

**3RD INTERNATIONAL
HOME CARE
CONGRESS**

PROCEEDING BOOK

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9-12 NOVEMBER 2021

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CONTENTS

INVITATION.....	4
COMMITTEE.....	5
LOCAL ORGANIZING COMMITTEE	5
SCIENTIFIC COMMITTEE	6
CONGRESS SCIENTIFIC PROGRAM 9.11.2021 THUESDAY	8
ORAL PRESENTATION	15
EVALUATION OF NURSING FUNCTIONS IN HOME HEALTH SERVICES: A RETROSPECTIVE STUDY	15
THE EFFECT OF SOCIAL SUPPORT PERCEIVED BY CAREERS OF DEMENTIA PATIENTS ON THE CARE BURDEN	17
PLANNING THE HOMECARE OF A LARYNGEAL CANCER PATIENT RECEIVING EXTERNAL RADIOTHERAPY ACCORDING TO KOLCABA'S COMFORT THEORY: A CASE REPORT	19
HOME CARE OF INDIVIDUALS WITH ALZHEIMER IN THE COVID-19 PANDEMIC 	20
EFFECT OF WARM FOOT BATH ON SLEEP QUALITY AND COMFORT LEVEL IN ELDERLY INDIVIDUALS.....	22
SOCIAL MEDIA USE OF THE OLDER PEOPLE LIVING IN NURSING HOMES AND THE EFFECT OF SOCIAL SUPPORT ON SUCCESSFUL AGING	24
RATIONAL DRUG USE BY PATIENTS APPLYING AT EAR NOSE THROAT POLYCLINIC	26
POST-DISCHARGE EVALUATION OF PATIENTS STAYED IN HOSPITAL WITH INFECTION OF COVID-19	28
THE EFFECTIVENESS OF VIDEO-ASSISTED EDUCATION FOR WOMEN DIAGNOSED WITH BREAST CANCER: NON-RANDOMIZED CONTROLLED STUDY 	30
THE VALIDITY-RELIABILITY STUDY OF TURKISH VERSION OF SYMPTOM SCREENING TOOL(8-18) SSPEDI IN PEDIATRIC PATIENTS WITH CANCER.....	45
SUPPORTIVE CARE NEEDS OF PATIENTS WITH GYNECOLOGICAL CANCER AND THEIR SPOUSES.....	47
CARE DEPENDENCY AND DIABETES SELF-CARE ACTIVITIES IN ELDERLY INDIVIDUALS WITH DIABETES.....	49
SYMPTOMS EXPERIENCED AT HOME AND SELF-CARE REQUISITES OF PATIENTS WITH HEART TRANSPLANTATION: A RETROSPECTIVE STUDY.....	50
QUARANTINE EXPERIENCES OF INDIVIDUALS OVER 65 YEARS OF LIVING ALONE IN THE COVID-19 PANDEMIC PROCESS: LONELY AND FEAR	52

PSYCHIATRIC SYPTOM LEVEL AND FAMILY BURDEN OF MOTHERS OF CHILDREN WITH CEREBRAL PALSY	54
THE IMAGE OF NURSING PROFESSIONAL: EXAMPLE OF FAMILY HEALTH CENTER	56
THE EFFECT ON SOCIAL SUPPORT IN THE CARE OF A PREMATURE BABY ON THE SITUATION OF MOTHERS COPING WITH STRESS	58
PERCEPTIONS OF PARENTS WITH SCHOOL-AGE CHILDREN TOWARDS ANTIBIOTIC USE.....	61
HOME CARE OF A PATIENT WITH HUMERUS AND TIBIA FRACTURE AFTER EMERGENCY SURGERY: A CASE REPORT	63
AGEISM, WILLINGNESS TO CARE FOR THE ELDERLY AND CARE BEHAVIORS OF NURSING STUDENTS	65
INVESTIGATION AND COMPARISON OF RATIONAL ANTIBIOTIC USE AND KNOWLEDGE OF MICROBIOTA OF UNIVERSITY STUDENTS IN OUTSIDE THE HEALTH AND HEALTH FIELDS.....	67
EFFECTS OF THE MOBILE APPLICATION GIVEN TO NURSING STUDENTS IN PREVENTION, TREATMENT AND CARE OF PRESSURE INJURY	69
POSTER PRESENTATION.....	71
THE ADOLESCENT SPIRITUAL WELL-BEING: SCALE DEVELOPMENT, VALIDATION AND RELIABILITY	71
EFFECT OF DISCHARGE INTERVENTIONS APPLIED IN THE TRANSITION FROM HOSPITAL TO HOME ON REDUCING UNPLANNED EMERGENCY DEPARTMENT VISITS AND REHOSPITALIZATION IN ADULTS AND OLDER PEOPLE: A META-ANALYSIS.....	72
RETROSPECTIVE EXAMINATION OF THE ADMISSION MADE TO A PUBLIC CHILDREN’S HOSPITAL HOME CARE SERVICES UNIT.....	74
EFFECT OF YOGA ON RESPIRATORY FUNCTIONS AND QUALITY OF LIFE IN PATIENTS WITH BRONCHIECTASIS.....	76
SELF-CARE MANAGEMENT OF INDIVIDUALS WITH CHRONIC DISEASE AND DETERMINATION OF AFFECTING FACTORS.....	79
POSTPARTUM HOME CARE SERVICES: THE CASE OF GERMANY	80
THE EFFECTIVENESS OF VIDEO-ASSISTED EDUCATION FOR WOMEN DIAGNOSED WITH BREAST CANCER: NON-RANDOMIZED CONTROLLED STUDY	81
THE IMAGE OF NURSING PROFESSIONAL: EXAMPLE OF FAMILY HEALTH CENTER	84
THE EFFECT OF COLD THERAPY ON PAIN IN POSTOPERATIVE HOME CARE ..	93
INTRODUCTION.....	93
REFERENCES.....	95

INVITATION

Dear Participants,

It is a great honor and privilege to invite you to attend “The 3rd International Home Care Congress”, which will be organized online in Istanbul Kent University School of Nursing in Istanbul, Turkey, 9-12 November, 2021, which will be organized in collaboration with University of Primorska Faculty of Health Science (Slovenia) and Home Care Association (Turkey).

The result of all the developments in health and technology, people can now live longer than ever. Home care is important for serving the greater needs of these individuals to allow them to remain active and independent in their own homes and communities. We believe this is a fundamental right of all people.

We would like to invite you to this Congress to share opinions, experiences, ideas and promote international dialogue and opportunities in home care. The congress will be a great opportunity for exchanging knowledge on research results of different health care fields from all over the world.

Honorary Presidents of the Congress

Prof. M.D. Necmettin ATSÜ (Rector of Istanbul Kent University)
Prof. Patricia DAVIDSON (Dean of Johns Hopkins School of Nursing)

The Congress Secretary

Lec. Gizem AÇIKGÖZ
Lec. Gökçe ÇİÇEK

Chair of the Congress

Zuhal BAHAR,

Istanbul Kent University of Head of
Nursing Department, PhD

Co_Chairmans of Congress

Mirko PROSEN, University of Primorska Faculty
of Health Sciences, PhD

Aynur DİK, Home Care Association President

COMMITTEE

LOCAL ORGANIZING COMMITTEE

Prof. Dr. Zuhal BAHAR

Istanbul Kent University, Faculty of Health Science, Nursing Department

Asst. Prof. Cennet ÇİRİŞ YILDIZ

Istanbul Kent University, Faculty of Health Science, Nursing Department

Lecturer Meryem ERCEYLAN

Istanbul Kent University, Faculty of Health Science, Nursing Department

Lecturer Gizem AÇIKGÖZ

Istanbul Kent University, Faculty of Health Science, Nursing Department

Lecturer Gökçe ÇİÇEK

Istanbul Kent University, Faculty of Health Science, Nursing Department

Lecturer Merve GEYLANI

Istanbul Kent University, Faculty of Health Science, Nursing Department

Res. Asst. Güzin ÜNLÜ

Istanbul Kent University, Faculty of Health Science, Nursing Department

SCIENTIFIC COMMITTEE

Andreaz KLIMZCUK, SGH Warsaw School of Economics, Poland

Ayfer AYDIN, Koç University, Turkey

Ayfer KARADAKOVAN, Ege University, Turkey

Ayla TUZCU, Akdeniz University, Turkey

Aynur DİK, Home Care Association, Turkey

Ayşe BEŞER, Koç University, Turkey

Ayşe ÇAL, Ankara Medipol University, Turkey

Burcu ALTUNAY CENGİZ, Dokuz Eylül University, Turkey

Candan ALGUN, İstanbul Medipol University, Turkey

Cantürk ÇAPIK, Atatürk University, Turkey

Dilanur KUTLU, Medipol University, Turkey

Dilay AÇIL, Manisa Celal Bayar University, Turkey

Fahriye OFLAZ, Koç University, Turkey

Gizem ERGEZEN, İstanbul Medipol University, Turkey

Gülbu TANRIVERDİ, Çanakkale University, Turkey

Hildegard THEOBALD, University of Vechta, Germany

Janet HOLT, University of Leeds, England

Jose de BLOK, CEO of Buurtzorg, Netherlands

Kübra PINAR GÜRKAN, Dokuz Eylül University, Turkey

Mirko PROSEN, Primorska University, Australia

Nihal GÖRDES AYDOĞDU, Erzurum Technical University, Turkey

Nursen NAHÇIVAN, İstanbul University-Cerrahpaşa (Retired Faculty Member), Turkey

Önder Yüksel ERYİĞİT, İstanbul Metropolitan Municipality, Head of Health Department, Turkey

Patricia DAVIDSON, Wollongong University, Australia

Ritin FERNANDEZ, Wollongong University, Australia

Rüksan ÇEHRELİ, Dokuz Eylül University (Retired), Turkey

Sebahat GÖZÜM, Akdeniz University, Turkey

Selda SEÇGİNLİ, Istanbul University-Cerrahpaşa, Turkey

Sema OĞLAK, Aydın Adnan Menderes University, Turkey

Yeh_Liang HSU, Yuan Ze University, Taiwan

Zuhal BAHAR, İstanbul Kent University, Turkey

CONGRESS SCIENTIFIC PROGRAM
9.11.2021 THUESDAY

THE THIRD INTERNATIONAL HOME CARE CONGRESS - DAY 1												
TIME											PROGRAM	
USA	CANADA	ENGLAND	HOLLAND	DENMARK	GERMANY	NORWAY	POLAND	SLOVENIA	TURKEY	TAIWAN		AUSTRALIA
01:00-03:30	01:00-03:30	06:00-08:30	07:00-09:30	07:00-09:30	07:00-09:30	07:00-09:30	07:00-09:30	07:00-09:30	09:00-11:30	14:00-16:30	17:00-19:30	ORAL PRESENTATION Chairs: Selda SEÇGİNLİ , İstanbul University Cerrahpaşa,Turkey Nihal GÖRDES AYDOĞDU , Erzurum Tecncal University,Turkey
BREAK												
03:40-04:50	03:40-04:50	08:40-09:50	09:40-10:50	09:40-10:50	09:40-10:50	09:40-10:50	09:40-10:50	09:40-10:50	11:40-12:50	16:40-17:50	19:30-20:50	POSTER DISCUSSION Chairs: Cantürk ÇAPIK , Atatürk University, Turkey Merve GEYLANİ , İstanbul Kent University, Turkey
BREAK												
05:00-05:45	05:00-05:45	10:00-10:45	11:00-11:45	11:00-11:45	11:00-11:45	11:00-11:45	11:00-11:45	11:00-11:45	13:00-13:45	18:00-18:45	21:00-21:45	OPENING SPEECHES Zuhal BAHAR , İstanbul Kent University, Turkey Mirko PROSEN , Primorska University, Slovenia Patricia DAVIDSON Vice Chancellor of Wollongong University, Australia Necmettin ATSÜ , President of İstanbul Kent University, Turkey
BREAK												
05:45-06:45	05:45-06:45	10:45-11:45	11:45-12:45	11:45-12:45	11:45-12:45	11:45-12:45	11:45-12:45	11:45-12:45	13:45-14:45	18:45-19:45	21:45-22:45	TRADITIONAL DANCE SHOW Anadolu Ateşi (Anatolian Fire)

10.11.2021 WEDNESDAY

THE THIRD INTERNATIONAL HOME CARE CONGRESS - DAY 2												
TIME											PROGRAM	
USA	CANADA	ENGLAND	HOLLAND	DENMARK	GERMANY	NORWAY	POLAND	SLOVENIA	TURKEY	TAIWAN		AUSTRALIA
01:00-01:45	01:00-01:45	06:00-06:45	07:00-07:45	07:00-07:45	07:00-07:45	07:00-07:45	07:00-07:45	07:00-07:45	09:00-09:45	14:00-14:45	17:00-17:45	ORAL PRESENTATION Chairs: Ayfer KARADAKOVAN, Ege University, Turkey Güzin ÜNLÜ, İstanbul Kent University, Turkey
BREAK												
01:55-02:40	01:55-02:40	06:55-07:40	07:55-08:40	07:55-08:40	07:55-08:40	07:55-08:40	07:55-08:40	07:55-08:40	09:55-10:40	14:55-15:40	17:55-18:40	POSTER DISCUSSION Chairs: Gökçe Çiçek, İstanbul Kent University, Turkey Ayşe ÇAL, Ankara Medipol University, Turkey
BREAK												
05:00-05:45	05:00-05:45	10:00-10:45	11:00-11:45	11:00-11:45	11:00-11:45	11:00-11:45	11:00-11:45	11:00-11:45	13:00-13:45	18:00-18:45	21:00-21:45	COVID 19 TIME FOR RECALIBRATION AND REFOCUS Chairs: Zuhal BAHAR, İstanbul Kent University, Turkey Ritin FERNANDEZ, University of Wollongong, Australia Speaker: Patricia M.DAVIDSON Vice Chancellor of Wollongong University, Australia
BREAK												
03:45-04:30	03:45-04:30	08:45-09:30	09:45-10:30	09:45-10:30	09:45-10:30	09:45-10:30	09:45-10:30	09:45-10:30	11:45-12:30	16:45-17:30	20:45-21:30	HOME CARE IN LOCAL GOVERNMENTS Chairs: Zuhal BAHAR, İstanbul Kent University, Turkey Mirko PROSEN, Primorska University, Slovenia Speaker: Önder Yüksel ERYİĞİT İstanbul Metropolitan Municipality, Head of Health Department, İstanbul
BREAK												
04:40-05:25	04:40-05:25	09:40-10:25	10:40-11:25	10:40-11:25	10:40-11:25	10:40-11:25	10:40-11:25	10:40-11:25	12:40-13:25	17:40-18:25	21:40-22:25	HOME CARE IN SLOVENIA Chairs: Bülent DEMİR, İstanbul Kent University, Turkey Hildagard THEOBALD, University of Vechta, Germany Speaker: Mirko PROSEN Primorska University, Slovenia
BREAK												

