weekly. The instruments for measuring depression (PHQ-9) and music feedback questionnaire (MF) was administered with each respondent at baseline and after music therapy (as per protocol). Twelve sessions in six weeks, then follow up after four and eight weeks (from last session) from sixty (60) depressive disorder patients by random allocation. The music therapy for the experiment group cover singing (subject's

choice), music guided relaxation exercise. The control group received only standard care but no music therapy. The pre-post comparison for depression (PHQ9) at baseline and 9th follow up visit in) Experimental Group The result from paired "t" test indicates statistically significant difference in depression (mean difference =9.3,p<0.0001)for at 5%level of significance. Findings revealed that majority of the participants were female (86%. Experimental, 90% control), habitat in rural area (52% in experimental group70% in control group), having moderately severe levels of depression (experimental 93%, control 90%). The result from independent "t" test indicate a statistically significant difference in depression (PHQ9) (t=2.15, p=0.03) in experimental and control group. The study result from paired "t" test indicates statistically significant difference in depression (mean difference =9.3, p<0.0001), after 10th music therapy session in experimental group. The Pre -Post descriptive statistics for Depression (PHQ9) at baseline and 9th follow up visit in control group. The mean± sd of PHQ9 in (pre –19.6±2.1) and (post 18.7±1.9).

### 130. Dr Abdullahi Ali Ngala, United Kingdom (Oral)
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**Shaping the future: adopting a cultural lens to address nursing recruitment**

Background: The Kingdom of Saudi Arabia (KSA) faces challenges in recruiting nurses, with international recruits accounting for 40% of the nursing workforce despite ongoing Saudi efforts. Cultural, religious, and familial dynamics shape career choice for young family members, necessitating targeted strategies.

Study Design: A sequential exploratory mixed methods study using Hofstede's cultural framework.

Aim: To investigate the influence of parents and guardians on their family for the choice of nursing as a career.

Methods: The qualitative phase comprised four focus groups (n = 19), and 385 participants completed a quantitative survey. Participants were recruited using purposive and snowball sampling techniques. Data were analysed using reflexive thematic analysis, factor analysis, and regression modelling.

Findings: Four qualitative themes emerged: participants' perceptions of the nursing profession; parent and guardian support; community perceptions of nursing; perception of nursing practice; and obstacles and barriers to becoming a nurse. Quantitative analysis revealed three significant predictors of influence.

Discussion KSA's collectivist culture positions family expectations above individual career choice, limiting nursing despite its compatibility with traditional female-oriented caregiving roles. Nursing is not perceived as aligning with the high academic and professional aspirations that parents and guardians hold for younger family members. Positive attitudes toward nursing were linked to personal or familial exposure to nursing care and to the perception of religious merit associated with Islamic moral values, which are attached to service-oriented professions.

Conclusion: The study highlights the limitations of applying Western-centric career development models in contexts where collectivism, religious endorsement, and cultural honour outweigh individualistic drivers such as autonomy or self-efficacy. Culturally grounded career frameworks that acknowledge Islamic moral narratives as integral to professional identity formation in KSA are required. Leveraging these frameworks may support more effective, culturally aligned strategies for strengthening the national nursing workforce with global transferability potential.

### 132. Mr Rohit Sagoo, United Kingdom (Oral and Poster)
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**Challenges to career progression for international nurses and midwives in the United Kingdom**

Objectives: To synthesise and critically analyse the evidence on barriers and facilitators to career progression and leadership among internationally educated nurses and midwives (IENMs) in the United Kingdom, with particular focus on the structural, institutional, and social factors shaping career trajectories and experiences of stagnation.

Design: Mixed-methods systematic review conducted in accordance with Joanna Briggs Institute (JBI) methodology using a convergent integrated synthesis approach.

Findings: From eight studies, six interconnected themes were identified: structural and institutional barriers, early-career scaffolding, skill mismatch and deskilling, mentoring and sponsorship, continuing professional development (CPD), and organisational culture. Structural barriers were the most prominent, including opaque promotion systems, inconsistent recognition of overseas qualifications, and unequal access to development opportunities. Evidence indicates that internationally educated nurses and midwives (IENMs) often progress more slowly through NHS pay bands than UK-educated colleagues, reflecting systemic rather than individual factors. Early-career support was frequently inconsistent, with limited induction, unclear development pathways, and managerial gatekeeping undermining confidence and career mobility. Skill mismatch and deskilling were also common, particularly when experienced IENMs were assigned to roles below their level of expertise, leading to frustration and a diminished sense of professional identity. Mentoring and sponsorship emerged as key facilitators of progression by enhancing visibility and access to leadership, though these opportunities were often informal and unevenly distributed. Restricted CPD access further reinforced stagnation. Finally, organisational culture strongly influenced experiences of progression: inclusive leadership and psychological safety fostered belonging and motivation, whereas exclusionary networks and informal gatekeeping perpetuated inequities in career advancement.

Conclusion: This review highlights the urgent need for equitable career development and inclusive leadership to realise the contributions of internationally educated nurses and midwives fully. As global healthcare evolves, career development and strengthening supportive systems will be essential to develop diverse leadership and advance equitable, high-quality nursing and midwifery care across the Commonwealth.

### 133. Mr Rohit Sagoo, United Kingdom (Oral)

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**Research on internationally educated nurses and midwives support and experiences in the United Kingdom**

Background: Internationally educated nurses and midwives (IENMs) play a critical role in sustaining the United Kingdom's healthcare workforce, representing approximately 23.8% of the Nursing and Midwifery Council register. Despite their contribution, the National Health Service (NHS) continues to experience significant workforce shortages, with over 42,000 nursing and midwifery vacancies reported in England. Evidence suggests that many IENMs encounter barriers to career progression, leadership opportunities, and professional recognition, which may influence retention and workforce stability. Although IENMs are heavily represented within the NHS, their lived experiences, particularly regarding professional development and leadership pathways, remain underexplored. This is particularly relevant for professionals from Commonwealth countries such as India and Zambia, who constitute a large proportion of the internationally educated workforce in North West London.

Aim: The rise (research on internationally educated nurses and midwives support and experiences in the UK) study aims to understand the experiences of internationally educated nurses and midwives working at a London-based national health service (NHS) trust to inform the co-production of best-practice guidance on recruitment, retention, support, and professional development.

Methods: A mixed-methods sequential exploratory design is employed. Phase one comprises a mixed-methods systematic review examining barriers and facilitators to career progression and leadership among IENMs in the UK, followed by a cross-sectional survey of internationally educated staff at a large NHS hospital exploring experiences of recruitment, workplace culture, mentorship, and career progression. Findings from the survey inform semi-structured qualitative interviews with IENMs to explore these issues in greater depth. Phase two involves co-production workshops with internationally educated nurses and midwives to develop practical guidance for NHS organisations.

Expected Outcomes The study will generate evidence-informed recommendations to strengthen recruitment, retention, and leadership development for IENMs. By centring the experiences of globally mobile nurses and midwives, particularly those from Commonwealth nations, this research contributes to the development of inclusive workforce policies, supports equitable career progression, and strengthens global nursing leadership within the UK and wider Commonwealth health systems.

134. Mr Jithin Thomas Parel, India (Oral)
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**Lived experiences and coping strategies of flood survivors in selected districts of Kerala state**

Introduction: The increasing frequency and intensity of flood disasters in Kerala have had profound implications on the physical, emotional, social, and economic well-being of affected communities. This qualitative phenomenological study explores the lived experiences and coping strategies of flood survivors in selected districts of Kerala. Natural disasters, particularly floods, have become increasingly frequent and severe due to climate change, unplanned urbanization, and environmental degradation. Among the Indian states, Kerala has witnessed some of the most devastating floods during 2018 flood causing extensive damage to life, property, and infrastructure

Methods: This study employed a qualitative phenomenological research design to explore and understand the lived experiences and coping strategies of flood survivors. Phenomenology is appropriate for capturing the depth and richness of participants' personal experiences and perceptions in the aftermath of a disaster. Purposive sampling method was employed, semi structured interview was conducted among 17 flood survivors until data saturation in Pathanamthitta and Alappuzha districts of Kerala

Results: The mean age of the flood survivors was 55.7 years. More than half of the respondents 64.71% were male, and all were married. More than one third had higher secondary schooling (47.06 %) and matriculation (35.29%) as their educational qualification. The majority had dependents (94.2%) living in their home. All of the flood survivors had damage to house and property loss. After the qualitative analysis through Colaizzi's descriptive phenomenological method, 5 major themes and 32 subthemes emerged. Initial Psychological response, initial flood response, challenges faced, community and authority support and coping strategies were the major themes emerged.

Conclusion: By capturing the voices of survivors, this study contributes valuable insights for healthcare providers, mental health professionals, policy makers, and disaster management authorities.

135. Mr Madhu H D, India (Oral and Poster)
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**Identification of distinct nurse burnout profile in the paediatric cardiac intensive care unit using a machine learning model (SAMVEDANA Study)**

Background: Burnout among nurses in the Paediatric Cardiac Intensive Care Unit (PCICU) is an underrecognized challenge affecting workforce sustainability and quality of care. High clinical acuity, emotional stress, and demanding workloads increase vulnerability. This study aimed to identify burnout profiles among PCICU nurses using a machine learning–guided clustering approach in a large Indian cohort.

Methods: A cross-sectional questionnaire-based study was conducted among 250 PCICU nurses from January to July 2025 at a quaternary cardiac care centre in India. Burnout was assessed using the Maslach Burnout Inventory (MBI). Demographic, socio-economic, and professional variables were collected alongside MBI domain scores: emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). Data were analysed using a two-step hierarchical cluster model within the SAMVEDANA framework to identify burnout phenotypes and associated predictors.

Results: Overall, 65.5% reported at least one burnout symptom. Five profiles emerged: Overextended (27.2%), Engaged (31.5%), Disconnected (14.4%), Ineffective (12.5%), and Burnout (14.4%). Longer weekly working hours predicted higher emotional exhaustion and depersonalization, while lack of support staff increased emotional exhaustion risk. Less experienced nurses showed higher depersonalization, whereas more experienced nurses reported reduced personal accomplishment.

Conclusion: s: Nearly half of nurses clustered into high-risk burnout groups, highlighting the need for organizational and policy-level interventions. The SAMVEDANA framework demonstrates the value of machine learning in identifying burnout patterns and enabling targeted strategies such as workload optimization, peer support, and recognition systems to sustain nurse well-being and quality pediatric critical care.

136. Dr Sunita Lawrence, India (Poster)
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**Digital nursing model: a tool to rewiring clinical work culture for GenZ nurses**

The health care industry is undergoing transformative shift with the emergence of GenZ nurses who re-imaging clinical work culture. GenZ are the first generation roughly born between 1997 and 2012 and into a fully digital era. GenZ are accounting for approximate 25% of global nursing population (WEF 2023). This newer Digital Nursing Model is framed to rewire GenZ friendly clinical work culture. The model has three major phases interrelated with each other. First phase digital clinical work environment with sub components; digitally equipped environment, digital health tool kits and digital work literacy. The first phase describes essentials of creating digital based working environment alonge with the enhancement of digital knowledge among GenZ nurses. The first phase is directly affecting the second phase of model. Second phase digital clinical work culture with sub elements digital approaches in care, digital solution of case and digitally supported nursing task. In this phase identification of digital nursing activities, digital support in identifying patient problems and accordingly develop nursing software for solution. Last phase is effect of digital work culture with sub components direct and indirect positive and negative effects. The whole digital nursing model is surrounded by sub elements of GenZ friendly work culture and place for revamping cycle.

Effects of Digital Nursing Model are trustworthy and genuine for GenZ nurses. Digital care approaches improve overall work efficiency and patients satisfaction. Expectations of digital technology in the workplace affects the career intentions of GenZ nurses. It assists the generational strength for building stronger future and progressive outlook for next generation nurses.

This model is developed solely by author with the aim to create pathway to follow digital guiding framework towards nursing practice, education, research and administration for GenZ nurses.

138. Dr Rajni Sharma India (Oral)
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**Institutionally embedded nurse-led oncology reform in public health systems**

Background: Public tertiary cancer centres in India, including the Tata Memorial Centre network, deliver care at exceptionally high volumes, creating persistent gaps in workforce capacity, care coordination, and continuity. Despite global evidence supporting advanced nursing roles, their integration into public health systems in low- and middle-income countries remains inconsistent and often non-systemic. Objective: To present a scalable, institutionally embedded model of nurse-led oncology service reform aligned with governance, quality assurance, and workforce optimization in a high-volume public cancer setting.

Methods: Nurse-led subspecialty services were established in central venous access device (CVAD) management, stoma and surgical oncology rehabilitation, and palliative and symptom management. These were embedded within institutional frameworks through standardized clinical protocols, competency-based credentialing, and continuous audit systems. The model is informed by published evidence from oncology centres and systematic reviews demonstrating the effectiveness of nurse-led interventions.

Results: Published literature reports that nurse-led CVAD programs reduce catheter-related bloodstream infections and complications by 20–40%, while achieving protocol adherence rates exceeding 90%. Structured stoma education delivered by specialized nurses improves patient self-efficacy, reduces postoperative complications, and lowers readmission rates. Early integration of nurse-led palliative care has been associated with improved symptom control, enhanced quality of life, and reductions in emergency department utilization by 10–20%. Embedding these services within institutional governance enabled improved care coordination, task redistribution, and continuity across treatment pathways without additional vertical funding.

Conclusion: Institutionally embedded nurse-led oncology services offer a safe, evidence-based, and cost-neutral strategy for strengthening public cancer systems. Alignment with governance and accountability mechanisms ensures sustainability and scalability. Implications: This model provides a pragmatic, policy-relevant framework for Commonwealth health systems to expand oncology capacity through advanced nursing practice, improving access, efficiency, and quality of care in resource-constrained settings.

140. Mr Ajay Ashok Terdal, (Oral and Poster)
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**Navigating the digital frontier: a collaborative framework for excellence in nursing and midwifery education and regulation**

Background: The rapid integration of artificial intelligence (ai), telehealth, and genomic medicine is redefining the “frontiers” of healthcare. to maintain excellence, the nursing and midwifery professions must transition from traditional siloed models toward a unified, collaborative approach. this study investigates how the intersection of education, clinical practice, and regulatory frameworks can be optimized to support practitioners navigating these evolving landscapes.

Objectives: The primary objective was to identify the core competencies required for nurses and midwives to excel in technology-driven environments and to evaluate the effectiveness of collaborative regulatory-academic partnerships in fostering professional resilience and clinical safety.

Methods: A mixed-methods approach was utilized, involving a global scoping review of current digital health curricula and semi-structured interviews with 45 key stakeholders, including nursing leads, midwifery educators, and healthcare regulators. qualitative data were analysed using thematic synthesis to identify “excellence drivers” in the modern workforce.

Results: the findings revealed three critical pillars for shaping the future.

1. Adaptive Pedagogy: Standardized education must shift toward “lifelong learning” modules that integrate data literacy with compassionate care.

2. Dynamic Regulation: Regulatory bodies must move from rigid compliance to “proactive guidance,” allowing for rapid updates to scopes of practice as new technologies emerge.

3. Inter-professional Synergy: Excellence is best achieved when nurses and midwives collaborate on shared clinical pathways, reducing professional friction and improving patient outcomes in high-tech settings.

Conclusion: Shaping the future of these professions requires more than technical proficiency; it demands a structural realignment where education and regulation are as fluid as the practice itself. by working together toward a unified standard of excellence, nurses and midwives can ensure that the “new frontiers” of medicine remain human-centred and evidence-based.

141. Dr Rajni Thapa, India (Oral)
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**AI ‘flipped’ classroom: reforms in nursing curriculum and education**

In the field of nursing education, conventional lecture formats such as PowerPoint presentations often lead to passive knowledge absorption, whereas learner centred approaches like the flipped classroom, when supported by intelligent digital tools, create more dynamic opportunities for active participation, critical reasoning, and lasting knowledge retention. This study aimed to evaluate and compare the effectiveness of an AI-powered adaptive flipped classroom, a traditional flipped classroom, and a PPT-based lecture method in improving student performance on endocrine disorders among second-year Bachelor of Science in Nursing (B.Sc. Nursing) students. The true experimental design was chosen with 57 second-year B.Sc. Nursing students at Shri Mata Vaishno Devi College of Nursing, Kakryal, Katra. Participants were randomly allocated into three equal groups corresponding to the instructional methods. Knowledge acquisition was measured using pre-test, post-test 1, and post-test 2 scores, while student engagement was assessed through a 23-item, 5-point Likert scale questionnaire. Data analysis employed descriptive statistics, one-way ANOVA, repeated-measures ANOVA, and post hoc testing. Post-intervention findings indicated significant improvement in all groups, with the AI-powered adaptive flipped classroom group achieving the highest mean post-test scores, superior learning gains, and the strongest retention rate (98.53%). Engagement scores were also significantly higher in the AI-powered group ($p < 0.001$). Qualitative feedback highlighted enhanced satisfaction, motivation, and conceptual clarity among students exposed to AI-assisted learning. The AI-powered adaptive flipped classroom method proved more effective than traditional flipped and PPT-based lecture approaches in enhancing

academic performance, knowledge retention, and student engagement. Integrating AI with flipped classroom pedagogy represents a promising, student-centred strategy for advancing nursing education, particularly in complex clinical subjects.

142. Dr Phalakshi Vijay Manjrekar, India (Oral)
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**Nightingale Initiative for Global Health: capturing nurse's voices globally**

The world's nurses are deeply burned-out from the strains of frontline service to the worldwide COVID pandemic—while already enduring perpetual challenges from overwhelmed health care systems. But—even as nurses are appreciated and widely trusted for this service— their public voices are still rarely heard. This lack of nursing's public voice is in keeping with results of the Woodhull Study of Nursing and the Media: Healthcare's Invisible Partner—published in 1998 by Sigma Theta Tau International [STTI] and revisited in 2018 with the same results—a significant lack of nurses' voices—in STTI's Journal of Nursing Scholarship. While COVID has increased widespread nursing burnout, recent research also indicates that 'resilience' reduces burnout and the effects of burnout. One major way to build resilience is to share our voices—thoughts and ideas—and be listened to with deep respect and appreciation. This presentation introduces the breadth and 20-year history of the Nightingale Initiative for Global Health (NIGH). It will share NIGH's innovative global multi-media outreach—the 2023-2025 'Nurses' and Student Nurses' Voices Speaker Series' co-sponsored by the United Nations Institute for Training & Research and the Commonwealth Nurses and Midwives Federation. Broadcast across all six Regions of the World Health Organization, this project collaborated with 100 student nurses, nurse educators, nurses across various nursing fields, retirees and related stakeholders to build teams of presenters and to reach their own communities and networks, grassroots-to-global. This pilot project empowered nurses as global citizens, as storytellers – engaged to share their voices – their stories of healing, resilience, and health advocacy – as thought-leaders across the global public space and to the listening ears of everyone.

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**Effectiveness of CAN parenting app on knowledge, stress and coping of parents; and symptom burden and quality of life for children with cancer**

Introduction: Childhood cancer imposes substantial physical and psychological burdens on affected children/families. Despite treatment advances, children with cancer experience high levels of symptom burden and diminished health-related quality of life (HRQOL), while parents face multiple psychosocial issues. Evidence links parental psychosocial well-being to child outcomes, underscoring the need for targeted interventions. This RCT aimed to evaluated the effectiveness of Canparenting App on knowledge, parenting stress, coping strategies of parents, symptom burden, and HRQOL of children with cancer receiving palliative care.

Methods: An RCT was conducted involving 120 parent-child dyads randomized to experimental (n=60; app intervention, Days 1 to 90) or control (n=60; routine care) groups. Outcomes assessed pre-intervention (Day 1), post-intervention (Days 30, 90) using validated instruments: knowledge questionnaires, PIP (parenting stress), Brief COPE (coping), SSPedi (symptom burden), and PedsQL 3.0 Cancer Module (HRQOL). App acceptability was evaluated using feedback form. Data analysed with descriptive and inferential statistics (n=117, n(exp)=58 and n(control)=59 after attrition).

Results: Experimental and control group were comparable across demographics and outcome variables at baseline. Canparenting App significantly improved parental knowledge (mean differences: Day 30 = 6.51, Day 90 =7.88; $p<0.01$), reduced parenting stress (Mean difference at Day 30 = -17.63, Day 90 = -32.66; $p<0.01$), and improved problem-focused coping at Day 90 (Mean Difference 4.10; $p<0.01$). No significant differences were found for emotion-focused coping of parents, symptom burden, or HRQOL of children. App acceptability was high (81.08% "great extent").

Conclusion: The CAN parenting App significantly enhances parental knowledge, alleviates parenting stress, and promotes adaptive coping in this population, demonstrating effectiveness and acceptability as a m-health intervention.





144. Dr Punithalakshmi Karuppiah, India (Poster)
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**Knowledge and compliance of antenatal mothers regarding iron and folic acid supplementation**

Background: Iron and folic acid supplementation is essential during pregnancy to prevent iron deficiency anaemia and support maternal and foetal health. However, adherence to this supplementation remains a challenge in many settings, particularly among antenatal mothers in rural areas. This study aims to explore the interconnection between awareness and compliance of iron and folic acid supplementation among antenatal mothers in Kudel Taluk, Indore District, and to identify the factors influencing their knowledge and adherence.

Methodology: A descriptive cross-sectional design was employed for this study. A total of 200 antenatal mothers were selected using a purposive sampling method. Data were collected using a structured questionnaire comprising three parts: demographic data, a knowledge questionnaire, and a compliance questionnaire related to iron and folic acid intake. Additionally, content analysis was performed to interpret open-ended responses. Data analysis was done using descriptive and inferential statistics

Findings: The findings revealed that the knowledge level of antenatal mothers regarding iron and folic acid supplementation was generally low. Similarly, compliance levels with iron and folic acid supplementation were suboptimal, with 8.33%. The study also identified significant associations between education, monthly income, dietary habits, gestational weeks, parity status, number of abortions, and haemoglobin levels, and both knowledge and compliance levels. The correlation coefficient ($r = 0.42$) shows a moderate positive relationship between awareness and compliance, implying the relationship is not strong enough to suggest that awareness alone drives compliance Implications: The study's findings emphasize the importance of improving antenatal care education and support to enhance compliance with supplementation. Future research should focus on longitudinal studies to track changes in knowledge and compliance over time, as well as intervention-based studies to test strategies aimed at improving adherence among antenatal mothers.

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**Effectiveness of training programme on ASHA workers for NCD screening and management**

Background: Non-communicable diseases (NCDs) account for a significant proportion of morbidity and mortality in India, with a large percentage of cases remaining undiagnosed, particularly in rural areas. Accredited Social Health Activists (ASHAs), as frontline community health workers, are strategically positioned to support early detection and management of NCDs. However, gaps in their knowledge, skills, and decision-making ability limit their effectiveness.

Methods: A quantitative study using a quasi-experimental non-equivalent control group pre-test post-test design was conducted among 50 ASHA workers in Ambala district, Haryana (25 intervention, 25 control). Participants were selected through multistage sampling. Baseline assessment revealed low levels of knowledge and skills related to integrated NCD screening and management. The intervention group received a structured empowerment programme comprising 130–150 minutes of training, demonstrations (25–30 minutes per skill), and interactive activities. Outcomes were measured using structured questionnaires and observational checklists. Data were analysed using chi-square test, independent and paired t-tests, correlation, and ANOVA.

Results: At baseline, no statistically significant difference was observed between groups ($p > 0.05$). Post-intervention, the intervention group demonstrated a statistically significant improvement in knowledge, decision-making ability, and skill scores compared to the control group ($p < 0.05$). The paired t-test showed a significant increase in post-test scores within the intervention group across all domains. A moderate positive correlation ($r = 0.49$, $p < 0.05$) was found between knowledge, decision-making ability, and skills. Pre-intervention findings indicated inadequate competency levels, with many ASHAs falling in average or below-average categories.

Conclusion: The empowerment programme was effective in significantly improving the knowledge, decision-making ability, and practical skills of ASHA workers regarding integrated screening and management of NCDs. Strengthening ASHA capacity through structured training interventions can enhance early detection and community-level management of NCDs, contributing to improved public health outcomes.

### 147. Professor Jasmin Debora Settepalli, India (Oral)

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**An explainable machine learning based clinical decision support system to predict critical outcomes in emergency departments**

Aim: To engineer and analytically validate a machine learning–infused Nurse Practitioners' Clinical Decision Support System (NP-CDSS) for the precocious identification of critical outcomes among Emergency Department (ED) patients in resource-limited Indian tertiary care hospitals.

Design: Analytical endeavour featuring algorithmic inception, hyper parameter optimization, and internal cross-validation on a retrospectively curated data set. Setting: Emergency Departments of tertiary care hospital characterized by diverse patient demographics, varying clinical acuity, and complex workflow demands. Participants: Comprehensive dataset of 8,000 patient profiles, integrating demographic variables, anamnestic data, comorbidity indices, serial vital signs, and multimodal laboratory panels.

Methods: Rigorous feature selection via recursive elimination and normalization techniques processed Electronic Medical Record–emulative data. Ensemble Random Forest classifiers prognosticated four high-stakes outcomes: ICU escalation, endotracheal intubation, in-hospital cardiac arrest, and inotropic/vasopressor initiation. Evaluative metrics included accuracy, precision, recall (sensitivity), specificity, harmonic F1-score, and ROC-AUC. Post-hoc explainability via SHAP values and LIME approximations demystified predictions; a bespoke real-time dashboard visualized model drift and performance trajectories.

Main Outcome Measures: Discriminative efficacy of NP-CDSS for the four outcomes, coupled with interpretable, real-time clinical decision augmentation.

Results: NP-CDSS exhibited exemplary performance: ROC-AUC ranging 0.92–0.96, precision/recall >0.88, and F1-scores >0.90 across endpoints. Explainability tools elucidated pivotal features (e.g., hypo tension, lactate elevation), enhancing trust. The dashboard facilitated continuous surveillance, mitigating deployment risks.

Conclusion: This NP- CDSS heralds a paradigm shift in ED risk triage, enabling Nurse Practitioner-led prioritization, timely escalation, and evidence-based interventions. Seamlessly embedding explainable AI into nursing praxis promises attenuated morbidity and optimized resource stewardship in India's overburdened tertiary care landscape.

### 150. Ms Tanusree Biswas, India (Oral and Poster)

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**Comparing an artificial intelligence-powered chatbot to standardized patient simulation for teaching breast self-examination: a randomized controlled trial**

Background: Artificial intelligence-assisted simulation (AIAS) has emerged as a potential alternative, but its efficacy compared to SPS for BSE training has not been rigorously evaluated.

Objective: To compare the effectiveness of AIAS and SPS in teaching BSE to first-year medical, nursing, and paramedical students.

Design: An open-label, parallel-group randomized controlled trial.

Setting: Tertiary care institution in Eastern India.

Method: 84 first-year medical, nursing, and paramedical students were randomized to receive either AIAS (n=42) or SPS (n=42) training for BSE. The outcomes assessed included BSE skill performance, knowledge, anxiety, self-confidence, and satisfaction. Assessments were conducted at baseline, immediately post-intervention, and at one-month follow-up.

Interventions Participants in the AIAS group were provided access to the application using individual user IDs and passwords. Following an initial orientation within the app, the participants used for BSE training. They could interact with the chatbot, view instructional videos, practice BSE techniques. The participants in the control group performed BSE on standardized patient (a trained actress) using wearable breast model in a private room under supervision of an interventionist to ensure standardized scenario parameters for 15-20 minutes.

Results: AIAS participants achieved higher immediate post-intervention BSE skill scores than SPS participants (16.4 vs. 13.1, $p<0.01$). At one month, the scores were comparable between the group, suggesting convergence of skill retention. Both interventions led to significant and sustained improvements in BSE knowledge. No significant differences were observed between the groups in terms of anxiety, self-confidence, or satisfaction. At the one-month follow-up, 82.4% of the participants reported performing BSE, with no significant difference between the groups.

Conclusions: AIAS demonstrated superior immediate BSE skill acquisition compared to SPS, with comparable long-term outcomes across all metrics. These findings suggest AIAS may offer an efficient, scalable alternative to SPS for BSE training, potentially addressing resource constraints in medical education, for deliberate, on-demand practice.

### 151. Miss Abeni O Ezung, India (Oral, pre-record)
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**Safe digital sisterhood: support for reproductive and mental health among young women**

Introduction: Reproductive health education among women remains a critical heath concern, particularly in settings where cultural stigma, misinformation and limited access to accurate information. On the other hand, digital platforms have become increasingly influential in shaping how young people get access to health information. Online peer communities can offer help for young women to connect, share experiences and access support in a more comfortable environment. The concept of "Safe Digital Sisterhood" explores the interrelationship between safe digital sisterhood, online peer communities, reproductive health literacy, and mental well-being among young women and proposes illustrating how supportive digital interactions can promote health knowledge and psychological wellbeing.

Objectives:

- To explore how digital peer support can improve reproductive health literacy.
- To understand the impact of online peer communities on the mental well-being of young women.

Method: A conceptual approach based on review of existing literature related to digital health communication, reproductive health education, and mental health well-being among young women. Relevant studies

and reports were examined to develop a conceptual framework illustrating the relationship between online peer communities, health literacy and mental well-being.

Results The proposed framework suggests that safe digital peer communities encourage information sharing, emotional support and open discussions about reproductive health. Additionally, supportive online engagement may contribute to improved psychological well-being and a stronger sense of community among young women.

Conclusions: Safe digital sisterhood platforms have the potential to become valuable tools for promoting reproductive health education and mental well-being among young women. Strengthening such digital communities may complement traditional health education programs and support young women in making informed health decisions.

153. Dr Deviga Thirush, India (Poster)
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**Empowering women through cervical cancer survivor storytelling: a community-based preventive health intervention study**

Background: Cervical cancer remains a major public health concern among women in India, despite being largely preventable through early screening. Low screening uptake is influenced by poor awareness, fear, stigma, misconceptions, and low perceived susceptibility. Conventional health education approaches often lack emotional engagement and may not lead to sustained behavioral change. Survivor storytelling, a culturally sensitive strategy, utilizes lived experiences to enhance awareness and motivate preventive health behaviors.

Objectives: To assess baseline knowledge, attitude, perceived susceptibility, and empowerment, and evaluate the effectiveness of survivor storytelling on screening intention and uptake among women.

Methods: A community-based quasi-experimental study with a control group will be conducted among women aged 25–50 years in selected community areas. Participants will be allocated into intervention and control groups. The intervention will include survivor storytelling videos, brief health education, interactive discussion, distribution of IEC materials, and screening referral support, along with a reinforcement session after 2–3 weeks. Four trained cervical cancer survivors will deliver structured narratives addressing emotional, social, financial, and treatment experiences, along with messages of hope and prevention. Data will be collected at baseline, post-intervention, and 3-month follow-up using structured tools.

Novelty and Innovation: This study integrates survivor storytelling with education, IEC support, and referral facilitation to influence both behavioral intention and actual screening uptake.

Expected Outcomes: Improved knowledge, attitude, perceived risk, screening intention, and increased screening uptake are expected.

Conclusion: This model may serve as a sustainable strategy for strengthening community-based cervical cancer prevention programs.

154. Ms Himani Yadav, India (Poster)
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**Challenges and care needs of breast cancer survivors through phenomenological approach**

Background: Breast cancer survivorship represents a critical phase in the cancer care continuum, characterized by persistent physical, psychological, emotional, and social challenges even after completion of primary treatment. Despite increasing survival rates, survivorship care remains inadequately addressed, particularly in developing countries like India, leading to unmet care needs and compromised quality of life. There is limited context-specific evidence exploring the lived experiences and care requirements of breast cancer survivors in tertiary care settings.

Objectives:
(1) To explore the challenges faced by breast cancer survivors during the post-treatment phase.
(2) To identify the physical, emotional, and psychological care needs of breast cancer survivors.

Materials And Methods: An exploratory qualitative study with a phenomenological approach was conducted among 16 breast cancer survivors in a tertiary care hospital (AIIMS Patna). Participants were selected using purposive sampling. Data were collected through in-depth interviews using a semi-structured interview guide. The interviews were transcribed verbatim and analysed using thematic analysis supported by a hybrid coding approach (inductive and deductive). Codes, categories, subthemes, and themes were generated using a constant comparative method.

Results: A total of 89 initial codes were generated, of which 55 were retained and organized into 24 categories and 7 subthemes under two major themes: (1) challenges faced by breast cancer survivors in post-treatment care and (2) care needs of breast cancer survivors. The findings revealed that survivors experienced persistent physical challenges such as

fatigue, pain, and treatment-related side effects. Psychological and emotional difficulties included fear of recurrence, anxiety, distress, and uncertainty. Social and functional issues such as financial burden, dependency, and altered family roles were also prominent. Survivors expressed significant unmet needs related to physical symptom management, psychological support, emotional care, social support, and access to adequate information and healthcare services.

Conclusion: Breast cancer survivors experience multidimensional challenges during the post-treatment phase, with substantial unmet care needs across physical, psychological, and social domains. The study highlights the necessity for comprehensive, patient-centered survivorship care and the development of structured survivorship care plans to improve quality of life and long-term outcomes.

### 155. Dr Vikas Bhaskar, India (Oral)

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**Satisfaction and perceived barriers of Community Health Officer (CHO) in NCD management**

Background: Non communicable diseases (NCD) are the leading cause of all fatalities in India and among then half were avoidable. To reduce the mortality and morbidity OF NCD, Government of India under National health policy (NHP) 2017 emphasis on comprehensive primary health care (CPHC). Establishment of Health and wellness centre (HWC) and placement of community health officers (CHOs) as nurse practitioner at HWC which was important landmark under newly launched under Ayushman Bharat scheme.

