4th

International

NURSING
&
MIDWIFERY
CONFERENCE

20-21
FEBRUARY, 2025

DHULIKHEL
NEPAL

VENUE :

**Auditorium hall, Dhulikhel Hospital
Dhulikhel, Kavrepalanchowk
Nepal**

PROCEEDINGS BOOK

Fourth International Nursing and Midwifery Conference 2025

"Opening new horizons in Nursing Science
Health Care innovation and beyond"

20th & 21st February, 2025

Organized By:

Nursing and Midwifery Department
Kathmandu University School of Medical Sciences
Dhulikhel Hospital-Kathmandu University Hospital

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Department of Nursing and Health Sciences
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Canada

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Dean, Kathmandu University School of Education

Prof. Dr. Ranjeeta S Acharya
HOD, Department of Physiotherapy
Dhulikhel Hospital

Dr. Pennie Sessler Branden
PhD, FACNM, CNM, CNE, RN, ENFLA
Sigma Scholar
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Phillips School of Nursing at Mount Sinai, New York, USA

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Mr. Titus Tarus
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INTRODUCTION

> **Dhulikhel Hospital is an independent, not for profit, non-government institution which was conceived and supported by the Dhulikhel community, as a quality health services provider.**

The Fourth International Conference of Nursing and Midwifery aims to be a forum for productive deliberation on pertinent issues of the chosen theme among key actors from the field of nursing, midwifery and healthcare from Nepal and abroad and explore the possibilities of successful implementation of interdisciplinary care to improve people's health; with nursing and midwifery as the core team.

Further, it is expected that the conference will be an excellent opportunity for collaboration and networking of scholars and professionals across disciplines within healthcare.

The theme of the conference is "Enhancing interdisciplinary approach for quality of care."

Interdisciplinary approach to healthcare seeks collaboration among healthcare providers from different field towards achieving the highest quality of care given to patients.

This approach envisages professionals of various disciplines with specific knowledge, expertise and skills working together with common goals and sharing responsibilities for the delivery of better care to the patients and the communities.

It is believed that such team work results in improved patient outcomes and provider satisfaction.

Venue : Skill Lab Auditorium Hall, Dhulikhel Hospital

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Members : Pratibha Chalise, Satya Shrestha,
Rashmi Maharjan, Sujan Shrestha

Message for the Nursing Conference

My own professional journey in health care has always been deeply connected and anchored with eminent nurses. They are not just my most entrusted colleagues, but also my constant source of inspiration, hope and optimism. Here at Dhulikhel Hospital, our nurses are not just the core team in care, research, academics and training, but also in organizational leadership too. Every day they continue to drive and define how we grow, evolve and establish ourselves as a role-model for countless other institutions that aspire to follow our vision of 'Quality Health Care to All'. Through their constant national and international engagements, our nurses have contributed not just locally but also globally.

In recent years, our nursing program has made major leaps in various areas, from launching specialty care to pioneering programs in fellowships and higher education. Our collaborators nationally and internationally have also been our greatest allies in this pursuit of opening new horizons in the field of nursing, and health sector at large. This conference provides a unique opportunity to gather and celebrate our joint success, and make commitments to dream bigger.

The theme of this conference on '**Opening New Horizons in Nursing Science: Health Care Innovation and Beyond**' rightly suits the contemporary context. The advent of newer technologies, changing disease burden, and the emergence of newer health problems in the world necessitates nurses to explore the innovative dimensions in health that will include more multi-disciplinary collaborations and more of transformative roles.

I am confident that this event will be a milestone in redefining the field of nursing in Nepal and beyond.

I wish all success and assure that Dhulikhel Hospital will leave no stones unturned to be the most consistent ally in this noble mission.

Prof. Dr. Ram Kantha Makaju Shrestha
Founder and Executive Director
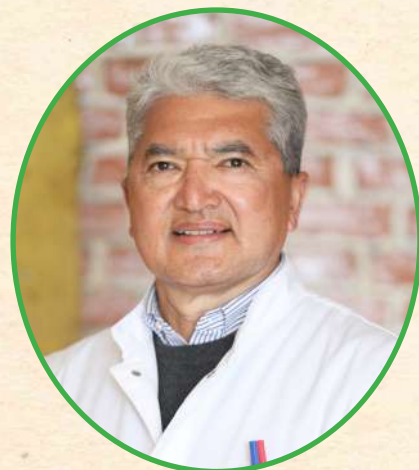
Message for the Nursing Conference

It is with great pleasure that I extend my warmest welcome to all distinguished guests, speakers, faculty members, and participants at the 4th International Nursing and Midwifery Conference hosted by Kathmandu University School of Medical Sciences (KUSMS). This prestigious gathering serves as a platform to explore advancements, innovations, and challenges in nursing and midwifery, fostering collaboration among professionals dedicated to improving global healthcare.

Nursing and midwifery are the backbone of our healthcare system, playing a pivotal role in patient-centered care, maternal and child health, and community well-being. As we navigate the evolving landscape of healthcare, it is essential to integrate research, technology, and evidence-based practice into education and clinical care. This conference provides an opportunity to engage in meaningful discussions, share best practices, and strengthen networks that will shape the future of nursing and midwifery.

At KUSMS, we remain committed to excellence in education, research, and service. We take pride in our role in empowering healthcare professionals with the knowledge, skills, and ethical foundation necessary to lead and innovate. I am confident that this conference will inspire new ideas and collaborations, ultimately contributing to the enhancement of nursing and midwifery education and practice in Nepal and beyond.

I express my sincere appreciation to the organizing committee, esteemed speakers, and all participants for their dedication and enthusiasm. May this conference be a rewarding experience for all.

Best wishes for a successful and enriching conference !

Prof Dr Manoj Humagain
Dean, Kathmandu University School of Medical Sciences (KUSMS)

PROGRAM SCHEDULE

Program	Time	Day 1 : 20th February	
	8:00-8:55	Registration and Breakfast	
Inauguration session	9:00-11:00	Inauguration	Chief guest- **Srijana Tamang** (Ortho patient)
		Welcome performance	Indira Lachhimasyu and her team
		Welcome Remarks	**Prof. Dr. Kunta Devi Pun,** Director, Nursing and Midwifery program
		Remarks	**Prof. Dr. Manoj Humagain**, Dean, KUSMS
		Remarks	**Prof. Dr. Achyut Prasad Wagle**, Acting Vice Chancellor of KU
		Keynote Session 1	**Dr. Kimberly S Glassman**, Dean, Mt Sinai Philips School of Nursing, USA "Innovations in Nursing : How Design-thinking and Artificial Intelligence are Shaping our Profession"
		Closing Remarks	**Prof. Dr. Ram K.M. Shrestha**, Executive Director, Founder, Dhulikhel Hospital
	11:00-11:15	High tea for guests	
	11:15-12:30	ORAL SESSION	
Invited Session 1	11:15-11:30	Keynote Speaker 2	**Dinah Chelagat** "Implications of Technical Innnovations on Nursing/Midwifery Education and Practice"
Oral Session 1	11:30-11:40	Chairpersons: **Prof. Dr. Rajendra Koju, Prof. Dr. June Zhang**	
	11:40-11:50	Oral Session - 1.1	**Rupendra Shakya** (Evaluating the Effects of Probiotic Supplementation on the Metabolic Profile of Type 2 Diabetes Mellitus: A 3 and 6 -Months Randomized Controlled Trial)
	11:50-12:00	Oral Session - 1.2	**Kishor Bajracharya** (Relationship Between Biofilm Formation and Antibiotic Resistance in Uro-pathogenic Escherichia coli in Lumbini Medical College and Teaching Hospital, Nepal)
	12:00-12:10	Oral Session - 1.3	**Dipak Dahal** (A study on the influencing factors for job retention and satisfaction of nursing professional in Nepal: A literature review)
	12:10-12:20	Oral Session - 1.4	**Rebeeca Makaju Shrestha** (Exploring the efficiency of stress management training programs in reducing stress levels within the nursing population in a tertiary care center in Nepal)
	12:20-12:30	Oral Session - 1.4	**Suja P. Davis** (Implementing the Flipped Classroom in Nursing Education: Perspectives and Practical Applications)
	12:30-13:30	LUNCH BREAK + POSTER PRESENTATION	

Poster Presentation	Poster Session - 1		**Neha Dongol** (Assessment of Pressure Injuries and its Associated Factors among Patients Following Surgery in Tertiary Level Hospital)
	Poster Session - 2		**Radha Maharjan** (Depression, Anxiety and Stress among Antenatal Mothers in a Tertiary Level Hospital of Kathmandu)
	Poster Session - 3		**Heera KC** (Helping mothers survive bleeding after birth: an evaluation of simulation based training in a tertiary level hospital)
	Poster Session - 4		**Kalpana Kafle** (Social Media Addiction, Self-compassion and Psychological Well-being among Adolescents of selected School of Kathmandu)
	Poster Session - 5		**Sangita Awal** (Peer Pressure and Substance Abuse among Adolescents in School of Bhaktapur)
	Poster Session - 6		**Siddhi Laxmi Bajracharya** (Effectiveness Training on Basic life support among School teachers of selected schools in Kavrepalanchok District- Quasi-experimental study)
	Poster Session - 7		**Sabina Sapkota** (Effectiveness of an Educational Intervention on Polycystic Ovarian Syndrome among Higher Secondary Level Students of Gorkha)
	13:30-14:30		**ORAL SESSION**
Invited Session 2	13:30-13:50	Invited Talk 1	**Ji Woon Ko** (Implementing an Outcome-Based Curriculum in Nursing Education: Experience from Sunmoon University, Korea)
Oral Session 2	13:50-14:00		Chairpersons: Dr. Rose House, Dr. Archana Bista Pandey
	14:00-14:10	Oral Session-2.1	**Sulekha Shrestha** (Knowledge, Perception and Confidence in Performance on Infection Prevention and Control Measures among the Nursing Students)
	14:10-14:20	Oral Session-2.2	**Subina Manandhar** (Effectiveness of video- assisted teaching program on insulin therapy among nursing Students in two institutions in Nepal: A mixed-methods evaluation)
	14:20-14:30	Oral Session-2.3	**Suchana Thapa** (Effectiveness, Barriers, amd Enablers of Simulation-based Education courses: Exploration of Perspectives of Healthcare Professionals and Key stakeholders)
	14:30-14:45		TEA BREAK + POSTER PRESENTATION

	14:45-15:55		ORAL SESSION
Invited Session 3	14:45-15:05	Keynote Speaker 3	Mirjam Lukasse (A Respectful Care for Positive Childbirth Experience)
Oral Session 3			Chairpersons: **Dr.Deepak Shrestha, Mr. Titus Tarus**
	15:05-15:15	Oral Session-3.1	**Manju Karmacharya** (Users' and Providers' Perspectives on Factors influencing utilization of Institutional Delivery Services in Mahottari and West Rukum Districts in Nepal: A Qualitative Study)
	15:15-15:25	Oral Session-3.2	**Radha Dhakal** (Acceptance of covid-19 vaccine and associated factors among pregnant women attending selected antenatal clinics of Bharatpur Chitwan, Nepal)
	15:25-15:35	Oral Session-3.3	**Bhawana Shrestha** (Pregnant Women's Views and Preferences on Utilization of Mobile Health Intervention: A Qualitative Approach)
	15:35-15:45	Oral Session-3.4	**Jyoti Lama** (Usability of virtual reality (vr) video for alleviating pain and anxiety among women in latent phase of labour: a quasi experimental study)
	15:45-15:55	Oral Session-3.5	**Supreena Shrestha** (Maternal Antenatal Attachment among Pregnant Women attending Antenatal Clinic of Tertiary Level Hospital)
	15:55-16:20		BREAK
	16:20-18:00		CULTURAL PROGRAM
	18:00-19:00		DINNER

Program	Time	Day 2 : 21ˢᵗ February		
	07:30-8:25	Registration and Breakfast		
Invited session	08:30-8:50	Keynote Speaker 4	**Gerhilde Schuttengruber,** The impact of an ageing society on nursing (science)	
		Invited Talk 2	**Enid Myhre,** Developing and Testing of an Online Educational Intervention in Early Labour Care	
		PANEL DISCUSSION		
Panel Discussion	09:05-10:35	Dr. Satya Shrestha (Moderator) Ms. Rashmi Maharjan (Co-moderator)	**Topic: Innovative approaches in advancing nursing education**	
			Dr. Pennie Sessler Branden (Mount Sinai Phillips School of Nursing)	
			Prof. Dr. Ranjeeta S Acharya (HOD, Department of Physiotherapy, Dhulikhel Hospital)	
			Prof. Dr. Bal Chandra Luitel (Kathmandu University School of Education)	
			Ms. Heera Niraula (Nepal, Director, NSSD, Ministry of Health and Population),	
			Dr. Lydia Mwanzia (Chair Midwifery and Gender, Moi University)	
	14:45-15:55	ORAL SESSION		
Invited Session 5	10:35-10:55	Keynote Speaker 5	**Shari Caputo** (The Benefits of an International Nursing Collaboration on Intercultural Education at a Canadian University)	
Oral Session 4		Chairpersons: **Dr. Suja P. Davis, Dr. Kimberly S Glassman**		
	11:05-11:15	Oral Session-3.1	**Sarina Shakya** (Psychosocial Counseling: A Journey of Healing and Growth in Dhulikhel Hospital)	
	11:15-11:25	Oral Session-3.2	**Lahar Maya** (A hospital based study of peripherally inserted central line catheter associated local complications in the patient needing prolong chemotherapy, a retrospective study in tertiary cancer hospital)	
	11:25-11:35	Oral Session-3.3	**Rekha Timalsina** (Development and Content Validation and Reliability Analysis of State Self-compassion Scale for Nepalese Older Adults with Chronic Diseases (SSCS-NOACD))	
	11:35-11:45	Oral Session-3.4	**Pratima Wenju** (Empowering Nurses through Fellowship Programs at Dhulikhel Hospital)	
	11:45-11:55	Oral Session-3.5	**Seema Kumari Chaudhary** (Knowledge Regarding Medical Device Related Pressure Injury among Nurses of Tertiary Level Hospital)	
	11:55-12:10	Oral Session-3.6	**Ratneswori Prajapati** (Children's Perceptions on their Play in Selected Schools of Nepal)	

12:10-13:10		LUNCH BREAK + POSTER PRESENTATION	
Poster Presentation	Poster Session- 8	Bhandari Sarita (Oral Health Status of School Children in Selected Schools of Dhulikhel)	
	Poster Session- 9	Prisckilla Sherpa (Sexual Health of women after childbirth: A qualitative study)	
	Poster Session- 10	Ismita Sharma (Decision making factors among women delivering at tertiary care hospitals in Eastern part of Nepal)	
	Poster Session- 11	Samjhana Rawat (Care Burden and Quality of Life of Caregiver of Children with Sickle Disease in the Outpatient Department of selected Hospital in Dang)	
	Poster Session- 12	Deepika Khadgi (Factors associated with pre-operative anxiety among patients undergoing surgery)	
	Poster Session- 13	Rina Nepali/Bimika (Perception and Ability to contract pelvic floor muscle among the women with Urinary Incontinence)	
	Poster Session- 14	Manju Karmacharya (Factors Influencing Mother's Autonomy in Decision-Making about place of birth and their birth experiences in Mahottari in Nepal: A qualitative Study)	
13:10-14:10		ORAL SESSION	
Oral Session 5		Chairpersons: **Dr. Kalpana Sharma, Dr. Sunila Shakya**	
	13:20-13:30	Oral Session- 5.1	**Subasna Shrestha** (Determinants (barriers and facilitators) of postnatal visits among post-natal women attending immunization clinic of tertiary level hospital)
	11:15-11:25	Oral Session- 5.2	**Jyotsana Twi Twi** (Training of Trainers on Simulation Based Education: Innovative Approaches to Nursing education)
	11:25-11:35	Oral Session- 5.3	**Bhawana Regmi** (Insights from a Critical Care Observership at Mount Sinai Hospital, New York, in Collaboration with AMPATH Nepal. Bhawana Regmi)
	11:35-11:45	Oral Session- 5.4	**Shmail A. Sillah** (Neuroscience Nursing can help reduce the global health burden of neurologic disease: AMPATH)
	11:45-11:55	Oral Session- 5.5	**Basanti Aryal** (Translation and validation of study instruments for cross-cultural research: Birth satisfaction Survey –Revised (BSSR) (English-Nepali))