10.11.2021 WEDNESDAY

THE THIRD INTERNATIONAL HOME CARE CONGRESS - DAY 2												
TIME											PROGRAM	
USA	CANADA	ENGLAND	HOLLAND	DENMARK	GERMANY	NORWAY	POLAND	SLOVENIA	TURKEY	TAIWAN		AUSTRALIA
05:35-06:20	05:35-06:20	10:35-11:20	11:35-12:20	11:35-12:20	11:35-12:20	11:35-12:20	11:35-12:20	11:35-12:20	13:35-14:20	18:35-19:20	22:35-23:20	HOME CARE IN NETHERLANDS Chairs: Sabahat GÖZÜM, Akdeniz University, Turkey Janet HOLT, University of Leeds, England Speaker: Jose de BLOCK CEO of Buurtzorg, Netherlands
BREAK												
06:30-07:15	06:30-07:15	11:30-12:15	12:30-13:15	12:30-13:15	12:30-13:15	12:30-13:15	12:30-13:15	12:30-13:15	14:30-15:15	19:30-20:15	23:30-00:15	ETHICAL ISSUES IN ASSISTED DYING Chairs: Funda EREN, İstanbul Kent University, Turkey Andreas KLIMZCUK, SGH Warsaw School of Economics, Poland Speaker: Janet HOLT University of Leeds, England

11.11.2021 THURSDAY

THE THIRD INTERNATIONAL HOME CARE CONGRESS - DAY 3												
TIME											PROGRAM	
USA	CANADA	ENGLAND	HOLLAND	DENMARK	GERMANY	NORWAY	POLAND	SLOVENIA	TURKEY	TAIWAN		AUSTRALIA
01:55-02:40	01:55-02:40	06:55-07:40	07:55-08:40	07:55-08:40	07:55-08:40	07:55-08:40	07:55-08:40	07:55-08:40	09:55-10:40	14:55-15:40	17:55-18:40	<p>TOWARDS COMPREHENSIVE HOME CARE ARRANGEMENTS: DEVELOPMENTS AND ISSUES IN GERMANY</p> <p>Chairs: Ritin FERNANDEZ, University of Wollongong, Australia Gizem AÇIKGÖZ, Istanbul Kent University, Turkey</p> <p>Speaker: Hildegard THEOBALD University of Vechta, Germany</p>
BREAK												
02:50-03:35	02:50-03:35	07:50-08:35	08:50-09:35	08:50-09:35	08:50-09:35	08:50-09:35	08:50-09:35	08:50-09:35	10:50-11:35	15:50-16:35	18:50-19:35	<p>HOME CARE FROM A PATIENT PERSPECTIVE</p> <p>Chairs: Aynur DİK, Home Care Association, Turkey Andrzej KLIMCZUK, SGH Warsaw School of Economics, Poland</p> <p>Speaker: Alper KAYA Turkey</p>
BREAK												
03:45-04:30	03:45-04:30	08:45-09:30	09:45-10:30	09:45-10:30	09:45-10:30	09:45-10:30	09:45-10:30	09:45-10:30	11:45-12:30	16:45-17:30	19:45-20:30	<p>HOW SHOULD HOME CARE SERVICES BE IN TURKEY?</p> <p>Chairs: Nursen NAHCIVAN, İstanbul University Cerrahpaşa (Retired), Turkey Andrzej KLIMCZUK, SGH Warsaw School of Economics, Poland</p> <p>Speaker: Aynur DİK Home Care Association, Turkey</p>
BREAK												
04:40-05:25	04:40-05:25	09:40-10:25	10:40-11:25	10:40-11:25	10:40-11:25	10:40-11:25	10:40-11:25	10:40-11:25	12:40-13:25	17:40-18:25	20:40-21:25	<p>SYSTEMATIC REVIEW IN HOME CARE</p> <p>Chairs: Mirko PROSEN, Primorska University, Slovenia Ayfer AYDIN, Koç University, Turkey</p> <p>Speaker: Ritin FERNANDEZ University of Wollongong, Australia</p>

11.11.2021 THURSDAY

THE THIRD INTERNATIONAL HOME CARE CONGRESS - DAY 3												
TIME											PROGRAM	
USA	CANADA	ENGLAND	HOLLAND	DENMARK	GERMANY	NORWAY	POLAND	SLOVENIA	TURKEY	TAIWAN		AUSTRALIA
05:35-06:20	05:35-06:20	10:35-11:20	11:35-12:20	11:35-12:20	11:35-12:20	11:35-12:20	11:35-12:20	11:35-12:20	13:35-14:20	18:25-19:20	21:35-22:20	HOSPITAL-TO-HOME TRANSITION CARE MODELS Chairs: Gülbü TANRIVERDİ, Çanakkale University, Turkey Ritín FERNANDEZ, University of Wollongong, Australia Speaker: Sabahat GÖZÜM Akdeniz University, Turkey
BREAK												
06:30-07:15	06:30-07:15	11:30-12:15	12:30-13:15	12:30-13:15	12:30-13:15	12:30-13:15	12:30-13:15	12:30-13:15	14:30-15:15	19:30-20:15	22:30-23:15	CURRENT APPROACH TO CELLULAR MOLECULAR NUTRITION FOR CANCER PATIENTS Chairs: Sabahat GÖZÜM, Akdeniz University, Turkey Mirko PROSEN, Primorska University, Slovenia Speaker: Rüksan ÇEHRELİ Dokuz Eylül University (Retired), Turkey
BREAK												
07:25-08:10	07:25-08:10	12:25-13:10	13:25-14:10	13:25-14:10	13:25-14:10	13:25-14:10	13:25-14:10	13:25-14:10	15:25-16:10	20:25-21:10	23:25-00:10	ORAL PRESENTATION Chairs: Ayşe BEŞER, Koç University, Turkey Dilay AÇIL, Manisa Celal Bayar University, Turkey
BREAK												
08:20-09:05	08:20-09:05	13:20-14:05	14:20-15:05	14:20-15:05	14:20-15:05	14:20-15:05	14:20-15:05	14:20-15:05	16:20-17:05	21:20-22:05	00:20-01:05	POSTER DISCUSSION Chairs: Burcu ALTUNAY CENGİZ, Dokuz Eylül University, Turkey Kübra PINAR GÜRKAN, Dokuz Eylül University, Turkey
BREAK												
09:15-10:00	09:15-10:00	14:15-15:00	15:15-16:00	15:15-16:00	15:15-16:00	15:15-16:00	15:15-16:00	15:15-16:00	17:15-18:00	22:15-23:00	01:15-02:00	PSYCHOSOCIAL ASSESSMENT AND COMMUNICATION IN HOME CARE Chairs: Cennet ÇIRIŞ YILDIZ, İstanbul Kent University, Turkey Gökçe ÇİÇEK, İstanbul Kent University, Turkey Speaker: Fahriye OFLAZ Koç University, Turkey

12.11.2021 FRIDAY

THE THIRD INTERNATIONAL HOME CARE CONGRESS - DAY 4												
TIME											PROGRAM	
USA	CANADA	ENGLAND	HOLLAND	DENMARK	GERMANY	NORWAY	POLAND	SLOVENIA	TURKEY	TAIWAN		AUSTRALIA
01:00-01:45	01:00-01:45	06:00-06:45	07:00-07:45	07:00-07:45	07:00-07:45	07:00-07:45	07:00-07:45	07:00-07:45	09:00-09:45	14:00-14:45	17:00-17:45	AN IMPORTANCE OF SOCIAL CARE INSURENCE IN LONG TERM CARE Chairs: Yeh_Liang HSU, Yuan Ze University, Taiwan Selda SEÇGİNLİ, İstanbul University Cerrahpaşa, Turkey Speaker: Sema OÇLAK Aydın Adnan Menderes University, Turkey
BREAK												
01:55-02:40	01:55-02:40	06:55-07:40	07:55-08:40	07:55-08:40	07:55-08:40	07:55-08:40	07:55-08:40	07:55-08:40	09:55-10:40	14:55-15:40	17:55-18:40	GERONTECHNOLOGY FOR PRECISION AGED CARE AND PRECISION HEALTHY AGING Chairs: Sema OÇLAK, Aydın Adnan Menderes University, Turkey Ritin FERNANDEZ, University of Wollongong, Australia Speaker: Yeh_Liang HSU Yuan Ze University, Taiwan
BREAK												
02:50-03:35	02:50-03:35	07:50-08:35	08:50-09:35	08:50-09:35	08:50-09:35	08:50-09:35	08:50-09:35	08:50-09:35	10:50 - 11:35	15:50-16:35	19:50-19:35	ETHICS IN HOME CARE Chairs: Andrzej KLIMCZUK, SGH Warsaw School of Economics, Poland Mahmut BAYIK, İstanbul Kent University, Turkey Speaker: Zuhai BAHAR İstanbul Kent University, Turkey
BREAK												
03:45-04:30	03:45-04:30	08:45-09:30	09:45-10:30	09:45-10:30	09:45-10:30	09:45-10:30	09:45-10:30	09:45-10:30	11:45 - 12:30	16:45-17:30	19:45-20:30	THE IMPORTANCE OF MULTIDIPLINARY APPROACH IN ORTHOPEDIC CASES Chairs: Candan ALGUN, İstanbul Medipol University, Turkey Yeh_Liang HSU, Yuan Ze University, Taiwan Speaker: Gizem ERGEZEN Medipol University, Turkey

12.11.2021 FRIDAY

THE THIRD INTERNATIONAL HOME CARE CONGRESS - DAY 4												
TIME											PROGRAM	
USA	CANADA	ENGLAND	HOLLAND	DENMARK	GERMANY	NORWAY	POLAND	SLOVENIA	TURKEY	TAIWAN		AUSTRALIA
04:40-05:25	04:40-05:25	09:40-10:25	10:40-11:25	10:40-11:25	10:40-11:25	10:40-11:25	10:40-11:25	10:40-11:25	12:40-13:25	17:40-18:25	20:40-21:25	THE CHALLENGE OF CITIZENS' PARTICIPATION IN BUILDING OF THE SMART HEALTHY INCLUSIVE ENVIRONMENTS Chairs: Mirko PROSEN, Primorska University, Slovenia Sabahat GÖZÜM, Akdeniz University, Turkey Speaker: Andrzej KLIMCZUK SGH Warsaw School of Economics, Poland
BREAK												
05:35-06:20	05:35-06:20	10:35-11:20	11:35-12:20	11:35-12:20	11:35-12:20	11:35-12:20	11:35-12:20	11:35-12:20	13:35-14:20	18:25-19:20	21:35-22:20	NEURODEVELOPMENTAL YOGA AND AFFECT ON BODY FUNCTIONS Chairs: Mirko PROSEN, Primorska University, Slovenia Ayla TUZCU, Akdeniz University, Turkey Speaker: Dilanur KUTLU Medipol University, Turkey
BREAK												
06:30-08:30	06:30-08:30	11:30-13:30	12:30-14:30	12:30-14:30	12:30-14:30	12:30-14:30	12:30-14:30	12:30-14:30	14:30-16:30	19:30-21:30	22:30-00:30	MOVIE SCREENING Pandoranın Kutusu (Pandora' s Box)
BREAK												
08:40-09:40	08:40-09:40	13:40-14:40	14:40-15:40	14:40-15:40	14:40-15:40	14:40-15:40	14:40-15:40	14:40-15:40	16:40-17:40	21:40-22:40	00:40-01:40	MOVIE CRITICS - Pandoranın Kutusu (Pandora' s Box) Chairs: Dilek TUNALI, Dokuz Eylül University, Turkey Speaker: Yeşim USTAOĞLU, Turkey - Sema KAYGUSUZ, Turkey
09:40-10:40	09:40-10:40	14:40-15:40	15:40-16:40	15:40-16:40	15:40-16:40	15:40-16:40	15:40-16:40	15:40-16:40	17:40-18:40	22:40-23:40	01:40-02:40	CLOSING CEREMONY Zuhal BAHAR , Istanbul Kent University, Turkey Patricia DAVIDSON , Vice Chancellor of Wollongong University, Australia Necmettin ATSÜ President of Istanbul Kent University, Turkey
10:40-11:20	10:40-11:20	15:40-16:20	16:40-17:20	16:40-17:20	16:40-17:20	16:40-17:20	16:40-17:20	16:40-17:20	18:40-19:20	23:40-00:20	02:40-03:20	TRADITIONAL DANCE SHOW Anadolu Ateşi (Anatolian Fire)

ORAL PRESENTATION

Publication No : OP-1001

EVALUATION OF NURSING FUNCTIONS IN HOME HEALTH SERVICES: A RETROSPECTIVE STUDY

Senay SENER ÖZALP¹, Dilek CİNGİL², Seda GÖGER³

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²Necmettin Erbakan University Faculty of Nursing Public Health Nursing Department

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Background

The home care nurse provides health-promoting, protective, curative, and rehabilitative services by evaluating the care needs of individuals and their families with a holistic approach and uses independent, semi-dependent, and dependent nursing functions in the provision of these services.

Objective

This study aimed to evaluate the nursing functions of home health services. The study was planned retrospectively and descriptively in a state hospital's Home Health Care Unit.

Methods

The study sample consists of all the files of patients who received home healthcare services in the last six months. Data Registration Form and Nursing Functions Evaluation Form were used in collecting the data. Kolmogorov Smirnov test to test compliance with normal distribution in data analysis, descriptive statistics such as frequency, percentage, arithmetic mean, t-test and Mann Whitney U test in independent groups of 2, One-way ANOVA (Post-hoc Tamhane's T2 test if the difference between groups was significant) and Kruskal-Wallis test were used in groups of 3. This article complies with the STROBE reporting guideline for descriptive studies.

Results

As a result of the data analysis, it was determined that there is a statistically significant difference between the independent, semi-dependent, and dependent function scores applied by nurses in patients with diabetes, recent operations, and heart failure ($p < 0.05$). Also, a statistically significant difference was found in the nursing function scores applied in individuals who need palliative care and dieticians, use medical devices or assistive devices, and are fed enterally by tube ($p < 0.05$). A significant positive relationship was found between the mean score of independent nursing functions and the frequency of home visits. ($r_s = 0.142$, $p < 0.05$).

Conclusion

As a result of this study, it was determined that semi-dependent functions are used more for nursing practices. It is thought that the interventions implemented by nurses will be more visible with the development of nursing registration systems in home health services. With home care nurses performing their independent functions, it is expected that individuals will manage their illnesses more easily, their quality of life will increase, and the number of hospital admissions will decrease

Keywords

Home Health Care, Nursing Functions

Publication No : OP-1002

THE EFFECT OF SOCIAL SUPPORT PERCEIVED BY CAREERS OF DEMENTIA PATIENTS ON THE CARE BURDEN

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Background

Neurological diseases appear as common health problems in advancing age. One of the most common diseases in the elderly population is dementia, which causes significant deterioration in the cognitive, perceptual and behavioral functions of individuals. The incidence of dementia increases in direct proportion to the increase in age, and the prevalence doubles every five years starting from the age of 60.

Objective

The aim of this study is; to determine the effect of perceived social support by caregivers of dementia patients on care burden.

Methods

The study was conducted with 282 care givers of dementia patients who were in line with our inclusion criteria in our study and applied to Neurology Outpatient Clinic between April 2019 and October 2019 at Gaziosmanpaşa Training and Research Hospital of Health Sciences University affiliated to Provincial Directorate of Health in Istanbul. Data collection form and standard minimal test were applied to dementia patients. Data collection form on caregiver characteristics, caregiving burden scale and multidimensional perceived social support scale were applied to the caregivers.

