6TH EDITION OF

SINGAPORE NURSING RESEARCH CONFERENCE

5TH EDITION OF

INTERNATIONAL PUBLIC HEALTH CONFERENCE

19 20 21

March, 2026

IN-PERSON:

Village Hotel Changi
1 Netheravon Rd,
Singapore 508502

VIRTUAL:

Greenwich Mean Time (GMT)

Nursing and IPHC 2026

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HYBRID EVENT

19–21
MARCH 2026

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Vijayan Gurumurthy Iyer

Techno-Economic-Environmental Study and Check Consultancy Services, India

Welcome Message

Yazdan Mirzanejad

University of British Columbia, Canada

On behalf of the Scientific Committee, it is my great pleasure to welcome you to the **"5th Edition of the International Public Health Conference"**, held on **March 19–21, 2026,** in **Singapore.**

One of the theme of this year's conference, **"Shaping the Future of Public Health: Innovation, Equity, and Global Impact,"** reflects the growing recognition that the most pressing threats to global health no longer respect disciplinary, geographic, or sectoral boundaries. Climate-driven environmental disruption, accelerating antimicrobial resistance, and emerging infectious threats increasingly intersect across human, animal, and environmental systems, creating direct risks to populations in every region of the world.

This conference will focus on how One Health–informed strategies can strengthen prevention, surveillance, and response to these challenges. The program emphasizes integrated, data-driven approaches to mitigate the impact of climate change on infectious diseases and antimicrobial resistance, enhance health system resilience, and protect vulnerable communities through coordinated global action. By bringing together experts from diverse disciplines, we aim to foster dialogue that translates scientific insight into practical, scalable solutions for public health.

While you are here, we sincerely hope you will take the opportunity to engage with colleagues, exchange ideas, and build collaborations with international leaders working across research, policy, and practice. On behalf of the Scientific Committee, we look forward to meeting you in person and learning more about your important work.

We wish you a stimulating and productive conference and hope you enjoy your time in Singapore. We also encourage you to explore the city and its surroundings during your stay. We are delighted by your participation and thank you for contributing to this important global conversation.

Welcome, and enjoy the conference.

Welcome Message

David John Wortley

World Lifestyle Medicine Education Services (WLMES), United Kingdom

Dear Conference Attendees,

It is my great pleasure to welcome you to the **5th Edition of the International Public Health Conference** in **Singapore.**

Public health today faces complex and interconnected challenges across populations, systems, and environments. From rising chronic disease burden and health inequities to climate change, ageing societies, digital transformation, and global health security, our field is evolving rapidly. While some communities are making significant progress, others continue to face growing vulnerabilities. However, prevention, policy innovation, research, education, and community-based action remain powerful tools to improve population health and wellbeing.

IPHC 2026 provides a unique opportunity for professionals, researchers, educators, policymakers, and students from around the world to exchange knowledge, share best practices, and explore evidence-based solutions to current and emerging public health challenges. The programme will highlight advances in public health research, innovations in practice, and strategies for building more resilient and equitable health systems. Through keynote addresses, scientific sessions, and collaborative discussions, participants will gain insights into practical approaches that can drive meaningful and sustainable impact.

We hope this conference inspires new ideas, strengthens partnerships, and empowers you to contribute to healthier communities globally. We also encourage you to enjoy the vibrant culture, hospitality, and innovation that Singapore has to offer.

We look forward to welcoming you and wish you a stimulating and rewarding conference experience.

Welcome Message

Nina Beaman

Aspen University, United States

I am so honored to welcome you to the session on Post COVID Sequelae. While many may think we have all survived the COVID pandemic, thousands of patients struggle not only with the biological sequelae but also the emotional sequelae of having their concerns dismissed by healthcare professionals. This session will explore the very real consequences of sequelae that follow a COVID infection, treatments that can be offered, and how to be sensitive to the needs of these patients and their families. Participants will distinguish between the use of the term "Post COVID Sequelae" and "Long COVID" and the damage that use of the term "Long COVID" can cause.

Welcome Message

Jane Murray

Northumbria University, United Kingdom

It is the profound privilege of the Scientific Committee to welcome you to the **NURSING 2026** Conference, ***Nursing Without Borders: Innovation, Collaboration, and Holistic Care***. As we convene here today, we stand at a pivotal moment in healthcare, one that demands not only our clinical expertise but our collective wisdom, innovation, and unwavering commitment to advancing the art and science of nursing.

The theme of our conference speaks to the heart of what drives us as nurse educators, researchers, and practitioners: the pursuit of excellence in patient care through evidence-based practice, rigorous inquiry, and continuous professional development. In an era of rapid technological advancement and evolving healthcare challenges, the role of nursing has never been more critical, nor our responsibility to lead more essential.

Over the coming days, you will engage with cutting-edge research that pushes the boundaries of our understanding. You will explore innovative pedagogical approaches that shape the next generation of nurses. You will examine care models that transcend geographical and cultural boundaries, recognising that excellence in nursing is both universal in its principles and culturally responsive in its application.

We encourage you to approach these sessions not merely as passive recipients of knowledge, but as active contributors to our collective understanding. Challenge assumptions. Share your insights. Build networks that will endure beyond these conference walls. The conversations we have here, both in formal presentations and informal exchanges alike, have the power to transform practice, influence policy, and ultimately improve the lives of those we serve.

To our international delegates, thank you for bringing diverse perspectives that enrich our dialogue. To our early career researchers, your fresh approaches invigorate our field. To our seasoned colleagues, your wisdom provides the foundation upon which we build.

Let us use this time together wisely, collaboratively, and with the spirit of inquiry that defines our profession.

Welcome, and may this conference inspire us all to reach new heights in nursing excellence.

Welcome Message

Daryle Wane

Nursing Consultant, United States

Dear Conference Attendees, it is my great pleasure to welcome you to attend the session entitled “Charting in The Clinical Setting: SOAP, COWs & AI & Beyond!” The importance of documenting care/treatment in the clinical setting is a universal core element for all healthcare practitioners. By examining best practices used to document healthcare, we will be able to foster understanding. By looking at past practices and frameworks, we will hopefully build on the future to advance health outcomes. This session will provide an opportunity for participants to gain knowledge of expectations of charting documentation utilizing evidence-based resources.

Welcome Message

Sergey Suchkov

N.D. Zelinskii Institute for Organic Chemistry of the Russian Academy of Sciences, Russian Federation

Dear Colleagues, Partners, Researchers, Practitioners, Caregivers, Entrepreneurs, Business Leaders, and Friends,

It is our pleasure to welcome you to this important event organized and supported by Magnus. This virtual meeting aims to share innovative insights into the evolving direction of Public Health while bringing together participants from diverse backgrounds. Leading academicians, researchers, healthcare professionals, policy makers, and practitioners will come together to exchange knowledge, research findings, and practical experiences in Public Health and related sectors.

As the public health landscape continues to evolve, new approaches are required to address the broader determinants of health and promote well-being across the life course. This conference focuses on advancing solutions to current challenges, including the integration of Personalized and Precision Medicine (PPM) as an innovative model for improving healthcare services. By emphasizing prevention, individualized health promotion, and evidence-based research, the event aims to highlight strategies that can enhance global health outcomes.

The conference will provide a valuable platform to refresh knowledge, explore new developments in public health and healthcare management, and engage with internationally recognized experts from universities, hospitals, and healthcare institutions worldwide. It will also foster collaboration between healthcare providers and policy makers, encouraging the exchange of ideas, development of new guidelines, and promotion of innovations that strengthen healthcare systems globally.

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Magnus Group

About

Magnus Group, a distinguished scientific event organizer, has been at the forefront of fostering knowledge exchange and collaboration since its inception in 2015. With a steadfast commitment to the ethos of Share, receive, grow, Magnus Group has successfully organized over 200 conferences spanning diverse fields, including Healthcare, Medical, Pharmaceutics, Chemistry, Nursing, Agriculture, and Plant Sciences.

The core philosophy of Magnus Group revolves around creating dynamic platforms that facilitate the exchange of cutting-edge research, insights, and innovations within the global scientific community. By bringing together experts, scholars, and professionals from various disciplines, Magnus Group cultivates an environment conducive to intellectual discourse, networking, and interdisciplinary collaboration.

Magnus Group's unwavering dedication to organizing impactful scientific events has positioned it as a key player in the global scientific community. By adhering to the motto of Share, receive, grow, Magnus Group continues to contribute significantly to the advancement of knowledge and the development of innovative solutions in various scientific domains.

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KEYNOTE PRESENTATIONS

Daryle Wane PhD., APRN, FNP-BC

Nursing Consultant, United States

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

Charting in the clinical setting: SOAP, COWs, AI & beyond

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

David John Wortley FRSA

World Lifestyle Medicine Education Services (WLMES), Alderton, Northants, United Kingdom

Biography: David Wortley is a Non-Executive Director of the World Lifestyle Medicine Education Services (WLMES) and a VP of the International Society of Digital Medicine (ISDM). He is a Fellow of the Royal Society of Arts and Commerce and a global thought leader and innovator on enabling technologies for health, education and the environment. He is on the editorial board of the Digital Medicine Journal. He is an Associate Member of the Royal Society of Medicine and a Visiting Fellow at the Faculty of Health and Social Sciences at Bournemouth University.

The impact of Artificial Intelligence (AI) on the future of public health and preventative healthcare

Artificial Intelligence (AI) is redefining the future of public health and preventative healthcare. From early disease detection and personalised risk assessments to real-time surveillance and resource optimisation, AI is rapidly becoming a transformative force across health systems. This keynote will explore how AI-driven technologies are shifting the focus from reactive to proactive care—empowering populations, clinicians, and policymakers with predictive insights that were once inconceivable.

We will examine emerging applications of AI in areas such as population health analytics, behavioural nudging, and the integration of data from wearable devices and social determinants of health. These tools are enabling more targeted interventions, improving health equity, and reducing the burden on overstretched healthcare systems. However, with opportunity comes responsibility. Ethical considerations, data privacy, algorithmic bias, and digital exclusion remain significant challenges that must be addressed to ensure that AI benefits all communities.

Drawing on real-world examples and recent research, this session will also highlight how AI can support the global movement towards Lifestyle Medicine and personalised prevention. The talk will consider the evolving role of public health professionals in an AI-augmented future, and how cross-sector collaboration—between technologists, healthcare providers, public health leaders, and communities—will be essential for sustainable impact.

Ultimately, the keynote will argue that AI, if guided by human values and equity-focused design, can be a powerful catalyst for healthier societies and a new era of preventative, precision public health.

David John Wortley FRSA

World Lifestyle Medicine Educational Services (WLMES), United Kingdom

Biography: David Wortley is a Fellow of the Royal Society of Arts, a futurologist and a thought-leader on disruptive technologies such as Artificial Intelligence and the Metaverse. He is a motivational speaker and professional member of the Professional Speaking Association. He has been a keynote speaker at over 100 international conferences over the last 20 years. He is a Vice President of the International Society for Digital Medicine and a respected expert in digital therapeutics and lifestyle medicine. He is also a non-Executive Director of the World Lifestyle Medicine Education Services (WLMES).

Impact of Artificial Intelligence (AI) and wearable technologies on nursing futures

Artificial Intelligence (AI) and wearable health technologies are transforming the landscape of healthcare delivery, with profound implications for the nursing profession. As populations age and the prevalence of chronic diseases rises, nurses are increasingly called upon to deliver care that is proactive, personalized, and data-driven. AI-powered analytics enable early detection of health risks, real-time decision support, and predictive modelling to guide interventions. Meanwhile, wearable devices—ranging from continuous glucose monitors and smartwatches to remote patient monitoring platforms—provide nurses with continuous streams of patient data beyond the clinic walls.

This integration of AI and wearables reshapes traditional nursing roles, moving them towards enhanced patient advocacy, digital literacy, and technology-enabled care coordination. Nurses must navigate new competencies in interpreting data, safeguarding patient privacy, and addressing ethical challenges while maintaining the human connection at the core of practice. Importantly, these technologies can empower nurses to shift from reactive to preventive care, strengthening patient engagement and improving outcomes.

This presentation will explore how AI and wearables are redefining nursing futures, highlighting global innovations, practical applications, and challenges. It will also discuss strategies for preparing the nursing workforce to embrace these tools while preserving compassion, equity, and professional integrity.

Giuseppe Orlando

University of Bari Aldo Moro, Italy

Biography: Giuseppe Orlando currently is affiliated with the Department of Economics and Finance (DEF) at the University of Bari (Italy). His research interests include Economics, Finance, Actuarial Science, and Econometrics, for which he received the 'Bruno de Finetti' Award in Mathematics Applied to Economics. His current projects focus on Nonlinear Dynamics in Economics, Natural Catastrophe (NatCat) Modeling, and Interest Rate Forecasting. He has also served as Senior Risk Manager, Risk Consultant, Chief Risk Officer, and Head of Risk and Quantitative Research at financial institutions such as Allianz, ING, HSBC, and State Street.

Multi-Dimensional Scaling (MDS) of healthcare system profiles and pandemic outcomes in Cuba, Spain, Italy, and Germany

Objectives: This study examines how baseline health risks in Cuba, Spain, Italy, and Germany relate to COVID-19 mortality trajectories and to identify system features associated with better outcomes. While previous comparative studies have emphasized GDP levels or hospital capacity, few have systematically linked baseline health risks and health-system models to pandemic trajectories; this study addresses that gap.

Study Design: Cross-country observational study of four contrasting health system models using publicly available secondary data (Cuba: State-socialist; Spain/Italy: Mediterranean welfare states; Germany: Corporatist Bismarckian).

Methods: We applied Multi-Dimensional Scaling (MDS) in two complementary stages: (i) A cross-sectional map of Baseline Health Indicators (BHI; eight pre-pandemic variables), and (ii) A trajectory-based map of Pandemic Trajectory Metrics (PTM; monthly reported indicators, 2020–2023) using correlation distance.

Results: The BHI stage revealed distinct pre-pandemic configurations: Cuba separated on higher cardiovascular mortality and male smoking; Spain on elevated female smoking; Italy on older age structure and higher population density; and Germany on demographic pressures with higher diabetes prevalence. In the PTM stage, Cuba recorded the lowest cumulative COVID-19 mortality among the four (776 deaths per million), whereas European countries reached 2070–3261 deaths per million.

Conclusions: The two-stage design clarifies how baseline risk profiles relate to pandemic trajectories. The Cuba–Europe separation is stable under the perturbations examined, while within-Europe distances are more variable; accordingly, we refrain from ranking Italy, Spain, and Germany. Reduced separability among the European cases is consistent with increasing financialization/marketisation and policy convergence in their health systems, which may compress structural differences in delivery and epidemic response and thus limits discrimination in the PTM space at our sample size and resolution.

Gregory S Anderson

Thompson Rivers University, Canada

Biography: Dr. Greg Anderson is a Professor and Dean of the Faculty of Science at Thompson Rivers University and a founding member of the Canadian Institute for Public Safety Research and Treatment. His research interests lie in occupational health and wellness, and occupational physiology of physically demanding occupations. In his roles, Greg carries his passion for improving the well-being of Canadian public safety personnel and frontline health care professionals, their colleagues, their organizations, and their families through world class research resulting in evidence-informed practices, policies, and programs for all public safety personnel in Canada.

Psychoeducation programs to address Post Traumatic Stress Injuries (PTSI) and mental health in public safety and frontline health care workers

Public Safety Personnel (PSP) and Frontline Healthcare Professionals (FHP) are at increased risk of exposure to Potentially Psychologically Traumatic Events (PPTE) and developing Post Traumatic Stress Injuries (PTSI, e.g., depression, anxiety, alcohol use disorder) by nature of their work. PTSI are also linked to increased absenteeism, suicidality, and performance decrements, which compromise occupational and public health and safety in trauma exposed workers. Present practices tend to support diagnosis and treatment once exposures and illness have occurred, downstream from exposures. Given the potentially stress-inducing nature of PSP and FHP work, there is potential benefit of reaching upstream providing formal training that aims to help build a resilience ecosystem and positive coping strategies to manage adverse events and mitigate associated negative effects. To examine the potential of psychoeducation in these populations we have investigated the effectiveness of proactive PTSI mitigation programs among occupational groups exposed to PPTE on measures of PTSI symptoms and psychological wellness and examined the Return On Investment (ROI) of proactive PTSI mitigation programs tailored for PSP and FHP who are regularly exposed to PPTEs.

Significant overlap was found across program themes that included mindfulness, resilience promotion, and stress management strategies. Post-program effect sizes were small (SMD<0.5) to moderate (SMD<0.8) for reductions in PTSI symptoms and for promoting

measures of well-being as indicated by a meta-analysis on 36 studies. Findings from 15 included studies demonstrate that proactive interventions can yield substantial economic and health benefits, with ROI values ranging widely from −20% to 3560%. Shorter interventions (≤6 months) often produced higher returns, while longer interventions (>12 months) showed more moderate or negative returns.

Our current evident supports modest evidence for time-limited reductions in PTSI following participation in holistic programs that promote resilience, stress, and emotion regulation among at-risk workers. Most proactive interventions examined successfully reduced psychological distress and enhanced workplace outcomes, although thoughtful consideration of program design and implementation context is essential.

Prof. Dr. Habil. Bernd Blobel FACMI, FACHI, FHL7, FEFMI, FIAHSI

Medical Faculty, University of Regensburg, Regensburg, Bavaria, Germany
First Medical Faculty, Charles University Prague, Staré Mesto, Czech Republic
Faculty European Campus Rottal-Inn, Deggendorf Institute of Technology, Deggendorf, Bavaria, Germany
Department of Informatics, Bioengineering, Robotics and System Engineering, University of Genoa, Genoa, Italy

Biography: Dr. Bernd Blobel studied Mathematics, Technical Cybernetics and Electronics, Bio-Cybernetics, Physics, Medicine and Informatics at the University of Magdeburg and other universities in the former GDR. He received his PhD in Physics with a neurophysiological study. Furthermore, he performed the Habilitation (qualification as university professor) in Medicine and Informatics. He was Head of the Institute for Biometrics and Medical Informatics at the University of Magdeburg, and thereafter Head of the Health Telematics Project Group at the Fraunhofer IIS in Erlangen. Thereafter, he acted until his retirement as Head of the German National eHealth Competence Center at the University of Regensburg as well as Head of the globally unique International Interdisciplinary PhD and PostDoc College. He was and is still leadingly involved in many countries health digitalization as well as electronic health record strategy. He published more than 600 papers, published/edited more than 50 books and supervised a big number of PhD students from many countries around the world. He was German Representative to many SDOs such as HL7, ISO, CEN, OMG, IEEE, ASTM, SNOMED, etc., also chairing the national mirror groups. Furthermore, he still engaged in international higher education. He is Fellow of several international academies. His extended publication list is available at https://epub.uni-regensburg.de/view/people/Blobel=3ABernd=3A=3A.html.

Principles and standards for managing healthcare transformation towards personalized, preventive, predictive, participative precision medicine ecosystems

For realizing pervasive and ubiquitous health and social care services, health and social care system have to undergo an organizational, methodological and technological transformation towards personalized, participative, preventive, predictive precision medicine. For designing and managing the resulting highly complex, distributed and dynamic ecosystem, we must consistently and formally represent the system and its components from the perspective of all actors from different domains including the subject of care, using different methodologies, knowledge, language and experiences. The granularity level of the considered components

may range from elementary particles up to the society and universe. This must be done, using a system-theoretical, architecture-centered, ontology-based and policy-driven approach. Over the last 30 years, the author developed the necessary model and framework, and meanwhile also the related standard ISO 23903 Interoperability and Integration Reference Architecture. The approach has been defined as mandatory for any specification or project at ISO, CEN, IEEE, etc. addressing more than one domain. The presented approach enables design, implementation and management of intelligent and ethical health and social care systems as well as knowledge-based communication and cooperation of all actors involved. Thereby, it manages also security, privacy and trust in detail. The Keynote introduces necessary standards and methodologies for designing and managing 5P medicine ecosystems as well as practical examples.

Prof. Dr. Habil. Bernd Blobel FACMI, FACHI, FHL7, FEFMI, FIAHSI

Medical Faculty, University of Regensburg, Regensburg, Bavaria, Germany
First Medical Faculty, Charles University Prague, Staré Mesto, Czech Republic
Faculty European Campus Rottal-Inn, Deggendorf Institute of Technology, Deggendorf, Bavaria, Germany
Department of Informatics, Bioengineering, Robotics and System Engineering, University of Genoa, Genoa, Italy

Biography: Dr. Bernd Blobel studied Mathematics, Technical Cybernetics and Electronics, Bio-Cybernetics, Physics, Medicine and Informatics at the University of Magdeburg and other universities in the former GDR. He received his PhD in Physics with a neurophysiological study. Furthermore, he performed the Habilitation (qualification as university professor) in Medicine and in Informatics. He was Head of the Institute for Biometrics and Medical Informatics at the University of Magdeburg, and thereafter Head of the Health Telematics Project Group at the Fraunhofer IIS in Erlangen. Thereafter, he acted until his retirement as Head of the German National eHealth Competence Center as well as Head of the globally unique International Interdisciplinary PhD and PostDoc College at the University of Regensburg. He was and is still leadingly involved in many countries health digitalization as well as electronic health record strategy. He published more than 600 papers, published/edited more than 50 books and supervised a big number of PhD students from many countries around the world. He was German Representative to many SDOs such as HL7, ISO, CEN, OMG, IEEE, ASTM, SNOMED, etc., also chairing the national mirror groups. Furthermore, he still engaged in international higher education. He is Fellow of several international academies and played specific roles in global organizations such as WHO, European Commission, UNESCO, etc.

Managing integration and interoperability of intelligent and ethical transformed health and social care ecosystems

Health and social care systems around the world undergo a transformation towards personalized, preventive, predictive, participative Precision Medicine (5PM), considering the individual health status, conditions, genetic and genomic dispositions in personal, social, occupational, environmental and behavioural context. For enabling communication and cooperation between actors from different domains using different methodologies, languages and ontologies based on different education, experiences, etc., we have to advance design and management of the resulting complex and highly dynamic ecosystem from data to knowledge level. The aforementioned transformation is strongly supported by technologies such as micro- and nanotechnologies, advanced computing, artificial intelligence, edge computing, etc. Beside their opportunities, those advanced technologies also bear risks to

be managed. Beside the relationships between technology and human actors, the behaviour of intelligent and autonomous systems must be considered from a humanistic, moral and ethical perspective. The challenge is the consistent, correct and formalized representation of the transformed health ecosystem from the perspectives of all domains involved including the legal and ethical ones, representing and managing them based on related ontologies. The resulting business view of the real-world ecosystem must be interrelated using the ISO/IEC 21838 Top Level Ontologies standard. Thereafter, the outcome can be transformed into implementable solutions. The different viewpoint are represented using viewpoint-specific ICT ontologies. The necessary model and framework has been developed by the author and meanwhile standardized as ISO 23903 Interoperability and Integration Reference Architecture. The formal representation of any ecosystem and its development process including examples of practical deployment of the approach are presented in detail. This includes correct systems and standards integration and interoperability solutions.

Hamidreza Khankeh[1,2*], Gordon Guyatt[3], Shima Shirozhan[2], Juliet Roudini[2], Torsten Rackoll[1], Ulrich Dirnagl[1]

[1]QUEST Center for Responsible Research, Berlin Institute of Health at Charité, Berlin, Germany
[2]Health in Emergency and Disaster Research Center, Social Health Research Institute, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran
[3]Department of Health Research Methods, Evidence, and Impact, McMaster University, Hamilton, ON, Canada

Biography: Prof. Dr. Hamidreza Khankeh is a leading expert in emergency and disaster health. He is a full professor at the University of Social Welfare and Rehabilitation Sciences (USWR) in Tehran, Iran, and a research fellow at the Berlin Institute of Health at Charité in Germany. He has served as Chancellor of USWR and is a permanent member of the Iranian National Academy of Medical Sciences. Dr. Khankeh has published extensively in public health and has received international recognition, including a Georg Forster Research Award from the Alexander von Humboldt Foundation.

Enhancing stroke research through patient and stakeholder engagement: Insights from a scoping review and qualitative study

Background: In stroke research, engaging patients and other stakeholders (such as caregivers and clinicians) is increasingly recognized as essential for ensuring that studies are patient-centered, ethical, and impactful. However, best practices for implementing such engagement remain unclear. We conducted a scoping review and a qualitative study to examine existing evidence on Stroke Patient And Stakeholder Engagement (SPSE) and to gather stakeholder perspectives on its challenges and facilitators.

Methods: We performed a systematic scoping review following Arksey and O'Malley's framework and PRISMA-ScR guidelines. We searched PubMed, Web of Science, and Embase (up to February 2024) for English-language publications on patient or public involvement in stroke research. Eligible studies were charted and analyzed for engagement approaches, contexts, and outcomes. In parallel, we carried out a qualitative study involving semi-structured interviews with stroke survivors, caregivers, researchers, and health professionals. Using directed content analysis, we identified key themes regarding motivations, barriers, and best practices for SPSE.

Results: The scoping review included 21 relevant publications. Stakeholder engagement was most commonly reported during the study design phase and often involved qualitative research methods. Reported benefits of engagement included improved study relevance, feasibility, and trust between researchers and patients. However, practices varied widely, and researchers noted challenges such as inconsistent terminology, lack of frameworks, resource constraints, and difficulties integrating stakeholders throughout the research process. The qualitative interviews echoed many of these findings. Participants affirmed that involving patients leads to more meaningful outcomes and better communication. They highlighted barriers like limited institutional support, unclear roles, and time constraints, while also suggesting facilitators such as early involvement of patients in planning, training and support for all partners, and institutional guidelines to foster engagement.

Conclusion: Combining evidence from literature with insights from stakeholders provides a comprehensive understanding of how to enhance patient and stakeholder engagement in stroke research. Our study underscores the need for clear frameworks and supportive resources to integrate patient voices at all research stages. Based on these findings, we developed practical recommendations to help researchers and institutions overcome barriers and embed effective patient and stakeholder engagement in future stroke studies.

Patient/Public Contribution: Stroke survivors and caregivers were actively involved in this research as interview participants, sharing their experiences and priorities. Their input was integral to interpreting the results and formulating the recommended strategies for improving patient and public involvement in stroke research.

Ismat Mikky* BSN, MSN, PhD, RN, Bedh I., Muchotrigo N

FRANCES M. McLAUGHLIN DIVISION OF NURSING
Bloomfield College of Montclair State University (BCMSU)
Bloomfield- New Jersey-USA

Biography: Dr. Mikky received his doctoral degree in nursing from the University of Connecticut (UCONN) in 2006. His Master degree in Nursing Education from the University of Hartford was funded by the Fulbright scholarship. After earning his BSN degree from Bethlehem University (Palestine), Dr. Mikky received a grant from the United States Information Agency (USIA) to complete special studies in cardiovascular nursing at Emory University. Over his 30 years of experience, Dr. Mikky have assumed several academic and administrative positions in various institutions; nationally and internationally. His areas of expertise include: nursing education, adult health nursing, cardiovascular nursing, and long-term care. The area of his research interest is focused on the construct of "Empowerment in Nursing". Dr. Mikky developed the "*Client Empowerment Scale – CES*" to assess empowerment among clients with chronic health conditions. His studies have been cited in four professional journals (CES_2007, NJM_2011, BMC_2013, BMC_2017, BJSW_2021). His scholarly activities include: conference presentations, research studies published in nursing journals, and three chapters in a handbook on transcultural nursing. Dr. Mikky reviews manuscripts for four nursing Journals (Journal of Nursing Measurement, International Journal of Nursing Studies, Geriatric Nursing, International Journals of Health Planning and Management). Over the last 3 years, Dr. Mikky participated in several national and international professional conferences as a keynote speaker: 4th Edition of the Singapore Nursing Research Conference (March 21-23, 2024), Bethlehem University International Nursing Conference (May 27, 2024), 8th Nursing World Conference-Baltimore MD (Oct 17-19, 2024), 5th Edition of the Singapore Nursing Research Conference (March 24-26, 2025), and 9th Edition of Nursing World Conference- Orlando FL (Oct 27-29, 2025).

Contributing factors to moral distress among nurses providing care to high acuity patients

Significance: Nurses experience moral distress when they are restricted from making sound decisions emanating from their ethical beliefs and values. Nurses at some point are constrained from providing care congruent with their ethical beliefs in scenarios relevant to End-Of-Life (EOL) care and futile treatment. Moral distress may negatively influence the quality of patient care and nurse's well-being.

Purpose/Aim: This study aims to identify factors contributing to moral distress among nurses providing care to patients in high-acuity units. This study focuses on nurses' perceptions of futile care and factors that may impact moral distress such as: preparation for EOL care, communication skills, staffing issues, and demographic factors. The study results may provide guidance and strategies to support ethically-congruent nursing practice.

Design and Methods: This study utilized a mixed-methodology (triangulation) design and participation in this study was voluntary. The study sample invited nurses providing care to high acuity clients and are employed in the northeast region of the US. The study has been approved by the Montclair State University (MSU) IRB committee for human subject protection during the spring of 2025. Data was collected as participants completed the online survey; which included the Moral Distress Scale-Revised (MDS-R), and answered some open-ended questions. The quantitative data was analyzed using the most recent version of the SPSS program, while qualitative data was analyzed using Colaizzi's thematic analysis approach.

Results/Interpretation: This study explored the phenomenon of moral distress while focusing on the contributing factors to this phenomenon among nurses providing care to high-acuity clients. This mixed-methods study combined qualitative insights from participants' narratives with quantitative data analysis. Although the results were not statistically significant, the moral distress was at a moderate level overall. Important trends revealed across moral distress scores and were supported by themes gleaned from qualitative data analysis. These results validate and converge with the review of literature conducted on moral distress, especially in relevance to: ineffective treatment, institutional restrictions, communication failures, and emotional toll.

Quantitative data revealed a mean total MDS-R score of 91.79, indicating a moderate level of moral distress among participants. In the context of futile care, the highest scores included the following subscales: staffing and system constraints, teamwork and communication, and ethical misconduct. Participant's experience correlated positively with emotional disturbance ($r = 4.52$, $p = 0.20$), implying that longer professional exposure may intensify the emotional impact of morally upsetting events. However, demographic characteristics did not significantly correlate with total moral distress scores. Additionally, a strong correlation was evident between frequency and disturbance of moral distress ($r = 6.42$, $p = 0.01$) supports the idea that repeated exposure to distressing events is compounded by their emotional toll. Subscale intercorrelations further highlighted the interconnectedness of these pressures in clinical settings by showing that staffing issues and teamwork frequently coincided with suffering, and subsequently linked to unethical behavior and futile care.

Qualitative findings provided a deeper understanding of the statistical patterns. Nurses described scenarios in which they were unable to act in accordance with their ethical beliefs due to: absence of advance directives, family pressure, and administrative policies. Futile care was a recurring source of distress and often tied to aggressive interventions performed without expected outcomes. Participants reported emotional strain from these experiences, including feelings of helplessness, anger, and burnout. Communication failures; particularly between nurses and physicians or between nurses and families, further exacerbated the nurses' experiences of moral distress. Nurses expressed frustration when their professional

judgment was ignored or overridden, and some reported moral conflict in navigating family dynamics that delayed or complicated care decisions. Staffing issues and institutional policies also emerged as significant contributors to moral distress. Study participants identified specific scenarios in which client care was delayed due to overwhelming workloads or leadership inaction. Coping strategies varied, with some participants turning to peer support or professional counseling, while others reported emotional exhaustion and disengagement.

This study included implications for education, research, and practice to: 1) develop programs to eliminate factors that may contribute to moral distress, 2) suggest coping strategies to mitigate the impact of moral distress, and 3) support scholarly activities to better understand the moral distress phenomenon among nurses providing care to high-acuity clients.

Dr. Jane Murray

School of Healthcare and Nursing Science, Northumbria University, Newcastle, United Kingdom

Biography: Dr. Jane Murray is an Assistant Professor at Northumbria University, Newcastle. Her main interests are older people's mental health, particularly related to dementia and its' associated issues, multimorbidity, frailty and ethics. She teaches these topics in Singapore and the UK. Dr. Murray also has extensive experience teaching in Borneo, Malaysia and China. She is the Programme Director for a Bachelor of Science (Nursing) degree at Kaplan Singapore. She is a registered nurse with the Nursing and Midwifery Council (UK) and the Singapore Nursing Board. In Singapore she works with a range of organisations to promote advocacy and independence for older people with dementia, and their supporters.

Shaping the future of nursing: Contextualised curricula and collaborative pathways for postgraduate education in Singapore–The Kaplan (Singapore) and Northumbria (UK) experience

Singapore's rapidly evolving healthcare landscape and the Ministry of Health's transformation agenda demand that postgraduate nurse education is locally responsive yet internationally rigorous. This presentation describes the co-development of a postgraduate nursing programme delivered by Northumbria University (UK) in partnership with Kaplan Higher Education (Singapore), designed to strengthen practice, leadership, and research capacity.

The curriculum was purposefully contextualised for Singapore while maintaining internationally recognised academic standards. The programme design aligns with Singapore Nursing Board (SNB) competencies, Skills Future Singapore (SSG) frameworks, and the input of industry partners ensures that all modules reflect national priorities such as mental health, population ageing, leadership and decision making. Collaborative design with clinical leaders, employers, and professional bodies informed learning outcomes, authentic assessment strategies, and flexible delivery models, tailored to practicing nurses.

This transnational approach moves beyond content transfer to co-creation, integrating global evidence with local healthcare realities. Dr. Murray and the team are committed to delivering a contextualised programme with authentic assessments and regularly visit both statutory and voluntary organisations in Singapore to continuously develop the programme. The programme is now recruiting to Cohort 7, and has a 100% pass rate and zero attrition.

The Kaplan–Northumbria partnership offers a replicable model for international collaborations seeking to build sustainable, high-quality postgraduate nursing pathways. By embedding regulatory requirements, workforce needs, and lifelong learning principles into curriculum design, this initiative illustrates how international partnerships can advance the nursing profession and contribute to national health strategies.

Kathleen McCormick

SciMind, United States

Innovations in nursing informatics

There will be no force greater than Artificial Intelligence (AI) impacting on Nursing Informatics in the next five years. Other areas of impact are predictive analytics for predicting risks of patients in multiple condition and disease categories. In addition, the following areas will be impacting on nursing informatics: Computerized decision support, natural language processing, robotics, virtual nursing, remote monitoring and telehealth. Each of these forces impacting nursing informatics will be discussed in this keynote.