Objectives:
1) To assess the level of satisfaction in management of NCD,
2) Identify barriers perceived by community health officers in NCD management,
3) Examine the correlation between level of satisfaction and barriers perceived by community health officers (CHO's).

Methodology: Quantitative approach with Descriptive research design was used and a total of 100 sample were selected based on sample size equation for estimation of mean. subjects were selected by two types of sampling techniques: Multistage cluster sampling used to select the districts and convenient sampling technique used to include the community health officers. Likert scale was used to collect the data and Validity and reliability of tool was established. Ethical permission for the study was obtained.

Result and Discussion: Socio demographic information reveals that out of 100 samples 65% were between 26- 30 years of age group,52% were male, 58% were had previous qualification as GNM and 61% were having 1–3-year experience before joining CHO. Study found that 60% were highly satisfied, 23% were satisfied, and 17% were not satisfied. 53% CHO had moderate perceived barriers in management of NCD management. The study found a non-significant very weak positive connection (r=0.126, p=0.213) between satisfaction and perceived barriers.

Conclusion: Study concluded that majority of CHO has satisfaction with NCD management but at a time large number of facing barriers which is critical need to resolved.

### 156. Dr Mir Uzma Ashraf, India (Oral)

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**Attitude of nursing students towards artificial intelligence**

A study conducted among 150 nursing students in selected nursing colleges in Anantnag, Jammu and Kashmir, India aimed to evaluate their attitude towards artificial intelligence (AI). The objectives were to assess their attitude and explore its relation to socio-demographic factors. A quantitative non-experimental design was employed, using a structured questionnaire to gauge attitudes.

The results showed that 58% of nursing students exhibited an unfavourable attitude towards AI, while 42% displayed a favourable attitude. The Chi-square test revealed no significant association between demographic variables such as nursing course, age, previous knowledge, and source of information with the attitude of nursing students towards AI.

This suggests that despite the growing importance of AI in healthcare, a majority of nursing students are not inclined towards it. The lack of association with socio-demographic factors indicates that attitude towards AI is not influenced by these variables.

The study highlights the need to address the concerns and perceptions of nursing students regarding AI. Incorporating AI-related content in nursing curricula and providing hands-on training could help improve their understanding and attitude towards AI. The findings also imply that nursing educators and policymakers should focus on creating awareness and promoting AI adoption in healthcare education. This could help bridge the gap between the growing use of AI in healthcare and the attitudes of future nursing professionals.

Overall, the study provides insights into the attitudes of nursing students towards AI, emphasizing the need for targeted interventions to improve their understanding and acceptance of AI in healthcare.

### 157. Col Sindhumol P K, India (Poster)

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**Menstrual matters, making impact**

Introduction: Female health care workers consistently dominate the health care industry in numerical superiority. Menstrual Health poses unique challenges for female health care workers causing a significant impact on productivity, job satisfaction and overall well-being. Despite its importance, menstrual health remains a neglected issue in many health care settings. This study aimed to assess the impact of menstrual friendly polices among female health care workers in terms of overall wellbeing and job satisfaction.

Method: Mixed methodology with post-test only control group design was adopted for the study. Overall wellbeing of 40 female health care workers while performing their duty during covid pandemic was assessed using 12-point General Health Questionnaire and 08 of them were interviewed.

Results: Majority of the participants were in the age group of 25 to 30 yrs. The mean GHQ scoring was higher in control group indicating greater psychological distress among the control group. There was a significant difference with regard to application of statistical test in overall wellbeing of female health care workers. Thematic analysis showed these categories, emotional distress, Physical and Mental fatigue, Hidden coping strategies and burnout among control group. The result revealed that menstrual friendly policies have an impact on overall wellbeing and job satisfaction of female health care workers in a heath care setting.

Discussion: Studies on menstrual health issues have revealed that menstrual symptoms affected work productivity in 81% of women (Dmitrieve et al). Despite the growing recognition of the importance of menstrual health, there is a surprising lack of published literature on menstrual-friendly policies in the workplace.

Conclusion: Menstrual friendly polices with flexible working arrangements can play a vital role in supporting the overall wellbeing, job satisfaction among female health care workers and increased output in terms of quality patient care.

### 158. Dr Jaya Bijoy, India (Oral)

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**Effectiveness of educational app on knowledge and attitude regarding drug facilitated sexual abuse among college girls**

Background: A growing public health and safety problem is Drug-Facilitated Sexual Abuse (DFSA), especially among young women attending college. It entails giving drugs like Rohypnol or Gamma Hydroxybutyrate (GHB) to victims without their consent, leaving them open to sexual assault. Even while DFSA is becoming more common in India, few people are aware of it, particularly college students. This study aimed to evaluate the effectiveness of an educational mobile application on knowledge and attitude regarding DFSA among college girls in Bhopal, Madhya Pradesh.

Methodology: A quasi-experimental, non-equivalent comparison group pre-test and post-test design was used in a quantitative evaluation method. 480 college girls between the ages of 17-22 years were selected using purposive sampling, and they were split equally between the experimental and comparison groups. Baseline knowledge and attitudes were assessed using pre-test evaluations. The comparison group received no intervention, whereas the experimental group received an educational app on DFSA. After 15 days, post-test evaluations were carried out.

Findings: The results showed that both groups had inadequate pre-intervention DFSA knowledge. In contrast to the comparison group, which showed no change, the experimental group's post-intervention findings demonstrated a notable improvement, with the majority attaining good knowledge scores. The mean post-test knowledge scores varied significantly ($t = 9.91$, $p < 0.05$). Although there was still no link between knowledge and attitude, the experimental group's attitude scores also somewhat improved ($t = 5.32$, $p < 0.05$). Pre-test results and a few selected demographic factors did not significantly correlate Implications:

Conclusion: The study concludes that educational mobile applications are effective tools for enhancing awareness and promoting preventive attitudes regarding DFSA among college students. It recommends large-scale implementation of technology-based educational interventions to this neglected issue and empower young women to protect themselves.

### 159. Dr Sophy Chacko, United Kingdom (Oral and Poster)
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**Scope of advanced clinical practitioner roles and their contribution to health services in the NHS, United Kingdom**

Introduction: Advanced Clinical Practice (ACP) is a defined level of practice designed to transform and modernise pathways of care, enabling the safe and effective sharing of skills across traditional professional boundaries. It is an extended role for allied health professionals, nurses and midwives in a range of settings.

Design: an exploratory study to explore ACP role in a range of clinical settings and the four pillars of practice.

Method: systemic review and semi structured face to face interviews with ACP.

Results: A scoping review of 5 online database and able to review 60 studies. The review identified strong ACP engagement in clinical practice including improved patient satisfaction, direct patient care and reduced waiting time.

Conclusion: The scoping review points out the significant contributions of Advanced Clinical Practitioner and they felt confident in their clinical competencies, indicating that the training provided them with the skills needed for effective practice. The competencies help in clinical reasoning and good communication, which in turn equips them with the skills needed for high quality care.

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**Navigating new frontiers: the Triple T Model for global nursing workforce**

Background: Global nurse migration, particularly from India to countries such as the United Kingdom and Sweden, is central to ING workforce shortages across commonwealth and European health systems. despite the academic recognition of Indian nursing qualifications, internationally educated nurses (IENS) often face prolonged and complex transition pathways. this paper presents a manual expert synthesis of policy and educational reforms, informed by a collaborative autoethnographic perspective, to examine the structural drivers of these 'difficult transitions.'

Findings: indicate that transition challenges stem not from deficits in individual competence, but from misalignments between education, regulation, and practice-readiness verification systems. Host countries prioritise locally contextualised evidence of competence—licensure, competency assessments, language proficiency, and legal-ethical knowledge—while variability

in source-country licensure and competency validation increases documentation burdens, duplication, delays, and risks of deskilling. We propose the Triple T Model—Transparency, Transferability, and Transitionability—as a framework for alignment.

- Transparency emphasises competency-based licensure systems and standardised national registers that make skills visible and verifiable.
- Transferability focuses on aligning education with internationally legible competencies through simulation, OSCE-style assessments, and structured clinical documentation.
- Transitionability highlights the role of host systems in enabling integration through language-supported clinical learning, mentorship, and inclusive leadership.

Using India as a source country and the UK and Sweden as destination contexts, we demonstrate how regulatory reform, competency-based education, and leadership-driven integration can reduce redundancy and enhance mobility. The Triple T Model offers a scalable approach to reposition licensure as a mobility enabler and support IENs not only to integrate, but to lead.

### 161. Lt Col Gracy Joseph, India (Oral)

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**Work-life balance and job outcomes among healthcare professionals**

Work-life balance is the ability to manage professional and personal responsibilities effectively. A study was undertaken to assess the work-life balance of nurses working in tertiary-care hospitals in Ernakulam district, Kerala, aiming to improve their well-being and quality of care. This research aimed to determine the prevalence of work-life balance, job satisfaction, work engagement, and turnover intentions among nurses. It examined the influence of work-life balance on these workplace factors and its association with socio-demographic characteristics. The research approach adopted for the study was descriptive correlational. A total of 330 registered nurses were selected using convenience sampling from a private medical college hospital in Ernakulam district, The outcome variables in this study were work-life balance, work engagement, job satisfaction, and turnover intention. Data were collected using standardized tools including the work-life balance scale, Utrecht work engagement scale, job satisfaction scale, and turnover intention scale. Statistical analysis was carried out using SPSS, with significance set at $p< 0.5$ The results revealed that although many nurses had moderate to high levels of engagement, a large number struggled with poor work-life balance and moderate satisfaction with their jobs. A noticeable portion indicated intentions to leave their roles. A slight positive link was found between work-life balance and engagement, with a non-significant moderate link to job satisfaction. No clear correlation was seen between work-life balance and intent to leave. Significant links were observed between work-life balance and variables like transportation mode, health conditions, and family support. The conclusion drawn from the study has shown that nurse's turnover intentions are influenced by multiple factors beyond work-life balance. Enhancing work conditions, providing family support, and promoting well-being through flexible shifts and mental health services are crucial for improving job satisfaction and retention in tertiary healthcare settings.

### 162. Ms Alison Gabrielle Perry, United Kingdom (Oral)

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**The BIA (Blood in Action) listening project**

Introduction: Engagement in women's health and research has become an imperative within the ethical conduct of health and research. Engagement, sometimes called patient and public involvement and engagement (PPIE), takes the form of a wide range of initiatives in which the goal is to meaningfully incorporate the voices and lived experience of women in order to inform and influence the design and conduct of ethical and inclusive research. However, despite a shared moral imperative in the current research landscape, the conduct of PPIE exists with wide variation and persistent tokenism (Perry and Mullins, 2023). Therefore, this research aims to better understand the mechanisms of effective engagement in women's health and research and set out recommendations of best practice, which include the use of arts-based creative methods of engagement.

Methods: A Realist Informed Evaluation of The Bia (Blood in Action) Study Programme of Engagement.

Results: This forms the doctoral research work of the applicant and gives the opportunity to present work in progress which will showcase the creative methods of engagement and present early finding of the data analysis of 13 one-to-one interviews and 3 focus groups conducted around the related topics of blood, birth, and trust.

Discussion: The implications of this research serve to inform methods of meaningful engagement in women's health and research and better understand the mechanisms, or essential ingredients of engagement in research which can reduce marginalisation and improve diversity and inclusion.

### 163. Ms Alison Gabrielle Perry, United Kingdom (Oral)

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**Forum theatre and respectful maternity care in midwifery education**

Introduction: Respectful maternity care (RMC) is a global challenge. The absence of respect in maternity care has been identified as a key challenge in the provision of safe and human rights-based maternity care which upholds the dignity and autonomy of childbearing women. Despite the WHO identification of abuse in childbirth as a barrier to safe care in 2015, the implementation of strategies for improvements remains varied in approach and geographical setting. This abstract is to showcase an educational approach to issues related to RMC through the participatory educational method known as forum theatre. Established in Brazil through the pedagogical and theatre work of social activist Augusto Baol in the 1970s, forum theatre is seeing a resurgence of activity across different areas particularly to identify systemic oppression and enact social change. In the field of midwifery education, forum theatre provides an effective way for students to view and deconstruct the power dynamics related to RMC in midwifery.

Methods: Forum theatre methodology pilot project within an established professional midwifery workshop programme in Uganda.

Results: Participant feedback related to the project and narrative description of the method.

Discussion: This abstract is to share the methodological development of forum theatre as a tool to enhance midwifery education related to respectful maternity care. It will also describe the method and provide excerpts from the plays used to conduct the forum theatre in the classroom setting.

### 164. Dr Felicia Kwaku, United Kingdom (Oral and Poster)

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**Can Bilateral Labour Agreements safeguard the rights, health and wellbeing of internationally educated nurses in Europe?**

Background: Bilateral Labour Agreements (BLAs) are key instruments for promoting ethical, safe, and equitable migration of health professionals. Aligned with the WHO Global Code of Practice on the International Recruitment of Health Personnel, BLAs can support nursing and midwifery mobility while contributing to Sustainable Development Goals 3, 5, 8, 10 and 11. This study, undertaken by GNLI Scholars 2023 Europe, examined how BLAs can strengthen protection for internationally educated nurses (IENs) across the WHO Europe region, with emphasis on education, leadership, and regulation.

Methods: A multi-method approach was used, including targeted literature reviews, expert consultations, and an international survey of Chief Nursing Officers (CNOs) and National Nursing Associations (NNAs). The study explored current BLA practices, regulatory gaps, and opportunities to enhance ethical recruitment, professional recognition, and safe integration of IENs into European health systems.

Results: Responses from 36 countries (68% of WHO Europe) indicated that BLAs can improve recruitment pathways, safeguard employment conditions, and uphold regulatory standards. However, many agreements lacked structured language support, cultural adaptation, and equitable professional development. Only 10% of CNOs and 2% of NNAs reported involvement in BLA development, highlighting a significant leadership gap. In addition, 25% of CNOs and 46% of NNAs reported limited access to reliable IEN workforce data, constraining monitoring, oversight, and workforce planning.

Conclusion: A tripartite model embedding governments, CNOs, and NNAs across the BLA lifecycle was developed. This strengthens nursing and midwifery leadership in migration governance and supports high standards of education, regulation, and practice. The learning and shared experience are transferable to Indian nations whose nurses account for some of the highest IENs numbers in Europe. Wider adoption enhances ethical recruitment, improve IEN retention, and strengthen global workforce resilience.

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**Bridging the bridge: educational opportunities for the migrant nurse**

The phenomenon of nurse mobility is expanding significantly. Consequently, the nursing workforce across various nations increasingly incorporates Internationally Educated Nurses (IENs), who migrate to secure employment, predominantly within high-income jurisdictions. Bridging education programmes are implemented to align the professional competences of IENs with the regulatory requirements of host countries. This paper presents a SWOT analysis of contemporary bridging education for IENs. To identify the inherent Strengths and Weaknesses of these programmes, a comprehensive literature review was conducted, and the evidence supporting bridging education was appraised against a critical discussion regarding the value of IENs within health and social care systems. Furthermore, the Opportunities and Threats associated with IEN bridging education are examined through the lens of extant literature and the subsequent discourse on IEN contributions to healthcare. The SWOT analysis provides a strategic framework for policymakers, education strategists, programme developers, and nursing leaders dedicated to establishing and maintaining robust global pathways for IEN integration. Key recommendations emerging from this analysis include the development of internationally accredited bridging education frameworks alongside the establishment of internally recognized competence structures for the nursing profession.

167. Dr Sharin Baldwin, United Kingdom (Oral and Poster)
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**Invisible: advancing father-focused perinatal care through research and technology**

Background: Fathers' mental health during the perinatal period remains under-recognised globally, despite evidence demonstrating its impact on maternal wellbeing, child development, and family outcomes. ing this gap is critical for nurses and midwives across Commonwealth countries, where cultural expectations, stigma, and service constraints may further limit engagement with fathers.

Innovation Invisible is an innovative, evidence-informed film developed by the Institute of Health Visiting, grounded in research (Baldwin et al, 2018; 2019; 2021; 2022). Launched in June 2025, it uses narrative storytelling to portray fathers' lived experiences and translate research into practice, supporting nurses, midwives, and multidisciplinary professionals to better recognise and respond to paternal mental health needs.

Methods: An interim evaluation captured demographic data and qualitative feedback from viewers, alongside a 5-point rating scale, to assess reach, engagement, and perceived impact across professional and public audiences.

Results: To date, Invisible has been viewed over 12,443 times, with 373 responses from health professionals and parents across multiple countries, including India and Australia. The film achieved a mean rating of 4.87/5. Findings highlight: (1) strong emotional engagement fostering empathy; (2) increased awareness of fathers' mental health; (3) intentions to improve practice, including enhanced father engagement and early identification of need; (4) reflection on gender norms and family roles; and (5) strong potential for integration into education and service development internationally.

Conclusion: As a low-cost, scalable digital intervention, Invisible demonstrates how research-informed innovation can support workforce development and cultural change. It offers a transferable model for strengthening family-centred, father-inclusive care and addressing inequities in perinatal mental health across diverse Commonwealth settings.

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**Exploring pain perception and coping mechanisms in paediatric venipuncture: a cross-sectional study**

Introduction: Venipuncture is one of the most frequently performed invasive procedures in pediatric settings and is commonly associated with significant pain and distress. Children utilize a variety of coping mechanisms to manage procedural pain, which can influence their immediate experience and future healthcare interactions. Understanding both pain perception and coping strategies is essential for improving the quality of pediatric care.

Methodology: A quantitative cross-sectional study was conducted among 150 children aged 6–16 years undergoing venipuncture at Sri Ramachandra Hospital, Porur, Chennai. Participants were selected using a non-probability convenience sampling technique. Pain perception was assessed using the Wong–Baker FACES Pain Rating Scale, and coping mechanisms was evaluated using an adapted Child Coping Strategies Checklist (CCSC). Data was collected immediately after the procedure. Descriptive statistics (mean, standard deviation, frequency, and percentage) and inferential statistics (Pearson's correlation coefficient) were used for data analysis.

Results: The study shows that children experienced moderate to severe pain during venipuncture, with a mean pain score of approximately 6.2 ± 1.8 on the Wong–Baker FACES scale. Around 60–70% of children reported moderate to severe pain levels. Among coping mechanisms, distraction techniques are expected to be the most commonly used (approximately 65%), followed by support-seeking behaviours (around 55%), while avoidance coping strategies was observed in about 40% of children. A statistically significant moderate negative correlation ($r \approx -0.50$, $p < 0.001$) was found between coping mechanisms and pain perception, indicating that children who utilize more adaptive coping strategies tend to report lower pain levels.

Conclusion: The findings are expected to highlight the considerable pain experienced by children during venipuncture and underscore the importance of effective coping strategies in reducing pain perception. The study will provide valuable insights for healthcare professionals to implement targeted, child-friendly interventions to minimize procedural pain and improve pediatric patient outcomes.

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**Use of digital tools for electronic patient records to strengthen data integrity and enhance patient safety in clinical trials**

Background: As clinical trials are becoming increasingly complex and expensive, electronic patient records (EPR) are becoming increasingly integral in offering enhanced data accuracy and operational efficiency in research (Barlow 2020). The integration of digital tools within the electronic patient record (EPR) system within the Oncology and Haematology department has transformed clinical trial conduct and delivery. The initiative focused on strengthening data integrity, improving real-time access to patient data resulting in timely clinical decision-making, and enhancing patient safety through seamless digital workflows.

Methods: Digital tools were introduced to support changes in the trust's patient record system and to enhance the quality and integrity of data collection. change-tracking and version control streamlined amendment management. Standard templates for assessments and clinical documentation were provided for physicians and nurses. clinical trial data was automatically transmitted to the EPR system, reducing errors and manual work. Physicians could review and endorse results within the EPR, enhancing accountability and workflow.

Results: The implementation led to fewer sponsor data queries, greater protocol compliance due to automated alerts, and improved patient safety through real-time EPR access. Sponsor's confidence and institutional reputation increased evidenced with positive feedback and efficient collaboration. External monitors could review data electronically, tracking changes and ensuring audit readiness, while legibility issues from handwritten records were eliminated.

Conclusion: The use of digital tools on EPR for clinical trial patients is very helpful. It is therefore beneficial for researchers to use these tools for easy access to more accurate and comprehensive data. all the data is available seamlessly on EPR.

### 170. Mr Greg Sharplin, Australia (Oral)
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**Nursing and Midwifery Workforce Survey South Australia – 2025**

Introduction/Aim: The 2025 Nursing and Midwifery Workforce Climate Survey, conducted by the Rosemary Bryant AO Research Centre (University of South Australia) in partnership with the Australian Nursing and Midwifery Federation (SA Branch), provides a powerful snapshot of working conditions among nurses, midwives, and personal care workers in South Australia. Commissioned in response to mounting concerns over workforce wellbeing, the survey captures fatigue, burnout, abuse, and retention challenges. The aim is to use these insights to inform interventions that support a sustainable, safe, and high-performing nursing and midwifery workforce.

Methods: A total of 1,957 respondents participated, including registered nurses (91.1%), midwives (5.2%), personal care workers (2.0%), and nurse-midwives (0.5%). Validated instruments were used: the Occupational Fatigue Exhaustion Recovery (OFER) Scale measured acute and chronic fatigue, the Pay Satisfaction Questionnaire assessed financial stress, and psychosocial and safety climate tools assessed risk of psychological strain, abuse, and organisational support. Intent to leave was surveyed, along with interest in advanced practice and career pathways. Burnout was measured using the Oldenburg Burnout Inventory.

Results: Key findings demonstrate a workforce under severe stress. Seventy-nine percent of respondents reported moderate to high acute fatigue, and 65 percent reported moderate to high chronic fatigue. Financial concerns were widespread, with nearly three-quarters of the workforce reporting anxiety about their household economic well-being. Alarmingly, 57.5 percent intend to leave within five years—an increase from prior surveys—with workload, burnout, and work-life balance cited as top reasons. High rates of abuse were also reported: nearly half (46.9 percent) experienced verbal abuse from patients in the past month, and 19.6 percent reported physical abuse. Psychological risk is significant: 71.6 percent of respondents rated at high risk for job strain or depressive symptoms, and 23.6 percent screened as high risk for PTSD. Burnout was nearly universal, with 75.5 percent identified as ‘burnt out.’

Conclusion: These findings reveal a workforce deeply committed to patient care but stretched to unsustainable limits. Five priority actions have been identified: strengthen psychological safety through governance reforms; invest in fatigue management; tackle workplace abuse; reform pay and careers; and institute regular monitoring of workforce climate. Without prompt, targeted action, the risk of attrition threatens both workforce sustainability and patient safety.

### 171. Dr Jilmy Anu Jose, India (Poster)
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**Post coronary artery event: illness perception, behavioural outcome and life style changes**

The study aimed at assessing the illness perception, behavioural outcome and lifestyle changes post coronary artery event among adults diagnosed with coronary artery disease in selected hospitals of South-West Delhi. The study was conducted by in-depth interview and clinical assessment. A sample of 306 patients selected by systematic random method were included for the study. The tool used for data collection consisted of brief illness perception questionnaire, drug adherence tool and patient records. Data were analysed using descriptive and inferential statistical methods based on objectives of the study. the mean illness perception score of patients regarding coronary artery disease was 5.7. Self-reported behavioural outcome assessment showed that 72.2% were non-smokers; 67.5% avoided alcohol; 47.3% regularly monitored body weight; and 64.1% avoided obesity. It was also seen that 59.5% of the sample avoided stressful environment and situations; 80% were taking medicines as per the doctor’s prescription; 62.7 % patients were monitoring blood pressure regularly; 55.8% underwent regular health checkups; and 48.65 were actively following regular exercise pattern. Adherence to healthy diet was shown by 46% where the patients usually adopted healthy diet habits; 50% rarely adhered to prescribed dietary pattern; and 3.6 % were not following the prescribed dietary pattern. 25.2 % of the sample was found adhering to exercise and

activity pattern. The majority of the sample (68.3 %) were rarely adhering; and 6.5% were not doing exercise at all. The study recommends dedicating valuable time with every patient to educate, plan life style, behaviour modifications and maintain support and collaboration throughout the course of treatment. Methods improving life style like regular follow up, education, training program, health care facilities, community facilities, family support, and home visit by nurse can also be incorporated which will improve the adherence and reduce re-stenosis and complications.

### 173. Dr Augustine Ndaimani, Rwanda (Oral and Poster)
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**Connectivity, pedagogy, and support: the e-learning experiences in nurse leadership development programme**

Background: Nurses constitute nearly 60% of the global health workforce, yet nursing leadership development remains severely underdeveloped. The State of the World's Nursing 2025 report reveals that although 66% of countries have national leadership initiatives, only 25% of low-income countries offer structured programmes. The COVID-19 pandemic accelerated the shift to e-learning, creating both opportunity and inequity for nurses globally. This study explores barriers, enablers, and strategies for e-learning among participants of the Global Leadership in Nursing and Midwifery (GLNM) programme, a nine-month blended leadership development programme delivered via the Canvas Learning Management System (LMS).

Methods: A qualitative exploratory study using in-depth interviews (IDIs) was conducted with 19 purposively selected alumni from the 2022–2024 GLNM cohorts, drawn from Rwanda, Malawi, Botswana, Ethiopia, Sierra Leone, Lesotho, Haiti, and the USA and two of their mentors. The transcripts were analysed through latent content analysis. Trustworthiness was ensured through peer debriefing, member checking, reflexive journalling, and code saturation.

Results: Four themes emerged: (1) technological barriers and digital inequities; (2) the dual burden of learning while working in resource-constrained settings; (3) language, communication, and pedagogical quality as determinants of learning; and (4) relational architecture through coaching, peer networks, and institutional support as pathways to completion. Intermittent internet connectivity, smartphone-only access, work-learning conflicts, language barriers, passive facilitation, coaching inconsistency, and credential accreditation were the identified barriers. Enablers included active facilitation techniques, WhatsApp-based peer networks, transformative coaching, family support, and institutional pastoral care.

Conclusion: s E-learning in nurse leadership training in resource-limited settings is both feasible and highly valued, but its potential is systematically constrained by structural barriers requiring deliberate, system-level responses. These findings are synthesised into the Digital Equity, Pedagogical Quality, Relational Support, and Credential Recognition (DPRC) Framework; an actionable guide for institutions designing e-learning programmes for nurses globally.

### 174. Dr Augustine Ndaimani, Rwanda (Oral and Poster)
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**Feasibility, prevalence and risk factors for hypertension and adiposity in rural Rwanda**

Background: Non-communicable diseases are projected to become the leading cause of morbidity and mortality in Africa by 2030, fueled by hypertension and adiposity. In Rwanda, only 12% with NCDs engaged in care, and only 22% of hypertensive people having been diagnosed and receiving care. We aimed to determine the prevalence of hypertension and abdominal obesity among adult patients and assess the implementability of outreach screening.

Methods: This was a cross-sectional screening conducted during the commemoration of International Nursing Day. Adults were mobilised through messages at church, village and public gatherings. We screened 192 consenting adults for hypertension, Body Mass Index, and Waist-Hip Ratio (WHR), while collecting data on risk factors, in an open, shaded space, alongside health education and referral for identified hypertension. The cut-offs for WHR adiposity were 0.9 for males and 0.85 for females, and 140/90 mmHg for hypertension. Risk factors were determined using multiple logistic regression with log-binomial methods.

Findings: The mean age was 36 years (SD = 14.2 years), with 114 (59.4%) males, all from wealth categories 1, 2, and 3. Dietary salt intake was low, with 169 (88.0%) consuming below 2g per day. Tobacco smoking prevalence was 10.4% (95%CI=6.8; 15.6%), while 63.5% (95%CI=56.5; 70.1%) consumed alcohol. Abdominal obesity was prevalent in 45.3% (95%

CI=38.4%; 52.5%), while 29.7% (95% CI=23.6%; 36.6%) were hypertensive. Being 40 years old or above, compared with below 40 years of age (aOR=4.5; 95%CI=2.01; 10.2), and being male, compared with female (aOR=2.1; 95%CI=1.1; 4.3), were associated with higher odds of abdominal obesity. Outdoor screening was perceived as acceptable by 94.3% and as appropriate by 99%. Interpretation: Three in ten adults are at risk of cardiovascular morbidity, with hypertensive prevalence nearly double the national figures. Open-space screening during public events is an appropriate and acceptable strategy for scaling up hypertension and adiposity screening.

### 175. Mrs Yuko Matsumoto Leong, Japan/USA (Oral)
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**T.R.E.E. haiku: planting for next generations**

This oral presentation introduces the T.R.E.E. haiku project, a self-awareness activity of creating short poems. The original inspiration for this activity is Florence Nightingale's childhood word game, B.R.E.A.T.H., which I saw displayed at the Florence Nightingale Museum in London in 2014. Haiku is a Japanese poetry form. Even though I am not following all of its rules, I decided to call these poems haiku to bring attention to my heritage. We are part of nature, as Florence Nightingale famously stated, "Nature alone cures.... what nursing has to do... is to put the patient in the best condition for nature to act upon him...." If we, nurses/midwives, are not aware of our own vulnerabilities, how can we be available for others in need? In September of 1978, I attended the International Confederation of Midwives (ICM) in Jerusalem, Israel. While touring Masada, a mountain-top fortress, overlooking the Dead Sea, I heard words of warning from a Japanese-speaking tour guide: "Drink water, you don't know you are sweating." Ever since I've been sharing this wisdom of the limitations of self- awareness, and the importance of attending to nature, not only with others, but also especially myself, as if I were a tree. Branching out from a few words of encouragement can begin the process of reaching out to many more people in this time of facing unknown challenges.

### 177. Dr Phalakshi Manjrekar, India (Oral)
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**Strengthening future nurse leaders through London Institute programme delivery in Mumbai**

Background: King's College London, a globally top- Pearson-Jenkins institution, co-designed two nurse leadership programs in collaboration with P D Hinduja Hospital, an internationally recognized healthcare organization in Mumbai. The programs—Clinical Leadership Education Programme and Educate the Educator: Leadership Programme—were developed to enhance leadership capacity among nursing professionals in multidisciplinary hospital settings. Objectives: To strengthen leadership, strategic thinking, and educational capabilities among mid- to senior-level nurses.

Methods: The program adopted a blended learning approach, combining synchronous and asynchronous online sessions with structured in-person modules to ensure flexibility and comprehensive engagement. Curriculum delivery followed a hybrid model, integrating digital and face-to-face learning environments. The online component was facilitated through the King's Informatics and Technology Enhanced Learning Hub (iTEL), enabling interactive virtual sessions, self-paced learning, and access to digital resources. Complementing this, the in-person module was conducted in P. D. Hinduja's conference room, a space designed to enable high-quality instructional delivery and participant interaction. The leadership content structured around Kouzes and Posner's five Practises of Exemplary Leadership and compassionate leadership. The module was designed in alignment with the principles of Universal Design for Learning (UDL) (CAST, 2024), ensuring inclusivity and accessibility across diverse learner needs. These were operationalized through a combination of reflective exercises, collaborative discussions, and hands-on practical activities, fostering both active participation and applied learning.

Results: Participants demonstrated enhanced leadership competencies, increased confidence, and improved teaching capabilities. The programs fostered personal growth and cultivated a shared culture of leadership responsibility. Observable outcomes included improved operational and process management skills, as well as stronger decision-making and analytical abilities.

Conclusion: These programs highlight the effectiveness of international academic–clinical collaborations in developing future nurse leaders. The model shows strong potential for replication in other healthcare settings both nationally and globally.

178. Dr Mini George, India (Oral and Poster)
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**Gutsy move? Faecal microbiota transplant brings remarkable turnaround in severe alcohol-associated hepatitis**

Severe alcohol-associated hepatitis (SAH) is a life-threatening condition characterized by high mortality and limited therapeutic options, particularly among patients who are ineligible for corticosteroid therapy. Emerging evidence shows the critical role of gut dysbiosis in the pathogenesis of SAH, placing microbiome-based intervention like faecal microbiota transplant (FMT a technique used to restore gut microbial diversity), as a promising therapeutic alternative.

This case reported using the CARE (CAse REport) guidelines, describes a 38-year-old male with acute-on-chronic liver failure secondary to long-standing alcohol use, presenting with fever, jaundice, ascites, confusion and asterixis. Due to contraindications to steroid therapy and absence of a liver transplant option, the patient underwent multiple sessions of FMT administered via a naso-jejunal tube, alongside standard medical management, nutritional support and cognitive behavioural therapy.

Defying expectations, this patient on the brink of liver failure showed a remarkable turnaround in terms of liver-specific severity indices including Maddrey's Discriminant Function (MDF), Model for End-Stage Liver Disease (MELD), Glasgow Alcoholic Hepatitis Score (GAHS); significant reductions in bilirubin levels and inflammatory markers. Microbiome analysis further revealed beneficial alterations, including increased microbial diversity and enrichment of protective bacterial species, suggesting restoration of gut homeostasis. Notably, the intervention was well tolerated, with no reported adverse effects.

Over follow-up, sustained clinical recovery was observed, with resolution of complications, improved liver function and reduced alcohol craving and relapse, supported by on-going rehabilitation.