Results

According to the sociodemographic characteristics of the dementia patients included in the study, the scores obtained from the caregiving burden scale of the elderly, married individuals and who cared for patients with a recent diagnosis of Dementia, were statistically significantly higher. The multidimensional perceived social support scale scores of the caregivers of married patients and patients with a more recent diagnosis of dementia were found to be significantly higher. According to the sociodemographic characteristics of the caregivers, the score obtained from the caregiver burden scale of male, high education level, good economic status, and chronic disease was found to be statistically significantly lower.

Conclusion

A statistically significant relationship was determined between the caregiver burden scale score and the multidimensional perceived social support scale score of the caregivers. It was observed that as the perceived multidimensional social support decreased, caregiver burden increased. Therefore, it is recommended to plan studies and interventions to increase social support in order to reduce the care burden of caregivers of dementia patients.

Key Words

Caregiver Burden, Multidimensional Perceived Social Support, Dementia, Nurse

Publication No : OP-1003

**PLANNING THE HOMECARE OF A LARYNGEAL CANCER PATIENT
RECEIVING EXTERNAL RADIOTHERAPY ACCORDING TO KOLCABA'S
COMFORT THEORY: A CASE REPORT**

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Background

It was aimed to plan the homecare of a patient with laryngeal cancer, receiving external radiotherapy, according to Kolcaba's Comfort Theory.

Case

64-year-old male patient. He has posttraumatic epilepsy for 44 years. He had an MI in February 2020. Subsequently, he experienced a mild hoarseness for six months, and it got worse in March 2021. This was followed by a mild hearing loss. He was diagnosed with squamous-cell carcinoma in-situ, based on the nasopharyngolaryngoscopy examinations and biopsy, and Stage 1-2 Larynx Ca., as a result of PET-CT, in July 2021. In August 2021, a 30-day external radiotherapy protocol with a 14-days of bolus with 3150.0 cantigray radiotherapy four minutes/daily was started. A dose of 3375.0 cantigray radiotherapy was planned for the remaining days. The patient was assessed on the 23rd day of the treatment, and he was suffering from insomnia, severe cough, sore-throat, swelling, swallowing difficulty and mild weakness, along with the continued hoarseness. He experienced daytime sleepiness because of the sleep disturbance due to coughing. He had irritation and itching on the left-side of his neck. A discoloration of the neck skin and a burn scar due to the radiotherapy was observed. He expressed a loss of appetite due to the swallowing difficulty and sore-throat. He was 54 kg at the beginning of treatment, and lost 2kg weight during this period. He had concerns about whether the radiotherapy was effective or not, and he expressed that sometimes he felt no effect at all. He was quite active in his working life during the treatment days. He stated to feel the full support of his family, and his social interactions were satisfying, despite the hoarseness. He was pleased with the caring and respectful attitudes of the medical staff to himself. He stated that he was going to the hospital reluctantly in the first days of treatment; however, with the interactions with the other patients he met at the radiotherapy-unit, his willingness was improved. According to the collected data, homecare of the patient was planned.

Conclusion

In line with the physical, psycho-spiritual, environmental and sociocultural dimensions of the theory, nursing care given in the home-setting was found as effective to increase the general comfort level of the patient. The implementation of nursing interventions to reduce radiotherapy-related-side-effects in laryngeal cancer patients receiving ambulatory radiotherapy within the framework of the Comfort Theory are predicted to affect the well-being of those individuals positively.

Keywords

Comfort Theory , Nursing Care , Nursing Theory , Outpatient , Public Health Practice

HOME CARE OF INDIVIDUALS WITH ALZHEIMER IN THE COVID-19 PANDEMIC

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Background

The COVID-19 pandemic, has affected all populations worldwide, but the elderly have the highest risk of death, and most deaths have occurred over the age of 70, where Alzheimer's Disease (AD) is highly prevalent.

Objective

This review was written to determine the approaches of home care nursing for Alzheimer's patients and their caregivers.

Methods

Literature search was done in Google Scholar and Science Direct databases using the keywords “COVID-19, Alzheimer's disease, home care nursing”. At the same time, the guidelines of the World Health Organization, the Centers for Disease Control and Prevention and Alzheimer's associations of various countries were reviewed.

Results

Many governments have stopped regular health services in hospitals to reduce the spread of COVID-19. This situation prevented the routine care and rehabilitation treatment of individuals with AD. The COVID-19 pandemic has directly increased the morbidity and mortality rates of AD, and indirectly, through its effects on social supports and the health system, has led to increased vulnerabilities. Home care nurses (HCN) are a critical group to reach vulnerable groups during the pandemic period. In addition to managing AD symptoms during the pandemic period, HCN continue to work on the protection of individuals from the SARS-CoV-2 virus and the follow-up and treatment of infected patients.

Conclusion

HCN;

- Nurses should aim to increase the quality of life in the pandemic period by providing supportive care to individuals with AD and their caregivers.
- Nurses should follow current COVID-19 publications and inform patients and caregivers accurately.
- Nurses should teach the symptoms of COVID-19 to individuals with AD and their caregivers, and guide them when they encounter these symptoms.

- Nurses should explain the ways of transmission and protection of COVID-19.
- Nurses should answer their questions about COVID-19 vaccines and encourage them to get vaccinated.
- In order to continue nursing care uninterrupted, technological opportunities should be used.
- Nurses should understand the fears and concerns of the patient and caregiver about the pandemic, and prevent them from disconnecting from life by communicating the right information.
- Nurses should ensure that patients and caregivers meet on online platforms with groups where they can increase social interaction during curfews.
- Suggestions should be made to reduce the stress of the caregiver and the patient and to ensure that they have a pleasant time at home.
- The burden of caregivers' increases with the pandemic, nurses should take initiative to alleviate this burden and enable caregivers to develop coping strategies.

Keywords

Alzheimer's Disease , Covid-19 , Home Care , Nursing

Publication No : OP-1005

EFFECT OF WARM FOOT BATH ON SLEEP QUALITY AND COMFORT LEVEL IN ELDERLY INDIVIDUALS

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Background

With aging, changes occur in individuals' sleep processes, which causes the quality of sleep and comfort to be negatively affected. A warm foot bath thought to increase the sleep quality and comfort of individuals by accelerating the transition of individuals to sleep.

Objective

This study examined the effect of a warm foot bath when trying to improve sleep quality and comfort level among elderly individuals with sleep problems.

Methods

This study was a randomized controlled trial. The population of the study consisted of 217 individuals who were staying at two nursing homes affiliated with the Ministry of Family and Social Policies between December 2016 and May 2017, whereas the sample consisted of 60 individuals, who met the inclusion criteria, among the population. Study participants were randomly assigned to either a control or warm foot bath group. The application of a warm foot bath one hour before going to bed at night was performed on the individuals in the warm foot bath group for 6 weeks. On the other hand, no intervention was applied to the control group. Data were collected using Personal Information Form, the Pittsburgh Sleep Quality Index, the Sleep Quality Numerical Rating Scale, and the General Comfort Questionnaire.

Results

The study was completed with a total of 60 elderly individuals, 30 in the experimental group and 30 in the control group. A statistically significant difference was found Pittsburgh Sleep Quality Index score, the level of physical dimensions, and relief of comfort ($p < 0.001$). However, there was no statistically significant difference between the two groups regarding General Comfort scores ($p > 0.05$).

Conclusion

A warm foot bath is an effective means of improving sleep quality, the level of physical dimensions and relief of comfort among elderly individuals with sleep problems. Thus, it is recommended to use this application in solving the sleep problems of the elderly.

Keywords

Comfort , Elderly , Foot bath , Nursing care , Sleep quality

Publication No : OP-1006

SOCIAL MEDIA USE OF THE OLDER PEOPLE LIVING IN NURSING HOMES AND THE EFFECT OF SOCIAL SUPPORT ON SUCCESSFUL AGING

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Background

Nurses play a significant role in revealing the needs of the individuals and fulfilling the necessary practices for a successful aging process by evaluating the social support resources that will advocate the independence of the older people and make it easier for them to cope with their emotional problems, strengthen their quality of life, and contribute to a withstanding aging process.

Objective

This study was planned to determine the effect of social media use and social support on successful aging in older people staying in nursing homes.

Methods

The population of the study consisted of individuals aged 65 and over, who lived in a nursing home in Istanbul between January-June 2021. For the number of samples, by using the sample size formula of the known population (N=516), a minimum number of 160 older people was found to be sufficient, and the examination was carried out with 168 older people. Data were collected, using the Older Individual Information Form, the Social Media Usage Scale, the Multi-Dimensional Perceived Social Support Scale, and the Successful Aging Scale. Ethics committee approval (18.10.2021/137282) from Istanbul University-Cerrahpasa, Social and Human Sciences Research Ethics Committee, and permission from the institution where the research would be conducted (01.04.2021/730.10-E.2025) were taken prior to the research. Before the data were collected, verbal and written consent was obtained from the older people. SPSS for Windows 21.0 package program was used to evaluate the data.

Results

It was determined that the time spent using the internet and social media in the older people during the day was 3.46 ± 3.20 hours and 2.14 ± 2.20 hours, respectively. The mean scores of the individuals on Social Media Use, Multi-Dimensional Perceived Social Support Scale and Successful Aging Scales were found to be 2.59 ± 2.25 , 52.74 ± 16.99 and 63.57 ± 1.71 , respectively. It was determined that there was a positive significant relationship between the Social Media Use Continuity subscale mean scores and the Successful Aging Scale total score averages and Healthy Aging and Coping with Problems subscale mean scores, between the Social Media Use Competency subscale mean scores and the Successful Aging Scale total score averages and Coping with Problems subscale mean scores.

Conclusion

It was determined that the social media use of the older people was moderate, the perceptions of social support and successful aging were high, and as the social media use of the older people increased, their social support levels also increased and this had a positive effect on successful aging.

Keywords

Nursing Home , Older People , Social Media Use , Social Support , Successful Aging

Publication No : OP-1007

RATIONAL DRUG USE BY PATIENTS APPLYING AT EAR NOSE THROAT POLYCLINIC

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Background

Irrational drug use is a major health problem at the present time. Prominent tools in disseminating rational drug use are legal precautions, and access to correct information, education. It is considered that information, attitude, behaviors of individuals that need health care services would provide basic data in organization of individual training programs on rational drug use by nurses and preparation of policies regarding rational drug use which is an important multifactor process.

Objective

This is a descriptive, cross-sectional study to determine information, attitudes, and behaviors of patients applying at ear nose throat polyclinic on rational drug use.

Methods

Population of the study were patients applying at ear nose throat polyclinic of a university hospital; sample were 273 patients randomly chosen from this population between December 2018–May 2019 who agreed to participate in the study. Selection criteria of sample were; being 18 years old or older, lack of any cognitive, emotional, and verbal problems obstructing communication. Data were collected using “Patient Information Form” and “Information Form on Rational Drug Use” prepared by researchers according to literature. Ethical approval was obtained from the Clinical Research Ethics Committee (30.11.2018/711). Written and verbal permissions were received from patients volunteering to participate in the study. Data obtained were assessed using SPSS 16.0 (Statistical Package for Social Sciences 16.0 version) program. Data analysis involved use of descriptive statistics such as frequency, arithmetic average, standard deviation, and percentage.

Results

Average age of patients were 40.71±15.21 and 38.4% of the patients had higher education degree. It was found that 73.3% of the patients were not informed on rational drug use, 59% were receiving information on drugs used from doctors, the ratio of reading prospectus was 52.7%, 86.4% were using prescribed drugs while 75.8% were using analgesics without consulting a doctor, 75.1% were informed on storage conditions of drugs, 73.3% were informed on purpose of use of drugs, and 82.4% were informed on application methods. Attitudes that

were not in line with rational drug use were determined as taking nonprescription drug, increasing dosages used, abandoning drug when symptoms end, taking the same drug when symptoms repeat, seeking solutions by oneself in case of side effects, receiving and giving drug advices from and to acquaintances, and not studying drug interactions.

Conclusion

Study demonstrated that patients could not get information on rational drug use and had negative attitudes as well as positive attitudes. In line with these results it is suggested that regular trainings are provided to members of medical team on rational drug use, raising awareness and transmitting it on health care.

Keywords

Rational Drug Use, Information , Attitude , Nursing.

Publication No : OP-1008

POST-DISCHARGE EVALUATION OF PATIENTS STAYED IN HOSPITAL WITH INFECTION OF COVID-19

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Background

In December 2019, an outbreak of Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2) epidemic has been occurred in Wuhan city of Hubei province of China(1). The virus was determined to be infect by droplets and contact, and was declared as a pandemic by the World Health Organization in 11th March 2020(2).

Clinical spectrum of the Coronavirus disease (Covid-19) varies from asymptomatic cases to critically sick cases. Fever and coughing were the most common symptoms in symptomatic adults. Course of the disease was identified to be riskier, especially in elderlies and patients with chronic diseases. As a result of elderly patients being more fragile and more vulnerable to infections, Covid-19 infections in elderly patients progress quite influential and severe(3-4) . It was observed that especially chronic diseases in geriatric patients severely affect the progress of Covid-19 infection and cause irreversible organ damage(5). In this context, hospital stays and the following monitoring became even more important, as a result of mentioned condition of the elderlies and patients with chronic diseases, as well as the ease of transmission of the disease(3).

Objective

This study was conducted retrospectively, cross-sectional and descriptively, with the aim of evaluating the results of monitoring that carried out by telephone, of discharged patients who had been hospitalised due to Covid-19 during the pandemic.

Methods

The population of the research contains of folders of 862 patients who got their Covid-19 Polymerase Chain Reaction (PCR) tests positive, treated in hospital and discharged between 28.08.2020 and 16.09.2020. Study was completed with folders complete datawise of 760 patients. Descriptive statistics were given in mean, standard deviation, median, minimum and maximum. Percentages were used for categorical data. Also, in order to determine intergroup differences in categorical variables, Chi-Square test was used. Kolmogorov-Smirnov test was used for analysing normal distribution of data.

Results

Of the patients that stated their clinical condition as poor, 40% had multiple symptoms and 20% had dyspnoea. Of the patients that stated their clinical condition as good, 26.2% had multiple symptoms and 6.2% had dyspnoea. However no statistical difference could be observed between these groups (p: 0.174). 45% of patients with poor clinical condition were rehospitalized and 35% of them called 112 (p<0.001)

Conclusion

Results demonstrate that patients have continued problems in their homes and need support after discharge. Moreover, it was reasoned that home-monitoring and home attendant care services for elderly patients have to be improved qualitatively

Keywords

Covid-19 , Discharge , Follow-up at Home

Publication No : OP-1009

THE EFFECTIVENESS OF VIDEO-ASSISTED EDUCATION FOR WOMEN DIAGNOSED WITH BREAST CANCER: NON-RANDOMIZED CONTROLLED STUDY

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Background

Beside intense anxiety and grief in patients diagnosed with breast cancer, concerns about the type of surgical intervention to be applied in the treatment, its effects, and the post-surgical life cause a number of physical and mental difficulties for patients. These concerns and uncertainties not only increase the surgical risks, but also both the results of the treatment and the satisfaction regarding health services are negatively affected.