	14:10-15:20		ORAL SESSION
		Chairpersons: **Dr. Rekha Thapa, Dr. Pennie Sessler Branden**	
Oral Session 6	14:20-14:30	Oral Session-6.1	**Sita Karki** (Perceptions of School-Teachers' on Child Abuse in Dhulikhel Municipality: A Qualitative Study)
	14:30-14:40	Oral Session-6.2	**Satya Shrestha & Kritika Shrestha** (Use of Innovative Technology for Self-Disclosure of Domestic Violence: Insights from the HERA and ADVANCE Research Projects)
	14:40-14:50	Oral Session-6.3	**Narayani Poudel** (Effectiveness of Forum Play to promote respectful maternity care: A pilot intervention among care providers in urban Nepal)
	14:50-15:00	Oral Session-6.4	**Rojeena Adhikari** (Knowledge, Screening and Reporting Practices of Healthcare Workers Towards Gender-based Violence Cases)
	15:00-15:10	Oral Session-6.5	**Pratibha Chalise** (Domestic violence and food insecurity among pregnant women in Nepal)
	15:10-15:20	Oral Session-6.6	**Radha Paudel** (Workplace Violence among Nurses in Tribhuvan University Teaching Hospital of Kathmandu)
Poster Presentation	15:20-16:20	Prof. Dr. Kunta Devi Pun	CLOSING SESSION + CERTIFICATE DISTRIBUTION
	15:35-15:45	Prof. Dr. Kunta Devi Pun	Appreciation for Sponsors (LUPIC/AMPATH/TRU/Laerdal/Prudent/Prof. Eku Pun/Nabil Bank/NIMB/Hotel Sarathi/ Web Trading Concern/ OCMC Dhulikhel/B-Braun
	15:45-16:05	Prof. Dr. Balaram Malla	Award for coordinators of different committee
	16:05-16:15		Remarks from participants (International/National)
	16:05-16:15	Jamuna Bajracharya	Vote of Thanks

Key Note Speakers

Keynote Speech 1: Innovations in Nursing: How Design-Thinking and Artificial Intelligence are Shaping our Profession

Kimberly S. Glassman. PhD, RN, NEA-BC, FAONL, FAAN Dean and Professor, Mount Sinai Phillips School of Nursing

Nursing practice and education are changing as a result of the use of artificial intelligence (AI) and design-thinking techniques. In order to promote better patient outcomes and advance nursing education, this keynote lecture examined how these innovations question presumptions, reframe issues, and produce user-centered solutions. With the use of design-thinking, which is characterized by iterative prototyping and user experience validation, nurses may solve complicated healthcare problems in novel ways. At the same time, AI applications that improve clinical decision-making, risk prediction, and operational efficiency include machine learning techniques and natural language processing (NLP). Examples include early patient deterioration identification, screening for malnutrition, and fall risk assessment using AI-powered technologies. AI facilitates competency-based assessments, curriculum mapping, and adaptive learning in nursing education, allowing for real-time accreditation tracking and individualized learning experiences. Case studies highlight successful implementations of design-thinking frameworks and AI technologies in healthcare settings. By embracing these innovative approaches, nursing professionals can improve patient care delivery while preparing future practitioners for an increasingly technology-driven environment. This presentation underscores the critical role of nursing leadership in integrating technology and human-centered design to drive transformative change in health systems.

Keywords: Adaptive Learning, Artificial Intelligence, Clinical Decision-Making,Design-thinking, Nursing Education,Nursing Innovation, Patient Outcomes

Keynote Speech 2: Implications of Technological Innovations onNursing and Midwifery

Prof. Dinah Chelagat, Moi University, Kenya

Background:
Technological innovations are transforming nursing and midwifery education and practice globally. This transformation is driven by the need to enhance clinical competence, improve patient outcomes, and streamline healthcare operations. In Kenya, these innovations are increasingly being integrated into educational institutions and clinical settings, offering new learning methodologies and improving healthcare delivery.

Technological Innovations in Education:
Technology has revolutionized nursing and midwifery education throughonline Learning Platforms that provide flexibility, access to diverse resources, and enabling remote learning and communication; simulation-Based Learning thatoffers hands-on practice in a controlled environment, enhancing clinical decision-making and emergency response; and virtual Reality that create immersive patient care simulations to improve practical skills and patient interactions.

Technological Innovations in Practice:
In clinical settings, advanced technologies play a significant role in improving patient care efficiency and reducing administrative burdens. Key innovations include smart Beds with wire-

less sensor networks to prevent complications like decubitus ulcers; telehealth Systems thatenable remote patient monitoring, reducing costs, and improving resource utilization; automated IV Pumps and Wearable Monitors; and Electronic Health Records for improving documentation accuracy and enabling centralized patient information management.

Challenges and Implications:
Despite their benefits, these innovations present challenges such as high implementation costs, technical expertise gaps, and legal/ethical concerns regarding patient privacy and data security. There is also the risk of reduced human interaction, affecting the core caring role of nurses and midwives.

Conclusion:
While technological innovations positively impact nursing and midwifery education and prac-

Keywords: Midwifery, nursing education, practice simulation-based learning, technological innovations

Keynote Speech 3: Respectful Maternity Care

Prof. Dr. Mirjam Lukasse, University of South-Eastern Norway

This keynote speech highlights the critical issue of respectful maternity care and the mistreatment of women during childbirth. It draws upon key research, including the Lancet series on Midwifery (2014) and the framework for Quality Maternal and Newborn Care (QMNC), which outlines essential health system components required by childbearing women and newborns.

A significant focus is on the typology of mistreatment women face during childbirth, as identified by Bohren et al. (2015). This typology includes physical abuse (e.g., rough handling, restraint), verbal abuse (e.g., harsh language, threats), stigma and discrimination (based on socio-demographic or medical conditions), failure to meet professional care standards (e.g., lack of informed consent and confidentiality), neglect, poor patient-provider rapport, and denial of autonomy (e.g., restrictions on mobility and access to support persons). Alarmingly, sexual abuse is also reported.

Additionally, health system-related constraints such as inadequate resources, facility conditions, staffing shortages, lack of privacy, and absence of appropriate policies contribute significantly to mistreatment. Cultural issues within healthcare facilities, bribery, and extortion further exacerbate these problems.

The presentation also explores power-related drivers of mistreatment in maternity care, referencing Schaaf et al. (2023). This exploration is structured into phases, examining issues at various levels: intrapersonal (lack of knowledge of rights), interpersonal (patient-provider hierarchy), community (discrimination and stigmatization), organizational (pressure to achieve institutional goals), and systemic (lack of accountability in laws and policies). Thematic areas such as normalization of mistreatment, perceptions of motherhood, and ethnopolitical factors influencing fertility are discussed.

In conclusion, the presentation underscores the importance of respectful maternity care, emphasizing the need for systemic changes to eradicate mistreatment and improve maternal healthcare experiences globally.

Keynote speech 4: The impact of ageing society on nursing (science)

Dr. Gerhilde, Schuttengruber, Institute of Nursing Science, Neue Stiftingtalstraße 6, 8010 Graz

This keynote speech explores how aging societies are impacting nursing and nursing research particularly in Europe.Europeans are living long with life expectancy of 82 years for women and 77 years for men and more people are migrating to Europe for past 35 years. Thus, despite of a static birth rate of 1.5 children per woman since 2000, population is growing. However, there are very few young people, and it is stipulated by 2030, 30% of the population will be 65 years and older. Further, European commission predicts by 2070, the number of people who are 90 years and older will double. We should acknowledge growing ageing society is not limited to Europe only but exists worldwide. World health organization (WHO) anticipates, 80% of older people will reside in low-and middle-incomecountries.

Shifting gears, nursing is an independent profession in the European Union. Out of 3.9 million, 80% work in hospitals and the rest work in different other settings and research, and the number of nurses increasing. However, there is a severe shortage of nurses and WHO projects a shortfall of 2.3 million nurses by 2030.Three major factors contribute to this crisis, first increased demand of healthcare specially from ageing population; second lack of younger workforce, and lastly the nursing workforce itself is ageing. To battle against this crisis, European commission and WHO signed a € 1.3 million agreement "Nursing Action" to help the 27 EU member states retain and attract more nurses.

Increasing number of people aged 65 years and older living alone and early discharge of old patients from hospital are two key drivers of growing demand of homecareand primary care nurses in the Europe. Furthermore, new roles such as discharge planners, discharge managers, homecare educators for family members have emerged as new roles for nurses to cater needs of ageing society. Likewise, the ageing population live with one or more non-communicable diseases placing them at high risk for dementia, a person-centered care-dependent condition. To address the healthcare needs of population with dementia and or chronic diseases, nurses need special skills. Therefore, specialized nursing education programs are necessary, creating new tasks and roles for nurses, such as nurse specialist or advanced nurse practitioners capable to meet the unique needs of ageing society.

In conclusion, the speech highlights ageing is a global phenomenon, which generates need for a larger nursing workforce. Ageing society also opens avenues for enhancing specialized nursing skills and new areas for nursing research. Thus, it is imperative that all countries must plan and implement strategies to increase the number of young especially skilled nurses and retain the existing ones to meet the exponentiating demands of ageing population.

Keynote speech 5: The benefits of an International Nursing Collaboration on Intercultural Education at a Canadian University.

Shari Caputo, Associate Teaching Professor, Thompson Rivers University, Kamloops, British Columbia, Canada

This speech highlighted the advantages of an international nursing collaboration on intercultural education at the Thompson Rivers University (TRU).

In the year 1997, Nepal government launched Rural Health Worker Development Project (RHWD) as a strategy to support opportunities for upgrading health care workers. Ivan Somlai from TRU collaborated with Dr. Ram Kantha Makaju Shrestha from Dhulikhel Hospital (DH) to initiate a four-year RHWD project in Dhulikhel, Nepal. With the vision to support sustainable development in developing countries to reduce poverty and contribute to a more secure, equitable and prosperous world, the Canadian International Development Agency (CIDA) donated $200,000 CAN Dollars for the RHWD project. TRU and volunteer services overseas also provided some funding for it.

The purpose of this collaboration was imparting education and exposure to DH nurses. In may 2000, a Penny Heaslip from TRU visited Nepal, taught leadership and management in nursing course to DH nurses and donated computers to DH. Over 3 years from 2001-2003, 12 DH nurses spent one fall or winter semester each at TRU. They attended BSc Nursing classes and clinical practice. During this first international visit, they also experienced Canadian culture and participated in different activities for the first time.

This collaboration enhanced nursing knowledge and skills, increased confidence, enhanced pride in the profession, strengthened collegiality, increased motivation among DH nurses. While it enhanced sensitivity of TRU students to culture, increased awareness on global health, and provided them an opportunity to practice nursing internationally. They appreciated TRU for this experience, and they created a video reflecting the collaboration project. In 2003 TRU was awarded for their outstanding work with this RHWD project.After 19 years, in 2022, the collaboration between TRU and DH was revived and the first study abroad program was started in 2023. In 2024, 8 nursing students and their preceptor visited DH, and students took global health course. Plans for DH nursing faculty to come to TRU are underway.

Canadian Nursing Association defines cultural competence as the application of knowledge, skills, attitudes or personal attributes required by nurses to maximize respectful relationship with diverse population of clients and co-workers. Culture is a determinant of health in Canada, original Canadian people are indigenous, and the new society is multicultural. Hence, cultural competency is highly values in Canada. A study by Gautam et al (2024) reported overwhelming evidence supporting these study abroad programs play a significant role in development of cultural competence.

To conclude, this partnership demonstrates how an international nursing collaboration between two institutions through study abroad programs aid to develop cultural competency among nurses of both institutions.

Invited Talk 1 : Implementing Outcome-Based Curriculum in Nursing Education: Experience fromSunmoon University, Korea

Prof. Dr. Ji Woon Ko Department of Nursing - Sunmoon University, South Korea

The invited speaker's presentation outlines the implementation of an Outcome-Based Curriculum (OBC) in the Department of Nursing Science at Sunmoon University. OBC is an educational framework designed to equip students with practical, career-ready competencies aligned with the demands of modern healthcare systems. Unlike traditional education, which focuses on knowledge delivery, OBC prioritizes measurable outcomes, bridging theoretical knowledge with clinical practice.

The need for OBC in nursing education emerged due to several factors: the increasing demand for competency-based healthcare, globalization of nursing standards, emphasis on patient-centered care models, and the necessity to bridge theory with practical application.

The implementation process at Sunmoon University occurs at two levels:

1. *Department Level: This includes establishing graduate competencies, setting nine program outcomes (POs), designing a comprehensive nursing curriculum, linking subjects to corresponding POs, and developing an evaluation system.*
2. *2. Subject Level: Focuses on creating course syllabi, defining general and specific objectives, employing active teaching strategies (e.g., simulations, problem-based learning), and developing robust evaluation rubrics. Continuous Quality Improvement (CQI) processes are applied to assess and refine teaching methods and student outcomes regularly.*

Key outcomes from implementing OBC include enhanced clinical adaptation skills, increased student engagement and confidence, improved overall student performance, and diversified teaching methods. The OBC framework has enabled students to understand course objectives clearly, leading to greater satisfaction and readiness for clinical practice.

Overall, Sunmoon University's adoption of OBC has proven effective in developing nursing graduates capable of meeting global healthcare standards with practical competencies and critical thinking

Invited Talk 2: Development and testing of an online educational intervention in early labour care

Dr. Enid Leren Myhre, Associate Professor, University of South-Eastern Norway

The invited speakerpresented her doctoral research on the development and evaluation of Latens. no, an online educational resource aimed at supporting women during early labor. The motivation behind this project stems from challenges associated with early labor, such as early hospital admissions leading to increased medical interventions and the need to improve women's overall birthing experiences.

The research aimed to develop Latens.no and assess its impact on women's early labor experiences and subsequent labor characteristics. The projectwasconductedthroughthreeinterconnected studies:

1. Study 1 explored first-time Norwegian mothers' information needs during pre-admission early labor using qualitative focus group interviews. The study highlighted the complexity of birth experiences and emphasized the importance of timely and relevant information to improve satisfaction

during early labor.

2. Study 2 detailed the iterative development of Latens.no and evaluated its usability through semi-structured interviews and the think-aloud method. Positive feedback emphasized the website's relevant content, trustworthiness, user-friendly design, and clear structure. However, suggestions were made for improving readability, layout consistency, and visual elements.

3. Study 3 compared first-time mothers' early labor experiences and labor characteristics before and after introducing Latens.no. Although no significant differences were found in the overall early labor experience, the post-intervention group exhibited later hospital admissions and a reduced need for oxytocin, indicating more efficient labor progression.

In conclusion the findings suggest that while Latens.no did not drastically alter early labor experiences, it facilitated later hospital admissions and decreased medical interventions. The research underscores the need for easy access to credible information, support from healthcare providers, and further exploration of digital tools to enhance early labor care.

Panel discussion:
Innovative approaches in advancing nursing education

Date: 21 February 2025
Time: 9.45-11.15 am

Moderator: Dr Satya Shrestha
Co-moderator: Ms Rashmi Maharjan

Overview:
Nursing education is undergoing a transformative shift to prepare nurses for the complexities of modern healthcare. This evolution emphasizes innovative teaching strategies that enhance learning outcomes, foster critical thinking, and equip nursing professionals to meet the dynamic needs of patients. Key approaches include active learning methodologies such as simulation-based learning, problem-based learning, and flipped classrooms, which create interactive, student-centered educational experiences. These methods help nursing students develop critical skills like clinical decision-making and the ability to bridge theoretical knowledge with practical application.

This panel discussion explored innovative strategies and emerging trends in advancing nursing education. Experts from diverse professional backgrounds shared insights on integrating technology, enhancing interdisciplinary collaboration, and addressing policy gaps to improve nursing education and practice.