This case underscores the potential of FMT as a safe, effective, and cost-efficient alternative therapy in steroid-ineligible SAH patients. It also highlights the integral role of nurses in administering FMT, monitoring patients and facilitating long-term recovery. Further research is warranted to establish standardized protocols and validate the long-term efficacy of FMT in larger populations.

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**Frailty and symptom burden among chronic liver disease patient-caregiver dyad**

Introduction: In patients with chronic liver disease (CLD), there is a strong link between frailty and symptom burden, which also places strain on caregivers. The study examines this relationship in patient-caregiver dyad, an underexplored area.

Methods: After administrative and ethical approval, this cross-sectional study was conducted at a tertiary care hospital. Convenient sampling with a predetermined sample size of 420 CLD patient-caregiver dyads who consented were included. Validated tools (CVI-Reliability >0.8) like Liver Frailty Index, Memorial Symptom Assessment Scale (MSAS), Modified Caregiver Strain Index were used. Data analysis was done on SPSS v25 with significance set at $p<0.05$.

Results: The cohort was predominantly male (90.2%) and aged 46–60 years (56%).

Primary aetiology was Metabolic dysfunction-associated steatotic liver disease (49%) and Alcohol associated liver disease (37.9%), with reported alcohol abuse (36.9%) and smoking (23.3%). Sample was evenly distributed across frailty categories: robust ($\bar{x}=2.8\pm0.3$), pre-frail ($\bar{x}=3.8\pm0.3$) and frail ($\bar{x}=4.7\pm0.3$). Total MSAS score was $0.8\pm0.4$, with higher psychological symptoms ($\bar{x}=2.1\pm1.2$) than physical symptoms ($\bar{x}=0.6\pm0.4$). The most prevalent symptoms were lack of energy (81.2%), difficulty sleeping (76.4%), worrying (70.5%), Jaundice (67.6%) and feeling sad (65.5%). Both frail ($B=0.61$, $p<0.001$) and pre-frail ($B=0.27$, $p<0.001$) showed higher symptom burden. Caregivers were primarily spouses (64.3%), aged 46–65 years, with 72.4% providing over 12 hours of care daily. Caregiver strain was moderate ($\bar{x}=13.99\pm4.5$).

Lower (B=-0.653, p<0.001) and moderate strain (B=-0.438, p<0.001) was linked to lower symptom burden compared to high strain.

Conclusion: These findings underscore interrelationship among patient frailty, symptom burden, and caregiver strain. Implementing systematic frailty and symptom burden.

### 180. Dr Salina Sunil, India (Oral)
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**Perception and readiness of registered nurses toward AI in health care**

Introduction: Artificial Intelligence is increasingly transforming health care systems worldwide, influencing clinical decision making, patient care and administrative efficiency. Nurses being the largest group of health care professionals, play a critical role i n the successful adoption and implementation of AI technologies. However, their perception and readiness toward AI integration remain underexplored, particularly in the public health care sector of developing regions.

Aims and Objectives: this study aims to assess the perception and readiness of registered nurses toward the integration of AI in healthcare practice. The specific objectives are to (1) evaluate nurses' perception regarding the usefulness and challenges of AI in health care, (2) assess the nurses' level of readiness to adopt AI based technologies and (3) identify the factors associated with nurses' perceptions and readiness.

Materials and methods: This proposed study will adopt a cross-sectional descriptive design. The study will be conducted among registered nurses working in government health care institutions across all 14 districts of Kerala, India. A representative sample will be selected using multi stage sampling technique. Data will be collected in a selected online platform,0 using a structured, pre-tested, self-administered rating scale comprising sections on professional details, perception towards AI, and readiness for its adoption. Descriptive and inferential statistical analysis will be performed using appropriate software.

Expected outcome: The study is expected to provide insights into the current level of perception, readiness and factors associated with the adoption of AI in health care. The findings may inform policy makers, nurse educators, and health care administrators in designing targeted training programmes and strategies to facilitate effective adoption of AI in clinical practice.

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**Self-efficacy among nursing personnel and the Impact of emotional intelligence skill training: a quasi-experimental study**

Introduction: Emotional intelligence involves recognizing and managing one's own and others' emotions. Nurses often face stress and burnout, affecting care quality. This study assessed self-efficacy among nursing personnel in different healthcare settings in Raipur district and evaluated the effectiveness of Emotional Intelligence Skill Training, with self-efficacy as the outcome variable.

Methodology: The study used a quantitative approach with a quasi-experimental, non-equivalent control group pre-test–post-test design to assess the effectiveness of Emotional Intelligence Skill Training on self-efficacy among nursing personnel. It was conducted in primary, secondary, and tertiary healthcare settings, including HWC, SSK, PHC, CHC, District Hospital, and AIIMS. Participants were selected using convenience sampling based on availability and willingness. Data were collected at two points: pre-test on Day 1 before the intervention and post-test on the 45th day. Self-efficacy was measured using the standardized General Self-Efficacy Scale (GES).

Results: The findings showed that secondary and tertiary care nurses had the same median self-efficacy score (31.50), though variability differed, with secondary care showing a wider IQR (26.00–38.00) and tertiary care a narrower range (28.00–35.00). Primary care nurses had the highest median score (33.00), indicating relatively greater confidence. The intervention

showed minimal impact, with only a slight increase in the experimental group and negligible change in the control group. RMANOVA results confirmed no significant improvement in self-efficacy within or between groups across all healthcare settings.

Conclusion: By addressing the emotional and social challenges nurses face, the training promotes a more resilient workforce that focuses on patient care and communication. The findings highlight the importance of incorporating more intensive and long-term emotional intelligence training while also recognizing the role of healthcare leaders in creating emotionally supportive work environments.

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**Deciding to birth naturally: a phenomenological exploration of women's choices**

Introduction: Natural birthing, defined as vaginal delivery without unnecessary medical intervention, is widely regarded as the most appropriate and beneficial mode of childbirth in the absence of complications. Despite its well-established benefits, global trends indicate a growing preference for medicalized childbirth and caesarean deliveries. Although there is a gradual resurgence of interest in natural birthing practices, they remain underutilized and insufficiently integrated into mainstream maternity care. Understanding the factors influencing women's choice of natural birthing is essential to identify preferences, barriers, and improve awareness.

Methods: A descriptive qualitative study with a phenomenological approach was conducted to explore the decisional factors influencing women's choice of natural birthing. The study included women who had intentionally chosen and experienced natural childbirth at a selected natural birthing center in India, functioning under a midwifery-led model of care. Participants were recruited through purposive sampling. Data were collected using in-depth, semi-structured interviews, allowing participants to share detailed lived experiences. Interviews continued until data saturation was achieved. Data analysis was performed using Colaizzi's seven-step phenomenological method, enabling systematic extraction and interpretation of themes. NVivo software supported data organization, coding, and thematic analysis, ensuring rigor and transparency.

Results: Four overarching themes, along with eleven subthemes, emerged, illustrating the factors influencing women's decision to choose natural birth.

Theme I: Birthing on One's Own Terms (Autonomy, Conscious Birth Choices, Challenging Opposition) Women emphasized autonomy and the importance of making informed, conscious decisions regarding childbirth. Many actively rejected intervention-heavy medical approaches, choosing instead to trust their preferences despite facing resistance or scepticism from family, society, and sometimes partners.

Theme II: Birth Stories and Experiences (Power of Birth Stories, Traumatic Birth Experiences, Fear of Medicalization) Women's decisions were shaped by personal experiences, narratives from peers, and exposure to childbirth stories through social media. Traumatic past experiences and fear associated with medicalized childbirth influenced their inclination toward natural birthing. Many women viewed pregnancy as a physiological process rather than a medical condition.

Theme III: Nurturing Environment (Respectful and Personalized Interactions, Homely and Welcoming Ambience, Minimal Medical Intervention) The birthing centre provided a supportive, midwife-led environment characterized by respectful communication, individualized care, and a homely atmosphere. This setting fostered trust, comfort, and confidence, encouraging women to pursue natural birth with minimal medical intervention.

Theme IV: Resilience for Birth (Belief in the Body's Innate Power, Strengthening Mind and Body) Participants highlighted the importance of trusting the body's natural ability to give birth and preparing both physically and mentally. Engagement in physical activity, education, breathwork, and positive reinforcement helped women build resilience, overcome fear, and approach childbirth with confidence.

Conclusion: Women's decisions to choose natural birthing are influenced by a complex interplay of autonomy, experiential knowledge, supportive environments, and personal resilience. Strengthening awareness and promoting respectful, woman-centred, midwifery-led care models may facilitate the integration of natural birthing practices into mainstream maternity care and support informed decision-making.

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**Assess the effectiveness of video assisted teaching programme on knowledge of antenatal exercises among antenatal mothers**

Objectives: To assess pre-test knowledge of antenatal mothers regarding antenatal exercises during pregnancy among antenatal mothers. To administer video assisted teaching program regarding antenatal exercises during pregnancy among antenatal mothers. To assess post-test knowledge of antenatal mothers regarding antenatal exercises during pregnancy among antenatal mothers. To determine the association between knowledge scores regarding antenatal exercises during pregnancy among antenatal mothers with selected demographic variables.

Methodology: The research design selected for this study was pre-experimental study design by using convenience sampling technique was used to select the 30 antenatal mothers as sample. It is to assess the effectiveness of video assisted teaching programme on knowledge regarding antenatal exercises among antenatal mothers in antenatal ward at GGH, Guntur.

Data Collection: Data collection was done for 1 week that is from 15/03/26 to 20/03/26 at antenatal OP, at GGH, Guntur. The questionnaire was given individually, after a brief self- introduction and a brief description of study, written consent was taken. After making comfortable arrangements questionnaire was administered. Each person taken 15 to 20 minutes to complete the questionnaire. After completion of questionnaire, the respondents were thanked by the investigator for their co-operation.

Analysis And Interpretation: The collected data was analysed by using descriptive and inferential statistics was used

Findings: 1(3.3%) of antenatal mothers have below average knowledge 4(13.3%) of antenatal mothers have average knowledge 25(83.4%) of antenatal mothers have above average knowledge

Conclusion: The study showed that, the antenatal mothers were having poor knowledge regarding antenatal exercises is given to improve the knowledge.

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**Cognitive impairment and barriers to utilisation of mental health services among the elderly**

Introduction: One out of every four elderly people suffer from a psychological disorder, like Alzheimer's disease, depressive disorder, or stress, in 2030, there will be twice as many elderly sufferings from psychological disorder. The barriers that stop older adults from seeking mental health services were their attitudes regarding the psychological treatment providers, shame in approaching the mental hospitals and telling people about their illness, anxiety related to the treatment, not being able to afford the cost of the treatment, lack of insurance and unavailability of the transportation. The main aim of the present study was to assess the prevalence of cognitive impairment, find out the barriers to utilize the mental health services.

Methodology: Cross-sectional descriptive survey was conducted on 118 elderly individuals, aged between 60 and 80 years, selected using purposive sampling techniques. Data was collected using three tools: a demographic questionnaire, the Montreal Cognitive Assessment (MoCA) for cognitive impairment, and a self-structured questionnaire to assess barriers to utilization of mental health services.

Results: The results revealed that the majority of participants had cognitive impairment, 83.1% of the elderly samples; 36.4% had moderate cognitive impairment, while 33.9% of them had mild cognitive impairment; 12.7% of them had severe cognitive impairment whereas only 16.9% of the elderly had normal cognition. Barriers to accessing mental health services were significant, with 37.3% facing severe obstacles, primarily due to lack of access, financial difficulties, and transportation issues.

Conclusion: The study highlights the need for improved mental health services and awareness programs for the elderly in rural areas.

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**Touchscreen usage and its effect on sleep outcome and behaviour change among toddlers and preschoolers**

Introduction: Touchscreen devices are increasingly integrated into daily life due to their advanced features. Their use among young children has risen significantly, often leading to dependency. Working parents, especially in demanding healthcare settings, frequently rely on these devices to engage children, which may contribute to sleep disturbances and behavioural problems.

Methodology: A cross-sectional study was conducted among parents working at a tertiary care hospital in Odisha to assess touchscreen use and its effects on sleep and behaviour in toddlers and preschoolers. A total of 192 children were included. Data were collected using a structured questionnaire.

Results: Among the participants, 52% were preschoolers and 48% were toddlers. Most parents were nurses (56.3%), followed by technicians (15.3%), physicians (5.2%), and others (23.7%). The mean daily screen time was 2.82 ± 1.61 hours per day. A majority of children could independently operate devices, with 85.4% unlocking screens and 93.2% accessing videos on their own. Behavioural issues were prominent: 50.5% of toddlers and 53.5% of preschoolers had difficulty paying attention without devices. Destructive behaviour was observed in 58% of toddlers and 48.3% of preschoolers, while frustration without devices was reported in 53.7% of toddlers and 46.4% of preschoolers. Sleep problems were noted in 27.9% of toddlers and 35.5% of preschoolers. Significant positive correlations were found between screen time and night awakenings, and weak positive correlations with inattention and behavioural disturbances like destroying nature without a phone (p=.013, p=.257)

Conclusion: Increased touchscreen use is associated with adverse behavioural changes, reduced sleep quality, and increased night awakenings in young children. Regulating screen exposure is essential to promote healthy development.

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**Decision-to-delivery interval and maternal–neonatal outcomes in emergency Lower Segment Caesarean Sections**

Background: Timely emergency caesarean section (CS) is essential to reduce maternal and neonatal morbidity and mortality. The decision-to-delivery interval (DDI) is a key quality indicator, with a recommended 30-minute benchmark for life-threatening conditions. However, achieving this standard remains challenging, particularly in low- and middle-income Commonwealth countries due to systemic and resource constraints.

Methods: A systematic review was conducted in accordance with PRISMA guidelines. Electronic databases, including PubMed, Scopus, Embase, Web of Science, and Google Scholar, were searched for studies published between 2014 and 2025. Ten studies (n=3,627) examining DDI and maternal–neonatal outcomes in emergency CS were included. Quality appraisal was performed using the Joanna Briggs Institute tools.

Results: Prolonged DDI (>75 minutes) was significantly associated with adverse neonatal outcomes, including low Apgar scores, increased neonatal intensive care admissions, and higher perinatal mortality. Maternal outcomes such as postpartum haemorrhage and sepsis were inconsistently associated but worsened with extended delays. Only a limited proportion of cases met the 30-minute benchmark. Key contributors to the delay included the unavailability of operating theatres, anaesthesia delays, staff shortages, delayed transfers, and consent-related barriers.

Conclusion: Delayed DDI remains a critical challenge affecting maternal and neonatal outcomes across resource-limited settings. Strengthening health system responsiveness through improved infrastructure, workforce readiness, and streamlined protocols is essential.

Implications for Nursing Practice: Nurses play a pivotal role in early recognition, rapid coordination, and advocacy for timely interventions. Investing in nursing-led protocols, emergency preparedness, and quality improvement initiatives can significantly reduce delays and improve outcomes.





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**A study to assess the depression among the fathers of infants at selected departments of tertiary hospital**

Introduction: Hospitalization of children poses challenges to fathers and healthcare workers. The fathers knowledge and heath attitude significantly impact on their infants health. Study aimed to explore the depression among fathers of infant with elective surgeries

Method: This cross-sectional study was conducted from April 2025 to Jan 2026 at a tertiary hospital in North India. A total 80 participants included after fulfilling sample criteria. Two data collection instruments were employed: first tool gathered demographic information, while the second tools assessed depression of fathers using standardized depression scale.

Result: The majority of fathers were moderately educated, with a mean age of 38.6 ± 8.5 years. The fathers experienced moderate to severe depression to fatherhood. Fathers were likely increased the depression for first six months. Single Father experienced 0.37 times higher depression. The father of male infant demonstrated 0.7 times depression than father of female infant (AOR=0.7, 95% CI= 0.4-0.9).

Conclusion: Parents gender, single parent(father), and father of male infants predicted depression symptoms. The health attitudes and behaviors of parents exert a direct influence on infants health. Consequently, ing psychological issues among parents is imperative and give strength for positive health.

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**Parental knowledge and perception regarding human papillomavirus vaccination for children: a cross-sectional study**

Background and objectives: Human papillomavirus (HPV) infection is a well-established cause of cervical cancer, which continues to pose a major public health challenge in India. Prophylactic HPV vaccination during early adolescence is an effective preventive strategy; however, vaccine uptake remains suboptimal. As parents are central to vaccination decisions, understanding their knowledge, perceptions, and attitudes is essential. This study aimed to assess parental knowledge and perceptions regarding HPV infection and HPV vaccination for their children.

Methods: A quantitative descriptive cross-sectional study was conducted among parents of children aged 9–14 years. A total of 444 parents were included in the final analysis. Data were collected using a structured knowledge questionnaire and a five-point Likert scale to evaluate perceptions and attitudes towards HPV vaccination. Descriptive statistics summarised the data. Chi-square tests evaluated associations, and Spearman's rank correlation examined the relationship between knowledge and perception. Statistical analysis was performed using SPSS version 26.0.

Results: Most parents (82.4%) demonstrated poor knowledge of HPV infection and vaccination, while only 2.7 % had good knowledge. Awareness of HPV transmission, vaccine dosage schedules, and programme inclusion was limited. Perception scores indicated predominantly low perception levels (84.5%), reflecting uncertainty rather than resistance. More than half of the participants (57.0%) were unsure about vaccinating their children, 33.8% expressed willingness, and 9.2 % were unwilling. Only 4.7 % of children had received the HPV vaccine. Knowledge was significantly associated with educational status and socioeconomic class ($p<0.001$). A moderate positive correlation was observed between knowledge and perception scores ($r = 0.408$, $p < 0.01$).

Interpretation and conclusions: Substantial gaps in parental knowledge and clarity regarding HPV vaccination persist despite generally non-negative perceptions. Strengthening healthcare provider advocacy and targeted educational interventions may help reduce uncertainty and improve vaccine acceptance.

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**Effectiveness of nurse-led mobile application-based remote patient management for heart failure patients**

Background: The demand for digital health interventions for managing heart failure is increasing, with promising effects on readmission rates and health expenditures. Patients actively involved in their own care are more likely to have improved survival and experience better quality of life. The study aims to assess the effectiveness of nurse-led mobile application-based remote patient management for heart failure patients.

Method: Using a double-blinded parallel randomised controlled design, 100 adult patients with heart failure who own an Android smartphone and were planned for discharge from a Tertiary Care Centre were enrolled on the study. Stratified block randomization was used to allocate 50 patients to a mobile application-based remote patient management, and 50 other patients to a 'routine care + Dummy app'. Data were captured at baseline and at six months. Inferential statistics used were Independent Student's t-test, Mann-Whitney U test, Analysis of Covariance, Paired t-test, Wilcoxon signed-rank test, Chi-square test, and Multiple linear regression.

Result: The groups were homogeneous across all demographic and clinical characteristics, except for the presence of angina and the use of beta blockers. The between-group difference in the six-minute walk test at six months was statistically significant in favour of the intervention group, in both the unadjusted (P=0.044) and adjusted (P=0.033) analyses. There is no statistically significant difference in terms of the number of HF-related readmissions (P=0.603) and all-cause mortality (P=0.505). The intervention group has a significantly higher quality of life, better self-care, better medication adherence, and improved physical activity at six months.

Conclusion: The study demonstrated the feasibility and efficacy of a user-centred mobile application "HF Companion" for nurse-led remote patient management of HF patients on a small scale. It can serve as a backbone for HF clinics all over India to improve patient outcomes and quality of life.

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**Understanding evidence-based practice adoption among obstetric nurses in Sri Lankan tertiary hospitals**

Background: Evidence-Based Practice (EBP) is vital for improving maternal care quality and safety, yet remains challenging in resource-limited settings. In Sri Lanka, qualitative evidence on obstetric nurses' understanding and readiness for EBP in tertiary hospitals is limited. Objective: To explore obstetric nurses' perspectives, experiences, and perceived readiness for EBP implementation in Sri Lankan tertiary hospitals.

Methods: A qualitative exploratory design was used. Three focus group discussions were conducted with 27 purposively selected obstetric nurses, including nurse managers, from three tertiary hospitals. Participants represented varying clinical experience levels (2–5, 5–10, and >10 years). Data were collected using a pre-tested semi-structured guide covering five focus areas. Discussions were audio-recorded, transcribed verbatim, and analysed using reflexive thematic analysis. Credibility and trustworthiness were ensured through audit trails, reflexive discussions, and thick description. Data sufficiency was assessed iteratively; collection ceased when no substantively new information emerged across groups.

Results: Analysis revealed five themes that emerged inductively from the data. Knowledge: Nurses' understanding ranged from integrating research evidence, clinical expertise, and patient preferences to protocol-focused interpretations. Practice: A knowledge–practice gap was evident. Attitudes: Participants expressed positive views on EBP, recognizing its impact on patient safety, satisfaction, and professional credibility. Barriers: Limited autonomy, hierarchical decision-making, and resource constraints hindered EBP, with consultant preferences often overriding evidence. Facilitators and Readiness: Supportive leadership, accessible protocols, and peer mentoring enabled adoption. Participants expressed strong individual readiness, describing themselves as willing to learn and confident in their clinical competence. Organizational readiness was constrained by systemic limitations and restricted role recognition.

Conclusion: Obstetric nurses demonstrate practical capability and positive attitudes toward EBP despite uneven understanding. Strengthening professional autonomy, organizational support, protected learning opportunities, and interprofessional collaboration is essential to enhance EBP adoption and maternal care quality in tertiary hospitals.

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**Effectiveness of silver based dressing in preventing surgical site infections**

Aim: To compare the effectiveness of silver-based dressing Vs conventional dressing in prevention of surgical site infection among post operative patients of laparoscopic cholecystectomy at AIIMS, New Delhi.

Method: A Quasi-Experimental post-test only study was conducted for 100 patients who underwent laparoscopic cholecystectomy surgery. The patients were divided into two groups. Silver-based dressing was applied at the post operative site in the experimental group & conventional total occlusive absorbent dressing was applied in the control group in the operating room after surgery and on day 3 in the ward. Surgical site infection assessment was done on the 7th, 14th & 30th day in follow up of the patients by Southampton wound scoring system tool.

Result: Data was analysed using descriptive and inferential statistics with SPSS 26. The mean age of the patients was 43.36±13.81 in experimental & 41.8±15.58 in control group. Application of silver-based dressing showed better healing at post operative site in experimental group 66% as compared to control group 42% at 7th day after surgery and 94% in experimental group when compared with the control group 84% at 14th day although the difference was not found to be statistically significant.

Conclusion: Silver based dressing was found to be more effective in prevention of surgical site infection when compared with the conventional dressing although there was no statistically significant difference between them.

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**Impact of emotional intelligence training program on emotional intelligence among nurse managers**

Introduction: High levels of burnout is experienced by the Nurse managers compared to other nurses, as they guide their junior nurses and help them to adopt new ideas and practices for the improvement of the units. Emotional intelligence (EI) is considered a protective factor against burnout.

Aim: to assess the effect of Emotional Intelligence Training Program on Emotional Intelligence, and to explore the relationship between EI and burnout.

Methodology: Quasi experimental one group pretest- post-test design was used in this study. A sample of 100 Nurse Managers working at Pondicherry Institute of Medical Sciences were recruited using simple random sampling. The Schutte Self Report Emotional Intelligence Test (SSEIT) was used to assess EI level, Maslach burnout inventory was used to assess burnout level in pretest. Following the pretest the Emotional Intelligence Training Program was delivered in small group sessions for 5 hours. The training program was taught by EI experts. After 1 month interval post-test Emotional intelligence level was assessed using The Schutte Self Report Emotional Intelligence Test (SSEIT).

Results: After the EI training sessions, significant enhancement in the EI score was noticed (mean EI = 129.76 ± 13.80) compared to the baseline scores (mean EI = 125.55 ± 14.1) which was statistically significant ($t = 2.1339$, $P < 0.001$). Pretest Mean Burnout score was 18.88+12.78. There is a negative and significant correlation found between pretest EI and burnout levels ($r=-256$ $p<0.05$) among nurse managers. A statistically significant association was found between age and EI scores. ($p < 0.05$)

Discussion: EI is a critical skill for nurse managers because remaining calm during challenging times can reduce staff dissatisfaction and lead to the maintenance of a positive unit culture. Starting to prepare nurse managers to be emotionally competent is highly recommended to reduce their burnout.

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**Impact of multimodal mindfulness-based stress reduction on psychological well-being and coping strategies among women with pre-eclampsia**

Introduction: Pre-eclampsia, a major hypertensive disorder of pregnancy, significantly contributes to maternal and perinatal morbidity and mortality. Women with pre-eclampsia often experience heightened psychological stress, which may adversely affect maternal and foetal outcomes. Although mindfulness-based interventions have shown promise in improving mental health, evidence regarding their effectiveness among women with pre-eclampsia remains limited. This study aimed to evaluate the effect of a multimodal Mindfulness-Based Stress Reduction (MBSR) program on psychological well-being and coping strategies among pregnant women with pre-eclampsia.

Methodology: A quantitative quasi-experimental (non-randomized) pretest–post-test control group design was adopted in a tertiary care hospital in Central India. Sixty pregnant women (≥18 years) diagnosed with pre-eclampsia (20–34 weeks gestation) were selected using convenience sampling and allocated to experimental (n=30) and control (n=30) groups. The experimental group received a four-week multimodal MBSR program comprising biweekly 15-minute sessions of guided breathing exercises and mindfulness meditation, while the control group received routine antenatal care. Data were collected using standardized tools and analysed using descriptive and inferential statistics (paired t-test, ANOVA; $p < 0.05$).

Results: A statistically significant improvement in psychological well-being was observed in the experimental group compared to the control group ($p < 0.001$). The proportion of participants with high psychological well-being increased from 88.3% to 98.3% following the intervention. Although coping strategies showed an increase, the change was not statistically significant ($p = 0.566$). Emotional coping demonstrated the highest mean scores in both groups. A significant association was found between psychological well-being and education in the control group ($p = 0.034$).

Conclusion: The multimodal MBSR program significantly improved psychological well-being among women with pre-eclampsia, although its effect on coping strategies was not statistically significant. Nurses and midwives play a pivotal role in integrating mindfulness-based interventions into routine antenatal care to enhance maternal psychological health in high-risk pregnancies.

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**Effectiveness of "Follow the Track": a video game-based intervention on awareness and attitude regarding road safety among adolescents**

Introduction: Road traffic injuries are a leading cause of morbidity and mortality among adolescents globally, largely due to inadequate awareness and unsafe road behaviours. Traditional educational approaches often show limited engagement, necessitating innovative strategies; video game–based learning provides an interactive platform to enhance knowledge and shape attitudes. This study aimed to evaluate the effectiveness of a video game–based intervention on awareness and attitude regarding road safety among adolescents.

Methodology: A quantitative quasi-experimental (non-equivalent pretest–post-test control group) design was conducted among 298 secondary and higher secondary school students (experimental = 158; control = 140) in selected schools of Central India. Participants were recruited using convenience sampling. The intervention group received "Follow the Track," a structured video game–based educational program administered in three sessions (15–20 minutes each) on alternate days,

incorporating traffic simulations, symbol recognition tasks, quizzes, and first-aid scenarios. Data were collected using a validated awareness questionnaire and a 5-point Likert attitude scale. Data were analysed using paired t-test and ANCOVA, with $p < 0.05$ considered statistically significant.

Results: The experimental group demonstrated a significant improvement in awareness scores ($t = 23.87$, $p < 0.001$) and attitude scores ($t = 44.147$, $p < 0.001$), whereas no significant change was observed in the control group. ANCOVA revealed a significant difference in post-test awareness ($F(2,295) = 997.54$, $p < 0.001$, partial $\eta^2 = 0.87$) and attitude ($F(2,295) = 151.60$, $p < 0.001$, partial $\eta^2 = 0.91$) between groups, indicating a large intervention effect.

Conclusion: The video game–based intervention effectively enhanced adolescents' road safety awareness and attitudes. Integrating interactive digital strategies into school health programs may enhance road safety promotion and can improve road safety behavioural outcomes, while active engagement of nurses and midwives ensures translation of knowledge into safe practices, reducing injury risk and promoting adolescent health.

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**Prevalence and predictors of malnutrition among cirrhotic patients in North India**

Background: Liver cirrhosis is a chronic, progressive disease that profoundly disrupts nutrient metabolism and predisposes patients to malnutrition, a key determinant of prognosis. Malnutrition affects more than half of patients with advanced cirrhosis and is associated with higher rates of infections, poorer quality of life, and increased mortality.

Aim: The study aimed to evaluate the prevalence of malnutrition and its predictors in cirrhotic patients at a tertiary care centre.

Methods: This cross-sectional study enrolled 200 patients based on calculated sample size from December 2025 to February 2026 using Convenience sampling after obtaining formal administrative and ethical permission. Demographic data (age, gender, marital status) and clinical variables (ascites, hepatic encephalopathy, comorbidities, MELD-Na, Child-Turcotte-Pugh score, BMI etc) were collected. Nutritional status was evaluated using the Royal Free Hospital Global Assessment tool and data were analysed via SPSS version 27.0. Ordinal logistic regression identified factors linked to nutritional status.

Results: Participants were predominantly male 155(77.5%), with alcohol as the leading aetiology, followed by non-alcoholic steatohepatitis. With regard to prevalence moderate malnutrition affected 160 (80%), and severe malnutrition 19 (9.5%) of the patients. Multivariable ordinal logistic regression identified ascites as the strongest independent predictor of malnutrition (AOR = 38.32; 95% CI: 5.52–26.23; $p < 0.001$), with ascitic patients 38.3 times more likely to be malnourished than those without ascites. Univariate analysis showed a significant statistical relationship between the severity of Hepatic Encephalopathy and malnutrition (COR = 0.26; 95 % CI: 0.10–0.69; $p = 0.007$). BMI and MELD-Na exhibited strong crude associations but were not independent predictors after adjustment.

Conclusion: Malnutrition prevalence is alarmingly high in cirrhotic patients, strongly linked to decompensating features like moderate ascites and hepatic encephalopathy. Targeted nutritional interventions are urgently needed for this population.

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**Predictors of 30-day readmission and home-care needs post-coronary artery bypass grafting (CABG): single-centre analysis**

Background: Thirty-day unplanned readmissions after coronary artery bypass grafting (CABG) lead to increased morbidity and healthcare costs. This study aims to identify modifiable clinical risk factors associated with such readmissions in India, while also examining patients' post-operative care practices and recovery needs during the initial 30 days at home.

Methods: An ambispective study at a Tertiary Care Hospital in South India, analysed readmission rates among off-pump CABG patients. Five-year retrospective component utilized a 1:3 case-control design involving 75 readmitted and 225 non-readmitted adults from a total of 1,296 cases. Records were analysed for pre, peri, and post-operative laboratory parameters,

post operation vital sign alerts, and complications. Additionally, a prospective cross-sectional survey assessed home-care practices and information gaps within 30 days post-discharge. Bivariate and multivariate analysis was done using STATA software version 10.0 for predictors of readmission.

Results: All findings were done at 95% confidence interval. On multivariable analysis, pre-operative stroke (OR 8.67, CI 1.59–47.45), elevated BMI (OR 3.74), decreased pre-operative LVEF (OR 3.13), SBP <90 mmHg on POD 1 (OR 1.89), SBP >150 mmHg on POD 2 (OR 1.30), and elevated heart rate alerts on DOS (OR 1.21) emerged as significant predictors. Readmission was strongly correlated with longer ICU stays, invasive line stays, higher inotrope requirements, and post-operative renal dysfunction. Need-assessment findings highlighted physical activity, wound care, symptom interpretation, medication adherence, and emotional support as dominant concerns in the first 30 days after discharge. Clinical complexity before and after CABG and early haemodynamic instability increase 30-day readmission risk, while patients express substantial gaps in recovery support and self-management guidance at home.

Conclusion: In post-CABG populations, targeted risk-based follow-up and organised patient education addressing these domains may improve patient safety and lower avoidable readmissions.

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**Predictors of sepsis in febrile neutropenia: remote patient monitoring of vital signs and clinical parameters in single-centre matched case-control study**

Background: Febrile neutropenia in adults undergoing bone marrow transplantation and high-dose chemotherapy for haematological malignancies carries high risk of rapid sepsis progression, yet conventional tools like MASCC, CINSE, NEWS-2, and qSOFA are uncalibrated for this profoundly immunosuppressed group. This nurse-led study aimed to identify bedside clinical and RPM-derived predictors of sepsis to support early nurse-led triage and escalation.

Methods: A retrospective 1:2 matched case–control study was conducted at a tertiary care centre in Karnataka among adult febrile neutropenic admissions over three years. From medical files/records, 120 febrile neutropenia episodes were identified (40 developing sepsis, 80 non-sepsis controls), matched on gender, haematological diagnosis, admission period, and treatment modality (intensive chemotherapy or transplantation). Data on demographics, comorbidities, clinical features at fever onset, laboratory parameters (including ANC and procalcitonin), and continuous remote patient monitoring (RPM) outputs were collected. RPM variables included auto-generated heart rate and blood pressure alerts referenced to individual baselines, and candidate predictors were evaluated using bivariate analyses followed by multivariable logistic regression in IBM SPSS version 20.0

Results: Baseline characteristics remained comparable across matched groups. At the 95% confidence level, independent predictors of sepsis were: Absolute Neutrophil Count ≤ 100 (OR 2.64, CI 1.02–6.82), Procalcitonin ≥ 0.5 (OR 2.55, CI 1.01–6.42), heart rate alerts ≥ 120 (OR 3.80, CI 1.49–9.72), systolic blood pressure drop < 20 mmHg from baseline (OR 3.84, CI 1.48–9.97), ≥ 2 comorbidities (OR 2.84, CI 1.05–7.69), and presence of chills (OR 2.80, CI 1.05–7.43).