Objective

This study aimed to identify the effects of video-assisted education on the anxiety during post-operative period, post-surgical complications, and comfort.

Methods

The study is a non-randomised controlled study performed at Republic of Turkey, Ministry of Health, Istanbul City Health Administrative Prof Dr Cemil Taşcıoğlu State Hospital in period of August-December 2020. The study was completed with 70 patients, 35 of whom were Study Group (SG) and 35 were Control group (CG), who met the inclusion criteria and volunteered to participate in the study. Initially data on CG patients, and then data on SG patients were collected. KG patients were not intervened within the scope of the study, and preoperative routine treatment and care practices were continued. In addition to routine treatment and care practices, the training video titled "Video-Assisted Training Provided to Women with Breast Cancer Diagnosis", prepared within the scope of the research, was shown to SG. The State Trait Anxiety Inventory (STAI) was used in the pre-operative 1st day anxiety assessment of the patients in both groups, and the General Comfort Scale (GAS) was used to assess their comfort state. While the STAI-S and the GCS were applied on the 2nd post-operative day, only the STAI-S was applied on the 10th postoperative day. Statistical significance was accepted as $p < 0.05$.

Results

It was seen that video-assisted education given to patients before surgery had lowered anxiety levels and increased general comfort levels.

Conclusion

These trainings can also be used in oncological or other surgical methods, and studies with larger samples can be conducted to determine their positive effects on the patient.

Keywords

Anxiety , Breast Surgery , Comfort , Nurse. , Video Assisted Education

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Publication No : OP-1010

THE VALIDITY-RELIABILITY STUDY OF TURKISH VERSION OF SYMPTOM SCREENING TOOL(8-18) SSPEDI IN PEDIATRIC PATIENTS WITH CANCER

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Background

In childhood cancers, various signs and symptoms can be seen in human body due to disease and treatment. The symptoms seen in children with cancer affect the continuity of treatment. The management of symptoms is important for the health care outcomes like the child's life expectancy, morbidity, mortality and quality of life of the children and their family (Heden et al., 2013; Hockenberry et al., 2017; Patlak & Nass, 2015; WHO, 2018). Symptom screening is the first step in symptom management and is important to achieve symptom control (Linder & Hooke, 2018; Plenert et al., 2020).

Objective

The aim of this study was to conduct the validity and reliability of Turkish version of a Symptom Screening in Pediatrics Tool (SSPedi) 8-18 of children with cancer that was developed by Tomlinson et al., in 2014.

Methods

The study sample consisted of 80 children with cancer aged 8-18 years between September 2020 - June 2021. The content validity of the scale was first translated into Turkish language, and then an adaptation was accomplished by Davis technique concordance analysis after expert opinions about the scale. The construct validity of scale was evaluated using Kaiser–Mayer Olkin and Barlett’s test. Correlation test of Equivalent Forms Method (Memorial Symptom Assessment Scale and SSPedi), Cronbach Alfa Reliability Coefficient, and Item Total Score Correlation Coefficient were computed for the reliability of the scale. Before starting the study, written permits from institution and individuals, and ethics committee approval were obtained.

Results

The content validity index of the data was between .90 and 1. The equivalent forms method reliability of the scale was found as $r=0.58$, with the Cronbach a internal consistency coefficient= 0.86. Item-total score correlation coefficient was found to be above $r= 0.20$. The Kaiser-Meyer-Olkin coefficient was 0.82, and the χ^2 value found according to the Bartlett test was statistically significant at an advanced level ($p: .001$).

Conclusion

The SSPedi is a valid and reliable scale that can be used to evaluate the symptoms of children with cancer diagnosis. The scale is used electronically, so it can be used in home care. Nurses could be understanding of the relationship between the symptoms seen in the process using the

scale while care to the children with cancer and their family. Thus, symptom screening and management can be done more effectively, and the quality of life of the child and family can be improved.

Keywords

Cancer , Children , Nurse , Scale , Symptom

SUPPORTIVE CARE NEEDS OF PATIENTS WITH GYNECOLOGICAL CANCER AND THEIR SPOUSES

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Background

According to the 2017 data of the Turkish Statistical Institute, the incidence of gynecological cancers (endometrium, ovary, cervix, vulva, vagina, tuba) among cancers seen in women is 11.2% (TÜİK, 2017), and it is one of the important women's health problems. Gynecological cancers significantly affect the lives of women and their spouses/families, and supportive care needs emerge from the moment of diagnosis. Supportive care is defined as care aimed at optimizing the comfort, function and social support of patients and their families at all stages of the disease.

Objective

This study was conducted to determine the supportive care needs of patients with gynecological cancer and their spouses.

Methods

The study is of cross-sectional/descriptive type and was conducted between January and October 2021. The population of the research consisted of gynecology oncology patients and their spouses who applied to the gynecological oncology polyclinic of Zeynep Kamil Gynecology and Pediatrics Training and Research Hospital. The sample consisted of 136 patients and their spouses who applied to the gynecological oncology polyclinic after surgery. The data of the study was gathered by using The Descriptive Information Form and the Supportive Care Needs Scale to the women, the Descriptive Information Form, the Caregivers' Supportive Care Needs Scale and the Preparedness Scale to their spouses.

Results

The average age of the women in the study was 53.84±10.75, with 47.1% of them primary school graduates, 27.2% of them secondary education graduates and 7.4% of them had bachelor's degrees. Among these women, 16,9% had ovarian, 64,7% had endometrial, 14% had cervical, 4,4% had vulvar cancer and all patients underwent surgical operation. The average time after the operation was 101.95±85.41 days. The average score of the Women's Supportive Care Needs Scale was determined as 108.10±20.69 points. The average age of their spouses was 57.32±10.38 years, 47.1% of them were primary school graduates and 14% of them had bachelor's degrees. According to the Supportive Care Needs of Caregivers Scale, the average score of the spouses was 121.16±31.02, and the average score of the Preparedness Scale, in which the readiness for care was evaluated, was 22.89±8.56.

Conclusion

In the study, it was determined that patients with gynecological cancer and their spouses need supportive care, their spouses are mostly supportive in this process, and their spouses also have high supportive care needs.

Keywords

Caregiver , Gynecological Cancers , Readiness , Supportive Care

CARE DEPENDENCY AND DIABETES SELF-CARE ACTIVITIES IN ELDERLY INDIVIDUALS WITH DIABETES

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Background

Changing lifestyle, physical inactivity, and obesity lead to increased diabetes prevalence in the elderly. Diabetes management involves self-care activities, such as medical nutrition therapy, physical activity, use of pharmacologic agent, selfmonitoring of blood glucose, foot care, and smoking cessation. Physiological, biological, mental changes that show up with aging and the physiological profile of the elderly individuals can increase care dependency.

Objective

This study aimed to evaluate the level of care dependency in elderly individuals with diabetes and their diabetes self-care activities and to determine the adaptable factors related to care.

Methods

This descriptive study sampled 136 elderly individuals aged over 65 who presented to the outpatient diabetes center of a hospital in Turkey during 2019. The data were collected using an "Introductory Information Form", the "Diabetes Self-Care Activities Questionnaire", and the "Nursing Care Dependency Scale". The data were analyzed on SPSS software package using descriptive statistics, the Spearman correlation test, student T-test, and one way ANOVA.

Results

The mean age of the participants was 71.9 ± 5.652 . Regarding the self-care activities of the participants, the lowest mean score was in the exercise domain (2.15 ± 2.01), and the highest mean score was in the foot care domain (6.03 ± 2.02). The mean care dependency score of the participants was 84.6 ± 1.26 , which meant slight dependency. As for the mean care dependency score of the participants, the lowest mean score belonged to memory (4.91 ± 0.43) and mobility (4.91 ± 0.28) domains. The mean care dependency score of the participants who did not receive diabetes training (84.86 ± 0.59) was higher than those who did (84.22 ± 1.90) ($p < 0.05$). The increase in the care dependency scores of the participants also increased their general diet, special diet and foot care scores.

Conclusion

Assessment of diabetes self-care activities together with care dependence in elderly people can be used to plan personalized diabetes management.

Keywords

Aged , Diabetes Mellitus , Nursing Care , Self Care

Publication No : OP-1013

SYMPTOMS EXPERIENCED AT HOME AND SELF-CARE REQUISITES OF PATIENTS WITH HEART TRANSPLANTATION: A RETROSPECTIVE STUDY

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Background

Although heart transplantation is the most important treatment option in irreversible organ failure, it is reported that patients with organ transplants should be monitored at home by health professionals in terms of symptoms and needs (Yang et al., 2020).

Objective

The aim of this study is to determine the symptoms experienced at home and self-care requisites of patients with heart transplantation.

Methods

The population of this retrospective study consisted of individuals who underwent heart transplantation in the last two years in a public hospital in Istanbul. No sampling method was used in the study, and 34 patients who agreed to participate in the study constituted the sample of the study. The data were collected between January and April 2020 using the telephone interview method. Patients were called by phone, and Patient Identification Form, Symptom Checklist and Self-Care Requisites Form prepared by the researchers were applied to the patients.

Results

It was determined that 76.5% of the patients were male and their mean age was 40.05±13.41. When the symptoms were examined, it was found out that all patients experienced nocturia symptom, and nocturia (100%), fatigue (91.2%), pain in the back, neck and joints (88.2%), restlessness/agitation (82.4%), and edema in the legs (70.6%) were the 5 most common symptoms. While patients could mostly meet some of the universal self-care requisites (regular breathing, ability to do daily activities, etc.), 23.5% felt the need to sleep during the day, 20.6% could partially meet their personal hygiene, and 14.7% did not have a regular and balanced diet. As for the developmental self-care requisites, it was determined that the disease mostly affected social (73.6%) and business life (44.1%) of patients along with their social relations (44.1%). Some of the health deviation self-care requisites were found to be unproblematic (i.e. regularly going to control appointments, getting recommended vaccinations, taking care of protection from infections, etc.), however, some of them (having blood pressure checked regularly, weight control, using vitamin D regularly, etc.) were found to be needed clarification and nursing intervention.

Conclusion

Findings obtained from this study revealed that patients with heart transplantation should be monitored by home care nurses in terms of symptoms and self-care requisites. In line with these results, it can be suggested to establish health policies that plan and organize home care services for patients with heart transplantation in order to ensure the continuity of nursing care at home.

Keywords

Heart Transplantation , Nursing , Self-Care Requisites , Symptoms

QUARANTINE EXPERIENCES OF INDIVIDUALS OVER 65 YEARS OF LIVING ALONE IN THE COVID-19 PANDEMIC PROCESS: LONELY AND FEAR

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Background

The Covid-19 pandemic, especially the high mortality in individuals over the age of 65, and the accompanying many uncertainties have caused uneasiness, causing individuals over the age of 65 living alone to be alone with their loneliness and fears (Weiss & Murdoch, 2020).

Objective

This study was carried out to determine the loneliness and fears experienced by individuals over the age of 65 living alone during the pandemic.

Methods

This study, which is a descriptive situation determination, was carried out using the qualitative research method. In order to conduct the research, permission from the ethics committee, permission from the Ministry of Health, and consent from individuals over the age of 65 who participated in the research were obtained. The research was conducted between June and August 2020. Due to the nature of qualitative research, 6-8 people were determined as samples and the study was completed with 8 people. Research data were collected with a socio-demographic information form and a semi-structured interview form. The data of the research were collected by the researchers with the in-depth interview technique, one of the qualitative data collection methods. In data collection, individuals over the age of 65 were met, informed about the research and their consent was obtained, and interviews were conducted in an environment that would make individuals feel more comfortable, taking precautions in accordance with the epidemic rules. The interviews were recorded using a voice recorder.

Results

In the in-depth interviews, it was determined that individuals over the age of 65 experienced constant anxiety due to loneliness, sleep problems, weight gain and the thought of being sick during the epidemic. Regarding the problems they experienced, individuals stated that they watched television at home, called their children and relatives more frequently, engaged in handicrafts such as knitting, spent time in the garden of their home, and received support from their relatives for their needs. Regarding the loneliness and fears of the elderly, "Old age means loneliness. Everyone is alone now.", "The fear of death is no longer only for the elderly, but for everyone, they die young and old alike", "I was scared during the epidemic. I was afraid of loneliness, of sickness, of dying alone. I felt like an orphan." statements are noteworthy. Also, "I learned that people need people even better.", "I learned once again how bad loneliness is." statements became prominent in their experiences from the epidemic.

Conclusion

It has been determined that individuals aged 65 experience loneliness and fear of death during the pandemic period.

Keywords

Covit-19 , Elderly , Fear , Loneliness

PSYCHIATRIC SYPTOM LEVEL AND FAMILY BURDEN OF MOTHERS OF CHILDREN WITH CEREBRAL PALSY

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Background

Cerebral palsy; It is a permanent motor disorder in the child due to a child emerging from the development process in the mother's womb (1). Compared to mothers with healthy children, mothers with children with CP have physical and mental deterioration such as deterioration in quality of life, pain, burden of care, depression, as well as problems such as fatigue and poor quality sleep. It has been observed that there is a relationship between depression and family income and the mother's thoughts about the child's mental and behavioral problems (2,3,4,5).

Objective

This study was conducted to determine the psychiatric symptom level and family burden of mothers with children with cerebral palsy, and to examine the relationship between psychiatric symptoms and family burden.

Methods

This cross-sectional and correlational research study was conducted with mothers of children with 200 cerebral palsy registered in home health care units in Diyarbakır. Data were collected through face-to-face interviews. Sociodemographic Information Form, Brief Symptom Inventory and Family Burden Assessment Scale were used to collect data.

Results

The mean age of the mothers participating in the study was 39.67 ± 7.70 years. 98% of mothers are not working and 61.5% are illiterate. The mean age of the children is 12.13 ± 6.89 years and 46.5% are girls and 53.5% are boys. The percentage of children with disabilities is 93.55 ± 9.18 . The total mean score of the mothers from the family burden assessment scale was 146, 00, "perceived inadequacy" sub-dimension median value is 40.00, "Emotional Load" sub-dimension median value is 26.00, "Time Requirement" sub-dimension median value is 24.50 and the mean scores of the brief symptom inventory sub-dimensions were found respectively as "Somatization" 6, "Obsessive Compulsive Disorder" 5, "Interpersonal Sensitivity" 4, "Depression" 4, "Anxiety Disorder" 5. A meaningful positive correlation was found between social burden, emotional burden and time requirement, which are sub-dimensions of mothers' family burden assessment scale, and brief symptom inventory ($p < 0.05$).

Conclusion

It was observed that the mothers had high family burden, perceived inadequacy, emotional load and high time requirements, and showed symptoms in terms of somatization, OCD, interpersonal sensitivity, depression and anxiety disorders.

Keywords

Cerebral Palsy , Family Burden , Mother , Nursing , Psychiatric Symptoms

Publication No : OP-16

THE IMAGE OF NURSING PROFESSIONAL: EXAMPLE OF FAMILY HEALTH CENTER

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Background

Professional image of nursing; the image and impression that the nursing group wants to create in the individuals in the society about itself, as well as the perception and widespread acceptance of these impressions and values by the society. Among the health institutions, family health centers are institutions that provide primary health care services to individuals from all levels of the society. Therefore, the professional identity and professional image shown in the health services offered in these institutions affect all segments of the society.