Panelists :
Ms. Hira Niraula
(Director, Nursing and Social Security Division, Ministry of Health and Population, Nepal)

Prof. Dr. Ranjeeta Shijagurumayum Acharya
(Director, Physiotherapy program Consultant Musculoskeletal Physiotherapist Kathmandu University School of Medical Sciences (KUSMS)

Prof. Dr. Bal Chandra Luitel
Dean, Kathmandu University School of Education, Nepal

Prof. Dr. Pennie Sessler Branden
Clinical Professor, Mount Sinai Phillips School of Nursing, USA

Dr. Lydia Mwanzia
Chair, Midwifery and Gender, Moi University, Kenya

Key Themes and Insights:

1. Fostering Critical Thinking and Reflection and role of universities
Prof. Dr. Balchandra Luitel emphasized the importance of teaching and learning strategies that integrate critical thinking and critical reflection to improve learning outcomes. He shared insights on how fostering these skills can deepen students' understanding and improve their ability to address complex healthcare challenges.

He also highlighted emerging issues such as the use of AI among students. He stressed the need for establishing ground rules to determine the appropriate age or academic level at which AI should be made available to students, ensuring responsible and effective use.
He further stressed that universities must foster a culture of innovation and develop flexible education systems with clear accountability. Subject committees play a pivotal role in curriculum development and should adopt a participatory approach, actively incorporating suggestions from new faculty to facilitate a smooth transition from traditional to innovative teaching practices across all departments.

2. Leveraging Technology for Enhanced Learning, challenges and possible solutions
Dr. Branden discussed innovative teaching methods that leverage technological advances, including flipped classrooms and simulation-based learning. She highlighted the value of teacher-flexible approaches, allowing educators to experiment with different methodologies to identify the most effective techniques for their students.

Challenges in adopting innovative methods include high technology costs, faculty shortages, additional preparation time, and lack of administrative support. To address these, universities should compensate faculty for additional work, present empirical evidence on the effectiveness of new approaches to secure administrative buy-in, and promote transparency between educators and students. Encouraging team-based learning and establishing policies to support technological integration are crucial for sustaining innovation.

3. Implementing Student-Centered Learning through the SPICES Model, challenges and opportunities
Dr. Lydia Mwanzia provided insights from Kenya's use of the SPICES model, which promotes student-centered learning through community placements and problem-based learning. She emphasized that these approaches enhance students' ability to address real-world healthcare scenarios and prepare them for clinical practice in resource-limited environments.

She talked about blended learning model that includes three components: (1) pre-recorded, self-directed videos with assessments, (2) live online classes, and (3) in-person practical sessions. It is cost-effective and allows students to earn Continuing Professional Development (CPD) points. This approach, successfully implemented in countries like Nigeria, Ghana, Kenya, and Tanzania, can also be customized for postgraduate programs to help students balance work and study.

More than 300 midwifery educators globally have completed CPD programs through in-service training, enabling over 5,000 midwives to access courses without direct instruction.

4. Hands-On Learning in Physiotherapy and Nursing Education, and addressing students' perspectives

Prof. Dr. Ranjeeta Shijagurumayum Acharya discussed the similarities between physiotherapy and nursing education. She highlighted that both disciplines require hands-on learning from the beginning of their courses, where students must interact directly with patients to develop essential clinical skills.

By identifying ineffective practices like rigid self-directed learning (SDL) and prolonged classroom hours, her department adopted a more flexible approach. Objectives are now shared in advance, and contact hours are balanced with independent learning time, allowing students to meet designated learning goals more effectively.

5. Policy Frameworks to Support Innovation

Heera Niraula elaborated on the role of government structures in supporting innovative teaching methods. She discussed how policy frameworks and institutional support mechanisms can encourage the adoption and scaling of innovative approaches in nursing education.

Recommendations include increased funding for digital infrastructure and research grants, establishing a national learning management system, and supporting faculty development, especially in rural areas. She also proposed updating national nursing strategies to mandate blended learning and competency-based education while promoting public-private partnerships and introducing part-time master's and PhD programs for nurses.

Effective policy reform requires multisectoral collaboration among the Ministry of Health and Population, Nepal Nursing Council, Medical Education Commission, Ministry of Education, and universities. Additionally, improving student access to resources, such as scholarships and digital tools, is essential to ensuring equitable learning opportunities.

Concluding Remarks: The panelists agreed on the necessity of a multi-stakeholder approach to advance nursing education. Key takeaways included fostering innovation, encouraging students' perspectives in learning, strengthening policy advocacy, and enhancing collaborative networks to address current and future challenges in nursing education.

Keywords: Nursing Education, Innovation, Policy, Technology, Teaching Methods.

Oral Sessions

Presenter 1: Rupendra Shakya
Evaluating the Effects of Probiotic Supplementation on the Metabolic Profile of Type 2 Diabetes Mellitus: A 3 and 6 -Months Randomized Controlled Trial
Shakya R[1], Kumar V[1], Parbhakar PK[2]

Background: Type 2 Diabetes Mellitus (T2DM) is a chronic metabolic disorder characterized by insulin resistance and systemic inflammation. Emerging evidence suggests that probiotics may improve metabolic parameters by modulating gut microbiota and reducing inflammation. This study evaluates the impact of probiotics on metabolic and inflammatory profiles in T2DM patients over three and six months.

Methods: A total of 200 adult Nepalese participants were recruited, including 50 healthy volunteers, 50 T2DM patients without probiotics (baseline), and 50 T2DM patients who consumed probiotics daily for three months and 50 T2DM patients with six months probiotics intake. Baseline parameters and outcomes were assessed, including fasting blood sugar (FBS), HbA1c, insulin, C-peptide, lipid profile, endotoxins, and inflammatory markers (IL-6, CRP, TNF-α). Statistical analyses were performed to evaluate differences between groups.

Results:At the 3-month mark, probiotic intake significantly increased insulin levels and C-peptide levels ($p < 0.00001$), suggesting improved β-cell function. Additionally, endotoxin levels ($p = 0.004208$) and interleukin-6 (IL-6) levels ($p < 0.00001$) were significantly reduced, reflecting enhanced systemic anti-inflammatory effects. At the 6-month evaluation, further significant improvements were observed in fasting blood sugar (FBS), HbA1c, insulin, C-peptide, IL-6, and total cholesterol levels (all $p < 0.00001$). Although markers such as C-reactive protein (CRP), tumor necrosis factor-alpha (TNF-α), leptin, and adiponectin demonstrated trends toward improvement, these changes were not statistically significant. The findings suggest that probiotic supplementation may play a beneficial role in improving glycemic control, β-cell function, and reducing systemic inflammation in T2DM patients.

Conclusions:Probiotic supplementation demonstrated significant benefits in improving insulin secretion and reducing inflammation in T2DM patients. These findings highlight probiotics as a potential adjunctive therapy for managing metabolic and inflammatory dysfunction in diabetes.

[1]Department of Applied Medical Sciences, Lovely Professional University,Jalandhar –Delhi G.T. Road Phagwara Panjab-144001, India
[2]Department of Research and Development, Parul University- Dist. Vadodara, Gujarat (India)

Corresponding Author: Rupendra Shakya, Email:rupenshakya8@gmail.com

Keywords: Probiotics, Type 2 Diabetes Mellitus, Insulin, Inflammatory Markers, Metabolic Profile

Presenter 2: Kishor Bajracharya
Relationship Between Biofilm Formation and Antibiotic Resistance in Uro-pathogenic Escherichia coli in Lumbini Medical College and Teaching Hospital, Nepal.
 Kishor Bajracharya[1], Dharm Raj Bhatta[2], Raman Thakur[1]

Background: Globally,urinary tract infectionscausedbyEscherichia coli creates serious public health

concern due to increasing antibiotic resistance and biofilm formation.This study aims to investigate the correlation between biofilm production and antibiotic resistance patterns in UPEC, while exploring the underlying molecular mechanisms.

Objectives:
1. To evaluate the relationship betweenantibiotic resistance and ability to form biofilm in Uro-pathogenic Escherichia coli.
2. To characterize the molecular basis of biofilm formation and antibiotic resistance genes.

Methods:
A descriptive cross-sectional study was carried out in Lumbini Medical College and Teaching Hospital, Palpa.Clean catch mid-stream urine specimenreceived in Clinical Microbiology Laboratory of Lumbini Medical College and Teaching Hospital,Palpa, Nepal for the time period of six months. Thus, received specimens were inoculated on Blood agar & Cysteine lactose electrolyte deficient agar medium. Identification of organism was done on the basis of biochemical tests. Antibiotic susceptibility test was performed on Mueller Hinton agar medium according to CLSI guidelines. Screening of biofilm formation was detected by using Congo red agar and confirmed by micro-titre plate method using 1% crystal violet dye in MDR strains of E. coli. After bacterial DNA extraction, biofilm associated genes were analysed by using PCR.

Results:
A total of 2070 urine specimens were received for urine culture and antibiotic susceptibility test in which 663 were male and 1407 were female patients. Incidence of urinary tract infection was found to be more in female (57.90%) individuals than male (42.10%).In those urine culture specimens,285specimens showed the growth of Escherichia coli. Among them 166 no. of Escherichia coli were found to be multi-drug resistant.Among multi-drug resistantstrains of E. coli, 89.64(54%) were biofilm producer.

Conclusion:
Therefore, this study shows a significant relationship between biofilm formation capability and antibiotic resistance in UPEC.Biofilm producing UPEC exhibits higher resistance to commonly prescribed antibioticsmaking them more challenging to treat with conventional therapies.Therefore, suggest the need for biofilm screening in routine clinical practice and consideration of alternative therapeutic strategies for urinary tract infection caused by biofilm producing Escherichia coli.

Implications:
• Nurses are at the frontline of UTI management and need to understand why some infections become persistent and recurrent.
• Knowledge of biofilm formation helps them comprehend why conventional antibiotic treatments might fail and why longer treatment durations may be necessary.
• Biofilms are commonly formed on urinary catheter. Therefore, nurses must implement evidence-based catheter care protocols to minimize biofilm formation such as proper insertion techniques, maintenanceand timely catheter removal to prevent biofilmassociated UTIs.

[1]Department of Medical Laboratory Science, Lovely Professional University, Jalandhar, Punjab, India.
[2]Manipal College of Medical Sciences, Pokhara, Nepal.
*Corresponding Authors: raman.28603@lpu.co.in,bajrakishor@gmail.com

Presenter 3 : Dipak Prasad Dahal
Study on the influencing factors for job retention and satisfaction among nursing professionals in Nepal: A literature review
Dahal DP[1,2]

Background
One of the most crucial elements in determining the output of work in any organization is employee motivation and job satisfaction. The nursing profession that deals directly with people's health is one in which a person's performance on the job is negatively impacted, their attitude toward work becomes more negative, their motivation declines, and ultimately, they become disengaged from the job due to heavy workloads, multiple roles, and inadequate payment. Therefore, the purpose of the study was to investigate the variables influencing Nepali nurses' job satisfaction and retention.

Method
Descriptive cross sectional study design was adopted. We evaluated the existing literature for identifying possible influencing factors for job retention and satisfaction. The broad range of topics relating to retention and job satisfaction were extracted.Electronic search was conducted between July and December 2024 throughPUBMED, Scopus, CINAHL and Google Scholar using the keywords: job retention, satisfaction, healthcare, nurses etc., and 35 research articles were selected for literature review. Created a data matrix with essential information such as authors, year, aim of the study, geographic site, population, major findings etc. that arerequired to answer the research questions.

Result
The vast majority of the reviewed articles made clear that job satisfaction and job retention were directly correlated.The delivery of high-quality nursing care was found to be dependent upon nurses staying with the healthcare organization. Effective retention tactics raised professionalism, increase job satisfaction among nurses, and raise the standard of patient care.Remuneration, working environment, other benefits and promotions, rewards, job security, career growth, leadership related factors etc. are the major influencing factors for job satisfaction and retention. However, the results also showed that the Nepalese government and healthcare institutions can address a number of influencing factors for the job satisfaction and retention of nursing professionals in the country.

Conclusion
Based on the findings of this study, there were so many factors like payment, promotion, future benefits, rewards, operating conditions, supervision, co-workers, nature of work and communication etc. directly influencing job retention and satisfaction of nursing professionals in Nepal. Therefore, organization must pay attention to the predictors of job satisfaction for enhancing job satisfaction of nursing faculties, so that, it may enhance their commitment to the organization and improve quality health care and education as their productivity.

Key words: Healthcare, job satisfaction, nursing professional, retention

[1]Kathmandu University School of Medical Sciences, Dhulikhel, Kavre, Nepal.
[2]*Geeta University, Panipat, India*
Email: dipak@kums.edu.np

Presenter 4: Reebeca Makaju Shrestha
Exploring the efficiency of stress management training programs in reducing stress levels within nursing professionals in a tertiary care center in Nepal

Shrestha R M[1], Shrestha S[1], Ranjitkar S[1]

Background: Stress leading to burnout is a major cause of gradual manpower attenuation within thenursingprofessionworldwide.IncorporatingStressManagementTrainings(SMTs)fornurses has previously been identified as effective and crucial in the Western world. Research on and implementation of such SMTs for nurses in SouthAsia is, however, still in its infancy.

Objectives: This study aimed at assessing the effectiveness of SMTs in reducing stress levels within nursing professionals in a community hospital in Nepal. It was hypothesized that stress levelsofnurseswhoundergoSMTwillsignificantlyreducepre-versuspost-trainingascompared to nurses not exposed to training.

Method:An experimental pre-post double arm (treatment and control) study was designed. 100 nurses working at the Dhulikhel Hospital were recruited via simple random sampling and randomized into intervention (50 participants) and control (50 participants). The intervention groupunderwenta4-daySMToveronemonthwhilstthecontrolgroupdidnotundergotraining. Pre-andpost-trainingstresslevelsweremeasuredinbothgroupsusingthePerceivedStressScale (PSS) and the Depression, Anxiety and Stress Scale-21 (DASS-21) one week prior to and after training completion. Results:Asignificant reduction in stress levels as measured by the stress-subscale of the DASS- 21 was found in the intervention as compared to the control group ($t(97) = -3.033$, $p = 0.003$). Reduction in stress levels as measured by the PSS remained non-significant. Additionally, significantreductioninanxiety($t(97)=-2.546$,$p=0.012$)anddepressionlevels($t(97)=-2.615$,$p=0.010$)asmeasuredbytherespectiveDASS-21subscaleswasalsofound.

Conclusion:The current findings therefore indicate that SMTs appear to be effective in reducing stress levels of nurses within a SouthAsian context. The reduction in scores on the anxiety and depression subscales of the DASS-21 post-SMT, potentially indicate that timely management of stress could assist in prevention and management of these mental health concerns.

Keywords:Stress,Stressmanagementtraining,Nurses,DASS-21,PSS

[1]Dhulikhel Hospital, Dhulikhel, Kavre, Nepal.

Presenter 5: Suja P. Devis
Implementing the Flipped Classroom in Nursing Education: Perspectives and Practical Applications

Introduction
The flipped classroom model has gained traction in nursing education as an innovative approach to enhance student engagement and learning outcomes. This model shifts the traditional lecture-based instruction to a more interactive and student-centered learning environment, where students review lecture materials at home and engage in active learning during class time.

Purpose
The purpose of this presentation is to explore various viewpoints and insights regarding the use of the flipped classroom model in nursing education. Additionally, the content will provide concrete examples and strategies for effectively applying the flipped classroom model in nursing education.

Methods:
A flipped classroom is an innovative teaching method that reverses the traditional learning process. Students acquire knowledge outside of class through activities like watching recorded lectures, viewing videos, reading documents, or listening to podcasts. During class, they then apply this knowledge through content review and interactive activities to deepen their understanding of the concepts. This approach can be tailored to different needs: the entire course can be delivered using the flipped classroom model, or a hybrid approach can be used, where part of the content is taught traditionally and the rest is flipped. This flexibility allows educators to adapt to the specific requirements of their students and teaching goals.

Implications for Nursing Education
The findings from the literature evidence suggest that the flipped classroom model can significantly enhance nursing education by promoting active learning, critical thinking, and practical application of knowledge. Nurse educators are encouraged to adopt this model to better prepare students for the complexities of modern healthcare environments. Additionally, the flipped classroom approach aligns well with the learning preferences of contemporary nursing students, making it a valuable pedagogical strategy.

[1]School of Nursing, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA
davissp@email.unc.edu

Presenter 6: Sulekha Shrestha
Knowledge, Perception and Confidence in Performance on Infection Prevention and Control Measures among the Nursing Students

Shrestha S[1], Cho Y[2], Champa B[1], Cha K[2], Chung M[2], Pun KD[1]

Abstract

Background
Healthcare-associated infections increase the patients' hospital stay, morbidity andmortality. It is important that professionals including students acquire knowledge oninfection and acquire skills regarding preventive measures.