Conclusion: These predictors delineate a focused risk profile for sepsis in febrile neutropenic adults. Integrating RPM alerts with nurse-led surveillance may enable earlier recognition and escalation, reducing sepsis-related morbidity and mortality.

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**Attitudes, barriers, and utilization of artificial intelligence in nursing education among undergraduate students**

Introduction: The integration of Artificial Intelligence (AI) into nursing education is rapidly transforming learning approaches. This study aimed to assess undergraduate nursing students' attitudes towards AI in nursing education, along with associated factors, utilization patterns, and perceived barriers at the University of Colombo, Sri Lanka.

Methods: A descriptive cross-sectional study was conducted among 203 undergraduate nursing students using simple random sampling. Data were collected using a self-administered, pre-validated questionnaire. Attitudes were assessed using the Student Attitudes Toward Artificial Intelligence scale. Utilization patterns and barriers were assessed using content-validated, researcher-developed items. Data were analysed using SPSS v.28 with descriptive statistics and chi-square tests.

Results: The mean age of the participants was 24.37 (SD±1.41) years, and 73.9% were female. The overall mean attitude was 3.85 (SD±0.57). A majority of students (72.9%) demonstrated positive attitudes, while 23.2% were neutral and 3.9% had negative attitudes. All participants reported using AI-tools for educational purposes, with ChatGPT being used by 100%, followed by Gemini (72.4%) and Copilot (32%). Most of the students (67.5%) used AI daily. AI was primarily utilized for study-note creation (77.3%), grammar and style checking (60.1%), and research (60.1%) purposes. Positive attitudes were significantly associated with higher frequency of AI utilization, having personal digital equipment, and having advanced digital and English language literacy ($p<0.05$). Major personal barriers included insufficient training (34.5%) and fear of overdependence (33.9%), along with institutional issues including lack of support (35.9%) and unclear policies (35.8%), as well as ethical concerns related to patient privacy (33.5%) and conflicts with nursing values (36%).

Conclusions: Undergraduates demonstrated generally positive attitudes and a high level of utilization of AI in education. However, significant individual, institutional, and ethical barriers were identified. Addressing training needs, improving policy clarity, and strengthening institutional support are essential to promote effective and responsible integration of AI in nursing education.

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**Artificial intelligence in nursing practice and education: a bibliometric analysis of recent literature**

The increasing use of artificial intelligence (AI) in healthcare has generated growing interest in its application to nursing practice and education. As AI technologies continue to evolve, there is a need to better understand developments in this field, areas of emerging scholarly focus, and gaps requiring further investigation. This study aimed to analyse recent literature on AI in nursing practice and education and identify major themes and future research priorities.

A bibliometric analysis was conducted on articles published between 2021 and 2025 and indexed in the Scopus database. Relevant articles were identified using a structured search strategy and screened against predefined eligibility criteria. A total of 94 articles were included. Bibliometric mapping and thematic analysis were undertaken using Biblioshiny in R and VOSviewer to examine publication trends, influential sources, recurring keywords, and key research areas.

Three major themes were identified: (1) the application of AI and machine learning in nursing education, including teaching, learning, assessment, and curriculum innovation; (2) the use of AI in nursing practice and care, including clinical decision support, patient monitoring, documentation, and workflow optimisation; and (3) the growing focus on generative AI, particularly ChatGPT and other large language models, in nursing education and clinical contexts. The literature highlighted opportunities for AI to enhance learning, support clinical decision-making, and improve efficiency, while also raising concerns regarding ethics, bias, transparency, accountability, academic integrity, and AI preparedness among nurses and students.

Key priorities for future research include the development and validation of ethical frameworks for AI use in nursing, evaluation of AI effectiveness and safety, validation of large language model outputs, investigation of AI literacy, and examination of strategies for integrating AI into nursing curricula and professional development. Overall, AI is increasingly shaping nursing practice and education, but its responsible integration requires continued research and careful professional oversight.

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**AI literacy, attitudes, readiness, and perceptions among Sri Lankan nursing undergraduates**

Background: Artificial intelligence (AI) is increasingly integrated into healthcare, including nursing practice, with the potential to enhance clinical decision-making, patient care, and system efficiency. Effective adoption depends on users' literacy, attitudes, perceptions, and readiness. However, empirical evidence on these factors among undergraduate nursing students in Sri Lanka is limited.

Objective: To assess AI literacy, attitudes, perceptions, and readiness among undergraduate nursing students in Sri Lanka and to generate evidence-informed policy recommendations for integrating AI into nursing education and practice.

Methods: A mixed-method study using a convergent parallel design will be conducted in three stages. Stage 1 involves a cross-sectional online survey of undergraduate nursing students from five national universities (n≈384). Data will be collected using validated instruments: the Artificial Intelligence Literacy Scale (AILS), General Attitudes towards Artificial Intelligence Scale (GAAIS), and Medical Artificial Intelligence Readiness Scale (MAIRS). Descriptive and inferential statistics will examine levels and associations among variables. Stage 2 comprises a qualitative exploratory component using focus group discussions with third- and fourth-year students, analysed through reflexive thematic analysis. Stage 3 integrates quantitative and qualitative findings through triangulation to develop policy recommendations, which will be validated in a stakeholder workshop. Ethical approval has been obtained from the Faculty of Medicine, University of Colombo.

Expected Results: The study will identify levels of AI literacy, attitudes, perceptions, and readiness, and examine factors influencing AI adoption among nursing students. Findings will inform evidence-based policy recommendations for curriculum integration, capacity building, and ethical AI use in clinical settings.

Conclusion: This study will provide context-specific insights to support the integration of AI competencies into nursing education and strengthen policy and practice in Sri Lanka.

### 207. Mrs Makhotso Merriam Ralehike, South Africa (Oral)
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**Water scarcity a threat to humanity": voices of nurses working in clinics facing water scarcity**

Background: The nursing profession has faced a number of challenges, but water scarcity has not been one of them. Significant shortage of water is a reality, and it's a global public health concern. In South Africa, water scarcity is affecting the nursing practice and patient care. Additionally, nurses in the clinics are experiencing the effects of water scarcity firsthand. This study aimed to explore and describe the lived experiences of nurses working in a healthcare facility that is experiencing water scarcity in the Maluti-A-Phofung municipality, Free State Province

Methods: Fourteen nurses (N=14) from ten selected clinics (N=10) participated in a Participatory Action Research (PAR) approach study. The purposive sampling was used, selecting nurses working in the clinics in Maluti-A-Phofung District Municipality in the Free State Province, South Africa. Firstly, all nurses had in-depth face-to-face interviews. Following the transcribing of the audio-recordings and inductively analysing the findings for themes.

Findings: Four themes emerged: 1) Compromised hygiene practices, 2) Disease outbreaks, 3) Patient denied access to care, 4) Compromised nurses and patients' safety and dignity.

Conclusion: The results of this study indicated that nurses working in clinics experiencing water scarcity are faced with challenges of hygiene practices, compromised basic human rights, and suffer psychological distress due to a lack of managerial support and a lack of municipality service delivery. Additionally, this study offers direction for further research, particularly in strategies to improve hygiene practices in healthcare facilities experiencing water scarcity, and innovations that can improve water supply in healthcare facilities to ensure quality care and overall hygiene practices.

### 208. Dr Mynesha Sankar, United Kingdom (Oral)
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**Decolonising pedagogy: preparing nurse educators for the AI era through simulation**

As artificial intelligence (AI) and rapid digitisation continue to reshape healthcare and the future of nursing education, we as nurse educators must first examine our own readiness to lead this profound transformation. preparing our graduates for ai-augmented practice demands far more than technical proficiency; it calls for a deliberate and thoughtful commitment to decolonising our curricula to ensure relevance, equity, and cultural safety across diverse global contexts. ai-enhanced simulation encompassing adaptive virtual patients, immersive virtual reality scenarios, and generative ai-driven case studies that holds remarkable potential. these tools can create deeply personalised learning experiences that strengthen clinical judgement, critical thinking, and human empathy in safe environments. yet, if left unexamined, such technologies

risk perpetuating western-centric assumptions, algorithmic bias, and culturally insensitive portrayals that may undermine the very care we seek to advance. true progress therefore depends on robust faculty development. drawing from both current evidence and my own experience in nursing education, i propose a values-driven framework that integrates ai literacy workshops, hands-on simulation innovation laboratories, and critically reflective mentoring. this approach empowers educators to co-create inclusive simulation experiences that honour diverse knowledge systems, challenge colonial legacies in nursing, and genuinely centre the voices and realities of global south, indigenous, and marginalised communities. by deliberately weaving decolonising principles into our preparation for ai-enhanced simulation, we can equip nurse educators to shape graduates who are not only technologically adept but also culturally responsive and ethically grounded. in doing so, we navigate the new frontiers of digitisation both safely and justly, preserving the compassionate, relational heart of nursing and midwifery while advancing equitable care across the Commonwealth and beyond.

### 211. Mr Christos Vrakas, Cyprus (Oral)

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**Impact of perinatal traumatic events on maternity care providers in Cyprus**

Introduction: Maternity care professionals (MCPs) are frequently exposed to emotionally intense and potentially traumatic clinical events, which may adversely affect their psychological wellbeing and professional functioning. Although international evidence highlights a high prevalence of such exposure, national-level data remain limited. This study presents the final results of a mixed-methods doctoral research project conducted in Cyprus, building on preliminary international findings presented at the CNMF conference in 2024. The aim was to examine the impact of perinatal traumatic events on professional quality of life and secondary traumatic stress (STS), and to explore associated personal and professional outcomes.
A national cross-sectional survey was conducted in Cyprus among 194 MCPs, representing approximately 40% of the workforce. Quantitative data were collected using the Professional Quality of Life (ProQOL) and STS scales, alongside measures of exposure to traumatic events and support systems. Qualitative data were obtained through focus groups to explore lived experiences and coping strategies.

Findings: indicated moderate burnout, high compassion satisfaction, and elevated STS, particularly at the time of traumatic events. Exposure to serious incidents, including maternal and neonatal emergencies, was common, while formal institutional support was largely unavailable. A substantial proportion of participants reported considering leaving the profession or experiencing negative health and work-related consequences. Qualitative findings highlighted emotional burden and reliance on informal support mechanisms. These findings underscore the significant psychological impact of perinatal trauma on MCPs within a small healthcare system and highlight the need for structured, trauma-informed support strategies to enhance workforce wellbeing and sustainability.

### 212. Mrs Henni Fitria, Indonesia (Poster)

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**Effectiveness of integrating perinatal mental health screening and education in preventing postpartum depression**

Postpartum depression is a serious problem that is usually unnoticed, but it affects both mother and child's health negatively. When mental health screening and education is inserted into antenatal care (ANC), it can be used to find the problem earlier. This study aims to analyse the impact and effectiveness of incorporating mental health screening and education into antenatal care as a preventive intervention against postpartum depression in primary health care facilities in Padang City, West Sumatra, Indonesia.

Using a quasi-experimental pretest-post-test two-group method, 60 pregnant women were purposively selected from the Padang City health centre. The intervention group (n=30) undergoing screening with the Edinburgh Postnatal Depression Scale (EPDS) and receiving perinatal mental health education during ANC, while the control group (n=30) only received routine ANC. The pretest was conducted in third trimester of pregnancy, the posttest was conducted 5-6 weeks after delivery. In the normality test, the data were found to be non-normally distributed, so the Wilcoxon Signed-Rank test and the Mann-Whitney U test were used.

The results showed no difference in pretest EPDS scores between the two groups, but there was a significant decrease in EPDS scores from pretest to post-test (Control p 0.001; Intervention p 0.008). The decrease in scores in the intervention group was more significant than in the control group (p=0.000). These results indicate that combining screening and mental health education in ANC successfully reduced postpartum depression symptoms.

Pre-test EPDS scores were not different in the two groups, but EPDS scores were significantly decreased. The decrease in scores was greater in the intervention group than in the control group (p=0.000). In conclusion, these results demonstrate that combining screening and mental health education within ANC was effective in alleviating postpartum depression symptoms.

### 213. Ms Natasha Rufin, Bahamas (Poster)

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**Transforming access: patient portals and AI in everyday healthcare**

Healthcare digitization is rapidly transforming how care is delivered, accessed, and experienced globally. In The Bahamas, the implementation of an Electronic Health Record (EHR) system within the National Health Insurance Authority (NHIA) primary care network, supported by patient-facing tools such as the Healow® patient portal, has begun to reshape everyday healthcare interactions for both providers and patients. This presentation explores the practical impact of digitization within a small island developing state, highlighting how EHR integration and patient portals improve continuity of care, increase patient engagement, and enhance access to health information. Patients are now able to view their medical records, receive results, manage appointments, and communicate with providers more efficiently, reducing fragmentation in care delivery. In addition, emerging use of artificial intelligence (AI)-supported language tools is being piloted to facilitate communication between healthcare providers and patients from diverse linguistic backgrounds. In a country with a significant migrant population, these tools are helping to bridge language barriers, improve understanding, and support more inclusive, patient-centred care. The session will also key challenges encountered during implementation, including digital literacy barriers, workflow adaptation among healthcare providers, and system integration constraints. Lessons learned from onboarding, training, and stakeholder engagement will be shared to provide actionable insights for similar healthcare settings. By focusing on lived experiences rather than theoretical models, this presentation demonstrates how digitization and AI can transform everyday healthcare delivery, improve health equity, and strengthen health systems in resource-constrained environments.

### 214. Miss Himani Misra, Australia (Oral)

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**Who supports the supporters? Wellbeing, resilience, and professional identity of nurse educators**

Nurse educators are increasingly required to support students presenting with complex academic, psychological, social, and emotional needs while balancing teaching, research, and professional responsibilities. Although student wellbeing has become a key priority within higher education, considerably less attention has been paid to the wellbeing of the educators providing this support. The emotional labour associated with caring for students experiencing significant challenges has implications for educator resilience, professional identity, job satisfaction, and workforce sustainability. This study aims to explore how supporting students with complex needs influences the wellbeing, resilience, and professional identity of nurse educators working within Australian higher education. It also seeks to identify organisational and professional factors that enable or hinder educators in fulfilling these increasingly demanding roles. A qualitative interpretive design will be employed. Nurse educators from Australian universities will be invited to participate in semi-structured interviews exploring their experiences of supporting students with complex needs. Data will be analysed using reflexive thematic analysis to identify common experiences, perceived challenges, sources of resilience, and recommendations for improving institutional support. Ethics approval will be obtained before participant recruitment. This research will generate evidence to inform strategies that better support nurse educators, including organisational wellbeing initiatives, professional development, and policies that acknowledge the emotional demands of student support. Strengthening educator wellbeing has the potential to enhance workforce retention, foster healthier academic environments, and improve student learning experiences. By illuminating the experiences of those who support future nurses, this study es an important gap in nursing education research and highlights the need to invest not only in student success but also in the wellbeing and resilience of the educators who shape the future nursing workforce.

### 216. Dr V Indumathy, India (Oral)
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**Impact of tailor-made e-learning module training program on respectful maternity care among student nurses**

Respectful Maternity Care (RMC) is a fundamental component of quality maternal healthcare that ensures the dignity, privacy, and rights of childbearing women during pregnancy, childbirth, and the postpartum period. Despite increasing institutional deliveries, disrespect and abuse during maternity care remain significant concerns, affecting service utilisation and maternal outcomes. This study aimed to assess the effectiveness of a tailor-made e-learning module teaching cum training programme on knowledge and attitudes regarding RMC among nursing students from selected nursing colleges in New Delhi. A quantitative pre-experimental research design with one group pre-test and post-test approach was adopted. A total of 50 third-year nursing students were selected using purposive sampling. Data were collected using a structured knowledge questionnaire and an attitude rating scale. The intervention consisted of a tailored e-learning module training programme on RMC. Statistical analysis included descriptive statistics and a paired t-test to evaluate the intervention's effectiveness. The findings revealed a significant improvement in both knowledge and attitude after the intervention. The mean knowledge score increased from 18.4 in the pre-test to 23.7 in the post-test. The paired t-test yielded a t value of 24.71 ($p < 0.005$), indicating a statistically significant difference. Additionally, the proportion of students with adequate knowledge increased from 40% to 86%, and all participants demonstrated a favourable attitude in the post-test. The study concluded that the tailored teaching programme was highly effective in enhancing nursing students' knowledge and attitudes regarding respectful maternity care. Strengthening educational interventions in nursing curricula can promote respectful practices and improve the quality of maternal healthcare services.

### 217. Ms Ramandeep Kaur Bajwa, India (Oral)
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**Adolescent internet use, behaviour, and social relationships: study from schools in North India**

Background: Internet addiction is defined as a psychological dependence on the Internet and is characterized by an increasing investment of resources on Internet-related activities, unpleasant feelings (e.g., anxiety, depression, emptiness) when offline, an increasing tolerance to the effects of being online, and denial of the problematic behaviours. Internet addiction is a growing concern among adolescents, impacting their social relationships and overall well-being. The widespread use of the internet has led to a significant increase in internet addiction among adolescents, posing a major public health concern, this cross-sectional study assessed internet addiction, social relationships, and internet use behaviour among adolescents in North India.

Aim: The objectives were to examine internet-use behaviour patterns, assess the level of internet addiction, evaluate social relationships among adolescents with internet addiction, and explore associations between demographic variables and internet addiction.

Methodology: The cross-sectional study involved 480 adolescents studying in 9th to 12th classes from selected schools of district Amritsar, Punjab. Adolescents were selected by simple random sampling technique. The Internet Addiction Test (IAT) by Kimberly Young was used to assess internet addiction and Modified Social Participation Measure was used to assess social relationships. Social relationships were assessed among adolescents identified with internet addiction.

Results: The prevalence rate of internet addiction was 252(52.5%) out of 480. Most of them was having mild internet addiction. Common internet use behaviour patterns included: 100% adolescents used mobile phones for internet access and most of them owned personal phones. Adolescents with high internet addiction reported poorer social relationships.

Conclusion: Internet addiction is prevalent among adolescents and is associated with strained social relationships. Interventions promoting healthy internet use are needed.

218. Ms Ashwini K N, India (Oral)
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**A feasibility study to develop and clinically evaluate Yoga Integrated Empowerment Program for women with Sickle Cell Disease**

Sickle Cell disease is an autosomal recessive hereditary disorder prevalent globally, with India carrying the second largest disease burden. The disease is found to be prevalent all over India, but specifically found in tribal populations in Central Indian states which include Maharashtra, Madhya Pradesh, Chattisgarh, Rajasthan and some parts of Odisha, West Bengal, etc. The disease is found to profoundly affect the quality of life of people especially women who are stigmatized of marriage, fertility and child birth. This paper aims to study the impact of a Yoga Integrated Empowerment Program for the women of Central India exploring specific outcomes such as biophysical parameters, inflammatory markers and Quality of Life of these affected women. This paper will elicit the findings of a pilot study carried out as a randomized controlled trial among 30 samples (15 in study group and 15 in the control group). A yoga module has been developed by the principal researcher based on expert opinions and a set protocol of Loosening exercises, Asanas, Pranayama techniques and Guided Relaxation is finalized. Women who are eligible (more than 18 years of age, HPLC proven Homozygous HbSS pattern positive, non-pregnant and with history of chronic pain more than past 6 months) are being recruited. Women with current comorbidities and sickle cell disease complications like Avascular necrosis, stroke, etc will be excluded. After consent and random allocation, a pretest and post-test of all the outcome variables will be assessed. A 12-week yoga intervention based on the validated module will be conducted as daily online sessions between Week 1 and Week 13. The outcomes will be analysed using relevant statistical tests. This feasibility study will hence explore how a nurse initiated self-empowerment program integrated with traditional complementary system of Yoga impacts the Quality of Life of women with sickle cell disease.

219. Mrs Joan Freeda Honey Sellapandian, India (Poster)
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**Quality of sleep among type 2 diabetic patients with controlled and uncontrolled blood glucose: a correlational comparative study**

Introduction: People with Type 2 Diabetes Mellitus frequently experience sleep disturbances, and poor sleep quality has been linked to poor glucose management and unfavourable metabolic consequences. According to recent research, insulin resistance and glucose metabolism may be impacted by sleep deprivation and fragmented sleep. Improving patient outcomes in diabetic care requires an understanding of the connection between glucose state and sleep quality. Thus, the purpose of this study was to assess and correlate the sleep quality of type 2 diabetic patients who visited the outpatient department of a Government Hospital in Erode and had both controlled and uncontrolled blood glucose

Methodology: A correlational comparative research design was adopted. The study was conducted among 200 type 2 diabetic patients attending the outpatient department of the Government Headquarters Hospital, Erode District. Samples were selected using a purposive sampling technique. Data were collected using a structured interview questionnaire to assess background variables and quality of sleep. The tool was validated by five experts, and reliability was established with a high correlation coefficient ($r = 0.95$). The collected data were analysed using descriptive and inferential statistics with SPSS version 20.

Results: The findings revealed a low positive correlation between global sleep quality and fasting blood sugar among patients with controlled blood sugar levels. Among the demographic variables, marital status showed a significant association with global sleep quality among patients with controlled blood sugar levels. Among environmental factors, frequent urination was significantly associated with poor global sleep quality among patients with uncontrolled blood sugar levels ($p < 0.05$).

Discussion: The study findings indicate that sleep quality is associated with glycaemic status among patients with Type 2 Diabetes Mellitus. Disturbed sleep patterns and nocturnal symptoms such as frequent urination may contribute to poor sleep quality, particularly among patients with uncontrolled blood glucose levels. These findings highlight the importance of integrating sleep assessment into routine diabetic care to improve glycemic control and overall patient well-being.

Conclusion: The study emphasizes the need for healthcare professionals, especially nurses, to assess and sleep quality among diabetic patients as part of comprehensive diabetes management. Further large-scale studies are recommended to explore the causal relationship between sleep quality and glycaemic control.

220. Professor Samadhi Wishwanath Rajapaksa, Sri Lanka (Poster)
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**Determinants of palliative care preparedness among nursing students in Sri Lanka: knowledge and clinical exposure**

Background: Palliative care preparedness among nursing students is influenced by both educational and experiential factors. However, the contribution of knowledge and clinical exposure to self-efficacy remains unclear. To examine the determinants of palliative care preparedness among undergraduate nursing students, focusing on knowledge and clinical exposure.

Methods: A cross-sectional study was conducted among 262 undergraduate nursing students selected using stratified random sampling. Data were collected using a self-administered online questionnaire, including the validated Palliative Care Quiz for Nursing (PCQN) and the Self-Efficacy in Palliative Care (SEPC) scale. Data were analysed using descriptive statistics, one-way ANOVA, and chi-square tests.

Results: The mean self-efficacy score was 159.22 (SD = 13.74), indicating high perceived competence, while the mean knowledge score was 11.35 (SD = 1.81), reflecting moderate knowledge levels. No significant association was found between knowledge and self-efficacy ($F(2, 259) = 1.319$, $p = 0.269$). A high proportion of students reported exposure to palliative care, including caring for terminally ill patients (76.7%) and witnessing patient death (75.6%). While most demographic and educational variables were not significantly associated with knowledge ($p > 0.05$), knowledge level was significantly associated with exposure to patient death ($\chi^2(2) = 7.505$, $p = 0.023$). Subdomain analysis showed lower confidence in multidisciplinary teamwork compared to communication.

Conclusion: Knowledge alone was not a significant determinant of palliative care preparedness. Clinical exposure, particularly experiences related to end-of-life care, appears to play a more influential role. Strengthening experiential learning within nursing curricula may enhance preparedness for palliative care practice.

221. Ms Eena Sharma, India (Poster)
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**Enhancing patient safety by standardising tracheostomy care in head neck cancer patients**

Tracheostomy care is a critical determinant of recovery in post-operative head and neck cancer patients, directly influencing safety, comfort, and clinical outcomes. However, variability in care practices, inconsistent monitoring, limited staff competency, and inadequate patient education contribute to complications such as aspiration, tube obstruction, persistent coughing, and prolonged hospital stays—escalating both clinical risk and cost of care. This quality improvement initiative aimed to standardise tracheostomy management through evidence-based care bundles, structured competency training, strengthened documentation, and enhanced patient–family engagement. Root cause analysis identified gaps across manpower, methods, materials, and environment, including non-uniform practices, equipment unavailability, and inconsistent monitoring and documentation. Targeted interventions included implementation of standardised care bundles with compliance checklists, supported by regular audits to ensure adherence. Focused competency-based training improved staff readiness, while bilingual patient education enhanced caregiver involvement. Integration of tracheostomy emergency sets into response systems ensured timely intervention and reduced care delays. Post-implementation, the project demonstrated a 30% reduction in tracheostomy-related complications and improvement in monitoring and documentation compliance from 60% to over 90%. ICU returns related to tracheostomy issues declined significantly, while adherence to care

bundles exceeded 95%, indicating high process reliability. Sustainability was ensured through continuous audits and protocol reinforcement. The model is scalable and can be replicated across surgical units. This initiative highlights how a systematic, data-driven, multidisciplinary approach enhances patient safety and delivers measurable improvements in quality of care.

### 222. Mrs Shailaja V, India (Oral)
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**Integrating compassion, innovation and governance for universal health goals**

Nurses and midwives are pivotal in healthcare by integrating compassionate care with innovation, sustainability and governance. Our evolving roles extend beyond clinical boundaries into community empowerment, policy advocacy and global health leadership. As frontline caregivers, we champion maternal and child health equitable access and preventive education, ensuring inclusivity in healthcare delivery. By moving care into homes and underserved communities, we redefine the scope of health systems to be more resilient and people-cantered.

Emerging trends such as digital health, telemedicine and data-driven practice empower nurses and midwives to reach wider populations and influence evidence-based policy. Our advocacy for eco-friendly healthcare systems—reducing medical waste, promoting renewable energy and aligning with Sustainable Development Goals—positions us as custodians of both human and planetary well-being. In times of crisis, from pandemics to climate disasters, we embody resilience, ensuring continuity of care and strengthening community preparedness.

Beyond service delivery, nurses and midwives increasingly contribute to governance and strategic leadership. With expertise in CSR, ESG and public health, we guide institutions toward socially responsible growth, balancing profit with purpose. Our credibility, ethical leadership and deep understanding of community dynamics make us invaluable voices in boardrooms and policy forums. This dual capacity—clinical compassion and strategic governance—enables us to shape systems that are sustainable, equitable and future ready.

### 223. Ms Abdul Cadar Fathima Nuha, Sri Lanka (Poster)
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**Menstrual pain management among female school adolescents: a Sri Lankan quantitative study**

Menstrual pain is a prevalent health issue among adolescent schoolgirls, impacting their physical comfort, emotional health, and academic achievements by interfering with their ability to focus and participate in lessons. The aims of this study were to assess menstrual pain level and pain management strategies among female school adolescents in a few selected government schools in Kandy district. a quantitative descriptive cross-sectional study was conducted among 328 female students in grades 9 to 11, selected through simple random sampling. data were collected using a self-administered structured questionnaire. the pain level was assessed using a 10 point-pain scale. data were analysed using Jamovi statistical software and presented using descriptive statistics. the results indicated that most participants reported the length of their menstrual cycles within the normal range, with menstrual pain predominantly of moderate intensity 55% while 21% reported it as severe. 68% of participants reported that menstrual pain affected their daily activities from 'occasionally' to 'always'. pain was most common on the second day of menstruation (44.9%), followed by before the period starts (31.2%). regarding pain management strategies, the utilization of pharmacological and non-pharmacological methods was generally limited. a considerable proportion of participants reported never using pain medication (43%), exercise (68%), or herbal remedies (75%). among the strategies used, rest and sleep were the most common, with a majority rating them as highly beneficial. though hot water application was perceived as effective, it was frequently used only by 19% of participants while 23% used it sometimes. in conclusion, menstrual pain of moderate to severe intensity is prevalent among schoolgirls. however current management practices are inadequate, may be due to lack of awareness or resources. to improve menstrual pain management and overall health, it is important to facilitate them with menstrual health education and easy access to resources including health care services.

224. Mr Mathew Varghese V, India (Poster)
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**Role of the cancer survivorship nurse in comprehensive oncology care**

Cancer survivorship has emerged as a critical phase in the oncology continuum, driven by advances in early detection and treatment that have significantly improved survival rates worldwide. However, survivors often face complex, long-term physical, psychosocial, and economic challenges that require coordinated, patient-centred care. In this evolving landscape, the cancer survivorship nurse plays a pivotal role in delivering comprehensive oncology care beyond active treatment.

This poster highlights the multifaceted contributions of survivorship nurses in addressing the unique needs of cancer survivors. These professionals serve as key coordinators of care, facilitating the transition from acute treatment to survivorship by developing individualized survivorship care plans, monitoring late and long-term treatment effects, and promoting health maintenance strategies. They act as patient advocates, educators, and navigators, ensuring continuity of care across multidisciplinary teams.

Furthermore, survivorship nurses play an essential role in psychosocial support by identifying distress, addressing mental health concerns, and connecting patients with appropriate support services. Their involvement enhances patient empowerment through education on self-management, lifestyle modification, and adherence to follow-up care. In addition, they contribute to improved health outcomes by promoting early detection of recurrence and secondary cancers.

This poster also underscores the importance of integrating survivorship nursing into healthcare systems, particularly in resource-constrained settings where gaps in post-treatment care are prevalent. Strengthening training, policy support, and role recognition for survivorship nurses can significantly enhance quality of life and long-term outcomes for cancer survivors.

In conclusion, the cancer survivorship nurse is a cornerstone of comprehensive oncology care, bridging gaps between treatment and long-term wellness, and ensuring holistic, patient-centred survivorship care.

226. Professor Keka Chatterjee, India (Oral)
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**Impact of delayed cord clamping timing on neonatal outcomes: an adaptive controlled trial**

Background: Delayed cord clamping for more than one minute enhances placental transfusion, improving neonatal iron stores, haemoglobin levels, and reducing anaemia risk in early infancy. Despite earlier concerns regarding hyperbilirubinemia, recent evidence supports its safety and benefits, particularly in resource-limited settings like India, where childhood anaemia remains a significant public health challenge.

Aim: To compare the effect of delayed cord clamping at 1 minute versus 2 minutes on neonatal outcomes among term infants.

Methods: An adaptive randomized controlled trial of 140 eligible mothers with uncomplicated vaginal deliveries was conducted in a maternity unit of quaternary hospital. Interventions were performed on 53 infants in Group A (DCC 1 min) and 50 in Group B (DCC 2 min) using block randomization and opaque envelope and blinding. Immediate outcomes included APGAR, heart rate, SpO2; 72-hour assessment included jaundice requiring phototherapy and infections. Follow-up haemoglobin estimation was done at 1½ and 3½ months. Data was analysed using R version 4.2.0 Shapiro-Wilk test checking normality, independent t-test and Chi-square test. Statistical significance was considered at $p<0.05$.

Results: Infants in the DCC 2-minute group demonstrated significantly higher mean haemoglobin levels at 3½ months (12.01 ± 0.85 g/dL) compared to the DCC 1-minute group (11.23 ± 0.88 g/dL; $p = 0.0004$). Oxygen saturation at 5 and 10 minutes after birth was significantly better in 2-minute DCC group. No statistically significant differences were observed in APGAR scores, incidence of neonatal jaundice requiring phototherapy, infections, or NICU admissions between the groups.

Conclusion: Delayed cord clamping for 2 minutes provides superior neonatal haematological outcomes and improved early physiological adaptation without increasing adverse neonatal complications. The findings support the adoption of 2-minute delayed cord clamping over 1 min as a safe and beneficial practice for term neonates.

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**Navigating new frontiers in nursing practice through Integrated Specialty Nursing Councils**

Background: Globally, nurses and midwives are increasingly required to lead across clinical, academic, digital, and quality domains to complex healthcare needs. Strengthening structured governance models is essential to enable this transition. Apollo Hospitals implemented an integrated, council-driven nursing framework to empower nurses to navigate emerging frontiers while enhancing patient outcomes and professional practice.

Objective: To describe the implementation and outcomes of an integrated specialty nursing council model in advancing clinical excellence, research, digital innovation, and workforce development.

Methods: A shared governance framework was established through interconnected specialty councils—Critical Care, Operation Theatre, Infection Control, Research and Publication, Digital Nursing, Academic, and Accreditation. Each council operates within defined domains, driving evidence-based protocols, competency-based training, simulation, research mentorship, digital transformation, and quality assurance. The model emphasizes collaborative leadership, continuous capacity building, and structured monitoring of outcomes.

Results: Implementation of the integrated council model resulted in strengthened clinical competencies, improved compliance with infection prevention and perioperative safety standards, and enhanced accreditation readiness across units. Nursing scholarship increased significantly, with publications reaching 94 in the most recent reporting year. Digital initiatives improved efficiency, documentation accuracy, and data-informed decision-making. Structured education, webinars, and novice nurse programs enhanced workforce capability. The model fostered interprofessional collaboration, improved patient safety outcomes, and increased nursing visibility at national and international platforms.

Conclusion: This integrated council-driven governance model demonstrates a scalable and sustainable approach to shaping a future-ready nursing and midwifery workforce. By embedding leadership, innovation, and evidence-based practice into routine care, it enables nurses to effectively navigate new frontiers and contribute to resilient, high-quality health systems globally.