Kenneth R. Pelletier PhD, MD

Clinical Professor of Medicine, Department of Medicine Department of Family & Community Medicine, Department of Psychiatry, University of California School of Medicine, San Francisco, United States of America

Biography: Kenneth R. Pelletier, PhD, MD is a Clinical Professor of Medicine, Department of Medicine; Department of Family and Community Medicine; and Department of Psychiatry at the University of California School of Medicine, San Francisco (UCSF). At the UCSF School of Medicine, he is Director of the Corporate Health Improvement Program (CHIP) which is a research program between CHIP and 15 of the Fortune 500 corporations including Apple, Cisco, American Airlines, IBM, Dow, Prudential, Cummins, Ford, NASA, and Pepsico. He also serves as a Vice President with American Specialty Health (ASH).

Change your genes–Change your life: Epigenetics of longevity

Biology is no longer destiny. Our DNA doesn't determine our health and disease prospects, as geneticists once believed. According to the new science of epigenetics, the vast majority of our genes are fluid and dynamic—and their expression is shaped by what we think and what we do. Our genetic profile may signal an inherited vulnerability to a disease, but our choices and behaviors determine whether these genes will be switched on or off. Each of us can influence our genes to create optimal health and longevity. Dr. Pelletier will discuss the latest epigenetic research, including progress on the $101 Million X Prize, and share timely media coverage including details of the "Blue Zone" communities around the world and its potential impact on science. He will also cite the cutting-edge technologies that will forever change the landscape of optimal aging and longevity. We encourage you to attend and to engage with Dr. Pelletier in learning how to incorporate these new findings into your own lives.

Kerryn Burgoyne

KTalk, Australia

Biography: Kerryn Burgoyne was diagnosed with Asperger's Syndrome at the age of 30. Prior to that, there was very little known about what is known today as autism spectrum disorder. Life was extremely difficult for me, as when she tried to gain successful employment for herself, it was difficult to do so especially when you were judged as an "outsider looking in" at others. In 2007, She started up her own business KTalk after writing her first self-help life course book "The Goal". There are also 5 more that are now for sale & have been developed to not only assist employers but for those individuals with mental health issues. She also an international/renowned/keynote/plenary autism speaker at major conferences globally, as well as being the author of 6 self help life course materials as products of her business which is so proud of.

Autism & medical care

Dealing with medical staff Blood Tests & XRays/CT scans Lights and sound issues. Being on a ward & Autism & TV Choices.

Now most of us hate being in a hospital let alone digest the news or information about our medical issues, but having to cope with the beep beeps of the monitors for the patients in an ED ward is overwhelming for the person with autism spectrum disorder.

I also will be talking about my own experiences when I've been in a ward or hospital but for me I've been well looked after when I've been in there by the nursing staff.

Most individuals would not cope with the noise, the lights/sounds/sensory overloads when it comes to being dealt with by medical staff.

Dr. Nina Beaman

Graduate Partnership Liaison, Dean Emerita and faculty at Aspen University, adjunct faculty at Mary Baldwin University and Samuel Merritt University, USA

Biography: Dr. Beaman is certified as a nurse educator (NLN), psychiatric mental health nurse (ANCC), ambulatory women's health nurse (NCC), and medical assistant (AAMA). She has earned Ed.D. (Walden University), MSN (Aspen University), MS (Capella University), B. A. with Honors (Randolph Macon College), ADN (John Tyler Community College), A. S. (Luther Rice College), and Diplôme d'Etudes Françaises (University of Nice). She is a forensic psychiatric nurse and a parish nurse in Virginia, and lives in Virginia. Dr. Beaman is a frequent speaker and writer of published articles, who teaches at Aspen University, Mary Baldwin University, and Samuel Merritt University.

Post-COVID Sequelae

One may think the virus has done its damage, killing millions of people worldwide. However, recent research has revealed that Post-COVID Sequelae (PCS) continue to injure and kill thousands of people who were originally infected and now suffer from multiple organ system sequelae. This presentation will discuss the pathophysiology of PCS, treatments, and research about PCS.

Patricia M. Burrell PhD, APRN, BC, CNE

School of Nursing, Hawaii Pacific University, Honolulu, Hawaii, United States

Biography: Dr. Burrell obtained her BSN from Northeastern University, Boston, Massachusetts her MSN from the University of Hawaii at Manoa, Honolulu, Hawaii her PhD from the University of Utah, Salt Lake City, Utah and her 1st Post-Doc from the C. G. Jung Institute, Zurich, Switzerland. She is a Professor of Nursing at Hawaii Pacific University's College of Health and Society and is also Director of the Transcultural Nursing Center at HPU. She is a Transcultural Nursing Scholar. Dr. Burrell has a part-time practice in Psychiatric/Mental Health Nursing and as a Jungian analyst.

Nursing competence: Building the nursing interactive field in BSN students

Nursing competence is highly dependent upon the nurse's ability to communicate both verbally and non-verbally with their patients. The nurse's ability to pick up on the overall sense of the patient's well-being or lack thereof is what comprises the Nursing Interactive Field. Nursing students develop their skills throughout their program, however, a mainstay of psychiatric/mental health nursing is improving and further development of communication skills. Therapeutic Communication is the foundation for developing such skills. Caring and empathy are developed and focused upon in therapeutic communication. Dumas (2010) noted that" Inter-brain Synchrony" is the basic foundation of social skills and social competency. It starts with the mother-infant interactions and continues through in the child's interactions with family and friends. Unfortunately, Dumas noted that social media and remote communication have interfered with this skill development. Dumas noted that inter-brain synchrony does not take place over social media/remote communication.

We've found that utilizing therapeutic communication for nursing students as extremely helpful in addressing the decreasing social competency with our young people who are so heavily invested in their social media. The Nursing Interactive Field is the professional aspect of inter-brain synchrony. We teach the students therapeutic communication skills, have them practice them with each other and in their psychiatric-mental health clinical setting. Teaching these skills assists the students in developing and solidifying their nursing social interaction competence.

The students inform me that they use the skills in their medical–surgical clinicals and find that they interact with their patients on a more satisfying level. Needless to say, when the student is competent in social interaction, that student is ready to do patient centered care.

Lorent Sijarina[1], Melisa Stublla[1], Omar Alqaisi[2], Liburn Grabovci[1], Drilon Bytyçi[1], Melinda Hysenaj[1], Mohammed Dibas[3], Shend Kryeziu[1], Fatlinda Berisha[1], Patricia Tai[4*]

[1]University of Prishtina, Kosovo
[2]Al-Zaytoonah University, Jordan
[3]An-Najah National University, Palestine
[4]University of Saskatchewan, Canada

Biography: Prof. Patricia Tai earned a gold medal from the University of Hong Kong (ranked 11 globally) after training under Prof. John Ho, a leader in nasopharyngeal carcinoma. After immigrating to Canada, she trained under Prof. David McDonald and Mr. Jake Van Dyk, world experts in CNS oncology and medical physics. An international expert in skin cancer, she has authored five UpToDate chapters since 2000. She has produced 155 publications, 191 conference abstracts, and 185 presentations

Is Artificial Intelligence (AI) a possible solution for challenges in healthcare?

Introduction: Healthcare systems are facing mounting challenges from aging populations, increasing patient demand, and chronic disease burdens. Conventional approaches are often insufficient, highlighting the need for innovative tools. Artificial Intelligence (AI) has emerged as a transformative solution, capable of analyzing complex data, supporting clinical decisions, and enabling more personalized and efficient care.

Method: This scoping review was conducted following Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines to ensure transparent reporting. Comprehensive literature search was performed across multiple electronic databases including PubMed/MEDLINE, Scopus, Web of Science and ScienceDirect from January 2016 to September 2025. Search terms included combinations of "artificial intelligence", "machine learning", "healthcare", "clinical applications", "diagnostic accuracy", and related medical informatics terms. Studies were included if they reported on AI applications in healthcare settings, demonstrated clinical outcomes, and were published in peer reviewed journal. Two independent reviewers conducted study selection and data extraction.

Results: AI applications are expanding across diagnostics, telehealth, personalized medicine, robotic procedures, triage, patient monitoring, research, and administrative support. Studies demonstrate that AI improves diagnostic accuracy in radiology, pathology, and dermatology; streamlines triage and telehealth services; and integrates multimodal data for personalized treatment. Additionally, AI supports robotic surgeries, patient education, and continuous monitoring, while also contributing to research efficiency and easing administrative tasks such as documentation, scheduling, and resource management. These findings suggest AI improves outcomes, optimizes resources, and reduces clinician workload.

Conclusion: Despite its transformative potential, challenges such as bias, privacy concerns, lack of transparency, and limited real-world validation hinder full adoption. AI should be viewed as a supportive tool that augments, not replaces, clinician expertise. With rigorous validation, ethical governance, and interdisciplinary collaboration, AI can guide healthcare toward a proactive, precision-based, and patient-centered model.

Sergey Suchkov[1-13*], Robert Lustig[19], Daniel Scherman[17], Shawn Murphy[14,15], R. Holland Cheng[16], David Smith[18]

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[2]R&D Director, InMedStar
[3]Senior Scientific Advisor of China Hong Kong Innovation International Business Association, Hong Kong
[4]Member, New York Academy of Sciences, USA
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[6]Member, ISPM (International Society for Personalized Medicine), Japan
[7]Member, PMC (Personalized Medicine Coalition), Washington, USA
[8]Member, AMEE (Association for Medical Education in Europe), Centre for Medical Education, Dundee, Scotland
[9]Member, ACS (American Chemical Society), Washington, DC, USA
[10]Member, AHA (American Heart Association), Dallas, TX, USA
[11]Member, ARVO (The Association in Research in Vision & Ophthalmology), Rockville, MD, USA
[12]ISER (International Society for Eye Research), Anchorage, AK USA
[13]Secretary General, United Cultural Convention (UCC), Cambridge, UK
[14]MGH, Boston MA, USA
[15]Harvard Medical School, Boston, MA, USA
[16]Dept of Molecular and Cellular Biology, College of Biological Sciences & Engineering, UC Davis, CA, USA
[17]Centre de Recherche Pharmaceutique de Paris (CRP2), Faculté de Pharmacie, Université Paris Descarte, Paris, France
[18]Mayo Clinic, Rochester, MN, USA
[19]The Division of Endocrinology and the Weight Assessment for Teen and Child Health (WATCH) Program, University of California in San Francisco (UCSF), S-F, CA, USA

Biography: Sergey Suchkov was born in the City of Astrakhan, Russia, in a family of dynasty medical doctors. In 1980, graduated from Astrakhan State Medical University and was awarded with MD. In 1985, Suchkov maintained his PhD as a PhD student of the I.M. Sechenov Moscow Medical Academy and Institute of Medical Enzymology. In 2001, Suchkov maintained his Doctor Degree at the National Institute of Immunology, Russia. From 1989 through 1995, Dr. Suchkov was being a Head of the Lab of Clinical Immunology, Helmholtz Eye Research Institute in Moscow. From 1995 through 2004-a Chair of the Dept for Clinical Immunology, Moscow Clinical Research Institute (MONIKI). In 1993-1996, Dr. Suchkov was a Secretary-in-Chief of the Editorial Board, Biomedical Science, an international journal published jointly by the USSR Academy of Sciences and the Royal Society of Chemistry, UK. At present, Dr. Sergey Suchkov, MD, PhD, is: N.D. Zelinskii Institute for Organic Chemistry of the Russian Academy of Sciences, Moscow, Russia. R&D Director, InMedStar, Russia-UAE. Senior Scientific Advisor of China Hong Kong Innovation International Business Association, Hong Kong. Secretary General, United Cultural Convention (UCC), Cambridge, UK. Dr. Suchkov is a member of the: American Chemical Society (ACS), USA; American Heart Association (AHA), USA; European Association for Medical Education (AMEE), Dundee, UK; EPMA (European Association for Predictive, Preventive and Personalized Medicine), Brussels, EU; ARVO (American Association for Research in Vision and Ophthalmology); ISER (International Society for Eye Research); Personalized Medicine Coalition (PMC), Washington, DC, USA. Russian Academy of Natural Sciences (RANS), Russia. New York Academy of Sciences, USA.

Personalized & Precision Medicine (PPM) as a unique avenue to secure national demographics and biosafety: Through global health to reach the personalized diet harmony and lifestyle wellness

A new systems approach to diseased states and wellness result in a new branch in the healthcare services, namely, Personalized and Precision Medicine (PPM). To achieve the implementation of PPM concept, it is necessary to create a fundamentally new strategy based upon the subclinical recognition of biomarkers of hidden abnormalities long before the disease clinically manifests itself.

Metabolomics (along with the other OMICS technologies) and nutritional research proved to be valuable tools for the measurement of biochemical changes associated health changes related to diet. It is also, highly, promising in identification of nutritional biomarkers to monitor nutritional intervention studies. The greatest challenge for metabolomics research is its integration with other omics and phenotypic data. This will enhance our knowledge of diet-health relationships. The latter requires collaboration among translational and clinical researchers with overlapping expertise areas including nutritionists, clinicians, nurses, bioinformaticians, statisticians and chemists, and many other stakeholders. This expertise integration is vital to develop the knowledge to establish the evidence-based PPM-based nutrition. The greatest challenge to cracking the relationships between food and health is to decipher the high interindividual variability responses to food intake. The new frontier of the nutritional sciences lies in our ability to predictably engineer our physiologic networks for diet, health, and disease. This will ultimately allow fine tuning of diet intervention and health monitoring.

The goal of PPM-based nutrition is the design of customized nutritional recommendations to prevent or to treat nutrition-related disorders. Those strategies should include nutriogenomics information, other factors such as dietary and physical activity patterns, metabolome, and microbiota. Various genes and polymorphisms have been defined as relevant factors to explain diet-specific metabolic responses.

The concept of PPM-based nutrition is to provide accurate nutritional recommendations for an individual to obtain a healthier lifestyle. An individual's personal integrative nutritional biomarker profile can be combined with the identification of food ingredients to determine that individual's PPM-based nutrition. Those advances are paving the way for the design of innovative strategies for the control of chronic diseases. PPM-based nutrition has the huge potential to maintain health, as a result of a rigorous nutrigenomic analysis whilst considering the genetic makeup of an individual. There is thus a need for the identification of novel nutritional biomarkers or patterns of biomarkers that link nutrition with health and will lead to further understanding the role of food in health and disease.

This will be made possible by large genetic biobanks that are designed to capture genetic diversity. This is the reason for developing global scientific, clinical, social, and educational projects in the area of PPM to elicit the content of the new branch.

Dr. Vijayan Gurumurthy Iyer Ph.D, PDF Elab, D.Sc, LL.D, DL

Techno-Economic-Environmental Study and Check Consultancy Services, Avadi, Chennai, India

Biography: Dr. Vijayan Gurumurthy Iyer studied Environmental Science and Engineering at the Indian School of Mines, Dhanbad and graduated as M.Tech. in 1998. He has served in Indian Council of Agricultural Research (I.C.A.R.) during 1985-1998 as Technical Officer. He received his PhD degree in 2003 at the same institution. After ten-years postdoctoral fellowship supervised by Dr. Nikos Mastorakis in WSEAS, Greece, he obtained the position of a Professor in Haramaya University, Ethiopia., Served as a faculty in Bihar Institute of Public Administration & Rural Development (BIPARD), Gaya, Bihar, India. Presently serving as a consultant in Dr. Vijayan Gurumurthy Iyer Techno-Economic-Environmental Study and Check Consultancy Services Avadi, Chennai, India. He has published more than 450 research articles in journals and more than 5000 research citation. His h.index 60.

Environmental Public Health Impact Assessment (EHIA) process for tobacco processing plants

The environmental public health impacts of projects, plans, programs, policies, or legislative actions should be considered in the decision-making process. Because of these concerns, an Environmental Health Impact Assessment (EHIA) process is proposed for tobacco processing plants in India. Tabacco is responsible for nearly six million deaths each year and is expected to rise eight million by 2030 globally (World Health Organization, 2025). The environmental public health effects of tobacco are stained teeth and bad breath, brain cell domine health effects because of dissolved oxygen depletion levels and anxiety and depression mood swings, nicotine exposure change in brain damages and DNA and RNA as carcinogenic substance beyond 2ppm, oral, lung and stomach oesophageal cancer. Environmental public health can be defined as "the environmental science and art of preventing environmental health disease", prolonging life and improving quality of life through organized efforts and informed choices of society, organizations (public and private), communities and individuals. It is necessary to address psychological impacts on nearby residents as damage mental health. Environmental public health work is achieved by promoting healthy lifestyles, research and development on environmental health disease and injury prevention, and detecting, preventing and responding to infectious oral, esophageal and stomach cancerous mutagenic diseases (Vijayan Gurumurthy Iyer, 2019). The most of

the significant terms are “environmental health inventory,” Environmental Health Impact Assessment (EHIA)” and “environmental health impact statement”. Environmental public health deals with the control of water and air pollution, soil-hazardous waste management, resource protection, and soil and ground water remediation. The significant legislative action is EHIA process and Environmental Quality (EQ) that included for the physical-chemical, biological, (natural or biophysical environment) and cultural, and socioeconomic environments (nan-made environment). Environmental health impact assessment (EHIA) process for tobacco public health plants and Psychological Impact Assessment (PIA) process is discussed.

Vintila Iuliana

Department of Food Science, Food Engineering, Biotechology and Aquaculture, University "Dunarea de Jos" Galati, Romania

Biography: Vintila Iuliana is actually Associate Professor, PhD in Food Science and Engineering. She is author of 23 books and book chapters in international and national publishing houses (Elsevier, Wiley, Lambert, etc.), first author and co-author for 19 articles in ISI journals and relevant ISI proceedings, 107 BDI scientific papers indexed in recognized international databases, articles presented in national & international conferences and published articles revues. Also, she is member of prestigious international organization such European Federation of Food Science and Technology (2009), Co-Chair (since 2013) and Chair (since 2022) of Nutrition WG in Global Harmonization Initiative, International Society of Food Engineering (2010), Balkan Environmental Association (2008), Global Environmental Standard (GES) Community of Interest (2011), European Academy for Education and Social Research (2012). She acts as international projects Expert for European Science Foundation, Eurostar Program, EC « Expert area in the Participant Portal » and « Connecting Europe Facility », Horizon Europe Program, EU TAIEX, COST, EACEA, Erasmus Mundus (2010). She is Guest Associate Editor and Research Topic Editor for "Frontiers in Food Science and Technology", Regional Editor "Advance Journal of Food Science and Technology", Academic Editor "European Journal of Nutrition & Food Safety", Editorial Board Member SciEdTech, Editorial Board Member "African Journal of Water Conservation and Sustainability", "EC Nutrition" Editorial Board, Editorial board "Clinical Journal of Nutrition and Dietetics", Editorial Board "Discoveries in Food Technology and Nutrition Sciences", etc.

Harmonization of health claims in public catering

The health claims regarding the public catering products formulation need to be easy-to-understand by the final consumer and to reflect the reality of the catering production system which is different from a classical food industrial routine of production. The harmonization of health claims in all global catering industry, especially in public catering, need to be science-based on proved evidences well-accepted by the global scientific community and taken in consideration by the policy makers in order to create a fair global market of catering products and convenience ingredients.

Prof W S El Masri FRCS Ed, FRCP, PHF

Keele University, United Kingdom

Biography: Prof W S El Masri FRCS Ed, FRCP currently Hon. Clinical Professor of Spinal Injuries (SI), Keele University has trained between 1971 & 1983 in the Oxford group of hospitals, Guys & Stoke Mandeville hospitals and the USA. He obtained the first accreditation in Spinal Injuries and General Surgery in 1982. Appointed Consultant Surgeon in Spinal Injuries at the Midland Centre for Spinal Injuries in 1983. He personally treated 10,000 patients with. He published 145 manuscripts. He the author of the: Concepts of "Physiological Instability of the Spinal Cord", "Time related Biomechanical Instability", "Micro-instability of the injured spine" and published the largest series of Bladder cancer in SCI patients. He has repeatedly demonstrated and published on the discrepancy between the radiological and neurological presentation of patients in support of the hypothesis that the initial force of the impact and the quality of the management of both the injured spine and the effects of cord injury are the two majpr determinants of the initial neurological loss and the neurological outcome. He is Past-President of the International Spinal Cord Society; Past Chairman British Association of Spinal Cord Injury Specialists and has lectured world-wide. He won many National and International awards.

Acute traumatic spinal cord injuries - Are the current claims of superiority of outcomes of interventions on the injured spine evidence based?

Prior to WWII the majority patients with tSCI died in hospitals. There was however no shortage of Clinicians experimenting with the management of the injured spine.

During WWII L. Guttmann (a well-trained aggressive Neurosurgeon) was given the task of looking after injured soldiers & officers with acute traumatic spinal cord and cauda equina ATSCI at Stoke Mandeville Hospital in the UK. By studying the condition and the causes of death in a large number of patients, he realised that patients died or developed further neurological damage from various complications caused by the multi-organ Physiological impairment and malfunction caused by the damage to the neural tissue and not from the Spinal Injury (SI). He also observed that some patients died because of additional complications that developed during or following surgical interventions on the injured spine.

By providing a Holistic Model of Service Delivery that attends to all the patho-physiological medical and non-medical effects of cord damage as well as the injured spine by what can be described as Active Physiological Conservative Management (APCM), Guttmann at

Stoke Mandeville Hospital (SMH) demonstrated that all complications can be prevented or diagnosed and treated early and some patients exhibit various degrees of neurological recovery. Impressively, he demonstrated that the great majority of well managed patients could live long, healthy, dignified, productive and often competitive lives.

In 1967 Frankel et al studied the neurological outcome of 612 patients treated by APCM admitted within 14 days of injury to SMH. They demonstrated that the majority of patients who retained sensory sparing but had no visible or palpable motor sparing following the injury exhibited some recovery of motor power. Folman and El Masri in 1989 explained that this recovery is likely to have been due to the proximity of the recovering initially dormant cortico-spinal tracts to the spared sensory tracts. Patients with some initial sensory and motor functions recovered relatively quicker and better. Surprisingly they found that such neurological recovery occurred irrespective of the severity of the radiological presentation on Xrays at admission (within 14 days of injury) and on discharge. They published their results in 1969 in what has been known since as the Frankel Classification.

Their findings have been repeatedly confirmed over a period of more than five decades by various international groups of clinicians dedicated to the management of patients with tSCI better visualisation of the injury by CT & MRI, improvement of spinal instrumentation and safety of anaesthesia since the 1980s encouraged the promotion of various spinal surgical interventions based on a range of assumptions. The assumption that spinal surgical decompression of the injured neural tissue within a “window of opportunity” of 8, 12 or 24 hours of injury is likely to halt many of the detrimental 2ry cellular and cell membrane disturbances; vascular, chemical, metabolic, inflammatory and enzymatic changes caused by the injury and improve the neurological outcome led to strong advocacy of and management by surgical decompression. Equally surgical reduction and stabilisation became strongly advocated on the assumption that this would enable to safely mobilise, rehabilitate and discharge the patient within a short period of hospitalisation. Unfortunately the effects of the disruption of blood the brain barrier and the loss of auto-regulatory functions of the injured neural tissue caused by the injury seem to have been overlooked. In the last four decades surgical decompression, realignment and stabilisation of the injured spine followed by early mobilisation of patients has become the current standard of care of management of the injured spine with or without attention to the range of effects of the neurological damage.

To date (40 years since the change of practice in the management of the injured spine of patients with neurological damage from APCM to Surgical interventions) none of these assumptions have been justified by evidence of equality or superiority of neurological or other outcomes of any surgical intervention or a combination of interventions compared with the outcomes of APCM.

Wan Rosli Wan Ishak[1*], Yee Vern Ng[1], Majid Khan Majahar Ali[2], Wan Mohd Izani Wan Mohamed[3]

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[3]School of Medical Sciences, Universiti Sains Malaysia, 16150 Kubang Kerian, Kelantan, Malaysia

Biography: Wan Rosli Wan Ishak is a professor of Nutrition Program at the School of Health Sciences (SHS), Universiti Sains Malaysia (USM), Health Campus, Kota Bharu, Kelantan, Malaysia. Currently, he is a Dean of SHS of USM since 2022. His research theme emphasizes more on the utilization of natural agricultural by-products into popularly consumed processed foods. Various low Glycemic Index (GI) based on these agricultural by-products have been developed. He was selected among Top 10 Innovators for SYMBIOSIS project funded by Malaysian Technology Development of Malaysia (MTDC) to facilitate the commercialization of functional and health cookies from oyster mushroom (Nutri-Mush® Cookies). He has also transferred one technology licensing to PS Foods and Beverage Sdn Bhd, a Malaysian company on the commercialization of overripe banana extract. Besides, he has published more than 160 articles in various renowned indexed journals.

Effect of Overripe Banana Sweetener (OBS) addition on the nutritive values and glycemic responses of some selected food products

The global burden of Non-Communicable Diseases (NCDs) continues to increase, with the prevalence of diabetes anticipated to rise from approximately 180 million cases in 2010 to 368 million by 2030. Diabetes remains a leading contributor to morbidity and mortality worldwide, significantly impairing health outcomes and reducing quality of life. Epidemiological evidence has consistently associated diets high in refined carbohydrates and low in Dietary Fibre (DF) to an elevated risk of metabolic disorders, including cardiovascular disease and type 2 diabetes mellitus. Overripe bananas, which are generally discarded, are a rich source of bioactive components, particularly dietary fibres, natural sugars, and have substantial antioxidant qualities. This work focuses on the use of natural sweeteners and dietary fibres derived from OBE in the development of nutritious food products. Extraction parameters, including water ratio, temperature, and incubation time, were systematically varied based on a central composite design. Responses evaluated included Total Phenolic Content (TPC), Total Flavonoid Content (TFC), DPPH radical scavenging activity, and Ferric Reducing Antioxidant Power (FRAP). The results highlighted the significant influence of extraction

temperature and time on bioactive compound recovery, with moderate conditions ensuring maximal yield while minimizing thermal degradation of sensitive compounds. Optimal extraction conditions were determined as a banana:water ratio of 1:3.2 (w/w), temperature of 51.5oC, and incubation time of 33.5 min. Predicted values under these conditions were 84.7 mg GAE/100g for TPC, 69.5 mg CEQ/100g for TFC, 75.1% for DPPH, and 25.8mM TE/g for FRAP. Experimental validation closely matched these predictions, yielding 85.3 mg GAE/100g for TPC, 68.9 mg CEQ/100g for TFC, 76.5% for DPPH, and 26.8 mM TE/g for FRAP. In glycaemic index determination, the blood glucose response of 15% OBE cookie showed a significantly lower as compared to other test foods. The cookies formulated with 15% OBE to replace table sugar recorded GI values of 50 (low). This work demonstrated that overripe bananas can be an alternative novel DF-rich and low-GI food ingredient, which could widely be utilized in developing various overripe banana–based functional foods. By leveraging overripe bananas, this work supports sustainability and promotes the development of high-value functional ingredients.

Keywords: Overripe Banana, Diabetes, Glycaemic Responses, Nutritional Composition.

Yazdan Mirzanejad MD, DTM&H, FRCPC, FACP

University of British Columbia/Fraser health, Canada

Biography: Dr. Yazdan Mirzanejad is a highly respected Infectious Diseases specialist with formal certification in Tropical Medicine, and a Clinical Professor in the Division of Infectious Diseases at the University of British Columbia (UBC). He currently leads Undergraduate Medical Education at UBC's Surrey Campus and holds an adjunct faculty appointment with the Simon Fraser University (SFU) Medical School. Dr. Mirzanejad also serves as Co-Site Director of the CDC-GeoSentinel Global Surveillance Network (Vancouver site), a prestigious international initiative monitoring emerging and travel-related infectious diseases. Over the course of his distinguished career, he has authored and contributed to more than 50 peer-reviewed publications, advancing knowledge in the diagnosis, management, and prevention of infectious and tropical diseases. Renowned for his academic leadership, clinical expertise, and global health perspective, Dr. Mirzanejad has been a driving force in shaping the education of future physicians and in promoting excellence in infectious diseases care. His work has had a significant impact on public health policy, clinical training, and research both nationally and internationally. As a frequent keynote speaker and contributor at international conferences, he continues to influence the evolving landscape of infectious diseases through research, collaboration, and education. Dr. Mirzanejad practice and teaches in Surrey, Fraser Health, located in the South of Vancouver, British Columbia.

Extremely multi-drug-resistant microorganism infections and threat to global public-health

Extensively Drug-Resistant (XDR) bacterial infections represent a growing global crisis with profound impacts on morbidity, mortality, and health system sustainability. These pathogens, resistant to nearly all available antibiotics, are rapidly outpacing our therapeutic options and spreading across international borders through healthcare systems, travel, and community networks. Major culprits include *Klebsiella pneumoniae, Acinetobacter baumannii*, and *Pseudomonas aeruginosa*, as well as strains of Mycobacterium tuberculosis with extensive drug resistance. The rising burden of XDR infections is driven by antibiotic overuse, global antibiotic supply chain vulnerabilities, limited infection prevention practices, and gaps in antimicrobial stewardship, particularly in resource-limited settings. This presentation will explore the critical challenges in controlling XDR bacterial infections, including diagnostic delays, high mortality rates, and limited effective treatments. At the same time, it will highlight

emerging opportunities: Novel antimicrobial agents, phage therapy, microbiome-based approaches, enhanced global surveillance networks, rapid molecular diagnostics, and the critical role of infection prevention and control. Collaborative international efforts, sustained investment in antibiotic research and development, and strengthening public health infrastructure are essential to turn the tide. Confronting this crisis demands urgent, coordinated global action to prevent further spread and safeguard the effectiveness of remaining therapeutic options.

Yinghui Huang

Vice Director, Associate Professor, Department of Nephrology, Xinqiao Hospital, Army Medical University, China

Repressor Element 1-Silencing Transcription (REST) contributes to AKI-to-CKD transition through inducing ferroptosis in renal tubular epithelial cells

Ischemic-Reperfusion Injury (IRI) is a major pathogenic factor in Acute Kidney Injury (AKI), which directly leads to the hypoxic injury of Renal Tubular Epithelial Cells (RTECs). Although emerging studies suggest Repressor Element 1-Silencing Transcription factor (REST) as a master regulator of gene repression under hypoxia, its role in AKI remains elusive. Here, we found that REST was upregulated in AKI patients, mice and RTECs, which was positively associated with the degree of kidney injury, while renal tubular-specific knockout of REST significantly alleviated AKI and its progression to Chronic Kidney Disease (CKD). Subsequent mechanism studies indicated that suppression of ferroptosis was responsible for REST knockdown-induced amelioration of Hypoxia-Reoxygenation (HR) injury, during which process Cre-expressing adenovirus-mediated REST downregulation attenuated ferroptosis through upregulating Glutamate-Cysteine Ligase Modifier subunit (GCLM) in primary RTECs. Further, REST transcriptionally repressed GCLM expression via directly binding to its promoter region. In conclusion, our findings revealed the involvement of REST, a hypoxia regulatory factor, in AKI–to-CKD transition and identified the mechanism of ferroptosis-inducing effect of REST, which may serve as a promising therapeutic target for ameliorating AKI and its progression to CKD.

Keywords: Acute Kidney Injury, Ferroptosis, REST.

Zhenhuan Liu*, Bingxu Jin, Yong Zhao

Nanhai Maternity and Children Hospital, Affiliated to Guangzhou University of Chinese Medicine, China

Biography: Zhenhuan LIU professor of pediatrics, Pediatric acupuncturist Ph.D. tutor. He has been engaged in pediatric clinical and child rehabilitation for 40 years. Led the rehabilitation team to treat more than 40,000 cases of children with intellectual disability, cerebral palsy and autism from China and more than 20 countries, More than 26800 childrens deformity returned to school and society and became self-sufficient. The rehabilitation effect ranks the international advanced level. Vice-chairman of Rehabilitation professional committe children with cerebral palsy, World Federation of Chinese Medicine Societies. Visiting Profassor of Chinese University of Hong Kong in recent 10 years. He is most famous pediatric neurological and rehabilitation specialists in integrated traditional Chinese and Western medicine in China. He has edited 10 books. He has published 268 papers in international and Chinese medical journals.

Scientific evaluate quantification of social and behavioral by scalp acupuncture on children with Autism Spectrum Disorder (ASD)

Autism Spectrum Disorders (ASD), a severe and pervasive heterogeneous neurodevelopment disorder, is characterized by impaired social interaction and communication, repetitive behavioral patterns, and restricted interests. Many aspects of ASD are still debatable, with elusive and complex etiologies, and no effective therapy exists. At present, many studies have verified the effectiveness and safety of acupuncture in the treatment of autism. However, the results should be explained cautiously due to methodological weakness. In order to obtain powerful evidence of the effectiveness and safety of acupuncture in the treatment of ASD, it is worth designing a study with higher methodological quality. We summarize the potential mechanism of acupuncture in the treatment of ASD. We found the mechanism of acupuncture treatment of ASD is still unclear. On the one hand, due to the complex etiology and biochemical changes of ASD, it is a neurodevelopmental disorder syndrome with a variety of biological factors. On the other hand, there are few basic researches on the mechanism of acupuncture in the treatment of ASD. There is still a long way to go to reveal the secret of this mechanism. Acupuncture has a short history in the treatment of autism, but the application of scalp points has achieved remarkable curative effect. There are different kinds of scalp acupuncture therapy in clinic.

Thus, we put forward "Xingnao Kaiqiao scalp acupuncture therapy" and bring forth the need for well-designed, rigorous clinical and experimental studies to provide formidable scientific evidence validating the efficacy and safety of acupuncture in the treatment of ASD.

Keywords: Acupuncture, Autism Spectrum Disorders, Xingnao Kaiqiao Scalp Acupuncture Therapy.

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ORAL PRESENTATIONS

Abdesslam Boutayeb

University Mohammed Premier, Oujda, Morocco
Emirates Aviation University, Dubai, UAE

Health inequity and territorial disparity in children's health in Arab countries

Arab countries are characterised by huge differences in terms of economic status, health indicators and human development in general. While it is proven that good nutrition and health in early childhood constitute crucial determinants for good health and wellbeing in adulthood, in many Arab countries, children are suffering from malnutrition, insufficient coverage of vaccination and high infant mortality.