Objectives
The objectives of this study were to assess the knowledge, perception and confidenceon infection prevention and control measures and to find the correlation betweenvariables among nursing students.

Methods
A cross-sectional descriptive study was conducted among 163 nursing studentswhere a purposive sampling method was used to collect data using the self-structured questionnaire via emails. The questionnaire contained four parts; part I:demographic characteristics, part II: knowledge (40 items), part III: perception (42items) and part IV: confidence in performance (42 items) on infection prevention andcontrol. Data was analyzed using descriptive and inferential statistics where analysisof variance using Scheffe's post hoc test and Pearson's correlation test were used.

Results
Overall knowledge of the participants was fair (71%). They had good knowledge ingeneral principles (85%) but notable poor knowledge in waste management (2%).There was a statistically significant difference in the knowledge among differentlevels of the students. A static correlation was found between the knowledge andconfidence in performance whereas, perception was highly correlated with theconfidence in performance of the participants.

Conclusion
Based on the findings of this study, it can be concluded that the students had fairlevel of knowledge regarding infection control measures. This study recommendsthe revision of nursing curriculum and mandating a standardized infection controlcurriculum across all schools of nursing in the country to improve the knowledgeand practice.

Key words: Healthcare associated infections, Infection control, Knowledge, Nursing students

[1]Department of Nursing Dhulikhel Hospital, Kathmandu University Hospital, Kathmandu University School of Medical Sciences,Dhulikhel, Kavre, Nepal.
[2]Sunmoon University in Chungcheongnam-do, South Korea.
Corresponding Author :E-mail: sulekhastha@gmail.com

Presenter 7: Subina Manandhar

Effectiveness of video- assisted teaching program on insulin therapy among nursing students in two institutions in Nepal: A mixed-methods evaluation

Manandhar S[1], Shrestha S[1], Shrestha B[1], and Pun KD[1]

Background: Video-assisted teaching is an innovative tool to enhance nursing education, particularly for practical skills like insulin therapy. As future nurses, students must master insulin therapy to educate and empower patients for effective self-management.

Objective: This study evaluated the effectiveness of a video-assisted teaching program in improving nursing students' knowledge and skills in insulin therapy.

Methods: A quasi-experimental study was conducted with B.Sc. Nursing students from two Kathmandu University-affiliated colleges. Participants were divided into an intervention group (n=62), receiving traditional demonstration and video-assisted instruction, and a control group (n=55), receiving only traditional demonstration. Baseline knowledge and skills were assessed using self-administered questionnaires and checklists, followed by a reassessment after four weeks. The intervention included a 10-minute video demonstration. Quantitative data were analyzed using SPSS version 20. Additionally, qualitative data were gathered through four focus group discussions with the intervention group, transcribed verbatim, and analyzed thematically.

Results: Both groups showed significant improvement in knowledge and skill scores ($p < 0.001$). However, the intervention group had a significantly greater increase in scores compared to the control group ($p = 0.026$ for knowledge; $p < 0.001$ for skills). Thematic analysis revealed four key themes: (a) multisensory learning for engagement and retention, (b) identifying errors and gaining practical insights, (c) enhanced learning through video features, and (d) the usefulness of context-specific Nepali language.

Conclusion: Video-assisted teaching significantly enhanced knowledge and skills in insulin administration among nursing students.

Implications: Integrating video-based teaching into nursing education in Nepal can foster competent and confident nurses, particularly in areas like insulin therapy.

Key Words: Insulin therapy, Knowledge, Mixed-method study, Video- assisted Teaching Program

[1]Kathmandu University School of Medical Sciences, Dhulikhel, Kavre, Nepal.
Corresponding author: subina.manandhar@kusms.edu.np, satyashrestha@kusms.edu.np

Presenter 8: Suchana Thapa
Effectiveness, Barriers and Enablers of Simulation-based Education: Exploration of Perspectives of Healthcare Professionals and Key Stakeholders

Aardhya R[1], Acharya A[2], Shrestha U[3], Sethi S[1], Thapa S[3], Sapkota D[4], Bhattrai N[3], Vadla MS[5]

Background: Simulation-Based Education (SBE) is increasingly embraced in global healthcare training. Laerdal, in collaboration with the Stavanger Acute Medicine Foundation for Education and Research (SAFER) simulation centre in Norway, introduced EuSim and SimBegin facilitator courses. This qualitative study explores healthcare professionals' perceptions of these courses' effectiveness and relevance, as well as facilitators and barriers to enhancing SBE impact in these settings.

Methods: A qualitative approach was employed to interview 46 purposively selected HCPs trained in Sim Begin or EuSim, facilitator courses from both India and Nepal. Interviews were conducted either in-person or online. The data were analyzed using a thematic analysis approach.

Results: Three main themes were identified: (1) impact of SBE, (2) enablers and barriers for implementing SBE, and (3) recommendations to enhance SBE implementation in future. Overall, participants experienced SBE as a positive and valuable learning opportunities and were motivated to implement it in their daily practice, they identified several barriers to its effective implementation (e.g., lack of adequate resources, and limited organisation support). Participants recommended allocating adequate resources and integrating SBE in students curriculum for successful implementation of SBE in future.

Conclusion: Healthcare professionals in India and Nepal valued simulation facilitator courses for skill enhancement. However, resource shortages affected effective implementation, highlighting the need for curriculum integration and ongoing support for sustained Simulation-Based Education (SBE) success. Further quantitative research is recommended to gauge the courses' impact accurately.

[1]Laerdal Medical India, New Delhi, India
[2]Laerdal Global Health, Stavanger, Norway
[3]Laerdal Global Health, Kathmandu, Nepal
[4]Griffith Criminology Institute, Griffith University, Australia
[5]University of Bergen

Corresponding Address: Suchana.thapa@laerdal.com

Presenter 9: Manju Karmacharya
Users' and Providers' Perspectives on Factors Influencing Utilisation of Institutional Delivery Services in Mahottari and West Rukum Districts in Nepal: A Qualitative Study

Karmacharya M[1], Simkhada P[1], Poudel KC[2], Malone J[1]

Abstract

Background Institutional delivery is associated with reduced maternal mortality rates and is a key goal in Nepal and other resource-poor settings.There is wide variation in the utilisation of institutional delivery services in Nepal, and a range of factors affect the decision of where to give birth. Objectives This study explored the users' and providers' perspectives on factors influencing utilisation of institutional delivery services in the Mahottari and West Rukum districts in Nepal.

Methods: A qualitative study was conducted involving 56 in-depth individual interviews. Participants included 34 mothers who birthed at home (n=9) or in health facilities (n=25), twelve mothers' mothers-in-law (n=6) and husbands (n=6), and Skilled Birth Attendants (n=10). "Levesque's conceptual framework on access to healthcare" with the demand-side and supply-side components was used for data analysis. Data were managed using NVivo software.

Results: Trust for safe delivery at birthing centre, good behaviour, perceived satisfied quality services, timely provision of incentives along with additional cash incentives, free delivery, and very supportivemothers-in-law are the significant facilitators in the Hilly in West-Rukum.However, the major facilitators for home delivery in the Mahottari district included fear of surgery, fear of obstetric violence, short labour, poor services, and trust in "Hadkini-TBA". Further barriers included a lack of free delivery services, untimely or no receipt of incentives, no knowledge of free cesarean section, and a lack of gender-friendly providers with strong socio-cultural and religious factors.

Conclusions with Policy Implications: Increasing utilisation of institutional delivery in the birthing centers in Mahottari likely requires multiple strategies whichincludetargeted interventions on socio-cultural-focused health awareness and culture-sensitive providers, providing free delivery and timely incentives, ensuring "Zero" obstetric violence, and strengthening quality respectful maternity care.

Key Words Facilitators, Barriers,Childbirth, Institutional Delivery, Birthing Centre

[1]School of Human and Health Sciences, University of Huddersfield, UK
[2]Institute for Global Health, University of Massachusetts Amherst, MA, USA

Corresponding author's email: manju.karmacharya@hud.ac.uk

Presenter 10: Radha Dhakal

Acceptance of COVID-19 Vaccine and Associated Factors Among Pregnant Women Attending Selected Antenatal Clinics of Bharatpur, Chitwan, Nepal

Dhakal R[1], Sapkota S[1], Shrestha P[2] ,Adhikari P[2], Nepal S[1]

Abstract

Background
Vaccine is the cost-effective and reliable public health intervention to combat the emergingCOVID-19 pandemic. The vaccination is considered safe and effective at any stage of pregnancy; however, pregnant women show more vaccine hesitation than the general population.
This study aims to assess pregnant women's awareness, perception, and acceptability of COVID-19 vaccine attending antenatal clinics.

Methods
An institutional-based cross-sectional analytical study design was used to assess the acceptance of the COVID-19 vaccine and associated factors among pregnant women between Feb-1 to March-30–2022 at antenatal clinics of BharatpurChitwan using systematic random sampling. A semi-structured interview schedule was used to collect data from 644 respondents. Collected data were analyzed using descriptive and inferential statistics like the Pearson chi-square test and logistic regression analysis.

Results
The COVID-19 vaccine acceptance was found to be 22% and ethnicity (AOR = 1.826; 95% CI = 1.215–2.745), education level (AOR = 1.773; 95%CI = 1.025–3,068;), history ofCOVID-19 infection (AOR = 3.63; 95% CI = 1.323–9.956;), number of child (AOR = 5.021; 95% CI 1.989–12.677;), trimester (week of pregnancy) (AOR = 2.437; 95% CI 1.107–5.366) and level of perception (AOR = 2.152; 95% CI 1.109–4.178) were found to be statistically significant for acceptance of COVID-19 vaccine among pregnant mother.

Conclusions
In this study, low levels of vaccine acceptance were found. Several influential factors like occupation, history of COVID-19 infection, number of pregnancies, week of gestation, and level of attitude were found to be significant for acceptance of COVID-19 vaccine amongpregnant women. Everyone needs vaccine acceptance to get herd immunity and reduce the COVID-19 infection. But Vaccine hesitancy is one of the significant threats to the COVID-19rollout and successful pandemic mitigation. Therefore, properly disseminating information andremoving misperceptions about the COVID-19 vaccine is necessary to raise the acceptance.

[1]Shree College of Technology,Bharatpur Chitwan
[2]Chitwan Medical College,Bharatpur Chitwan

Correspondence:RadhaDhakal, radhadhakal2012@gmail.com

Presenter 11: Bhawana Shrestha
Pregnant Women's Views and Preferences on Utilization of Mobile Health Intervention: A Qualitative Approach

Shrestha B[1], Shrestha A[1], Dongol A[1], Dongol S[1], Pun KD[1]

Background:
Maternal and neonatal health continues to face significant challenges, particularly in low-resource settings, where access to health education and resources is often limited. Mobile health (mHealth) interventions have emerged as a promising approach to address these disparities and improve health outcomes. Understanding pregnant women's perspectives is essential for designing effective, culturally appropriate, and user-centered mHealth solutions guiding the development of tailored educational videos and interventions to improve birth outcomes.

Study Objective:To explore pregnant women's views and preferences on utilization of mHealth intervention in the form of educational video for healthy birth outcomes.

Methods: A qualitative study was conducted with five focus group discussions involving 32 pregnant women across all three trimesters of pregnancy. Participants were purposively selected from healthcare facilities within Dhulikhel Municipality. The discussions were audio-recorded, transcribed verbatim and analysed using content analysis.

Results: The pregnant women expressed positive views on mHealth interventions, emphasizing the importance of easily understandable language, and the use of visual presentations to share preferred pregnancy care information. Preferred topics for educational videos included maternal health, focusing on nutrition, danger signs, and follow up visits, appropriate level of activity and rest, psychological well-being and fetal heath particularly regarding baby's weight and the risk of preterm delivery. Pregnant women also emphasized the importance of involving family members in viewing the videos and highlighted the need to address the evolving nature of pregnancy care requirements over time, rather than relying on comparisons to past pregnancies.

Conclusion:Pregnant women preferred clear, visual educational content on various aspects of maternal and fetal health, emphasizing the importance of involving family members in viewing the videos.

Implications: Incorporating mHealth interventions into maternal health programs can enhance health literacy and improve birth outcomes.

Key words: birth outcomes, educational video, mHealth intervention, pregnant women

[1]Kathmandu University School of Medical Sciences, Dhulikhel, Kavre, Nepal.

Presenter 12 : Jyoti Lama
Usability of Virtual Reality (VR) Video for Alleviating Pain and Anxiety Among Women in Latent Phase of Labour: A Quasi-Experimental Study
Prajapati LM (Awa)[1], Lama J[2]

Introduction: Labor pain is a significant experience for women, involving both physiological and psychological mechanisms. Non-pharmacological approaches, such as Virtual Reality (VR) video, have been explored as alternatives for pain management during labor.

Objective: To determine the usability of virtual reality (VR) video intervention in alleviating pain and anxiety among women in the latent phase of labor.

Methods: This study adopted a quasi-experimental, pre-test and post-test design. A total of 66 term pregnant women in latent phase of labor with pain score level 4 to 7 having regular uterine contractions who were admitted in the labour room and midwifery-led birthing unit at Dhulikhel Hospital, Nepal were included in the study. The participants were randomly assigned to an intervention group (33 participants) and a control group (33 participants) through block randomization, ensuring an equal likelihood of selection for either the intervention or control group. The intervention group were exposed to a 20-minute video intervention, whereas the control group had received the standard care provided by the delivery units. The video consists of natural scenario where woman was feeling like flowing in a boat along with the soothing background music. The mean pain score and mean anxiety score measured by Visual Analog Scale (VAS) and Hamilton Anxiety Rating Scale (HAM-A) respectively.

Result: Most of the baseline characteristics of both intervention and control group were similar. The mean pain score decreased by 1.7 units in intervention group (95% CI: -2.68 to -0.79, p-value 0.001) and the mean anxiety score decreased by 3.18 units in intervention group (95% CI: -4.8 to -0.97, p-value 0.001) immediately after intervention whereas there is no significant difference in the mean pain score (p-value 0.131) and anxiety score (p-value 0.081)after two hours of intervention between intervention and control group.

Conclusion: This study found that the virtual reality (VR) video intervention is effective on reducing pain and anxiety among laboring women during latent phase of labour.

Key words:Labour pain; Pain and Anxiety; Virtual Reality (VR) video

[1]Kathmandu university School Of Medical Sciences, Faculty of Nursing and Midwifery Department, Dhulikhel, Kavre, Nepal.
[2]Scheer Memorial Adventist Hospital, College of Nursing, Banepa, Kavre, Nepal.

Corresponding Address: (lamajyoti571@gmail.com)

Presenter 13 : Suprina Shrestha
Maternal Antenatal Attachment among PregnantWomen attending Antenatal Clinic of Tertiary Level Hospital

Shrestha S[1], Prajapati LM (Awa)[1]

Keywords: Health problem, Maternal antenatal attachment, Pregnancy

Background:Antenatal Attachment is the emotional bond to start inside the mother's womb developing an imaginary connection with growing fetus.The feelings of attachment motivate the pregnant woman to be more compassionate to her baby, nurture it, protect it, be sensitive to its needs, and interact with it by showing love and interest. The objective of this study was to assess the maternal antenatal attachment among pregnant women attending antenatal clinic of tertiary level hospital.

Methods: A cross-sectional analytical study was conducted among 356 pregnant women in Dhulikhel hospital. Consecutive sampling technique were used for selecting sample. The Maternal Antenatal Attachment scale (MAAS) was used to assess maternal antenatal attachment. Self-administered questionnaire technique was used for data collection. Data analysis wasdone using STATA version 13. Multivariate logistic regression analysis was used and odds ratio were calculated.

Results:The results showed that sample consisted of 356 women. Low level of maternal antenatal attachment was observed for 201 (56.5%) women. Respondent's education level, occupation, trimester, abortion, number of children and planned pregnancy showed statistically significant association with antenatal attachment level (p-value<0.05). Furthermore, thisstudyalso showed that the maternal antenatal attachment decreased with increasing age and having health problem.