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**Innovative approaches to child sexual violence prevention through interactive learning and mindfulness**

Child sexual violence remains a critical public health issue, particularly in low- and middle-income countries, where limited knowledge of bodily autonomy and inadequate self-protection skills increase children's vulnerability. School-based prevention programs are essential; however, most existing interventions primarily cognitive aspects and rarely incorporate emotional regulation, which is crucial for adaptive responses in risky situations. This study aimed to evaluate the effectiveness of an integrated educational intervention combining interactive learning and mindfulness-based relaxation in improving children's knowledge and self-protection skills for sexual violence prevention. A quasi-experimental pretest–post-test design was conducted among 150 elementary school students aged 10–12 years in Padang, Indonesia. The intervention consisted of interactive learning activities, including educational games, group discussions, role-play simulations, and illustrated modules, integrated with mindfulness-based relaxation techniques such as mindful breathing, safe-place visualization, and emotional awareness exercises. Knowledge and self-protection skills were assessed using validated questionnaires before and after the intervention. Normality testing indicated non-normal data distribution; therefore, differences between pretest and post-test scores were analysed using the Wilcoxon signed-rank test. The results demonstrated significant improvements in both outcomes. The proportion of students with poor knowledge decreased from 80.0% to 60.7%, while those with good knowledge increased from 8.7% to 15.3%. Similarly, low-level self-protection skills declined from 76.0% to 55.3%, and high-level skills increased from 10.7% to 16.0%. Statistical analysis confirmed significant improvements in knowledge ($Z = -3.026$, $p = 0.002$) and self-protection skills ($Z = -3.177$, $p = 0.001$). These findings indicate that integrating interactive learning with

mindfulness-based relaxation effectively enhances both cognitive awareness and emotional-behavioural readiness among school-aged children. This combined approach offers a feasible, low-cost, and culturally adaptable strategy for strengthening school-based child protection and public health promotion programs aimed at reducing children's vulnerability to sexual violence.

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**Toward excellence: nurse midwives and neonatal nurses working collaboratively to ensure the health of mothers and newborns**

Nurse Midwives and neonatal nurses form a crucial partnership that significantly reduces maternal and neonatal mortality by providing comprehensive, continuous care from pregnancy through postpartum. This collaboration focuses on skilled birth attendance, early detection of complications, and immediate neonatal intervention, potentially averting over 80% of maternal and neonatal deaths when adhering to international standards. Nurse midwives and neonatal nurses work collaboratively to ensure the health of mothers and newborns, with nurse midwives focusing on the prenatal-to-immediate postpartum transition (up to 28 days) and neonatal nurses specializing in high-risk, specialized, or intensive care. Together, they aim to reduce maternal and neonatal mortality through shared expertise in maternal care as well as resuscitation, assessment, and breastfeeding support to the new born. Collaborative teams are skilled at identifying high-risk pregnancies and identifying signs of distress in newborns, reducing postpartum complications. Joint efforts lead to better birth outcomes, lower caesarean rates, and improved neonatal health through enhanced communication and shared expertise. Both professions are often trained in managing high risk pregnancies and neonatal resuscitation and managing complications, particularly in resource-limited settings where roles may overlap to ensure immediate care. Midwives and neonatal nurses work in interprofessional teams to improve outcomes, with adequate staffing of both crucial to reducing maternal and neonatal mortality rate. Evidence indicates that increasing the density of skilled nurses and midwives significantly lowers neonatal, infant, and maternal mortality. So the midwives and neonatal nurses need comprehensive training for reducing maternal and neonatal morbidity and mortality rate. It is very crucial to success are early antenatal counselling, postnatal monitoring, skilled attendance at birth, and immediate newborn care. Collaborative care between nurse-midwives and neonatal nurses significantly reduces maternal and neonatal mortality by providing comprehensive, continuum-of-care.

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**Examining Post Traumatic Stress Disorder after childbirth trauma on maternity service users: a systematic literature review**

Background: Emerging evidence has revealed that childbirth trauma is affecting many maternal women resulting in post-traumatic stress disorder (PTSD). Although, the information on the effects of (PTSD) on maternity service users after a childbirth trauma occurrence has been studied the information is still scarce. The aim of this systematic literature review is to explore the effects of PTSD related to a traumatic childbirth experience on users of maternity service. Current United Kingdom statistics reveals that nearly 79% of women experience childbirth trauma and 4% 6% will eventually go on to PTSD. This study is necessary to fill the gap in knowledge on the effects of PTSD following childbirth (PTSD-FCB) on maternity service users.

Methods: The population, intervention, comparison and outcome (PICO) format was used to assist with the formulation of the research question. Under the PRISMA guidelines a comprehensive scholarly literature search was undertaken within four databases including CINAHL Ultimate, Medline, PubMed and PsycINFO. The search was to locate English written articles dated from 2015-2026 to fulfill the inclusion criteria.

Results: Ten primary peer reviewed articles were selected. Results from a thematic analysis revealed that PTSD is associated with negative consequences on the mother, partner and infant. The mother and father may find it difficult to bond with the infant. In addition, the infants because of impaired breastfeeding may experience nutritional deficits that will cause growth and development challenges. Consequently, three themes were identified: coping challenges of the mother; emotions attributed to the father: and infant care concerns.

Conclusions and Recommendations: The impact of PTSD-FCB is a complex entity, therefore it is critical for maternity service

providers to understand the impact a traumatic birth experience has on maternity service users. Childbirthing women and their partners should be supported early, with the provision of evidence informed maternity care to prevent traumatic birth experiences and the incidence of PTSD.

### 231. Mrs Kelly Mitchell, United Kingdom (Oral and Poster)

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**Advancing diabetes nursing competency through a multimodal, international framework**

The increasing complexity of diabetes care demands a highly competent nursing workforce capable of delivering safe, evidence-based, and patient-centred care. In line with the conference theme, "shaping the future: nurses and midwives navigating new frontiers," this project aimed to prepare nurses to meet emerging challenges in diabetes management. It sought to enhance knowledge, clinical skills, and confidence among nurses on a dedicated diabetes ward through a structured, multimodal education programme underpinned by an internationally informed competency framework.

A bespoke competency document was developed by integrating key elements from both UK and Australian diabetes competency frameworks, ensuring alignment with international best practice standards. The education programme commenced with online learning, followed by a multidisciplinary study day delivered by the practice development team, medical staff, diabetes nurse specialists, and podiatrists. Key areas included anatomy and physiology, pathophysiology, acute and chronic complications, discharge pathways, glucose monitoring technologies, and wound and foot care. To strengthen clinical application, simulation-based training was delivered focusing on hypoglycaemia, diabetic ketoacidosis (DKA), hyperosmolar hyperglycaemic state (HHS), and end-of-life care in diabetes, enhancing clinical reasoning and decision-making in high-risk scenarios.

Competency has been assessed through a structured workbook requiring supervised clinical sign-off. Senior nurses are first assessed and signed off by the practice development team and ward leaders. Once competent, these senior nurses are then authorised to assess and sign off junior nurses on the ward, creating a sustainable, peer-supported competency model. This process is complemented by completion of the Cambridge Diabetes Education Programme e-learning modules.

This initiative demonstrates an innovative, scalable model for workforce development that strengthens clinical capability, promotes leadership, and supports safe, high-quality diabetes care in an evolving healthcare environment.

### 232. Miss Erandima Sandamali, Sri Lanka (Oral)

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**Core dimensions of family centred care: insights of key stakeholders**

Background: Family Centred Care (FCC) practices are increasingly recommended, but still not widely implemented in paediatric care. It provides a vital platform where health staff acknowledge family members in the child care process. This study aimed to explore perceptions of key stakeholders regarding FCC practices in general paediatric wards.

Methods: An exploratory descriptive qualitative study was conducted in the paediatric wards of National Hospital Galle, Sri Lanka. Purposive sampling was used to recruit participants, and data were collected through Focus Group Discussions (FGDs). 8 FGDs were conducted among health staff (doctors, nurses, and health care workers), parents and children, using a pilot-tested interview guide. Health staff with more than 3 months of experience, and parents and children who had been hospitalized for 3 or more days were included. Reflexive thematic analysis was used to identify sub-themes and themes.

Results: The analysis revealed that FCC was reflected through four interrelated broad themes: "Compassionate Care", "Professional Care", "Communication and Collaboration", and "Ward Environment". Empathetic interactions, emotional support, and respect for parental values and concerns were identified as key components of compassionate care. Professional care supported FCC practices through reliable service delivery, transparency in information sharing, and proactive care coordination. Parents valued timely updates and clear explanations about the child's condition and treatment. Open, respectful and understandable communication during ward rounds and routine care facilitated parental engagement, while shared-decision making and multidisciplinary team involvement enhanced parents' sense of partnership. The ward

environment supported FCC by providing essential facilities, flexible visiting arrangements, child-friendly spaces, and having a clean and safe environment.

Conclusion: The thematic analysis highlights that personal, professional, and physical factors collectively shape FCC. Targeted interventions ING these areas, focusing on key stakeholders are important to enhance FCC practices in paediatric care.

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**Tele-midwifery readiness and digital maternal care competency among midwives in Sri Lanka**

Background: Telehealth and eHealth literacy have become essential components in modern healthcare delivery, particularly in improving access to services and supporting informed decision-making among healthcare providers. Midwives, as frontline maternal healthcare providers, increasingly rely on digital platforms to deliver care, making their ability to effectively use and evaluate online health information critically important.

Methods: A cross-sectional study was conducted among 103 midwives. Data were collected using the eHealth Literacy Scale and the Telehealth Usability Questionnaire (TUQ). Statistical analysis was performed using SPSS V29, including descriptive statistics, reliability analysis, Pearson correlation, one-way ANOVA, and multiple regression analysis to examine relationships and predictors of telehealth usability.

Results: The mean age of participants was 43.20 years (SD = 8.18; range 25–60). The majority held a Diploma (68.0%) and had more than 15 years of experience (54.4%). The eHealth literacy scale demonstrated good internal consistency (Cronbach's α =.863), while the TUQ showed excellent reliability (Cronbach's α =.974). The mean eHealth literacy score was 3.85 (SD = 0.62), indicating a moderately high level, and the mean telehealth usability score was 5.03 (SD = 1.00), reflecting generally favorable perceptions. eHealth literacy was positively correlated with telehealth usability ($r = .419$, $p < .001$). Age showed significant negative correlations with both eHealth literacy ($r = -.547$, $p < .001$) and telehealth usability ($r = -.331$, $p < .001$). No significant differences were observed by education or experience. Regression analysis identified eHealth literacy as a significant predictor of telehealth usability ($\beta = .340$, $p = .002$).

Conclusion: eHealth literacy significantly influences telehealth usability, emphasizing the importance of strengthening digital health competencies among midwives to enhance effective telehealth implementation

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**Assess the effect of Hatha yoga on stress, anxiety, and depression in women receiving treatment for infertility**

Infertility is a distressing condition that often leads to significant psychological, emotional, and social challenges among women. The prolonged nature of infertility treatment further exacerbates stress, anxiety, and depression, thereby affecting overall well-being and quality of life. This study aimed to evaluate the effectiveness of Hatha Yoga in reducing stress, anxiety, and depression among infertile women undergoing treatment. The study aimed to assess the levels of stress, anxiety, and depression among infertile women; to determine the association between pre-test scores and selected socio-demographic variables; and evaluate the effect of Hatha Yoga intervention on stress, anxiety, and depression levels. A pre-experimental one-group pre-test and post-test design was adopted. The study was conducted among 31 infertile women attending the infertility OPD at SGPGIMS, Lucknow. Data were collected using standardized tool DASS-21 to assess stress, anxiety, and depression. Socio-demographic data were also recorded. Hatha Yoga intervention was administered, and post-test assessment was conducted. Data were analysed using descriptive and inferential statistics. The findings revealed that most participants were aged 25–30 years (58.06%), with more than 4 years of marriage (41.93%), and the majority were

housewives (64.51%). Pre-test findings showed moderate levels of anxiety (41.93%) and depression (32.25%) among participants. After the Hatha Yoga intervention, there was a noticeable improvement: normal stress levels increased from 74.19% to 87.09%, normal anxiety from 22.58% to 54.83%, and normal depression from 29.03% to 61.29%. The results indicate a positive effect of Hatha Yoga in reducing stress, anxiety, and depression levels. However, no statistically significant association was found between socio-demographic variables and reduction levels. The findings highlight Hatha Yoga as an effective, holistic approach to managing psychological distress in women undergoing infertility treatment, promoting improved mental well-being and resilience. It can be considered as a supportive therapy in infertility management to enhance psychological well-being of women suffering from infertility.

### 235. Mrs Priyanka Saxena, India (Oral)
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**Nurses and midwives navigating new frontiers: Integrating innovation and AI in clinical practice**

The evolving landscape of global healthcare demands that nurses and midwives adapt to new frontiers shaped by technological innovation, rising patient expectations, and complex clinical challenges. This abstract specifically examines the integration of artificial intelligence (AI) and digital health tools in nursing and midwifery practice within clinical and community settings.

AI-powered systems, electronic health records, and telehealth platforms are transforming patient assessment, clinical decision-making, and continuity of care. Nurses and midwives are increasingly utilizing predictive analytics for early detection of complications, particularly in maternal and neonatal care, thereby improving patient outcomes and reducing mortality rates. In resource-constrained settings, digital health solutions enhance access to skilled care, bridging gaps in rural and underserved populations.

Additionally, the role of nurses and midwives is expanding beyond bedside care to include data interpretation, technology management, and patient education regarding digital health tools. This shift necessitates targeted training, digital literacy, and supportive institutional frameworks to ensure safe and ethical use of emerging technologies.

However, challenges such as technological resistance, data privacy concerns, and inadequate infrastructure remain significant barriers. Addressing these issues requires policy-level support, continuous professional development, and investment in healthcare systems.

This paper highlights how embracing AI and innovation enables nurses and midwives to lead transformative changes, ultimately strengthening healthcare delivery and improving patient-centred outcomes in diverse clinical environments.

### 236. Ms Neena Vir Singh, India (Oral and Poster)
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**Effectiveness of cardiac resuscitation on stress and functional capacity in post-CABG: a randomised controlled trial**

Background: Patients undergoing coronary artery bypass grafting (CABG) frequently experience psychological stress and reduced functional capacity during the postoperative period. Although cardiac rehabilitation (CR) has demonstrated benefits in improving recovery, there is limited evidence from India regarding its impact on stress reduction and functional recovery.

Objective: To evaluate the effectiveness of a CR program on stress and functional capacity among post-CABG patients.

Methods: A prospective parallel-group randomized controlled trial was conducted at a tertiary care hospital in North India. Two hundred adult CABG patients were randomized to receive either CR (educational booklet, visual CD, and face-to-face counselling) or routine postoperative care. Stress was assessed using DASS-21 Stress Subscale, and functional capacity using the Duke Activity Status Index (DASI) and metabolic equivalents (METs). Assessments were performed at baseline, 1 week, 1 month, and 3 months. Data were analyzed using Mann–Whitney U test, chi-square test, effect sizes, and linear mixed-effects models.

Results: Baseline stress and functional scores were comparable between groups. At one week, one month and 3 months, the

intervention group demonstrated significantly lower stress, depression, and anxiety scores ($p \leq 0.0006$). Functional capacity differed at 1 month, with higher DASI and MET scores in the control group ($p < 0.001$), but became comparable between groups by 3 months.

Conclusion: CR significantly improves psychological outcomes and supports recovery during the postoperative period following CABG.

237 Dr Sukhpal Kaur, India (Oral)
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**Evaluation of an Indigenous innovation for the prevention of chemotherapy induced peripheral neuropathy**

Objective: To assess the effectiveness of indigenous cryotherapy in the prevention of CIPN in cancer patients.

Design: Randomised controlled trial

Methods: A total of 60 patients undergoing their first cycle of chemotherapy with platinum and taxane-based drugs were randomised into intervention and control arms, with 30 participants in each arm. The patients in the intervention group were provided with Indigenous cryotherapy (mittens and socks) during the infusion of the chemotherapy in every cycle. The control group participants continued with their routine care. Monofilament test for sensibility, Activity of daily living (ADLs), and EORTC QLQ CIPN 20 were recorded at baseline and before every chemotherapy cycle in both groups. The patients were followed up till the completion of their chemotherapy. Analysis was performed for the assessment of the baseline, midline and endline observations. The ethical aspects were given due consideration.

Results: At the baseline, both groups were comparable as per their demographic and clinical profile. Although no statistically significant differences were observed between the intervention and control groups in objective measures such as monofilament test scores across hand and foot sites ($p>0.05$) and activities of daily living (ADL) ($p>0.05$) at any of the observations, patient-reported outcomes using the EORTC QLQ-CIPN20 revealed a significant reduction in sensory neuropathy symptoms in the intervention group at both midline ($p = 0.024$) and endline assessments ($p=0.005$).

Conclusion: This study highlights the potential of a low-cost, culturally appropriate, and easily implementable indigenous innovation in supportive cancer care, particularly in resource-constrained settings. Further large-scale studies are recommended to validate these findings and explore long-term outcomes.

238. Mr Mansingh Jat, India (Oral and poster)
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**Nurse-led integrative intervention protocol and Yoga validation for nursing burnout: a randomized controlled trial**

Background: High prevalence of burnout has been reported among nursing officers in tertiary care settings, particularly post-pandemic. Existing interventions often lack professional specificity or feasibility for hospital staff. A structured, nurse-led approach combining yoga and counselling is needed to this occupational phenomenon.

Objective: The study aimed to develop and validate a specialized yoga module and describe the protocol for a Nurse-led Integrative Intervention (NLII) to reduce burnout among nursing officers.

Methods: To develop the NLII, we reviewed specialized yoga texts and burnout-related counselling frameworks. The module includes Sukshma Vyayama (loosening exercises), asanas, pranayama, and meditation. Fifteen yoga and nursing experts validated the module. Content validity ratio (CVR) was calculated according to Lawshe's method. The validated module was integrated into an open-label Randomized Controlled Trial (RCT) protocol involving 170 nursing officers at a tertiary care centre.

Results and Conclusion: The content validity index (CVI) of the yoga module was 0.83, with expert consensus ($CVR > 0.80$) indicating the practices are essential for burnout reduction. The strength of the NLII lies in its specialized, nurse-led design and clinically validated components. The validation process has established a robust framework that is culturally and professionally relevant. This module is now ready for implementation in the next phase of the intervention trial.

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**Need for comprehensive care competency training among informal caregivers of chronic liver disease patients**

Background: The burden of chronic liver disease (CLD) on individuals and their families is enormous. Informal caregivers have a critical role in the patient journey and provide essential assistance to the patients. These caregivers are mainly concerned with the day-to-day activities of their patients. However, these caregivers have limited information on how to perform their tasks efficiently.

Objective: The objective of the research was to determine the need for an instruction module related to competencies in caring for patients with CLD.

Methodology: The qualitative phenomenological approach was employed in this research. The data were gathered by conducting semi-structured interviews with 5 patients with CLD and 5 informal caregivers of these patients from a chosen hospital. Participants included caregivers who are 18-60 years old and include spouses, family members, friends, or any individual who cares for the patient. Rigor was ensured through data source and investigator triangulation. The transcribed verbatim was analysed using NVivo 15 to identify major themes and subthemes.

Results: The study results identified several areas where caregivers had inadequate knowledge and skills in managing patient care, such as issues associated with symptom monitoring, drug administration, diet management, and psychological burden. In addition, caregivers were not adequately guided on how to provide effective care, making their efforts limited to informal sources of information. Participants indicated that they needed a need-based learning program that could enhance their skills. Using the results obtained from the study, a need-based instructional module was formulated and validated for content relevance and applicability.

Conclusion: Informal caregivers play a vital role in ensuring CLD patients receive quality care. However, they lack the necessary training and support to manage their tasks effectively. A training with a validated educational module based on their needs is one of the most effective approaches to enhancing their capabilities.

240. Ms S Suja Kumari, India (Oral)
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**Nurse workload and patient safety challenges: urgency for Flow-Adaptive Nebuliser in COPD**

Background: Nebuliser therapy is crucial in patients with acute exacerbation of COPD. However, it can be time and labour-intensive for nurses, especially with multiple doses per day. Higher dosing frequency, cognitive impairment, and periodic manual monitoring of current nebulisers augment the workload. These can threaten the optimum delivery of the medicine and the cost of patient care.

Objectives: The objectives of the study were to assess the current practices and challenges faced by nurses in administering nebulization therapy in patients with COPD and to design and develop a flow-adaptive nebuliser.

Methods: A phenomenological study was conducted among eight registered nurses through purposive sampling in a tertiary care hospital. After taking informed consent, the data were collected through face-to-face semi-structured interviews and audio-recorded. Rigor was ensured through data source and investigator triangulation, supported by member checking and an audit trail to enhance credibility and dependability. The transcribed verbatim was analysed using NVivo 15 to identify key themes.

Results: Analysis revealed the theme “Operational and patient safety challenges in the current nebulization practices, add to nurses’ time constraints and workload, demanding flow adaptive nebulisers”. The five sub-themes derived were workload and time burden, monitoring challenges, resource limitations, safety concerns, and the need for innovation. Additionally, reliance on bystanders, limited availability of nebulization devices, and workflow interruptions were also stated. The need for an automated system with timer-based cut-off and alarm features was enthusiastically welcomed and evident.

Conclusion: The study highlights the critical lacunae in the current nebulization practices, intensifying nurses' workload and time constraints, in an era of acute shortage of professional nurses. The urgency of an automated cut-off nebuliser with timer and alarm features, to ensure optimum drug dosage delivery, preventing readmissions and optimum use of nurses' time, was apparent.

241. Ms Maurina Baron, United Kingdom (Oral, pre-record)
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**Working in partnership to address global challenges in the nursing and midwifery workforce**

The Caribbean Nurses and Midwives Association (UK) (CNMA(UK)) is committed to navigating the evolving landscape of healthcare, shaped by digitisation and artificial intelligence, to support nurses, midwives, and health professionals. The Association was established to unite Caribbean health professionals, championing quality care, innovative outreach, and the reduction of health inequalities, while also fostering leadership within the Caribbean Diaspora. CNMA(UK) aims to influence policy, support professional development, and create opportunities for collaboration and social engagement.

The vision of CNMA(UK) is to serve as the leading voice for Caribbean nurses and midwives, driving improvements in health and social care, education, workforce development, and policy. The mission centres on developing a diverse group of professionals to healthcare disparities and empower individuals to reach their full potential, advocating for greater investment, equality, and inclusion within the BAME nursing and midwifery workforce.

Key objectives include providing strategic leadership, fostering inclusivity, empowering members to effect change, advocating for diversity and equality, and nurturing future leaders. CNMA(UK) organises conferences ing topics such as the impact of globally trained practitioners and health inequalities, and undertakes a range of activities including developmental programmes, webinars, workshops, pastoral and wellbeing handbooks, social and cultural events, and collaborative initiatives.

243. Professor Syed Sumiya, India (Oral)
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**Impact of structured mental health education on maternal wellbeing**

Background: Psychological wellbeing is an integral part of the overall health of mothers and infants. Anxiety, stress, and depression are some of the psychopathology which can affect both the mother and developing foetus. Unfortunately, despite the relevance of mental wellbeing, current prenatal care lacks appropriate measures to ensure psychological wellbeing especially in poor populations. Awareness and management of the psychological wellbeing of pregnant women will significantly improve from structured mental wellbeing education offered by psychiatric nurses.

Objectives:
1. To determine the baseline levels of maternal wellbeing in antenatal mothers.
2. To investigate the effectiveness of structured mental wellbeing education on maternal wellbeing.
3. To compare the pre-test and post-test levels of psychological wellbeing.

Methodology: For this study, a quasi-experimental one group pre-test post-test design was used. Sixty antenatal mothers participated in this experiment through a convenient sampling technique done at the antenatal clinic. The baseline measurement of maternal wellbeing was done through standardized WHO Wellbeing Index. Following this, there was a session of structured mental wellbeing education for antenatal mothers including strategies to manage stress and cope with emotions. Post-test was done afterwards to examine the effects of the mental wellbeing intervention on maternal wellbeing. Descriptive and inferential analysis of data was performed.

Results: From the findings, it was evident that the intervention had positive effects on maternal wellbeing with marked decrease in the levels of anxiety and stress in pregnant women. Structured mental wellbeing education has been found to be significantly effective in improving the psychological wellbeing of antenatal mothers. Conclusion: This research has shown how crucial mental wellbeing education is in ensuring maternal wellbeing. There is a need for psychiatric nurses to offer such interventions to improve the holistic wellbeing of pregnant women. Implementation of structured mental wellbeing intervention will not only promote maternal wellbeing but provide quality midwifery care too especially in poor areas.

### 246. Mr Ahmad Basheer, Nigeria (Oral)
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**Assessing knowledge and digital readiness for AI integration among maternal and child health nurses**

Background: The crushing burden of maternal and infant morbidity and mortality in Kano State has recently prompted the introduction of AI tools like Promoting Mothers in Pregnancy and Postpartum Through SMS (PROMPTS) to bridge the patient-caregiver gap. While significant studies exist on AI integration in healthcare, this study explores that, implementation success is predicated less on technological sophistication and more on the readiness of the frontline workforce. This study assessed whether Kano's Maternal and Child Health (MCH) nurses are technically and attitudinally prepared to integrate AI into routine MCH care.

Methods: A mixed-methods pilot study was conducted to capture a reliable picture of the nursing landscape. A cross-sectional survey of 58 nurse-midwives in Kano measured foundational AI knowledge and digital readiness. while focus groups explored qualitative insights, including perceived barriers that quantitative data often overlooks. Ethical approval, informed consent, and data anonymization were ensured.

Results: Findings show 93.1% of nurses were aware of AI's existence in healthcare, 87.9% have received no formal training, and 60.3% were unaware of specific local tools like PROMPTS. Notably, while 89.6% cited resistance to change as a hurdle, senior nursing leadership, despite being primary decision-makers, expressed the highest scepticism toward algorithmic decision-support. Beyond individual knowledge and skills, 98.3% of respondents identified erratic power supply, limited infrastructure, and lack of localized technical support as critical inhibitors to effective implementation.

Conclusion: The appetite for AI in Kano's MCH sector is high, but knowledge and digital readiness among nurses remains foundational rather than functional. Successful integration will require moving beyond software-centred toward a holistic model of systemic enablers; specifically localized learning guides, robust infrastructure, and collaborative capacity-building partnerships with government and NGOs. Recommendation: This study recommends empowering nurses as primary navigators of the digital frontier, ensuring technology is adequately integrated to meet health needs.

### 247. Ms Saheli Debnath, India (Poster)
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**To assess the prevalence of abnormal uterine bleeding and its contributing factors among women availing services of a tertiary care hospital**

Background: The World Health Organization (WHO) has published various in-depth reports on gynaecological conditions in partnership with global health organizations in 2024. A notable resource among these is the Global Burden of Disease (GBD), which provides essential information on the prevalence, effects, and trends of gynaecological illnesses globally. Abnormal Uterine Bleeding (AUB) is a widespread and clinically important issue marked by changes in the frequency, regularity, duration, or volume of menstrual bleeding, not associated with pregnancy. It impacts nearly one-third of women during the menarche and peri menopausal stages, when hormonal changes are most significant. This multifaceted condition is becoming increasingly prevalent, impacting up to 50% of women in the perimenopausal stage and 10% to 30% of women of reproductive age, thus constituting a major public health concern in women's healthcare.

Establishing the actual prevalence of abnormal uterine bleeding (AUB) is difficult because of under reporting and the often unnoticed, nature of associated issues like anaemia. Cultural taboos, insufficient knowledge and societal expectations can also discourage the women from pursuing medical care. By tackling these wider factors, healthcare systems can significantly contribute to alleviating gynaecological health issues and enhancing health outcomes for women at every stage of their lives.

Material and Methods: The research employed a cross-sectional design and was carried out among a sample of 356 individuals receiving services at a selected tertiary care hospital through consecutive sampling. After securing ethical approval, the researchers evaluated the various contributing factors using a structured questionnaire that covered socio-demographic, lifestyle, obstetric, and physical factors through interviews. The prevalence was determined using the FIGO System 1 tool. Data analysis was conducted using descriptive statistics such as frequency, percentage, and mean, while inferential statistics were carried out using the Fisher exact test and Chi-square test.

Results: The findings from the study reveal that abnormal uterine bleeding (AUB) affects 23% of the population, underscoring its considerable prevalence as a gynaecological issue and its notable impact on quality of life. If untreated, this condition can lead to discomfort, anaemia, and additional health complications. A higher percentage of individuals with AUB adhere to a non-vegetarian diet (72%). The rates of smoking (5%) and alcohol consumption (9%) are relatively low among those with AUB, while the prevalence of chewing tobacco is higher at 26%. Most individuals with AUB conceived spontaneously (90%), with 68% of women being multiparous and 58% having undergone vaginal delivery. A significant portion of individuals with AUB reported a history of pregnancy loss or abortion (35%), and 32% had undergone gynaecological procedures such as dilation and curettage (D&C) or dilation and evacuation (D&E). Moreover, 38% had a history of using intrauterine contraceptive devices (IUCD). Only 4% had received the HPV vaccination, which appears to have minimal representation within the AUB group. The majority of individuals with AUB are categorized as overweight (54%) or obese (33%). The analysis demonstrated a statistically significant association between socio-demographic factors such as age, marital status, and educational status ($p<0.05$). There were also statistically significant associations found between tobacco chewing, methods of conception, history of childbirth, contraceptive use, parity, and BMI with the AUB ($p<0.05$).

Conclusion: AUB is a significant issue in healthcare that affects women, their families, and society as a whole. It is estimated that as many as 30% of women seek medical help for this condition. Timely diagnosis and preventive measures are vital for minimizing complications and enhancing the quality of life for women. There are many modifiable risk factors contributing to AUB. Recognizing these risk factors is essential for early diagnosis, effective treatment, and preventive measures in managing abnormal uterine bleeding.

### 248. Professor (Dr) Jayasudha A, India (Oral and Poster)

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**Effectiveness of simulated learning on maternity enhanced care competencies of midwives**

Background: Worldwide, about 140 million women give birth every year. Midwives play a vital role in caring birthing women. Simulation is an innovative teaching method provides experiential learning and reflective practice Objectives To assess the knowledge and determine the effectiveness of simulated learning on maternity enhanced care competencies, to correlate the knowledge & skills and to associate with selected demographic variables.

Methods: A quantitative study with true experimental pre and post-test design was adopted. Totally 120 midwives (60 in each group) selected by using simple random sampling. Pre-test was conducted by using structured questionnaire on knowledge of labour, Knowledge was imparted through power point presentation on normal labour, its onset, physiology, stages and active management of third stage labour among interventional group. Simulated learning regarding maternity enhanced care competencies such as per-vaginal examination, partograph, immediate new born care and placental examination was taught and demonstrated using low fidelity simulator. The researcher ensured the skills by return demonstration. The knowledge was assessed after 1 week of teaching and the skills on maternity enhanced care competencies were observed with observational checklists when midwives provided care to the women during birthing process.

Results: The study finding revealed that the mean post-test knowledge value of 18.35 in interventional & 13.15 in routine care group with 't' value 11.425, $p<0.0001$, overall post-test skill mean difference was 17.75, 't' 28.778, $p<0.0001$. Correlation between the knowledge and skills the mean score of knowledge was 18.86±2.43 and the mean score of skill was 43.93±2.98 $r = 0.439$ shows a positive correlation between knowledge and skill $p<0.001$ level. Significant association was found only for the variable Age in Routine care group

Conclusion: Simulated learning has enhanced the knowledge and care competencies of Midwives in caring the women during birthing process.





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**Re-engineering air mattresses: provider-led phenomenological insights toward enhancing patient-safe multifunctional design**

Background, Rationale and Aim: Pressure ulcers affect 4–38% of patients globally and 19.4% in Kerala. Despite widespread air mattress use, their effectiveness is undermined by persistent design and operational limitations — paradoxically, 65–70 cases per month occurred in patients already using air mattresses at a tertiary centre. This evidence-practice gap necessitated exploring the challenges healthcare providers face when using existing air mattresses.

Methods: The study comprised two phases. Phase I employed a qualitative phenomenological approach using in-depth interviews with 20 purposively sampled participants — 10 registered nurses and 10 nursing students with direct air mattress experience. Supervisory nurses, faculty, and first- and second-semester students were excluded. Saturation determined sample size. Data were collected using a validated, semi-structured, open-ended 10-item questionnaire ing effectiveness, usability, comfort, safety, maintenance, and infection control. Interviews were audio-recorded, transcribed verbatim, and analysed using MAXQDA. Rigour was ensured through researcher and data triangulation, reflexive journaling, member checking, and prolonged engagement. Phase II involved designing an innovative prototype air mattress informed by participant inputs; design is finalised and prototype development is currently underway.

Results: Thematic analysis revealed nine major themes, collectively reflecting a systemic inadequacy of existing air mattresses — spanning design failures, operational barriers, and clinical consequences. Poor durability, mechanical failures, restricted functionality, maintenance difficulty, inadequate pressure redistribution, temperature dysregulation, poor system integration, operational challenges, and escalating pressure ulcer–related costs emerged as interconnected barriers undermining prevention and amplifying caregiver burden. These findings directly guided the development of a prototype of multi-functioning air mattress incorporating zoned pressure redistribution, low air-loss technology, turn-assist mechanisms, smart sensor alarms, infection-control surfaces, elastic stabilisation frills, and battery-backup quiet pump.