The analysis carried out in this paper is based on recent data (2014-2024) provided by well known surveys regularly and worldwide conducted by UNICEF (Multiple Indicator Cluster Surveys), USAID (Demographic Health Surveys) and the Pan Arab Project for Family Health (PAPFAM). Illustrative figures, absolute differences (gaps), relative differences (ratios) and the Index of Dissimilarity (ID) are used to compare different Arab countries for which data are available.

Huge gaps are seen between and within Arab countries in terms of vaccination, nutritional status, infant mortality and teenage childbearing.

Although it is proven that immunisation is an efficient tool to counteract infections and life-threatening diseases, some Arab countries are far from achieving full vaccination of children. Moreover, within Arab countries, vaccination shows large gaps by socioeconomic characteristics like milieu of residence, income quintiles and mother's education. Similar disparities are seen between and within Arab countries in terms of nutritional status, infant mortality and teenage childbearing. In general, the rate of reduction of health inequalities during the last decades was slow in the majority of Arab countries.

Knowing that many Arab countries are struggling to reach the Sustainable Development Goals by 2030, health decision makers in Arab countries are challenged by heath inequities and territorial disparities for the whole population and especially for children. They should invest more in this sensitive field by adopting efficient strategies and pragmatic actions.

Biography

Abdesslam Boutayeb obtained his PhD in Numerical Analysis from Brunel University, UK in 1990. His main research fields are in numerical analysis, mathematical modelling and health equity. He has edited 16 books and published around 120 papers, 50 chapters in books and 15 conference papers. As a consultant with the World Health Organization (WHO), he has also written 7 reports on public health, health equity and SDH. He is currently an honorary Professor and Visiting Professor at EAU, Dubai, UAE. He appeared in the list World top 2% researcher/ Stanford University/Elsevier Scopus 2021-2025.

Abhishek Bansal

New Era Consultancy Services

Novel b-bio propositions, equations, models for understanding biological processes, clinical diagnosis, medicine and therapy

Abhishek Bansal presents an independently conceived and entirely self-funded research initiative built over more than two decades, integrating Novel B-Bio propositions, equations, computational models, and proprietary BVidAI algorithms developed to advance understanding of biological processes, clinical diagnosis, medicine, and therapy through unified computational, mathematical, and engineering approaches. His work is implemented in the BVidAI Clinical Software Suite, a collection of three freely available clinical software applications designed for medical imaging, cardiac and ECG analytics, and general diagnostic computation. These systems support multi-modality imaging, including X-ray, 2D and 3D ultrasound, CT, MRI (fMRI and sMRI), PET, and histopathology, and introduce algorithmic tools for electrophysiology and cardiac signal interpretation. The computational foundations of this work derive from extensive multidisciplinary research spanning Platonic, Archimedean, and Catalan solids, abstract algebra, continuum mechanics, electrical and mechanical engineering, fluid dynamics, electronics, advanced mathematics and statistics, quantum mechanics, electrodynamics, and magnetohydrodynamics. This unified framework integrates engineering with medical science to produce original models and algorithms intended for potential clinical application and practical diagnostic value.

While the core BVidAI Kernel and BVidAI RTOS are proprietary, their logic, structure, and architecture are comprehensively explained through white papers, manuals, and technical documentation intended for academic and clinical transparency. All surrounding components are distributed under LGPL-2.1-only, with additional modules under Apache, MIT, and BSD licenses, enabling open redistribution, academic evaluation, and compliance auditing while

maintaining separation of proprietary and open-source elements. A dedicated Compliance White Paper provides full legal and technical scaffolding, including licensing boundaries, DRM and anti-circumvention considerations, open-source obligations, explanation of strong and weak copyleft interactions, and platform-specific compliance across macOS, Windows, and Linux distributions. It also details build pipelines, out-of-tree module wrappers, SPDX SBOM generation, UML flowcharts, toolchains, applets, GUI architecture, and secure app-store integration procedures. These materials are intended to support legal review, regulatory audits, and judicial verification of authorship, provenance, and licensing integrity.

Security and privacy measures are implemented through strict adherence to global standards including HIPAA, GDPR, BIS, EU, FDA, and WHO medical data guidelines. Stored and processed clinical information is protected using AES-256 encryption and SHA-512 hashing to ensure end-to-end security. Validation includes twelve departmental case studies across Cardiology, Endocrinology, Pulmonology, Hematology, Immunology, Nephrology, Hepatology, Neurosciences, Gastroenterology, Orthopedics, Spinal Cord, and Oncology, demonstrating system integration, potential clinical utility, and alignment with real-world diagnostic practices.

The BVidAI Clinical Software Suite is distributed entirely free of charge, without telemetry, tracking, data collection, advertising, subscription models, or monetization, supporting open scientific collaboration and future research innovation. This initiative is positioned as a bridge between medicine, computation, and engineering, created to empower clinicians, researchers, students, and innovators worldwide and to contribute meaningfully to accessible and transparent scientific progress.

Biography

Abhishek Bansal is an amateur scholar, independent consultant, and researcher whose latest works represent the culmination of over two decades of fully self-funded, self-directed innovation. He presents new research claims, discoveries, models, equations, theories, propositions, and algorithms across (a) Engineering—unified across electrical, electronics, mechanical, and multi-physics disciplines integrated with advanced mathematics and statistics; and (b) Medical—bridging engineering with clinical and pharmaceutical sciences through novel B-Bio Models and BVidAI Algorithms for diagnosis and therapy. He has developed three fully free clinical software systems and one engineering-focused platform, released under LGPL-2.1-only+proprietary licensing for the BVidAI Kernel and BUE.

Dr. Ali Sidat*, Dr. Sian Uppal
Royal Wolverhampton NHS Trust, United Kingdom

Investigating the investigations: A retrospective study of diagnostic practices in high risk patients with suspected pulmonary tuberculosis

Introduction: Tuberculosis (TB) remains a significant global public health challenge. Although England is classified as a low-incidence country with 7.7 cases per 100,000 population, Wolverhampton reports a markedly higher incidence of 19.9 cases per 100,000. This retrospective study aimed to assess whether investigations recommended by national guidelines for suspected TB are consistently completed in an acute District General Hospital (DGH) serving a diverse urban population in Wolverhampton. Recommended investigations include serial sputum sampling for TB, TB Polymerase Chain Reaction (PCR), HIV screening, and chest radiography.

Method: We conducted a retrospective review of patients coded with a primary diagnosis of TB who presented to the emergency department with high-risk features suggestive of TB between January 2023 and February 2025. Inclusion criteria included clinical symptoms such as shortness of breath, haemoptysis, weight loss, and malaise, as well as high-risk demographic factors including recent travel to TB-endemic regions, known TB contact, intravenous drug use, or immunocompromised status. Patients were excluded if they were paediatric, incorrectly coded, or had a known or active TB diagnosis prior to presentation. Completion of the recommended TB workup was defined as having undergone chest radiography, serial sputum sampling or TB PCR testing, and HIV screening.

Results: A total of 64 patients were identified, of whom 41 met the inclusion criteria. Among these, 26 were admitted to hospital and 15 discharged from the emergency department. Complete TB investigations were performed in 42% of admitted patients compared to 20% of those discharged. Notably, two admitted patients diagnosed with TB had not undergone

HIV screening, and similarly, one discharged patient who tested positive for TB had also not received HIV screening. Additionally, four admitted patients had not undergone TB PCR testing or serial sputum sampling.

Conclusion: Adherence to national guidelines for TB investigations among high-risk patients presenting with suspected TB remains suboptimal, with significant disparities observed between admitted and discharged patients. These gaps in investigation practices may contribute to ongoing community transmission of TB. Enhanced emphasis on HIV screening and adherence to recommended investigations, including serial sputum sampling, is imperative.

Implication for future practice: Emergency department clinicians may benefit from targeted training to improve recognition of high-risk features and to ensure initiation of appropriate investigations. The development and implementation of a clear, evidence-based clinical pathway for TB risk assessment and diagnostic workup in emergency settings could improve investigation consistency and facilitate earlier diagnosis, thereby potentially reducing TB transmission in the community.

Biography

Dr. Ali Sidat is a Foundation Year 2 doctor currently working in general practice. He has gained diverse clinical experience through rotations in Accident & Emergency, Acute Medicine, and Care of the Elderly. He has a keen interest in public health, with a particular focus on immunocompromising conditions. In addition to his clinical work, Dr. Sidat has collaborated with research organisations and served as an advisor to a national charity in the United Kingdom. He is actively involved in widening participation and medical education, having taught medical students for over five years and supported students from underrepresented backgrounds in gaining entry to medicine. Beyond medicine, Dr. Sidat is a startup entrepreneur in the medtech sector. He is currently launching a digital platform designed to support secondary care management of patients with long-term conditions.

Amelia Burke-Garcia

Director, Center for Health Communication Science, NORC at the University of Chicago, United States

AI for good? Expanding our understanding of opinion leaders in a changing digital landscape

Background: There is strong evidence of the impact of opinion leaders in health promotion programs. Early work by Burke-Garcia suggests that social media influencers are the "opinion leaders" of the digital age because they come from the communities they seek to influence and have built trust with them. Burke-Garcia's work suggests that influencers may be key to disseminating credible and timely health information and prompting consideration of protective health behaviors.

Program Background: There is a lot of bad news right now about the emergence of AI, LLMs, and other related technologies, specifically how it drives the spread of inaccurate health information and impacts people's ability to discern what is true and what is not. However, AI technology can also be used for good–and is perhaps one of the more powerful tools that we have in our public health toolbox to promote human health and wellbeing.

Evaluation Methods and Results: AI can be a tool to inform and educate on specific issues in the moment–and can do it at a scale that can compete against all the other messages out there. But health experts must be present in the conversation–or leverage others to be part of the conversation–and the messages have to be personalized and empathetic. This mimics what we know about influencers and how they approach communicating with their communities. And there is early research that supports this–that individuals often prefer AI responses to human responses, and that they are drawn to empathetic AI responses.

Conclusions: Blending what we know about social media influencers as opinion leaders–the relationships with their following, how they build trust, and how they message health topics–with the power and scale of AI–can enable us to tackle the huge health challenges we are facing.

This presentation will review what we know about social media influencers as digital opinion leaders and these emerging AI technologies to propose the development of something we are calling, Health Communication AI–perhaps the newest form of "opinion leader" for health promotion programming.

Implications for Research and/or Practice: Health Communication AI requires reimagining what it means to communicate about health today. We must approach health communication with compassion and empathy and meet people's expectations for more tailored and more personalized health-related information. Blending what we know about opinion leadership with advances in AI technology can help us achieve this aim of accurately informing and educating the public about health at scale.

Biography

Dr. Amelia Burke-Garcia is a seasoned health communications professional with over 20 years of experience in health communication program planning, implementation, and evaluation. At NORC, she leads the organization's Center for Health Communication Science, in which role, she designs and implements strategies that leverage the science of communication to influence behavior. Over the course of her career, Dr. Burke-Garcia has spearheaded some of the most innovative communication initiatives including the award-winning How Right Now campaign, CDC's National Influenza Vaccination campaign, and working with MeetUp groups and the Waze mobile application in support of flu vaccination and HIV testing. She has been examining the role of influencers in health communication for more than a decade, and most recently, expanded this work to develop what she is calling, "Health Communication AI." Dr. Burke-Garcia is the author of two books and numerous papers. She has been highlighted by the U.S. Surgeon General, Dr. Vivek Murthy, for her work in honor of Women's History Month and has been named to Very Well Health's list of 10 Modern Female Innovators Shaking Up Health Care. She is a Founding Member of the Society for Health Communication and serves as Chair-Elect of the Board of Directors for the non-profit, Vaccinate Your Family. She earned her bachelor's from McGill University, her master's from Georgetown University, and her PhD from George Mason University.

Ms. Asmita Khanal[1*], Prachi Shahi[2], Khadga Bahadur Shrestha[3], Bibek Panthi[4]

[1]Karnali Care International Hospital and Research Center, Nepal

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Infant and young child feeding practices associated with nutritional status of under-5 years of children of Dolpa district

Rational: My Presentation relates to Maternal and Child Health through the lenses of nutrition and social determinants. While innovation in community methods and global influence through SDG-2 and SDG-3 are important, the focus of my work is on Equity. The study uncovers how maternal illiteracy, rural poverty, and structural impediments contribute to stunting among children under the age of five. As a result, I chose Equity as my category because addressing these core discrepancies is critical to ensuring that every child has the opportunity for healthy growth and development.

Background: Adequate nutrition in infancy and early childhood is critical to ensuring optimal growth, immunity, cognitive development, and long-term health. Infant and Young Child Feeding (IYCF) is commonly regarded as one of the most cost-effective strategies for improving child health outcomes. Inadequate nutrition or poor feeding practices during the first two years of life can have long-term consequences for physical and cognitive development. Globally, children under the age of five continue to be vulnerable to malnutrition, a problem that disproportionately affects low-income countries. In such situations, anthropometric measures such as height-for-age (stunting), weight-for-height (wasting), and weight-for-age (underweight) are commonly used to assess nutritional status and identify at-risk groups.

Objective: This study aimed to assess infant and young child feeding practices and nutritional status among under-five children in Dolpa District of Nepal.

Methodology: A descriptive cross-sectional study of under-five children was carried out utilizing primary data. A semi-structured questionnaire was utilised to collect demographic information and newborn and young child feeding patterns, while conventional techniques were employed to get anthropometric measures. The Statistical Package for the Social Sciences (SPSS) was used to analyze the data, and Chi-square tests were used to determine the relationships between nutritional outcomes and selected factors. Ethical issues, such as confidentiality and informed consent, were maintained throughout the research process.

Results: Findings demonstrated a worrying prevalence of chronic undernutrition. Stunting affected 63.3% of children, while 22.1% were wasted, and 14.1% were malnourished overall. Nearly three-quarters (70.4%) of mothers were illiterate, highlighting a major social determinant of health. Encouragingly, 93.5% of respondents practiced exclusive breastfeeding. However, stunting was significantly associated with maternal education, suggesting that knowledge and literacy play a central role in child feeding and nutrition. Wasting was associated with religion and household number of under-five children; implying household size and cultural practices influence nutritional vulnerability. Malnutrition was associated with exclusive breastfeeding and bottle feeding, pointing to gaps in appropriate feeding practices, timing of complementary foods, and possible poor hygienic conditions.

Conclusion: The study uncovers a serious public health concern: An abnormally high frequency of stunting (63.3%) among under-five children in Dolpa District, which exceeds national averages. These findings highlight the importance of focused interventions targeting maternal education, culturally responsive nutrition programs, household food security, and enhanced complementary feeding habits. Strengthening primary health care delivery, integrating community health workers, and empowering women through literacy and awareness programs may all help to break the cycle of undernutrition. Addressing these variables is critical not only for lowering morbidity and mortality, but also for ensuring that every kid in this rural community realizes their full developmental potential.

Biography

Asmita Khanal is a public health professional currently serving as a Research Officer in Karnali Province, one of the most remote and underserved regions of Nepal. Her work focuses on maternal and child health, nutrition, and community-based health initiatives. She has contributed at the national level through morbidity mapping of lymphatic filariasis across eight districts, supporting evidence-based strategies for disease elimination. With extensive field experience in rural and marginalized communities, Asmita is committed to reducing health inequities and improving access to essential services for vulnerable populations.

Bryan Rui Ze Bay*, Joelle Yan Xin Chua, Shefaly Shorey
National University of Singapore, Singapore

Experiences of nurses regarding self-care

Nurses are susceptible to high stress levels and burnout due to the various challenges they face during work. With recent research finding that nurses are more susceptible to burnout compared to other healthcare professionals, the well-being of nurses warrants attention. As one's experience of self-care behaviours might be affected by various non-exhaustive factors, a qualitative approach was adopted to shed light on this phenomenon. In our qualitative systematic review comprising of 24 studies, the authors have uncovered three main themes exploring the experiences of self-care in nurses: 1. Being a nurse: An occupational hazard towards self-care; 2. Catalyst towards self-care; 3. Call to action. To the authors knowledge, this is the first ever systematic review that consolidated the available qualitative evidence in nurses' self-care experience. These findings shed light on the various barriers and facilitators of self-care in nurses. Unfavourable working conditions and limited access to self-care resources often hindered nurses' ability to prioritise self-care. In addition, a lack of awareness about the importance of self-care, together with negative influences from colleagues and supervisors, emerged as significant barriers. After realising the negative consequences of neglecting self-care, nurses were compelled to engage in self-care; this is not without support from their peers and leaders. However, nurses would still benefit from additional support (e.g. social support, self-care resources, flexible work arrangements, etc). In addition, various literature gaps were uncovered, paving the way for future research in this area. For example, self-care among nurses in more diverse cultures, as well as demographic factors (e.g. gender, sexuality, socioeconomic status) could be explored due to the lack of research in these areas.

Biography

Bryan Bay graduated from the National University of Singapore, obtaining a Bachelor of Science (Nursing) (Honours). He is currently working as a registered nurse in Alexandra Hospital's Urgent Care Centre. Mr Bay is interested in self-care research as well as pre-hospital and emergency care.

Cherab Gautam*, Pratistha Dhungana, Bal Krishna Bhatta
Department of Public Health, Nobel College, Pokhara University, Kathmandu, Nepal

Nutritional status and its associated factors among diabetic patients visiting selected tertiary hospitals of Jhapa district, Nepal

Problem Statement: Diabetes Mellitus is a growing global public health concern, with significant mortality and morbidity, including a substantial burden from non-communicable diseases linked to suboptimal Body Mass Index (BMI). In Nepal, diabetes prevalence is increasing, and a considerable portion of affected individuals remain undiagnosed. Furthermore, diabetic patients often face challenges in dietary management, leading to a dual problem of undernutrition as well as overweight, both detrimental to health outcomes. This study addresses the critical gap in understanding the nutritional status and its determinants among diabetic patients in specific tertiary care settings in Nepal.

Methodology: This hospital-based descriptive cross-sectional study utilized a quantitative approach to assess the nutritional status and associated factors among diabetic patients in selected tertiary hospitals in Jhapa district, Nepal. A total of 124 diabetic patients were recruited using stratified sampling from Outpatient Department (OPD) services. Data collection involved face-to-face interviews to gather socio- demographic information and anthropometric measurements (e.g., BMI) to determine nutritional status. Statistical analysis, including chi-square tests, was performed to identify associations between nutritional status and various socio-demographic and predisposing factors.

Discussion: The findings reveal a significant prevalence of overweight (46.8%) among diabetic patients, alongside a notable proportion with normal weight (44.4%) and underweight (8.9%). This highlights the complex nutritional challenges within this population, where both ends of the malnutrition spectrum are present. Crucially, the study identified statistically significant associations between nutritional status and age (p=0.004), ethnicity (p=0.019), and

emotional well-being related to diabetes and dietary management (p=0.05). These associations underscore the multifaceted nature of nutritional health in diabetic individuals, extending beyond mere dietary intake to include socio-cultural and psychological dimensions. The observed prevalence of overweight aligns with global trends linking higher BMI to increased diabetes risk and complications, emphasizing the need for targeted interventions.

Conclusion: This research concludes that a substantial proportion of diabetic patients in the study area exhibit suboptimal nutritional status, with overweight being particularly prevalent. The significant associations found with age, ethnicity, and emotional well-being suggest that effective interventions must be holistic and culturally sensitive. The study strongly recommends the development and implementation of tailored dietary interventions and comprehensive patient education programs that consider the biological, clinical, social, cultural, and emotional contexts of diabetic patients to improve their nutritional outcomes and overall health.

Biography

Cherab Gautam is a public health professional currently serving as Research Assistant at Nepal Netra Jyoti Sangh. He is dedicated to bridging research with community action, His work spans qualitative and quantitative research, implementation of community health programs, and contributing to digital health and disaster-preparedness initiatives in Nepal. Through his roles in national organizations and youth-led platforms, Cherab has focused on strengthening local health systems and empowering communities with sustainable, context-specific solutions. He aim to advance research that informs inclusive public health policies and improves health outcomes in underserved populations.

Cristina Semeraro[1*], Luigi Tinella[2], Veronica Verri[1], Francesca Nicois[1], Alessandro Taurino[1]

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Explaining the relationship between love addiction, insecure attachment and psychopathological processes: The role of personality characteristics

Background: The scientific evidence suggests that Love Addiction (LA) is a disordered relationship pattern, characterised by an obsessive need for a partner and a significant challenge in tolerating separation (Peele & Brodsky, 1975). A recent extensive body of literature questions the understanding of the construct (for recent meta-analyses see Cavalli et al., 2025) and the emotional and relational factors involved in the manifestation of LA (Redcay & McMahon, 2021). However, extant studies have focused principally on attachment patterns and psychopathological manifestations, thereby neglecting the potential influence of personality traits.

Purpose: The present study examined the joint role of attachment styles, psychopathological processes and personality traits in understanding individual differences in dysfunctional relationship patterns such as love addiction.

Methods: 1,230 participants (73,5% girls) were invited to answer an online battery of self-reported questionnaires administered through social media platforms (Facebook, Instagram, and WhatsApp).

Results: A series of mediation models show that personality traits are the best mediators for explaining the relationship between attachment and love addiction. In particular, separation anxiety (β=1.36, $p<.001$), emotional lability (β=.69, $p<.001$), and anxiety (β=.90, $p<.001$) mediate the effects of anxious attachment on love addiction.

Conclusion: Findings suggest that is importance of considering personality traits, in addition to emotional-relational factors, as factors capable of explaining the manifestation of LA. The data also provide an important update to the current literature and a useful starting point for future research.

Biography

Cristina Semeraro is an assistant professor in clinical psychology and her research topics on neurodevelopmental disorders, both in terms of assessment and clinical intervention. She also interested in the relationship between maladaptive personality traits and psychopathological outcomes in adolescents and adults.

Cui Guo*, Yuanyuan Yi
Department of Urban Planning and Design, Faculty of Architecture, the University of Hong Kong, Pokfulam Road, Hong Kong Special Administrative Region, China

How physical activity undertaken through lifespan affects lipid health

While the benefits of exercise has been well documented for lipid health, it remains unclear about the health benefits of exercise undertaken across the lifespan. This study aimed to examine the life-course linkages between exercise and lipid health. This is a longitudinal cohort study with over 3,000 participants from two Chinese cohorts, with around twenty thousand observations. Exercise was assessed via a self-administered questionnaire, and lipid health was assessed using blood test. We applied logistic mixed-effects models to evaluate the overall associations, and Bayesian relevant life-course exposure models to assess the life-course impacts of exercise on dyslipidaemia during adulthood. Our study shows that 5% lower odds of dyslipidaemia can be attributed to each 10 MET-h increase in total exercise volume. The participants undertook light, moderate, and vigorous level of exercise were all associated with significantly lower risks. The life-course section further illustrates that adulthood dyslipidaemia risks reduced 12%-38% for every 10 MET-h increase in exercise undertaken at different life stages. In conclusion, our study found that undertaking increased level of exercise, including time and intensity, all contributed to a lower risk of having dyslipidaemia across the lifespan. The research findings highlight the urgency for age-specific and dimension-tailored exercise programmes for lipid health improvement.

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Uses and disposal of plastic products: Knowledge, attitude and practice among adolescents

Background: Global plastic production rose from 320 million tons per year in 2016 to 400 million tons annually. Due to their lightweight, durability, and versatility, plastics are increasingly used in daily life from household items to medical tools, etc. Unfortunately, nearly half of all plastic waste ends up in landfills and dumped into oceans, rivers, and lakes daily across the world. It harms marine life and releases toxins, pollutes soil, water, and plants causing environmental and health issues. Healthcare workers, especially school nurse, play major role in behavior change among community people through adolescents. The study aims to assess knowledge, attitude and practice of uses and disposal of plastic products among adolescents.

Methods: This was a cross-sectional school-based study at two public schools of Morang which were selected as per the convenience of the researcher. The study was conducted among adolescents studying in grade 9 & 10 from September to November, 2025. All the students present in the class on the day of data collection were enrolled as participants. Self-developed questionnaire consisting of four parts was used to collect data through self-administered method. Data was collected on separate days in each school and was analyzed using Statistical Package for Social Science 20.0 version. Descriptive statistics as frequency, mean, median and standard deviation was used.

Results: Out of total 445 adolescents, 263 were enrolled as participants and the majority of them (74.9%) were of age group 13-16 years and 49.0% were male. More than 70% were aware of the harmful effects of plastic on health and environment, however, one-fourth of them had misconceptions that plastic is biodegradable and plastic wastes is managed by burning. Only

9.1% were aware that plastic wastes may take 1000 years to degrade. Similarly, only 30.2% had good knowledge, 52.5% had positive attitude, and 47.5% had good practices.

Conclusions: Although only one-third of the adolescents had good knowledge, about half of them showed positive attitude and good practice on uses and disposal of plastic products. Burning was the most common disposal method reported to be practiced at their homes. Plastic waste management has become the global issue and it is the high time to opt for alternative products to plastics. Thus the study highlights the need for targeted awareness and practical waste management solutions at the community level.

Keywords: Adolescents, Attitude, Knowledge, Plastic Products, Practice.

Biography

Deepika Khadgi has been working as a Lecturer (Assistant Professor) since 7 years in Department of Adult Health Nursing at Tribhuwan University Institute of Medicine, Biratnagar Nursing Campus, Biratnagar, Nepal. She has ten plus publications in national and international journals. She has been awarded different research grants within the country. Area of interest are Geriatrics, NCDs and Climate Change. She has a keen interest in social activities as well.

Prof. Dr. E. Didem Evci Kiraz
Aydın Adnan Menderes University, Türkiye

You cannot measure what you do not understand: Reimagine climate policies through health risks

Climate change has transformed public health risk from a predictable challenge into a complex, cascading, and systemic crisis. Health systems are increasingly expected to prepare for, respond to, and recover from climate-related shocks; yet climate action is still largely designed and monitored without adequately understanding the health risks that define vulnerability and resilience. This presentation argues that climate adaptation and mitigation cannot be meaningfully assessed unless the climate–health relationship itself is clearly defined, measured, and governed.

The presentation draws on Türkiye's pioneering experience in integrating climate change and health into national governance structures. As early as 2010, collaboration between the Ministry of Health of Türkiye and the World Health Organization marked one of the first global examples of formally recognizing climate change as a public health risk and embedding it within health policy, capacity-building programs, and risk assessment frameworks. This early institutionalization positioned health not as a downstream impact of climate change, but as a core determinant of preparedness and resilience.

Building on this foundation, Türkiye has advanced an internationally exemplary model by placing health among the main sectors of national and local climate governance. Through strategic collaboration between the Ministry of Environment, Urbanization and Climate Change and UNDP Türkiye, health has been systematically integrated into mitigation and adaptation policies, Nationally Determined Contributions, national development strategies, and long-term climate pathways. This whole-of-government approach demonstrates how health can be embedded across climate policy architectures rather than addressed in isolation.

At the same time, the presentation highlights a critical global weakness: the absence of robust, climate-sensitive health data. The lack of systematic information on climate-sensitive diseases, vectoral-zoonotic-air/water/soil related diseases, mental health impacts, and sectoral climate change dependent health outcomes creates major gaps in risk assessment and undermines preparedness planning. While much of the academic and policy community currently focuses on monitoring adaptation and mitigation actions, this presentation argues that such monitoring remains inherently limited unless the health impacts of climate change are clearly understood and measured.

Using real-world case studies from city and regional levels, the presentation illustrates how integrated climate–health risk assessments, early warning systems, and health-informed recovery planning can strengthen resilience, particularly for vulnerable populations. It concludes with a forward-looking call to reposition public health as a strategic leader in climate governance—because without understanding health risks, climate action itself cannot be accurately measured, effectively guided, or equitably sustained.

Biography

Prof. E. Didem Evci Kiraz is a medical doctor and doctorate in Public Health and a nationally recognized leader in environmental and climate health in Türkiye. She served as director and international liaison at the Ministry of Health. For three decades, she has led WHO's Healthy Cities Project nationally as Türkiye's first coordinator and co-founded the Turkish Healthy Cities Association. She is a member of WHO Europe's Scientific Committee, advises the Ministry of Environment, Urbanization and Climate Change and UNDP, chairs the Department of Environmental Health at Aydın Adnan Menderes University, and serves on the Türkiye Health Policies Institute's Scientific Council.

Gisela Perren Klingler*, Benjamin Bargetzi
Institut-Psychotrauma Switzerland, Switzerland

Mental health beyond borders: Addressing the psychological aftermath of violence and conflict

We are living through an era marked by large-scale mental health challenges. Never before have so many populations been simultaneously affected by violence and its bio-psychosocial consequences; war, forced displacement, starvation, large-scale accidents, the exhaustion of caregivers, as well as child abuse, neglect, and chronic sexual violence.

Both in developed and developing countries, millions are impacted. It is unrealistic to imagine addressing these problems through individualized psychotherapy alone. Mental health has long been part of the WHO's Alma Ata vision of "Health for All," which enshrines the right of every individual to basic healthcare. In line with this commitment, we must think beyond highly medicalized treatments and strengthen basic, scalable approaches to mental health care.

This presentation focuses on the aftermath of acute violence—wars, accidents, criminal acts, and other traumatic events. Over the past two decades, research has shown that reactions to such critical incidents are deeply linked to excessive stress. These "normal" stress responses have two primary dimensions:

- Physical reactions, which are universal and transcultural.
- Emotional reactions, tied to crime, violence, peronal values and the lived experience of helplessness.

We now know that training peers in simple interventions can significantly improve both individual wellbeing and community resilience. This has been demonstrated in many contexts—among firefighters, airline crews, healthcare professionals, and ordinary citizens

facing high stress-reactions. Promisingly, we are also seeing positive results from digital tools for stress management, such as apps guiding users through breathing exercises. Building on these insights, we are currently developing and piloting an advanced AI-powered app designed to support Ukrainian soldiers and veterans in coping with the psychological consequences of combat. To ensure a "double safety net," the intervention also involves a trusted family member as a peer, alongside a chat function for exchanges with fellow soldiers and veterans.

In this presentation, we will share the peer-based intervention steps we have applied so far, and discuss how to train and adapt an AI application specifically for Ukrainian soldiers. We will explore the use of parameters and feedback loops to avoid iatrogenic harm, and invite creative contributions from colleagues working on soldiers' mental health.

Once the app passes its initial testing, we plan to adapt it for other cultural and geopolitical contexts—beginning with soldiers in other countries, and later broadening to additional populations affected by trauma. Our long-term vision is to also create a dedicated app for young people, who continue to suffer the consequences of growing up in an age of geopolitical instability and chronic uncertainty.

Ia Khakhutaishvili*, Nino Chikhladze
Tbilisi State University, Georgia

Patterns and outcomes of Road Traffic Injuries (RTIs) among children in Georgia

Road Traffic Injuries (RTIs) among children represent an increasingly important public health concern in Georgia. This study examined the epidemiological profile of RTIs leading to hospitalization among individuals aged 0–18 years between 2015 and 2020. Hospitalization data provided by the National Center for Disease Control and Public Health of Georgia was used for the study. RTI cases were identified using ICD-10 codes, and descriptive statistics were generated with SPSS 20. From 2015 to 2020, 3,567 children were hospitalized due to RTIs, representing 0.5% of all hospital discharges. The highest number of hospitalizations occurred in 2018 (18.5%) and the lowest in 2020 (14.2%), although the proportion of RTI-related admissions relative to all hospitalizations remained stable. Boys accounted for two-thirds (66%) of cases. The mean and median ages were 12 and 13 years, respectively. Injuries peaked during summer months (June–August). Head injuries were the most frequent (67%), followed by injuries to the lower and upper limbs (18%) and multiple injuries (10%). Most children (68.9%) were discharged within three days. There were 54 in-hospital deaths (1.5%), with more than half occurring among pedestrians, cyclists, and motorcyclists. Fatal cases were most commonly linked to multiple trauma (46%) and head injuries (43%).

Effective prevention policies must prioritize child safety across all forms of transport—particularly for pedestrians, cyclists, motorcyclists, and young passengers.

Biography

Ia Khakhutaishvili, MD, PhD, Doctor cardiologist and Senior scientific worker. Since 2012 she has experience of teaching internal medicine and anatomy in higher medical institutions. Since 2006 she is senior scientific worker at Al. Natishvili Institute of morphology, department of the palliative care and gerontology. In 2008-2016 she participated to create residency program in Gastroenterology and was coordinator of the program. Since 2016 she is associated professor and head of Anatomy/Histology/Embryology department at Tbilisi Medical Academy (TMA). Same year, she was elected as a member of the Curricular committee and Centre of Innovations in Medical Education. Ia Khakhutaishvili participates in the creation and development of medical educational programs, planning, and implementation of innovations in teaching process. She is actively involved in creation and development of study syllabi. In

terms of professional development, she constantly participates in conferences, trainings and various workshops. She is involved in scientific-research projects and programs. She actively participates in implementation of active learning methods in medical education.

Jacob Kingsley Garba[1*], Somtochukwu Ezenwelu[2], Felix Nwokedi[3], Veronica Ogagbe[3]

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Community-based diabetes care for older adults in rural Nigeria: Integrating screening, health education, and social support for sustainable aging

Objective: Rural Nigeria faces widened health inequities among older adults living with diabetes. This study integrates the Information–Motivation–Behavioral Skills (IMB) model through community-based screening, culturally tailored health education, and social support—an innovation in diabetes care delivery.

Methods: We recruited 150 older adults (≥ 60 years) in St. Louis Hospital Zonkwa from January to March 2024. Ethical permission and consent were obtained from the Ethics Committee panel of St. Louis Hospital Zonkwa, and all participants gave informed consent before taking part in the study. Quantitative data on diabetes knowledge, fatalistic attitudes, social support, and self-care practices were collected, along with Hemoglobin A1c (HbA1c), a long-term marker of average blood glucose from clinical records. Structural Equation Modeling (SEM) evaluated theoretical pathways.

Results: Diabetes knowledge had a positive effect on self-care ($r=0.25$, $p<0.05$), while fatalistic attitudes hindered care ($r=-0.22$, $p< 0.05$). Social support also improved self-care ($r=0.30$, $p<0.01$). Self-care behaviors significantly correlated with lower A1c ($r=-0.22$, $p < 0.05$). The SEM explained 31% of the variance in diabetes self-care behavior ($R^2=0.31$). The model is moderately fit (CFI=.85; RMSEA=.09), which indicates that, though the IMB model does capture some significant predictors, other structural variables may also be necessary. These are among issues such as lack of access to healthcare, cultural beliefs, and financial costs.