Conclusion: Based on the findings of the study, more than half of the pregnant women have low level of maternal antenatal attachment. The most significant factors of maternal antenatal attachment were found to be the women'seducational level and gestational age. Therefore, there is a need to develop effective intervention programs for providing information and advice on women education to increase the maternal antenatal attachment. The findings of the study can help to expand the scientific body of professional knowledge for further research on different settings.

[1]Kathmandu University school of Medical Sciences, Dhulikhel.

Corresponding Address: shresthasupreena@gmail.com

Presenter 14 : Sarina Shakya
Psychosocial Counseling: A Journey of Healing and Growth in Dhulikhel Hospital

Psychosocial counseling is crucial process of helping people deal with emotional, psychological, and social challenges that affect their well-being. Psychosocial counseling was established by psychiatric nursing team at Dhulikhel Hospital. As psychosocial counselors, we counsel patient, student, nursing staff, those who have emotional and behavioral problems.As result of these experiences, we have gained understanding of human pain and resiliency that comes with counseling.

Purpose:
To identify client's problems and make choices to build their esteem by empowering survivor and ultimately developing resilience.

Project:
We began psychosocial counseling in 2019 A.D atDhulikhel hospital when COVID entered the world, leading to physical and mental disorder. During that time, we conducted session to different staff from different wards physically before and after COVIDposting. Since that time, we are continuing these sessions. We also provided psychosocial counseling via audio call, which was difficult because some of client's emotions and feelings could not be addressed via audio call. However, there are numerous challenges, we are able to continue these sessions successfully by providing psychosocial counseling to above 200 clients.

Discussion:
There are various methods and concepts used in psychosocial counseling, including cognitive-behavioral and individual therapy but we've found that one of the most important aspects of treatment is capacity to listen truly and without passing judgment. Effective counseling requires developing trust and providing a safe space for clients to share their feelings and experiences. Most of clients shared good experiences about psychosocial counseling.

Application to clinical practice/education or regulation:
Psychosocial counseling in clinical settings includes direct patient support and collaboration with multidisciplinary teams. Active listening, therapeutic communication offering empathetic responses to a patient's struggle helps them to feel heard and understood.

Evidence if relevant:
Psychosocial counseling has been shown to significantly improve mental health outcomes, particularly for patients dealing with emotional and behavioraldisturbances.

Key message:
One of the most difficult aspects of psychosocial counselling is dealing with the emotional intensity that comes with witnessing clients' pain and trauma.

[1]Kathmandu University School of Medical Sciences, Dhulikhel, Kavre, Nepal

Presenter 15: Lahar Maya Bhasinka

A Hospital-Based Study of Peripherally Inserted Central Line Catheter-Associated Local Complications in Patients Needing Prolonged Chemotherapy: A Retrospective Study in a Tertiary Cancer Hospital

Bhasinka LM[1] ,Maharjan P[1]

Background

Peripherally Inserted Central Line (PICC) is widely used in cancer patients who require long term chemotherapy administration. PICC line is mainly used to administer chemotherapy, blood, parenteral nutrition. PICC line is more durable than IV cannula. It helps to reduce multiple pricks to patient for medication and blood draw purpose. Despite the many advantages PICC line can cause many complications such as infection, occlusion, thrombosis etc. There is very few study in Nepal related to its complications. We aimed to evaluate the overall use of peripherally inserted central catheter (PICC) line in cancer patients, with the objective to study the demographic profile,local complication and association of local complication with study variables

Method

The patients who were undergoing chemotherapy treatment and getting dressing of PICC inemergency ward of Nepal Cancer Hospital and Research Center were evaluated retrospectively from May 2020 to May 2023.The dressing record book of emergency was used to extract data. The local complications including demographic profile were recorded in Microsoft excel. The frequency and percentage of the recorded complications were obtained and association with selected variables were analyzed using Chi square test..

Results

Total 594 patients got dressing of PICC in emergency ward from 2020 May to 2023 May. All the patients kept PICC for chemotherapy administration. Among them 155 patients had developed local complications. Among them 96 were female and 59 were male.60 patients had developed catheter fracture, 33 patients had blockage, 20 of them had pus collection at insertion site, 12 had developed bleeding from insertion site, 8 had developed thrombophlebities and 9 had deveoped edema and 4 had complain of tenderness. There is no significant association of local complications to gender, age and diagnosis.

Conclusion

The local complications of PICC was minimal. Catheter fracture, Blockage and catheter lengthening were the major local complications. Those all local complications were managed immediately and did not cause serious effects in patient. PICC line is safe for the chemotherapy administration These local complications can also be addressed by continue training and workshop related to safe handling of PICC.

Keywords: chemotherapy administration, peripherally inserted central catheter, retrospective study

[1]Nepal Cancer Hospital and Research Center Ltd. Harisiddhi, Lalitpur

Presenter 16: Rekha Timalsina
Development and Content Validation and Reliability Analysis of State Self-compassion Scale for Nepalese Older Adults with Chronic Diseases (SSCS-NOACD)

Timalsina R[1], Shiwakoti S[1], Maharjan S[1]

Background

The geriatric population in Nepal is increasing, accompanied by a growing burden of non-communicable diseases and mental health challenges. Self-compassionis vital for mitigating health problems among older adults. However, no instruments measuring self-compassion for older adults with chronic diseases exist globally or in Nepal. This study aimed to develop and evaluate the Self-Compassion Scale for Nepalese Older Adults with Chronic Diseases (SSCS-NOACD).

Methods

This study utilized a mixed-method sequential exploratory research design, following a five-step process for instrument development across two phases.Phase 1 focused on scale development, including: (1) defining content domains using theory, philosophy, concept analysis, and qualitative data from 12 older adults with chronic diseases; (2)Generating an item pool; and (3) determining the measurement format.Phase 2 involved psychometric evaluation. (4) Seven experts reviewed the initial 78-item scale, refining it to a 26-item scale through content validation. (5) Clarity and comprehensibility were tested with three older adults, followed by pretesting with 42 participants through face-to-face interviews. Internal consistency reliability and item-total correlations were calculated.

Results

Content validation ensured robust indices (Item-related content validity ratio [I-CVR], Item-related content validity index [I-CVI], Scale-related content validity ratio [S-CVR], Scale-related content validity index [S-CVI], Item-related face validity index [I-FVI], and Scale-related face validity index [S-FVI]= 1)of SSCS-NOACD. Data obtained from pretesting revealed acceptable internal consistency reliability (α = >0.7). Four items with low correlations were removed, resulting in a 22-item SSCS-NOACD with five-point Likert items.

Conclusion

The SSCS-NOACD is a reliable and valid tool for assessing self-compassion among older adults with chronic diseases. However, this study recommends future studies for exploratory and confirmatory factor analyses of SSCS-NOACD to establishitsconstruct validity. Furthermore, SSCS-NOACD provides an important resource for examining self-compassion and guiding tailored nursing interventions, promoting improved health outcomes in this vulnerable population.

Keywords. Content Validation, Older Adults, Reliability Analysis, Self-compassion.

[1]Patan Academy of Health Sciences
Corresponding author, email: rekhatimalsina@pahs.edu.np

Presenter 17: Pratima Wenju Shrestha
Empowering Nurses through Fellowship Programs at Dhulikhel Hospital
Wenju PS[1] & Shrestha S[1]

Background
Nursing plays a pivotal role in healthcare, requiring a blend of technical expertise and compassionate care. In Nepal, nursing education has made significant progress since 1956. However, the growing complexity of modern healthcare calls for specialized training to enhance nurses' capabilities.

Purpose
To address this need, Dhulikhel Hospital launched fellowship programs in 2023, targeting four critical areas: Operation Theater Management, Critical Care, Gastrointestinal (GI)Endoscopy, and Emergency and Primary Care. These programs aim to equip nurses with advanced skills, emphasizing interdisciplinary collaboration, hands-on training, and the ability to manage complex clinical scenarios effectively.

Project
The six-month programs incorporate didactic lectures, case studies, seminars, and clinical rotations. Participants gain advanced clinical skills, leadership abilities, and evidence-based practices. Eligibility criteria include a Proficiency Certificate Level in Nursing or equivalent or above, registration with a professional council, and a minimum score of 50% in entrance and viva exams. Each specialty admits two candidates bi-annually, requiring a final passing score of at least 60%. Preceptors, holding a Master of Nursing Science degree and relevant experience, provide mentorship.

Discussion
Currently, three batches ofthe fellowship program have been completed, with 20 nurses having graduated.Many now work in specialized departments at Dhulikhel Hospital, while a few have joined other hospital inside and outside Kathmandu valley. Feedback from graduates highlights enhanced confidence in managing critically ill patients, operating advanced equipment, critical thinking and applying theoretical knowledge to clinical practice.

Application to Clinical Practice
These fellowship programs bridge the skill gap between nursing and medical specialties, raising patient care standards and preparing nurses to meet evolving healthcare demands.

Evidence
Graduates report better critical thinking, case management, and use of evidence-based practices. Their expertise has contributed toimproved patient care quality which is reflected in the testimonials of fellows.

Key Message
Dhulikhel Hospital's fellowship programs provide nurses with specialized skills and hands-on training, helping them to provide better patient care and meet modern healthcare challenges.

[1]Dhulikhel Hospital Kathmandu University Hospital
Corresponding author, *spwenjuts@gmail.com*

Presenter 18 : Seema Kumari Chaudhary
Knowledge Regarding Medical Device Related Pressure Injury among Nurses of Tertiary Level Hospital
Regmi B[1], Shrestha S[1], Chaudhary SK[1]

Background: Medical device related pressure injury (MDRPI) is a significant concern inn healthcare setting, as they can lead to serious complications in patient outcome. Nurses play a vital role in the prevention, identification, and management of MDRPIs. However, knowledge gaps and inconsistent practice regarding MDRPIS remain widespread.

Methods: A quantitative cross-sectional study design was conducted among 126 nurses to assess the level of knowledge regarding medical device-related pressure injury. Stratified proportionate random sampling was used to select research participants. The data of the study was collected using the MDRPIs knowledge assessment questionnaire developed by Erbay Dalli. Descriptive statistics (Frequency and percentage) and inferential statistics (Chi square test) was performed. SPSS (Statistical Package for the Social Sciences) version 27 was used for data analysis.

Results: The finding of the study revealed that majority of nurses 58 (46%) had low level of knowledge, 48(38.1%) had moderate level of knowledge and Only 20(15.9%) had high level of knowledge regarding medical device related pressure injury (MDRPI). A significant association was determined between level of knowledge regarding MDRPI and experience in Nursing, experience in current area.
Conclusion: It was concluded that the level of knowledge of nurses about Medical Device Related Pressure Injury was low. In-service education for nurses on MDRPI should be emphasized at the institutional level.

[1]Kathmandu University School of Medical sciences, Dhulikhel, Kavre, Nepal
Corresponding Address: seemachaudhary215@gmail.com

Presenter 19: Ratneshwori Prajapati
Children's Perceptions on their Play in Selected Schools of Nepal
Authors: PrajapatiR[1],Karki S[1], Siluwal N[1], K.C. S[1], Shrestha S[1]

Introduction: Childhoodplay holds a pivotal role in fostering holistic development, encompassing health, emotional well-being, social adeptness, and intellectual acumen which provides opportunities for self-expression, mastery and growth of children in their level.
Objectives: To identify perception of school age children on their play and its association with selected socio-demographic factors.

Method: A descriptive cross sectional research design was employed. The data was collected by self-administer technique of school age children in Dhulikhel Municipality. Five government and four private schools were selected by simple random from three wards.The instrument utilized was the validated Children's perception of their play scale, comprising 25 statements,4 points Likertscale "definitely yes"4-score to "definitely no" 1-score developed by Barnett, L. A. afterpermission from the author. Data were analyzed in descriptive and inferential statistics with IBM Statistical Package for Social Science for windows version 25.0
Result: A total 395 children had completed the questionnaire in written form. Among them, the children scored between a minimum of 54 and a maximum of 91 out of a total of 100 points in their perception of play. The overall median IQR (Q3, Q2) was 74 (78, 70). The analysis of children's perception of play encompassed six factors, with the median IQR (Q3, Q2) in child choice 16 (18, 15), social play 22 (24, 20), planned activities 9 (10, 8) engagement 12 (13, 10) active play 7 (9, 6) and free time 8 (9, 6). Nowadays most of children like digital play, thus we should develop innovative play which improve physically engagement and maintain health of children.

Conclusion: Majority of children had positive perception on their play. Therefore, parents, teachers, nurses and pediatrician should prioritize and emphasize the importance of play for children's development.

Key words: children, perception, play

[1]Kathmandu University School of Medical Sciences, Dhulikhel, Kavre, Nepal.
Corresponding author: ratnup@gmail.com

Presenter 20: Subasna Shrestha
Barriers and Facilitators of Postnatal Visits AmongWomenat a Tertiary Level Hospital in Nepal
Shrestha S[1], Pun KD[1],Shrestha A[1], Ranjit A[2], Dongol A[1]

Background: Nearly half of maternal deaths (42%) occur within 48 hours of delivery, with about one-third (29%) occurring in the late postpartum period (from 48 hours to up to 6 weeks after childbirth). Approximately 42% of women received no postnatal care (PNC) in Nepal in, NDHS, 2016. Postnatal care is essential for the identification and prevention of postnatal complications and, thereby, for the reduction of maternal morbidity and mortality. Systemic factors influencingPNC attendance in Nepal include distance to health facilities and unsuccessful implementation of PNC. However, patient-level factors, barriers, and facilitators for PNC remain unknown.

Objective:The aim of the study is to explore barriers and facilitators of postnatal visits among women in Nepal

Methodology: A qualitative exploratory study design was used to explore determinants of postnatal visits. A total of five focus group discussion (FGD) sessions were conducted. A total of 36postnatal women attending the immunization/family planning clinic atDhulikhel Hospital voluntarily participated in the FGD. FGDs were conducted using a topic guide. FDG sessions were recorded and transcribed. Data was analyzed usingcontent analysis. The identified categories and subcategories were mapped into the capability, opportunity, and motivation oftheCOM-B model.

Results:A total of tencategoriesemerged. Five categories were barriers to care:1. inaccessibility to health care facilities due to distance, poor financial and poor physical health of mother 2. lack of family support, 3. fear and dependency of women 4. traditional beliefs and religious activities during postpartum care, and 5. poor therapeutic communication leads to a lack of knowledge and awarenessamong postnatal mothers. Five categories were facilitators to care: 1. Good family support, 2. women's independent status, 3. compliance for healthcare,4. provision of free service, and incentives for PNC visits and knowledge and awareness on PNC visits.

Conclusion:Among the barriers, the most critical barrier for PNC was poor therapeutic communication,leadingtoa lack of awareness regarding the importance of PNC among women. Family support, women's independence, and healthcare compliance were the most essential facilitators.
Implication:
Given the current state of poor PNC attendance and the high rate of maternal complications during the postnatal period in Nepal, this study will add to the understanding of the factors that can increase PNC compliance and help eliminate barriers to care among postnatal women in Nepal.

Keywords: Postnatal mothers, postnatal visits, facilitators and barriers

Authors Details
[1]Kathmandu University School of Medical Sciences
[2]Division of Maternal Fetal Medicine ,Department of Obstetrics, Gynecology and Reproductive sciences, UCSF,USA

Corresponding Author- Shrestha Shrestha, Email.-subasnashrestha@gmail.com

Presenter 21: Jyotsana TwiTwi
Training of Trainers on Simulation Based Education: Innovative Approaches to Nursing education

Background
Simulation-based education (SBE), a relatively new approach, is used to teach, educate, train, and coach health-care professionals with simulated patients or simulative aidson preselected real-life or near-real life clinical scenarios, avoiding undesirable features encountered or confronted in learning with real patients and undue stress to real patients.(Alharbi, 2016; Thomas V. Chacko, 2017; et al., 2015). SBE training must be integrated at all levels of health-care professions education. Faculty need to be cognizant of SBE. They must be trained in these aspects of SBE and motivated for their implementation.(Thomas V. Chacko, 2017)

Purpose
To share our experiences regarding the project "Training of Trainers on Simulation Based Education"

Project
Training of Trainers on Simulation Based Education

Discussion
Kathmandu University School of Medical Sciences (KUSMS) has the first simulation lab in Nepal, with most nursing and midwifery faculty trained as trainers in simulation-based education (SBE). The university plans to integrate SBE into its nursing program. As many affiliated colleges offer nursing programs under KUSMS, faculty from these institutions need training as well. The Department of Nursing and Midwifery at KUSMS organized a "Training of Trainers on Simulation-Based Education" program, funded by AMPATH Nepal, a collaboration between the Arnhold Institute for Global Healthat the Icahn School of Medicine at Mount Sinai, Dhulikhel Hospital, and Kathmandu University School of Medical Sciences.