Conclusion: This user-centred, qualitative-to-developmental research bridges critical evidence gap in medical device innovation, offering a clinically grounded prototype with potential to enhance patient safety, reduce caregiver workload, and lower pressure ulcer–related costs.

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**Beyond basic care – exploring caregiver challenges in bedridden patients' hair care: need for an innovative device**

Background: Hair care is a vital yet frequently overlooked aspect of nursing care for bedridden patients. Conventional methods are labour-intensive, procedurally complex, and dependent on improvised materials, burdening caregivers and patients while compromising comfort, safety, and dignity. Objective: Was to explore caregivers' lived experiences, challenges, and practices in providing hair care to bedridden patients and to identify the need for a low-cost assistive device.

Methods: A phenomenological qualitative study was conducted at a tertiary care hospital in Kochi. Eight participants (four registered nurses, four caregivers,) were recruited through purposive sampling. Semi-structured in-depth interviews were audio-recorded and transcribed verbatim. Data were analysed using Braun and Clarke's (2006) six-phase thematic analysis (data familiarisation, initial coding, theme search, theme review, theme definition, and report production), with NVivo 14 facilitating systematic coding and theme organisation. Rigour was ensured through prolonged engagement, participant validation, and independent coding.

Results: One overarching theme emerged: "Inherent limitations of current hair care practices and devices create strain for caregivers and discomfort for patients — despite positive outcomes — driving the need for device innovation." Four major themes were identified:

(1) Hair Washing Practices and Techniques — drenching method, alternate-day frequency, procedure time of 15–60 minutes, and dependence on assistance;

(2) Challenges in Providing Hair Wash water spillage, physical strain, and inadequacy of improvised materials;

(3) Patient-Related Concerns — positioning difficulties, discomfort, safety risks (tracheostomy, surgical sites, shampoo in eyes), and positive post-procedure experience; and

(4) Need for Assistive Devices and Innovation — universal demand for an affordable device to improve positioning, prevent spillage, and reduce caregiver workload.

Conclusion: The study highlights the inherent limitations of current hair washing methods for bedridden patients, causing significant physical strain on caregivers and safety risks for patients. These shortcomings underscore the urgent necessity for the development of an affordable, purpose-designed assistive device.

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**Effectiveness of nurse-led pulmonary interventional package on pulmonary function and quality of life among coal mine workers with respiratory disorders**

Coal mine dust lung disease (CMDLD) includes a spectrum of occupational lung diseases affecting coal miners. There is conclusive evidence that comprehensive intervention can reduce dyspnoea, improve exercise performance, and enhance health-related quality of life. So, a nurse-led pulmonary interventional package on respiratory disorders of coal mine workers can change the health status of coal miners. Therefore, this study aimed to evaluate the effectiveness of a nurse-led pulmonary intervention package on pulmonary function and quality of life of coal miners with respiratory disorders.
A randomized controlled trial was conducted among coal miners with respiratory disorders (sample size = 120). The experimental arm received Nurse-led pulmonary intervention package, comprising of an education session of 10 minutes and exercise training of 20 minutes, followed along with regular treatment for 3 months. Primary outcomes included pulmonary function (measured by Peak expiraory flow rate) and quality of life (St George Respiratory Questionnaire). Participants were assessed at baseline and after the 12th week of post-intervention. At endline, the experimental group exhibited significantly higher mean PEFR (447.43 ± 73.41 L/min) compared to the control group (409.05 ± 61.32 L/min) ($t = 2.986$, $p = 0.003$). Within-group analysis also showed a significant improvement in PEFR from pretest to post-test in the experimental group ($p < 0.001$). The experimental group demonstrated significantly lower (better) symptom, activity, impact and total scores of quality of life, as assessed by St George Questionnaire compared to the control group at endline ($p < 0.05$). Within-group analysis also showed highly significant improvements across all domains following the intervention ($p < 0.001$). The study highlighted that nurse led pulmonary interventional package to be effective in improving pulmonary function and quality of life among coal miners with respiratory disorders.

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**Resilience intervention effectiveness on stress management among South Indian undergraduate nursing students**

Introduction: Nursing students often experience high academic stress, affecting their learning and well-being. To foster effective learning, interventions ing stress and resilience are essential. After performing a systematic search on various databases for studies aimed at improving resilience and mitigating stress, Reconnect for Resilience (Reconnect) was identified as a resilience-building intervention that utilizes a strategy-based, practical approach to promote a culture of resilience through an understanding of the effect of stress on the Autonomic Nervous System (ANS) and the use of nervous system stabilization tools to keep individuals in their Resilient Zone.

Methods: This two-group pre-post-test design evaluated Reconnect's effectiveness on perceived stress among Indian undergraduate nursing students (control = 30, intervention = 30). US-trained resilience experts delivered the modified 10-hour curriculum through certified educators, adding a cross-cultural element. Assessments used the Perceived Stress Scale,

Connor-Davidson Resilience Scale, Herscovitch Commitment to Change Scale, and a resilience knowledge scale, and 3- and 6-month follow-ups with strategy reinforcement. Data were analysed using descriptive statistics, the Wilcoxon Rank Sum Test, Chi-Square Test, and Rank ANCOVA, controlling for baseline scores.

Results: Baseline demographics and psychological measures were comparable between groups ($p > .05$). Participants in the intervention showed a significant improvement in resilience compared to controls (Connor-Davidson Resilience Scale CMH = 4.52, $p = 0.034$). However, Rank ANCOVA indicated no significant difference in perceived stress scores (control median = 27.5, intervention median = 28.0; $p = 0.493$). These findings suggest the intervention selectively enhanced resilience capacity without reducing perceived stress.

Conclusion: While the intervention did not significantly reduce perceived stress, it enhanced resilience among nursing students. Incorporating such programs into nursing education may strengthen students' adaptive capacity, though additional stress-reduction strategies may be necessary.

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**Nurses' and patients' perspectives on IV three-way connectors: from problems to prototype**

Background: Although three-way connectors are used worldwide for intravenous (IV) therapy for multi-drug delivery, their design flaws continue to raise concerns about their clinical efficiency, safety, and nursing practice in the tertiary care setting. Objective: This research and development study aims to evaluate the perspectives of both nurses and patients on the effectiveness, safety, comfort, usability, and difficulties with the use of three-way connectors, resulting in the development of a new 2D design prototype.

Methods: A qualitative research design was opted for this research and development study. Semi-structured interviews were conducted lasted 15-20 minutes, among 5 nurses from different departments and 6 patients who were on IV therapy at a tertiary care setting. By focusing on the themes connected to safety, comfort, mobility, and overall experiences, the audio-recorded verbatim were transcribed and analysed.

Results: Five major themes were generated among nurses: 'comfort and usability' (e.g., difficulty during patient transfer); 'benefits and efficiency'; 'stress and challenge' (e.g., increased workload stress); 'hygiene and safety protocol'; and 'patient safety and quality of care' (e.g., risk of accidental backflow). At the same time, five themes were also identified by the patients: 'comfort and mobility' (e.g., limited mobility); 'safety and reliability'; 'information and communication gaps'; 'challenges and discomforts' (e.g., pain, swelling, irritation at the insertion site due to long-time use); and overall perceptions (e.g., anxiety related to air bubbles and lost caps, which can even cause infection). Both groups revealed significant dissatisfaction.

Conclusion: The present three-way connectors are lagging in patient outcome and nursing efficiency. Redesign with shorter length, in-built anti-backflow valves, secure caps, and comfortable grips are essential in addition to educational initiatives. All these features are included in the novel connector 2-D prototype created as an outcome of this study, which has great potential for improved safety, decreased complications, and easier patient care.

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**Knowledge on advanced nurse midwifery programs in India among nursing personnel**

Introduction: Nurse Midwives, as key health personnel in the health-care industry, play a vital role in the delivery of care. The Government of India (GOI) has launched the Midwifery Initiative to improve the 'quality of service 'provision for strengthening reproductive, maternal and neonatal health. This initiative created a new cadre of 'Nurse Practitioner in Midwifery' (NPM) who are skilled in accordance with International Confederation of Midwives (ICM) competencies, knowledgeable and capable of providing compassionate women centred, reproductive, maternal and newborn health services (RMNCH) and to develop an enabling environment for integration of this cadre into the public health system in order to achieve the SDGs for maternal

and newborn health (MoHFW,2018). The objective of the study was to assess the Level of Knowledge on Advanced Nurse Midwifery Programs in India among nursing personnel.

Methodology: A descriptive cross-sectional survey was conducted among all nursing personnel such as Nurse Administrators, Nursing Faculty and Nurse Midwives of Private and Government sector. 2447 samples were selected using Non-Probability Convenient Sampling Technique. Data was collected using questionnaire (Google Form). The link was generated and it was forwarded to the nursing personnel. The data was collected and analysed using descriptive statistics.

Results: Analysis of socio demographic variables revealed that majority (95.7%) were females, most of them (77%) were nurse educators, more than half of them (51.2%) have completed Masters in Nursing and most of them (96.6%) of them are from private institutions. The results indicated that 56% had inadequate knowledge, 44% had moderately adequate knowledge and none of them had adequate knowledge.

Conclusion: The study concluded that Nursing personnel must have knowledge on Advance program and the scope of practice

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**Need for agrarian nursing in India: evidence from intervention**

Aim: The aim of the interventional study was to assess the effectiveness of a nurse led Health Promotion Programme on prevention and management of the occupational health problems among rural field farmers, West Bengal.

Materials and Methods: A time-series non-equivalent control group quasi-experimental design with a quantitative approach was conducted across sixteen blocks of West Bengal among 512 rural farmers, divided into experimental and control groups using multistage sampling. Data were collected through semi-structured interviews, observation checklists, biophysiological measures, Likert scales and self-reported practices on occupational safety and health service utilization. Assessments were conducted at first, third, and sixth month post pretest. The experimental group received a nurse-led health promotion intervention including hot and cold compression, range of motion exercises, progressive muscle relaxation, foot and palm massage, and health literacy on occupational safety, with reinforcement at the third month.

Results: The nurse led health promotion practice of occupational safety measures and health service utilization with a programme was mostly effective on improvement of the health problems statistical significance $p<0.05$) for differences in time series by Wilcoxon signed rank test and experimental and control groups were compared by Mann Whitney 'U' test. The demographic variables were partially associated with the health problems, practice of occupational safety measures and health service utilization in pretest.

Conclusion: Strengthening agrarian occupational health requires advancing nurse-led programmes, integrating targeted health services into primary care and enhancing farmer's health literacy. Initiating agrarian nursing as a specialised field in India is essential need of the hour. Advocacy for intersectoral collaboration guided by the World Health Organization and International Labour Organization, alongside policy support and evaluation is expected to improve farmers' health outcomes. Indonesia has evident success in improving farmers' health and agricultural sustainability by running agrarian nursing and health care.

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**Rural–Urban disparities in mental health care needs and barriers among adults with diabetes: evidence from West Bengal**

Background: Diabetes Mellitus (DM) is a chronic metabolic disorder with significant psychosocial consequences. Depression, anxiety, and diabetes- related distress are common among individuals with DM, yet remain under- recognized in low-and middle- income contexts. Understanding prevalence, predictors, and barriers to mental health care is essential for integrated management.

Objectives: To determine the prevalence of psychological distress among adults with DM in West Bengal, identify socio-demographic and clinical predictors, and explore barriers to accessing professional mental health care through a mixed-methods design.

Methods: A cross- sectional survey was conducted among 400 adults with DM (272 rural, 128 urban). Socio- economic variables included income, occupation, education, family type, marital status, religion, and domicile. Standardized instruments were administered: PHQ- 9 for depression, GAD- 7 for anxiety, and DDS for diabetes distress. Clinical variables included BMI, fasting and postprandial blood glucose, HbA1c, illness duration, complications, and treatment regimen. Data were analysed using SPSS v26; Mann–Whitney U and chi- square tests compared groups, and logistic regression identified predictors. Fourteen semi- structured interviews were thematically analysed and integrated with quantitative results.

Results: Prevalence of distress was substantial: approximately one- third had depression, one- third anxiety, and over 40% diabetes distress. Distress scores were moderately to strongly correlated ($r = 0.55–0.65$, $p < 0.001$). Predictors included younger age, female gender, lower education, low income, longer illness duration, complications, and insulin therapy. Rural participants consistently reported higher distress than urban counterparts. Qualitative findings highlighted barriers such as limited awareness, inadequate providers, financial and time constraints, stigma, insufficient family support, and healthcare gaps.

Conclusion: Psychological distress is highly prevalent among adults with DM in West Bengal, shaped by socio- demographic and clinical determinants and compounded by systemic and cultural barriers. Integrated, culturally sensitive mental health interventions within diabetes care are urgently required to reduce rural–urban disparities and improve outcomes.

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**Nursing students' perception of self-directed learning at selected college in Sri Lanka**

Background: Self-directed learning (SDL) is a key element of nursing education, fostering autonomy, critical thinking, and lifelong professional competence. In Sri Lanka, SDL is emphasized to promote independent and reflective learning among nursing students. The College of Nursing, Galle, integrates student-centred and evidence-based approaches to support the development of SDL skills. This study aimed to assess nursing students' perceptions of SDL at the College of Nursing, Galle, Sri Lanka.

Methods: A descriptive cross-sectional study was conducted among 278 second-year nursing students selected through census sampling over four weeks. Second-year students were selected due to sufficient academic exposure to engage in self-directed learning. Data were collected using a pretested (n=30), validated 60-item Self-Rating Scale of Self-Directed Learning (SRSSDL), with author permission. The tool assesses self-responsibility, motivation, use of learning resources, and learning preferences using a five-point Likert scale. Data were analysed using descriptive statistics in SPSS. Ethical approval was obtained from the relevant authorities.

Results: Most participants were aged 25–26 years (69.1%) and predominantly female (97.5%). Slightly more than half resided in rural areas (51%). The majority reported a monthly family income between LKR 50,000–100,000 (58.7%) and belonged to nuclear families (90.6%). About 34.9% studied 5–10 hours per week. Writing (28.8%) and hands-on practice (26.3%) were the most preferred learning styles. Regarding SDL levels, 55.8% demonstrated high SDL, 41.4% moderate, and 2.9% low. The mean SDL score was 2.53 (SD = 0.55), with a median and mode of 3 and slight negative skewness (−0.625), indicating generally high readiness and motivation for independent learning.

Conclusion: Most nursing students demonstrated high levels of SDL, indicating strong motivation, autonomy, and readiness for lifelong learning and professional development. However, the single-institution design and self-reported data limit generalizability; for future research multi-institutional longitudinal studies are recommended.

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**Exploring mother's experiences of pain management during male child circumcision**

Background: Male circumcision is a common cultural and medical practice in many African countries. Despite its widespread acceptance, the procedure is often associated with significant pain and distress for infants and mothers when adequate pain management is lacking. In many countries, pain management during circumcision remains a public-health and ethical concern. Evidence confirms that neonates and infants experience pain, and untreated procedural pain can have immediate and long-term consequences.

Objective: To explore mothers' experiences of pain and pain management during and after male child circumcision at Nkwen District Hospital, North West Region of Cameroon, and to assess their preferences for pain relief in subsequent procedures. Findings aim to inform healthcare providers, policymakers and develop strategies that improve pain management, enhance maternal satisfaction, and ensure safer and more humane procedures.

Methods: A descriptive cross-sectional survey was conducted. A structured questionnaire was administered to 150 purposively selected mothers who had previously circumcised or witnessed the circumcision of at least one male child. Data were analysed using descriptive statistics and presented as frequencies and percentages.

Results: Most respondents (52.0%) were aged 20–36 years, and 92.0% had at least secondary education. Emotional distress was common: 42.0% of mothers left the room, 16.0% cried, and 8.7% reported symptoms of post-procedural psychological distress. Only 47.5% administered analgesics after circumcision. These findings highlight the need for standardized pain-management protocols and improved maternal education.

Conclusion: The study concludes that, male child circumcision is widely perceived as painful and emotionally distressing for both infants and mothers, with significant gaps in pain management. However, there is strong potential for acceptance of improved analgesic interventions, particularly local anaesthesia, if adequately introduced.

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**Prevention of cervical cancer in adolescents' girls: a quasi-experimental study**

A quasi-experimental study was conducted to evaluate the effectiveness of a structured educational program in improving knowledge regarding cervical cancer prevention among adolescent girls in selected schools in Moga, Punjab. Cervical cancer is a significant global health issue, with approximately 662,000 new cases annually, making it the fourth most common cancer among women worldwide. It accounts for over 348,000 deaths each year, with the highest burden observed in low- and middle-income countries. In India, cervical cancer is projected to be the second most common cancer among women, with an estimated 78,000–79,000 new cases and 41,500–42,800 deaths annually. Adolescent health plays a crucial role in determining the overall well-being of women of reproductive age. Key health indicators such as maternal and infant mortality, life expectancy, fertility, and nutritional and reproductive health are closely associated with adolescent health status. Furthermore, the health of adolescents significantly influences future generations. The study findings revealed that before the implementation of the structured teaching program, 80% of adolescent girls in the experimental group had below-average knowledge, while 20% had average knowledge regarding cervical cancer prevention. After the intervention, knowledge levels improved significantly, with 70% achieving good scores and 30% attaining average scores. The mean post-test knowledge score of the experimental group (22.73) was considerably higher than the mean pre-test score (14.20), indicating a significant improvement. In contrast, the control group showed minimal change, with mean pre-test and post-test scores of 13.60 and 13.79, respectively. The difference in knowledge scores within the experimental group was statistically significant at $p < 0.01$. Thus, the research hypothesis (H1) was accepted, and the null hypothesis (H0) was rejected.

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**Effectiveness of simulation based training on knowledge and clinical skills of nursing officers in respiratory care of patients with ARDS**

Background: Acute Respiratory Distress Syndrome (ARDS) is a severe inflammatory lung condition characterized by hypoxemia, non-cardiogenic pulmonary edema, and the need for mechanical ventilation and ICU admission. According to the WHO Global Patient Safety Action Plan (2021–2030), unsafe care significantly contributes to morbidity and mortality worldwide. ICUs are high-risk environments where stress and complexity increase the likelihood of errors. Simulation-Based Training (SBT) offers a safe and standardized method to enhance clinical competence, especially in managing critically ill patients on ventilators.

Aim: To evaluate the effectiveness of simulation-based training on knowledge and clinical skills of nursing officers regarding respiratory care of ARDS patients in ICU.

Method: A one-group pretest–post-test design was conducted among 35 nursing officers in the ICU of AIIMS New Delhi (August–September 2025). Baseline knowledge and skills were assessed using a structured questionnaire and observational checklist. The intervention included a theory session followed by scenario-based SBT (pre-briefing, simulation, and debriefing). Post-tests were conducted immediately and after two weeks.

Results: The mean age was 27.43±2.38 years; 80% were female and 83% held a BSc Nursing degree. At baseline, 63% had moderate knowledge and 71% had poor skills. Post-intervention, 83% achieved good knowledge and 94% demonstrated moderate skills. At two weeks, retention was noted (89% good knowledge; 97% moderate skills). Significant improvement was observed ($p<0.001$). No correlation was found between knowledge and skills ($r=0.0038$, $p=0.98$), and no association with sociodemographic variables.

Conclusion: Simulation-based training is an effective method for improving knowledge and clinical skills in ARDS care. Knowledge and skills function as independent domains and are not influenced by sociodemographic factors.

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**The impact of working in a COVID hospital on sexual functioning in male nurses**

Introduction: The COVID-19 pandemic has spread to almost all the countries and regions in the world. The fear of getting infected while serving COVID patients and stress due to separation from family during the quarantine period may impact over sexual functioning of health care workers.

Methodology: The study protocol was approved by the institutional ethics committee. This was a non-funded, cross-sectional, observational study. All participants provided written informed consent. This study was carried out in a multi-specialty tertiary teaching hospital in North India. The participants were drawn from married and living with partner male nurses. Sexual functioning was assessed using the Changes in sexual functioning questionnaire short-form CSFQ-14.

Results: The study found that the prevalence of global sexual dysfunction was significantly higher in male nurses who had completed their rotations in the COVID hospital when compared to those who had not. There were no statistically significant differences between the groups on socio-demographic profiles and the profile of their spouses.

Discussion: HCW working in COVID situations are known to suffer from stress, depression, and anxiety. This may impact the sexual functioning of the HCW, especially when they have been in an infectious environment and the marital dyad may have doubts of the transmission of the infection Note: The study was conducted after taking permission from institute IEC and consenting from participants.

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**Birthing ball exercises on labour pain – foetal maternal parameters and childbirth experience among parturient women: a mixed method study**

Background: Labour pains are an unavoidable fact of life, yet they can be lessened to some degree mainly through non-pharmacological approaches. From the very beginning, the major challenge for midwives has been to reduce labour pain and ensure comfort for women.

Objective: This study main objective is to evaluate the effectiveness of Birthing Ball Exercises on labour pain, coping and foeto maternal parameters and to explore the childbirth experience among parturient women after undergoing Birthing Ball Exercises.

Method: The study followed a mixed method approach with Explanatory sequential design and was conducted in two phases. Two sixty parturient women (130 from Experimental group) and (130 from Control group) from the Labour room of Lisie hospital Kochi were selected using purposive sampling technique. Tools used in phase-1 was, demographic and obstetrical variable proforma, The Wong–Baker Faces pain rating scale to assess the labour pain, labour coping scale for coping level and structured checklist for assessing foeto maternal parameters during labour. The Birthing Ball exercises have been managed to the parturient women in the Experimental group. In the phase 2 the qualitative aspect of data collection was done in the Experimental group after childbirth who participated in the quantitative study by using purposive sampling techniques. Semi structured interview schedule on childbirth experience was used for data collection in qualitative group. The Results: showed parturient women in the Experimental group experienced significantly less pain and better coping after birthing ball exercises than the parturient women in the Control group and this was significant at $p< 0.001$ level. The thematic analysis revealed 4 themes and 8 sub themes. The themes identified as Level of labour pain; Birth Experience; Usability and safety of Birthing Ball; and Effect of Birthing Ball Exercises.

Conclusion: The study C concluded that the Birthing Ball Exercises was very effective to reduce the labour pain perception, improve the coping level with good foeto maternal parameters among the parturient women in the Experimental group compared with the parturient women in the Control group. The birthing ball is a non-invasive procedure and has no adverse effects on the mother and the foetus and hence the midwives could be encouraged to use this as a pain relief method during labour. The childbirth experience after using birthing ball exercises was good.

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**Abdominal discharge readiness and early safety score: a modified Delphi study**

Background: General abdominal surgery is among the highest-volume surgical specialties worldwide, yet no validated bedside instrument exists to guide discharge readiness. Existing tools like the Post-Anaesthetic Discharge Scoring System and Aldrete score, primarily evaluate physiological recovery from anaesthesia and may inadequately address gastrointestinal recovery, anastomotic surveillance, or drain management. This study developed and achieved expert consensus validation of the Abdominal Discharge Readiness and Early Safety Score (AbDRESS), the first multidomain, numerically scored discharge readiness tool for general abdominal surgery.

Methods: A three-round modified Delphi study, conducted in accordance with CREDES (Conducting and REporting of DElphi Studies) standards, generated and refined discharge criteria identified through a systematic review of MEDLINE, Embase, Cochrane Library, and ERAS guidelines. An initial pool of 56 items across 10 domains was evaluated by multidisciplinary experts. Consensus thresholds were ≥ 75% agreement in Rounds I-II and ≥ 80% in Round III. Items were added, modified, merged, or removed based on panel feedback.

Results: Expert consensus refined the instrument from 56 to 30 scored items across 10 clinical domains (maximum score 37), supplemented by eight mandatory safety gates and a two-item Discharge Safety Checklist. New additions included rebound tenderness assessment, stoma functionality, and a novel Drain and Anastomosis Safety domain, while low-consensus items such as delirium screening, serum creatinine, CRP trend, orthostatic assessment, and multimodal analgesia completion were removed. Seven items use graded (0/1/2) scoring and 23 are binary (0/1). The discharge threshold was established at ≥ 30/37 points (≥ 81%) by panel consensus.

Conclusion: AbDRESS is the first expert-validated, multidomain discharge readiness score for general abdominal surgery. Its combination of mandatory safety gates, quantitative scoring, and psychosocial safety checklist provides a standardized framework to support safe postoperative discharge decisions across diverse abdominal surgeries.

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**Competency of nurses in adult respiratory assessment: where do we stand?**

Introduction: Nursing has evolved from being subservient to physicians into an independent profession with scientific knowledge, skill and evidence-based nursing practice. Nurses with their astute observation and clinical acumen can positively influence the course of treatment and patient outcome. Performing a physical assessment is one of the basic skills a nurse must possess and with more numbers of patients being admitted in hospitals for respiratory diseases the need for skill in respiratory assessment further increases. The purpose of this study was to assess the effectiveness of a structured teaching programme on competency in respiratory assessment among nurses in a selected tertiary care centre.

Material and Method: The study was carried out among 60 nurses of a tertiary care centre selected by simple random sampling. The competency of nurses was assessed using structured questionnaire with 20 items and an observation checklist.

Results: The mean pre-test knowledge score was 8.77 whereas the post-test mean knowledge score was 16.38. Comparison of the mean scores by Wilcoxon's signed rank test yielded a 'Z' value of 6.64 which was highly significant at a p value <0.0001. The mean pre-test skill score was 7.57 whereas the post-test mean skill score was 21.07. On comparing the calculated value by Wilcoxon's signed rank test, 'Z' value obtained was 6.75 which was highly significant at a p value of <0.0001.

Conclusion: The structured teaching programme was found to be effective in increasing the knowledge and skill of nurses in respiratory assessment. Though the correlation coefficient 'r' revealed that there was no statistically significant correlation between knowledge and skill, the nurses had a significant improvement in the knowledge and skill after the structured teaching programme. Therefore, structured teaching programme can be used effectively in updating the knowledge and skill of nurses regarding the latest trends in nursing practice.

### 270. Lt Col Preeti Bhatt, India (Poster)
Tutor, College of Nursing Army Hospital (R&R), India
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Co-author(s): Major General Rachel Thomas (Principal Matron)

**Knowledge and attitude regarding menstrual cup among adolescent girls in Delhi**

Introduction: The menstrual cup is a sustainable and hygienic alternative to conventional menstrual products. It offers numerous health, environmental, and economic benefits. However, despite its advantages, the adoption of menstrual cups remains limited, primarily due to lack of awareness, misconceptions, and cultural beliefs. The objectives of the study were to assess the knowledge and attitude towards menstrual cup among adolescent girls and to find correlation between knowledge and attitude.

Methodology: The study was conducted on 165 adolescent girls aged 12 to 18 years during the month of February 2025 using simple random sampling technique. A self-structured questionnaire was used to collect the data.

Result: The results showed that a majority of the participants 105 (63.6%) had good knowledge and 60 (36.4%) had excellent knowledge about menstrual cup. Most participants 110(66.7%) exhibited a favourable attitude, while 55(33.3%) had neutral

attitude towards menstrual cup. A weak positive correlation (r=0.020, p=0.802) was found between knowledge and attitude, which was statistically non-significant. The Chi-square test revealed that demographic variables like age, area of residence and type of family were not significantly associated with knowledge and attitude at p<0.05 regarding menstrual cup among adolescent girls.

Discussion: This study underscores the need for comprehensive menstrual health education in schools that includes discussions on sustainable menstrual products. Empowering adolescent girls with both theoretical knowledge and practical guidance can play a vital role in normalizing menstrual cup usage and promoting environmentally friendly menstrual hygiene practices. Future research should explore intervention-based studies that incorporate awareness programs, demonstrations, and follow-ups to assess changes in both knowledge and behaviour over time. Including qualitative methods could also provide deeper insight into the personal and cultural barriers that affect acceptance.

### 271. Ms Suman Kumari, India (Poster)
Nursing Officer, PGIMER, Chandigarh, India
sumanbharwal@gmail.com

**Cognitive training intervention for heart failure patients: a randomized controlled trial**

Background: Heart failure (HF) is a global public health issue. HF patients are susceptible to cognitive impairment with detrimental effects on QOL. Unfortunately, cognitive impairment risk assessment and standardized cognitive training protocol do not exist in the clinical practice for early detection and maintaining the optimum level of cognitive functions respectively.

Aim: To evaluate the impact of “Cognitive Training” on cognitive functions, self-care, medication adherence, quality of life, functional capacity and satisfaction level among heart failure patients.

Methods and Materials: In the current randomized controlled trial, 60 HF patients were enrolled from cardiology OPD by total enumeration sampling technique and randomized into the 30 control and 30 experimental group participants using random number table. Socio-demographic cum clinical profile sheet, Montreal Cognitive Assessment (MoCA), Self-Care of Heart failure index (SCHFI), Hill-Bone medication adherence scale (HBMAS), Minnesota living with heart failure questionnaire (MLHFQ), 6-minute walk test (6MWT) and satisfaction questionnaire were used for collecting data and pre-test was done at the time of enrolment. The experimental group participants received cognitive training through face-to-face counselling sessions provided by the researcher along with routine care. Control group participants received routine care. Post-test was done at the end of 12th week to assess the impact of Cognitive training on cognitive functions and other variables. Descriptive and inferential statistics were used to analyse the data.

Results: Significant improvement was observed in cognitive functions which includes memory (p<0.001), executive functions (p<0.001), attention and concentration (p<0.001) among the experimental group participants at the 12th week. Also, significant improvement was observed in self-care maintenance (p<0.001), self-care management (0.04), self-care confidence (p<0.001), medication adherence (p<0.001), quality of life (p<0.001), functional capacity (0.002) as well as satisfaction with care provided.

Conclusion: Cognitive training was found to be effective in terms of improvement in cognitive functions and it should be part of the routine intervention in healthcare settings for better patient outcomes.

### 272. Ms Priya M, India (Poster)
Nursing Tutor, AIIMS, Mangalagiri, India
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**Twin pregnancy with viral illness, absent end-diastolic flow, and malaria: multidisciplinary nursing care case study**

Selective foetal growth restriction (sFGR) with absent end-diastolic flow (AEDF) is a high-risk twin pregnancy complication associated with significant perinatal morbidity and mortality. This case report describes the multidisciplinary nursing management of a 32-year-old and 23 week of gestation woman, gravida 2 para 1 (previous lower-segment caesarean section), carrying a dichorionic diamniotic (DCDA) twin pregnancy with a prophylactic cervical cerclage in situ, who presented at approximately 28 weeks of gestation with sFGR and AEDF affecting one twin, chronic hypothyroidism, an acute febrile illness with lower respiratory tract infection, and profound haematological derangement — very severe anaemia (haemoglobin as low as 2.8–4.0 g/dL) with severe thrombocytopenia and markedly elevated lactate dehydrogenase, initially raising concern for partial HELLP syndrome, haemolytic uraemic syndrome (HUS), or thrombotic thrombocytopenic purpura

(TTP). Extensive multidisciplinary work-up identified a combined infective process, Plasmodium falciparum malaria, Epstein-Barr virus (EBV), and Influenza as major contributors to the haematological and febrile picture. Given the severity of this combined illness, the patient required ICU admission for intensive monitoring and was treated with intravenous artesunate, oseltamivir, and intravenous immunoglobulin (IVIG), alongside multiple packed red blood cell transfusions and haematinic supplementation. She subsequently stabilized, was stepped down to the ward, and continued under close antenatal and serial fetal Doppler surveillance until delivery by caesarean section at 36 weeks of gestation, with concurrent sterilization and cervical stitch removal. Both twins were born in stable condition, showed steady interval weight gain, fed well, and were discharged home with their mother. This report highlights the essential nursing role in vigilant haematological, infective, and fetal surveillance, coordination across multiple specialties including critical care, and psychosocial support of a family navigating a prolonged, uncertain, high-risk antenatal course.

### 273. Ms Preejana Sharma, India (Poster)
Research Scholar, Manipal College of Nursing, Manipal Academy of Higher Education, Manipal, Karnataka, India
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**Perception of stakeholders on factors influencing emotional health of the adolescents**

Background: Social-emotional development skills play an important role in enhancing academic achievement, adolescents' interactions with others, and their well-being during adolescence. Therefore, this study was intended to provide insights into the factors that affect adolescents' emotional well-being, including the potential significance of various stakeholders.

Methods: Three stakeholder groups participated in focus group discussion sessions (FGDs); parents (n = 22), teachers (n = 18), and adolescents (n = 16 girls and 19 boys). As per the six-step thematic analysis process outlined by Braun and Clarke (2006), verbatim transcripts of the recordings were produced, personal information was removed, and transcription errors were corrected. Ethics Committee (IEC No. 271/2023) approval and written consent or assent of participants were obtained.

Result: The study found five major themes: academic pressure and emotional distress; emotional dysregulation and its outcomes; self-concept; family connectedness; and uncontrolled digital exposure. Parents, teachers and society's academic expectations lead to stress, fear of failure, and detachment from studies. Emotional dysregulation was associated with criticism, not meeting expectations, emotional inhibition, maladaptive coping and even interpersonal conflicts. Self-concept depends on body image, social comparison and maturation process. Dynamics of the family including communication, relationship, and parenting styles together with peer and school dynamics which included communication with teachers and reliance on school systems were other aspects that played a big role in the experience of emotions. Uncontrolled exposure to digital media appeared to be another aspect that influences emotional regulation of adolescents.