Objective

The study was performed to determine the opinions and perceptions of the patients presenting to the primary health care institution about the nursing profession.

Methods

Planned to be carried out with patients presenting to a family health centre in the Eastern Black Sea Region between October 1 and November 1, 2018, this descriptive study was conducted with 82 patients who voluntarily accepted to take part in the study without sample selection.

Results

The mean age of the participants was 27.9 ± 12.6 (19-75) and 73% of them were women. 20.7% of them had a healthcare worker in their family, and “Nurse” was the first thing that came to their minds (48.8%) when talking about healthcare workers. 58.5% believed that the health worker did their job properly. The mean score from the Nursing Profession Scale of the individuals participating in the study was 147.98 ± 10.48 , and a statistically significant difference was found between the total mean score from the scale and the opinions on whether the healthcare worker was performing his/her job properly.

Conclusion

This study demonstrated that individuals in the society had good perceptions towards the nursing image. The study also concluded that the participants who believed that the healthcare worker was performing his/her job properly had statistically significantly better images of nursing.

Keywords

Family health center , nursing , nursing image , nursing perception

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THE EFFECT ON SOCIAL SUPPORT IN THE CARE OF A PREMATURE BABY ON THE SITUATION OF MOTHERS COPING WITH STRESS

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Objective

In order to determine the effect of social support in the care of premature babies on the coping situation of mothers with stress.

Methods

The research was planned as descriptive to examine the stress coping status of mothers who received and did not receive social support in the care of a premature baby. Research T.C. September-November 2016 between the Ministry of Health Okmeydanı Educational Research Hospital premature follow-up outpatient clinic was conducted with mothers of premature babies. In the collection of research data, 'socio-demographic data form', "renewed maternal-paternal social support scale" and "stress coping scale" were used which included the socio-demographic characteristics of mothers who had premature birth. To determine the internal consistency of yabsdö-asdd and YASDÖ-ASDMD, two semi-reliability analyses of Cronbach Alpha and Spearman-Brown were applied. The alpha coefficients are between 0.83 - 0.95 for yabsdö-asdd and 0.85-0.96 for YASDÖ-ASDMD. Spearman Brown two-half reliability coefficients range from 0.86-0.92 for yabsdö-asdd and 0.84-0.96 for YABSDÖ-ASDMD.

Results

The social support level score average (80.55±22.63) and the satisfaction level score average (78.91±24.26) were determined from the renewed maternal and paternal social support scale and the highest score average among the subgroups was social Association support ASDD (28,233 ± 8,828) and the lowest score mean was care support ASDMD (11,903 ± 3,854). The average score of the participants on the stress coping scale (87.25±13,12) was determined and the highest point average among the subgroups was found to be the problem-oriented coping sub-scale (32.16±6.48) and the lowest point average was the avoidance sub-scale (30.10±5.90).

Conclusion

As a result of the research, it was determined that the renewed maternal and paternal social support Scale score average of mothers who had premature birth increased and the stress coping score average increased.

Keywords

Neonatal , Premature , Social Support , Coping with Stress, Home Care

THE EFFECT OF COLD THERAPY ON PAIN IN POSTOPERATIVE HOME CARE

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AIM

Pain is an expected result of a surgical intervention that can affect patient recovery. Thus, the aim of postoperative pain management is to provide patient comfort, as well as to prevent any negative systemic effects such as myocardial ischemia, infarction, atelectasis, pneumonia, paralytic ileus, urinary retention, thromboembolism, immune function deterioration, anxiety, and depression. Uncontrolled postoperative pain can also affect recovery times, leading to prolonged stays in the intensive care unit or hospital and increasing the cost of care. Furthermore, postoperative pain can lead to decreased patient satisfaction and quality of life, and to the development of chronic pain.

The management of postoperative pain may include pharmacological and non-pharmacological methods. Non-pharmacological methods are increasingly applied in many specialties, supported by numerous studies. One non-pharmacological method to relieve postoperative pain is cold therapy. Cold therapy is an effective and safe method of postoperative pain control. It can be applied with various products and devices like ice bag, frozen gel packs/ice pacs, ice massage, ice water immersion, spray cooling and cold compresses/ compression devices for providing therapeutic effect.

Cold therapy is a simple and cheap method of post operative pain management in home care. In order to prevent postoperative patient home care problems such as pain and edema, it is important to plan a qualified home care process in line with the needs of the person, as well as providing a planned discharge education to the patient and their families.

PERCEPTIONS OF PARENTS WITH SCHOOL-AGE CHILDREN TOWARDS ANTIBIOTIC USE

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Background

Misuse of antibiotics is an important public health problem which negatively affects human health, increasing health care costs. It is known that inappropriate use of antibiotics by parents is common in Turkey. Since parents have a vital role in deciding what is best for their children in terms of health services and seeking treatment for them, this study will reveal one of the most important factors that prevent rational antibiotic use in children by determining the perceptions of parents over antibiotic use.

Objective

The aim of the study is to determine the perceptions of parents with school-age children regarding antibiotic use.

Methods

This study, which was carried out in a primary school in Güzelbahçe District of İzmir Province in 2020-2021 academic year, has a descriptive cross-sectional design. The universe of the study consists of the parents of 399 students studying in the kindergarten, 1st, 2nd, 3rd and 4th grades. It was aimed to reach the whole population without doing a sampling, and 314 parents (78.7% of the population) were reached. The data were collected with an introductory information form and the Parental Perception on Antibiotics Scale. Necessary ethics committee and institutional permissions were obtained for the study. The analysis of the data was done with descriptive statistics, T test, ANOVA and Pearson Correlation Test in SPSS 22.0 program.

Results

92.7% of the parents participating in the study were mothers. The mean age for the children was 7.79 ± 1.58 years, 37.53 ± 4.87 for mothers, and 41.20 ± 5.64 for fathers. The education level of more than half of the parents (59.2% of the mother, 55.1% of the father) was found to be university. It was determined that 64.6% of their children had at least one respiratory tract infection in the last year, and that 62.7% did not use antibiotics in the same period. Parents who use antibiotics for their children without a doctor's recommendation are 3.8%, while 90.4% use them on a doctor's recommendation. 9.6% of the parents reported that they did not use antibiotics even if recommended by a doctor. It was seen that Covid-19 process reduced the antibiotic use by 23.6%, and the rate of using antibiotics during the pandemic was 15.3%. The mean parental perception of antibiotic use score was 121.78 ± 12.93 in total, and in sub-dimensions; 37.24 ± 7.15 for knowledge and beliefs, 22.00 ± 2.77 for behavior, information seeking 26.44 ± 5.03 , compliance 21.03 ± 2.88 , and awareness 15.06 ± 2.21 . It was determined that

the perception of antibiotics was significantly related to the education level of the parents and the place where they resided.

Conclusion

The level of parental perception towards appropriate use of antibiotics is high. In addition, it was determined that the perception of antibiotics increased among university graduates and parents who spent most of their lives in the city center, revealing the importance of providing education on rational antibiotic use primarily for individuals living in rural areas with a low level of education.

Keywords

Antibiotics, Perceptions, Child, Parent

HOME CARE OF A PATIENT WITH HUMERUS AND TIBIA FRACTURE AFTER EMERGENCY SURGERY: A CASE REPORT

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Background

Fractures are a clinical condition that develops urgently and sometimes requires surgery. In particular, the simultaneous fracture of more than one region and the successful and urgent operation of the patient due to a comminuted fracture affect the recovery process of the patient's joint function. Immobile discharge of patients with tibia and humerus fractures at the same time poses a risk in terms of embolism. If the patients do not receive professional support during the home care process, they may be faced with problems such as infection, embolism, muscle hypertrophy, and delay in the return of joint movements to their former functions. It is very important for patients and their relatives to manage the crisis process after emergency surgical operations. This process brings positive results thanks to the developments in home care services in recent years.

Objective

In this study, it is aimed to present the home care requirements and the process of the patient who was discharged post-op immobile after 6 hours of operation, who had a comminuted humerus and tibia fracture as a result of a scooter accident.

Methods

In the study, nursing care was planned, applied and evaluated for the nursing diagnoses determined during the hospital treatment and home care of the patient who had an emergency operation due to humerus and tibia fracture in the orthopedic service of a private hospital in Istanbul. Written informed consent for the presentation of the case was obtained from the patient.

Results

The patient, who applied to the emergency service by ambulance as a result of a scooter accident, was taken to emergency surgery with the preliminary diagnosis of humerus and tibia comminuted fractures, and was followed up in the orthopedics service in the post-op period. He was discharged from immobile during his 7-day stay in the orthopedic service. There is no cast in the arm and leg area. Joint stabilization is provided with stainless screws. The patient, who was discharged by ambulance, has a corset for shoulder and arm stabilization. Since the patient is immobile, excretory support was provided by the patient's relatives. The patient's anticoagulant injection was administered once a day by the home care nurse. There are no signs or symptoms of infection. In the post-op 4th week of the immobile patient, the physical therapy process of the patient started thanks to the home care service. With the start of physical therapy at home in the 4th post-op week, the use of bandages for the stabilization of the patient's

shoulder and arm ended. The first mobilization of the patient was achieved in the post-op 6th week. In this way, the patient started the physical therapy process in the hospital. The patient, who responded to the treatment and care processes at a high level, started walking with support in the post-op 6th week. Although the patient's shoulder and knee joint range of motion has not returned to its former function, the process requires follow-up.

Conclusion

In patients with simultaneous humerus and tibia fractures, the support given by the patient's relatives is of great importance because the patient is immobile in the post-op period. When home care is provided by professional health personnel, the process of patients returning to their old lives is accelerated and complications are considerably reduced. Home care support, which has become widespread today, reduces the burden of patient relatives and enables the patient to reach nursing care. Within the scope of home care service, nursing care and physiotherapist interventions can be applied in the home environment, but it also allows the patient to overcome the current process with very positive results in a short time. In such cases, the correct planning and implementation of home care service and nursing care is of great importance in the recovery of the patient's old health.

Keywords

Nursing Care in Fracture , Home Care , Nursing Care

AGEISM, WILLINGNESS TO CARE FOR THE ELDERLY AND CARE BEHAVIORS OF NURSING STUDENTS

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Background

The increase in the elderly population in the world brings with it the problems of old age. Nursing students, whom we accept as the nurses of the future, in response to the problems brought about by the aging world population; It is of great importance to evaluate their attitudes towards ageism, their willingness to care for the elderly, and to examine their effects on care behaviors.

Objective

This descriptive and cross-sectional study was carried out to determine the attitudes of fourth-year nursing students towards ageism, their willingness to care for the elderly, their level of perception of quality of care, and to examine the relationship between them.

Methods

The population of the research consisted of 550 fourth-year students studying in the nursing departments of four different universities in the province of Istanbul. The number of samples was calculated using the convenient sampling method. The sample comprised 15.8% of the population and the study was completed with 87 students. "Student Information Form", "Aged Discrimination Attitude Scale", "Willingness to Care for the Elderly Scale" and "Caring Behaviors Scale-24" were used to collect data. Data were collected between November 2020 and February 2021 in the form of an online survey. Shapiro Wilk-W test, Kolmogorov Smirnov test, Independent Samples T test, Mann Whitney U test, ANOVA test, Kruskal Wallis test and Spearman correlation test were used in the analysis of the data. Statistical significance level was taken as $p < 0.05$.

Results

It was determined that students' attitudes towards the elderly were positive, their willingness to care for the elderly and their perception of quality of care were high. It was determined that there was a positive and statistically advanced relationship between the willingness to care for the elderly and the attitude of ageism ($r = 0.48$; $p < 0.001$). It was determined that there was a positive and significant relationship ($r_s = 0.49$; $p < 0.001$) between age discrimination and the level of perception of quality of care. There was no statistically significant relationship between students' willingness to care for the elderly and their care behaviors ($r_s = 0.18$; $p > 0.05$), but there was a significant relationship between the sub-dimension of "commitment" ($r_s = 0.24$; $p < 0.05$).

Conclusion

The increase in students' positive attitudes towards ageism and their perception of the quality of care and their willingness to care for the elderly may show parallelism in the same direction.

Key Words

Aged, Attitude, Discrimination, Nursing, Nursing care

INVESTIGATION AND COMPARISON OF RATIONAL ANTIBIOTIC USE AND KNOWLEDGE OF MICROBIOTA OF UNIVERSITY STUDENTS IN OUTSIDE THE HEALTH AND HEALTH FIELDS

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Background

The negative effects of over-the-counter and incorrect use of antibiotics are increasing. Antibiotics are one of the most widely used drugs all over the world and in our country. When antibiotics are used unnecessarily and incorrectly, resistant microorganisms may emerge, morbidity and mortality numbers and patient care costs may increase.

Objective

The research was planned in a descriptive type in order to examine and compare the rational antibiotic use of health and non-health students studying at a foundation university.

Methods

The sample of the study consisted of 145 students between the ages of 18-25 who studied at a foundation university in Istanbul between November and December 2019 in departments other than health and health and agreed to participate in the study. The Information Form prepared by the researchers was used as a data collection tool. Inclusion criteria were being willing to work, being older than 18 years, no communication problems, and previous use of antibiotics. Frequency, percentage, mean, standard deviation, range of distribution tests were used in statistical analysis, Kolmogorov Smirnov test was used for the conformity of the data to the normal distribution, and chi-square test was used for the relationship between categorical variables. This article was prepared in accordance with the STROBE reporting guidelines for descriptive studies.

Results

The majority of the students participating in the research were women (71.4%), studied in the Faculty of Health Sciences (38.6%), were in the 2nd year (29.0%), had used antibiotics in the last month (52%). ,4), the reason for use was Upper respiratory tract infection (18.6), he took another drug together with antibiotics (99.3%), and it was Analgesic (54.5%). Considering the answers given to the questions about conscious antibiotic use, it was found that most of them read the prospectus (72.4%), took the drug on time (79.3%), and stopped the antibiotic at the

time recommended by the physician (79.3%). There was a statistically significant difference in favor of health sciences students when the answers given to the questions "Antibiotic treatment may cause permanent changes in the microbiota" and "Repeated antibiotic use can make the microbiota resistant to antibiotics" regarding microbiota ($p < 0.05$).

Conclusion

It is very important to determine the behaviors of the students studying at the university, which will take an active role in the society, regarding the use of antibiotics and the factors affecting these behaviors. It is recommended that the study be conducted in larger sample groups and that community-based trainings on rational drug use should be planned in line with these results.

Keywords

Student , Rational Antibiotic Use , Microbiota

EFFECTS OF THE MOBILE APPLICATION GIVEN TO NURSING STUDENTS IN PREVENTION, TREATMENT AND CARE OF PRESSURE INJURY

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Background

Pressure injuries are one of the important skin problems that are frequently encountered in bedridden individuals, negatively affect the individual's quality of life, complicate the treatment process, prolong the hospital stay, increase the financial burden of health institutions, and cause deaths and persistent infections. Considering the importance of pressure injury, mobile application is very important in terms of standardization of care, time saving and self-efficacy.

Objective

This randomized controlled experimental study was carried out to determine the effect of mobile application in the prevention, treatment and care of pressure injury on the knowledge and satisfaction levels of nursing students.