Conclusion: The study reveals serious gaps in diabetes knowledge, persistent fatalistic beliefs, and limited access to care, each posing a threat to sustainable aging. These findings suggest that behaviorally informed interventions grounded in education and social support hold promise for scalable implementation in similar low-resource, community settings. Future prospective studies are needed to confirm the identified pathways and examine the long-term impact on glycemic control, as well as aging-relevant outcomes.

Practice Implications: Aligning with IPHC themes, this community-driven, equity-focused model supports global health policy aiming at scalable NCD management solutions in low-resource settings.

Keywords: Diabetes Care, Community-Based Care, Older Adults, Rural Nigeria, Health Education, Screening, Social Support, Sustainable Aging.

Biography

Kingsley Garba is a Native of Sabon Sarki, a Village in Sabon Sarki, Kachia local government of Kaduna State, Nigeria. Kingsley has degrees in philosophy, sacred theology, medicine, and a Master of Public Health. He is now a second-year PhD in Public Health student with a major in Preventive Healthcare at the Adventist University of the Philippines. He has participated in several webinars. Dr. Kingsley is very interested in the application of well-care for underserved populations. His life and work demonstrate the interrelatedness of medicine and public health and the need to restore and maintain quality of life for everyone, as well as how to serve and advocate for humane and dignified healthcare worldwide.

JiaLi Wei*, Ying Zhangz
Hainan Affiliated Hospital of Hainan Medical University, China

Long noncoding RNA FGD5-AS1 sponges microRNA-497-5p to regulate hyperuricaemia-induced Renal Interstitial Fibrosis (RIF) in a rat model

Objectives: To explore the roles of lncRNA FGD5 antisense RNA 1 (FGD5-AS1) and miR-497-5p in Renal Interstitial Fibrosis (RIF).

Methods: Rat hyperuricaemia models were constructed and respectively treated with altered FGD5 AS1 or miR-497-5p to detect biochemical indices including Uric Acid (UA), Serum Creatine (SCr), Blood Urea Nitrogen (BUN) and 24-h urine protein. The pathological changes and score, fibrosis degree and RIF index in rat kidney were determined. Expression of FGD5-AS1, miR-497-5p, LIM Domain Only 7 (LMO7), ZO-1 and Occludin was assessed.

Results: In kidney tissues from hyperuricaemia rats, FGD5-AS1 and LMO7 were downregulated while miR-497-5p was upregulated. Overexpressed FGD5-AS1 or reduced miR-497-5p reversed RIF-induced changes in hyperuricaemia rats, while downregulated FGD5-AS1 or upregulated miR-497-5p had opposite effects.

Conclusions: Overexpressed FGD5-AS1 downregulated miR-497-5p to ameliorate RIF in hyperuricaemia rats by promoting LMO7.

Biography

JiaLi Wei is a Standing Committee of Nephrology Branch of Chinese Medical Doctor Association and is a member of the Nephrology Branch of Chinese Medical Association. She is the Director of Hainan Provincial Nephropathy Quality Control Center, Chairman of Kidney Disease Branch of Hainan Medical Association, Chairman of nephrology branch of Hainan Medical Doctor Association, Chairman-in-Office of Beibu Gulf Kidney Disease Alliance.

Juliana Sadovich PhD, RN CPHQ*,
C. Jane Norman BA, MBA, CEQ
Profound Knowledge Products Inc., Seabrook, Texas, USA

Integration of quality into operations planning

The aim of the presentation is to describe a proactive methodology using existing evidence-based theories, principles, and tools to integrate quality into the strategic plan and operational controls analysis in healthcare organizations. This methodology is designed to increase efficiency, reduce variation, improve resilience and track outcomes across any healthcare system. System thinking is essential for promoting proactive operational planning to address The inherent limitations of traditional reactive healthcare approaches. The key components are:

Utilize Operational Controls and Strategic Plan:

- Data and measures from operational controls (audits).
- Strategic objectives.

Develop Actionable Operations Plan:

- Use enterprise risk management tools to identify and prioritize system risks/threats and opportunities related to strategic objectives.

Use risk assessment and analytic tools to:

- o Analyze operational controls data and measurement results for specific risks/threats and opportunities.
- o Use Root Cause Analysis (RCA) and Failure Mode and Effect Analysis (FMEA) to determine system contributors related to events/issues.

- **Propose Solutions, Define Integrated Projects and Prioritize:**

o Map risks and solutions to system map to define system impact and identify interdependencies.
o Utilize project management to implement proven (evidence based) solutions.
o Utilize improvement science to test unproven solutions and implement successful solutions on a small scale.
o Spread data demonstrated improvement solutions using project management.
- Track progress and modify the operations plan as needed.

Achieve Results:

- Reduce risks while strategic objectives and improved resilience is achieved.
- Update operational controls to increase efficiency, reduce variation, and improve outcomes.
- Recognize contributors.

Structure is a necessity for success. It can be achieved by manually developing processes and forms or by using stand-alone software programs for risk and project management and quality improvement or an integrated software platform. The presentation will demonstrate the methodology with a healthcare case study and system map, utilizing an integrated software platform, Traksio.

Biography

Dr. Juliana Sadovich, is a retired officer of the U.S. Public Health Service Commissioned Corps, with 38 years of distinguished service in federal healthcare leadership. She is a published author whose work has contributed to the fields of quality, emergency medicine, disaster management, and nursing.

Julio Cesar Martínez Angarita*,
Laura Andrea Rodríguez Villamizar
Publica Health Department, School of Medicina, Universidad Industrial de Santander, Bucaramanga, Colombia

Socioeconomic inequalities in HIV/AIDS mortality in Colombia (2008-2024): A nationwide study

Background: Colombia has the fourth highest incidence rate of HIV/AIDS among countries in the Americas, with a progressive increase since 1990. In addition, HIV/AIDS (excluding tuberculosis) remains among the ten leading causes of mortality in the country. Despite this burden, studies explicitly examining socioeconomic inequities associated with HIV/AIDS mortality remain limited.

Objective: To analyse territorial socioeconomic inequities in HIV/AIDS mortality in Colombia between 2008 and 2024, using the Multidimensional Poverty Index (MPI) as a proxy indicator of socioeconomic deprivation.

Methods: Ecological study based on the following official data sources from the National Administrative Department of Statistics (DANE): (i) HIV/AIDS-related deaths (ICD-10 codes); (ii) Departmental population projections by sex and five-year age groups; and (iii) Departmental MPI, using the estimate from the 2018 population census. Cause-specific mortality rates were calculated and expressed as deaths per 100,000 persons per year. Age-adjusted annual rates were estimated using the direct method, with the WHO world standard population as the reference. To measure inequities, the MPI was operationalized into quintiles (Q1 lowest deprivation–Q5 highest deprivation) and as a continuous rank variable (ridit). Death counts were modeled with a population offset. Poisson regression with offset was fitted and, in the presence of overdispersion, negative binomial regression with offset was used.

Results: Territorial socioeconomic inequities in HIV/AIDS mortality were identified when stratifying by deprivation (MPI). After confirming overdispersion, rates were estimated using negative binomial models with a population offset and adjustment for year. Departments in the highest deprivation quintile (Q5) showed lower relative mortality than those in the lowest deprivation quintile (Q1) (IRR=0.49; 95% CI: 0.30–0.80), suggesting an inverse gradient (RII=0.61; 95% CI: 0.32–1.14; p=0.12) consistent with urban concentration of the epidemic and differences in diagnostic capacity and death registration.

Conclusion: HIV/AIDS mortality in Colombia reflects complex territorial inequities that cannot be attributed solely to socioeconomic deprivation. The findings reveal a highly heterogeneous pattern across the country, consistent with the potential influence of urbanization, institutional capacity, and the quality of registration—factors that shape the distribution of risk.

Keywords: HIV/AIDS, Mortality, Social Inequality, Public Health, Colombia.

Biography

Julio Cesar Martínez Angarita is a bacteriologist and clinical laboratory professional from Universidad de Pamplona (Colombia), with master's degrees in public health from the University of East London (UK) and a PhD (c) in public health at Universidad de Antioquia (Colombia). He has over 10 years of experience in public health surveillance, health policy and health systems, and research on non-communicable, infectious, and vector-borne diseases, supported by strong training in advanced research methods. His current research focuses on health inequalities related to HIV/AIDS. He currently lecturer in epidemiology and public health for healthcare professionals (undergraduate and postgraduate levels) at Universidad Industrial de Santander, Colombia.

Jyun Yu Jhang[1,2*], Hsiu Ju Chang[1,3]

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Psychological Capital (PsyCap) mediates the relationship between stress and mental health problems among nurses

Background: Nurses frequently encounter unpredictable and high-pressure clinical situations that contribute to stress, depression, anxiety, and burnout. Psychological Capital (PsyCap)—comprising hope, efficacy, resilience, and optimism—has emerged as a positive psychological resource that buffers the effects of stress and promotes mental well-being.

Objectives: This study investigated the relationships among stress, mental health problems (depression, anxiety, and anhedonia), and psychological capital among nurses, and examined whether PsyCap mediates the relationship between stress and mental health outcomes.

Methods: A cross-sectional survey was conducted with 362 registered nurses who had at least six months of clinical experience. Data were collected using the Depression Anxiety Stress Scales–21 (DASS-21), Psychological Capital Questionnaire (PCQ), and Snaith–Hamilton Pleasure Scale (SHAPS). Statistical analyses included t-tests, ANOVA, Pearson correlations, and mediation analysis using Hayes's PROCESS macro.

Results: Of the nurses surveyed, 27.1% reported depressive symptoms, 33.7% reported anxiety, 26.8% reported stress, and 35.9% exhibited anhedonia. Stress was positively correlated with depression (β=0.7306, $p<.001$), anxiety (β=0.6506, $p<.001$), and anhedonia (β=0.1960, $p<.001$). After controlling for age, work experience, and PsyCap, the direct effects of stress on depression and anxiety remained significant, whereas the indirect effects via PsyCap were also significant (depression: β=0.0856, Boot 95% CI [0.0496, 0.1282]; anxiety: β=0.0297, Boot 95% CI [0.0018, 0.0551]), indicating partial mediation. For anhedonia, the indirect effect through PsyCap was significant (β=0.1475, Boot 95% CI [0.0999, 0.2058]) while the direct effect was nonsignificant, indicating full mediation.

Conclusions: Psychological capital significantly mediated the relationship between stress and mental health problems. Nurses with higher PsyCap demonstrated greater emotional stability and resilience under stress. Strengthening PsyCap may be an effective strategy to enhance nurses' mental health and well-being in challenging clinical environments.

Biography

Jyun Yu Jhang is a doctoral student in the Department of Nursing at National Yang Ming Chiao Tung University, Taiwan, and currently serve as a clinical nursing instructor at Asia University. With a background as a clinical nurse practitioner, her research focuses on nurses' mental health and the application of artificial intelligence in healthcare. Her recent research employs AI-based chatbots as an intervention to evaluate their effectiveness in supporting adult mental health, aiming to establishing an evidence base for technology-oriented nursing interventions.

Kehinde Eniola MD, MPH, CPE, FAAFP

Cone Health Family Medicine Residency Program

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Screen time and its mental health impact on U.S. children and adolescents

Excessive screen time has become a significant concern for children and adolescents in the U.S., as growing evidence links high usage to negative mental health and behavioral outcomes. Current data show that around 50% of teenagers spend four or more hours each day using screens, while preteens average 5.5 hours of non-educational screen time.

Increased screen exposure is associated with higher risks of anxiety, depression, sleep disturbances, and hindered social development.

Parental awareness and management of screen time are inconsistent. Many caregivers allow unsupervised access to screens even though they recognize the potential harm. This review summarizes recent epidemiological findings and examines the mental health and behavioral consequences of excessive screen use. It also offers practical strategies for parents, educators, and healthcare providers.

Setting age-appropriate screen time limits, promoting physical activity, monitoring content, encouraging real-world social interactions, and modeling healthy digital behaviors.

Effectively addressing screen time is crucial for supporting the cognitive, emotional, and social well-being of children and adolescents in today's increasingly digital world.

Biography

Dr. Eniola is a faculty member at the Cone Health Family Medicine Residency Program. She completed a Maternal and Child Health Leadership program in 2013, as well as a Public Health Leadership MPH program and Faculty Development Fellowship in 2016, each at UNC. In 2018, she graduated from the Cone Health Physician Leadership Academy. Her areas of special interest are women's health, prenatal care, and dermatologic procedures. Outside of work, Dr. Eniola enjoys caring for her two children and going to the cinema with her husband.

Kirti Iyengar[1*], Sharad Iyengar[2]
[1]Strategic and Policy Advisor, Women's Health, India
[2]Chief Executive, Action Research and Training for Health, India

Anemia control among women and its association with heavy menstrual bleeding and contraception: Implications for South Asia

Menstrual disorders, Iron Deficiency (ID), and Iron Deficiency Anemia (IDA) affect approximately half a billion women worldwide. The prevalence of anemia in south Asian countries is 40- 57%, and it has not declined significantly over the last few decades. Heavy menstrual bleeding is the most common cause of iron deficiency and iron deficiency anemia (FIGO), however, the relationship between iron deficiency and heavy, menstrual bleeding is poorly appreciated. Further, FIGO has estimated that the prevalence of Heavy Menstrual Bleeding (HMB) is much higher than previously estimated, and that it exist in as many as 50% women and is frequently normalised by women and health care providers.

Iron deficiency and iron deficiency anemia have profound impacts on the lives of women and their newborns, yet the interventions strategies for control of anemia so far have focused on supply side interventions (such food fortification, dietary diversity, iron supplementation) and an approach of control of blood loss has not been implemented at scale.

Methodology: Desk review of anemia control policies and FP vision documents was done for three countries (India, Nepal, Bangladesh). Discussion with stakeholders (policy makers, researchers, UN agencies, development partners) was done to understand their perspectives on programmatic options.

Biography

Kirti Iyengar is a strategic and policy advisor specializing in sexual and reproductive health & rights and women's health. With extensive experience in health policy, program strategy, and research, Kirti brings a gender-lens approach to shaping health innovation and public policy, and finding systemic solutions to expand choices for those at the last mile. Most recently, Kirti served as Director, SRHR with Children's Investment Fund Foundation. Prior to that, she worked with UNFPA India as National Programme Officer, and has also served as Adjunct Professor with Duke University. Kirti is a medical doctor with specialisation in Obstetrics & Gynaecology, and PhD in International Health.

Konrad Michel

University of Bern, Switzerland

We need to promote health literacy for suicide

Fifty percent or more of those who die by suicide do not seek help prior to their deadly suicide action. This equates to over 400,000 individuals out of some 800,000 suicides worldwide each year, despite decades of national suicide prevention programs offering help to persons at risk of suicide.

Traditionally, suicidal behavior has been conceptualized as a mental health disorder. In a medical model we expect people who suffer from problems with mental health to seek help, similar to somatic problems. The fact is that they don't seek help.

I contend that the medical approach to the suicidal individual is a misconception. We need models of suicide that are meaningful to people. It is not the depression but the person who acts in an emotional crisis.

We need to promote suicide health literacy as a public health issue. For this, we need to develop novel channels to disseminate person-centered models of suicide, for instance by using digital technology, particularly for young people. The presentation will describe promising new projects.

Biography

Konrad Michel is a psychiatrist and psychotherapist and prof. emeritus at the University of Bern, Switzerland. He learned to understand the suicidal mind from his extensive clinical work with suicidal patients. His model of suicidal behavior overcomes the limitations of the traditional medical model, which understands suicide as a consequence of mental illness. He is training health professionals all over the world in the use of his person-centered, narrative-based approach to suicidal patients. His main message is: Suicide is not caused by a mental

disorder-it is an action which makes sense to the person. Considering the vast number of people who die by suicide without seeking help he calls for promotion and dissemination of suicide literacy as a public health issue. In his book “The Suicidal Person: A New Look at a Human Phenomenon” (Columbia University Press 2023) he describes the development of a new concept of suicide and how people can learn to deal with life-threatening thoughts and plans.

Kostin Philipp Nikolaevich

Dmitry Rogachev National Medical Research Center of Pediatric Hematology, Oncology and Immunology, Moscow, Russian Federation

Telemedicine as a catalyst for progress in pediatric oncology and immunology: Experience of Dmitry Rogachev national medical research center of pediatric hematology, oncology and immunology

The Dmitry Rogachev National Medical Research Center for Pediatric Hematology, Oncology, and Immunology is actively using telemedicine technologies to improve the quality and accessibility of care for children with cancer, hematological diseases, and immune disorders throughout the Russian Federation. This presentation will highlight the Center's experience using telemedicine as a catalyst for progress in pediatric oncology and immunology, focusing on key areas of impact: Diagnosis, treatment planning, follow-up care, and education.

The use of telemedicine technologies has demonstrated effectiveness in reducing the time to diagnosis, especially for patients in remote and low-income areas. Teleconsultations with specialists at the Rogachev Center have enabled local physicians to make faster, more accurate diagnoses, leading to earlier treatment initiation and improved outcomes. More than 80,000 telemedicine consultations were conducted between 2019 and 2025.

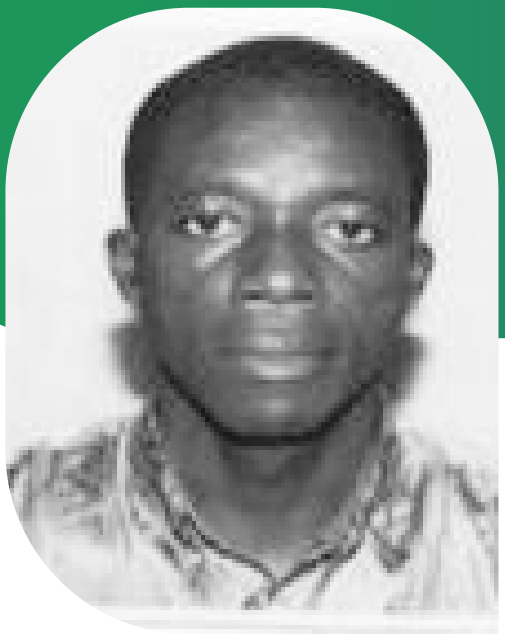
Telemedicine also plays a key role in interdisciplinary treatment planning. Virtual tumor consultations and specialized conferences have facilitated collaboration between specialists from different regions, ensuring all patients have the opportunity to receive expert opinions and the most up-to-date treatment protocols.

Remote monitoring of vital signs, medication adherence, and side effects using telemedicine platforms can improve patient adherence to treatment and reduce the need for frequent trips to the Center, which is particularly burdensome for children and their families.

This integrated approach to telemedicine has the potential to improve the delivery of medical care for children with pediatric oncology and hematology in Russia, increasing treatment effectiveness and empowering both patients and healthcare providers. Our experience provides valuable lessons for other institutions seeking to implement or expand their own telemedicine programs. Additional data and specific examples from our work will be shared during the presentation.

Biography

Philip Nikolaevich Kostin is the Deputy Director of the Department for Planning and Strategic Development of the Pediatric Oncology and Hematology Service. He has published more than 25 articles in renowned journals.



Kouamé Koffi[1*], Serge Oga[2], Régine Attia[2], Jerome Kouame[2], Genevieve N'Guessan-Irié1, Dagui Monnet[1], Luc Kouadio[2]

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Public financing and availability of peginterferon alpha-2a for the management of hepatitis B at Cocody Teaching Hospital in Abidjan, Côte d'Ivoire

Background: I**Objective:** To assess the cost of peginterferon alpha-2a subsidized by the Government of Côte d'Ivoire and its availability for the management of viral hepatitis B at Cocody Teaching Hospital, within the framework of the Targeted Free Healthcare policy.

Methods: A descriptive cross-sectional study was conducted using data extracted from the pharmacy register of Cocody Teaching Hospital. The analysis covered peginterferon alpha-2a dispensations recorded between November 2, 2017 and November 30, 2019.

Results: A total of 36 patients were included, including 30 with hepatitis B, 2 with hepatitis D, and 4 with hepatitis B-D co-infection. Government expenditure on drug management amounted to €226,292, representing 18.49% of the total budget allocated to the Targeted Free Healthcare policy at Cocody Teaching Hospital, estimated at €1,223,654. The mean cost per patient was €6,245 for hepatitis B, €7,896 for hepatitis D, and €7,582 for hepatitis B-D co-infection. Despite this financial commitment, three stock-outs with an average duration of nine days were recorded, in addition to a complete interruption in supply throughout the last quarter of 2019. As of November 30, 2019, the active cohort had declined to four patients due to the suspension of new patient enrolment.

Conclusion: The management of viral hepatitis with peginterferon alpha-2a places a substantial financial burden on the State. The implementation of Universal Health Coverage could improve both the affordability and availability of this treatment. However, stronger international partnerships remain essential to ensure sustainable, effective, and uninterrupted care for patients with viral hepatitis.

Keywords: Viral hepatitis, Cost, Availability, Peginterferon Alpha-2a, Côte d'Ivoire.

Biography

Koffi Kouame is a Senior Lecturer in the Department of Analytical Sciences and Public Health at the Faculty of Pharmaceutical and Biological Sciences at Felix Houphouet-Boigny University. He obtained his Master's degree in Public Health from Felix Houphouët-Boigny University in 2014 and his Master's degree in Health Economics from the University of Auvergne in 2016. He obtained his PhD in Health and Drug Economics in 2025.conferences. Current major work: Analysis of household health expenditure in Cote d'Ivoire in the dual context of universal health coverage and COVID-1. Determinants of household health insurance coverage in Cote d'Ivoire.

Kripa Josten[1*], Vennila J[2], Redolen Rose Dhar[3], Reshmi B[4]

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Assessing elderly exposure to violent crimes in India: Evidence from sage waves 1 & 2 using Bayesian modelling

Background: India's ageing population is rapidly increasing, which is projected to exceed 1S% by 2050, accompanied by social and health vulnerabilities that expose older adults to abuse, neglect, and victimization. Understanding these trends is crucial for informing effective social protection and elderly care mechanisms in a transitioning demographic context.

Objectives: This study examines the changes in reporting elderly victimisation among the Indian elderly population using WHO's Study on global AGEing and adult health (SAGE) Waves 1 (2007–10) and 2 (2014–15) and identifies key sociodemographic predictors and regional disparities inffuencing victimisation risk by employing Bayesian modelling.

Methodology: A comparative analysis was conducted using data from elderly respondents (aged c0 years and above) across both SAGE waves-3, S71 (Wave 1) and 4,214 (Wave 2). Predictors included age, gender, marital status, education, residence, wealth, caste, and religion. Statistical analysis was done using RStudio. The results include descriptive statistics, state-level slope graphs, and a thematic India map highlighting interstate variations in victimisation. Bayesian logistic regression models with weakly informative priors were estimated using MCMC (four chains; R-hat = 1.00), and S5% credible intervals were reported.

Results: The self-reported Victimisation rate rose from 2.7c% in Wave 1 to c.3% in Wave 2. The Bayesian posterior means for victimization probability (Table 1) revealed higher risks in Uttar Pradesh, Assam, and West Bengal, whereas Maharashtra and Rajasthan consistently

had the lowest estimates. The posterior mean estimates illustrate that victimization likelihood approximately doubled between waves in most states, with the most substantial increase observed in Assam (3.44 % to 12.5%) and Uttar Pradesh (4.2% to 8.S%). Bayesian analysis showed caste significant in Wave 1 (Scheduled Caste: 1.35 [0.11, 2.75]), narrowing by Wave 2 (0.42 [-0.14, 1.0c]). Model diagnostics confirmed convergence (R-hat=1.00).

Conclusion: The prevalence of reported elderly victimization nearly doubled between Waves 1 and 2. Socioeconomic deprivation, lack of formal education, rural residence, and widowhood emerged as consistent risk factors. Although gender differences were modest, women and socially marginalised groups exhibited greater vulnerability. Regional variations appeared to reffect both genuine increases in risk and improved awareness or reporting. Despite existing legal safeguards, such as the Maintenance and Welfare of Parents and Senior Citizens Act (MWPSC Act, 2007), awareness and enforcement remain limited, particularly in rural and low-literacy populations.

Biography

Kripa Josten is a doctoral candidate in Statistics at the Manipal Academy of Higher Education (MAHE), India. She holds an MSc in Biostatistics from the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru. She previously worked at the Indian Council of Medical Research (ICMR) Headquarters, New Delhi. She has extensive experience working with large- scale datasets and is skilled in evidence synthesis. Her doctoral research focuses on Bayesian modelling and public health.

Kristina M. Zierold

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Attention Deficient/Hyperactivity Disorder (ADHD) in cadmium exposed children living near coal-fired power plants

Background: Coal-fired power plants are the greatest source of electricity, worldwide. Countries like China, India, and South Africa generate more than 80% of their energy from burning coal. Coal emissions contain numerous neurotoxic metals, including cadmium, which is released in large quantities that put children at risk for mental health conditions. Limited and conflicting research exists that explores the relationship between exposure to cadmium and Attention Deficient/Hyperactivity Disorder (ADHD).

Methods: Using a community-based research design, 278 children were enrolled. Parents completed the Child Behaviour Checklist. Any child with a t-score ≥60 was given a clinical assessment by a paediatric psychologist. Cadmium exposure was determined from nail samples collected from children and analysed by Inductively coupled plasma mass spectrometry. Logistic regression was used to evaluate the association between cadmium and ADHD.

Results: ADHD prevalence was 18% which is higher than the global prevalence (8%) and the US prevalence (11%). The median concentration of cadmium in nails of children with ADHD was 0.052 ug/g compared to those without ADHD (0.033ug/g). Children with primary ADHD had significantly higher concentrations of cadmium in their nails (p=0.014). Logistic regression models controlled for sex, race, age, and traffic exposure showed statistically significant associations between ADHD and cadmium.

Conclusions: This study found that children with cadmium exposure were more likely to have ADHD compared to children without cadmium exposure. Furthermore, as cadmium concentrations increased, the number of children diagnosed with ADHD increased. The continued building and use of coal-fired power plants needs to be assessed regarding cadmium exposure and children's health.

Biography

Kristina M. Zierold earned a PhD in environmental health and epidemiology from the University of Illinois Chicago and an MS in chemical engineering from Vanderbilt University. Dr. Zierold is a full professor in the Department of Public Health at the University of Mississippi in the USA. Her research focuses on environmental pollutants and neurodevelopmental and mental health conditions and occupational injury among youth. She is well-published and has had her research funded by the National Institutes of Health, the Centers for Disease Control and Prevention, and several foundations in the USA. Most of her research is community-based.

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Research on the construction of sports injury rehabilitation system under the concept of "Integration of rehabilitation and physical fitness"

In the process of engaging in sports activities, sports injuries can never be avoided, both professional athletes and amateurs have suffered different degrees of sports injuries in their sports career, and the pain state caused by the injury will further produce a series of problems such as pathology, tissue damage and dysfunction. The goal of rehabilitation is to eliminate pain, and therapeutic exercise is considered to be the core element in the treatment plan for musculoskeletal pain. The core of the concept of "integration of rehabilitation and physical fitness" lies in the in-depth integration of medical rehabilitation and athletic training, and the comprehensive use of techniques and methods of athletic rehabilitation, functional training, and physical fitness training, emphasizing systematic and comprehensive rehabilitation programs, thus accelerating the rehabilitation of the injured person. It emphasizes the systematic and comprehensive nature of the rehabilitation program so as to accelerate the recovery from injuries and illnesses, eliminate chronic pain, establish correct movement patterns, and ultimately restore the body to its normal working condition. Meanwhile, in the background of the academic discipline of "integration of sports and medicine", the concept of "integration of rehabilitation and physical fitness" breaks down the barriers of academic disciplines, and will play an active role in reducing the pressure of medical treatment and improving the health of the general public in the future.

Biography

Jiahao Li is a 29-year-old Chinese scholar who completed his undergraduate studies at Hainan Normal University and obtained a master's degree from Beijing Sport University. He is currently pursuing a PhD in Education. As a member of the China Sport Science Society, he is dedicated to research in sports medicine. Moreover, he is also a professional physical trainer, intending to improve athletic performance through scientific training and to help injured athletes recover their athletic abilities.

Liu Xinmin*, Jin Qinghua
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Investigation and research on the training demands of epilepsy specialist nurses in 361 medical institutions of China

Objective: We aimed to investigate the training demands and suggestions for epilepsy specialist nurses in medical institutions at all levels in China, and to provide a reference for formulating the training program for epilepsy specialist nurses in China.

Method: We use the convenient sampling method, a self-designed questionnaire was used to investigate the head nurses of medical institutions at all levels in 26 provinces (autonomous regions and municipalities) of China from January 2025 to February 2025.

Result: A total of 361 medical institutions participated in the survey, among which tertiary hospitals accounted for 94.74%. 97.23% of medical institutions hope to participate in the training and learning of epilepsy specialist nurses. They believe that among the core competencies of epilepsy specialist nurses, the most important one is clinical practice ability (98.61%), followed by professional development ability (97.23%) and health education and consultation ability (95.57%). 59.28% of medical institutions suggest that the duration of full-time theoretical training should be 4 weeks, adopt a combined online and offline training method, and the clinical practice time should be ≥12 weeks (57.35%). They hope that theoretical learning course assignments (28.25%), case reports (38.78%), and clinical practice reflections (32.41%) will be used as the main process evaluation methods. The completion of a case care and the formation of a report (49.03%), as well as the passing of the theoretical assessment (17.73%), were regarded as the main summative evaluation methods.

Conclusion: There is a high demand for the training of epilepsy specialist nurses in medical institutions at all levels in China. It is imperative to carry out the training of epilepsy specialist nurses. The suggestions of medical institutions for the training content and methods focus more on the cultivation of core competencies. On this basis, the access conditions should be clarified and a training program for epilepsy specialist nurses suitable for the actual situation in China should be explored.

Biography

Master Liu Xinmin graduated from the First Clinical Medical School of Jilin University in 2016 and obtained a master's degree in medicine. In 2020, she was employed as (associate professor of nursing) the deputy chief nurse of the First Hospital of Jilin University in China. Currently, she is the tutor of postgraduate students in the School of Nursing of Jilin University and has published 1 articles in SCI and 5 articles in national core journals.

Dr. Liz King

Lecturer in Children and Young People's Nursing, The Open University Milton Keynes United Kingdom

Reasonable adjustments for student nurses in clinical placement in the United Kingdom: The perspectives of the associated Community of Practice (CoP) on current criteria and procedures

Background: In the United Kingdom, pre-registration nursing students include those with a disability or impairment who can require extra learning support to maximise their achievement of clinical proficiencies. My earlier EdD research suggests a Community of Practice (CoP) related to facilitating these reasonable adjustments in clinical placement. This group of practitioners can optimise the clinical learning environment but are potentially hindered by limited evidence-based knowledge and a lack of national guidance.

Research Aim: To confirm the existence of this CoP and investigate the development of these practitioners' reasonable adjustments capability. In addition, to seek the views from these individuals regarding the efficacy of current related criteria and procedures.

Methodology: Using a broad interpretivist approach, semi-structured interviews elicited the opinions and experiences from 13 study participants, involved with supporting student nurse learning in clinical placement, from varying parts of the United Kingdom. All interview data were transcribed, coded and then thematically analysed in conjunction with the chosen theoretical lenses.

Findings: Three main themes were identified- 'lack of consistency', 'an experiential approach', and 'sharing good practice'.

Conclusions: The Thesis findings confirm the emergence of a CoP associated with reasonable adjustments for student nurses in clinical placement, but with traits differing from those of a conventional CoP. A lack of both knowledge and national guidance can hinder the capability development of CoP members and can contribute towards negative attitudes within the CoP regarding the ability of these student nurses. Further research and investigation is recommended to fully understand this unique CoP and promote its existence to the wider nursing body.

Biography

Liz King qualified as an RN (Child) in 2000 and has since gained copious experience of caring for children, young people and their families. She has been involved with pre-registration nurse education throughout her career in both clinical settings and in Higher Education as a nurse academic. Liz's main research interest is exploring how student nurses who require reasonable adjustments for a disability or impairment are supported whilst in clinical practice. Liz is currently a Lecturer in children and young people's nursing at The Open University in the UK and she holds a Doctorate in Education.

Aferdita Bytyqi, Ananya Choyal, Louise Holly*, Padmini Vishwanath
Digital Transformations for Health Lab (DTH-Lab), Geneva, Switzerland

Priorities for policy action to address the digital determinants of youth mental health and well-being

Childhood and adolescence are critical periods for mental health: More than half of adult mental disorders have their onset before or during adolescence. As young people spend increasing amounts of their time in digital environments controlled by a handful of powerful tech companies, concern has grown that their use of digital technologies–particularly social media–may be contributing to worsening mental health and well-being.

In response to requests from policymakers, the WHO's Regional Office for Europe and Digital Transformations for Health Lab (DTH-Lab) reviewed scientific literature and policy responses to inform recommendations for addressing the digital determinants of young people's mental health and well-being.

Objective: Develop evidence-based policy recommendations for member states in the WHO European region to address the digital determinants of youth mental health and well-being.

Methodology: A scoping review examined 226 studies on young people's technology use and its impact on mental health and well-being. Analysis of policy documents from 42 countries to understand different policy approaches across Europe and worldwide.

Results/Major Findings:

Mixed Evidence on Digital Impacts

- Research shows both positive and negative associations between technology use and youth well-being.
- Some online activities have dual impacts (e.g., self-expression opportunities vs. exposure to harmful content).

Vulnerability is Uneven

- Most vulnerable young people (e.g., those with pre-existing mental health issues, body dissatisfaction, low self-esteem, or offline vulnerabilities) disproportionately experience negative impacts.
- Younger children struggle more with managing digital use due to limited cognitive development and digital literacy.

Bidirectional Relationship

- Technology use and mental health influence each other: Increased screen time can exacerbate mental health issues. Pre-existing mental health problems can drive heavier technology use.

Factors Shaping Outcomes

- **Individual Factors:** Age, gender, self-esteem, resilience, and motivations for going online.
- **Environmental Factors:** Family education level, parental mediation, social support, and household rules.
- **Protective Factors:** Digital literacy, body positivity, supportive family/peer relationships.
- **Risk Factors:** Passive use, appearance-focused content, cyberbullying, harmful marketing, and poor sleep.