A 5-day SBE training was held for three batches: the first from July 30-August 3, 2023, the second from February 25-29, 2024, and the third from August 25-29, 2024. The training aimed to familiarize faculty with SBE's benefits and boost their confidence in using simulation to improve learner efficiency. The schedule included:

- *Day 1: Introduction to learning circles, Peyton's model of debriefing, and practical skill teaching.*
- *Day 2: Evaluating skills with OSCE, developing and testing checklists, and case studies.*
- *Day 3: Simulation and debriefing introduction, creating case studies, and simulation demonstration.*
- *Days 4-5: Team practice on conducting simulations.*

A study conducted during the training, titled "Simulation-Based Education: Knowledge and Perception of Participants," showed a significant improvement in participants' knowledge and perceptions of SBE. Follow-up was carried out to monitor post-training activities in the respective institutions. Application to midwifery practice, education or regulation/policy
TOT on SBE can help the faculty to integrate simulation-based learning into nursing curricula, assess students' competencies objectively, and use advanced tools like high and low fidelity mannequins and virtual reality to enhance learning experiences.

Evidence if relevant
The ToT in SBE boosts educator confidence, enhances learner outcomes, supportsprogram integration, and fosters trainer collaboration, with significantimprovements in participants' knowledge and perceptions observed post-training.

Key message
Simulation-based education is a crucial component of modern teaching methods, making faculty training highly important.Continuous monitoring and implementation are key for transforming training into measurable outcomes.

[1]Kathmandu University, School of Medical Sciences, Dhulikhel, Kavre

Presenter 22: Bhawana Regmi
Title: Improving Critical Care nursing: Insights from a collaborative Observership at Mount Sinai Hospital

Background:
Global collaborations are crucial in advancing nursing science and healthcare innovation, particularly in resource-limited settings. Through a collaborative initiative facilitated by AMPATH Nepal, a one-month critical care observership at Mount Sinai Hospital, New York, provided a platform to gain hands-on experience, explore innovative care models, and enhance evidence-based nursing practices aimed at improving critical care delivery at Dhulikhel Hospital, Nepal.

Purpose:
The purpose of this observership was to enhance critical care practices at Dhulikhel Hospital, Nepal, by gaining hands-on experience and collaborating with experts to integrate innovative practices. It aimed to develop a stronger, evidence-based approach to critical care nursing through international exposure and mentorship.

Project:
The observership included postings across various critical care units, such as medical, surgical, neurosurgical, and cardiothoracic ICUs. Activities included:
• Clinical exposure to advanced nursing procedures, renal replacement therapies, and infection prevention protocols.
• Engaging in expert consultations and discussions with specialists in infection control, renal replacement therapy, and respiratory care pathways.
• Observing interdisciplinary rounds and gaining insights into collaborative decision-making.
• Participating in educational sessions on evidence-based critical care protocols and innovations.

Discussion:
The key learning outcomes included a deeper understanding of critical care standards, advanced ICU management protocols, and interdisciplinary teamwork. These insights allowed for the identification of gaps in current practices and the development of quality improvement projects at Dhulikhel Hospital.
Application to Clinical Practice:
This observership has directly impacted clinical practices at Dhulikhel Hospital, leading to the initiation of a quality improvement project on Paired Spontaneous Awakening and Breathing Trials for ventilated patients. Additionally, steps are taken to establish a Rapid Response Team (RRT) at Dhulikhel Hospital in near future. The knowledge gained has also been disseminated through virtual training sessions and participation in ongoing Grand Rounds.

Evidence:
While direct evidence from the observership is being integrated into ongoing projects, the foundational knowledge shared through expert interactions and the clinical observations is pivotal for enhancing critical care protocols at Dhulikhel Hospital.

Key Message:
This observership provided significant exposure to advanced critical care practices and fostered sustainable changes at Dhulikhel Hospital. The experience enhanced our clinical expertise and laid the foundation for ongoing quality improvement initiatives and a culture of continuous learning and collaboration.

Author:Regmi B, Assistant Professor, Nursing and Midwifery Program
[1]Kathmandu University School of Medical Sciences, Dhulikhel, Kavre

Presenter 23: Ishmail A Sillah
Neuroscience Nursing can help reduce the global health burden of neurologic disease

Neurologic illnesses are a leading cause of global disease burden and ~ 3.4 billion people (43 % of the global population) experienced illnesses involving the nervous system.Also, in 2021, the years of life lost due to premature mortality, combined with the years of life lost due to the duration of living with neurologic illnesses, equated to 443 million disability-adjusted life-years (DALYs). Stroke, neonatal encephalopathy, migraine, dementia, diabetic neuropathy, meningitis, epilepsy, preterm birth, autism spectrum disorders, and cancers of the nervous system account for the ten most common illnesses leading to this burden. While the diversity and complexity of these illnesses may appear too broad to be encompassed in a single medical profession –the neuroscience nursing specialty profession has existed for 58 years.

This nursing profession is contextualized as providing specialized care to individuals with nervous system dysfunction. Consistent with the nursing process, neuroscience nursing professionals holistically address health burdens associated with neurological disease by assessing and managing the triad of individuals, family, and society. This presentation provides an overview of how neuroscience nursing has evolved to address the growing burden of neurological illnesses through holistic efforts to support the person experiencing the illness, their family, and their society.
Mindful that developing countries(which disproportionately carry the largest burden of neurologic illnesses globally) also experience limitedaccess to neurologic treatment and rehabilitation services), this presentation also discusses opportunities to explore how neuroscience nursing outcome-process standards can be used to guide locally contextualized evidence-based interventions in a cost-effective manner.

[1]Moi Teaching and Referral Hospital, Kenya

Presenter 24: Basanti Aryal
Translation and validation of study instruments for cross-cultural research: Birth satisfaction Survey –Revised (BSSR) (English to Nepali)
Basanti A[1], Darwin Z[1], Simkhada B[1], Dr Vijay GC[1]

Background:The Original, UK English version Birth Satisfaction Scale-Revised (BSS-R), is a widely used tool to assess birth satisfactionconsists of 10 itemsinclude three major domains: "quality of care provision, women's personal attributes, and stress experienced during labor".The translation and language validation of the BSS-R Nepali edition makes collaboration, cross-cultural research, and standardized data collection possible. This approach improves the instrument's linguistic appropriateness and strengthens the validity and reliability of study findings.

Purpose:Tomakeunderstand about the process of translationandpsychometricvalidation of Research toolsgivingthe example of psychometric validation of Nepali version of BSS-R.

Project:Translating(UK English to Nepali) and validating the Birth Satisfaction Scale-Revised (BSS-R) requires various steps i.e., forward translation, backward translation, pretesting and psychometric validation for better accuracy and cultural appropriateness.

Discussion and Application:Translation and validation of international tools in nursing are very important to ensure cultural relevance, measurement accuracy, and ethical integrity across diverse healthcare settings. Proper translation ensures that the tools resonate with the cultural nuances of the target population, while their validation retains the reliability and psychometric properties of the original instrument. This enables accurate assessments, evidence-based practice, and global comparisons in research by harmonizing data across cultures. This ensures ethical compliance through the facilitation of inclusion and informed participation in both clinical care and research. Finally, the provision of valid tools enables nurses to give culturally competent and high-quality care, promoting health equity worldwide.

Evidence if relevant:The researcher has translated, pretested, and is in the process of collecting data for psychometric validation.

Key message:"Translating and validating the international tools enhances culturally competent nursing practice, enabling accurate assessments of variables and fosteringglobal collaboration.

Keywords:Birthsatisfaction, tooltranslation, validation

[1]University of Huddersfield, United Kingdom

Presenter 25: Sita Karki
Title: Nepali School Teachers' Perceptions of Child Abuse in Dhulikhel Municipality: A Qualitative Study
Karki S[1], Shrestha A[1], JJ Infanti[2], Chapagain R[3], Pun KD[1]

Background: Child abuse is a global public health crisis with long-term consequences, including behavioral, psychological, and health issues. Schools play a crucial role in addressing abuse, with teachers uniquely positioned to observe non-physical signs and behavioral changes. Understanding teachers' perceptions is crucial for strengthening their ability to identify and respond to child abuse, yet research on this topic in culturally specific contexts like Nepal remains limited.
Objective: To explore teachers' perceptionsof child abuse, as well as the available support systems, and barriers to addressing it.

Methods: A qualitative study was conducted in Dhulikhel Municipality involving 33 purposefully selected teachers in 5 Focus groups. Discussions were audio-recorded, transcribed verbatim in Nepali, and translated into English. Informed written consent was obtained. Content analysis was performed.

Participants and setting: In total, 33 school level teachers (12 females, 21 Male) were purposefully selected from different public and private schools of Dhulikhel Municipality of Bagmati- province.

Results: The school teachers recognized different forms of Child abuse, including culturally specific practices such as forcing children to eat against their will, parental pressure for academic performance, making children perform hard work without food, assigning tasksbeyond their physical capacity, and caste-based discrimination. Some participants had misconceptions aboutchild abuse, viewing constructive pressure as acceptable or consideringdrug abuse as a form of child abuse. Participants identified perceived risk factors to child abuse, including disability, poverty, low educational status, academic pressure, intensecompetition, weak child protection laws, and children's

inability to report abuse. Teachers perceived barriers to addressing child abuse, including its normalization, weak law enforcement, and a lack of community support. They highlightedenablers such as raising awareness, creating student-friendly environments, and fostering collaboration. They alsoexpressed a strong interest in receiving training to enhance their knowledge and ability to respond effectively to child abuse.

Conclusion:
Teachers' perspectives on child abuse reveal a mix of accurate understandings and misconceptions. While many correctly identified different forms and contributors, barriers of child abuse.Teachers strongly expressed the need for expert training on child abuse. Based on the findings, we can develop a training package to enhance their knowledge and skills in preventing and managing child abuse in Nepal. Additionally, these findings provide baseline information for the local government to update child abuse policies, supporting teachers in responding effectively in the future.

[1]Kathmandu University School of Medical Sciences, Dhulikhel, Kavre, Nepal
[2]Norwegian University of Science and Technology, Norway
[3]National Academy of Medical Science, Nepal

Presenter 26: Satya Shrestha & Kritika Shrestha
Title: Use of Innovative Technology for Self-Disclosure of Domestic Violence: Insights from the HERA and ADVANCE Research Projects
Shrestha S[1], Shrestha K[1], Chalise P[1], Pun KD[1]

Background: Domestic violence (DV) disclosure among women in healthcare settings remains significantly low due to stigma, fear, and lack of trust. Innovative research methods, such as technology-assisted tools, offer promising solutions to address these barriers.

Methods: The HERA and ADVANCE research projects implemented a tablet-based Color-coded Audio Computer-Assisted Self-Interview (C-ACASI) tool in health facilities. Women, regardless of DV status, used the tool in private spaces. Through audio-guided, self-administered surveys, the tool gathered information on demographics, abuse assessment, safety behaviors, and emotional well-being. Women could choose to disclose DV through the tool, which then prompted healthcare providers (HCPs) to offer tailored support and referral to additional services.

Results: Experiences from the HERA research showed mixed responses regarding the acceptability of C-ACASI. Women reported feeling safe, confidential, and comfortable using the tool for disclosure. However, some HCPs noted the process was time-intensive, and language barriers required translation support, potentially compromising privacy.

Conclusions: The use of C-ACASI demonstrated potential for improving DV disclosure in healthcare settings. While women perceived it as a secure and private approach, addressing logistical challenges such as time efficiency and language accessibility is essential for wider adoption. These insights inform future integration of technology in DV screening and support services.

[1]Kathmandu University School of Medical Sciences, Dhulikhel, Kavre, Nepal

Presenter 27: Narayani Paudel Ghimire

Effectiveness of Forum Play to promote respectful maternity care: A pilot intervention among care providers in urban Nepal

Swahnberg K[1], Ghimire NP[2], JoshiS[2],DahalP[1]

Background: Women who feel safe, supported, respected and able to participate in shared decision-making are likely to have more positive childbirth experiences. However, studies conducted in various countries have shown that 15% to 100% women experienced at least one type of disrespectful and abusive behavior from care providers during facility-based childbirth. Interventions are needed to promote respectful maternity care. This study aimed to assess the potential effectiveness of Forum Play to promote respectful maternity care in Nepal.

Methods: Apre and posttest design was used to conduct this study among doctors and nurses of two tertiary hospitals in Nepal. Participants who were mainly involved in providing care or dealing with women during labour and delivery were selected purposively for the intervention and control groups. There were 25 care providers (14 nurses and 11 doctors) in the intervention group and 75 care providers (42 nurses and 33 doctors) in the control group. Two half-dayForum Play workshops were conducted with nurses and doctors separately in the intervention group. Self-administered questionnaire was used to collect data before and two months after the intervention using a structured questionnaire. Data were analysed using IBM statistical package for social sciences version 20.

Results: There were no differences in background characteristics between intervention and control groups (p=>0.05). Statistically, no significant differences in care providers' views on disrespect and abuse of women was found between the groups in baseline data (p=>0.05) whereas significant differences were observed on follow-up (p=<0.05). Similarly, there was no significant differences in mean perception towards respectful maternity care between the groups on baseline while significant differences were found on follow-up (Mean difference= 3.99, 95% CI=3.98-4.00, p=<0.001).

Conclusion: We found that Forum Play can be one of the effective methods of intervention to promoterespectfulmaternitycareinNepalbytrainingthecareprovidershowtoavoiddisrespect and abuse of women during labour and delivery. It encourages the care providers to practice in a safe place and develop positive perception towards respectful maternity care.

[1]Linnaeus University,Kalmar, Sweden
[2]Kathmandu Medical College, Kathmandu, Nepal.
Corresponding Address:paudelgn@gmail.com

Presenter 28: Rojina Adhikari
Knowledge, Screening and Reporting Practices of Healthcare Workers Towards Gender-based Violence Cases.

Basnet S[1], Adhikari R[1], Lamsal A[2], Rishal P[2], Hurst M[3], Koju P[1]

Abstract
Background: Gender-based violence (GBV) is a global public health issue with adverse effects on the health and well being of women. Healthcare professionals play a major role in determining survivors' access to justice and health outcomes. There is no sufficient data regarding the knowledge, screening, and reporting practices of healthcare workers regarding GBV. Thus, this study aims to assess the knowledge, perception, screening, and reporting practices of healthcare providers (HCPs) towards gender-based violence in tertiary care hospitals in Nepal.

Methods: This is a cross-sectional study conducted among health care providers (HCPs), at Dhulikhel Hospital, Kathmandu University Hospital, from January 1, 2022, to January 1, 2023. A total of 232 healthcare workers aged 18 years or older were recruited for the study using stratified random sampling. Data were collected through a self-developed questionnaire, and associations between variables were analyzed using the chi-square test and the Mann-Whitney U test.
Result: The findings of this study revealed that the majority of HCP (90.9%) received no prior formal training on gender-based violence (GBV).••The findings showed that most knew the basic GBV terminology "gender-based violence" (94.8%) and "one-stop crisis management center" (74.6%), while fewer people understood the critical aspect like prioritizing medical needs over medicolegal examination. Only 30.2% of participants had screened for GBV, mostly due to suspicion (40.9%) or routine history taking (18.1%), with only 5.6% screening often. Furthermore, (50.4%) had never reported GBV cases, and only a small fraction reported voluntarily (9.9%).