Methods

The research was conducted with 58 undergraduate students who volunteered to participate in the study, studying at the School of Health Sciences, Nursing Department of a foundation university in Istanbul, between February and March 2020. Structured Student Identification Form, Modified Pieper Pressure Wound Knowledge Test and Student Satisfaction Scale were used to collect data. Frequency tables, chi-square analysis in descriptive statistics, Kruskal-Wallis Analysis of Variance and Spearman Correlation Analysis were used in the analysis of the data. The significance value was taken as $p < 0.05$.

Results

The mean age of the students was found to be 20.24 ± 2.83 . 69% of the students were female, and 69% of them had never met a patient with a pressure injury. 93.1% of the students stated that the prevention and treatment of pressure injury is the responsibility of the nurse, and 86.2% of the students stated that pressure injury can be prevented with a good nursing care. While there was no difference in the total Pressure Injury Knowledge scores between the experimental and control groups ($p:0.429$), it was observed that the students in the mobile application group had a higher mean score in the "staging" sub-dimension of the scale ($p:0.007$). It was determined

that the average satisfaction score of the students in the mobile application group was higher than the students in the control group (p: 0.032).

Conclusion

As a result it is inevitable that mobile technologies take place in nursing education. Mobile devices make an important contribution to the rapid access to patient care resources in nursing education, clinical decision making, evidence-based support of patient care plans, and improving clinical learning. In this context, it is recommended that nurse educators start using various mobile devices in their training and these applications should be disseminated.

Keywords

Pressure Injury , Mobile Application , Nursing , Nursing Education

POSTER PRESENTATION

Publication No : PP-01

THE ADOLESCENT SPIRITUAL WELL-BEING: SCALE DEVELOPMENT, VALIDATION AND RELIABILITY

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Background

Spiritual well-being has become significant in health care. It provides a sense of meaning and purpose in life that affect quality of life in adolescents.

Objective

To develop a recent valid and reliable scale that evaluates adolescents' spiritual well-being.

Methods

The spiritual well-being scale for adolescent (SWS-A) was developed as a way of assessing adolescent's well-being. It includes the effects of mental, emotional, religious and individual behaviors of adolescents on their well-being. The items of SWS-A were created based on a qualitative research study and existing literature about adolescent spirituality. These prepared items were sent to ten experts in the health field.

Results

The SWS-A is a five-point Likert-type scale to measure adolescents' perspectives about their spirituality. The scale, composed of 34 items, was then administered to 352 adolescents. The reliability analysis with 34 items total score correlations of all items ranged from 0.35 to 0.59 ($p < 0.01$). In this study, SWS-A's total Cronbach α value was 0.90. The Kaiser-Meyer-Olkin (KMO) test result was 0.89. The factor analysis was accepted as homogeneous. The Bartlett test of sphericity result was found to be significant for this value ($\chi^2 = 3696,871$; $p = 0.001$). In this model, the values were $X^2/df = 1.993$, RMSEA = 0.053, CFI = 0.842.

Conclusion

The results show that the Spiritual Well-Being Scale for Adolescent has the ability to measure adolescents' spiritual well-being in a valid and reliable manner.

Keywords

Adolescent , Scale , Spiritual Well-Being , Spirituality

EFFECT OF DISCHARGE INTERVENTIONS APPLIED IN THE TRANSITION FROM HOSPITAL TO HOME ON REDUCING UNPLANNED EMERGENCY DEPARTMENT VISITS AND REHOSPITALIZATION IN ADULTS AND OLDER PEOPLE: A META-ANALYSIS

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Background

A high level of unplanned readmissions or emergency department visit to hospital imposes a burden on not only individuals, their families and healthcare system budgets. Reducing re-hospitalizations is one of the important indicators of quality of care and not only improves patient outcomes but also lower costs (Butler et al., 2012).

Objective

To evaluate the effect of discharge interventions applied in transitions from hospital to home on reducing unplanned hospital readmission rates (any return to hospital for readmission or emergency department visit) in adults and older people.

Methods

Meta-analysis of trials. The eight data used in the meta-analysis database between 1 July and 1 November 2020. The effect of discharge interventions applied in transitions from hospital to home on unplanned hospital readmission rates (odds ratio) was calculated at confidence interval of 95% (95% CI) using meta-regression and meta-analysis random effects model. The CMA v.3.3 software was used for the meta-analysis. Duval and Tweedie's trim and fill calculations were used to test publication bias.

Results

Thirty three independent studies were meta-analyzed between the specified dates. As a result of the test, it was determined that the studies showed heterogeneous characteristics ($p = <0.001$, $Q = 50.083$, $I^2 = 44.093$; $df = 28$). According to Duval and Tweedie's trim and fill result, it was determined that there was no publication bias. Discharge interventions were effective on reducing re-hospitalizations (OR 1.39, 95% CI:1.24-1.55; $p < 0.001$). Interventions are effective in patients with cardiovascular diseases, (OR 1.54, 95% CI:1.28-2.09; $p < 0.001$), interventions in which telephone communication and hospital visit are applied together (OR 1.64, 95% CI:1.25-2.16; $p < 0.001$), and reducing unplanned readmissions within 90 days (OR 1.68, 95% CI: 1.16-2.42; $p < 0.001$). Furthermore, the effect of discharge interventions applied in transitions from hospital to home on unplanned readmission decreased as publication year of the studies advanced from the present to the past (OR -0.015, 95% CI: -0.002;-0.003; $p < 0.001$).

Conclusion

Discharge interventions should be implemented to reduce the risk of unplanned emergency department visits for the older and adults with chronic diseases. Interventions aimed at reducing re-hospitalizations should start in the hospital and continue at home. All interventions for discharge should be planned together with caregivers and patients according to the course of the disease.

Keywords

Adults or Older People, Discharge Planning, Emergency Department, Meta-Analysis, Unplanned Rehospitalization

RETROSPECTIVE EXAMINATION OF THE ADMISSION MADE TO A PUBLIC CHILDREN'S HOSPITAL HOME CARE SERVICES UNIT

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Background

The importance of home health services is increasing today.

Objective

The present study was conducted to define the information in the files of patients admitted to a public children's hospital home care services unit.

Methods

The sampling of the study, which had a retrospective descriptive record research design, was determined based on the files of 170 patients aged between 0 and 18 who received home health care services between 01 July and 31 October and whose records were kept by the home health care services unit at Behçet Uz Children's Hospital Home Care Health Services Unit of Health Sciences University, İzmir. The contents of each file descriptive statistics were made in the SPSS 22.0 package program. Permission was obtained from the ethics committee of S.B.U. İzmir Dr. Behçet Uz Pediatrics and Surgery Training and Research Hospital to conduct the study.

Results

The age range of the children who were included in the study was between 0-17, and the mean age was 9.02±Standard Deviation, 54.7% of the children were male, and 97.7% of them were cared by their mothers, 72.4% of those whose files were examined had social security insurance, 51.8% of them had a diagnosis of neurological disease, 58.9% of them were fully dependent, 35.3% were half-dependent, and 5.9% were independent in activities of daily life. It was also determined that 27.1% of the children whose files were examined used mechanical ventilators, 37% of them needed O₂, 48.8% were fed orally, 27.6% through nasogastric route, and 23.5% were fed with PEG; 4.1% of the children who received home care services had pressure sores; 22.2% of them had gastrostomy, 37.6% used an aspirator device, 72.4% children who received home care services lived in flats, 33% used stoves, 98.8% had good lighting in their homes, 56.4% had a European-style toilet, 59.4% stayed in the living room of the house, and 92.4% had good home hygiene

Conclusion

Factors such as the fact that most of the patients who were registered in home care health services were cared by their mothers, high dependency rates in daily living activities, need for

medical device dependency, and changes in the suitability of home conditions for care showed that patients had varying medical, psychological, and social needs. For this reason, it would be useful to focus on pediatric activities in home care health services.

Keywords

Child, Chronic Disease, Home Healthcare Services, Nursing Care

EFFECT OF YOGA ON RESPIRATORY FUNCTIONS AND QUALITY OF LIFE IN PATIENTS WITH BRONCHIECTASIS

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Background

Bronchiectasis affects sleep quality together with dyspnea by causing destruction of elastic and muscle related components of bronchial wall with abnormal chronic and permanent enlargement of one or more bronchi. Yoga's breathing techniques focus on conscious and controlled breathing. It prevents fatigue and exhaustion, reduces stress and is used effectively in patients.

Objective

To investigate the effect of yoga on respiratory functions and quality of life in patients with bronchiectasis

Methods

A total of 43 patients with bronchiectasis (22 in the yoga group and 21 in the control group), aged 30-55 years, who agreed to participate in the study were included. Practices were made in the yoga group were applied through remote video conference method three days a week, for eight weeks. No application was made to the control group.

Demographic and physical characteristics of the cases, Patient Follow-up Form, lung functions with the Respiratory Function Test and St. George's Respiratory Questionnaire (SGRQ) was used to evaluate quality of life. Statistical analyzes were performed using the SPSS 22.0 program.

Results

The mean age of the yoga subjects was 43.40 ± 7.80 years, the mean of education years was 13.18 ± 3.87 , the mean height (cm) was 167.13 ± 8.99 , The mean body weight was 72.40 ± 12.01 (kg), the mean body mass index (kg/m^2) was 25.89 ± 3.44 . 9 Participants were female and 13 were male. Mean age of the subjects in the control group was 38.04 ± 6.35 , the mean years of education was 13.61 ± 3.59 height (cm), the mean body weight was 170.52 ± 8.65 (kg), the mean body mass index was is 26.41 ± 2.75 (kg/m^2). 9 participants were female and 12 were male.

There were statistically insignificant increases in FEV1, FVC, and especially PEF parameters, and insignificant decreases in FEV1/FVC and FEF25-75% parameters in the yoga group after yoga ($p > 0.05$) In the control group, statistically insignificant decreases were found in FEV1,

FVC, FEV1/FVC, PEF and especially FEF25-75% parameters in lung functions after the follow-up ($p>0.05$).

A statistically significant decrease was recorded in all sub-categories of the SGRQ quality of life questionnaire after yoga in the yoga group compared to before yoga ($p<0.05$). In the control group, there was a decrease in the symptom and activity subcategory scores of the SGRQ quality of life questionnaire after the follow-up, but this improvement was not statistically significant ($p>0.05$).

Tables

Table 1: Comparison of Pulmonary Function Test Parameters of Yoga Group Pre-Yoga and Post-Yoga

Pulmonary Function Test	Pre-Yoga	Post-Yoga	p*
	X±Sd	X±Sd	
FEV ₁ (lt)	2.86±0.93	2.87±0.95	0.67
FVC (lt)	3.43±1.18	3.45± 1.14	0.57
FEV ₁ /FVC (%)	82.24±6.97	79.87 ±7.99	0.78
FEF25-75 % (lt/sn)	3.25±1.29	3.19±1.50	0.40
PEF (lt/sn)	2.90±0.51	3.27±0.71	0.06

* $p>0,05$ Wilcoxon Signed–Rank Test, FEV₁: the volume by expiratory forced in one second, FVC: forced vital capacity, PEF: peak flow, FEF 25-75%: the maximum mid expiratory flow rate.

Table 2: Comparison of Pulmonary Function Test Parameters of Control Group Pre-Follow up and Post-Follow up

Pulmonary Function Test	Pre-Follow up	Post- Follow up	p*
	X±Sd	X±Sd	
FEV ₁ (lt)	3.09±0.94	3.06±0.96	0.43
FVC (lt)	3.86±1.13	3.81±1.11	0.33
FEV ₁ /FVC (%)	79.38±9.65	78.79±10.24	0.26
FEF25-75% (lt/sn)	5.37±8.70	3.19±1.27	0.31
PEF (lt/sn)	4.91±2.07	4.23±1.85	0.63

* $p>0,05$ Wilcoxon Signed–Rank Test, FEV₁: the volume by expiratory forced in one second, FVC: forced vital capacity, PEF: peak flow, FEF 25-75%: the maximum mid expiratory flow rate.

Table 3. Comparison of Yoga Group SGRQ Quality of Life Questionnaire Scores Pre-Yoga and Post-Yoga

SGRQ Domain	Pre-Yoga	Post-Yoga	p*
	X±Sd	X±Sd	
Symptom	12.54±2.84	9.09±2.59	0.01*
Activity	23.72±4.50	18.18±3.74	0.00*
Effect	35.36±7.49	24.81±12.30	0.01*
Total Points	71.63±10.13	51.18±11.62	0.00*

*p<0,05 Wilcoxon Signed–Rank Test, SGRQ: St George's Respiratory Questionnaire.

Table 4. Comparison of Control Group SGRQ Quality of Life Questionnaire Scores Pre-Follow up and Post-Follow up

SGRQ Domain	Pre-Follow up	Post- Follow up	p*
	X±Sd	X±Sd	
Symptom	12.00±2.68	11.52±2.52	0.13
Activity	23.00±5.51	22.47±5.40	0.09
Effect	30.47±8.11	26.04±8.06	0.02
Total Points	65.47±12.09	59.47±11.90	0.00

*p>0,05 Wilcoxon Signed–Rank Test, SGRQ: St George's Respiratory Questionnaire.

Conclusion

Yoga practiced in patients with bronchiectasis increased the quality of life and showed nonsignificant changes in respiratory functions.

Keywords

Bronchiectasis , Quality of Life , Respiration , Yoga

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SELF-CARE MANAGEMENT OF INDIVIDUALS WITH CHRONIC DISEASE AND DETERMINATION OF AFFECTING FACTORS

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Background

Chronic diseases are a group of diseases that reduce the physiological functions of people, slow them down, and require regular medical treatment and care, which cannot be fully healed. The management of chronic diseases is possible with the successful self-care and self-management of the patient.

Objective

This study was planned to determine the self-care management and influencing factors about the diseases of individuals with chronic diseases who applied to the family health center.

Methods

The data of the descriptive and cross-sectional study were conducted with 54 patients who applied to a family health center in Trabzon between February and August 2021 and agreed to participate in the study. The data of the study were collected using the sociodemographic characteristics questionnaire, the Katz Activities of Daily Living Scale and the Self-Care Management in Chronic Diseases form.

Results

The average age of the participants is 60.15±11.82 (min: 22, max: 83), 61.5% are women, 65.4% are at least primary school graduates, 86.7% are married, and 67.3%'s income is equal to their expenses. It was determined that 17.3% of the participants had been using drugs related to their chronic disease for at least 10 years, 34.6% did not know the name of the drug they used, 9.6% used drugs not prescribed by their doctor, 28.8% did not go to regular check-ups. No statistically significant difference was found between the participants' gender, marital status, family type, place of residence, non-prescription drug use and education level, and self-care management scale scores in chronic diseases ($p>0.05$). However, it was determined that the participants who went to the doctor for regular check-ups had higher self-care management scale scores in chronic diseases ($p<0.05$).

Conclusion

As a result of the study, it was determined that the patients who had regular check-ups for their chronic disease had higher self-care management.

Keywords

Chronic Disease , Family Health Center , Nursing , Self-Care , Self-Care Management

POSTPARTUM HOME CARE SERVICES: THE CASE OF GERMANY

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Postpartum period is a critical period for maternal and infant health. The care given during this period is important for the protection and development of health. World Health Organization (WHO) strongly recommends home visits by nurses, midwives and/or doctors in the postpartum care guide. In addition to hospital care, postnatal home care is also offered in many countries.