Policy Landscape

- Policy responses across Europe are fragmented and varied.
- Many policies place responsibility on users and caregivers (e.g., parental controls, age restrictions).
- More recent policies target platform design features and call for industry regulation.
- Limited involvement of health ministries and youth voices in policy development.

Conclusion/Lessons Learnt: In the context of scientific uncertainty and a plausible public health threat posed by poorly regulated digital platforms, countries have a responsibility to adopt a precautionary governance approach that seeks to protect young people from potential harms and ensure the safety of online environments. Acknowledging the crucial influence of digital platforms on young people's well-being, recommendations advocate for more robust regulation of these platforms and greater accountability within the tech industry. Greater

youth participation in designing policies and public health responses is a guiding principle to implement the recommendations.

Policy Recommendations

1. Make young people's digital well-being a policy priority
2. Apply proven, intersectoral public health strategies
3. Develop clear guidance on healthy technology use
4. Hold industry and commercial interests accountable
5. Support future laws and regulations for safe digital environments
6. Bolster health workforce capacity
7. Increase research into social media's impacts
8. Invest in offline alternatives for play, parenting, and social connection

Biography

Louise Holly has more than 20 years' experience of global policy analysis, research, and evidence-based advocacy focused on advancing the health and rights of children, adolescents and youth. Following roles with Save the Children and UNICEF, Louise worked as an independent consultant for several years, supporting the Lancet and Financial Times Commission on Governing Health Futures 2030 and other organizations, including Transform Health and PMNCH. In July 2023, Louise became the Policy and Research Coordinator at the DTH-Lab, where she coordinates the consortium's knowledge generation, analysis and policy influencing work.

Maia Bitskinashvili,* Nato Pitskhelauri
Ivane Javakhishvili Tbilisi State University, Georgia

Exploring the effects of Adverse Childhood Experiences (ACEs) among university students

Introduction: Adverse Childhood Experiences (ACEs)—potentially traumatic events before age 18, such as abuse, neglect, and household dysfunction—are well-documented contributors to long-term health, behavioral, and educational challenges.

Aim: This study investigated the associations between different forms of abuse and students' health-risk behaviors, cognitive difficulties, and academic performance at Tbilisi State University (TSU), Georgia.

Methods: A quantitative survey was conducted in June 2021, using an electronic questionnaire distributed to all TSU students. The survey incorporated internationally validated ACEs questions alongside items assessing health behaviors, cognitive functioning, and learning outcomes.

Results: The study found substantial exposure to physical violence, more commonly reported by male students, while psychological violence affected a considerable portion of both genders, slightly higher in males. Sexual violence was reported predominantly by female students. Among health-risk behaviors, 17.2% of students smoked, 3.2% used drugs, and 10% reported suicidal thoughts or attempts. ACE exposure, particularly sexual abuse, was strongly correlated with higher rates of smoking, substance use, and suicidal tendencies. Nearly half of participants reported attention deficits, and many students with histories of violence experienced learning difficulties.

Conclusions: ACEs exert a profound influence on both cognitive functioning and academic performance. These findings highlight the urgent need for tailored interventions in university settings to support students who have experienced childhood trauma, reduce associated health- risk behaviors, and foster educational success and long-term well-being.

Biography

Maia Bitskinashvili is MD, PhD, Associate professor of the Faculty of Medicine, Department of Internal Medicine Tbilisi State University. Now she is the Dean of Faculty of Medicine and head of program of medicine. After she graduated from Tbilisi Medical Academy she was involved in clinical activities (Internal Medicine) since 2006 and in academic activity since 2010, at TSU since 2016. In 2007 she was awarded PhD degree. She is author of more than 20 scientific articles. She is a member of Scientific Editorial Board of National and International Journals.

Mare Stevkovska

PHI University Surgical Hospital St. Naum Ohridski, Macedonia, The Former Yugoslav Republic of

Early management in a burn mass casualty incident–Our experience from March 2025 in Kochani, RN Macedonia

Introduction: Burn injuries are among the most complex emergencies, demanding rapid assessment and coordinated multidisciplinary management. Outcomes are strongly determined by the quality of early care, particularly in mass-casualty incidents when resources are challenged.

Objective: To present our experience and strategies for early burn management during the large-scale fire in Kochani, RN Macedonia in March 2025, with focus on interventions within the first 24 hours up to the fifth day.

Methods/Experience: Following the incident, over thirty patients with varying degrees of thermal injury were admitted to our center. Triage was performed according to American Burn Association (ABA) criteria. Based on severity and capacity, 18 patients were transferred within the first 12 hours to specialized facilities. Initial care emphasized airway protection, hemodynamic stabilization, and fluid resuscitation guided by established burn formulas. Pain control and infection prevention were prioritized. A broad multidisciplinary team—including surgeons, intensivists, ophthalmologists, otorhinolaryngologists, toxicologists, neurosurgeons, internists, nurses, and psychologists—coordinated treatment. Over the subsequent days, wound debridement, escharotomies when indicated, nutritional support, and close monitoring of renal and respiratory function were implemented. Telemedicine consultations supported decision-making during the patient surge.

Results: Early intervention significantly reduced complications. Patients stabilized in the first 24 hours demonstrated better recovery trajectories by day five, with fewer cases of renal dysfunction and respiratory compromise. Structured management allowed timely surgical interventions and minimized infection risks.

Conclusion: The Kochani fire underscored the importance of preparedness, rapid triage, and multidisciplinary collaboration. Above all, adherence to an initial Life Support Protocol and timely referral or transfer to burn centers or well-equipped clinical facilities were essential for survival and outcomes. Strengthening regional networks and continuous training remain crucial for future burn disaster response.

Biography

Mare Stevkovska MD, PhD is an Assistant Professor of Medical Science at the University "Goce Delchev"–Shtip, RN Macedonia, and a full-time plastic, reconstructive, and aesthetic surgeon at the University Surgical Hospital "St. Naum Ohridski" in Skopje. She holds a medical degree, a master's degree, and a PhD from the University "St. Cyril and Methodius" in Skopje. Her clinical and research work focuses on burn treatment, reconstructive surgery, aesthetic procedures, and wound healing. She has published numerous articles and actively participates in national and international surgical conferences.

Dr. Maria Kosma PhD, Associate Professor

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The embodied nature of stress reduction: Exercise, body schema, HPA axis

Over one in five US adults experience mental illness yearly with the highest prevalence being among young adults and women. Common first-line treatments of anxiety disorders include pharmacotherapy, psychological interventions, and transcranial stimulation. Given the limitations of such brain/cognitive-oriented therapies (e.g., associated medical costs, adverse effects, treatment resistance, limited evidence based on rigorous interventions, short-term effects, and high relapse rates), it is important to examine the embodied nature of stress reduction. Therefore, the purpose of this concept-based paper and mini review was to analyze how different exercise programs (e.g., challenging endurance training and holistic body-mind movement exercises) modulate the Hypothalamic-Pituitary-Adrenal (HPA) axis via improvements in body schema (motor habit or habitual body). A critical narrative review was conducted for the effects of exercise on the HPA axis among healthy adults. This paper was based on Merleau-Ponty's philosophical underpinnings of embodiment, whereby body and mind act in unison for health and well-being. Instead of viewing mental health only linearly (unidirectional stimulus-response model from brain to body), in this paper an embodied approach is embraced, in that a balanced body schema can holistically strengthen the HPA axis resilience for stress reduction. The function of the HPA axis does not involve only linear stimulus-response pathways (e.g., stimulation of the adrenal cortex via the pituitary gland); rather, it is regulated via improvements in body schema (embodied consciousness), which connects in-itself (e.g., cortisol secretion) and for-itself (e.g., perceptions and breathing techniques) body structures for the healthy functioning of the human organism. Public health officials need to advocate for holistic, physically challenging, and long-term exercise programs to reshape body schema and thus holistically modulate the HPA axis for health and wellness.

Biography

Pádraig Totten is a UK-trained doctor who studied medicine in Bristol and completed foundation training in Northern Ireland. He is currently locuming while building focused clinical experience in ophthalmology. He has completed an observership in ocular oncology and retinal surgery in Hartford, Connecticut, and was awarded a PGCert in Medical Education in 2025. He is committed to pursuing ophthalmology specialty training in the UK.

Mariam Farouk Eskander*, Ibrahim Fahmy Kharboush, Iman Mohamed Marzouk, Hala Ibrahim Elgrawany
Alexandria University, Egypt

Health Related Quality Of Life (HRQOL) of under five children with Down Syndrome (DS) and sociodemographic correlates

Background: Many researchers have revealed that Health Related Quality Of Life (HRQOL) is significantly related to multiple socio-demographic factors in the general population. Only one previous research examined HRQOL in under five children with Down Syndrome (DS). So far, there are no DS-specific or gold standard tools present for this purpose.

Objective(s): This study aimed to measure HRQOL in under five children with DS and to investigate its relation to some socio-demographic characteristics of under 5 children with DS and their caregivers.

Methods: In a cross-sectional study of 267 under five children with DS, HRQOL was measured with the TNO-AZL Preschool Children Quality of Life (TAPQOL) questionnaire. TAPQOL was translated into Arabic and validated. Sociodemographic data were collected through a validated pre-designed structured interview questionnaire filled by the caregivers (mostly mothers).

Results: The study revealed that 59.6%, 37.1% and 3.4% of the studied children had good, fair and poor HRQOL, respectively. Good HRQOL were significantly associated with children age group (1-<1.5 years) (0.000), mothers' age group (<20 years) (0.039), professional work of the father (00.000) and married parents (0.042). These results were statistically significant. Nearly two thirds (62.5%) of the studied children with average socioeconomic status, had good HRQOL. This result was not statistically significant.

Conclusion: More than half of the studied sample had good HRQOL. Good HRQOL were significantly associated with children age group (1-<1.5 years), mothers' age group (<20 years), professional work of the father and married parents. The relation between the HRQOL and the socioeconomic class was not significant.

Keywords: Down Syndrome, HRQOL, TAPQOL Questionnaire.

Biography

Mariam Farouk Eskander is a physician and an assistant lecturer of Maternal and Child Health (MCH) at Alexandria University (AU), Egypt. She is a doctoral candidate in Public Health majoring MCH, at the High Institute of Public Health (HIPH), AU. She holds a master's degree in MCH at the HIPH, AU. The master's thesis entitled "Health Related Quality of Life of Under Five Children with Down Syndrome" which yielded a published article in an international journal (JHIPH), an online talk and a poster presentation in two different international conferences. She held the title of "Ambassador for Sustainable Development" in Egypt.

Mariano Votta

Responsible EU Affairs at Cittadinanzattiva, Italy

Director Active Citizenship Network, Italy

Grassroots mobilisation: Leveraging civil society and community leadership to bridge gaps in vaccine coverage

The WHO has defined community engagement as “a process of developing relationships that enable stakeholders to work together to address health related issues and promote well being to achieve positive health impact and outcomes” and it underlines the “Community and civil society engagement” as a pillar of its “Global Action Plan for Healthy Lives and Well-being for All”.

On December 5, 2023, on the occasion of the adoption by the European Commission of the EU4Health 2024 work program to implement key health policy priorities within the European Health Union, Stella Kyriakides, European Commissioner for Health and Food Safety, said that "Civil society has a crucial role to play in reaching out to our citizens".

Recently, on the occasion of the G7 Ministers’ Meeting on Health held on 9/11 Oct. 2024 in Ancona (Italy), global leaders emphasis that “vaccination is an essential preventive measure and reiterate the crucial role of routine immunisation and campaigns”, higlihting “the importance of raising awareness and involving the general population by providing evidence-based information through campaigns aimed at citizens’ empowerment and increasing health literacy regarding prevention, research and care”. In concrete way, the aim of the presentation is to show how the so-called intermediated bodies of the society, when recognized as a stakeholder, can play an active role in support of public policy on vaccionation. Around this goal, the Vaccination Informal Platform (V.I.P.) for life-course immunization promotion, a collective of leaders of patient and citizen organizations across Europe promoted by Active Citizenship Network, has united with the desire to strengthen the exchange of experiences among the many expressions of active citizenship working to support public vaccination policies. The ultimate goal is to update a narrative that, when it comes to vaccination, almost never refers

to the active role of Civil Society Organizations (CSOs) and Patient Advocacy Groups (PAGs), instead focusing mainly on hesitant or even hostile attitudes toward vaccines, which, though present, do not represent the whole picture. There are many of actors from the intermediated bodies of the society that can play a constructive role with institutional and non-institutional stakeholders, as well as act as a driving force for other organizations, and there are different typologies of initiatives to testify their activist on vaccination arena.

Biography

Mariano Votta is responsible for EU Affairs at the Italian NGO Cittadinanzattiva and Director of its EU branch "Active Citizenship Network". Passionate about health & consumer issues, Mariano has 25 years of experience in advocacy, stakeholder engagement, communication, European Public Affairs & EU funded-projects. Mariano holds a Degree in Political Science and two post-graduate master's degrees in European Public Relations and Corporate Social Responsibility. He is also a journalist with more than 50 publications in international peer-reviewed journals. He led the political initiative to launch in 2015 at the EU Parliament the Interest Group "EU Patients' Rights & Cross-Border Healthcare,"–now at its third mandate-endorsed by more than 100 organisations across Europe and dozens of Members of the European Parliament. In 2016 Mariano won the Efhre International University Excellence Awards on patients' rights.

Mariano Votta

Responsible EU Affairs at Cittadinanzattiva, Italy

Director Active Citizenship Network, Italy

From the first civic survey on health personnel in Italy to the "Eu Call to Action" to the european commission to urgently address the health workforce crisis

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

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

Civil Society and healthcare organizations, together with Patient Advocacy Groups (PAGs) and EU umbrella patient organizations-a total of 42 entities from 16 Member States, all united in protecting the health rights of European citizens-recently wrote an open letter to the newly elected European Commissioner for Health to express serious concerns about the healthcare workforce crisis in Europe, which requires immediate and comprehensive action from the highest levels of political leadership. With 15 million healthcare professionals, constituting

over 7% of the EU workforce and almost 4% of the EU population, their indispensable role in ensuring the well-being of our citizens and fostering trust in our healthcare systems cannot be overstated. The relevance of the initiative did not leave indifferent the Members of the European Parliament, some of whom formally supported the message. The new EU Institutions are called upon to address the health workforce crisis by supporting healthcare professionals' knowledge acquisition and upskilling, which are the main preconditions for greater protection of patients' rights across Europe.

Biography

Mariano Votta is responsible for EU Affairs at the Italian NGO Cittadinanzattiva and Director of its EU branch "Active Citizenship Network". Passionate about health & consumer issues, Mariano has 25 years of experience in advocacy, stakeholder engagement, communication, European Public Affairs & EU funded-projects. Mariano holds a Degree in Political Science and two post-graduate master's degrees in European Public Relations and Corporate Social Responsibility. He is also a journalist with more than 50 publications in international peer-reviewed journals. He led the political initiative to launch in 2015 at the EU Parliament the Interest Group "EU Patients' Rights & Cross-Border Healthcare,"–now at its third mandate-endorsed by more than 100 organisations across Europe and dozens of Members of the European Parliament. In 2016 Mariano won the Efhre International University Excellence Awards on patients' rights.

Natasha Petkovikj
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Epidemiological and clinical assesment of the real hospital mortality from acute myocardial infarction

Introduction: Mortality from contagious diseases has declined and there is increase in incidence of cronical diseases including cardiovascular diseases. This has important impact on the trajectory of the health systems of 21th century. Altough there is a lot of knowledge about the CVD especially AMI and CVD the population data are problematical. That's why WHO started the WHO Multinational Monitoring of Trends and determinants in Cardiovacular disease (MONICA) Project for the period of 10 and more years. This project is containing high quality data and well described high quality methods.

Motives: Until now in our country there is no sistemati review about the accuracy of the death certificates from the CVS and the main focus on early intrahospital motraliti from AMI. This investigatin is the first one in our country and it's to be expected to obtain our own accurate data aboiut mortality from CVS and AMI and to compaire them with the results from the other countries.

Aims: The study has primary aim to reveal the accuracy of the death certificates primary reason for death is CVD or AMI.

Matherials and Methods: The research is quantitative analithyc study–cross sectional study implemented from January 2015 to September 2016. The death certificates containing main ICD codes I10-i50 from the City general hospital September the 8th Skopje, Clinical hospital Bitola, Clinical hospital Stip, Clinical hospital Tetovo, General hospital Kumanovo, General hospital Prilep. The selection of the analyzed death certificates and hospilata I data was according to determined inclusion and exclusion criteria.

Results: There is inconsistency in the filling of the Deatth Certificates with the inscribed ICD (I10-I50) as the main cause of death. The hospital medical documentation for the patients who died in the first 24 hours is incomplete. There is a difference of 10% between the contents of the ICD inscription (I10)- I50) as the primary cause of death and appropriate hospital medical documentation. The number of AMI patients dying in hospital facilities is significantly higher than that reported in the LIPS.

Keywords: Accuracy Death Certificates, Early Hospital AMI Mortality, WHO MONICA Project.

Nato Pitskhelauri
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Hospitalizations due to falls among older adults: Epidemiology and temporal trends

Falls represent a major public health concern among older adults. Globally, approximately 30% of individuals aged 65 and above experience a fall each year, with one in five requiring medical attention. In Georgia, limited data exist on trends in fall-related hospitalizations among the elderly. This study aimed to examine the epidemiological patterns of fall-related injuries among hospitalized adults aged 65 and older in Georgia from 2019 to 2021.

Methods: Data were extracted from the National Center for Disease Control and Public Health (NCDC) Hospital Registry, identifying patients aged 65+ admitted due to fall-related injuries during 2019–2021.

Results: During the study period, 20,653 older adults were hospitalized for injuries, with 13,749 cases (66.5%) resulting from falls. The incidence peaked in 2019 (925.9 per 100,000) and dropped to 744.3 in 2020. Falls accounted for 17% of injury-related hospitalizations in 2019, decreasing to 14% in 2020. Women were disproportionately affected (69.6%), and the highest incidence occurred among those aged 80–84. Hip, thigh, and head injuries were most common, with falls on the same level being the primary mechanism. A total of 362 deaths occurred, with men showing a slightly higher mortality rate (approximately 3% annually).

Conclusion: Fall-related hospitalizations declined in 2020, likely due to COVID-19 restrictions, followed by a rebound in 2021. These findings underscore the urgent need to strengthen fall prevention strategies targeting older adults in Georgia, particularly among high-risk age groups and women.

Biography

Nato Pitskhelauri is MD, PhD, Associate Professor, Vice Dean of the Faculty of Medicine, Tbilisi State University (TSU). In 2009 Nato Pitskhelauri graduated from TSU, the Faculty of Medicine with honors. In 2009 she started working at the Open Society Georgia Foundation coordinating Salzburg Medical Seminars in Georgia. In 2012 she successfully defended her PhD thesis. Nato Pitskhelauri has participated in a number of international conferences, congresses, educational programs. She received various diplomas and prizes. In 2016 Nato Pitskhelauri graduated from the Advance Master Program in Bioethics of University of Leuven (Belgium), University of Nijmegen (Netherland) and University of Padua (Italy). Nato Pitskhelauri is a member of the TSU Dissertation Board, Chair of the Ethics Committee and board member of Children's rights Center. Dr. Nato Pitskhelauri is an author of a several publications.

Naylya Djumaeva MD, PhD
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Electroacupuncture-based medicament testing as an investigational diagnostic and functional assessment tool in long COVID

Background: Long COVID is associated with persistent multisystem symptoms following SARS-CoV-2 infection, yet objective tools to assess ongoing regulatory dysfunction remain limited. Previous research has explored Electroacupuncture-According-to-Voll (EAV) diagnostics and Medicament Testing (MT) as bioelectrical techniques for evaluating altered electrodermal activity. Within this framework, MT may function both as an investigational diagnostic probe and as a functional, biofeedback-like tool for assessing individualized antiviral dose responsiveness.

Methods: Adult outpatients meeting clinical criteria for Long COVID underwent EAV assessment to identify Measurement Points (MPs) with reduced electrodermal activity. MT was subsequently conducted using chosen antiviral and immunomodulatory preparations to evaluate regulatory responsiveness. In a blinded, randomized, placebo-controlled study, MT was also applied to determine individualized ribavirin dosing based on electrodermal activity normalization at selected MPs. Patterns of MT reactivity and dose responsiveness were analyzed to explore reproducibility and potential functional associations.

Results: Decreased electrodermal activity was consistently observed at MPs associated with autonomic, immune, and circulatory regulatory pathways. In some patients, MT with selected agents normalized electrodermal activity at affected MPs. In the randomized controlled study, the MT-derived ribavirin dose varied across individuals. It showed an inverse association with the degree of baseline electrodermal reduction, suggesting that MT captures a functional dimension of regulatory disturbance relevant to antiviral dosing requirements.

Conclusions: These findings suggest that EAV-based MT may represent a non-invasive investigational diagnostic and functional assessment tool for Long COVID, capable of identifying altered electrodermal regulation and exploring individualized antiviral dose responsiveness within the same regulatory framework. As the approach relies on bioelectrical rather than virological confirmation, results should be interpreted as hypothesis-generating; nevertheless, the data support further interdisciplinary research into electrodermal diagnostics and personalized therapeutic strategies in post-viral disease.

Keywords: Long COVID, Electrodermal Activity, Electroacupuncture, Medicament Testing, Diagnostic Tools, Individualized Dosing, Post-Viral Syndromes, Public Health.

Biography

Naylya Djumaeva, MD, PhD, is an independent clinician-researcher from Uzbekistan working in scientific collaboration with the Research Institute of Virology, Ministry of Health. She has over 30 years of medical experience and a long-standing research interest in chronic viral infections, post-viral syndromes, neuro-immune interactions, and regulatory diagnostics. Her recent work focuses on exploring Long COVID using electroacupuncture-based medicament testing as an investigational approach to study viral-associated regulatory involvement. She has presented her research nationally and internationally and continues to develop interdisciplinary perspectives on post-infectious disease mechanisms.

Nino Chikhladze*, Nato Pitskhelauri
Tbilisi State University, Georgia

Growing burden of injury-related mortality in older adults in Georgia

Fatal injuries are a major public health concern among older adults, whose risk is amplified by physiological decline and multiple comorbidities. In Georgia, the aging population continues to grow, yet evidence on fatal injuries in this group has been limited. This study analyzed data from the National Death Registry for 2015–2024. During this period, 6,199 adults aged 65 years and older died due to injuries. Overall mortality showed an upward trend, with the highest burden recorded in 2019 (14%) and the lowest in 2015 (7%). The greatest proportions of deaths occurred in those aged ≥85 years (23) and 80–84 years (23%). Mortality was somewhat lower in younger age groups: 65–69 years (20%), 75–79 years (18%), and 70–74 years (17%). Men accounted for most injury-related deaths (56%), although the share of female fatalities increased notably in the oldest age group. Falls were the predominant cause of fatal injury (35%), followed by other or unspecified causes (20%), road traffic accidents (15%), burns (9%), respiratory arrest (8%), and mechanical force (5%). The likelihood of fatal falls rose sharply with age, while deaths from road traffic accidents declined in older age categories. These findings highlight that fall are the leading cause of injury-related mortality among adults aged 65 and above, with risk increasing steadily in advanced age.

Biography

Nino Chikhladze is MD, PhD, professor of the Faculty of Medicine, Tbilisi State University. After she graduated from Tbilisi State Medical Institute she was involved in clinical activities (Internal Medicine) since 1988 and in academic activity since 1992, at TSU since 1996. In 1997 she was awarded PhD degree and in 2001 she was licensed as a specialist in Public Health and Health Care Management. She is author of more than 100 scientific articles, textbooks, manuals. She is a member of Scientific Editorial Board of National and International Journals.

Nino Lipartia Lawyer, Professor, PhD

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Mandatory and voluntary vaccination schemes: Legal and ethical dilemmas

Mandatory vaccination constitutes one of the most complex legal and ethical issues in contemporary public health governance, a challenge rendered particularly acute by the COVID-19 pandemic. The crisis has brought into sharp focus the enduring tension between the protection of public health and the safeguarding of individual autonomy and fundamental rights. This study examines the legal frameworks governing mandatory vaccination, their compatibility with international human rights standards, and the ethical dilemmas arising from state-imposed medical interventions pursued in the name of collective welfare.

Employing doctrinal and comparative legal methodologies, the research undertakes a systematic analysis of international judicial practice, with particular emphasis on the jurisprudence of the United States Supreme Court and the European Court of Human Rights (ECtHR). Central to the analysis is *Jacobson v. Massachusetts* (1905), in which the U.S. Supreme Court articulated the doctrine of state police powers in the context of public health emergencies and affirmed that individual liberty is not absolute when confronted with serious epidemiological threats. The study further examines the Grand Chamber judgment in *Vavřička and Others v. Czech Republic* (2021), where the ECtHR upheld mandatory childhood vaccination as compatible with Article 8 of the European Convention on Human Rights, relying on the principles of proportionality, legitimate aim, and the margin of appreciation afforded to states in public health policy.

The paper also analyses earlier and subsequent ECtHR case-law, including *Boffa and Others v. San Marino* and *Solomakhin v. Ukraine*, as well as interim decisions rendered during the COVID-19 pandemic, which collectively demonstrate a consistent judicial approach recognising mandatory vaccination as a legitimate interference with private life when

supported by law, scientific evidence, and procedural safeguards. From this jurisprudence, the study distils key legal criteria for the permissibility of vaccination mandates, including legality, necessity, proportionality, the absence of physical coercion, the availability of medical exemptions, and effective review mechanisms.

Finally, the research addresses the ethical dimensions of mandatory vaccination, focusing on the relationship between individual autonomy and social solidarity, the principle of the best interests of the child, the limits of religious and philosophical exemptions, and the normative justification of "soft mandates." The study concludes that, when grounded in a clear legal framework, robust judicial oversight, and sound scientific evidence, mandatory vaccination may be regarded as both legally permissible and ethically justified within a democratic society committed to the protection of public health.

Biography

Nino Lipartia is a Doctor of Law, practicing attorney, and academic specializing in medical law, health law regulation, and human rights. She is the Founder and Partner of the Centre of Medical Disputes, a specialized institution focused on the resolution of legal conflicts arising in the healthcare sector. She also serves as a chief legal advisor to medical and insurance institutions. Her professional practice centers on medical liability, informed consent, medical malpractice, patient rights, and legal disputes related to the provision of medical services, with particular attention to regulatory compliance and the interaction between healthcare and insurance law. She is a non-executive member of the Council of the Georgian Bar Association and a member of the World Association for Medical Law. Alongside her legal practice, Nino Lipartia is actively engaged in academia and teaches medical law at leading universities. She also served as a visiting (exchange) professor at Jan Kochanowski University in Kielce, Poland, where she delivered lectures in the field of medical law within the Erasmus+ program. Her academic research interests include patient autonomy, informed consent, transplantation law, mandatory and voluntary vaccination schemes, medical triage, and state responsibility in public health emergencies. She is the author and co-author of numerous scholarly publications and has presented her research at international conferences and academic forums across Europe and beyond. Through her combined academic, professional, and international teaching activities, Nino Lipartia contributes to the development of medical law as an independent and evolving discipline within contemporary legal scholarship.

Lori Dickes PhD, Natan Teklemariam PhD, Olumayowa Idowu MSc*, Adegboyega Owolabi MSc

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Building healthier cities: How zoning, affordable housing, and environmental quality shape population health

Objective: Population health outcomes are fundamentally shaped by the urban environments in which people live and work. This research examines the critical intersection of land-use policy, zoning regulations, affordable housing availability, and environmental quality as upstream social determinants of health. The study investigates how exclusionary zoning practices perpetuate health inequities while inclusionary zoning policies, coupled with environmental quality improvements, can promote equitable health outcomes across diverse populations. By synthesizing legal and spatial epidemiological analyses, this study demonstrates that built environment interventions targeting affordable housing and environmental inequities are essential mechanisms for reducing persistent health disparities in rapidly urbanizing regions.

Methods: This mixed-methods research integrates a comprehensive policy scan utilizing LawAtlas datasets across seven comparable jurisdictions, qualitative semi-structured interviews with 20 local government officials, planners, and stakeholders engaged in housing and community development, and spatial epidemiological analysis examining correlations between demographic characteristics, housing affordability, environmental exposures, and health outcomes. Census tract-level data were analyzed to assess relationships between racial and ethnic composition, housing cost burden, proximity to environmental hazards, and prevalence of chronic diseases including diabetes, hypertension, coronary heart disease, and stroke. We conducted statistical analyses to test whether the relationships among variables reflected theoretical predictions linking housing policy environments to health outcomes, controlling for socioeconomic mediators including income, education, and employment. We extracted data from Centers for Disease Control and Prevention PLACES, U.S. Census Bureau, The Eviction Lab, and interviews.

Results: Our results indicate that restrictive zoning practices, limited affordable housing options, and adverse neighborhood environmental conditions, such as unsafe streets, lack of access to pedestrian sidewalk, bike lane, green spaces and transit routes, and proximity to environmental hazards, are significant predictors of poor health outcomes. Census tracts with higher proportions of Black and Hispanic residents exhibited substantially elevated rates of cardiometabolic diseases and related risk factors. These disparities were partially mediated by lower levels of educational attainment and household income among heads of households, while environmental risks further compounded inequities in these communities. Collectively, the results illustrate how institutional barriers rooted in land-use policy, educational opportunity, and neighborhood conditions drive racial health disparities. Interviews highlighted the need for more localized and nuanced measures of housing affordability, as well as expanded density and mixed-use development.

Conclusion: Land-use and zoning policies function as powerful yet often underleveraged tools for advancing public health. Our findings highlight the importance of moving beyond siloed planning approaches toward integrated frameworks that link housing policy, education, employment opportunities, environmental quality, transportation, and health systems. Such coordination is particularly critical as communities confront widening socioeconomic and racial inequities. Strengthening access to quality education and economic opportunities, ensuring fair and inclusive land-use practices, expanding mixed-income and mixed-use housing opportunities, and addressing environmental hazards are essential strategies for improving population health. Together, these efforts can help reduce entrenched health inequities, especially in rapidly growing mid-sized urban areas where development pressures and affordability challenges are most acute.

Biography

Olumayowa Idowu is an emerging public policy scholar and applied Economist, currently pursuing a Ph.D. in Policy Studies at Clemson University. Growing up in a low-income household shaped his commitment to advancing fair access to the social determinants of health, particularly for low-income communities. He has nearly a decade of professional experience in credit access, financial inclusion, and regulatory compliance, and now conducts interdisciplinary research at the intersection of zoning policy, housing, neighbourhood environments, and population health. He remains dedicated to producing evidence-based, community-informed policy solutions that promote health and improve quality of life for all.

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A narrative review on the roles of nursing in sexual dysfunction among oncological patients with updated recommendations

Sexual dysfunction affects an estimated 50–70% of cancer survivors but remains under-recognized and undertreated, impacting quality of life and emotional well-being. This narrative review involves a comprehensive search of PubMed/MEDLINE, CINAHL, Scopus, Web of Science, and ScienceDirect for English-language publications (January 2010–May 2025), using combined MeSH and free-text terms for 'sexual health', 'cancer', 'nursing', 'roles of nurses', 'immunotherapy', 'targeted therapy', 'sexual health', 'sexual dysfunction', 'vaginal dryness', 'genitourinary syndrome of menopause', 'sexual desire', 'body image', 'erec tile dysfunction', 'climacturia', 'ejaculatory disorders', 'dyspareunia', and 'oncology'. We used the IMRAD (Introduction, Methods, Results, and Discussion) approach to identify 1245 records and screen titles and abstracts. Fifty studies ultimately met the inclusion criteria (original research, reviews, and clinical guidelines on oncology nursing and sexual health).

Results: All the treatments contributed to reduced libido, erectile dysfunction, dyspareunia, and body image concerns, with a prevalence of 57.5% across genders. Oncology nurses can provide sex education and counseling. Barriers (limited training, cultural stigma, and the absence of protocols) hinder effective intervention. Addressing these issues through sexual health curricula, formal referral systems, and policy reforms can enhance nursing care. Future research should assess the impact of targeted nurse education and the institutional integration of sexual health into cancer care.

Biography

Prof. Patricia Tai, MBBS, LMCC, DMRT, FRCR, FRCPC, earned a gold medal from the University of Hong Kong (ranked 11 globally) after training under Prof. John Ho, a leader in nasopharyngeal carcinoma. After immigrating to Canada, she trained under Prof. David McDonald and Mr. Jake Van Dyk, world experts in CNS oncology and medical physics. An international expert in skin cancer, she has authored five *UpToDate* chapters since 2000. She has produced 155 publications, 191 conference abstracts, and 185 presentations.

Mr. Omar Alqaisi, BSc and MSc in Nursing, from the Al-Zaytoonah University of Jordan. He had won the *Best Thesis Award* (2023/2024) across all master programs. He has clinical experience with Royal Medical Services (since 2019) in diverse units and is currently serving in the VIP Hematologic Malignancies Unit. He was a part-time lecturer in practical nursing, an invited speaker and moderator at international conferences on oncology nursing, sexual health, trauma care, and emergency medicine.

Ranjana Bishnoi

Vijaya Raje College of Nursing Jodhpur (Raj), India

Garbhsanskar - Inspired nurse-led integrative intervention for infertility: A holistic nursing approach

Topic: Infertility is a global reproductive health concern that transcends geographical, cultural and social boundaries, significantly affecting the physical, emotional and psychosocial wellbeing of individuals and couples In many health care setting, infertility management remains predominantly biomedical with limited emphasis on holistic, culturally sensitive and nurse led supportive care. In alignment with conference theme "Nursing without borders", this abstract present a culturally sensitive, nurse led integrative approach to infertility care inspired my principles of Garbhsanskar, an ancient Indian holistic concept emphasizing physical, mental and emotional wellbeing through positive lifestyle practices, mental conditioning and value based care. Drawing inspiration from these principles the proposed nurse led integrative approach incorporates universally applicable nursing intervention such as life style modification, nutritional counselling, stress reduction strategies, mindfulness practices, therapeutic communication, emotional support and patient education. These intervention are integrated within a holistic nursing framework and adapted to align with contemporary evidence informed health care practices.

The nurse led integrative intervention emphasizes empowerment, emotional resilience and improved treatment adherence among individuals and couples experiencing infertility. By incorporating culturally rooted universally applicable nursing strategies, the model supports idea that nursing care can transcend cultural and national boundaries without compromising scientific rigor or ethical standards The proposed model also underscores the importance of nurse led leadership in integrative and holistic health care delivery. Nurses are uniquely positioned to bridge traditional knowledge system with new modern clinical practices, ensuring patient-centred and ethically grounded care.