Conclusion: Emotional distress among adolescents is a multi-level issue arising out of interpersonal conflict, emotional maturation process and important systemic factors. In order to get insights into the emotional well-being of the adolescent, researchers should consider a collaborative approach involving families and the education system, where the goal is improvement of the education system with the help of evidence-based methods.

### 274. Dr T Komalavalli, India (Poster)
Dean, Karpaga Vinayaga College of Nursing, Karpaga Vinayaga Educational Lore for learning (KVELL – deemed to-be) University, Chengalpattu, Tamil Nadu, India
ksvh2010@gmail.com

**Effectiveness of a nurse-led 'Golden Hour' protocol on newborn care knowledge and practice among senior nursing students**

Introduction: The Golden hour, the first 60 minutes after birth, is a crucial period for providing essential newborn care and supporting a healthy transition after birth. Nurses have an important role in carrying out these evidence-based practices. Providing appropriate training to nursing students can help them develop the knowledge and practice skills needed for newborn care.

Aim: to assess the effectiveness of a nurse-led Golden Hour protocol on the knowledge and practice of senior nursing students.

Methods. A pre-experimental, one group pre and post-test design was used among 60 senior nursing students selected through purposive sampling from Karpaga Vinayaga College of Nursing in Tamil Nadu. Data were collected using a demographic proforma, a structured 10 item knowledge questionnaire, and a 5 item OSCE checklist to assess Golden Hour Practices. The students received nurse-led protocol practice that included demonstration and return demonstration. A post-test was conducted after seven days from the date of pretest.

Results: The study showed that the nurse -led Golden hour care protocol significantly improved students' knowledge and practice. The mean knowledge score increased from 6.20 to 8.40 (35-75%) and the mean practice score is increased from 2.20 to 4.20 (43-77%). The increase in knowledge and practice scores was statistically significant ($p<0.001$). The protocol was highly effective in improving newborn care knowledge and practice among nursing students.

Conclusion: The practice of senior nursing students on Golden hour protocol significantly improves their knowledge and practice. It should be incorporated in the nursing services

275. Ms Laura Lynn Jackson, (Oral, pre-record)
Chief Nursing Officer, Government of Bermuda, Bermuda
lljackson@gov.bm

**Bermuda's nursing and midwifery workforce: evidence and policy implications for health systems**

Objective: To generate national baseline evidence on the nursing and midwifery workforce in Bermuda and to identify policy and systems implications relevant to health system strengthening and universal health coverage.

Methods: Cross-sectional online survey (January–February 2025) of Bermuda Nursing and Midwifery Council registrants (RNs, RMNs, RMs, APNs, ENs). A 42-item instrument adapted (with permission) from the 2022 National Nursing Workforce Survey and NHS Staff Survey captured demographics, education, licensure, employment, practice, telehealth, and workplace climate. Descriptive and bivariate analyses (including chi-square) assessed sample patterns; open-ended responses underwent content analysis.

Results: Of 289 responses, 235 were complete (~30% response rate). Mean age 48.8 years; 52% identified as Black; education/licensure spanned >30 countries; two-thirds held ≥baccalaureate. 89% worked full-time; 74% provided direct care in primary roles (86% in secondary). 31% planned to leave/retire within five years. Dissatisfaction with pay relative to cost of living was common. Bullying/incivility was reported across sources. 18% provided telehealth services; adoption remained limited.

Conclusions: Bermuda's workforce is experienced and diverse but vulnerable to demographic aging and turnover intent. Priority actions include early-career attraction, structured mentorship and preceptorship, flexible work arrangements, zero-tolerance approaches to violence, leadership/policy development, and nurse-led, client-centred digital health adoption. Findings inform system strengthening priorities for small island states in the Americas.

276. Dr Danasu R, India (Poster)
Professor cum Principal, AIIMS, Managalagiri, India
principalcon@aiimsmangalagiri.edu.in

**Effectiveness of nurse-directed family planning counselling on knowledge, attitude, and adoption rates**

Background: Despite a high contraceptive prevalence rate (71%) and a total fertility rate below replacement level (1.7) in Andhra Pradesh, unmet need for family planning remains a public health concern, compounded by reduced healthcare worker engagement in family planning counselling. Nurses play a key role in providing family planning services, yet gaps in counselling skills and confidence may limit their effectiveness. Strengthening nurse-led counselling has the potential to improve women's knowledge, attitudes, and uptake of contraceptive methods.

Objectives: To evaluate the effectiveness of nurse-directed family planning counselling on knowledge, attitude, and adoption of family planning methods among women attending the OBG outpatient department (OPD) of a tertiary care centre in South India, and to determine the association between selected demographic variables and these outcomes.

Methods: A quantitative pre-experimental one-group pre-test–post-test study was conducted among 300 women aged 15–49 years attending the OBG OPD, selected through convenience sampling. Ethical approval (AIIMS/MG/IEC/2024-25/151) and CTRI registration (CTRI/2025/03/082631) were obtained. Trained nursing officers provided structured family planning counselling. Knowledge and attitude were assessed using validated tools before and after the intervention, while postnatal adoption of family planning methods was recorded during follow-up. As data were non-normally distributed, the Wilcoxon signed-rank test and McNemar's test were used for analysis.

Results: Participants were predominantly aged 20–25 years (37%), had secondary education (37%), were multiparous (64.7%), and belonged to the upper-middle socioeconomic class (42.3%). Median knowledge scores increased from 7 (IQR: 5–8) to 12 (IQR: 10–13), and median attitude scores from 56 (IQR: 51–61) to 75 (IQR: 69–82) following counselling ($p < 0.001$). Adoption of family planning methods increased significantly from 14.0% antenatally to 59.7% postnatally ($\chi^2 = 124.13$, $p < 0.001$). Educational level was the only demographic factor significantly associated with improvements in knowledge, attitude, and adoption ($p < 0.001$).

Conclusion: Nurse-directed family planning counselling significantly enhanced women's knowledge, attitudes, and adoption of contraceptive methods. Integrating structured nurse-led counselling into routine OBG services may provide a cost-effective strategy to improve family planning outcomes. However, findings should be interpreted cautiously because of the pre-experimental design, convenience sampling, and single-centre setting. Further multicentre controlled studies are recommended to strengthen the evidence.



# Shaping the Future

## nurses and midwives navigating new frontiers

7th Commonwealth Nurses and Midwives Conference

Thursday 24 and Friday 25 September 2026, New Delhi, India

## CONFERENCE PROGRAMME



# Shaping the Future

## nurses and midwives navigating new frontiers

7th Commonwealth Nurses and Midwives Conference
24 and 25 September 2026, New Delhi, India

## SCIENTIFIC PROGRAMME OVERVIEW

### DAY ONE: THURSDAY 24 SEPTEMBER

| | | |
|---|---|---|
| 08:00 – 09:00 | Registration | |
| 09:00 – 10:30 | Session 1: Opening Ceremony | 2 |
| 10:30 – 11:00 | Morning Refreshments | 2 |
| 11:00 – 12:00 | Session 2: Concurrent Sessions | 3 |
| 12:00 – 13:00 | Session 3: Concurrent Sessions | 4 |
| 13:00 – 14:00 | Lunch | |
| 14:00 – 15:00 | Session 4: Plenary Sessions | 5 |
| 15:00 – 16:00 | Session 5: Concurrent Sessions | 5 |
| 16:00 – 17:00 | Session 6: Concurrent Sessions | 6 |
| 17:00 – 17:30 | Cultural Display | |

### DAY TWO: FRIDAY 25 SEPTEMBER

| | | |
|---|---|---|
| 08:00 – 09:00 | Registration | |
| 09:00 – 09:30 | Session 7: Plenary Session | 8 |
| 09:30 – 10:30 | Session 8: Concurrent Sessions | 8 |
| 10:30 – 11:00 | Morning Refreshments | |
| 11:00 – 12:00 | Session 9: Concurrent Sessions | 9 |
| 12:00 – 13:00 | Session 10: Concurrent Sessions | 10 |
| 13:00 – 14:00 | Lunch | |
| 14:00 – 15:00 | Session 11: Concurrent Sessions | 11 |
| 15:00 – 16:00 | Session 12: Concurrent Sessions | 12 |
| 16:00 – 17:00 | Session 13: Closing Plenary Panel | 13 |
| 17:00 – 17:30 | Session 14: Close of Conference | 13 |



# Shaping the Future

## nurses and midwives navigating new frontiers

7th Commonwealth Nurses and Midwives Conference
24 and 25 September 2026, New Delhi, India

## CONFERENCE OPENING CEREMONY

DAY 1. SESSION 1: 09:00 TO 10:30



### WELCOME

Mrs Evelyn P Kannan, Chairperson Opening Ceremony
CNMF Board Member for Asia; Secretary General, Trained Nurses Association of India

COUNTRY PARADE, INVOCATION SONG AND LIGHTING OF THE LAMP



### WELCOME

Professor Kathleen McCourt
President, Commonwealth Nurses and Midwives Federation



### WELCOME

Dr Annie Kumar
President, Trained Nurses Association of India



### GREETINGS

Ms Jill Iliffe
Executive Secretary, Commonwealth Nurses and Midwives Federation



### OPENING CONFERENCE ADDRESS

Dr Deepika Cecil Khaka
Nursing Advisor to the Government of India

ACKNOWLEDGEMENT CNMF BOARD MEMBERS



### VOTE OF THANKS AND HOUSEKEEPING

Mrs Yinglen Butt
CNMF Liaison Officer

## MORNING REFRESHMENTS 10:30 TO 11:00



# Shaping the Future

## nurses and midwives navigating new frontiers

7th Commonwealth Nurses and Midwives Conference
24 and 25 September 2026, New Delhi, India

## DAY 1. SESSION 2: 11:00 TO 12:00

CONCURRENT ORAL PRESENTATIONS

| | |
|---|---|
| **ZORAWAR HALL**<br>Moderator:<br>Professor Neerja Sood | **3. Professor Marion Eckert, Australia (marion.eckert@adelaide.edu.au)**<br>An AI-driven harm response management tool to prevent adverse events in healthcare |
| | **51. Ms Monika Justa, India – North (monika.justa@mmumullana.org)**<br>Disaster risk perception and preparedness: a correlational analysis of hospital nurses |
| **ASHOKA HALL**<br>Moderator:<br>Dr V Indumathy | **211. Mr Christos Vrakas, Cyprus (christosvrakas90@gmail.com)**<br>Impact of perinatal traumatic events on maternity care providers in Cyprus. |
| | **230. Mrs Terry Laverne Rolle, Bahamas (terryrolle24@gmail.com)**<br>Examining Post Traumatic Stress Disorder after childbirth trauma on maternity service users: a systematic literature review |
| **SHAMSHER HALL**<br>Moderator:<br>Major (Mrs) Shilpi Sarkar | **22. Dr Saima Habeeb, India – North (saimahabeeb786@gmail.com)**<br>"No Stranger at My Birth": The Warm Handoff – a nurse – led relational continuity model |
| | **33. Miss Rehana Akhter, India – North (sheikhrehana098@gmail.com)**<br>Birth companion training and engagement in labour support techniques in the labour room: a nurse – led quality improvement program |
| **TALWAR HALL**<br>Moderator:<br>Lt Col Rituparna Guha | **89. Ms Taniya Mondal, India – East (mondaltaniya3@gmail.com)**<br>Women empowerment: in terms of education, financial independence and decision making on reproductive health |
| | **162, Ms Alison Gabrielle Perry, United Kingdom (a.perry@imperial.ac.uk)**<br>The BIA (Blood in Action) Listening Project |
| **TABER HALL**<br>Moderator:<br>Dr Linu Sara George | **180. Dr Salina Sunil, India – South (salina.surabhi@gmail.com)**<br>Perception and readiness of registered nurses toward AI in health care |
| | **235. Mrs Priyanka Saxena, India – Central (saxenapriyanka580@gmail.com)**<br>Nurses and midwives navigating new frontiers: Integrating innovation and AI in clinical practice |
| **AWADH HALL**<br>Moderator:<br>Dr Ujjwal Dahiya | **206. Mrs Chandrani Herath, Sri Lanka (chandraniherath@dcn.cmb.ac.lk)**<br>AI literacy, attitudes, readiness, and perceptions among Sri Lankan nursing undergraduates |
| | **141. Dr Rajni Thapa, India – North (rajnithapa83@gmail.com)**<br>AI 'flipped' classroom: reforms in nursing curriculum and education |
| **BULLET HALL**<br>Moderator:<br>Lt Col Sadhana Kumar | **151. Miss Abeni O Ezung, India (abeniiioezung@gmail.com) (Pre-record)**<br>Safe digital sisterhood: support for reproductive and mental health among young women |
| | **183. Mrs K V Sridevi, India – South (sridevikanugula@gmail.com)**<br>Assess the effectiveness of video assisted teaching programme on knowledge of antenatal exercises among antenatal mothers |
| **UPPER PORTICO**<br>Moderator:<br>Lt Col Shila Samuel | **73. Ms Bashiq Saba Ajaz, India – North (bashiqsaba@gmail.com)**<br>A correlation between clinical governance climate and work effectiveness among nursing officers |
| | **17. Mrs Kelly Mitchell, United Kingdom (kelly.mitchell2@nhs.net)**<br>Integrating strategy and values in nursing workforce development: the 4Ps and 4Cs framework |
| **LOWER PORTICO**<br>Moderator:<br>Lt Col Sivapriya | **121. Dr Dipti Shukla, India – Central (info@sinps.org.in)**<br>Comparative study of nurse – made single – blade vaginal reflector during gynaecological vaginal procedures |
| | **254. Ms Anisha Vadakkepatt, India – South (anisha56433@gmail.com)**<br>Nurses' and patients' perspectives on IV three – way connectors: from problems to prototype |





## DAY 1. SESSION 3: 12:00 TO 13:00

CONCURRENT ORAL PRESENTATIONS

| | |
|---|---|
| **ZORAWAR HALLL**<br>Moderator:<br>Mrs Deepa Korea | **196. Dr Amirtha Santhi S and Mrs Lazar Anjalin Hemalatha, India – South (samirthasanthi@gmail.com)**<br>Impact of emotional intelligence training program on emotional intelligence among nurse managers |
| | **181. Dr Rohisha I K, India – Central (rohishaik@aiimsraipur.edu.in)**<br>Self – efficacy among nursing personnel and the Impact of emotional intelligence skill training: a quasi – experimental study |
| **ASHOKA HALL**<br>Moderator:<br>Dr Mamta Nebhinani | **145. Ms Pooja Jaswal, India – North (Jaswal.pooja94@gmail.com)**<br>Effectiveness of training programme on ASHA workers for NCD screening and management |
| | **174. Dr Augustine Ndaimani, Rwanda (mailto:andaimani@ughe.org)**<br>Feasibility, prevalence and risk factors for hypertension and adiposity in rural Rwanda |
| **SHAMSHER HALL**<br>Moderator:<br>Lt Col (S) Chanchal Arora | **114. Ms Helen Zahos, Australia (helen.zahos@monash.edu)**<br>Socio – ecological insights on adverse mental health outcomes in disaster – deployed nurses |
| | **127. Dr Xavier Belsiyal Chellappan, India – Central (xavier.nura@aiimsrishikesh.ed.in)**<br>Psychological first aid preparedness among emergency healthcare professionals in Indian tertiary setting |
| **TALWAR HALL**<br>Moderator:<br>Lt Col Priya Nair | **29. Ms Anu Reshma V, India – North (anureshmaaiims@gmail.com)**<br>An exploratory study to assess the contributing factors of migration and satisfaction level of migrated nurses |
| | **132. Mr Rohit Sagoo, United Kingdom (rohit.sagoo1@nhs.net)**<br>Challenges to career progression for international nurses and midwives in the United Kingdom |
| **TABER HALL**<br>Moderator:<br>Lt Col Sitara Pani C | **96. Dr Jayanthi Tarugu, India – South (jayanthibhargav23@gmail.com)**<br>From inception to impact: an innovative model of research development in a nursing college for faculty empowerment and societal outcomes |
| | **60. Dr Sanjay Mallappa Peerapur, India – South (sanjupeerapur@gmail.com)**<br>AI micro – credentials for faculty leadership in competency – based nursing education |
| **AWADH HALL**<br>Moderator:<br>Dr Felicia Kwaku | **252. Ms Athira B and Dr Sushma Saini, India – East (athira.nur@aiimsdeoghar.edu.in)**<br>Effectiveness of nurse – led pulmonary interventional package on pulmonary function and quality of life among coal mine workers with respiratory disorders |
| | **126. Dr Sawroop Dhillon, \|India – North (sawroop.dhillon@chitkara.edu.in)**<br>Predictors of health – related quality of life in patients receiving nurse – led home – based cardiac rehabilitation |
| **BULLET HALL**<br>Moderator:<br>Lt Col P Hemlatha | **205. Dr Sriyani Kumarasinghe Arachchigey, Sri Lanka (kasri@ou.ac.lk)**<br>Artificial intelligence in nursing practice and education: a bibliometric analysis of recent literature |
| | **140. Mr Ajay Ashok Terdal, India – South (ajayterdal1137@gmail.com)**<br>Navigating the digital frontier: a collaborative framework for excellence in nursing and midwifery education and regulation |
| **UPPER PORTICO**<br>Moderator:<br>Lt Col Amrit Kaur | **75. Dr Preethy Dinesan, India – North (preethydinesan@gmail.com)**<br>The effectiveness of midwife led care in terms of antenatal satisfaction among low risk pregnant women |
| | **234. Mrs Bhumika Singh (bhumirocks2010@gmail.com) and Dr Radha K (radha.adn@gmail.com), India – Central**<br>Assess the effect of Hatha yoga on stress, anxiety, and depression in women receiving treatment for infertility |
| **LOWER PORTICO**<br>Moderator:<br>Professor Jayasudha A | **98. Mr Krishna AM, India – South (krishnamunirajulu2810@gmail.com)**<br>Impact of integrated yoga practice on immune parameters and quality of life of adult people living with HIV: a randomized open – label trial |
| | **218. Ms Ashwini K N, Dr Rajeswari S, and Dr Kirubhanand C, India – South (ashwinibalaji84@aiimsnagpur.edu.in)**<br>A feasibility study to develop and clinically evaluate Yoga Integrated Empowerment Program for women with Sickle Cell Disease |





## LUNCH BREAK 13:00 TO 14:00

## DAY 1. SESSION 4: 14:00 TO 15:00

PLENARY SESSION

**ZORAWAR HALL**
Moderator:
Mrs Yinglen Butt

**Dr Ben Parkinson, United Kingdom**
**Safeguarding evidence: ethics and integrity in a changing world**
Senior Lecturer, Department of Nursing, Community and Public Health, Glasgow Caledonian University. Registered Mental Health Nurse, Registered Nurse Teacher and a Senior Fellow with the Advance Higher Education Academy. Ben is Editor of Evidence – Based Nursing and has extensive expertise in mental health, psychological therapies, education, mixed methods research, and research ethics.

**Dr Deva – Marie Beck, Canada**
**Nurses and Midwives: on the vanguard of humanity**
International Co – Director of the Nightingale Initiative for Global Health (NIGH). Nurse, author, educator, researcher, multi – media journalist, global civil society activist, award winning Florence Nightingale scholar.

## DAY 1. SESSION 5: 15:00 TO 16:00

CONCURRENT ORAL PRESENTATIONS

**ZORAWAR HALL**
Moderator:
Dr Annie Kumar

WORLD HEALTH ORGANISATION INDIA WORKSHOP: PART 1
**Advancing timely, high – quality and respectful maternity care through essential childbirth and respectful care training**
WHO newer learning methodology for capacity building for maternal healthcare and midwifery

**ASHOKA HALL**
Moderator:
Professor Shailla Cannie

**37. Professor Fhumulani Mavis Mulaudzi, South Africa (mavis.mulaudzi@up.ac.za)**
Beyond cultural inclusion: Indigenous knowledge as a foundation for healthcare sciences education

**104. Dr Sunita Lawrence, India – Central (sunitalawrence01@gmail.com)**
Artificial Intelligence: navigating a path for Indian Gen Z nurses

**SHAMSHER HALL**
Moderator:
Mr Rohit Sagoo

**160. Dr Sonia Sunny, Sweden (sonia.sunny@gu.se) and Dr Dilla Davis, United Kingdom (dilla.davis@kcl.ac.uk)**
Navigating new frontiers: the Triple T Model for global nursing workforce

**164. Dr Felicia Kwaku, United Kingdom (felicia.kwaku@nhs.net)**
Can Bilateral Labour Agreements safeguard the rights, health and wellbeing of internationally educated nurses in Europe?

**TALWAR HALL**
Moderator:
Mrs Lazar Anjalin Hemalatha

**240. Ms Suja Kumari S, India – South (sujaks@nursing.aims.amrita.edu)**
Nurse workload and patient safety challenges: urgency for Flow – Adaptive Nebuliser in COPD

**265. Ms Devisree Ajitha Bindu Sreekantan Nair, India – North (devisreeas5@gmail.com)**
Effectiveness of simulation based training on knowledge and clinical skills of nursing officers in respiratory care of patients with ARDS

**TABER HALL**
Moderator:
Ms Lynn Woolsey

**204. Mr Kavishka Madushan De Silva, Sri Lanka (madushandk@nursing.cmb.ac.lk)**
Attitudes, barriers, and utilization of artificial intelligence in nursing education among undergraduate students

**156. Dr Mir Uzma Ashraf, India – North (miruzma589@gmail.com)**
Attitude of nursing students towards artificial intelligence

**AWADH HALL**
Moderator:
Dr Soya Kattil

**208. Dr Mynesha Sankar, United Kingdom (sankarm3@LSBU.ac.uk)**
Decolonising pedagogy: preparing nurse educators for the AI era through simulation

**214. Miss Himani Misra and Mrs Annresh Kaur, Australia (hmisra@bendigotafe.edu.au)**
Who supports the supporters? Wellbeing, resilience, and professional identity of nurse educator

**BULLET HALL**
Moderator:
Dr Col (Retired) R Padma Hepsiba

**243. Professor Syed Sumiya, India – Central (sumiyashaik01@gmail.com)**
Impact of structured mental health education on maternal wellbeing

**90. Dr Linsu Thomas, India – North (linsuth90@gmail.com)**
Effectiveness of a skill based intervention on nurses' knowledge and confidence in management of perinatal psychiatric illnesses





**UPPER PORTICO**
Moderator:
Dr Rajni Sharma

**169. Ms Anita Immanuel, United Kingdom and Mrs Rohini Nair, India (anita.immanuel@ouh.nhs.uk)**
Use of digital tools on electronic patient records to strengthen data integrity and enhance patient safety in clinical trial patients

**213. Ms Natasha Rufin, Bahamas (natasharufin@gmail.com)**
Transforming access: patient portals and AI in everyday healthcare

**LOWER PORTICO**
Moderator:
Dr Mini George

**236. Ms Neena Vir Singh, India – North (neenasingh_2@yahoo.co.in)**
Effectiveness of cardiac resuscitation on stress and functional capacity in post – CABG: a randomised controlled tria

**108. Ms Sandhya Verma, India – North (sandhyaverma1011@gmail.com)**
Effectiveness of Orem's Self – Care Nursing Pathway on outcomes among post – percutaneous coronary intervention patients

## DAY 1. SESSION 6: 16:00 TO 17:00

CONCURRENT ORAL PRESENTATIONS

**ZORAWAR HALL**
Moderator:
Dr Annie Kumar

**WORLD HEALTH ORGANISATION INDIA WORKSHOP: PART 2 (16:00 TO 16:30)**

**Advancing timely, high – quality and respectful maternity care through essential childbirth and respectful care training**
WHO newer learning methodology for capacity building for maternal healthcare and midwifery

**PLENARY PRESENTATION (16:30 TO 17:00)**

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**ASHOKA HALL**
Moderator:
Dr Indrakshi Basu

**167. Dr Sharin Baldwin, United Kingdom (sharin.baldwin@ihv.org.uk)**
Invisible: advancing father – focused perinatal care through research and technology

**113. Mrs Geeta Saifi, India – North (saifigeeta@gmail.com)**
Unmet sexual and reproductive health needs and pregnancy complications in Delhi slums

**SHAMSHER HALL**
Moderator:
Lt Col Neelam Chand

**187. Dr Latha Venkatesan, India – North (latha6901@yahoo.com)**
Decision – to – delivery interval and maternal–neonatal outcomes in emergency Lower Segment Caesarean Sections

**117. Mrs Archana Maju, India – North (archanamajurak@gmail.com)**
Advancing prenatal care through nursing innovation: AI prediction of low birth weight and risk factors

**TALWAR HALL**
Moderator:
Lt Col Jilmy Anu Jose

**253. Ms Anisha Vadakkepatt, India – South (anisha56433@gmail.com)**
Resilience intervention effectiveness on stress management among South Indian undergraduate nursing students

**45. Ms Sandeep Kaur, India – North (sandynarwal91@mmumullana.org)**
Evaluating the effectiveness of neonatal resuscitation program in enhancing competency among nursing students

**TABER HALL**
Moderator:
Lt Col Mousumi Pramanick

**237. Dr Sukhpal Kaur, India – North (sukhpal.trehan@yahoo.in)**
Evaluation of an Indigenous innovation for the prevention of chemotherapy induced peripheral neuropathy

**123. Professor Nanthini Subbiah, India – North (nanthini@nihfw.org)**
Assessment of CHO skills in the delivery of primary health care in selected districts of India

**AWADH HALL**
Moderator:
Dr Usha Mallick

**231. Mrs Kelly Mitchell, United Kingdom/India (kelly.mitchell2@nhs.net)**
Advancing diabetes nursing competency through a multimodal, international framework

**53. Dr (Mrs) Uma Jebamani Deaver, India – North (umadeaver@mmumullana.org)**
Effectiveness of a nurse – led home based diabetes management programme on glycaemic control and quality of life among people living with diabetes

**BULLET HALL**
Moderator:
Mrs Shailaja Y

**43. Mrs Simarjeet Kaur, India – North (coolsimar89@mmumullana.org)**
Digital versus conventional teaching for obstetrical emergencies management: knowledge, decision-making, and competency

**194. Mrs Chandrani Herath, Sri Lanka (chandraniherath@dcn.cmb.ac.lk)**
Understanding evidence-based practice adoption among obstetric nurses in Sri Lankan tertiary hospitals





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|---|---|
| **UPPER PORTICO**<br>Moderator:<br>Major Arya Araving | **32. Professor Moumita Bhul, India – East (sree2416m@gmail.com)**<br>Governance, strategy, selection: The BSc. Nursing entrance examination – shaping a competent nursing workforce |
| | **130. Dr Abdullahi Ali Ngala, United Kingdom (abdullah_ali@hotmail.co.uk)**<br>Shaping the future: adopting a cultural lens to address nursing recruitment |
| **LOWER PORTICO**<br>Moderator:<br>Lt Col Ajee K L | **142. Dr Phalakshi Vijay Manjrekar, India – West (phalakshi.manjrekar@hindujahospital.com)**<br>Nightingale Initiative for Global Health: capturing nurse's voices globally |
| | **227. Ms D Maryline Flinsi, India – North (maryline_f@apollohospitals.com)**<br>Navigating new frontiers in nursing practice through Integrated Specialty Nursing Councils |

**DAY 1: 17:00 TO 17:30 (ZORAWAR HALL)**
**CULTURAL DISPLAY**

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## DAY 2. 08:00 TO 09:00
REGISTRATION

## DAY 2. SESSION 7: 09:00 TO 09:30
PLENARY SESSION

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|---|---|
| **ZORAWAR HALL**<br>Moderator:<br>Mrs Evelyn Kannan | **Dr Kithsiri Edirisinghe (Sri Lanka)**<br>**Wisdom in action: nursing leadership at the crossroads**<br>Co-Founder and CEO International Institute of Health Sciences Multiversity, Founder Bio-Inquirer/e-Incubator/Impulse Healthcare/GHC Global Education, Chairperson of Green Healthcare Pty Ltd |

## DAY 2. SESSION 8: 09:30 TO 10:30
CONCURRENT ORAL PRESENTATIONS

| | |
|---|---|
| **ZORAWAR HALL**<br>Moderator:<br>Professor Kathleen McCourt | **173. Dr Augustine Ndaimani, Rwanda (andaimani@ughe.org)**<br>Connectivity, pedagogy, and support: the e-learning experiences in nurse leadership development programme<br><br>**177. Dr Phalakshi Manjrekar, India/United Kingdom (phalakshi.manjrekar@hindujahospital.com)**<br>Strengthening future nurse leaders through London Institute programme delivery in Mumbai |
| **ASHOKA HALL**<br>Moderator:<br>Mr Joseph Nkwain | **163. Ms Alison Gabrielle Perry, United Kingdom (a.perry@imperial.ac.uk)**<br>Forum theatre and respectful maternity care in midwifery education<br><br>**216. Dr V Indumathy, India – North (indumathytutor@vmmc-sjh.nic.in)**<br>Impact of tailor-made e-learning module training program on respectful maternity care among student nurses |
| **SHAMSHER HALL**<br>Moderator:<br>Mrs Geeta Saifi | **178. Dr Mini George, India – North (minniegeorge1@gmail.com)**<br>Gutsy move? Faecal microbiota transplant brings remarkable turnaround in severe alcohol-associated hepatitis<br><br>**20. Ms Babita C Babu, India – North (babita.chandrababu@gmail.com)**<br>Prevalence of Irritable Bowel Syndrome and its associative factors |
| **TALWAR HALL**<br>Moderator:<br>Mr Oduor Kevin Otieno | **16. Mrs Kelly Mitchell, United Kingdom (kelly.mitchell2@nhs.net)**<br>Career pathways and nurse retention: an inner London hospital Investigation<br><br>**161. Lt Col Gracy Joseph, India – South (gracybenny66@gmail.com)**<br>Work-life balance and job outcomes among healthcare professionals |
| **TABER HALL**<br>Moderator: Mrs D Maryline Flinsi | **158. Dr Jaya Bijoy, India – Central (jaya.b@peoplesuniversity.edu.in)**<br>Effectiveness of educational App on knowledge and attitude regarding drug facilitated sexual abuse among college girls<br><br>**232. Miss Erandima Sandamal, Sri Lanka (erandimasandamali@gmail.com)**<br>Core dimensions of family centred care: insights of key stakeholders |
| **AWADH HALL**<br>Moderator:<br>Mr Simon Hlungwani | **170. Mr Greg Sharplin, Australia (greg.sharplin@adelaide.edu.au)**<br>Nursing and Midwifery Workforce Survey South Australia – 2025<br><br>**40. Mrs Hem Lata, India – North (hemlata19.sadhanu@gmail.com)**<br>Respectful maternity care and maternal satisfaction with childbirth services |
| **BULLET HALL**<br>Moderator:<br>Mrs Rosemarie Josey | **80. Professor (Dr) Soya Kattil, India – South (soyakattil@gmail.com)**<br>The Impact of holistic nursing interventions on birthing outcomes: a quasi-experimental study<br><br>**182. Dr Jissa Donel, India – Central (doneljis@gmail.com)**<br>Deciding to birth naturally: a phenomenological exploration of women's choices |
| **UPPER PORTICO**<br>Moderator:<br>Professor (Dr) Ashok Kumar Bishnoi | **46. Ms Ritu Gahlawat, India – North (ritugahlawat1998@gmail.com)**<br>Assessment of stress, coping strategies, and sense of competence among parents of hospitalised children<br><br>**143. Dr Uma Shanker Agrawal, India – North (umashanker@aiims.edu)**<br>Effectiveness of CANparenting App on knowledge, stress and coping of parents; and symptom burden and quality of life for children with cancer |