In Germany, right to receive home care services in the postpartum period is longer compared to other countries. Considering the maternal mortality (7/100,000) and infant mortality rates (2.3/1000) in Germany, postpartum care and postpartum home care services may set an example to improve mother-infant health. In this review, aimed to present the scope and results of postpartum home care services in Germany.

In Germany, every woman with health insurance is entitled to the assistance of a midwife. Additionally, each child can receive midwife assistance independently of the mother. The midwife cares all problems related to mother-infant health during the puerperium. Home visits are covered by insurance for 8 weeks. If deemed necessary by health professionals, the period can be extended. Therefore, midwives can serve the family for one to three years after birth. Home care is usually offered daily for the first 10 days after birth, then every few days until the end of the puerperium. Health professionals can service in many areas such as postpartum exercise, pelvic floor exercises, family planning and baby massage.

There are positive results in the literature in terms of reducing neonatal deaths, increasing breastfeeding, improving infant health outcomes, increasing maternal satisfaction, and families receiving individualized care about postnatal home care. In addition to the worldwide accepted positive results, it has been reported in studies conducted in Germany that mothers' feelings of confidence increase, postpartum depression rates decrease, satisfaction rates increase and they feel more confident in dealing with infants and adapting to the role of mother.

In conclusion, postpartum home care visits in Germany seem to have many positive effects for mother-infant. Longer coverage of home care visits by insurance in the postpartum period may improve women's-infant health. Since Germany provides long-term home care services compared to other countries, it is thought that conducting randomized controlled studies on the number of visits, their duration and their effects on the mother and newborn will be important in determining the care strategies of countries in the global sense.

Keywords

Germany , Home Care Services , Postnatal Care, Postpartum Period

THE EFFECTIVENESS OF VIDEO-ASSISTED EDUCATION FOR WOMEN DIAGNOSED WITH BREAST CANCER: NON-RANDOMIZED CONTROLLED STUDY

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Background

Beside intense anxiety and grief in patients diagnosed with breast cancer, concerns about the type of surgical intervention to be applied in the treatment, its effects, and the post-surgical life cause a number of physical and mental difficulties for patients (Olsson at all.; 2017, Bayraktar; 2015). These concerns and uncertainties not only increase the surgical risks, but also both the results of the treatment and the satisfaction regarding health services are negatively affected (Montgomery ve H McCrone; 2010).

Objective

This study aimed to identify the effects of video-assisted education on the anxiety during post-operative period, post-surgical complications, and comfort.

Methods

This study is a non-randomised controlled research. The study was completed with 70 patients, of whom 35 were Study Group (SG) and 35 were Control group (CG), who met the inclusion criteria and volunteered to participate. Initially data on CG patients, and then data on SG patients were collected. CG patients were not intervened within the scope of the study, and preoperative routine treatment and care practices were continued. In addition to routine treatment and care practices, the training video titled "Video-Assisted Training Provided to Women with Breast Cancer Diagnosis", prepared within the scope of the research, was shown to SG. The State Trait Anxiety Inventory (STAI) was used in the pre-operative 1st day anxiety assessment of the patients in both groups, and the General Comfort Scale (GCS) was used to assess their comfort state. While the STAI-S and the GCS were applied on the 2nd post-operative day, only the STAI-S was applied on the 10th postoperative day. Statistical significance was accepted as $p < 0.05$.

Results

No statistically significant difference was observed in terms of preoperative first day state anxiety score averages of SG and CG patients ($p > 0.005$).

Table 1. Comparison of preoperative and postoperative state anxiety (STAI-S) scores of study and control groups (N=70)

State Anxiety Scores (STAI-S)	Study Group (n=35)		Control Group (n=35)		Test* p	Effect size
	$\bar{X} \pm S. S.$	Median [IQR]**	$\bar{X} \pm S. S.$	Median [IQR]**		
Preoperative (1)	56.31±8.13	56.0 [14.0]	54.40±10.52	54.0 [14.0]	t=0.852 0.397	0.310
Postoperative 2.nd day (2)	33.29±4.94	33.0 [4.0]	43.97±9.42	41.0 [13.0]	Z=-5.147 0.000	1.420
Postoperative 10.th day (3)	33.31±3.01	33.0 [4.0]	39.45±3.88	40.0 [7.0]	Z=-5.808 0.000	1.768

However, when SG and CG patients were examined in terms of the scores of postoperative the second day state anxiety and the tenth day state anxiety; the scores of postoperative the second day state anxiety (Z=-5.147; p=0.000) and the tenth day state anxiety (Z=-5.147; p=0.000) of SG were found statistically significantly lower than the scores of postoperative the second day and tenth day state anxiety scores of CG. (Table 1).

Table 2. Comparison of preoperative and postoperative general comfort scale scores of study and control groups (N=70)

General Comfort Scala Sub-Dimension Scores	Stady Group (n=35)		Control Group (n=35)		Test* p	Effect size
	$\bar{X} \pm S. S.$	Median [IQR]	$\bar{X} \pm S. S.$	Median [IQR]		
Physical Comfort						
Preoperative	32.17±4.18	32.0 [5.0]	30.71±5.70	32.0 [9.0]	t=1.220 p=0.227	0.292
Postop. Second day	39.09±3.42	40.0 [6.0]	35.37±6.16	37.0 [9.0]	Z=-2.616 p=0.009	0.747
Psychospiritual Comfort						
Preoperative	35.57±5.64	37.0 [6.0]	35.49±5.90	35.0 [8.0]	Z=-0.572 p=0.568	0.014
Postop. Second day	44.86±4.44	46.0 [8.0]	38.91±6.74	38.0 [11.0]	t=4.354 p=0.000	1.042
Environmental Comfort						
Postop. Second day	45.51±3.71	46.0 [4.0]	37.60±4.15	37.0 [5.0]	Z=-6.110 p=0.000	2.010
General Comfort						
Preoperative	131.63±15.00	135.0 [20.0]	127.54±15.87	126.0 [28.0]	t=1.107 p=0.272	0.265

Postop. Second day	157.17±11.67	161.0 [15.0]	139.31±16.96	142.0 [30.0]	t=5.131 p=0.000	1.227
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There was no difference in the mean values of preoperative physical comfort, preoperative psychospiritual comfort and preoperative general comfort scores of SG and CG patients, and statistical comparisons ($p>0.005$). scores of the study group were found statistically significantly higher than the control group (Table 2).

However, a statistically significant difference was determined between SG and CG patients in terms of the scores of the postoperative physical comfort ($Z=-2.616$; $p=0.009$), postoperative psychospiritual comfort ($t=4.354$; $p=0.000$), postoperative environmental comfort ($Z=-6.110$; $p=0.000$) and postoperative physical comfort and general comfort scores ($t=5.131$; $p=0.000$). Postoperative physical comfort scores, postoperative environmental comfort scores and postoperative general comfort.

Conclusion

It was observed that pre surgical video assisted education decreased the Anxiety level and increased the comfort level. These trainings can speed up recovery by reducing many complications as well as they have an effect on the patient's anxiety and comfort after surgery. These trainings can also be used in oncological or other surgical methods. Larger sampling studies can be conducted to determine the positive effects on the patient.

Keywords

Breast Cancer, Breast Surgery, Anxiety, Comfort, Video Assisted Education, Nurse

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THE IMAGE OF NURSING PROFESSIONAL: EXAMPLE OF FAMILY HEALTH CENTER

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Background

Professional image of nursing; the image and impression that the nursing group wants to create in the individuals in the society about itself, as well as the perception and widespread acceptance of these impressions and values by the society. Among the health institutions, family health centers are institutions that provide primary health care services to individuals from all levels of the society. Therefore, the professional identity and professional image shown in the health services offered in these institutions affect all segments of the society.

Objective

The study was performed to determine the opinions and perceptions of the patients presenting to the primary health care institution about the nursing profession.

Methods

Planned to be carried out with patients presenting to a family health centre in the Eastern Black Sea Region between October 1 and November 1, 2018, this descriptive study was conducted with 82 patients who voluntarily accepted to take part in the study without sample selection.

Results

The mean age of the participants was 27.9 ± 12.6 (19-75) and 73% of them were women. 20.7% of them had a healthcare worker in their family, and “Nurse” was the first thing that came to their minds (48.8%) when talking about healthcare workers. 58.5% believed that the health worker did their job properly. The mean score from the Nursing Profession Scale of the individuals participating in the study was 147.98 ± 10.48 , and a statistically significant difference was found between the total mean score from the scale and the opinions on whether the healthcare worker was performing his/her job properly.

Conclusion

This study demonstrated that individuals in the society had good perceptions towards the nursing image. The study also concluded that the participants who believed that the healthcare worker was performing his/her job properly had statistically significantly better images of nursing.

Keywords

Family Health Center , Nursing , Nursing Image , Nursing Perception

INTRODUCTION

Nursing -which helps protect and improve individual's and society's health, heals ailments, continuously progresses for society's health needs and is a specialized profession- is essential in protecting society's health (Şimşek and Alpar, 2019). Nursing is a health discipline consisted of science and art which are responsible for planning, implementing and assessing nursing services for individual's, family's and society's health as well as for professional education of those to offer these services and ongoing health education of communities (THD, 2021; Eşer et al. 2017).

Similar and different aspects of the views of both nurses and society about nursing profession show the reflection of the profession upon the society (Dost and Bahçecik, 2015). However; it is seen that society and nurses have some stereotypical ideas about nurse image. The relevant studies report that nursing profession is not found attractive but in the eye of society it has a nursing image defined by stereotypical words/clichés such as angel, protective angel or noble (Tzeng, 2006; Wańkiewicz et al., 2015). These fixed views of society and nurses affect the profession and members of the profession negatively in many ways (Eşer et al. 2017). A positive and realistic professional image is underlined to create a big effect upon the profession. One of the causes of this effect is social professional image associated with how nursing profession is perceived by society (Çelik et al., 2013; Derin et al. 2017; Eşer et al. 2017). Image has French root and is defined as a representation, resemblance, figure or series of objects and events emerging in mind and being perceived with senses without a stimulus (TDK Updated Turkish Dictionary, 2021). Social professional image is the representations and impressions that a professional group wants to project about themselves among the individuals of a society and are widely perceived and accepted by society (Çelik et al., 2013; Şimşek and Alpar, 2019). Individuals in the society get an impression about nursing profession through experiences that they have, experience or hear from nurses or from those employed with nurse profile at health institutions where they are served; which leads to positive and/or negative views among these individuals. These positive and/or negative perceptions of the society about nursing image influence the profession's prestige in society as well as the importance of nursing in health institutions and health policies. Besides, it is known that these perceptions also play a key role in nurses' and nursing students' professional commitments, professional/educational satisfactions, professional performance and quality of services (Khorshid et al., 2005; Derin et al. 2017).

Nursing progresses on the way to professionalisation with its modern role and responsibilities, modern undergraduate and postgraduate education, standards set by services and performance of high quality, evidence-based practices and studies; which has not been noticed by society yet (Holme, 2015; Yılmaz et al., 2019). Those receiving services perceive nurses as assistants of doctors who measure blood pressure, take blood samples, inject vaccines, register patients and -thus- consider nursing profession as a low status job with high school degrees (Çelik et al.,

2013; Kocabaş and Erdem, 2019). But; nursing, a scientific profession, has not achieved the right status in society and its professional image and social image have not been equalized yet (Hoeve et al., 2014; Eşer et al. 2017). In this sense; this study matters in terms of identifying social image of nursing profession and making arrangements in order to create a positive perception in society.

As health institutions, family health centres and community health centres offer primary health services to those coming from all segments of society. Therefore; professional identity and professional image created by health services given at these facilities influences all social classes. Therefore; it is important to explore views and opinions of those receiving nursing services from family health centres and community health centres in terms of establishing social image of nursing profession. This study was done to determine views and opinions of the patients applying to primary health facilities about nursing profession.

MATERIAL-METHOD

Study Type: It is a descriptive and cross-sectional study.

Study Population and Study Sample: The study population was consisted of the patients (N=118) applying to a family health centre located in the city centre of Trabzon Province at hours set to conduct the study between the 1st of October and the 1st of November, 2018. No sampling was done and the study was carried out with 82 participants who accepted to participate in the study.

Data Collection Tools: Data were collected by the researchers using “Socio-demographic Information Request Form” and “The Image Scale for the Nursing Profession”.

Socio-demographic Information Request Form: The form, designed by the researchers in line with the literature, includes a total of nine questions -five questions on participants’ descriptive characteristics and four questions on the use of family health centre (FHC) and health care provider-.

The Image Scale for the Nursing Profession (ISNP): The scale -being developed by in Dost and Bahçecik in 2015 and being a 5 point Likert type, (“1-Absolutely agree” and “5-Absolutely disagree”)- is consisted of 42 items and 6 subscales: professional qualities (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 items), working conditions (12, 13, 14, 15, 16, 17, 18, 19, 20, 21 items), gender (22, 23, 24, 25, 26, 27, 28, 29 items), education (30, 31, 32, 33, 34 items), professional status (35, 36, 37, 38, 39 items) and society view (40, 41, 42 items) (Dost and Bahçecik, 2015). Some items (8, 14, 15, 17, 18, 20, 21, 22, 23, 24, 25, 26, 28, 29 and 31. items) are reversely coded. The highest score is 210 while the lowest score is 42. Scoring ranges and image perception status are as follows: (42-75) score: very weak image perception, (76-109) score: weak image perception, (110-143) score: medium image perception, (144-177) score: good image perception, (178-210) score: very good image perception (Dost and Bahçecik, 2015). Cronbach Alpha value of the scale was 0.88 in the study of Dost and Bahçecik while in this study it was 0.65.

Ethical Suitability: To begin the study, the ethical suitability was approved by Ethical Council of the Scientific Researches of Karadeniz Technical University (with the decision dated and numbered 28.04.2016 and 25399) and official approvals were obtained from the FHC. The study conformed to the guidelines of ethical principles and the participants were informed of the study objectives and their informed consents were obtained.

Data Assessments: The data were processed using SPSS 21 software and means, standard deviations, numbers, percentages, Mann Whitney U test, Kruskal Wallis analysis and Post Hoc (Tamphane’s T2) tests were employed.

FINDINGS

The participants’ socio-demographic qualities and descriptive characteristics as to FHC were presented in Table 1.

Table 1. Participants’ descriptive characteristics (N=82)

Descriptive characteristics			
	Min.-Max.	X ± SD =	
Age	19-75	27.9 ± 12.6	
	Variables	n	%
Gender	Women	60	73.2
	Men	22	26.8
Educational Status	Primary	13	15.9
	High school	7	8.5
	University	62	75.6
Profession	Student	56	68.3
	Housewife	15	18.3
	Civil servant	5	6.1
	Self-employed	5	6.1
	Retired	1	1.2
Presence of a health care personnel in the family	Yes	17	20.7
	No	65	79.3
Aim of visiting FHC	Treatment	69	84.1
	Care	2	2.4
	Education	2	2.4
	Vaccination	7	8.5
	Other	2	2.4
Frequency of visiting FHC	Several times a week	4	4.9
	Several times a month	23	28.0

	Several times a year	55	67.1
One that comes to mind first when health care personnel is mentioned	Doctor	34	41.5
	Nurse	40	48.8
	Midwifery	2	2.4
	Medical assistant	6	7.3
Whether or not health care workers did their job rightly	Yes	48	58.5
	No	34	.