Garbhsanskar-inspired integrative nursing intervention reflect the expanding role of nurses as holistic caregivers, educators, and advocates in global reproductive health. This approach reinforces the potential of nursing leadership in bridging traditional wisdom with modern healthcare practices, contributing meaningfully to comprehensive infertility management and global nursing practice.

Biography

Ranjana Bishnoi is a nursing faculty from India with academic and profession experience in nursing education and holistic care. Her areas of interest include reproductive health, infertility care integrative nursing practices, and culturally sensitive intervention. She is a member of TNAI, affiliated with International Council of Nurses (ICN). She is actively involved in teaching, research guidance and promoting holistic nursing approach aligned with global health priorities.

Samikchya Poudel Pokhrel*,
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Burden and risk factors of Non-Communicable Diseases (NCDs) among adults living in urban slums of Kathmandu, Nepal

Non-Communicable Diseases (NCDs) are a significant public health issue, responsible for 66% of all fatalities in Nepal. The burden is considerably greater among people living in urban slums, who are at greater risk because of their poor living conditions, restricted access to healthcare, and increased exposure to behavioral and biological risk factors. Nonetheless, there has been insufficient research completed on these groups in the Kathmandu District.

Objectives: To ascertain the prevalence and biological and behavioral risk factors of non-communicable diseases among individuals residing in Kathmandu District's slums.

Methods: A modified WHO STEPS questionnaire was used in a cross-sectional study with 345 persons from urban slums, ages 18 to 69. Clinical evaluations and in-person interviews were used to gather data. The relationships between risk factors and sociodemographic variables were evaluated using bivariate and multivariate logistic regression models.

Result: Among Participants, 29% used smokeless tobacco, 36.2% were current smokers, and 61.2% consumed excessive episodic alcohol. 93.3% of people had inadequate fruit and vegetable intake, while 15.4% were physically inactive. 59.7% of the population was overweight or obese, 28.1% had elevated blood pressure, and 44.4% had elevated blood sugar. Smoking was significantly associated with male gender, poor income, and low education; alcohol consumption was associated with age, gender, and employment; middle-aged and married people were more likely to be overweight or obese.

Conclusion: Slum dwellers in Kathmandu have a high incidence of modifiable behavioral and metabolic risk factors for NCDs. These hazards are greatly influenced by sociodemographic factors. For public health initiatives to effectively address the clustering of NCD risk factors, slum communities must be given priority.

Biography

Samikchya Poudel Pokhrel is a recent Master of Public Health (MPH) graduate from Nepal who aspires to be a public health professional and researcher. Her primary interests include health equality, noncommunicable illnesses, water, sanitation, and hygiene, and urban community health. she is highly devoted to addressing the socioeconomic and structural determinants of health that cause and perpetuate disparities, particularly among vulnerable and disadvantaged communities. Through her academic expertise and field experience, she hope to help create fair, inclusive, and just health systems by encouraging evidence-based public health actions. Her long-term objective is to work toward reducing health inequities, building community health systems, and promoting peace, justice, and dignity in health for everyone.

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Personalized and precision oncology via integrating genomics and IT-supported approaches to prevent, to treat, and to cure cancer and its complications

A new systems approach to diseased states and wellness result in a new branch in the healthcare services, namely, Personalized and Precision Medicine (PPM). To achieve the implementation of PPM concept, it is necessary to create a fundamentally new strategy based upon the subclinical recognition of biomarkers (biopredictors) of hidden abnormalities long before cancer clinically manifests itself. And useful to integrate data harvesting from different databanks for applications such as prediction and personalization of further treat-ment to thus provide more tailored measures for the patients resulting in improved patient outcomes, reduced adverse events, and more cost effective use of health care resources.

Individualizing patient treatment is a core objective of the medical field. Meanwhile, the in-herent variability of cancer illustrating the molecular differences between tumors, securing the linkages of those differences to an effective drug and resulting in immense patient bene-fits, lends itself to the growing field of PPM. Personalized cancer treatment in particular stands to highly benefit from PPM therapies, since extensive variability between tumors pre-sents a need to target each case in a personalized manner.

At this point, personalized cancer therapy is considered to be a treatment strategy centered on the ability to predict which patients are more likely to respond to specific cancer therapies. This approach is founded upon the idea that cancer biomarkers are associated with patient prognosis and tumor response to therapy. And personalized tumor molecular profiles (tumor biomarkers can be OMICS-profiles that predict therapy response.), tumor disease site and other patient characteristics are then potentially used for determining optimum individual-ized therapy options.

Recent advances in systems biology and cancer pathology have tremendously affected the practice of pathology, gradually transforming it from a morphology-based into a precise mo-lecular-based cancer-related discipline. The improvement of methodology for genomic test-ing has made it one of the cornerstones of PPM-related cancer medicine (PPO). Various ge-nomic analyses of human cancers are being incorporated into diagnostic and decision-making algorithms of the precision cancer pathology

Genomics and bioinformatics are those of the most rapidly emerging areas of cancer pathol-ogy-related research as applicable to PPM and PPO. Examples include the use of AI for im-proved DNA sequencing and SNP analysis to target specific cell and tissue types, biosen-sors for specific molecules *in vivo*, and point-of-care molecular diagnostic devices enabled by genomics- and IT tools. Coupled with IT, the upgraded tools are ever more efficient and robust within clinical settings.

In this context, most of advances in PPM-guided cancer management are associated with patient care and treatment, including development of new or more precise individual therapies and genome-driven diagnostics, which had implicated in better outcomes and extended survivals, mostly due to personalized approaches for each tumor, cancer patient and pre-cancer person-at-risk into the PPM era. In order to be effective and successful, PPM-guided approach as applicable to clinical oncology practice assumes the integration of several areas of interdisciplinary knowledge and advanced technologies focused on patient's characteristics and specific healthy needs, including OMICS sciences, bioinformatics, biomarkers, digital health, data science & sharing, and data bioanalytics. In this context, the implementation of translational studies based on liquid biopsy and organoids or xenografts to evaluate molecular changes due to clonal pressure generated due to the use of target agents or tumor heterogeneity would help in the detection of mechanisms of resistance, suggesting the possibility for novel combinations. Precision pathology has therefore become fundamental not only to inform on tumor diagnosis and prognosis but also to drive therapeutic decisions in daily practice.

Providing functional PPM to cancer patients in real life is very challenging. Biodesign-driven translational research has revolutionized how we develop new treatments for cancer pa-tients. This shift in perspective, in which attention is focused on the specific molecular altera-tions of the tumor, has opened the door to personalized treatment. This situation is reflected in the increasing number of basket trials selecting specific molecular targets. But the com-plexity of cancer cells enriched with concomitant molecular alterations complicates identifi-cation of the driver. Moreover, tumor heterogeneity could be responsible for the lack of bene-fit when targeted agents are used. And thus the fusion of the above-mentioned strategies has created a new dimension for PPM-guided cancer therapy. This entails the development of next generation cancer targeted drugs (for therapeutic applications) and individualized cancer vaccines (for preventive purposes). The latter is becoming crucial for personalized & precision cancer therapy since the molecular heterogeneity of cancer, and the complex in-teraction of cancer, tumor microenvironment and immune cells, require sophisticated com-binatorial genotypic and phenotypic testing in order to answer a broad scope of important questions for new cancer-related targeted agent discovery, preclinical and clinical develop-ment. So, PPM calls for a transdisciplinary approach, and considerations for how best to de-velop innovation frameworks to support safe and effective deployment of the new enabling diagnostic and therapeutic technologies in clinical oncology!

Biography

Sergey Suchkov was born in the City of Astrakhan, Russia, in a family of dynasty medical doctors. In 1980, grad-uated from Astrakhan State Medical University and was awarded with MD. In 1985, Suchkov maintained his PhD as a PhD student of the I.M. Sechenov Moscow Medical Academy and Institute of Medical Enzymology. In 2001, Suchkov maintained his Doctor Degree at the National Institute of Immunology, Russia. From 1989 through 1995, Dr. Suchkov was being a Head of the Lab of Clinical Immunology, Helmholtz Eye Research Institute in Moscow. From 1995 through 2004-a Chair of the Dept for Clinical Immunology, Moscow Clinical Research Institute (MONI-KI). In 1993-1996, Dr. Suchkov was a Secretary-in-Chief of the Editorial Board, Biomedical Science, an interna-tional journal published jointly by

the USSR Academy of Sciences and the Royal Society of Chemistry, UK. At present, Dr. Sergey Suchkov, MD, PhD, is: N.D. Zelinskii Institute for Organic Chemistry of the Russian Acade-my of Sciences, Moscow, Russia. R&D Director, InMedStar, Russia-UAE. Senior Scientific Advisor of China Hong Kong Innovation International Business Association, Hong Kong. Secretary General, United Cultural Con-vention (UCC), Cambridge, UK. Dr. Suchkov is a member of the: American Chemical Society (ACS), USA; American Heart Association (AHA), USA; European Association for Medical Education (AMEE), Dundee, UK; EPMA (European Association for Predictive, Preventive and Personalized Medicine), Brussels, EU; ARVO (American Association for Research in Vision and Ophthalmology); ISER (International Society for Eye Re-search); Personalized Medicine Coalition (PMC), Washington, DC, USA. Russian Academy of Natural Sciences (RANS), Russia. New York Academy of Sciences, USA.

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Natural family planning through the view of personalized and precision reproductive healthcare: An option for clinicians, geneticists and caregivers to realize the potential of genomics-informed care to secure individualized human biosafety and planetary demographics

The overall morbidity and mortality have decreased substantially in the early and pre-early pediatric diseases following advances in medical and surgical management for several devastating diseases. However, there has been little change in the incidence of developmental defects. Despite the heterogeneity in the etiology of pediatric diseases and developmental defects, there is a considerable overlap in the molecular and cellular pathways to open a green way for developing an upgraded strategy in diagnostics, prediction prognostication and monitoring.

The link that might exert reliable control over morbidity, mortality and disabling rates as well as significantly optimize the cost and efficacy of treatment for those who had fallen ill and for persons-at-risk is Personalized & Precision Medicine (PPM) as being the Grand Challenge to forecast, to predict and to prevent is rooted in a big and a new science generated by the achievements of systems biology and Translational Medicine (TraMed).

To achieve the implementation of PPM concept into the daily practice (including Reproductology), it is necessary to create a new strategy based upon recognition and applications of Biomarkers in healthcare services. This strategy would give a real opportunity to secure preventive, prophylactic, therapeutic and rehabilitative measures, whose personalization could have a significantly positive influence on family planning, reproductology and demographics as a whole.

In this sense, we would need Centers for Personalized & Precision Pediatrics (CPPP) and Center for Precision Reproductology and Personalized Family Planning, designed to bring next-generation care to the intersexual pairs, pregnant women and children by using advanced technologies to understand the individualized unique genetic makeups and offer tailored treatments and to be developing novel diagnostic and predictive tools as well as newest therapeutics that target infertility and specific diseases and improve health.

For instance, the recently established at Columbia University Reproductive Precision Medicine Center develops and evaluates new genomic tests and treatments, and translates them into care. In the future, as the genes leading to the inborn defects are identified, medical and in-utero gene therapies may become possible.

The patients represent a wide cross-section of both normal and abnormal human pregnancies, sometimes from the pre-implantation embryo to the end of pregnancy. The information from these technologies allows individualized counseling and care based on the latest Hi Tech innovations.

The concept of PPM has been applied in reproductive medicine long before its popularization. The causes of infertility are various, and factors influencing the success rates of ART are complicated; hence, every step of reproductive medicine, such as the diagnosis of infertility causes and transfer of healthy embryos, needs to be precise.

Many individual factors influence fertility treatment decisions including your specific diagnosis, age, health status, and lifestyle. Meanwhile, fertility specialists already use specific genomic and phenomic biomarkers to help make the right preventive, prophylactic or treatment decisions.

One of the better known uses of PPM-related resources in reproductive medicine and family planning and female infertility is the genetic test that most accurately determines how receptive a woman's endometrium (inner uterine lining) is for implanting an embryo. Male fertility problems are the cause of an infertility diagnosis among couples approximately half the time. In addition, many causes of male infertility remain unknown. As a result, genomics and proteomics represent examples of methods to investigate the molecular level of male infertility.

Reproductive PPM is at the preliminary stage of discovering and validating genomic, protein and metabolite biomarkers. Perhaps what is currently being offered as personalized treatment of infertile patient is more based on "the best expert opinion of the attending clinician" than "the best evidence-based data available". Experts suggest there is room for improvement in both early diagnostics of male infertility and drug development. Further, PPM has potential for targeted diagnostic and therapeutic advances.

In brief, Reproductive PPM is at the preliminary stage of discovering and validating genomic, protein and metabolite biomarkers. In this sense, PPM and personalized and precision genomics as the major part of the latter are a new and exciting field with the potential to significantly improve medical care for pregnant women and children.

In this sense, PPM and personalized and precision genomics as the major part of the latter are a new and exciting field with the potential to significantly improve medical care for pregnant women and children. And PPM-based Reproductology and Personalized Genomics-related Armamentarium has been at the forefront of genomic technology adoption! And effectively integrating genomics into routine care will demonstrate the efficacy of a new molecular diagnostic or targeted therapeutic in controlled settings. So, developing reproductology-related expert competency in genomics is a daunting task, but one that the specialty can and must accomplish in the near future. Achieving such competency will provide effectively integrating genomics into practice, will improve reproductology-related experts' efficacy in caring for the patient current health concerns and will make experts the guides to lifelong health.

For reproductive medicine, precision has always been a criterion in every procedure, including etiology-oriented examination, specific diagnosis, identifying healthy embryos, WOI, and accurate implantation. Combined with genetic information and a large volume of biomedical data, an unknown territory of reproductive medicine will be explored, and the mechanisms underlying the causes of infertility that we do not yet know will be elucidated. The application of PPM has become a guideline for the development of reproductive medicine.

Regarding the latter, there are several main needs that are relevant to care partners across disease settings include (1) information and guidance to prepare them for the role; (2) how to alleviate discomfort for the person with illness; (3) enhancing skills for the physical tasks of the role; (4) strategies for managing the psychological, and financial implications of the care partner role; and (5) assistance in advance care planning and on preparing for the care recipient's death. The individualized care partner coping is a result of complex interactions between stressors and mediators as they navigate chronic illness, but palliative providers with an understanding of these factors are well-positioned to address the risk factors and provide appropriate support.

The individualized family planning presents unique challenges to obstetrician-gynecologists. Improved access to contraception and abortion services is significantly lowering unintended pregnancies rates in adolescents, but more data assessing the effectiveness of interventions in marginalized communities are needed. In this context, personalized aims and objectives exist at every stage of disorder initiation and progression to develop a Personalized Health Plan addressing lifestyle, risk modification and disease management, and later, a Personalized Health Management & Wellness Program to be based on biomarkers of the next step generation combined with big data technology which would raise the prediction, prognostication and precision of identifying dysfunctions. Information on the genome, epigenetic groups, transcriptome, proteome, metabolome. So, the precise and accurate molecular diagnosis can be integrated, and based on this information, screening and identification platforms can be established.

For instance, for prevention, the essence is avoiding the causes of infertility. Among all the causes of infertility, some are related to an unhealthy lifestyle. Strengthening education on female reproductive health will be a strong prevention for infertility. With our deepening understanding of different causes of infertility, more personalized diagnoses can be made, and more precise treatment can be given, and in this way, the success rate of ART can be improved. With the continued promotion of PPM and reproductive medicine will reach new heights and bring hope for more patients who are suffering from infertility.

SO, implementation of PPM into the areas of reproductive medicine and family planning requires a lot before the current model “physician-patient” could be gradually displaced by a new model “medical advisor-healthy person-at-risk”. This is the reason for developing global scientific, clinical, social, and educational projects in the area of PPM to elicit the content of the new branch.

Biography

Sergey Suchkov was born in the City of Astrakhan, Russia, in a family of dynasty medical doctors. In 1980, graduated from Astrakhan State Medical University and was awarded with MD. In 1985, Suchkov maintained his PhD as a PhD student of the I.M. Sechenov Moscow Medical Academy and Institute of Medical Enzymology. In 2001, Suchkov maintained his Doctor Degree at the National Institute of Immunology, Russia. From 1989 through 1995, Dr. Suchkov was being a Head of the Lab of Clinical Immunology, Helmholtz Eye Research Institute in Moscow. From 1995 through 2004-a Chair of the Dept for Clinical Immunology,

Moscow Clinical Research Institute (MONIKI). In 1993-1996, Dr. Suchkov was a Secretary-in-Chief of the Editorial Board, Biomedical Science, an international journal published jointly by the USSR Academy of Sciences and the Royal Society of Chemistry, UK. At present, Dr. Sergey Suchkov, MD, PhD, is: N.D. Zelinskii Institute for Organic Chemistry of the Russian Academy of Sciences, Moscow, Russia. R&D Director, InMedStar, Russia-UAE. Senior Scientific Advisor of China Hong Kong Innovation International Business Association, Hong Kong. Secretary General, United Cultural Convention (UCC), Cambridge, UK. Dr. Suchkov is a member of the: American Chemical Society (ACS), USA; American Heart Association (AHA), USA; European Association for Medical Education (AMEE), Dundee, UK; EPMA (European Association for Predictive, Preventive and Personalized Medicine), Brussels, EU; ARVO (American Association for Research in Vision and Ophthalmology); ISER (International Society for Eye Research); Personalized Medicine Coalition (PMC), Washington, DC, USA. Russian Academy of Natural Sciences (RANS), Russia. New York Academy of Sciences, USA.

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Evaluation of SIRT1 as a potential biomarker of aging among middle-aged individuals with altered serum Vitamin D status

Background: The role of Vitamin D in promoting overall cellular health and preventing age-related diseases is well established. Further, studies have reported that the Sirtuin1 gene regulates aging, promotes longevity, and is recognized as one of the molecular hallmarks of biological aging.

Objectives: The study's primary objective is to compare the serum sirtuin 1 level among individuals with and without vitamin D deficiency. The secondary objective is to evaluate the association of SIRT1 gene polymorphism with vitamin D levels.

Methods: A total of 174 subjects were recruited, including 87 subjects with vitamin D deficiency and 87 with normal vitamin D levels. Serum vitamin D and sirtuin 1 levels were measured by Enzyme-Linked Immunosorbent Assay (ELISA). Genotyping was performed with the blood sample for Single Nucleotide Polymorphism (SNP)-rs3740051 of the SIRT1 gene by using Polymerase Chain Reaction-Restriction Fragment Length Polymorphism (PCR–RFLP). A comparison of variables between the two groups was performed using the Mann-Whitney U test. Spearman's correlation test assessed the correlation between sirtuin 1 and vitamin D. The association between SIRT1 gene polymorphism and vitamin D levels was analyzed by chi-square test. Hardy-Weinberg equilibrium was calculated for the alleles.

Conclusion: The findings of the study show an evident association between vitamin D deficiency and higher SIRT1 gene polymorphism and the down expression of SIRT1 among middle-aged adults. Therefore, the study concludes that Individuals with vitamin D deficiency

exhibit altered SERT1 gene expression mediated accelerated biological aging. Further, maintaining optimal vitamin D levels through lifestyle modifications, dietary interventions, or appropriate pharmacological strategies is essential for mitigating premature aging.

Biography

Dr. Shailaja did her PhD in Medical Physiology from St. John's Medical College, Rajiv Gandhi University of Health Sciences, Bangalore. She works as a Physiology Professor at K.S. Hegde Medical Academy, Nitte University, Mangalore, India. She has published 25 papers in refereed journals and completed Research projects funded by the Indian Council for Medical Research and the Board of Research for Nuclear Sciences. Her research interests are Aging Biology, Autonomic Neurosciences, and Electrophysiology.

Xiaoya Qi[1], Ziyue Zhang[2], Meng Jia[2], Yangping Zhang[1], Shuang Feng[1], Ruixue Bai[1], Siyao Wang[1], Jinning Mao[1], Shu Su[2*]

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Evolving multimorbidity patterns among ageing adults with Cardiovascular Disease Continuum (CVDC) in China: A longitudinal study

Background: The progression of multimorbidity in Chinese ageing adults with cardiovascular diseases remains inadequately understood. This study investigates the longitudinal evolution of Cardiovascular Disease Continuum (CVDC)-related multimorbidity patterns in this population.

Methods: The observational study analyzed medical examination reports from individuals aged 65 and older who underwent regular physical examinations during January 1, 2010 to December 31, 2022 at the Second Affiliated Hospital of Chongqing Medical University. Multimorbidity patterns of CVDC were examined. The construction of the multimorbidity network was based on Spearman correlation analyses to visualize the evolution of gender differences. Odds Ratios (ORs) for developing multimorbidity in CVDC in compared to non-CVDC were calculated. Survival analysis and multivariate cox proportional hazards regression were performed to estimate the cumulative probability and identify risk factors for multimorbidity.

Results: A total of 10,052 eligible individuals with 1835 (18.26%) diagnosed with CVDC at baseline were included. The strongest positive correlation was observed between CVDC and obesity related diseases during both the initial (rmales=0.208, rfemales=0.244) and final (rmales=0.312, rfemales=0.248) examinations. Survival analysis revealed that the cumulative probability of multimorbidity of metabolic diseases in hypertension, dyslipidemia and atherosclerosis had increased over time; the corresponding adjusted HRs (95% CIs) were 1.322 (1.219, 1.433), 1.553 (1.413, 1.706), and 1.460 (1.361, 1.567), respectively. The increasing risks of

CVDC related multimorbidity were primarily attributable to salty dietary habit (AHR=1.336, 95% CI: 1.239, 1.411).

Conclusions: Multimorbidity patterns and disease networks associated with CVDC have become more complex over time, especially with metabolic diseases. A high-salty diet significantly increased the risk of CVDC-related multimorbidity.

Biography

Shu Su is an Associate Professor at The Second Affiliated Hospital of Chongqing Medical University, PhD in epidemiology, Postdoctoral mentor and Master supervisor. She is also a Deputy director of the department of epidemiology and biostatistics. Her research is focused on public health interventions in the area of chronic infectious diseases and non-communicable diseases.

Shu Ting Tseng

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Exploring capability related self-efficacy among Nurse Practitioners' (NPs) in Taiwan: A phenomenological study

Aims: The scope of Nurse Practitioners' (NPs) practice has evolved from demonstrating competence to achieving capability, involving professional judgment, adaptability, and autonomy in complex and unpredictable healthcare situations. Within Taiwan's regulatory framework, NPs remain legally restricted from independently diagnosing or prescribing, and must collaborate with physicians. Guided by Bandura's self-efficacy theory, which links task-related beliefs to confidence and performance, this study explores how NPs develop capability-related self-efficacy within Taiwan's practice environment.

Methods: Data were collected through online focus groups guided by semi-structured interview protocols over a period of seven months, from January 2025. A purposive sampling strategy to certify frontline clinical NPs in hospital settings, excluding those in family, anesthesia, or administrative roles, to maintain sample specificity. Data were analyzed using Carney's approach with NVivo software, ensuring rigor, consistency, and transparency. Ethical approval and informed consent were obtained.

Results: 30 NPs from hospitals of varying levels and specialties participated, with 80% holding a bachelor's degree, 20% master's or doctoral degree, and an average of 10.2 years of clinical experience.

Four major themes and eight subthemes were identified:

(1) Capability Exceeds Competency--Mastery of Practice and External Validation; Impact of Clinical Errors and Frustration;

(2) Role Model-Guided Growth--Skill Acquisition and Behavioral Modeling; Peer Knowledge Transfer and Experience Sharing;

(3) Linguistic Interaction and Competence Verification--Clarification of Decision-Maker Trust and Responsibilities; Impact of Negative Evaluation and Role Conflict on Confidence;

(4) Self-Interpretation of Stress and Emotional Responses---Calm Response and Decisive Action in Crises; Anxiety Reactions and Self-Doubt in High-Pressure Situations.

Conclusions: Findings indicate that NPs develop capability-related self-efficacy through clinical experience and emotional regulation. Educators could integrate reflective learning, mentorship, and emotional competence into nursing education, while supportive structures and policy reforms may enhance autonomy and sustainability of advanced nursing practice.

Biography

Shu Ting Tseng NP, is an ICU nurse practitioner and doctoral nursing student in Taiwan. Her phenomenological study, conducted through online focus groups, explores how nurse practitioners develop capability-related self-efficacy in complex clinical settings under Taiwan's regulatory and cultural context. Her research highlights the roles of clinical experience, mentorship and peer learning, interprofessional collaboration, and emotional regulation in sustaining advanced nursing practice. She is committed to generating evidence to strengthen NP education, workplace support systems, and policy reforms that enhance autonomy, quality, and sustainability of care.

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Observed hospital management involvement in the implementation of clinical governance activities in two South African provinces

Background: Healthcare managers play a critical role in promoting continuous quality improvement and maintaining consistent standards of care. South Africa's public hospital management system has been characterised as fragmented; however, increased managerial involvement in clinical governance offers an opportunity to strengthen clinical–administrative leadership and improve the quality of care. This study aims to determine the extent of hospital management involvement and the perceived importance of such involvement in the implementation of clinical governance activities in public hospitals in the Eastern Cape and Mpumalanga provinces.

Methods: A quantitative cross-sectional study was conducted in four public hospitals: St. Elizabeth and Nelson Mandela Academic hospitals in the Eastern Cape, and Themba and Rob Ferreira hospitals in Mpumalanga. Participants included nurses, medical doctors, pharmacists, dentists, and allied health professionals. A stratified random sample of 720 participants was calculated, of whom 377 responded (233 from the Eastern Cape and 144 from Mpumalanga). Data were analysed using STATA version 18.

Results: Nursing operations managers (70.8%), non-specified health professionals (64.9%), and nursing service managers (64%) demonstrated the highest levels of engagement in clinical governance activities. In contrast, participation among non-clinical managers was low, including finance managers (14.6%), information managers (14.4%), corporate service managers (12.1%), and chief executive officers (8.4%). Clinical managers were reported as not participating at all in 5.7% of cases. Despite these differences, 90% of respondents considered hospital management involvement important for implementing clinical governance.

Conclusions: Hospital management involvement in clinical governance was evident and considered important in both provinces. However, the lower participation of non-clinical managers indicates an implementation gap, highlighting the need for targeted training to improve understanding and effective participation in clinical governance.

Keywords: Clinical Governance, Hospital Management, Clinical Staff, Clinical Governance Activities, Quality Clinical Care.

Sofica Bistriceanu MD, PhD

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Emotional intelligence approach in the digital era

Interacting with people is essential in daily life because no one can master everything. They regularly exchange goods, services, or ideas as needed for themselves and their loved ones. How they do that shapes their life paths, including their overall well-being. Human relationships can evoke a range of emotions in people, depending on the subject matter, how they are conveyed, and the vulnerability of the people involved.

Positive emotions are good for human balance, while negative feelings from interactions with others and the environment can harm personal stability. In the new digital age, IT advancements provide quick relief during stressful times, such as relaxing with preferred e- musical programs, movies, interesting lectures, appreciating and reflecting on various art forms, conversations with loved ones, or enjoying nature in real or virtual forms.

Negative emotions in others can interfere with our teamwork, making relationships fragile; as a result, disappointment harms the provider's reputation. Attentiveness in building strong relationships based on honesty, respect, and kindness is necessary for inner peace, which ensures a successful existence. Selecting appropriate collaborators prevents individual disorders, increases work productivity, creativity, and well-being. Guiding personal behaviour to achieve life-reasonable and useful goals is required.

Biography

Sofica Bistriceanu MD, Ph.D., is graduated from Iasi University in Romania and completed family medicine research at Maastricht University. She joined many meetings worldwide. With over 130 research studies shared internationally and over 55 articles published in International Journals, she has been recognized with numerous awards. Dr. Sofica Bistriceanu is a member of the Academy for Professionalism in Health Care, serves on the Editorial Review Board for The Journal of Patient Experience (JPX), the Editorial Board of the Journal of Medical Research and Clinical Case Reports–Research Portal Central Publishers, and is an Associate Editor for Primera Scientific Publication. She represents the Academic Medical Unit- CMI in NT, ROU. Additionally, she is the author of seven volumes of poetry published by Cronica, and Time, both by Iasi Publishing House.

Dr. Sumeet Dixit[1*], Dr. Swati Misra[2], Dr. Peeyush Kariwala[1], Dr. Santraj Ram[3], Dr. Anil Billimale[4], Dr. Arvind K Singh[5], Dr. S D Kandpal[5]

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Aging gracefully: A qualitative exploration of hidden determinants of healthy aging among the elderly in Lucknow

Background: With increasing life expectancy, only a fraction of older adults manages to retain optimal health and functionality. Understanding the determinants of healthy aging among elderly individuals who remain free from chronic diseases is critical to promote independence and well-being in later life.

Objectives: To explore lifestyle practices, dietary habits, social behaviours, and personal perceptions of elderly individuals (≥60 years) who have successfully maintained good health without chronic illness.

Methods: A qualitative study was conducted over six months in rural and urban areas of Lucknow. Five purposively selected participants aged 60 years and above were interviewed in depth on their lifestyle, diet, social behaviour, and perceptions of health. All interviews were audio-recorded with informed consent, transcribed verbatim, translated into English, and analysed thematically using an inductive approach. Codes and categories were generated through iterative comparison of emerging patterns. Ethical approval and informed consent were obtained.

Results: Thematic analysis revealed core themes for healthy ageing including engagement in regular physical activity, structured lifestyle routines, stress and mental health management, abstinence from harmful substances, community health and hygiene awareness, and culturally grounded dietary practices. Across diverse educational and socioeconomic

backgrounds, participants reported sustained functional independence, emotional resilience, and a proactive health orientation.

Conclusion: Healthy aging among participants was attributed to consistent physical activity, disciplined dietary practices, spiritual anchoring, avoidance of harmful behaviours, and strong social connections. These findings provide insights for designing community-based strategies and policy initiatives that support healthy aging in the Indian context.

Keywords: Healthy Aging, Geriatric Health, Lifestyle Modification, Dietary Practices, Qualitative Research, Traditional Health Behaviours.

Biography

Dr. Sumeet Dixit did his MBBS in 2005 and MD (Community Medicine) in 2010 from prestigious JN Medical College, AMU, Aligarh. He is Currently working as Associate Professor in Community Medicine at Dr. RML Institute of Medical Sciences, Lucknow. He started his career as a Child Survival Coordinator, Purnia division, UNICEF, Bihar. Before joining Dr. RMLIMS, Lucknow in 2017, Dr Dixit had worked at faculty positions in Medical Colleges across Bihar, Uttarakhand and Haryana. In his academic career spanning around 14 years Dr Dixit has authored 22 research papers and authored five chapters in books and training Modules. He has also authored two books highlighting the importance and benefits of 'Physical Activity' as sole author and 'Textbook of Occupational Health' as co-author. He is state level trainer of IMNCI, CDR and SAANS which are state initiative for Childhood Survival. He has received many awards and appreciations for his research and public health initiatives at many forums. In 2021, he founded the 'Society for Promotion of Physical Activity and Health'[SPPAH] and regularly organizes training sessions, community engagement activities and panel discussions, to address Physical Activity and other lifestyle related issues. He is member 'NCD Working group' at World federation of public Health Associations (WFPHA). Dr. Dixit envisions a society free from lifestyle related NCDs and is dedicated to this goal through multiple initiatives.

Dr. Suresh Kishanrao (K. Suresh), MBBS, MD, DIH, DF, FIAP, FIPHA, FISCD

Freelance Public Health Consultant & Professor of Practice, Mahatma Gandhi Rural Development and Panchayat Raj University, GADAG pin- 582101, Karnataka, India

Progress of public health nursing-India case report

This presentation I report the Public Health Nurse's development in India and discuss challenges they face under following sub-titles

1. Nursing practice guidelines and standards-what & how they are trained
2. Progress of practicing public health in Arogya mandirs from era of health sub-centres
3. Public health nursing in pandemics, endemics and non-communicable diseases
4. Switching from domiciliary trained birth attendance to institutional deliveries
5. Switching from minor ailments treatment to provision of primary health care
6. Challenges of referral services and feedback

Biography

Dr. Suresh Kishanrao holds an MBBS, an MD in Preventive and Social Medicine and a PG Diploma in Industrial Health. He Started his career as Medical Officer of health centres in1968 with Health Department of Karnataka and rose to the State Immunization Officer post by 1985. He teaching Auxiliary Nurses between 1978-1989 and his passion to empower nurses continues till today he joined as an epidemiologist UNICEF in September 1989 and retired as Senior Program Officer, Health, in January 2006. Since February 2006 he as practicing as family physician with special interest in Diabetes care. As a freelance Public Health (Child) Consultant he has led many community-based health reviews/evaluation teams for WHO, World Bank, UNICEF, PwC, KPMG, AMALTA India and Development Facilitator etc. in India, Bhutan, Nepal, Ethiopia and Azerbaijan. Since August 2018 Dr. Kishanrao has served as a visiting Professor of Practice in Public Health to Karnataka State Rural Development University and a couple of other Academic Institutes. He has been awarded an honorary fellowship of Indian Academy of Paediatrics (FIAP), Indian Public Health Association (FIPHA) and Indian School of Malaria and other Communicable Diseases (FISCD) and the Best Community Health Professional from Karnataka Association of Community Health in 2013. He has contributed more than 50 research papers that have been published in many international web-based journals.

Dr. Uma Shanker Agrawal MSN, Ph.D (Nursing)[1*], Dr. Jyoti Sarin MSN, Ph.D (Nursing)[2], Dr. Rakesh Garg[3], Dr. Sameer Bakhshi[4]

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Development of CanParenting App to empower parents of children with cancer-A user centred approach

Background: Childhood cancer is a life-altering diagnosis that affects not only the child but the entire family. In 2022, nearly 275,713 new cases were reported globally among children and adolescents, with over 35,000 in India alone. For parents, navigating their child's treatment journey is often overwhelming, filled with confusion, fear, and emotional distress. Many struggle with a lack of information and confidence in managing their child's complex care needs at home. Recognising this gap, there is an urgent need for accessible and supportive tools to guide and empower families through this challenging time.

Objective: This study was conducted with the objective of developing and validating a mobile App to support parents of children with cancer.