Conclusion:
* This study identified significant gaps in the understanding of GBV and OCMC, along with inadequate screening and reporting practices among healthcare workers in Nepal.Thisneccesitate targeted training on GBV management and the implementation of clearer guidelines and ongoing supervision to sustain sufficient competency and confidence among healthcare providers..*

[1]Kathmandu University School of Medical Sciences ,Dhulikhel , Kavre, Nepal.
[2]Kathmandu Medical College, Sinamangal, Kathmandu Nepal
[3]University of Michigan, Genetic Counseling, Public Health: Health Behavior and Health Equity

Presenter 29:Pratibha Chalise

Domestic violence and food insecurity among pregnant women in Nepal

Chalise P, [1,2]*, Manandhar P [1,3] Infanti JJ[1], Henriksen L[4], Pun KD[2], Rishal P[1,3],Skovlund E[1], Swahnberg K[5], Schei B[1,6] Lukasse M[7]

Background: Domestic violence and food insecurity are significant global health challenges, particularly during pregnancy, when both can adversely affect maternal and child health. Food insecurity may occur independently or as a consequence of domestic violence, yet their relationship remains underexplored. This study aims to investigate the association between exposure to domestic violence perpetrated by intimate partners or by family members and food insecurity during pregnancy.

Methods: This cross-sectional study used baseline data from 2129 pregnant women attending routine antenatal care as part of an ongoing randomized controlled trial. Inclusion criteria were age ≥ 18 years, gestational age between 12-22 weeks, and consent to participate. Colour-Coded Audio Computer-Assisted Self-Interview method was administered via a computer tablet for data collection. Domestic violence was assessed using the Nepalese Abuse Assessment Screen and food insecurity using a modified Household Food Insecurity Access Scale.

Results: Of the participants, 12.9% reported food insecurity, and 6% reported experiencing some form of DV. Women reporting any domestic violence, domestic violence perpetrated by intimate partners only or by family members only had significantly higher odds of food insecurity after adjusting for socio-demographic, economic and obstetric factors [Adjusted Odds Ratio (95% CI): 2.5 (1.6-3.9), 3.3 (1.5- 7.5) and 2.1 (1.2- 3.5) respectively].

Conclusions: Domestic violence was strongly associated with food insecurity during pregnancy. Screening for domestic violence among food-insecure pregnant women and addressing underlying causes could mitigate risks to maternal and child health.

Keywords: antenatal care, domestic violence, food insecurity, intimate partner violence, Nepal, pregnancy

[1]Department of Public Health and Nursing, Faculty of Medicine and Health Sciences, Norwegian University of Science and Technology, Trondheim, Norway

[2]Department of Nursing and Midwifery, Kathmandu University School of Medical Sciences, Dhulikhel, Nepal

[3]Department of Community Medicine, Kathmandu Medical College and Teaching Hospital, Kathmandu, Nepal

[4]Department of Nursing and Health Promotion, Faculty of Health Sciences, Oslo Metropolitan University, Oslo, Norway

[5]Department of Health and Caring Sciences, Faculty of Health and Life Sciences, Linneaus University, Kalmar, Sweden

[6]Department of Obstetrics and Gynecology, St. Olavs University Hospital, Trondheim, Norway

[7]Center for Women's, Family and Child Health, Faculty of Health and Social Sciences, University of South-Eastern Norway, Kongsberg, Norway, email: mirjam.lukasse@usn.no

*Corresponding author: PratibhaChalise,

email: prativa.chalise@gmail.com/pratibha.chalise@ntnu.no/prativa@kusms.edu.np

Presenter 30: Radha Paudel
Workplace Violence among Nurses in Tribhuvan University Teaching Hospital of Kathmandu
Paudel R[1], Neupane S[1]

Background: Workplace violence is act or threat of violence, ranging from verbal abuse to physical assaults directed toward persons at work or on duty and the impact of it can range from psychological issues to physical injury or even death. The workplace violence against nurses is directly related to decreasing job satisfaction, humiliation, emotional stress, intention to quit a job, and increased staff turnover.

Methods:Hospital based descriptive cross-sectional research design was adopted. A total of 133 respondents were selected by proportionate stratified random sampling technique. Self-administered semi-structured questionnaire was used to collect data. Ethical approval was obtained from the IRC of Nepalese Army Institute of Health Sciences as well as from the Tribhuvan University of Teaching Hospital of Kathmandu. Data entry and data cleaning was done using Epi-data software and data analysis was done using SPSS software version 16. Chi-square test and Fishers exact test were used to analyze the association of prevalence of workplace violence with selected socio-demographic and service-related variables.

Results: This study revealed that the prevalence of workplace violence of nurses in the last 6 months was 66.9%. Among them, 9.0% of nurses were experienced physical violence, 98.9% were experienced verbal violence and 4.5% of them were experienced of sexual violence. This study also showed that the prevalence of workplace violence was associated with days of night shifts in a month (p=0.001).

Conclusions: Based on the findings of this study, it concludes that nurses have experienced high prevalence of workplace violence in which the prevalence of verbal violence is high in compared to physical and sexual violence in their workplace. Nurses attending more days of night shifts tend to experience more workplace violence. So, policymakers need to take preventive measures to protect nurses from violent from patients and their relatives. The hospital authority should be educated appropriately to the nurses on hospital policies against WPV and be encouraged to report any incidence.

[1]College of Nursing, Sanobharayang, Kathmandu, Nepal

Corresponding Address: radha2739@gmail.com

Poster presentation

Presenter 1: Neha Dongol
Title: Assessment of Pressure Injuries and its Associated Factors among Patients Following Surgery in Tertiary Level Hospital

Dongol N[1], Acharya R[1]

Background:Pressureinjuriesarestillacommonanddevastatinghospital-acquiredcomplication for patients following surgery, even with the best practices in place today. This study examined associations between risk factors for pressure injuries development in patients after surgery.

Objectives:Todetermineproportionofpressureinjuriesfollowingsurgerywithdurationofmore than two hours and to assess association between risk factors and its occurrence after surgery.

MethodandMaterial:Thisobservationalcross-sectionalstudyincluded142patientsofsurgical and orthopedic departments of a universityhospital between 14th Julyto 16th August, 2024. Data was collected by interviewing participants through convenience sampling method and using Braden Risk Assessment Tool (BRAT) for observation of pressure injuries. Collected data were analyzedbyusingdescriptiveandinferentialstatisticswithStatisticsandData(Stata)version 13.

Results: The findings of the study revealed that 8 (5.6%) out of 142 participants developed pressure-injuries.Amongthem,66.2%hadsurgeryinsupinepositionwithmeandurationof189.54 ± 90.92minutes. Most of the participants with pressure injuries were male (5.9%) and from orthopedic department (9.2%). Logistic regression analysis revealed that participants who were smokers (AOR: 0.17; 95%CI: 0.09 – 0.49), who were under risk group of pre-operative Braden score(AOR:7.87;95%-CI:1.23–50.01)andlongerdurationofsurgery(AOR:1.02;95%CI:0.00 – 1.03) were associated with occurrence of pressure injuries following surgery.

Conclusion:Thestudyfindingsconfirmsthatnearlyonetwentiethoftheparticipantshadpressure injuriesfollowingsurgery.Thereissignificantassociationbetweensmokinghistory,riskgroupof pre-operativeBradenscoreandlongerdurationofsurgery.Tolessenandpreventpressureinjuries related to surgery and to standardize care, guidelines and protocols that emphasize preoperative, intraoperative posoperative evaluation can be created.

Keywords:BradenRisk AssessmentTool,PressureInjury,Surgery

[1]Kathmandu University School of Medical Sciences

Presenter 2: Radha Maharjan
Depression, Anxiety and Stress among Antenatal Mothers in a Tertiary Level Hospital of Kathmandu

Maharjan R[1],Sharma C[1]

Background: Maternal mental illness during antenatal is known as vulnerable period. Emotional aspect of pregnant women during antenatal care remains most of the time neglected, undetected and untreated. This study aimed to assess the depression, anxiety and stress among the antenatal mothers.

Methods: Researcher conducted Cross-Sectional Descriptive Research Design using Depression, Anxiety and Stress Scale 21 and a structured interview questionnaire. Ethical approval taken from Tribhuvan University, Institute of Medicine Institutional Review Committee. Data collected via interview with 244 antenatal mothers after written informed consent within four weeks, non-probability convenient method used for sampling. Anonymity, confidentiality and privacy was maintained. Data entered into EPI DATA 3.1 and exported to the statistical package for social science 22 version for further analysis. Strength of association was determined through bivariate and multivariate logistic regression.

Results: Result showed prevalence of depression, anxiety and stress were 7.8%, 13.9% and 11.1% respectively. Primigravida more prevalence of depression, anxiety and stress 8 %, 14.4% and 12%, than multigravida. Whereas, depression, anxiety and stress were more prevalent in first trimester than second trimester and third trimester which was 9.5%, 21.4% and 21.4%. The factors strongly associated with depression was facing domestic violence (AOR=23.338 95% CI: 5.034-108.199). The factors strongly associated with anxiety were facing domestic violence (AOR=21.975 95% CI: 5.826-82.882) and unable to take balance diet on daily basis were (AOR=3.420 95% CI: 1.362-8.588). The factors strongly associated with stress was facing domestic violence (AOR=67.106 95% CI: 14.439-311.883).

Conclusions: Even though high prevalence of stress and anxiety were seen among antenatal mothers than depression, Depression is an alarming sign during pregnancy. Hence early detection and treatment is most crucial. Therefore, at least oneroutine mental and psychological screening test should be recommended as a part of routine antenatal check- up to promote maternal and child health in Nepal.

[1]Purbanchal University, Kathmandu Model Hospital School of Nursing, Swoyambhu Kathmandu, Nepal.
Corresponding Address: mhrradha3@gmail.com

Presenter: 3 Heera K.C
Helping mothers survive bleeding after birth: an evaluation of simulation-based training in a tertiary hospital of eastern Nepal

KC H[1], Dhakal S[1], Khatri U[1],Upadhyaye S[1], Sharma I[1], Dhungana A[1], Bhattarai J[1], Dhugana R[1]

Abstract

Background: Postpartum hemorrhage (PPH) is the leading cause of maternal mortality worldwide, especially in resource-limited settings like Nepal. Simulation-based training is a proven educational approach that equips healthcare providers with the critical knowledge and skills necessary to man-

age PPH effectively.

Objectives: The objective was to evaluate the effectiveness of simulation-based training on Helping Mothers Survive Bleeding After Birth among healthcare professionals in a tertiary hospital in eastern Nepal.

Methods: A simulation-based educational intervention was conducted in two phases: 26-27 June, 2023 and 3-4 January 3–4, 2024, among 44 healthcare professionals from maternity and newborn units. Ethical approval was obtained from Institutional Review Committee (IRC) of the institute. Standard Helping Mothers Survive tools were used for pretest and posttest knowledge (PPH management, 15 items and shock management, 8 items) and skill evaluations using OSCE checklists: Active Management of Third Stage of Labour (AMTSL) (12 items), atony, bimanual compression, and condom tamponade (21 items), and shock management (13 items). Data were analyzed using paired t-tests in SPSS version 23, with $p < 0.05$ considered significant.

Results: The mean knowledge scores for PPH management improved significantly from 11.77 ± 1.89 (pretest) to 14.0 ± 1.01 (posttest). Similarly, shock management scores increased from 4.27 ± 1.32 to 7.38 ± 0.56 ($p < 0.000$). OSCE results showed that all participants passed AMTSL and shock management. For atony, bimanual compression, and condom tamponade, two participants (4.54%) scored below the pass mark (13 each), while the remaining succeeded.

Conclusion: Simulation-based education significantly improved knowledge and skills among healthcare professionals working in maternity units. However, two participants who fell short highlight the need for frequent, ongoing training.

Implications: Simulation-based education is an effective in-service training method for healthcare providers across all levels, enhancing preparedness to manage critical maternal emergencies.

Keywords:Healthcare providers, Maternal Mortality, Postpartum Hemorrhage, Simulation

[1]*Birat Medical College Teaching Hospital, Morang, Nepal*

Presenter 4: Kalpana Kafle
Social Media Addiction, Self-compassion and Psychological Well-being among Adolescents of selected School of Kathmandu
Kafle K[1], Bajracharya J[1]

Background:Social media refers to "the websites and online tools that facilitate interactions between users by providing them opportunities to share information, opinions, and interest". Individuals use social media for many reasons, including entertainment, communication, and searching for information.

Methods :A descriptive cross-sectional study was conducted among 198 adolescents studying in grade 8, 9, 10 of Loyalty Academy, Kathmandu. The Bergen Social Media Addiction Scale, the Self-compassion Scale and the Depression Anxiety and Stress Scale were used to assess the Social Media Addiction, Self-compassion and Psychological Well-being among Adolescents.

Results:The sample consisted of 198 adolescents where among the social media platforms users majority (80.3%) of the adolescent use YouTube and most of the adolescents (82.8%) use social

media for entertainment purpose. Among the adolescents Psychological well-being where majority (74.8%, 50.0%) of the adolescents reported normal level of stress and depression whereas, more than one fourth (8.3%) of the adolescents were found to experience moderate level of anxiety.

Conclusion: According to the results, Entertainment is the main purpose of using social media. There is weak negative correlation between social media addiction and self-compassion among adolescent that means social media addiction increases self-compassion decreases. There is weak positive correlation between social media addiction and psychological well-being.

[1]Kathmandu University School of Medical Sciences
Corresponding address: shayushreyukafle@gmail.com

Presenter 5: Sangita Awal
Peer Pressure and Substance Abuse among Adolescents in School of Bhaktapur
Awal S[1], Bhandari N[1]
Kathmandu University School of Medical Sciences

Background: Adolescent is a period of transition from childhood to adulthood. In this period, marked by significant physical and psychological changes, represents a crucial milestone in an individual's development. It encompasses stages of exploration and active engagement with peers, often accompanied by an increase in risk-taking behaviors like substance abuse.The objective of this study was to assess peer pressure and substance abuse among adolescents in school of Bhaktapur.

Methods:Quantitative cross sectional studydesign was conducted among 420 secondary level students (adolescents) studying in class 11 and 12of Bagiswori Secondary School of Bhaktapur.School was selected by convenience methodand study participants were selected by using proportionate stratified random sampling technique. Self-administered questionnaire was used for data collection by using self structured tool. Data were analyzed by using descriptive and inferential statistics with STATA version 13. Logistic regression was used.

Results: The lifetime user of substance abuse 27.9% and current user 13.7%.Types of substance the alcohol 86.3%, cigarette 26.5%, cannabis 7.7% and tobacco 5.1% respectively. Overall peer pressure mean of the respondents was37 ± 12.9 with minimum score of 24 and maximum score 89.which possible score range was 24-120.There was no statistically significant association between peer pressure and substance abuse (AOR: 0.99, 95 % CI 0.97, 1.01, P-value 0.75) with adjusting for confounding variables like age, gender,ethnicity, class, parents' education. Substance abuse was significantly associated with age, (COR: 1.7,95%CI: 1.1,2.7 P-Value=0.01),gender(COR: 0.4, 95%CI: 0.3, 0.6 p-value=<0.001) and ethnicity(COR: 4.3, 95%CI: 1.12, 16.26,p-value=0.03).

Conclusions: There was prevalent in substance abuse and low peer pressure .There was no association between peer pressure and substance abuse.Substance abuse was associated with age, gender and ethnicity.

[1]Kathmandu University School of Medical Sciences,Dhulikhel,Kavre
Corresponding Address: awalsangita 888@gmail.com

Presenter 6 : Siddhi Laxmi Bajracharya
Effectiveness of Training on Basic Life Support Training among School Teachers of Selected Schools in Kavrepalanchok District- Quasi-Experimental Study

Bajracharya SL[1], Acharya R[1], Pun KD[1], Karki S[1], Basnet S[1], Poudel G[1]

Background of the Study:Early initiation of the chain of survival in Basic Life Support (BLS) significantly increases the survival rate of victims. School teachers play a crucial role in providing basic life support to school children. As key community members, they are often the first responders in emergencies at the grassroots level.

Objectives:To assess the effectiveness of basic life support training on the knowledge and skills of school teachers before and after the training.

Methods:An institutional-based, non-randomized quasi-experimental design (one group pre-test-posttest) was conducted on August 6 and September 9, 2024. The study included a convenience sample of 50 school teachers from various government schools in Kavre District. The BLS training comprised both theoretical and practical components, delivered through interactive lectures and video-assisted classes. Knowledge and skills were assessed before and after the training using a validated National Guideline for Basic Life Support Knowledge and Skills questionnaire. Practical skills were observed and evaluated using a checklist. Pre- and post-assessment scores were compared.