It was found that participants' average age was 27.9 ± 12.6 years, 73% of them were female and the majority of them had (75.6%) university degrees and students (68.3%). In the families of the 20.7% of the participants; there were health care workers and the health care worker that came to mind first was "Nurse" by 48.8%. Participants stated that they mostly applied to FHC (84.1%) for treatment, applied to FHC several times a year (67.1%) and told that health care personnel did their job rightly (58.5%) (Table 1).

Table 2. The distribution of the participants' average scores of the Image Scale for the Nursing Profession (ISNP) and its subscales (N=82)

Scale and subscales	Average scores ($\bar{X} \pm SD$)	Min-Max
Professional qualities	42.98 ± 5.06	29-51
Working conditions	29.96 ± 3.99	21-40
Gender	25.73 ± 4.88	12-36
Education	19.39 ± 2.57	9-25
Professional status	19.56 ± 3.72	5-25
Society view	10.35 ± 3.32	3-15
Total scale score	147.98 ± 10.48	

The average ISNP score of the participants was 147.98 ± 10.48 and they had a good image perception. When subscale scores were investigated, the participants had a score of 42.98 ± 5.06 for professional qualities, 29.96 ± 3.99 for working conditions, 25.73 ± 4.88 for gender, 19.39 ± 2.57 for education, 19.56 ± 3.72 for professional status and 10.35 ± 3.32 for society view (Table 2).

Table 3. The comparison of the participants' average scores of the Image Scale for the Nursing Profession (ISNP) and descriptive characteristics (N=82)

Descriptive Characteristics	Variables	Mean rank	Test statistics	p
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Age	Min-Max. 19-75	27.9 ± 12.6	r=0.14	0.20
Gender	Women	40.96	U=627.5	0.73
	Men	42.98	Z= -0.34	
Educational Status	Primary	51.46	KW= 2.75	0.25
	High school	37.86		
	University	39.82		
Profession	Student	37.64	KW= 5.21	0.26
	Housewife	51.80		
	Civil servant	50.90		
	Self-employed	45.20		
	Retired	37.50		
Presence of a health care personnel in the family	Yes	38.44	U=500.5	0.55
	No	42.30	Z= -0.59	
Aim of visiting FHC	Treatment	40.18	KW= 5.56	0.23
	Care	74.00		
	Education	58.50		
	Vaccination	43.86		
	Other	29.25		
Frequency of visiting FHC	Several times a week	39.00	KW= 0.33	0.84
	Several times a month	43.85		
	Several times a year	40.70		
One that comes to mind first when health care personnel is mentioned	Doctor	38.69	KW= 5.30	0.15
	Nurse	42.43		
	Midwifery	78.00		
	Medical assistant	39.08		
Whether or not health care workers did their job rightly	Yes	47.55	U=525.5	0.00
	No	32.96	Z=-2.73	

U: Mann Whitney U Test KW: Kruskal Wallis test statistics, r: Pearson Correlation test

When participants' descriptive characteristics and ISNP total average scores were compared; it was found that there was no statistical significance between age, gender, educational status,

profession, presence of a health care personnel in the family, the one that comes to mind first when health care personnel is mentioned, aim and frequency of visiting FHC and scale total average scores ($p>0.05$) (Table 3). On the other hand; there was a statistical and significant correlation between scale total average scores and participants' views as to whether or not health care personnel did their job rightly and average scores of those who thought that health care personnel did their job rightly were higher ($MWU=525.5$ $p<0.05$) (Table 3).

DISCUSSION

Social perception of nursing profession, which constitutes a strong dimension of health system, is important. In this study; nursing profession views and perceptions of those who applied to primary health care facilities addressing a certain social class were investigated and it was identified that according to ISNP average score (147.98 ± 10.48) they had a good image perception. This finding was correlated with the literature. In the similar studies employing the same scale (Karaman et al., 2020; Kızılcık Özkan et al., 2017); ISNP average score was found to be ≥ 140 . In the literature; the studies done with different study groups in Turkish culture such as patient, nurse, nursing students, physician found image perception of nursing profession as moderate and positive (Karaman et al., 2020; Yılmaz et al., 2019; Kızılcık Özkan et al., 2017; Çelik et al., 2013); however; there are also other studies that indicated that nursing profession had low image perception in the Iranian society which is family-centred culture and in which women have different rights (Maliheh et al., 2020; Heidary, Mazlom & İldarabadi, 2012). In a study in which press news about health care workers was examined during the COVID-19 pandemic; 18.64% of the content of the news about health care workers' social image was related to appreciation of health care workers or positive social image (Ateş et al., 2021). Difficulties and sufferings created by COVID-19 pandemic for the world, nations, communities, families and individuals drew a big attention of media considerably. Likewise, contributions made by nurses –constituting a big percentage of the health care workers- to the fight against COVID-19 were echoed in media; which is thought to contribute to their social professional image.

Upon the investigation of the news about nursing published in the e-archive of two newspapers with the highest circulation numbers in Türkiye between 2000 and 2015 (Eyikara et al., 2019); it was found that 10% of the news was related to nursing image and 5.43% of the news was about the satisfaction with nursing services and the wish to become a nurse; which pointed the positive nursing image in the society. From these studies in the past and the present, it may be suggested that media power is a crucial tool to be used so that nursing profession can be reflected upon society correctly and a positive nursing image can be established.

It is necessary for nurses to have scientific knowledge and skills, to be patient and open to communication and to have professional qualities such as consultant in order to perform professional responsibilities (Dost et al., 2021). When the different studies in literature and done with different groups were examined; ISNP-“professional qualities” subscale was found to give the highest average score, as in this current study (Dost et al., 2021; Karaman et al., 2020; Şimşek and Alpar, 2019; Yılmaz, 2019; Kızılcık Özkan et al., 2017; Çelik et al., 2013). Having a health care worker in the family or a family member nurse helps people know qualities of nursing profession more closely and have positive views (Çelik et al., 2013). In this study, too, it was concluded that participants had a health care worker in the family (20.7%) and the one

that came to mind first when health care personnel was mentioned was nurse (48.8%). We are of the opinion that this may have positively affected professional images about the subscale “professional qualities”.

The subscale “society view” includes nurses’ such qualities as physical appearance, service dresses, body language, tolerance, empathy. In this study, the subscale “society view” was lower as compared to other subscales; which concurred with some studies (Karaman et al., 2020; Kızılcık Özkan et al., 2017). It is necessary that there should be nurses who care personal and environmental hygiene, are well-dressed, wear neat service dresses, are able to make verbal and non verbal communication effectively, are respectful, kind and have high empathy sense so that professional nursing image can be established in the society (Kızılcık Özkan et al., 2017; Hoeve et al., 2014). For us, nurses working at FHCs that offer services to everyone from the society should—especially- pay attention to the above mentioned qualities and should be more aware of patient-nurse communication; which will influence their social professional image more positively.

In the current study; it was found that most of the participants visited FHC for treatment several times a year and thought that health care workers did their job rightly. In addition; ISNP average score of those who thought that health care workers did their job rightly was identified to be statistically and significantly higher. Similarly; another study that examined nursing image in society reported a significant difference between satisfaction with nursing services and nursing image scores (Özsoy, 2000). In this study, too, most of the participants were students, they did not have long wait times at FHCs –unlike hospitals- and received fast and effective services at FHCs; which –we thought- may have affected the participants’ professional image perceptions positively.

RESULTS AND RECOMMENDATIONS

It was found that the participants had a good level of image perceptions about nursing profession. In this study; it was concluded that nursing profession images of the participants who thought that health care workers did their job rightly were notably high.

In order to improve individuals’ views and image perceptions about nursing profession more; it is recommended that projects that introduce nursing to society should be made, publicity activities cooperated with municipalities and schools should be organized and public service ads to introduce nurses’ duties and responsibilities and media power should be used in this respect. Additionally; it will make an important contribution to conduct more studies – especially qualitative studies- on social nursing image.

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THE EFFECT OF COLD THERAPY ON PAIN IN POSTOPERATIVE HOME CARE

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AIM

Pain is an expected result of a surgical intervention that can affect patient recovery. Thus, the aim of postoperative pain management is to provide patient comfort, as well as to prevent any negative systemic effects such as myocardial ischemia, infarction, atelectasis, pneumonia, paralytic ileus, urinary retention, thromboembolism, immune function deterioration, anxiety, and depression. Uncontrolled postoperative pain can also affect recovery times, leading to prolonged stays in the intensive care unit or hospital and increasing the cost of care. Furthermore, postoperative pain can lead to decreased patient satisfaction and quality of life, and to the development of chronic pain.

The management of postoperative pain may include pharmacological and non-pharmacological methods. Non-pharmacological methods are increasingly applied in many specialties, supported by numerous studies. One non-pharmacological method to relieve postoperative pain is cold therapy. Cold therapy is an effective and safe method of postoperative pain control. It can be applied with various products and devices like ice bag, frozen gel packs/ice pacs, ice massage, ice water immersion, spray cooling and cold compresses/ compression devices for providing therapeutic effect.

Cold therapy is a simple and cheap method of post operative pain management in home care. In order to prevent postoperative patient home care problems such as pain and edema, it is important to plan a qualified home care process in line with the needs of the person, as well as providing a planned discharge education to the patient and their families.

INTRODUCTION

Every year millions of people have surgical procedure to provide and improve the level of health and experienced postoperative pain as an unwanted but expected result of surgery.

Postoperative pain is a form of acute pain that starting with surgical trauma, diminishing the healing of tissue (1, 2).

Pain is a significant problem among postoperative complications. Untreated severe postoperative pain can lead to serious problems such as myocardial ischemia, infarction, lung infection, paralytic ileus, urinary retention, thromboembolism and anxiety. However, it can result the delay in healing, prolong intensive care unit or hospital stay, development of chronic pain, increased maintenance costs, decreased quality of life and patient satisfaction (3, 4).

There is three methods had used postoperative pain management; pharmacological, non-pharmacological and surgical methods. One of the non-pharmacological method used to relieve pain after surgery is cold therapy (5).

Cold therapy is a simple and cheap method of post operative pain treatment for providing therapeutic effect. Cold therapy application can be applied with various products and devices like ice bag, frozen gel packs/ice pacs, ice massage, ice water immersion, spray cooling and cold compresses/ compression devices. Cold reduces skin sensitivity by lowering the temperature of the nerve fibers and its receptor and it relieves pain with reducing bleeding, swelling and edema by venous constructions (4, 6).

The effect of cold therapy on human skin occurs in four stages. During minutes 1–3, the patient feels cold. This changes to burning and pain sensations during minutes 2–7. In the third stage, at 5–12 minutes, the patient feels less numbness or pain, neural transmission decreases, and painful spasms stop. During minutes 12–15, the metabolic rate increases, and deep tissue reflex vasodilation occurs, allowing proper tissue perfusion. Paler and colder skin is expected during cold therapy (7, 8), as cold gel/ice packs decrease the skin temperature by 10–15°C within 15 minutes. Nerve conduction slows when the skin temperature decreases to 27°C, and analgesic effects are noted at 13.6°C (9, 10).

In the literature, in order for cold therapy to have a therapeutic effect, the skin temperature should be lowered by 10-15°C, the skin temperature generally decreases by 10-15°C with a 20-minute application, the nerve conduction velocity decreases when the skin temperature drops to 10°C, and the analgesic effect occurs. It has been observed that the duration of cold therapy application varies between 2-6 times a day and 10-20 minutes, and the duration of treatment varies between 2-72 hours (11-15). In addition, it was stated that dressing with gauze and plaster significantly reduces the effectiveness of cold therapy (16), the size of the cold gel pack is not important, and the application of an ice pack containing at least 0.6 kg of ice provides better cooling (17).

Although cold therapy is accepted as a simple, cheap and effective method used in the non-drug treatment of pain with the aim of providing therapeutic effect, there are studies indicating that more comprehensive studies are needed for the routine use of this method. Adie et al. (2010), in a systematic literature review, stated that cold therapy had no benefit in post-traumatic pain, swelling, analgesia requirements, hospital stay, and had little benefit in blood loss and range of motion, but the available evidence was not sufficient to support its routine use (18). Similarly, Collins (2008) did not find sufficient evidence in the literature review to show that cold therapy improves clinical outcomes in soft tissue injuries (19).

Zandi et al. (2016) and Van der Westhuijzen et al. (2005) found no difference between the experimental and control groups on pain, trismus and swelling of cold therapy (20, 21). However, Shin et al. (2009) and Mahshidfar et al. (2016) concluded that cold therapy is a cost-effective and effective method (22, 23). Saeliw et al. (2010) Koç et al. (2006), Kuzu (1999), Paiva et al. (2016) and Watkins et al. (2014) found that there was a decrease in pain intensity after cold therapy (24-28). Daniel et al. (1994) found that cold therapy reduced skin

temperature, but there was no difference between the groups in terms of length of hospital stay, analgesic use, pain, and knee range of motion (29).

There are many studies of cold therapy effectiveness reducing pain after surgery (14, 30-32). Many studies indicate that cold therapy is an effective and safe method of postoperative pain control (18, 25, 28, 33).

Post surgical care is an important part of the surgical recovery process. Patients undergoing surgery, whether major or minor, require pain management and postoperative care at home (34).

The late postoperative period starts with discharge of the patient from the hospital to patients' home environment (35). Most of the postoperative care especially for day surgery patients continues at home (34). With the introduction of minimally invasive surgery, the recovery time of patients has been shortened significantly. Advances in minimally invasive surgery have shortened hospital stays for most major operations to less than 5 days (35).

Pain, fatigue, and functional status appear to be the primary factors influencing return to usual activities for surgery patients (36). Patients going home following surgery are susceptible to complications such as pain, fear, wound infection, abscess formation, malnutrition, poor analgesia, distress and depression and decreased functional status, all of which can develop after the fifth postoperative day and slow recovery (35, 36).

The need for care of the patient who is discharged after surgery may continue for a long time due to the use of medication, plaster application/change, dressing change, use of assistive devices due to limb loss, special diet and exercise practices (37).

Recovery at home requires self-care and evaluation of signs and symptoms without the availability of immediate nursing assessment (36). One of the important aspect of patient education in nursing is the continued care of the patient after discharge. Discharge education is an important nursing function. The importance of providing quality education to patients and the quality of the content is vital to the care of the discharged patients and maximize the patient's return to health (38).

Within outpatient surgery, when postoperative education is done in the preoperative period-on the day of surgery, the patients have higher satisfaction for home care and feel more prepared for discharge (38). At the same time, planned early surgical discharge programs may offer acute care at lower cost while assuring continuity of care by shifting inpatient hospitalization to community-based home care

The increase in outpatient surgical interventions in recent years, the importance of early discharge of the patient, and early recognition and treatment of problems that may develop after discharge have revealed the importance of home care of the surgical patient. In this respect, the follow-up of the healthcare team is also very important in the education of the patients and their family (37).

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