Methods: The App was developed using a user-centred design approach, shaped by expert input and discussion with parents. Content was developed in both Hindi and English, validated by 13 multidisciplinary experts, and tested with parents to ensure relevance and ease of use. Their suggestions helped refine the App before its release on the Google Play Store.

Results: Expert validation showed 98.46% agreement that the content fully met the criteria. Parents found the App easy to navigate, informative, and helpful especially features like symptom management guidance, health charts, and caregiving videos. Over 81% reported high levels of satisfaction.

Conclusion: The Canparenting App offers a compassionate, practical tool for parents, helping them feel more informed, confident, and supported while caring for their child with cancer, especially in resource-constrained settings.

Biography

Dr. Uma Shanker Agrawal, Ph.D., is a Senior Nursing Officer at the All India Institute of Medical Sciences (AIIMS), New Delhi, and is currently deputed as Tutor at the College of Nursing, AIIMS. With over 20 years of diverse clinical, academic, and leadership experience, he has made significant contributions to pediatric oncology, palliative care, and nursing education. Dr. Agrawal developed the innovative Canparenting mobile application to digitally empower parents caring for children with cancer, and he has authored several research publications in reputed indexed journals. He has been recognized with multiple prestigious awards, including the Best Nurse Award 2023 and the Best Research Nurse Award 2020, reflecting his dedication to advancing nursing practice and patient-centered care.

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A population approach to optimize health in the Asia-Pacific region - Nutrition as the foundation

As the proportion of older people in populations across Asia and worldwide rises, the gap between lifespan and healthspan is expanding, leading to a higher prevalence of chronic diseases, multimorbidity, and reduced intrinsic capacity in later life. A multidisciplinary working group of clinician-scientists and researchers from the Asia-Pacific region met to discuss opportunities to address this challenge and identify strategies to promote better health for aging populations. A broad-based literature review informed the working group, and discussions affirmed the concept of "optimal nutrition" as a foundational aspect of population health. Optimal nutrition across all life stages helps maximize and preserve functional ability and is thus critical to promoting healthy aging. The group further highlighted five key interconnected enablers of good health and good nutrition across the continuum from individuals to populations to achieve maximum impact with nutrition-focused interventions: (1) Awareness of personal health state; (2) Access to education, information, and skills for self-care; (3) Lifestyle habits and motivation; (4) Maintaining good person-environment fit; and (5) Policies and regulations. To effectively promote healthy aging, nutrition interventions should utilize one or more of these key enablers. Additionally, it is important to assess and quantify the impact of such interventions on measures of healthy aging.

Keywords: Healthy Aging, Population Health, Health Determinants, Optimal Nutrition.

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Adaptive trial design integrating Bayesian and frequentist approaches

Background: Clinical trials are fundamental to advancing public health, as they generate robust evidence on the effectiveness, risk profile, and health outcomes of interventions. Statistical techniques are essential for accurately analyzing and interpreting the results of these trials. Classical frequentist methods are based on rigid hypotheses and sample sizes which could limit their power if applied to small trials or under moderate effect sizes. Bayesian adaptive methods, provide a flexible framework that permits to update evidence, make decisions in interim, and incorporate prior information.

Methodology: The present research aims to juxtapose frequentist and Bayesian adaptive approaches in the assessment of Sequential Yoga Poses (SYP) and Fascial Manipulation (FM) for Mechanical Neck Pain (MNP). One hundred patients suffering from MNP were randomly allocated to the experimental (n=51) receiving FM and home-based SYP, or the control (n=48) subjects receiving conventional treatment. The study involved recording pain intensity (NPRS), Elbow Extension Range Of Motion (EEROM) during ULNT1, Patient-Specific Functional Status (PSFS), and Fear-Avoidance Behaviors (FABQ). The frequentist analysis employed repeated measures ANOVA, while the Bayesian adaptive analysis utilized Bayes Factors (BF_{10}) and posterior probabilities to facilitate interim evidence evaluation.

Results: The frequentist approach yielded small effect sizes (d=0.211) and low statistical power (0.18), which in turn led to non-significant p-values even though there were clinically relevant improvements. Bayesian adaptive analysis presented strong support for the intervention effects being the case, as it had high posterior probabilities and Bayes Factors, pinpointing the

gains in pain reductions, mobility, function, and psychosocial outcomes that were less visible during the frequentist analysis.

Interpretation: Besides, Bayesian adaptive approaches, like in the case of the current study, are advantageous in clinical trials especially where the sample size is small, effect sizes are modest, or when interim assessment is needed. They empower researchers to observe the gradual effect of the treatment and at the same time to modify their plans accordingly.

Biography

Dr. Vennila Jaganathan is an Associate professor at Manipal College of Health Professions with over 16 years of teaching and research experience. Her research interests lie in Biostatistics, research methodology, Epidemiology and Public health. She has published 48 papers in refereed national and international journals and is an Investigator on research projects funded by the Indian Council of Medical Research (ICMR) and the Indian Council of Social Science Research (ICSSR).

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Bernadette Sebar, Connie Gan
School of Medicine and Dentistry (Public Health), Griffith University - Gold Coast Campus, Australia

Understanding policy-related drivers of workplace stress among local level government disaster officers in Sri Lanka

Workplace stress is an emerging global public health concern, with nearly 40% of employees worldwide experiencing daily stress at work. Sri Lanka reports particularly high levels, with approximately 62% of its workforce affected by daily work-related stress. Among the most vulnerable groups are the disaster workforce with Sri Lanka ranking high in disaster vulnerability. The local-level government officers form a critical component of the disaster workforce and are required to engage in high-risk emergency response activities. Unlike other disaster response groups such as the military, these officers are primarily desk-based civil servants who are assigned disaster responsibilities without specialised training, or adequate workplace health and safety conditions.

Despite their critical role, limited research has examined the workplace stress experienced by these officers. Existing studies have only identified their individual work problems, highlighting a significant gap in understanding the systemic and policy-level drivers of workplace stress. Addressing policy-level factors is particularly important because policies shape working conditions, decision-making authority, workload distribution, and access to resources, thereby directly influencing workplace stress across all levels of the disaster management system. This gap is increasingly concerning as climate change intensifies the frequency and severity of natural hazards in Sri Lanka, leading to increased workloads, time pressures, and responsibility burdens for local-level officers. This is part of a broader study examining multi-factorial causes of workplace stress and potential mitigation strategies. This presentation will focus specifically on the policy-level stressors and strategies.

This qualitative study was conducted in Sri Lanka's Ratnapura district, a disaster-prone area frequently affected by floods and landslides. Data collection occurred in two phases. In the first phase, district, divisional, and village-level officers participated in 11 semi-structured interviews and six workshops to describe policy-related factors contributing to workplace stress. In the second phase, findings from the initial analysis were presented to a selected group of officers through two focus group discussions, during which participants proposed solutions and policy recommendations to address the identified challenges.

Several key policy-level barriers contributing to workplace stress were identified. Officers highlighted the impracticality of existing disaster management regulations, noting that many policies are poorly aligned with real-world disaster response conditions. The complexity of legal frameworks was reported to hinder timely decision-making, increasing stress during emergency situations. Participants also identified language barriers, as ordinances remain written in English from the colonial era and do not align with current administrative systems. Officers recommended bottom-to-top approach in policy making, amending outdated regulations, and rewriting policies in the native Sinhala language to improve clarity. Additionally, lengthy bureaucratic procedures were identified as a barrier with digitalisation proposed as a potential long-term solution. However, limited access to digital devices among some officers has created further inequities, prompting recommendations for increased funding and continued provision of printed circulars for officers who require them.

In conclusion, reducing workplace stress among local-level government disaster officers requires practical and simplified policies, removal of language barriers, inclusive bottom-up policymaking, and accessible communication mechanisms to strengthen workplace health and safety systems within an increasingly burdened disaster workforce in Sri Lanka.

Biography

Ms. Vihanga Amarakoon is a second-year PhD student in Public Health at the School of Medicine and Dentistry, Griffith University, Australia. Originally from Sri Lanka, her research interests include Occupational Health and Safety and Planetary Health, with a strong focus on disaster management. Her PhD research addresses workplace stress among the disaster workforce in Sri Lanka. She holds a bachelor's degree in environmental science from the University of Colombo, Sri Lanka, and aspires to become a policy maker and expert in climate-related disasters and the associated public health, and occupational health and safety concerns.

Prof. Dr. Vipin Koushal

Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, India

Advancing deceased organ donation through awareness and communication: A global public health perspective from a tertiary care hospital in India

Background: Tertiary care hospitals in low-and middle-income countries play a critical role in addressing the growing global burden of end-stage organ failure. The Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, one of North India's largest referral centres, has advanced transplantation capacity; however, deceased organ donation rates remain limited. This gap reflects broader global public health challenges related to awareness, communication, and social acceptance rather than medical capability alone.

Problem Statement: Despite national legal and organizational frameworks for organ donation, limited awareness among healthcare providers and the general public, inadequate family-centered communication at the time of brain death, and persistent sociocultural misconceptions constrain informed decision-making. These challenges mirror global barriers to deceased organ donation observed across diverse health systems.

Methods: An awareness-centered situational assessment was undertaken to examine knowledge, attitudes, and communication practices related to deceased organ donation within a tertiary care hospital setting. The assessment focused on healthcare worker sensitization, family engagement strategies, institutional awareness mechanisms, and alignment with ethical principles and global guidance from the World Health Organization on organ donation and transplantation.

Results: Findings revealed that insufficient routine sensitization of clinical teams, lack of standardized awareness protocols, and limited behavior change communication adversely affected family consent rates. Misinformation, fear, and low visibility of ethical safeguards emerged as key determinants influencing donation decisions, despite the presence of clinical and legal infrastructure.

Conclusion: From a global public health perspective, strengthening deceased organ donation requires sustained awareness-driven strategies embedded within health systems. Integrating structured sensitization of healthcare providers, culturally sensitive family counseling, community-level awareness initiatives, and ethical communication frameworks can improve donor consent. Such approaches are essential for reducing inequities in access to transplantation and strengthening global organ donation ecosystems.

Biography

Dr. Vipin Koushal is the Medical Superintendent and Professor & Head, Department of Hospital Administration at PGIMER, Chandigarh, with over three decades of leadership experience in public healthcare systems. He has played a pivotal role in hospital operations, crisis management, and institutional strengthening, including leading PGIMER's COVID response and operationalizing major healthcare facilities. As Nodal Officer, Regional Organ & Tissue Transplant Organization (ROTTO–North), he has been instrumental in advancing deceased organ donation, earning multiple national awards for PGIMER. Dr. Koushal holds a Master's degree in Hospital Administration from AIIMS New Delhi.

Vladan Radosavljevic
Institute of epidemiology, Military Medical Academy,
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Assessing human exposure to key chemical carcinogens diagnostic approaches and interpretation

Chemical carcinogens classified by the International Agency for Research on Cancer (IARC) as Group 1 very probably contribute to cancer occurrence in over 13.5 million people and death from cancer in over seven million people. In percent, chemical elements and chemical compounds very probably contribute to cancer occurrence in about 68% of all cancer cases and very probably significantly contribute to cancer death in about 72% of all cancer deaths (yearly and globally). There are two main reasons for increasing cancer cases in the next decades: First, growing of the world population and, second, un-proportional growing of the elderly population. Consequently, by 2050, the number of cancer cases predicts to reach 35 million.

The mentioned chemical carcinogens were used for decades without proper evaluation of their health effects. Early detection is crucial as most carcinogens have cumulative effects. Identifying urinary markers of exposure can help detect, eliminate, or reduce sources of carcinogens, advancing preventive oncology.

While complete eliminating carcinogens is impossible, improving detection and monitoring especially through specialized urine analysis can help define preventive measures to lower carcinogen levels in the body.

Described screening protocol is applicable in any location with HPLC (High Performance Liquid Chromatography) and ICP (Inductively Coupled Plasma) devices. They are non-invasive, quick, effective, affordable, and inexpensive requiring only urine samples.

This screening protocol aims to develop, improve, and implement screening protocol for many malignant diseases and some chronic non-communicable diseases like cardiovascular, endocrine, neurological, hematological, dermatological, and malignant diseases. It supports medical professionals in interpreting HPLC and ICP urinary analyses and providing guidance on reducing or avoiding carcinogen exposure. In some cases, doctors may identify sources of exposure and inform authorities to address and eliminate these hazards.

Biography

Vladan Radosavljevi graduated from the Medical Faculty of the University of Belgrade, Serbia, in 1991. He specialized (May 1995) and received his doctorate (November 1999) in epidemiology at the Medical Faculty of the University of Belgrade. Dr. Radosavljevi was the head of the Department of Epidemiology and deputy director of the Military Institute for Preventive Medicine in Belgrade from 2003 to 2010. He was the head of military preventive medicine from 2010 to 2020 in the Ministry of Defence of Serbia, and in 2020 he moved to the Institute of Epidemiology of the Military Medical Academy, Belgrade, where he works as an expert epidemiologist. He was a professor at the Biological Weapons course at the Military Academy of the University of Defence in Belgrade and a research associate at the Epidemiology course. Since 2015, Dr. Radosavljevi is a United Nations expert on biological weapons within the mechanism of the United Nations Secretary General.

Dr. Wafaa Ramadan Ahmed

Assistant Professor of Medical- Surgical Nursing, Nursing Sciences Program, LIMU, Libya

Innovative teaching strategies in LIMU nursing education, Libya

The evolving landscape of nursing education necessitates the adoption of innovative teaching strategies that align with global standards while addressing local healthcare challenges. In Libya, particularly within institutions like LIMU Nursing Program, there has been a growing emphasis on integrating modern approaches to enhance student engagement, clinical competence, and critical thinking. This presentation explores various innovative teaching strategies implemented in nursing education settings, drawing from both international best practices and localized experiences. Key areas discussed include the use of technology-enhanced learning tools such as simulation labs, Virtual Reality (VR), and active learning methods like Problem-Based Learning (PBL) and flipped classrooms; and faculty development programs aimed at improving instructional design and digital literacy. By sharing these insights, this presentation aims to foster cross-border collaboration and inspire educators in Libya and beyond to adopt transformative teaching methodologies that prepare future nurses for complex healthcare environments.

Biography

Dr. Wafaa Ramadan Ahmed is currently working as an Assistant Professor of Medical-Surgical Nursing at School of Health and Medical Sciences, LIMU, LIBYA, and also was working as an Assistant Professor of Medical-Surgical Nursing, Faculty of Nursing at Egypt. With over 15 years of academic experience, she specializes in curriculum development, e-learning, and clinical nursing education. She has participated at several national and EU-funded projects focusing on postgraduate medical-surgical nursing education. Dr. Ahmed has published more than 20 research articles in indexed journals and attended numerous workshops on innovative teaching strategies and AI applications in education

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Prevalence and predictors of self-compassion in Chinese parents: A cross-sectional study

Objectives: Parental self-compassion is associated with better overall well-being. Increasingly, studies have developed and evaluated self-compassion programmes for parents; however, little is known about the proportion of parents with low self-compassion and which groups are most at risk, particularly in Chinese populations. This study aims to estimate the prevalence of self-compassion among Chinese parents and to identify sociodemographic predictors of self-compassion in this group.

Methods: A cross-sectional study was conducted with 106 parent–child dyads recruited from 13 primary schools and community centres in Hong Kong. Parents' self-compassion, mindful parenting, as well as children's self-compassion was measured using validated questionnaires. Pearson correlations and multiple linear regression were used to examine associations and identify predictors.

Results: Of the parent participants, most were female (87.7%) and aged 41–50 years (54.7%). The mean age of children was 8.34 years (SD=1.38), and 55.7% were male. Moderate-to-low self-compassion levels were prevalent among parents (66%). Educational level was a significant predictor of parental self-compassion (β=−0.226, p=0.038), with higher educational levels associated with lower self-compassion. Parental self-compassion was strongly positively correlated with mindful parenting (r=0.623, p<.001). Higher parental self-compassion (r=0.128, p=0.194) and mindful parenting (r=0.147, p=0.134) were associated with higher children's self-compassion.

Conclusion: These findings highlight the need to adopt strategies to promote self-compassion among parents, particularly those with higher educational levels. Enhancing parental self-compassion is important not only for protecting parents' own wellbeing but also for supporting the development of self-compassion and wellbeing in their children.

Biography

Joanne Sin is a registered nurse with extensive clinical experience across diverse healthcare settings. Drawing on this practice background, she currently works as a nurse educator and researcher, contributing to the development of evidence-based nursing practice and education. To further advance her research capacity, Ms. Sin is pursuing a PhD with a focus on child health and self-compassion. Her work aims to enhance the wellbeing of children and families by integrating self-compassion into child health care, parenting, and professional nursing practice, and by building capacity for compassionate, evidence-informed approaches in nursing education and clinical care.

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Tibetan Fritillary Bulb Extract (FCD) alleviates Ulcerative Colitis (UC) through restoration of intestinal barrier and gut microbiota homeostasis

Ulcerative Colitis (UC), a chronic colon inflammation, exerts a profound impact on human health. Conventional pharmacological treatments are associated with serious adverse reactions and toxic side effects. Consequently, the development of natural plant-derived biological agents for UC treatment is an urgent imperative. Tibetan fritillary is a dual-purpose plant with both medicinal and edible applications. The present study investigated the therapeutic potential of the Tibetan Fritillary Bulb Extract (FCD) in UC management, focusing on restoring intestinal barrier and modulating gut microbiota homeostasis. FCD was fabricated through decoction, rotary evaporation, and vacuum drying. Subsequently, a Dextran Sulfate Sodium (DSS)-induced murine UC model was successfully employed to explore the underlying mechanisms of action in vivo. In the present study, FCD which was found to be rich in alkaloids active ingredients, were effective in alleviating DSS induced body weight loss, Disease Activity Index (DAI) score and colon length in mice, and improved histopathological scores. It also suppressed the gene expression of pro-inflammatory cytokines IL-6, IL-1β, and TNF-α, while enhanced that of the anti-inflammatory cytokine IL-10. Meanwhile, Immunofluorescence detection and immunohistochemical analyses demonstrated that FCD treatment significantly enhanced the expression of tight junction proteins ZO-1 and occludin, and inhibited the expression of inflammation-associated P-p65 and NLRP proteins through the NF-κB signaling pathway. In addition, FCD increased the diversity of the in testinal flora, enhancing the abundance of beneficial bacteria such as Faecalibaculums and Lactobacillus and decreasing the percentage of Bacteroides. In conclusion, FCD effectively improved the intestinal barrier disruption and intestinal inflammation by inhibiting the NF-κB signaling pathway, and adjusted the disorder of gut microbiota. Collectively, these findings support its potential as a natural therapeutic candidate for managing UC.7.

Yaqin Li[1*], Chen Wu[2], Jiekai Yang[1], Yuting Yang[1], Lili Yang[1]

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Experience and perceptions of sedentary behaviour among stroke survivors: A systematic review and meta-aggregation

Background: Sedentary behaviour is a prevalent and harmful lifestyle pattern among stroke survivors, often leading to physical decline, emotional distress, and increased risk of recurrent events. While existing research has examined causes, risk factors, and interventions, it has often overlooked the psychological aspects and failed to capture stroke survivors' deeper needs and lived experiences. This review addresses this gap by synthesizing qualitative studies that explore stroke survivors' experiences and perceptions of sedentary behaviour.

Design: Systematic review with meta-aggregation.

Data Source: Published and unpublished literature from inception to November 2024 were identified from PubMed, CINAHL, Embase (Ovid), PsycINFO, Web of Science, Cochrane Library, China National Knowledge Infrastructure (CNKI), Wang Fang, ProQuest, and Google Scholar.

Review Methods: The screening, study selection, and data extraction were independently performed by two reviewers. Quality was appraised using the Joanna Briggs Institute's Critical Appraisal Checklist for Qualitative Research, and data synthesis was conducted through meta-aggregative approach.

Results: Six studies with moderate to high methodological quality were included. Sixty-seven findings were extracted with unequivocal or equivocal findings eligible. Findings were aggregated into 12 categories and developed into four synthesized findings: 1) Factors

for sedentary behavior: Multiple and interactive, 2) Cognition and experience of sedentary behavior: Deficiency and negative, 3) Individual response to sedentary behaviour: Behavioural confrontation and psychological adaptation, 4) Preference for sedentary behavioural interventions.

Conclusion: This review uncovers several key issues about sedentary behaviour in stroke survivors. Multiple and interactive internal and external factors create a complex influence pathway. The lack of awareness among stroke survivors, caregivers, and clinics highlights the marginalization of sedentary behaviour in stroke rehabilitation. Psychological adaptation to sedentary behaviour may benefit stroke survivors, suggesting future interventions should address psychological needs. Proactive response and intervention preferences from stroke survivors offer specific guidance for future approaches.

Biography

Yaqin Li is a Ph.D. candidate in Nursing at Zhejiang University, supervised by Dr. Lili Yang. Her work integrates behavioural science and rehabilitation research, targeting sedentary behaviour reduction in stroke survivors. She has authored three SCI papers on these fields.

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Workplace mindfulness and clinical belongingness among nursing interns: The mediating role of subjective well-being

Background: The sense of clinical belongingness significantly impacts the mental health of undergraduate nursing interns. Workplace mindfulness and subjective well-being are considered key factors influencing clinical belonging. Currently, there is no research elucidating how workplace mindfulness and subjective well-being affect clinical belonging.

Objectives: To explore the ways in which workplace mindfulness and subjective well-being influence clinical belonging.

Design: A cross-sectional study.

Methods: A cross-sectional design was used to survey 239 full-time third- and fourth-year nursing undergraduates from July 2023 to April 2024 through convenience sampling. The participants were from The First Affiliated Hospital of Guangdong Pharmaceutical University. Data were collected using demographic questionnaires, a workplace mindfulness scale, a clinical belonging scale, and a subjective well-being scale. SPSS 26.0 software was used for data analysis.

Results: The results indicate that workplace mindfulness, subjective well-being, and clinical belongingness in undergraduate nursing interns are at moderate levels. Workplace mindfulness was significantly and positively correlated with clinical belongingness and subjective well-being ($R=0.3096$, $p<0.001$), with a weaker correlation between workplace mindfulness and clinical belongingness ($R=0.1444$, $p<0.05$). Mediation analysis revealed that subjective well-being mediates the relationship between workplace mindfulness and clinical belongingness, accounting for 25.72% of the total effect.

Conclusion: This study identified the ways in which workplace mindfulness and subjective well-being affect clinical belonging. It showed that subjective well-being mediates between workplace mindfulness and clinical belonging among undergraduate nursing interns.

Biography

Yiling Yang is the Principal investigator of multiple provincial & municipal grants; multiple SCI publications. She is a Lecturer, School of Nursing, Guangdong Pharmaceutical University; Standing Committee Member, Pain-Depression Committee, Guangdong Acupuncture Society; Council Member, China Acupuncture Society; Secretary-General, Home Care Branch, Guangdong Health Care Association.

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Effectiveness of mobile app–based peer support on breastfeeding outcomes amongst pregnant women and postpartum mothers: A global systematic review

Background: Despite global recommendations promoting Exclusive Breastfeeding (EBF) for the first six months of life, fewer than 40% of infants achieve this target due to persistent socioeconomic, cultural, and systemic barriers. Mobile health (mHealth) technologies (defined as the use of mobile devices and wireless platforms to support health practices) offer scalable breastfeeding support solutions, though the effectiveness of digitally delivered peer support across contexts remains underexplored.

This systematic review and meta-analysis searched PubMed, Embase, CINAHL, Web of Science, and the Cochrane Library for Randomized Controlled Trials (RCTs) published between 1 January 2010 and 1 May 2025 (PROSPERO: CRD420251164765). Studies included pregnant or postpartum women (up to 12 months postpartum) receiving peer support via mHealth applications compared with standard care or non-peer digital interventions. Primary outcomes were exclusive and any breastfeeding rates, with secondary outcomes including breastfeeding self-efficacy, duration, frequency, initiation, attitudes, and satisfaction. Data were synthesized narratively, and pooled estimates were calculated using random-effects meta-analysis.

From 3,102 identified records, seven RCTs involving 3,591 participants were included. Interventions primarily delivered peer support via mobile apps or proactive phone calls, incorporating group chats, mentoring, and real-time messaging. Pooled analyses showed significant improvements in exclusive breastfeeding (RR=1.16, 95% CI 1.05–1.27, p<0.01) and

any breastfeeding (OR=1.34, 95% CI 1.10–1.62, p<0.01) with no heterogeneity (I^2=0%). Sensitivity analyses confirmed effect robustness. Mothers reported higher confidence, satisfaction, and perceived support, particularly when culturally relatable peers and interactive features were included.

Overall, mHealth-based peer support significantly enhanced breastfeeding outcomes in high- and upper-middle-income contexts, where digital access is widespread. However, dropout rates, digital inequities, and cultural differences limited engagement and global applicability. Future research should emphasise inclusive, context-adapted designs, trials in low- and middle-income countries, and long-term evaluations to strengthen global breastfeeding promotion strategies

Biography

Ms. Yau Yim Ching has been a nurse academic researcher and clinician for several years. Her area of clinical and research experience is in nursing research, public health, critical care nursing practice, health innovation and nursing education.

Ying Wu
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Analysis on P wave morphology for Peripherally Inserted Central Catheter (PICC) placement guided by Intracardiac Electrogram (IEGM) in Chinese elderly patients

Objective: PICC can effectively protect upper extremity veins. It can reduce repetitive puncture and the incidence of phlebitis, relieve the pain, and improve the quality of life for those with long-term intravenous infusion, repeated infusion of stimulant drugs and blood products, and poor peripheral superficial vein conditions etc.. Successful PICC tip positioning can effectively avoid catheter-related complications during clinical care. If the catheter tip is misplaced, it may cause malfunction and related complications, such as venous thrombosis, bacteremia, arrhythmia, and heart valve injury etc. To investigate the correlation and clinical significance of monitoring P-wave characteristics, especially the occurrence of double peaks for precise tip positioning of Peripherally Inserted Central Catheter (PICC) guided by Intracardiacelectrogram (IEGM).

Methods: Enrolled 116 PICC patients (age≥60, no heart diseases) in our hospital. Conducted retrospective analysis on patients' medical records, PICC catheterization data, IEGM-guided positioning records and nursing records. Observed and recorded patients' P-wave changes (peaked P wave, bi-directional P wave and double-peaked P wave) at different catheter tip positions by real-time IEGM, and then analyzed the case number and positioning accuracy. Used chest X-ray to determine whether the catheter tip had reached the ideal position, the tracheal carina to the Cavo-Atrial Junction (CAJ).

Results: Among 116 patients (63 males, 53 females), bidirectional P waves were detected in 112 of them (96.55%) in ECG Lead II; 63 with peaked P waves (53.3%); 49 with double-peaked P waves but no peaked P waves (42.2%), meaning bidirectional P waves were seen when fed in the catheter and returned to double peaks when the catheter was withdrawn; 4 with no

significant changes (3.4%). Chest X-ray proved that 49 of 49 cases with double-peaked P waves reached the ideal catheterization position (100% in accuracy), and 43 of 69 cases with peaked P waves succeeded as well (68.2% in accuracy).

Conclusions: Double-peaked P waves in IEGM-guided PICC positioning for elderly patients can be considered as an indicator of the catheter tip entering the CAJ and supplementary support of peaked P wave and bidirectional P wave guidance for catheterization.

Keywords: Peripherally Inserted Central Catheter (PICC), Intracardiacelectrogram (IEGM), P Wave Morphology, Double-Peaked P Wave, Peaked P Wave.

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Association of mukbang viewing to internet addiction and psychological health in Adolescents and Young Adults (AYAs)

Introduction: In digital era, Adolescents and Young Adults (AYAs) are facing the dual challenges of worsening mental health and the growing prevalence of Internet Addiction (IA). Globally, 14.3% of AYAs experience mental health conditions, but remains largely unrecognized and untreated. High or increasing addictive internet use was associated with risk of suicidal behaviours and ideation, along with higher ratings for anxiety, depression, and aggression. Mukbang, also known as "eating broadcast," is a video to record anchors consuming food and interacting with viewers. With view counts in the hundreds of millions and a massive fan base, mukbang has become a new force in contemporary online entertainment and pop culture. Prior research suggests that mukbang may influence viewers through mechanisms of perceived social companionship, emotional regulation, and vicarious eating experiences. However, its potential associations with IA and psychological health among AYAs remains unclear.

Objective: This study aimed to examine the associations between mukbang viewing and symptoms of Depression, Anxiety, and Stress (DAS) among AYAs.

Method: An online cross-section study was conducted among AYAs from May 2022 to September 2022. Mukbang viewing frequency, IA and DAS were measured using standardized instruments. Multivariate Linear Regression (MvLR) was conducted to examine associations of DAS with mukbang viewing and other predictors. Breusch-Pagan Test of Independence was employed to examine whether the error terms across equations were independent. Structural Equation Modelling (SEM) was performed to test direct and indirect pathways and to assess model fit.

Results: A total of 1,039 AYAs were enrolled with a mean age of 22.45 years (SD=3.65), and 616 (59.3%) were female. Of all the participants, 886 (85.3%) reported viewing Mukbang. MvLR results revealed that viewing mukbang once a day was associated with lower anxiety (β=-1.654, p=0.004) and depression (β=-2.034, p=0.001), while viewing no more than once a meal was associated with lower stress (β=-2.664, p<0.001). Breusch-Pagan Test of Independence suggested dependent error terms (χ^2=1729.896, p<0.001), supporting the use of SEM. SEM findings showed that Mukbang viewing exerted a direct negative association on depression (β=-0.071, p=0.008), anxiety (β=-0.060, p=0.025) and stress (β=-0.108, p<0.001) symptoms, and an additional indirectly association by alleviating IA (β=-0.079, p=0.010). Model fit indices indicated acceptable model fit.

Conclusions: Mukbang viewing was negatively associated with IA and DAS among AYAs with IA serving as a mediator. These findings highlight mukbang as a potentially beneficial digital behaviour for emotional well-being and internet-use patterns. Longitudinal and experimental research is needed to clarify causal pathways and inform mental health interventions targeting AYAs.

Biography

Ziruo Xu is a current postgraduate student at the School of Nursing, Sun Yat-sen University, with an expected graduation date of June 2027. Has completed relevant graduate courses such as Nursing Research and Medical Statistics, and is scheduled to complete six-month clinical internship in January 2026. Has actively participated in several research projects and contributed to the publication of three SCI-indexed papers. Excel in teamwork and communication, effectively coordinating diverse perspectives among research members to facilitate constructive discussions and consensus-building. Aims to further develop research capabilities and cultivate scientific thinking in the future.

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Ah-Kyung Park

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Cancer patient discharge planning applying social determinants of health: Practice in the context of the National Cancer Center Korea

The South Korean government announced the “Community Care Basic Plan” in 2018, emphasizing the importance of hospital medical social work teams in supporting the community integration of individuals in need of care. In particular, developing discharge plans that incorporate social determinants of health is essential to facilitating the healthy reintegration of cancer patients who require long-term and complex interventions.

The Medical Social Work Team at the National Cancer Center Korea has been conducting discharge planning consultations and medical social work interventions for cancer patients using a social needs screening tool since April 2019. The tool, originally proposed by Health Leads, has been translated and adapted to the Korean context. This questionnaire consists of simple questions about aspects of life that influence the patient's physical, social, and mental health. The screening tool used at the National Cancer Center includes 12 items: “Financial stress,” “utility needs,” “food insecurity,” “transportation issues,” “housing instability,” “social isolation,” “social support,” “mental health,” “health literacy,” “employment,” “violence,” and “caregiving burden.” The questions are answered with 'yes' or 'no' and are designed to capture the respondent’s perceived need for support.

The National Cancer Center’s Medical Social Work Team provides psychological counseling, discharge planning, referrals to community resources, and develops and implements programs for patients with a variety of psychosocial concerns. When medical staff identify psychosocial issues in cancer patients during treatment or prior to discharge, they refer

patients to the Medical Social Work Team through the EMR system. Medical social workers then provide counseling to the patients and their families. Since April 2019, the Medical Social Work Team has performed social needs screenings using this tool for referred cancer patients who have given their consent. The data collected are analyzed and used to guide patient support strategies.

From April 2019 to December 2024, a total of 443 patients were screened for social determinants that impact health. The data analysis revealed the following: Of the 443 patients, 62% were male and 38% were female, and 62% were aged 60 or older, reflecting South Korea's demographic shift toward becoming a super-aged society by 2026. Patients were found to have an average of 4.5 unmet and often complex social needs. The top 12 social needs were ranked as follows: Financial stress (82.4%), social isolation (60.7%), housing instability (53.5%), food insecurity (43.1%), mental health concerns (40.9%), lack of caregiving resources (33.6%), transportation issues (33%), low health literacy (26.4%), utility needs (25.1%), employment difficulties (24.2%), caregiving burden (17.4%), and exposure to violence (10.8%).

Based on the data collected on unmet social needs, tailored medical social work interventions were carried out with patients. To mitigate financial stress, financial assistance was provided, and counselling and community resource referrals were offered for issues such as housing instability, lack of caregiving resources, and transportation challenges. For mental health concerns, informational booklets featuring a range of psychosocial resources were developed and distributed. By identifying patients' unmet social needs and associated risk factors, and by connecting them with appropriate support services, we aim to contribute to improving the health and overall quality of life of cancer patients

Biography

Park Ah-Kyung studied Social Welfare at Ewha Woman's University, South Korea and graduated as MS in 2008. She began working as a medical social worker at the National Cancer Center Korea in 2010 and is currently the team leader of the Medical Social Work Team at the National Cancer Center. She has been participating in research on discharge planning for cancer patients applying the social determinants of health since 2019, and in 2021, she published the "Medical Social Work Guidebook for Discharge Planning for Cancer Patients Applying Social Determinants of Health.

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Psychiatric intervention in a telemedicine setting: A feasibility study in a long-care facility

Background: In gerontopsychiatric long-term care settings, regular access to psychiatric specialist care is often not consistently ensured, highlighting the need to explore telemedical solutions. Mental health care in this context requires both planned and short-notice consultations to enable timely assessment and intervention. Acute psychiatric deteriorations create a high demand for rapid specialist support to relieve nursing staff and enable medication adjustments and clinical reassessments, while structured follow-up and systematic assessment remain essential.