Results:The majorities of respondents were aged 31–50 years (60%), female (58%), and had intermediate-level education. Regarding BLS-related information, most respondents reported that they had not previously received BLS training (94%), could not perform CPR (74%), could not recognize a cardiac arrest victim (68%), and had not witnessed a sudden death (84%).
There was a significant average difference between pre-test and post-test knowledge scores ($t = 15.02$, $p < 0.001$). On average, post-test scores were 4.62 points higher than pre-test scores (95% CI [4.00, 5.24]). Similarly, there was a significant average difference between pre-test and post-test skill scores ($t = 22.73$, $p < 0.001$). On average, post-test skill scores were 9.85 points higher than pre-test scores (95% CI [8.98, 10.72]).

Conclusion:The study demonstrated that BLS training significantly improved the knowledge and skills of school teachers. Periodic BLS training is essential to maintain competency in this area among school teachers.

Implication:The study highlights a significant improvement in knowledge and skills following the training. It can serve as a reference for future studies with larger samples and control groups to evaluate the real impact of BLS training on knowledge and skills.

Key words: Basic Life Support, Effectiveness of training, School teachers

[1]Kathmandu University School of Medical Sciences
Corresponding authors: bajracharyasiddhilaxmi@gmail.com

Presenter 7: Sarita Bhandari

Oral Health Status of School Children in Selected Schools of Dhulikhel

Bhandari S[1], Karki S[1], Pun KD[1], Bajracharya SL[1], Prajapati D[1], Mahanta S[1], Chung Mi young[2], Cha Kyung Sook[2], Cho Young-mi[2], Hwang Inju[2]

Background

Oral health is integral to an individual's general health and well-being. Among the oral health problems, dental caries is the common problem affecting all age groups. The consequences of dental caries outweigh its effect in children compared to other population groups, and the main reason behind this is not maintaining good oral hygiene. The objective of the study is to assess the oral health status of school children in selected schools of Dhulikhel.

Methodology:

A community-based, observational cross-sectional study was conducted in two government schools located in Dhulikhel. Initially, Screening was done for 4 days in two selected schools located in Dhulikhel municipality, and all the children (225) who were present on the day of Screening were screened for the practice of oral hygiene and the prevalence of dental caries via the WHO oral health assessment questionnaire. After screening all the children were enrolled in oral health awareness sessions which included lectures and discussions by multidisciplinary teams (Nursing and Dental) thatemphasizedtheanatomy of teeth,oral health-promoting measures, and brushing technique, for which all the children were distributed with oral health kit which included brush and toothpaste inaddition to it those students who need minor dental treatment were provided treatments in their school premises.

Results:

The study enrolled 225 students, out of which two-fifths of children (39.1%) have dental caries, Only 18.1%of students had good practice of oral health.The bivariate analysis suggests thatchildren of 12-17 years haddecreased odds of having dental caries compared to children of lower agecategories [cOR: 0.5(0.3- 0.9)]. Therewas no statisticallysignificantassociation between the presence oforal cavity and socio-economicstatus, number of siblings, mother'seducation status, mother's occupation status, presenceof tooth pain past year, and dental clinic visit past year.

Conclusion

Based on the findings of the study, nearly two-fifths of the children have dental problems,andnearly one-fifth of the students have good oral hygiene practices.Therefore, prevention-related programs need to be implemented at the school level for the promotion of good oral health.

Keywords: Oral Health, Dental caries, School children

[1]Kathmandu University School of Medical sciences
[2]Sun Moon University School of Nursing Science, South Korea
Corresponding Address: bhandarisarita81@gmail.com

Presenter 8: Priskila Sharma
Sexual Health of Women after Childbirth: A Qualitative Study Sherpa
Sharam P[1], Shrestha GK[2]

Background: Women's sexual health is crucial for both physical and emotional well-being, encompassing a comprehensive understanding of the body and its functions to promote overall health. Postpartum sexuality is shaped by numerous factors, including psychosocial aspects of sex and intimacy, body image concerns, evolving perceptions of sexuality, and changes in relationship dynamics following the birth of a child. Despite the significant impact of sexual health on women's well-being after childbirth, there is a notable gap in research exploring the lived experiences of sexuality and intimacy following the child birth in our context.
Objective: To explore women's experiences of changes to their sexual relationship, sexualityand intimacy, as a result of child birth.

Methods: A qualitative study was conducted at out-patient department of Dhulikhel Hospital with 9 women using purposive sampling technique. In-depth face to face interview were tape recorded, transcribed verbatim and analyzed using content analysis described by Graneheim and Lundman (2004).

Results: Five main categories emerged from the data, which were: shifting of role, sexual desire after childbirth, changes in the sensation of intense sexual pleasure, relationship with husband after childbirth and issues during resumption of sexual intercourse abstracted from several sub- categories.

Conclusions: Childbirth brings about significant changes in both intimate relationships and a woman's feelings toward sex and intimacy. Some women reported a decrease in sexual desireand intimacy, accompanied by feelings of insecurity and vulnerability in their relationship with their husbands. This led them to view their relationship through the eyes of others rather than their own. In contrast, other women felt more comfortable and empowered after childbirth, which strengthened their bond and enhanced intimacy with their partners.

[1]United Mission Hospital Tansen,Palpa, Nepal.
[2]Kathmandu University School of Medical Sciences, Dhulikhel, Kavre.

CorrespondingAddress:sherpapriskila@gmail.com

Presenter 9: Ismita Sharma

Decision making factors for delivery among pregnant women at tertiary care hospitals in Eastern part of Nepal.

Sharma I[1], Kc H[1], Mishra A[1]

Background: Maternal healthcare is crucial to public health and despite notable improvements in Nepal's access to utilization of maternal healthcare, disparities persist based on social understanding. The objective was to investigate the decision making factors among womens delivering at tertiary care hospital in the eastern part of Nepal.

Methods: This prospective descriptive cross sectional study was conducted from November to December 2023 at Birat medical college Teaching Hospital ,department of Obstetrics and Gynecology

. The study involved 275 mothers aged 20-25 years fulfilling inclusion criteria and data was collected through face to face interview using a self-structured proforma, ensuring privacy and comfort.Mothers' sociodemographic data and responses from the questionnaire was entered in excel sheet and descriptive analysis done by SPSS.

Results: This study done among 275 pregnant mothers, with mean age of 25.327 ± 4.54 years .Majority(65.8%) were resided more than an hour away from the hospital. Notably, 80.7% were first-time hospital users. Family members primarily made the decision for hospital deliveries (65.1%). Most women (89.4%) found the reception staff approachable,99.6% reported easy access to doctors, 94.9% experienced short waiting times, and 98.9% praised the cleanliness of hospital facilities. All respondents felt respected by doctors (100%), and nearly all (99.3%) responded that doctors allocated sufficient consultation time for them.

Conclusions: This study highlights the critical factors influencing decision-making. Family members predominantly played a decisive role in opting for institutional deliveries, emphasizing the strong cultural and social dynamics in healthcare decisions. Positive experiences, such as the accessibility of doctors, minimal waiting times, and the respectful and professional attitude of healthcare providers, were highly valued by the women.The findings emphasize fostering family inclusive health education and improving access to maternal healthcare facilities. Policies focusing on decentralized services, transportation and patient-centered care can enhance delivery outcomes.

[1]Birat Medical College Teaching Hospital, Budhiganga ,Biratnagar, Koshi province, Nepal.
Corresponding Address: ismitasharma2010@gmail.com

Presenter 10: Samjhana Rawat
Care Burden and Quality of Life of Caregiver of Children with Sickle Cell Disease in the Out Patient Department of selected Hospital in Dang
Rawat S[1], Karki S[1]
Kathmandu University School of Medical Sciences, Dhulikhel, Kavre

Background:Sickle cell disease (SCD) is one of the most common genetic diseases worldwide which can cause burden on caregiver caring the children with SCD and also affecting quality of life (QoL) of caregiver.The study aimed to assess the level of care burden and quality of life of caregiver of children with SCD and their association with socio demographic variables.

Methods:A cross sectional study was conducted among 120 caregivers of children with SCD visiting pediatric outpatient department of Rapti Academy of Health Sciences, Teaching Hospital, Ghorahi Dang from 14th July to 16th August, 2024. Samples were selected by using consecutive sampling method. Data was collected by interviewing caregivers and using Zarit Caregiver Burden interview for assessing care burden and TNO-AZL Questionnaire for Adult's Health-related Quality of Life (TA-AQoL), both validated standard tool including socio demographic variables and clinical variables.

Collected data were analyzed by using Statistics and Data (STATA) Version 13 for descriptive and inferential statistical analysis.

Results:The findings of the study revealed that out of 120 participants 51.5% were mother, 90% had one child affected with SCD and 48.3 % were children aged ≤15 years. More than three fifth (63.3%) caregiver had mild to moderate burden and mean score of quality of life was 75.5±13.6, it means caregiver had better quality of life. Among domains of quality of life, highest mean score on fine motor (95.9±9.2) and lowest on depressive moods (48.4±23.1).Care burden and QoL were moderately and negatively correlated (r= -0.67). Family relation with child, other health problems, number of admissions and number of blood transfusion were the most significant factors of caregiver burden and quality of life of caregiver of children with SCD.

Conclusion:Majority of the caregiver had mild to moderate burden and caregiver had better quality of life which highlights the importance of managing burdens to improve overall well-being.

[1] Kathmandu University School of Medical Sciences, Dhulikhel, Kavre

Corresponding Address: samjhanarawat52@gmail.com

Presenter 11 : Deepika Khadgi
Factors Associated with Pre-Operative Anxiety among Patients Undergoing Surgery in a Tertiary Hospital of Morang

Khadgi D[1],Basnet S[1], Mehta YP[1],Choudhary AK[1],Mahato AK[1], Silwal S[1]

Background: Hospitalization, regardless of disease, is known to provoke anxiety. Surgery being an invasive and traumatic procedure, triggers physiological, cognitive and behavioral responses among patients resulting in anxiety. It affects about one in two patients having surgery in low- and middle-income countries (LMICs) resulting in poor recovery. Thus the study aims to assess the preoperative anxiety among patients undergoing surgery in a tertiary hospital of Morang district.

Methods: A cross-sectional analytical research design was used with face-to-face interviewusing standard APAIS (Amsterdam Preoperative Anxiety and Information Scale) to assess presence of anxiety before surgery and its associated factors. The study population was patients admitted in surgery, gynecology, ENT & orthopedic wards for the surgery. Data was collected after ethical clearance from the Nepal Health Research Council. Descriptive statistics as mean, frequency and standard deviation were used to assess prevalence and bivariate analysis (chi-square) was used to assess factors associated with preoperative anxiety.

Results: About half (40.9%) of the respondents were of age group 20-40 years, 62.9% were male and almost all were Hindu by religion. More than three-fourth were married whereas less than one-third were illiterate and unemployed. More than three-forth (77.3%) were informed about their diagnosis whereas only 29.5% were informed about possible complications of the surgery. Findings showed that 37.1% patients had anxiety related to surgery and the factor associated with anxiety was the sex of the patients.

Conclusions: More than one-third of the patients undergoing elective surgery had anxiety related to surgery and the sex of the patients was found to be associated factor. More than half of the patients undergoing surgery had not received adequate pre-operative information related to surgery. It is imperative to appropriately assess and address pre-operative anxiety with timely visit by anesthesiologist, premedication with anxiolytic medicines and psychological preparation of the patient.

Keywords: Anxiety, Factors, Patients, Pre-operative

[1]TUIOM Biratnagar Nursing Campus, Biratnagar, Nepal

Corresponding Address: deepikakhadgi2020@gmail.com

Presenter 12 : Rina Nepali
Perception and Ability to contract pelvic floor muscle among the women with Urinary Incontinence.
Khadgi B[1,2], Stensdotter AK[2], Acharya RS[1], Brandt C[3], Nepali R[1], Stuge B[4]

Background: Correct pelvic floor muscle contraction is defined as squeeze around the urethral, vaginal, and anal openings and an inward lift that could be observed at the perineum. An incorrect contraction might include a lack of a contraction; the pushing of the pelvic organs and urinary bladder in a downward movement; using other muscles—i.e., abdominal or gluteus; and holding one's breath. Though pelvic floor muscle training is first line of the treatment for pelvic floor dysfunction, many women seem to be unable to perform a correct voluntary pelvic floor contraction and the belief of doing a correct pelvic floor contraction which hampers cost effectivenessof the treatment.Hence, this study aims to determine the ability to contract pelvic floor muscles with their self-perception of pelvic floor muscle contraction.

Methods: After Ethical approval from Nepal Health and Research Council (3741/23) a cross-sectional study was conducted among 75 Nepali women with urinary incontinence attending Dhulikhel Hospital and Kritipur Hospital. Baseline data was recorded by research assistant then with consent Women's health physiotherapist assessed the self-perception of pelvic floor muscles contraction and the ability to contract the pelvic floor muscles through rating scale of contraction.

Result: Out of 75 women with UI only 72 women participated for the vaginal assessment.Only 17 (24%) of the women were able to perform pelvic floor contraction while 9 (12%) were unable of any contraction at all. The remaining 56 (78%) could contract the pelvic floor muscles to some degree when straining and involving other muscles. For perceived contraction of the pelvic floor, 51 (71%), thought that they were performing correct contraction, while 21 (29%) were uncertain. Nobody reported that they thought they were unable to contract.

Conclusion& Implication: To perform the pelvic floor muscle training effectively, the correct cotraction of pelvic floor muscle needs to be achieved, and the self-perception of pelvic floor muscle contraction can differ among women regardless of the severity of their urinary incontinence. Hence, thesupervised pelvic floor muscle training with the women's health physiotherapist is recommended.

[1]Department of Physiotherapy, Kathmandu University School of Medical Sciences, Kathmandu University Dhulikhel Hospital, Kavre, Nepal

[2]Faculty of Medicine and Health Sciences, Department of Neuromedicine and Movement Science, Norwegian University of Science and Technology (NTNU), Trondheim, Norway.

[3]Department of Physiotherapy, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa,

[4]Division of Orthopaedic Surgery, Oslo University Hospital, Oslo, Norway

Corresponding Address: e-mail: bimikakhadgi@kusms.edu.

Presenter 13: Manju Karmacharya
FactorsInfluencingMother'sAutonomyinDecision-MakingAboutPlaceofBirth and Their Birth Experiences in Mahottari in Nepal:A Qualitative Study

Karmacharya M[1],Simkhada P[1],Bissell P[2],Poudel KC[2], Malone J[3]

Abstract

Background: Insitituional delivery is associated with reduced maternal mortality rates and is a key goal in Nepal and other resource-poor settings. There is wide variation in theutilisationofinstitution-aldeliveryservicesinNepal,andarangeoffactorsaffectthe decision of where to give birth. This study explored the factors influencing mothers' autonomy in decision-making about the place of birth and their birth experiences in Mahottari district in Nepal.

Methodology: A qualitative study was conducted involving 21 in-depth individual interviews. Participants included 15mothers with home delivery (n=6) and health facility users (n=9); six mothers' mothers-in-law (n=3) and husbands (n=3). "Levesque's conceptual framework on access to healthcare" with the demand-side and supply-side components was used for data analysis.Data were managed using NVivo software.

Results: For most mothers, their choice of birthplace was heavily influenced by the mothers-in-Law-in-Mahottari.Themajorreasonsforhomedeliveryincludedshortlabour pain,fearofsurgeryand obstetricviolence,andpoorservices.Furtherbarriersincluded lack of knowledge on birth preparedness,danger signs,freeservice,untimely receipt of incentives, and lackoffree delivery services despite therebeing Government provision.Key facilitators for insititutional delivery in Mahottari were a feeling of safety for both mother and newborn including trust, 'good' behaviour of health service providers,nurses'24-hour availability in birthing centers,incentives during discharge in some of the BCs as well as supportive mothers-in-law and mother's group.

Conclusions: Increasing utilisation of institutional delivery in the birthing centers in Nepal likely requires multiples strategies, recognising the multiple influences on decision-making.Thisincludeseducatingwomenandfamiliesandempoweringwomen for the autonomy of decision-making for **their** own and newborn's health, as well as making sure of respectful friendly maternity services with the provision of free delivery services and timely incentives.

[1]School of Human and Health Sciences,UniversityofHuddersfield,UK
[2]Research and Innovation, University of Chester, UK
[3]Institute for Global Health,University of Massachusetts Amherst,MA,USA

Coressponding Authors: manju.karmacharya@hud.ac.uk

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