## MORNING REFRESHMENTS 10:30 TO 11:00





## DAY 2. SESSION 9: 11:00 TO 12:00

CONCURRENT ORAL PRESENTATIONS

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|---|---|
| **ZORAWAR HALL**<br>Moderator:<br>Professor Moumita Bhul | **199. Dr Lily Podder, India – Central (assocprof.nursing@aiimsbhopal.edu.in)**<br>Effectiveness of "Follow the Track": A video game–based intervention on awareness and attitude regarding road safety among adolescents |
| | **86. Mrs Nibha Sharma, India – Central (nibhamax@gmail.com)**<br>Assessing the effectiveness of a cardiopulmonary resuscitation training program on the life -saving knowledge and skill of high school students |
| **ASHOKA HALL**<br>Moderator:<br>Dr Aashish Parihar | **62. Dr Tarika Sharma, India – North (tarikasharma91@gmail.com)**<br>Randomized controlled trial of a nurse-led virtual clinic improving quality of life in cirrhosis |
| | **83. Dr Col (Retired) R Padma Hepsiba, India (hepsibarp@gmail.com)**<br>Psychological distress, dyadic coping, and quality of life among women undergoing ART treatment |
| **SHAMSHER HALL**<br>Moderator:<br>Maj Gen Rachel Thomas | **248. Professor (Dr) Jayasudha A, India – North (dr_jayasudha@dmch.edu)**<br>Effectiveness of simulated learning on maternity enhanced care competencies of midwives |
| | **92. Major (Mrs) Shilpi Sarkar, India – East (shilpisarkar29@gmail.com)**<br>Bridging the policy and practice gap in midwifery pathways to professional autonomy: a systematic review |
| **TALWAR HALL**<br>Moderator:<br>Mrs Bhumika Singh | **4. Ms Kiran Kumari Yadav, India – North (kiranyadav20031990@gmail.com)**<br>Comparative study to assess mothers' perception and satisfaction regarding care of neonates in MNCU and NICU in tertiary care facility |
| | **76. Mrs Leena Pravil John, India – North (leenathomas_20@yahoo.com)**<br>Enhancing post-discharge parental competence in the care of at-risk neonates |
| **TABER HALL**<br>Moderator:<br>Professor Bindiya Goel | **275. Ms Laura Lynn Jackson, Bermuda (lljackson@gov.bm) (Pre-record)**<br>Bermuda's nursing and midwifery workforce: evidence and policy implications for health systems |
| | **241. Mrs Maurina Baron, United Kingdom (maurina.baron@gmail.com) and Mrs Paulette Lewis, Caribbean (paulette.lewis@nhs.net) (Pre-record)**<br>Working in partnership to address global challenges in the nursing and midwifery workforce |
| **AWADH HALL**<br>Moderator:<br>Dr Danasu | **222. Mrs Shailaja Y, India (y.shailaja2025@gmail.com)**<br>Integrating compassion, innovation and governance for universal health goals |
| | **217. Ms Ramandeep Kaur Bajwa, India – North (bajwaramandeep56@gmail.com)**<br>Adolescent internet use, behaviour, and social relationships: study from schools in North India |
| **BULLET HALL**<br>Moderator:<br>Dr Muthu Venkatachalam | **259. Mrs Udugama Gamage Rasika Dilhani (ishanthir1999@gmail.com) and Mrs Ishanthi Rathnayake (rdilhani96@gmail.com), Sri Lanka**<br>Nursing students' perception of self-directed learning at selected college in Sri Lanka |
| | **57. Mrs Madhuchanda Choudhury, India – North (rimi0287@gmail.com)**<br>A mixed-method study on reflections and contributing factors among unsuccessful nursing students |
| **UPPER PORTICO**<br>Moderator:<br>Lt Col (S) Chitra Nai | **238. Mr Mansingh Jat, India – North (mansingh.aiims@gmail.com)**<br>Nurse-led integrative intervention protocol and Yoga validation for nursing burnout: a randomized controlled trial |
| | **84. Dr Bhartendra Sharma, India – North (bhartendrasharma@mgumst.org)**<br>Impact of nurses' emotional intelligence and selfcompassion on occupational burnout |
| **LOWER PORTICO**<br>Moderator:<br>Dr Jyoti Sarin | **267. Professor Siyana M, India – South (siyababs@gmail.com)**<br>Birthing ball exercises on labour pain – foetal maternal parameters and childbirth experience among parturient women: a mixed method study |
| | **120. Dr Dipti Shukla, India – Central (shukladipti7@gamail.com)**<br>Improving post-Caesarean recovery among rural mothers using an innovative postpartum abdominal binder |





## DAY 2. SESSION 10: 12:00 TO 13:00

CONCURRENT ORAL PRESENTATIONS

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|---|---|
| **ZORAWAR HALL**<br>Modereator:<br>Ms Anisha Vadakkepatt | **134. Mr Jithin Thomas Parel, India – South (jithuparel@gmail.com)**<br>Lived experiences and coping strategies of flood survivors in selected districts of Kerala state |
| | **207. Mrs Makhotso Merriam Ralehike, South Africa (makhotsoralehike@icloud.com)**<br>Water scarcity a threat to humanity": voices of nurses working in clinics facing water scarcity |
| **ASHOKA HALL**<br>Moderator:<br>Lt Col Smitha Thomas | **68. Mr Nelson Nche Ngang, Cameroon (infongangnelson@gmail.com)**<br>A model for the care of critically ill patients in Cameroon |
| | **115. Mrs Priyanka Jose, India – South (priyanka.jose23@gmail.com)**<br>Navigating the complexities of neuro care: nursing strategies for intracranial pressure monitoring |
| **SHAMSHER HALL**<br>Moderator:<br>Mr Idi Stuart | **95. Dr Savita Bansiram Pohekar, India – West (savitaak15@gmail.com)**<br>Modified digital enteral feeding pump: a randomized controlled trial |
| | **64. Captain Uzma Bano, India – North (ubano0786@gmail.com)**<br>User centred app design for nurses in haematology centres |
| **TALWAR HALL**<br>Moderator:<br>Dr Dipti Shukla | **202. Mrs Salini K, India – South (shalini.vinesh2012@gmail.com)**<br>Predictors of 30-day readmission and home-care needs post-coronary artery bypass grafting (CABG): single-centre analysis |
| | **41. Dr Rupali Masih, India (rupalimasih1@gmail.com)**<br>Knowledge and attitude regarding stroke among hypertensive patients in selected rural communities |
| **TABER HALL**<br>Moderator:<br>Lt Col Rajwinder Kaur | **81. Dr Jayakrishnan K, India – East (jk.snc007@gmail.com)**<br>Lived experiences of neonatal nurses managing emotional challenges in NICUs |
| | **229. Dr Usha Mallick, India – East (umallick2008@rediffmail.com)**<br>Toward excellence: nurse midwives and neonatal nurses working collaboratively to ensure the health of mothers and newborns |
| **AWADH HALL**<br>Moderator:<br>Ms Suja Kumari S | **125. Miss Vinice Thomas, United Kingdom (vinicethomas@nhs.net)**<br>The power of nurse system leaders to impact beyond boundaries |
| | **94. Ms Bright Jose, Australia (bjose@csu.edu.au)**<br>What future nurses should be: lived experience insights from Regional Australia |
| **BULLET HALL**<br>Moderator:<br>Col Keka Cha erjee | **116. Lt Col Sitara Pani, India – North (sitarapani@gmail.com)**<br>Nurse-led transformation of OPD waiting time into sustainable wellness platform |
| | **1. Mr Oduor Kevin Otieno, Kenya (oduorkevin@stowelink.com)**<br>A digital innovation for personalized non-communicable disease risk assessment in Africa |
| **UPPER PORTICO**<br>Moderator:<br>Col Mercy Anton | **249. Lt Col (Dr) Ajee K L, India – South (ajeekl@nursing.aims.amrita.edu)**<br>Re-engineering air mattresses: provider-led phenomenological insights toward enhancing patient-safe multifunctional design |
| | **19. Mr Deepesh Swami, India – Central (swami.deepesh@gmail.com)**<br>Effectiveness of sterile versus clean indwelling catheter care: a randomized controlled trial |

## LUNCH BREAK 13:00 TO 14:00





## DAY 2. SESSION 11: 14:00 TO 15:00

CONCURRENT ORAL PRESENTATIONS

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|---|---|
| **ZORAWAR HALL**<br>Moderator:<br>Miss Vinice Thomas | **2. Mrs Anjali Sancha, India – East (anjali.sancha@aiimspatna.org)**<br>Impact of climate change on human health in India: a systematic review |
| | **66.Mrs Vanita Pandey, India – Central (vinivcon@gmail.com)**<br>Exploring climate change and its impact on the health of vulnerable communities |
| **ASHOKA HALL**<br>Moderator:<br>Dr Amirtha Santhi S | **71. Ms Stephy Harshal, United Kingdom (stephy.harshal@nhs.net)**<br>Pathway to excellence: transforming nursing practice at Glenfield Hospital |
| | **135. Mr Madhu H D, India – South (madhu.hd@narayanahealth.org)**<br>Identification of distinct nurse burnout profile in the paediatric cardiac intensive care unit using a machine learning model (SAMVEDANA Study) |
| **SHAMSHER HALL**<br>Moderator:<br>Dr Binu Mathew | **69. Mrs Nafiza Anwar, United Kingdom (nafizaanwar09@gmail.com) (Pre-record)**<br>Addressing workforce inequalities and improving maternal outcomes through the Association of South Asian Midwives |
| | **255. Professor (Dr) Jayasudha A, India – North (dr.jayasudha.a@gmail.com)**<br>Knowledge on advanced nurse midwifery programs in India among nursing personnel |
| **TALWAR HALL**<br>Moderator:<br>Dr Subani Bara | **256.Dr Indrakshi Basu, India – East (indraakshiebasu@gmail.com)**<br>Need for agrarian nursing in India: evidence from intervention |
| | **226. Professor Keka Chatterjee, India – North (chatterjeeez@gmail.com)**<br>Impact of delayed cord clamping timing on neonatal outcomes: an adaptive controlled trial |
| **TABER HALL**<br>Moderator:<br>Mr Linto Andrews | **133. Mr Rohit Sagoo (rohit.sagoo1@nhs.net) and Mrs Deepa Korea (deepa.korea@rcn.org.uk), United Kingdom**<br>Research on internationally educated nurses and midwives support and experiences in the United Kingdom |
| | **165. Professor Maria Cassar, Malta/Finland (maria.cassar@um.edu.mt)**<br>Bridging the bridge: educational opportunities for the migrant nurse |
| **AWADH HALL**<br>Moderator:<br>Professor Siyana M | **122. Dr Deepali Narendra Umale, India – West (umaledeepali1@gmail.com)**<br>Artificial intelligence and beyond: a meta-analysis of technological integration in nursing practice |
| | **23. Professor (Dr) Shailla Cannie, India – North (shaillacannie@gmail.com)**<br>Agentic AI in nursing practice: a scoping review of autonomous systems and their roles |
| **BULLET HALL**<br>Moderator:<br>Ms Monika Justa | **155. Dr Vikas Bhaskar, India – Central (vickeybhaskar@gmail.com)**<br>Satisfaction and perceived barriers of Community Health Officer (CHO) in NCD management |
| | **159. Ms Sophy Chacko, United Kingdom (Sophy.chacko1@nhs.net)**<br>Scope of advanced clinical practitioner roles and their contribution to health services in NHS – United Kingdom |
| **UPPER PORTICO**<br>Moderator:<br>Dr Baba Vajrala | **138. Dr Rajni Sharma, India – South (rajnisharma429@gmail.com)**<br>Institutionally embedded nurse-led oncology reform in public health systems |
| | **246. Mr Ahmad Basheer, Nigeria (didatbabbangida@gmail.com)**<br>Assessing knowledge and digital readiness for AI integration among maternal and child health nurses |





## DAY 2: SESSION 12 – 15:00 TO 16:00

CONCURRENT ORAL PRESENTATIONS

| | |
|---|---|
| **ZORAWAR HALL**<br>Moderator:<br>Dr Shobha Gaikwad | **101. Dr Naga Prasanna Kumari Balisetty, India – South (prasannakumari.balisetty@gmail.com)**<br>Effect of selected nursing interventions on activities of daily living and quality of life among elders |
| | **93. Professor Purnima Kundu, India – East (purnima.mconmpl2023@learner.manipal.edu)**<br>Loneliness, subjective well-being, and self-esteem among older adults residing in old age homes |
| **ASHOKA HALL**<br>Moderator:<br>Dr Phalakshi Manjrekar | **147. Professor Jasmin Debora Settepalli, India – North (settepallijasmindebora@gmail.com)**<br>An explainable machine learning based clinical decision support system to predict critical outcomes in emergency departments |
| | **150. Ms Tanusree Biswas, India – East (tanusree.nursing@aiimskalyani.edu.in)**<br>Comparing an artificial intelligence-powered chatbot to standardized patient simulation for teaching breast self-examination: a randomized controlled trial |
| **SHAMSHER HALL**<br>Moderator:<br>Mr Ajay Terdal | **82. Dr Sailabala Mohanty, India – North East (mohantysailabala85@gmail.com)**<br>Effectiveness of nursing intervention on psychosocial and biophysiological outcomes in diabetes mellitus |
| | **42. Ms Jaswinder Kaur, India – North (jaswinder.mmcn@mmumullana.org)**<br>e-Learning versus modular learning related to integrated sexual and reproductive health |
| **TALWAR HALL**<br>Moderator: Col Sindhu Mol PK | **7. Mr Inayat Ahmad Baba, India – North (inayatbaba326@gmail.com)**<br>A mixed-method moderated mediation analysis of risk and attitude in organ donation |
| | **203. Mrs Awathy Asokan A N, India – South (aswathy.jouan@gmail.com)**<br>Predictors of sepsis in febrile neutropenia: remote patient monitoring vital signs and clinical parameters in single-centre matched case-control analysis |
| **TABER HALL**<br>Moderator:<br>Ms Cheryl Susan Tada | **91. Ms Bharathi Priyadharshini S U, India – North (bpdharshini3@gmail.com)**<br>Impact of Art therapy on fatigue, sleep and anxiety among hospitalized children |
| | **175. Mrs Yuko Matsumoto Leong, Japan/USA (yuko.m.leong@gmail.com)**<br>T.R.E.E. haiku: planting for next generations |
| **AWADH HALL**<br>Moderator:<br>Ms Usha Ukande | **103. Dr Linu Sara George, India – South (linu.j@manipal.edu)**<br>Anxiety, symptom experience and functional status among older adults with heart failure |
| | **193. Miss Lalthanthuami H T, India – North East (totoxrmami@gmail.com)**<br>Effectiveness of nurse-led mobile application-based remote patient management for heart failure patients |
| **BULLET HALL**<br>Moderator:<br>Dr Nandhini Subbiah | **102. Ms Mita Mandal, India – East (mita010878@gmail.com)**<br>Expressed emotions among family members of bipolar affective disorder patients at a tertiary care hospital |
| | **184. Dr Shalini Joshi, India – Central (jsh81shln@gmail.com)**<br>Cognitive impairment and barriers to utilisation of mental health services among the elderly |
| **UPPER PORTICO**<br>Moderator:<br>Dr Nilima Sonawane | **21. Mr Stephen Odhiambo Ogweno (presented by Mr Kevin Oduor Otieno), Kenya (stowelink@gmail.com)**<br>From posters to participation: co-creating school based health communication for sustainable behaviour change |
| | **261. Mrs Elizabeth Diang Tela, Cameroon (dianglizzy@gmail.com)**<br>Exploring mother's experiences of pain management during male child circumcision |





## DAY 2. SESSION 13: 16:00 TO 17:00
CLOSING PLENARY PANEL

**ZORAWAR HALL**
Chairperson:
Ms Evelyn Kannan

**CLOSING PLENARY PANEL**

**Future-ready nursing and midwifery: innovation, leadership and workforce transformation**

Moderator: Introduction and Opening Statement, Dr Ben Parkinson

- *Global priorities and future workforce*: Dr Grace Achungura, Team Leader (Health Systems), WHO India
- *Policy, investment, and health-system reform*: Dr Pawan Kumar, Additional Commissioner In charge (Maternal Health and Immunization Division) Ministry of Health and Family Welfare, Government of India
- *Strengthening the midwifery profession*: Ms Mary Christinal M, National Midwifery Educator
- *Education, research and innovation*: Professor Marion Eckert, Professor of Health Innovation and Enterprise, Inaugural Director, Rosemary Bryant AO Research Centre, Adelaide University
- *Commonwealth collaboration and collective action*: Mrs Yinglen Butt, Commonwealth Liaison Officer, Commonwealth Nurse and Midwives Federation

Rapporteur: Summary and Closing Remarks, Dr Priyani Singh

## DAY 2. SESSION 14 : 17:00 TO 17:30
CLOSE OF CONFERENCE

**ZORAWAR HALL**
Chairperson:
Mrs Evelyn Kannan

- **Closing Address**
  Ms Punya Salila Srivastava, IAS, Health Secretary, Government of India
- **Farewell comments**
  Dr Annie Kumar, President, TNAI
- **Farewell comments**
  Professor Kathleen McCourt, CNMF
- **Vote of thanks and recognition of special guests**
  Ms Evelyn Kannan
- **Farewell song**
  join hands to sing 'We Shall Overcome Someday"

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## SCIENTIFIC POSTER PRESENTATIONS

**1. Mr Oduor Kevin Otieno, Kenya (oduorkevin@stowelink.com)**
A digital innovation for personalized non-communicable disease risk assessment in Africa

**7. Mr Inayat Ahmad Baba,India – North (inayatbaba326@gmail.com)**
A mixed-method moderated mediation analysis of srisk and attitude in organ donation

**27. Ms Dishka, India – North (sharmadiksha134203@gmail.com)**
Impact of CAN support on self-efficacy, quality of life and caregiving-burden among caregivers of cancer patients

**28. Ms Shikha, India – North (Shikha.mmcn@mmumullana.org)**
A study to assess perceived stressors and associated environmental factors among adult patients admitted to ICUs of selected hospitals

**30. Ms Neapram Sujibala Jiben, India – North (neapram.mmcn@mmumullana.org)**
Assessment of quality of life among patient undergoing haemodialysis

**31. A Serma Subathra Arunachalam, India – South (subathraserma.con@aiimsbibinagar.edu.in)**
High-end perioperative surgical competency training for operation theatre nurses: participatory action research study

**37. Professor Fhumulani Mavis Mulaudzi, South Africa (mavis.mulaudzi@up.ac.za)**
Beyond cultural inclusion: Indigenous knowledge as a foundation for healthcare sciences education

**39. Ms Tanusree Biswas, India – East (tanusree.nursing@aiimskalyani.edu.in)**
Clinicopathological determinants and disease outcomes of abnormal vaginal discharge among women undergoing cervical pap smear screening

**44. Ms Sandeep Kaur, India – North (sandynarwal91@mmumullana.org)**
A study to assess the developmental status of toddlers using the Denver Developmental Screening Test in selected hospitals

**45. Ms Sandeep Kaur, India – North (sandynarwal91@mmumullana.org)**
Evaluating the effectiveness of neonatal resuscitation program in enhancing competency among nursing students

**46. Ms Ritu Gahlawat, India – North (ritugahlawat1998@gmail.com)**
Assessment of stress, coping strategies, and sense of competence among parents of hospitalised children

**50. Ms Monika Justa, India – North (monika.justa@mmumullana.org)**
menstruation, emotions Menstruation, emotions and eating: exploring the link between cycle phase and emotional food intake

**55. Ms Sonia Yadav, India – North (somya4383@gmail.com)**
To assess the attitude and perception of nursing students towards mental illness

**56. Ms Sonali Sharma, India (parthian4208@gmail.com)**
Knowledge, perception, and readiness for menarche among early adolescent girls

**58. Ms Sonia, India – North (soniav2387@gmail.com)**
Assessing the effectiveness of a self enhancement programme on health behaviour among older adults

**59. Dr Sudhir Gupta, India – North (sudhirgupta@mmumullana.org)**
A descriptive study to assess the quality of life and coping strategies among cancer patients in selected hospital of Haryana

**60. Dr Sanjay Mallappa Peerapur, India – South (sanjupeerapur@gmail.com)**
AI micro-credentials for faculty leadership in competency-based nursing education

**61. Ms Neetu P B, India – West (neetutmhhbb@gmail.com)**
Assessment of nurses' knowledge on paediatric early warning score

**63. Ms Shantilata Mishal, India – West (pahnursingsuperintendent@gmail.com)**
Strengthening nursing care quality through leadership, training, infection control, and national accreditation driven practices

**66. Mrs Vanita Pandey, India – Central (vinivcon@gmail.com)**
Exploring climate change and its impact on the health of vulnerable communities

**68. Mr Nelson Nche Ngang, Cameroon (infongangnelson@gmail.com)**
A model for the care of critically ill patients in Cameroon

**70. Ms Nisha Newar (nishanewar98@gmail.com), Ms Preeti Ojha (preeti19210@gmail.com) and Ms Chitramala Das (chitraprashdas99@gmail.com), India – East**
Reconciliation of medication counselling by pharmacists for improving outpatient adherence: a review

**73. Ms Bashiq Saba Ajaz, India – North (bashiqsaba@gmail.com)**
A correlation between clinical governance climate and work effectiveness among nursing officers

**77. Ms Asha Devi, India – North (asha.mmcn@mmumullana.org)**
A study to assess prevalence of premenstrual syndrome among college going girls of selected college of Ambala, Haryana

**83. Dr Col (Retired) R Padma Hepsiba, India (hepsibarp@gmail.com)**
Psychological distress, dyadic coping, and quality of life among women undergoing ART treatment

**88. Ms Shweta Attri, India – North (attrishweta678@gmail.com)**
Patients heal better when nurses are respected

**90. Dr Linsu Thomas, India – North (linsuth90@gmail.com)**
Effectiveness of a skill based intervention on nurses' knowledge and confidence in management of perinatal psychiatric illnesses

**91. Ms Bharathi Priyadharshini S U, India – North (bpdharshini3@gmail.com)**
Impact of art therapy on fatigue, sleep and anxiety among hospitalized children

**96. Dr Jayanthi Tarugu, India – South (jayanthibhargav23@gmail.com)**
From inception to impact: an innovative model of research development in a nursing college for faculty empowerment and societal outcomes

**97. Dr Jayanthi Tarugu, India – South (jayanthibhargav23@gmail.com)**
The utilization of government social protection schemes by people living with HIV: a cross-sectional study in Chittoor District, Andhra Pradesh

**98. Mr Krishna A M, India – South (krishnamunirajulu2810@gmail.com)**
Impact of integrated yoga practice on immune parameters and quality of life of adult people living with HIV: a randomized open-label trial

**99. Professor Kiranmayi Koni, India – South (kmayireddy@gmail.com)**
Daycare geriatric mental health services by primary health care staff: study protocol of a randomized control trial at community centers

**101. Dr Naga Prasanna Kumari Balisetty, India – South (prasannakumari.balisetty@gmail.com)**
Effect of selected nursing interventions on activities of daily living and quality of life among elders

**104. Dr Sunita Lawrence, India – Central (sunitalawrence01@gmail.com)**
Artificial intelligence: navigating a path for Indian Gen Z nurses

**105. Dr Shani S D, India – South (shanisd82@gmail.com)**
Perioperative nursing care strategies and post operative outcome of patients undergoing anterior skull base surgeries

**107. Professor Ligy Jacob K, India – Central (ligy.j@peoplesuniversity.edu.in)**
Knowledge and perception regarding BRCA1 and BRCA2 genetic testing for breast cancer detection: an exploratory study

**108. Ms Sandhya Verma, India – North (sandhyaverma1011@gmail.com)**
Effectiveness of Orem's Self-Care Nursing Pathway on outcomes among post- percutaneous coronary intervention patients

**118. Ms Chandani Thakur, India – North (tchandani1992@gmail.com)**
Patient-based workload assessment of nursing officers in selected hospitals

**119. Professor (Dr) Pratbha Sainath Athare, India – West (saipratibha83@gmail.com)**
Impact of advanced family empowerment model on quality of life among school aged children with thalassaemia and their parents

**125. Miss Vinice Thomas, United Kingdom (vinicethomas@nhs.net)**
The power of nurse system leaders to impact beyond boundaries

**129. Mrs Debjani Banerjee, India – East (Debjanibanerjee118@gmail.com)**
Effect of music therapy on depression among patients with depressive disorders at tertiary care hospitals, Kolkata





**132. Mr Rohit Sagoo, United Kingdom (rohit.sagoo1@nhs.net)**
Challenges to career progression for international nurses and midwives in the United Kingdom

**135. Mr Madhu H D, India – South (madhu.hd@naryanahealth.org)**
Identification of distinct nurse burnout profile in the paediatric cardiac intensive care unit using a machine learning model (SAMVEDANA Study)

**136. Dr Sunita Lawrence, India – Central (sunitalawrence01@gmail.com)**
Digital nursing model a tool to rewiring clinical work culture for GenZ nurses

**140. Mr Ajay Ashok Terdal, India – South (ajayterdal1137@gmail.com)**
Navigating the digital frontier: a collaborative framework for excellence in nursing and midwifery education and regulation

**144. Professor (Dr) Punithalakshmi K, India – Central (punithak2010@gmail.com)**
Knowledge and compliance of antenatal mothers regarding iron and folic acid supplementation

**150. Ms Tanusree Biswas, India – East (tanusree.nursing@aiimskalyani.edu.in)**
Comparing an artificial intelligence-powered chatbot to standardized patient simulation for teaching breast self-examination: a randomized controlled trial

**153. Dr Deviga Thirush, India – Central (deviga.thirush@gmail.com)**
Empowering women through cervical cancer survivor storytelling: a community-based preventive health intervention study

**154. Ms Himani Yadav, India (himaniyadav2001@gmail.com)**
Challenges and care needs of breast cancer survivors through phenomenological approach

**157. Col Sindhumol P K, India – East (sindhumolthomas5@gmail.com)**
Menstrual matters, making impact

**159. Ms Sophy Chacko, United Kingdom (Sophy.chacko1@nhs.net)**
Scope of advanced clinical practitioner roles and their contribution to health services in NHS – United Kingdom

**164. Dr Felicia Kwaku, United Kingdom (felicia.kwaku@nhs.net)**
Can Bilateral Labour Agreements safeguard the rights, health and wellbeing of internationally educated nurses in Europe?

**167. Dr Sharin Baldwin, United Kingdom (sharin.baldwin@ihv.org.uk)**
Invisible: advancing father-focused perinatal care through research and technology

**168. Mrs Karthika Devi Mariappan, India – South (karthika@sriramachandra.edu.in)**
Exploring pain perception and coping mechanisms in paediatric venipuncture: a cross-sectional study

**169. Ms Anita Immanuel, United Kingdom (anita.immanuel@ouh.nhs.uk ) and Mrs Rohini Nair, India**
Use of digital tools on electronic patient records to strengthen data integrity and enhance patient safety in clinical trial patients

**171. Dr Jilmy Anu Jose, India – North (jilmyanujose@gmail.com)**
Post coronary artery event: illness perception, behavioural outcome and life style changes

**173. Dr Augustine Ndaimani, Rwanda (andaimani@ughe.org)**
Connectivity, pedagogy, and support: the e-learning experiences in nurse leadership development programme

**174. Dr Augustine Ndaimani, Rwanda (andaimani@ughe.org)**
Feasibility, prevalence and risk factors for hypertension and adiposity in rural Rwanda

**178. Dr Mini George, India – North (minniegeorge1@gmail.com)**
Gutsy move? Faecal microbiota transplant brings remarkable turnaround in severe alcohol-associated hepatitis

**179. Ms Lovely Negi, India – North (lovelynegi0211.ln@gmail.com)**
Frailty and symptom burden among chronic liver disease patient-caregiver dyad

**186. Mrs Geetarani Nayak, India – East (con_geetarani@aiimsbhubaneswar.edu.in)**
Touchscreen usage and its effect on sleep outcome and behaviour change among toddlers and preschoolers

**188. Mr Visanth VS and Mr Irshad Khan, India – East (vijayanpillai651@gmail.com)**
A study to assess the depression among the fathers of infants at selected departments of tertiary hospital

**189. Dr Naseema Shafqat, India – Central (naseema.s2004@gmail.com)**
Parental knowledge and perception regarding human papillomavirus vaccination for children: a cross-sectional study

**195. Dr Ujjwal Dahiya, India – North (ujjwaldahiya3@gmail.com)**
Effectiveness of silver based dressing in preventing surgical site infections

**196. Dr Amirtha Santhi S (samirthasanthi@gmail.com) and Mrs Lazar Anjalin Hemalatha (lathaanjalin@gmail.com), India – South**
Impact of emotional intelligence training program on emotional intelligence among nurse managers

**198. Dr Lily Podder, India – Central (assocprof.nursing@aiimsbhopal.edu.in)**
Impact of multimodal mindfulness-based stress reduction on psychological well-being and coping strategies among women with pre-eclampsia

**200. Ms Monika Maan, India – North (monikamaan.2011@gmail.com)**
Prevalence and predictors of malnutrition among cirrhotic patients in North India

**202. Mrs Salini K, India – South (shalini.vinesh2012@gmail.com)**
Predictors of 30-day readmission and home-care needs post-coronary artery bypass grafting (CABG): single-centre analysis

**203. Mrs Awathy Asokan A N, India – South (aswathy.jouan@gmail.com)**
Predictors of sepsis in febrile neutropenia: remote patient monitoring of vital signs and clinical parameters in single-centre matched case-control study

**212. Ms Henni Fitria, Indonesia (hennifitria@med.unand.ac.id)**
Effectiveness of integrating perinatal mental health screening and education in preventing postpartum depression

**213. Ms Natasha Rufin, Bahamas (natasharufin@gmail.com)**
Transforming access: patient portals and AI in everyday healthcare

**219. Mrs Joan Freeda Honey Sellapandian, India – South (joanhoney@sriramachandra.edu.in)**
Quality of sleep among type 2 diabetic patients with controlled and uncontrolled blood glucose: a correlational comparative study

**220. Professor Samadhi Wishwanath Rajapaksa, Sri Lanka (samadhirajapaksa@gmail.com)**
Determinants of palliative care preparedness among nursing students in Sri Lanka: knowledge and clinical exposure

**221. Ms Eena Sharma (eena.sharma@maxhealthcare.com) and Ms Lovelen Sunil (lovelen.suni@maxhealthcare.com), India – North**
Enhancing patient safety by standardising tracheostomy care in head neck cancer patients

**223. Ms Abdul Cadar Fathima Nuha, Sri Lanka (muditha.m@sliit.lk)**
Menstrual pain management among female school adolescents: a Sri Lankan quantitative study

**224. Mr Mathew Varghese V, India – North (mathewvmaths@yahoo.co.in)**
Role of the cancer survivorship nurse in comprehensive oncology care

**227. Ms D Maryline Flinsi, India (maryline_f@apollohospitals.com)**
Navigating new frontiers in nursing practice through Integrated Specialty Nursing Councils

**228. Ms Siska Bradinda Putri Sudirman, Indonesia (siskabradindaputri@gmail.com)**
Innovative approaches to child sexual violence prevention through interactive learning and mindfulness

**231. Mrs Sreeja Poothamkutty, United Kingdom (sreeja.poothamkutty@nhs.net) and Mrs Kelly Mitchell, India (kelly.mitchell2@nhs.net)**
Advancing diabetes nursing competency through a multimodal, international framework

**233. Mrs Lakshika Lagoshan, Sri Lanka (lakshika@iihsciences.edu.lk)**
Tele-midwifery readiness and digital maternal care competency among midwives in Sri Lanka

**234. Mrs Bhumika Singh (bhumirocks2010@gmail.com) and Dr Radha K (radha.adn@gmail.com), India – Central**
Assess the effect of Hatha yoga on stress, anxiety, and depression in women receiving treatment for infertility

**236. Ms Neena Vir Singh, India – North (neenasingh_2@yahoo.co.in)**
Effectiveness of cardiac resuscitation on stress and functional capacity in post-CABG: a randomised controlled trial





**238. Mr Mansingh Jat, India – North (mansingh.aiims@gmail.com)**
Nurse-led integrative intervention protocol and Yoga validation for nursing burnout: a randomized controlled trial

**239. Ms Suja Kumari S, India – South (sujaks@nursing.aims.amrita.edu)**
Need for comprehensive care competency training among informal caregivers of chronic liver disease patients

**247. Ms Saheli Debnath, India – East (sahelidebnath19@gmail.com)**
To assess the prevalence of abnormal uterine bleeding and its contributing factors among women availing services of a tertiary care hospital

**248. Professor (Dr) Jayasudha A, India – North (dr_jayasudha@dmch.edu)**
Effectiveness of simulated learning on maternity enhanced care competencies of midwives

**250. Lt Col (Dr) Ajee K L, India – South (ajeekl@nursing.aims.amrita.edu)**
Beyond basic care – exploring caregiver challenges in bedridden patients' hair care: need for an innovative device

**253. Ms Anisha Vadakkepatt, India – South (anisha56433@gmail.com)**
Resilience intervention effectiveness on stress management among South Indian undergraduate nursing students

**254. Ms Anisha Vadakkepatt, India – South (anisha56433@gmail.com)**
Nurses' and patients' perspectives on IV three-way connectors: from problems to prototype

**258. Ms Sutapa Das, India – East (contactsutapa1983@gmail.com)**
Rural–Urban disparities in mental health care needs and barriers among adults with diabetes: evidence from West Bengal

**262. Mrs Rajdeep Kaur Dhaliwal, India – North (singhbaltej336@gmail.com)**
Prevention of cervical cancer in adolescents' girls: a quasi-experimental study

**266. Mr Mahendra Kumar, India – North (kumarmahen9@gmail.com)**
The impact of working in a COVID hospital on sexual functioning in male nurses

**267. Professor Siyana M, India South (siyababs@gmail.com)**
Birthing ball exercises on labour pain – foetal maternal parameters and childbirth experience among parturient women: a mixed method study

**268. Mrs Bharti Sachdeva and Dr Sunil Kumar Dular, India – North (bhartisachdevasahni@gmail.com)**
Abdominal discharge readiness and early safety score: a modified Delphi study

**269. Lt Col Lorena Dorothee Prakash, India (lorenalight7@gmail.com)**
Competency of nurses in adult respiratory assessment: where do we stand?

**270. Lt Col Preeti Bhatt, India (bhatt2407@gmail.com)**
Knowledge and attitude regarding menstrual cup among adolescent girls in Delhi

**271. Ms Suman Kumari, India (sumanbharwal@gmail.com)**
Cognitive training intervention for heart failure patients: a randomized controlled trial

**272. Ms Priya M, India – South (priya6@aiimsmangalagiri.edu.in)**
Twin pregnancy with viral illness, absent end-diastolic flow, and malaria: multidisciplinary nursing care case study

**273. Ms Preejana Sharma, India – South (sharmapreeju@gmail.com)**
Perception of stakeholders on factors influencing emotional health of the adolescents

**274. Dr T Komalavalli, India – South (ksvh2010@gmail.com)**
Effectiveness of a nurse-led 'Golden Hour' protocol on newborn care knowledge and practice among senior nursing students

**276. Dr Danasu R, India – South (principalcon@aiimsmangalagiri.edu.in)**
Effectiveness of nurse-directed family planning counselling on knowledge, attitude, and adoption rates