Objective: This project aimed to implement and evaluate a telemedical application in long-term care facility, focusing on feasibility, usability, acceptance, and perceived effects on workflows, staff experience and resident outcomes.

Methods: This mixed-methods project was conducted in a long-term care facility in Vienna, Austria. Over an 11-week period, 57 teleconsultation-based case discussions were carried out in addition to standard monthly on-site psychiatric visits. Teleconsultations were conducted via video and involved the psychiatrist (remote), the facility psychologist, and the responsible registered nurses. Quantitative data were collected using short questionnaires completed immediately after each consultation by nurses, the psychiatrist, and the psychologist, assessing satisfaction, usability, and perceived impact. These data were complemented by qualitative interviews with nursing staff, psychologist and psychiatrist.

Results: Findings from six qualitative interviews indicated that initial staff skepticism shifted toward high acceptance after early implementation challenges were resolved. Teleconsultations were perceived as enabling comprehensive case discussions, timely decision-making, and high-quality documentation, with the tool functioning reliably. Staff reported increased feelings of security, preparedness, and attentiveness toward residents compared to the previous model of monthly psychiatric visits. Reported resident-related effects included faster medication adjustments, improved management of side effects, reduced behavioural disturbances, and perceived improvements in well-being. Hospital admissions appeared to decrease, although causal attribution remains uncertain due to the increased frequency of psychiatric contacts. Telepsychiatry was consistently described as a complementary addition to in-person care, with initial face-to-face contact considered essential.

A key success factor was the presence of a dedicated on-site coordinator with clinical expertise and in-depth knowledge of residents and institutional workflows. Identified challenges included the need for earlier stakeholder communication, clearer documentation processes, and targeted training strategies.

The quantitative analyses revealed that the most frequent consultation reasons were clinical follow-up and medication adjustments (n=53; 30.3% and n=45; 25.7%), followed by psychotic symptoms and aggressive behaviour (each n=18; 10.3%), based on a total of 175 reported indications (multiple responses possible). Commonly co-occurring symptom clusters included medication adjustment with follow-up (n=43), medication adjustment with aggression (n=18), and follow-up with aggression (n=17). The most frequently implemented measures were medication adjustments (n=21) and enhanced observation/monitoring (n=19).

Importantly, regarding organizational and timing effort respondents indicated only little change compared to standard care (mean organizational effort=3.2, mean time effort=3.74, 5-point Likert scale; 1=lower, 5=higher) highlighting the feasibility of the telemedical approach.

Conclusion: Telepsychiatric consultations in gerontopsychiatric long-term care are feasible, well accepted, and beneficial when implemented as a structured supplement to on-site care. Clear coordination roles, interdisciplinary collaboration, and integration into existing workflows are critical. Long-term adoption further depends on organizational and financial feasibility.

Biography

Alina Volkmar is a pre-doctoral researcher at the Ludwig Boltzmann Institute for Digital Health and Patient Safety in Vienna. She holds a Master's degree in Health Sciences with a research focus, is currently pursuing a Master's degree in Epidemiology and will start her PhD program in personalised and precision medicine in April. Her research interests lie in digital health, health services research, and patient safety, with a particular focus on innovative care models in geriatric and psychiatric settings. She has gained international experience through research and project work in Europe and Sub-Saharan Africa.

Bobby Garcia*, Fabiola Sevilla Perez, Samer Elkhodair, Mohamed Abdalla

University College London Hospitals NHS Foundation Trust, United Kingdom

Factors influencing sustainability of Newly Qualified Nurses (NQNs) in Emergency Department (EDs): A literature review on stable workforce and retention

Background: Nurses form the backbone of healthcare delivery, yet the profession faces escalating challenges of burnout and turnover, magnified by the Covid-19 pandemic. The World Health Organization predicts a global shortage of 4.5 million nurses by 2030. Newly Qualified Nurses (NQNs) are particularly vulnerable, with high attrition rates threatening workforce sustainability. For example, in one London Emergency Department (ED) in 2022, 11 NQNs were recruited, only four stayed beyond the first year, and only three remained for a second year. Premature departures risk undermining care quality, wasting resources, and intensifying staffing pressures. Given Benner's theory that competence takes at least two years to develop, structured support and retention strategies are critical.

Aim: This study explores the lived experiences of NQNs in EDs, identifies factors influencing early attrition, and highlights opportunities for co-produced, evidence-based strategies to improve sustainability.

Methods: A literature review was conducted using CINAHL, Medline, and the Cochrane Library. Inclusion criteria encompassed English-language studies examining NQNs across diverse healthcare contexts, while non-clinical staff were excluded. No timeframe restrictions were applied to capture consistent challenges over time. From 85 identified papers, 10 were deemed relevant, and two qualitative studies were analysed in depth. Brown et al. (2023) conducted a scoping review of individual and environmental factors influencing nurse retention, while Ho et al. (2021) explored the transition experiences of 23 UK-based NQNs through thematic analysis. Evidence quality was appraised using the GRADE framework.

Findings: Brown et al. (2023) identified resilience, career aspirations, and work-life balance as key individual factors, alongside environmental influences such as organisational culture, workload, and professional development opportunities. Ho et al. (2021) provided rich qualitative insights into NQNs' emotional and practical struggles, highlighting lack of support, overwhelming workloads, and organisational expectations as major contributors to stress and attrition. While Brown's review offers breadth across multiple settings, it lacks ED-specific focus. Ho's study delivers depth but is limited by small sample size. Collectively, both studies underscore the urgent need for robust mentorship, structured transition programs, and supportive workplace cultures.

Conclusion: Sustainability of NQNs in high-pressure settings such as EDs hinges on addressing both individual resilience and systemic organisational support. Employers and policymakers must prioritise structured onboarding, mentorship, and professional growth opportunities to foster competence and confidence during the critical first two years. Current evidence remains moderate in quality and lacks ED-specific focus, underscoring the need for larger, mixed- methods studies. Strengthening NQN retention is vital to safeguarding patient outcomes and building a resilient global nursing workforce.

Biography

Bobby Garcia began his nursing career in the Emergency Department in the Philippines in 2012 before moving to the UK in 2015, where he continued working in ED and International Emergency Medical Assistance. In 2022, he developed a strong passion for research. He is currently pursuing a Postgraduate Diploma in Clinical Research Delivery, with plans to complete a Master's Degree by 2027. Currently working as a Research Nurse in A&E, his academic and professional focus centres on workforce sustainability, particularly the retention of newly qualified nurses in high-pressure clinical environments like the ED.

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Family Integrated Care (FIC) in practice: A Singapore Special Care Nursery (SCN) experience

Family Integrated Care (FIC) is a collaborative model of neonatal care that actively engages parents as partners in the care of their hospitalised infants. While FIC has demonstrated improved infant and parental outcomes in Western Neonatal Intensive Care Units (NICUs), its implementation in Singapore, particularly in level II Special Care Nurseries (SCNs) remains under-evaluated. This study aimed to examine the feasibility, acceptability, and preliminary infant outcomes of a parent-led FIC programme tailored to the local context, where parents were encouraged to participate for 1–2 hours daily at their own pace.

A mixed methods design was used. Thirteen families of infants expected to stay at least two weeks were enrolled. The intervention group received structured, nurse-supported FIC education throughout hospitalisation, while a contemporaneous control group received standard care. Quantitative measures included pre-and post-intervention parental self-efficacy scores using the Perceived Maternal Parenting Self-Efficacy (PMP S-E) scale, as well as infant outcomes (weight gain, breastfeeding initiation, kangaroo care, and length of stay). Nurse surveys and semi-structured interviews with both parents and nurses captured qualitative perspectives.

Findings revealed a statistically significant improvement in maternal self-efficacy post-intervention ($p<.01$). Compared to controls, infants in the FIC group demonstrated higher rates of kangaroo care, parental visits, and breastfeeding, with a positive trend toward greater weight gain. Nurse surveys reflected generally positive perceptions of FIC's value in enhancing family engagement and discharge readiness. However, nurses also reported increased workload and stress associated with programme delivery.

Thematic analysis of interviews with nurses and mothers identified five key themes:

(1) Building Confidence,

(2) FIC as a Bridge for Bonding and Discharge,

(3) Central Role of Nurses and Family,

(4) Structural and Logistical Barriers, and

(5) Need for Interdisciplinary Integration.

These themes highlight both the perceived impact and the operational challenges of embedding FIC sustainably within routine practice.

This study demonstrates that a modified, parent-led FIC programme is feasible and acceptable within a level II SCN. While promising in enhancing parent confidence and infant outcomes, structured workflows, dedicated staff time, and multidisciplinary alignment are essential for long-term integration and scalability. Nurses play a pivotal role in shaping successful FIC implementation, underscoring the importance of nursing leadership in advancing family-centred neonatal care.

Biography

Shu Hui is a in the Neonatal Intensive Care Unit (NICU) with a strong interest in Family Integrated Care (FIC) and neurodevelopmental support for preterm infants. She holds a Bachelor's degree with Honours from the National University of Singapore, where her thesis focused on FIC. Since then, she has contributed to two research studies in this area and presented on neurodevelopmental care at the 2024 Perinatal Congress. With experience in both the Special Care Nursery and NICU, she is committed to improving the care experience for families and advancing nursing practices that support infant development and parental involvement.

Fabiola Sevilla Perez*, Bobby Garcia, Dr. Samer Elkhodair
University College of London Hospital, United Kingdom

Research activity in Emergency Departments (EDs): A literature review of its impact on quality of care and patient satisfaction

Background: Emergency Departments (EDs) are often the first point of contact for patients, playing a crucial role in acute care delivery. Increasingly, EDs are also becoming hubs for clinical research, despite the challenges posed by their fast-paced and unpredictable environments. Research activity within EDs not only advances evidence-based practice but may also improve the quality of care and patient satisfaction. This poster explores whether EDs engaged in research activity deliver better outcomes than those without.

Methods: A structured literature review was conducted across PubMed, CINAHL, and Cochrane Library, complemented by a snowball search. The review applied inclusion and exclusion criteria focusing on studies evaluating the relationship between research activity, patient outcomes, and satisfaction in acute healthcare settings. Although no studies specifically addressed EDs, ten papers were identified, of which two provided the strongest evidence base: Majumdar et al. (2008), assessing outcomes in U.S. hospitals participating in clinical trials, and Jonker et al. (2020), analysing NHS research activity and its association with staff and patient perceptions of care.

Findings: The evidence suggests that research-active hospitals demonstrate higher quality of care and improved patient satisfaction. Majumdar et al. (2008) found hospitals with higher clinical trial participation showed significantly reduced in-hospital mortality and better adherence to clinical guidelines. Jonker et al. (2020) demonstrated that patients admitted to more research-active NHS hospitals reported greater confidence in staff, better information provision, and higher satisfaction, while staff reported improved engagement and teamworking. These complementary findings highlight both the objective and experiential benefits of embedding research into clinical practice.

Discussion: Although evidence specific to EDs remains limited, parallels can be drawn from wider hospital settings. Research-active environments cultivate a culture of evidence-based practice, staff collaboration, and innovation, all of which are essential in the high-pressure ED setting. Observations from practice reinforce these findings, suggesting that embedding research activity in EDs facilitates timely interventions, optimises resource use, and enhances patient trust. However, further longitudinal studies focusing on EDs are required to establish causality and guide policy.

Conclusion: Research engagement in acute care settings is associated with improved clinical outcomes and higher patient satisfaction. Extending research activity within EDs has the potential to enhance care delivery, strengthen staff-patient relationships, and improve patient experiences. Hospitals without active research programmes should be encouraged to integrate research activity into ED practice to advance both quality of care and patient satisfaction.

Biography

Fabiola Sevilla Perez is a Clinical Research Nurse and Charge Nurse in the Emergency Department at University College London Hospital. She has over sixteen years of clinical experience across multiple care settings and has worked in the emergency department since 2016. Since 2019, she has combined her frontline role with research delivery. She is currently undertaking a Postgraduate MSc in Clinical Research Delivery at King's College London and has completed the NHS Leadership Academy's Mary Seacole Programme. Her professional focus is on advancing the integration of research within emergency care to enhance patient outcomes, evidence-based practice, and staff development.

Harini S Shunmuga Velu

Alice Lee Centre for Nursing Studies, Yong Loo Lin School of Medicine, National University of Singapore, Singapore

Enhancing knowledge about and attitudes towards participation in clinical trials: Systematic evaluation of a user-friendly educational video

Background: Clinical trials are a cornerstone of modern healthcare where scientific hypotheses are forged into life-saving therapies that define evidence-based care. The World Health Organization (2023) identifies clinical trials "as a fundamental component" of a learning health system and essential for achieving Universal Health Coverage (UHC). Despite the pivotal role in advancing health equity and innovation, globally about 80% of trials fail to enrol on time, costing millions daily and delaying treatment (Brøgger-Mikkelsen, M., et al., 2020).

The enrolment crisis constitutes multi-level challenges. At the macro level, low enrolment reflects systematic barriers in public research literacy (Brody et al., 2012), equitable research access (FHI Clinical, 2022) and societal trust (Rodríguez-Torres et al, 2021; Reber et al., 2025). At the meso level, clinical trial efficiency is often hindered by high screen-failure (Wong et al., 2018), lengthy recruitment timeline (Wandile, 2023), and administrative burden (Briel et al., 2021). Critically, at the micro level, misconceptions, fear of exploitation and limited understanding of trial processes directly reduce willingness to participate (Abujarad et al., 2021; Kaur et al., 2025). Therefore, these factors collectively impede progress in evidence generation and compromise diversity in research participation.

Despite being a thriving hub for clinical trials in the Asia-Pacific region, Singapore's community participation remains modest, highlighting a critical need for accessible education. Addressing this gap falls within the core domain of nursing leadership, as nurses play a crucial role in promoting research literacy (Hines et al., 2022), informed decision-making (Sevy Majers and Warshawsky, 2020) and public trust (Wilandika et al., 2023).

Methods: This Doctor of Nursing Practice (DNP) project involves the systematic evaluation of a user-friendly educational video aimed at improving knowledge and attitudes towards clinical trial participation. Guided by the Health Belief Model (HBM) and the "Reach, Effectiveness, Adoption, Implementation, and Maintenance" (RE-AIM) framework, the intervention directly targets the micro-level barrier to foster informed, equitable and sustainable engagement with clinical research. Employing a one-group pre-post quasi-experimental design, we will enlist about 200 Singapore residents via digital and selected clinical avenue. The intervention's effect on knowledge, perceived safety, and desire for participation will be assessed using modified, validated questionnaires. The RE-AIM methodology facilitates the assessment of implementation feasibility, including reach, adoption and maintenance.

Results: Following project execution, outcomes will assess the intervention's efficacy in achieving statistically significant enhancements in primary outcomes (T0 to T1) and its practical viability using RE-AIM indicators.

Conclusion: This project represents a scalable, evidence-based approach to reducing barriers to clinical trial participation. By integrating behavioural and implementation science, it positions nursing leadership at the forefront of fostering a more informed, trusting, and research-engaged public, thereby accelerating the translation of science into lifesaving treatment.

Biography

Harini S Shunmuga Velu is a Doctor of Nursing Practice (DNP) candidate at the Alice Lee Centre for Nursing Studies, National University of Singapore, and a Registered Nurse with 17 years of experience in acute care and clinical research. She currently works in National Centre for Infectious Diseases, Singapore focusing primarily on respiratory studies, and has a strong interest in strengthening research literacy, improving clinical trial engagement, and advancing evidence-informed healthcare. Nursing, for her is a vocation rooted in service, compassion, and meaningful impact on patient care. As an Epic Credentialed Trainer, she has contributed to digital transformation and quality improvement initiatives supporting safe and efficient clinical practice. Committed to continuous learning and leadership development, she aims to advance research, improve patient outcomes and contribute to a healthcare system that is safer, smarter and more compassionate, while sharing knowledge and supporting the next generation of nurses.

Kostin Philipp Nikolaevich

Dmitry Rogachev National Medical Research Center of Pediatric Hematology, Oncology and Immunology, Moscow, Russian Federation

Modern methods for medical rehabilitation of children with oncology and hematological studies in the Russian Federation: Regional practices and development vector

Introduction: Medical rehabilitation of pediatric patients with oncological and hematological diseases is a complex, interdisciplinary task. The uneven distribution of rehabilitation resources across regions necessitates the development of unified approaches that take into account regional specificities.

Materials and Methods: Analysis of the regulatory framework; a multicenter study (12 regions of the Russian Federation) that included a survey of healthcare workers (n=215), an analysis of individual rehabilitation programs (n=149), and an assessment of the effectiveness of rehabilitation measures and the infrastructure of rehabilitation centers.

Results and Discussion: Three main models of rehabilitation organization were identified:

- Specialized departments in oncology centers (42%)
- General rehabilitation centers (35%)
- Outpatient clinics (23%).

Key Deficiencies were Identified:

- Lack of multidisciplinary teams (68% of institutions)
- Limited use of evidence-based methods (41%)
- Lack of continuity between treatment stages (57%)

The main drawback is the lack of centralized regional routing schemes for patients requiring rehabilitation.

Discussion: The findings reveal significant heterogeneity in the organization and delivery of rehabilitation services for children with oncohematological diseases across the Russian Federation. The identified deficits highlight the challenges in providing comprehensive and evidence-based rehabilitation care.

Conclusion: The proposed model for organizing rehabilitation care allows for:

- Unifying approaches based on regional capabilities
- Ensuring continuity between stages of care
- Improving the effectiveness of rehabilitation measures

Promising Areas of Development:

- Development of federal clinical guidelines
- Active implementation of telemedicine consultations
- Active patient routing (if there are no rehabilitation centers in the region)

Biography

Philip Nikolaevich Kostin is the Deputy Director of the Department for Planning and Strategic Development of the Pediatric Oncology and Hematology Service. He has published more than 25 articles in renowned journals.

Mami Fukushige[1*], Chiharu Matsumoto[1], Hitomi Maeda[2], Tomohiko Igasaki[3]

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Physiological responses in individual and cooperative learning using Virtual Reality (VR)

Aims: Virtual Reality (VR) is increasingly being utilized in nursing education, but previous studies often report subjective evaluations based on individual learning. While cooperative learning is gaining attention as one form of active learning, the learning effects of VR have not been clearly established. Therefore, this study aims to explore differences between individual and cooperative learning using VR through composite indicators, including physiological responses.

Methods: Thirteen nursing students were assigned to either an individual learning group (n=5) or a cooperative learning group (n=8; divided into two groups of four, with one student in each group performing physiological data measurements). Using immersive VR educational materials (theme: "The Lives of Elderly in the Community"), measurements were taken across four phases: Rest, VR viewing, individual work, and group work. Changes in electroencephalogram (F3 and F4, β percentage normalized to open-eye rest) and electrocardiogram (LF/HF, sympathovagal balance from heart rate variability) patterns at four phases were compared between the individual learning group and the collaborative learning group. The SSQ scores were calculated as the overall score. Descriptive data from worksheets were recorded during both individual and group work and subjected to content analysis.

Results: The β increased in both groups during VR viewing, and was particularly high in the individual learning group. The LF/HF tended to fluctuate across phases within the cooperative learning group. The SSQ scores were mild for nearly all participants. In the worksheets, descriptions of learning from a broader perspective were more common in the cooperative learning groups than in the individual learning groups.

Conclusions: This exploratory data suggests that VR learning and subsequent group work may promote brain activation, and that cognitive load and emotional responses may differ between individual and cooperative learning. While these results cannot be generalized, examining multiple indicators together may help clarify learning outcomes.

Biography

Mami Fukushige is an assistant professor at the Faculty of Life Sciences, Kumamoto University. She has approximately 10 years of clinical experience in healthcare settings and has since been engaged in education and research at educational institutions. She completed a master's program in nursing education and a doctoral program in public health.

Piotr Wysocki[1*], Anna Marzec-Bogusławska[2*], Dr. Arkadiusz Nowak[3*], Katarzyna Furman[4]

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Behavioral and socio-demographic determinants of HIV, syphilis and HCV infections among VCT clients in Poland in 2015-2025, including the war refugee population from Ukraine

Background: Large migration flows from Ukraine (a country with one of the highest HIV/STI infection rates in Europe) to European countries, mainly to Poland, elevates the risk of an increase in the number of HIV and STI infections. Ukraine has the second-largest HIV epidemic in Europe (HIV prevalence in general population approx. 1%) with most new cases occurring through heterosexual transmission and injecting drug use. Ukrainian citizens represent a significant group of ART patients in Poland (3590 persons as of Dec 31, 2025) and clients of the 28 voluntary counselling and testing centers (PKD/VCT). Since the outbreak of the war in Ukraine, above 50 million crossings in both directions of the Polish-Ukrainian border have been recorded. The study aims at identifying risk factors and behavioral and socio-demographic determinants (age, gender, sexual orientation, sexual practices) of HIV, syphilis and HCV infection in the Polish and Ukrainian populations visiting the VCTs (PKD).

Methods: Data obtained from Polish VCT centres through online surveys with VCT clients (Polish, Ukrainian) aiming at identifying risk factors associated with their sexual behaviour and socio-demographic characteristics. For analyzing data, the quantitative analysis of variables and descriptive statistics as well as the Tau-b-Kandall ch2 statistical measure were used. During data analysis the main emphasis was laid on data from January 1, 2022 to June 30, 2025 to allow comparing the occurrence of the given characteristics in both Polish and Ukrainian citizens (Ukrainians who came to Poland after the outbreak of the war in Ukraine in February 2022).

Data Collection: The time interval examined: January 1, 2015 to June 30, 2025 (for Poles) and January 1, 2022 to June 30, 2025 (for Ukrainians). Total of 354,162 HIV tests performed in VCT sites (4,754 positive results, 1.34%); 3,123 HCV screening tests (587 positive, 18.79%) and 82,016 syphilis tests (2,257 positive, 2.75%). For Ukrainians: 5,538 HIV tests (277 positive results, 5%), 3,575 HCV screening tests (78 positive, 2.18%) and 3,547 syphilis tests (118 positive, 3.33%). During their visit in VCTs a standardized interviews have been conducted with the clients to identify socio-demographic characteristics of the reporting individuals.

Results: Statistical analysis of socio-demographic and behavioral variables indicates different significance of risk factors in the population of Poles and Ukrainians. In both groups, the likelihood of getting tested for HIV increases with age. And also the older a person, the more likely positive HIV test result. Observed increasing percentage of women as well as gay and lesbian clients visiting VCTs. Depending on the sexual practice (oral, anal, vaginal sex), the use of condoms declines or remains low in both Polish and Ukrainian clients. In addition declines the percentage of clients having sex after using injecting drugs and alcohol. However, the use of other psychoactive substances remains relatively high. Other factors observed: Declining number of HIV-positive partners among VCT clients. HIV/STI infection mainly as a result of unprotected sexual contacts between men (Polish clients) and as a consequence of unprotected heterosexual contacts (Ukrainian clients).

Biography

Piotr Wysocki is a graduate of the Warsaw School of Economics (SGH), the University of Minnesota, and the Carlson School of Management (USA). In 2006 and 2007 consultant to the WHO Regional Office in New Delhi and the WHO Country Office in Nepal. In 2009-2014, a national expert at the European Centre for Disease Prevention and Control (ECDC) responsible for health communication and promotion projects related to influenza, measles, mumps, and rubella. He Coordinated of capacity-building projects for healthcare workers in EU/EEA countries (risk and crisis communication). Since 2014, Head of the International Cooperation Department of the National AIDS Centre.

Shalin Bahl
McDonogh School, USA and the National Human Genome Research Institute, USA

Lessons learned from the human genome project: The health implications of privatizing scientific research in the United States

Introduction: Recent policy shifts focusing on privatization and commercialization of scientific research have raised questions regarding the consequences of a profit-driven science model for public research institutions and public health infrastructure. Historically, publicly funded research has provided foundational knowledge necessary for private firms to pursue biomedical innovations, such as vaccines and drugs, that support public health and disease prevention. However, as federal institutions relinquish decades of scientific research projects, the nation is at risk of overlooking the importance of public research to the biomedical innovation pipeline and, consequentially, maintenance of current public health infrastructure. To examine this issue, my research utilizes evidence from the Human Genome Project (HGP), an effort which generated the first human genome sequence, and its competition with Celera Genomics, a private biotechnology firm, to therefore reveal the consequences of ongoing shifts toward privatization as well as the importance of past public research initiatives to public health.

Methods: This study employed a qualitative case study design in which I conducted a systematic review of HGP policy reviews, data, news articles, and research papers from the classified National Human Genome Research Institute (NHGRI) archive. Comparative analysis was conducted, analyzing the contrasting ideologies and models of the HGP and Celera respectively. Additional relevant literature was sourced from PubMed, Google Scholar, and reputable news articles in order to contextualize the case-study within broader science and health policy.

Results: The analysis revealed that foundational discoveries and subsequent health innovations of the HGP were possible due to a resulting balance promoted by the HGP's open-science model alongside Celera's proprietary framework. Specifically, the baseline data generated by the HGP enabled private firms, particularly Celera, to utilize this information in order to create tangible products, stimulating the bioeconomy and public health through innovation of medical technologies and diagnostics. In turn, these competitive developments in the private sector strengthened the HGP by incentivizing growth, efficiency, and free data access to promote further genomic research and innovation as a result.

Conclusion: The case study presented by the HGP and Celera illustrate that scientific innovation and public health infrastructure thrive when both the private and public sectors work together to translate public discoveries into marketable products that benefit the population's health. However, the current research cuts and shift to privatization have disrupted this balance, severing the fundamental knowledge generated by the public sector and concentrating research and biotechnology with wealthier private firms. As a result, there may be an increase in public health disparities due to firm's monopolies over certain innovations, causing a focus on profits rather than pure science and restricted access to knowledge through intellectual property. The lack of government oversight alongside higher costs for consumers may decreases equitable access to innovation as well as national disease preparedness and public health infrastructure. Thus, a science model based on privatization may not only limit the possibility of true biomedical innovation but will mainly harm patients who depend on medical advancements.

Biography

Shalin Bahl is a junior at McDonogh School interested in the intersection of healthcare policy and medicine. Currently, he is involved in public health and science policy research at the National Human Genome Research Institute, a cardiovascular health internship at Johns Hopkins Medicine, and a number of leadership and service initiatives. He aims to pursue a career focused on improving cardiovascular disease prevention through continued public health and biomedical research.

Shen Ming Yi[1*], Liu Ying Mei[2]

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Exploring the correlation between health literacy and medical decision-making conflict in parents of children with precocious puberty

Research Background and Motivation: The prevalence of precocious puberty in children has significantly increased in recent years. In this information-rich era, there is a plethora of external information, but the accuracy varies, which can easily lead to conflicts in medical decision-making among parents. Understanding this relationship may aid in developing more effective intervention timings, educational strategies, and communication approaches to optimize the decision-making process in clinical care.

Purpose: To investigate the health literacy and decision-making conflict of parents of children with precocious puberty and analyze the correlation these two factors.

Research Methods and Design: A cross-sectional correlational study was conducted at a medical center in the northern region. Parents of children with precocious puberty were recruited using a self-administered demographic questionnaire, a Chinese multifaceted health literacy scale, and a problem-based decision-making conflict scale.

Results: A total of 65 parents of children with precocious puberty were included in this study, with an average health literacy score of 36.01 and an average decision conflict score of 17.64. The results indicated that lower health literacy was associated with higher decision-making conflict ($r=-0.454$, $p<0.001$). A simple linear regression analysis revealed that health literacy significantly predicted decision conflict ($R^2=.205$, $F=16.201$, $p<.001$). For each one-point increase in health literacy, the level of decision conflict decreased by 0.684 points ($B=-0.684$, 95% Confidence Interval= [-1.023, -0.344], $p<.001$).

Conclusion: Improving parents' health awareness regarding precocious puberty, especially their ability to communicate and use information, is crucial for reducing decision-making conflicts. Key strategies for improving parental medical decision-making include fostering two-way communication and equipping parents with the skills to apply health information in medical contexts. It is recommended that future health education platforms be designed to accommodate varying levels of health literacy, emphasize clarity, and support interactive communication. These platforms could serve as protective factors in the medical decision-making process. Furthermore, it is strongly suggested that screening for precocious puberty be included as a routine item in school health examinations to facilitate early detection and timely intervention.

Biography

Ming-Yi worked in the pediatric ward of Linkou Chang Gung Memorial Hospital for more than 20 years. She is currently the senior deputy head nurse of the pediatric department. She has been working hard in child-friendly medical care and holistic care. She will complete her master's degree in 2025. Her research topic is issues related to precocious puberty in children.

Uthen Bunmee

Faculty of Medicine Ramathibodi Hospital, Mahidol University, Thailand

The study of body size and age well respond acoustic window echocardiography in the child

Childhood is divided into several age groups such as infant, toddler, middle child, older child and adolescent. The selection of a probe to obtain a clear image depends on many factors, especially body size, which is in line with age. With all these different details and in actual practice, the choice of probe is still highly subjective, and depends on the familiarity of each examiner. Although there is a user guide, it only provides brief information, so there is no clear guideline or empirical data to recommend. This results in wasted time in testing and selecting the most suitable probe before testing, and affects the budget for purchasing a variety of probes to cover children of all ages. This research aimed to study the body size and age appropriateness for each frequency of the four probes. Retrospective studies in sample of 160 subjects. Age 7.2±7.6 years BSA 0.78±0.6m^2 weight 24.5±26.0kg. The body size response that is most suitable for the 1-5MHz probe is BSA 0.7–1.82m^2, 4-12MHz probe is 0.10–0.18m^2, 3-8MHz probe is 0.27–0.95m^2, and 2-9MHz probe is 0.18–0.69m^2. Comparison between probes 3-8 vs. 2-9 showed no statistically significant difference in body size (BSA 0.61±0.21 vs 0.49±0.23m^2, P-value 0.354), although the age at which the two probes responded was statistically significantly different (Age 3.96±2.56 vs 1.6±0.48 years, P-value < 0.05). In terms of image quality, these two probes provide clear images with similar body sizes. Knowledge from this research can be used to inform the selection and procurement of probes.

Biography

Uthen Bunmee is the senior professional level in echocardiography technologist. He working in Ramathibodi Hospital, Mahidol University, Bangkok Thailand. He has 15 years of experience scanning echocardiography in paediatric and adolescent patients. He has many publications in Thai and international journals. He is interested in non-invasive cardiac examination, especially in echocardiography field. The Research Gate website report 13.4 Research Interest Score and 17 Citations with 1 h-index of him.

Dr. Vijay Kumar Singh

Professor, Department of Community Medicine and Public Health, King George's Medical University UP, Lucknow, Uttar Pradesh, India

Gaps in breast cancer awareness and screening practices among women in Lucknow, Uttar Pradesh

Breast cancer remains the most common malignancy among women globally, yet awareness and early screening practices remain low in low- and middle-income countries like India. To assess and compare knowledge of breast cancer, awareness of Breast Self-Examination (BSE), and BSE practices among women residing in rural and urban communities of Lucknow, Uttar Pradesh.

Materials and Methods: A community-based cross-sectional study was conducted from December 2020 to November 2021 among 400 women aged ≥20 years, sampled from two rural and two urban community health centres. Data were collected using a validated semi-structured questionnaire that covered sociodemographic characteristics, breast cancer knowledge, risk factors, early detection, and BSE practices.

Results: Only 33.5% of rural respondents and 55.96% of urban respondents had heard of breast cancer. Awareness of BSE was markedly lower—17.55% in rural and 13.47% in urban areas. Actual BSE practice was extremely limited (4.72% in rural areas; 8.81% in urban areas). Higher education, occupation, and urban residence were significantly associated with better awareness. Overall knowledge of risk factors, symptoms, and screening was poor across both settings.

Conclusion: A significant awareness and practice gap persists among women in Lucknow, particularly in rural areas. Given widespread willingness to learn, community outreach, structured health education, and female health worker involvement are urgently needed to promote early breast cancer detection and reduce preventable mortality.

Keywords: Breast cancer, awareness, BSE, rural-urban comparison, screening practices, Lucknow.

Biography

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Development of a self-assessment scale of difficulties in nursing practice for individuals with major depressive disorder

Objective: This study developed a self-assessment scale to measure psychiatric nurses' perceived difficulties in caring for individuals with major depressive disorder.

Methods: Scale development followed a multi-stage process involving a scoping review, interviews with experienced psychiatric nurses (n=7), item generation using the KJ method, and expert validation. An online survey of psychiatric nurses (n=208) in the Tokyo metropolitan area was then conducted to examine the scale's psychometric properties. Item analysis, exploratory factor analysis, confirmatory factor analysis, verification of reliability and known-groups validity testing were conducted.

Results and Discussion: During the validity assessment of the 28-item draft scale, expert review resulted in a revised 30-item draft scale rated on a four-point Likert scale (for a total of 120 points). Of the 845 nurses invited, 218 responded, and 208 surveys were usable after excluding cases with missing data. Following the item analysis, 20 items were retained for exploratory factor analysis, which yielded a 17-item, three-factor structure (total 68 points): Factor 1, "Difficulty in Providing Support for Symptom Management" (8 items, Cronbach's α: 0.85); Factor 2, "Difficulty in Providing Psychosocial Support Aimed at Recovery" (6 items, Cronbach's α: 0.88); and Factor 3, "Difficulty in Daily Living Support" (3 items, Cronbach's α: 0.82). The reliability of the scale was confirmed for items within each factor. Confirmatory factor analysis indicated acceptable model fit (CFI=0.924; RMSEA=0.070). Additionally, known-groups validity was supported. Nurses with fewer than five years of psychiatric nursing experience scored significantly higher on the scale than those with five or more years. These findings align with interview data suggesting that experienced nurses continue to provide care with belief despite ongoing challenges.

Conclusion: A validated 17-item version of the Self-Assessment Scale for Difficulties in Depression Nursing for Psychiatric Nurses was developed. This scale demonstrated a stable three-factor structure, acceptable reliability, and known-groups validity, indicating its suitability for assessing challenges in depression nursing practice. It offers a practical tool for guiding educational support and strengthening psychiatric nurses' clinical competencies.

Biography

Mrs. Kimura studied nursing at Kitasato University, Japan, and graduated with an MS degree in 2005. She is a faculty member of the Department of Nursing at Juntendo University, Japan. She was expected to graduate the course of Ph.D. program at Juntendo University this year. Her major was mental health nursing and research topic was challenges in the nursing practice of individuals with MDD. She believed this would help build educational support that would also help provide effective mental health support for nurses.

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