

ISTANBUL AYDIN UNIVERSITY
4TH INTERNATIONAL HOME CARE CONGRESS

7-10 DECEMBER 2023 ISTANBUL / TURKEY
ONLINE

ABSTRACT BOOK

Edited By
Prof. Zuhal BAHAR

2023
ISTANBUL

INVITATION

Dear Participants,

It is a great honor and privilege to invite you to “The Fourth International Home Care Congress”, which will be organized online at Istanbul Aydin University, Faculty of Health Sciences, Department of Nursing, Turkey. The congress will be held in collaboration with the University of Newcastle, School of Nursing and Midwifery, Australia, Home Care Association, Turkey, and Cyprus Science University, Cyprus on the 7th and 10th of December 2023.

Honorary President of The Congress

Yadigar IZMIRLI (President of Istanbul Aydin University)

Patricia DAVIDSON (Vice Chancellor, of Wollongong University)

Selman ARSLANBAS (Chairman of Board of Trustees, Cyprus Science University)

Mustafa AYDIN (Chairman of Board of Trustees, Istanbul Aydin University)

Secretaries of Congress

Assoc. Prof. Ozlem AKMAN

Asst. Prof. Dilek YILDIRIM

Asst. Prof. Seda DEGIRMENCI OZ

Lecturer Tuğba SAHIN TOKATLIOGLU

Chair of Congress

Prof. Zuhul BAHAR

Co-Chairmans of Congress

Prof. Ritin FERNANDEZ

Aynuk DIK

Prof. Lale Ayşegül BUYUKGONENC

CONGRESS COMMITTEES

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CO-CHAIRMANS OF CONGRESS

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Prof. Lale Ayşegül BÜYÜKGÖNENÇ (Cyprus Science University)

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Lecturer Tuğba SAHIN TOKATLIOGLU (Istanbul Aydin University)

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Asst. Prof. Arzu KAVALA

Lecturer Merve GEYLANI

Lecturer Tugba SAHIN TOKATLIOGLU

Lecturer Huriye KARADEDE

Lecturer Beyzanur ISBAY

Research Assistant Sercan KARA

CONGRESS SCIENTIFIC PROGRAMME

7TH DECEMBER 2023, THURSDAY

7 DECEMBER 2023, THURSDAY												
OPENING	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	OPENING	
	03:00 03:20	08:00 08:20	09:00 09:20	10:00 10:20	15:00 15:20	10:00 10:20	09:00 09:20	09:00 09:20	03:00 03:20	17:00 17:20	Anthems	
OPENING SPEECHES	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	SPEAKERS	
	03:20 06:00	08:20 11:00	09:20 12:00	10:20 13:00	15:20 18:00	10:20 13:00	09:20 12:00	09:20 12:00	03:20 06:00	17:20 20:00	<p>Zuhal BAHAR Chairs of the Congress, Istanbul Aydin University, Turkey</p> <p>Ritin FERNANDEZ Chairs of the Congress, University of Newcastle, Australia</p> <p>Lale Aysegül BÜYÜKGÖNENÇ Chairs of the Congress, Cyprus Science University, Cyprus</p> <p>Halit Tanju BESLER Dean, Faculty of Health Sciences, Istanbul Aydin University, Turkey</p> <p>Yadigar İZMİRLİ President of Istanbul Aydin University, Turkey</p> <p>Patricia DAVIDSON Vice President of Wollongong University, Australia</p> <p>Selman ARSLANBAŞ Chairman of Board Trustees, Cyprus Science University, Cyprus</p> <p>Mustafa AYDIN Chairman of Board Trustees, Istanbul Aydin University, Turkey</p>	
OPENING CEREMONY	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	OPENING CEREMONY	
	06:00 07:00	11:00 12:00	12:00 13:00	13:00 14:00	18:00 19:00	13:00 14:00	12:00 13:00	12:00 13:00	06:00 07:00	20:00 21:00	Traditional Dance Show	
LECTURE	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Ayfer AYDIN, Ritin FERNANDEZ	SPEAKER
	07:00 08:00	12:00 13:00	13:00 14:00	14:00 15:00	19:00 20:00	14:00 15:00	13:00 14:00	13:00 14:00	07:00 08:00	21:00 22:00	Home care practices and problems in Turkey and Home Care Association studies	AYNUR DİK Home Care Association Vice President, Turkey
LECTURE	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Nuran KÖMÜRÇÜ, Tuğba ŞAHİN TOKATLIOĞLU	SPEAKER
	08:00 09:00	13:00 14:00	14:00 15:00	15:00 16:00	20:00 21:00	15:00 16:00	14:00 15:00	14:00 15:00	08:00 09:00	22:00 23:00	Provision and Dissemination of Home Health Services in Turkey	T.C. Ministry of Health, Department of Health Services

8TH DECEMBER 2023, FRIDAY

8 DECEMBER 2023, Friday

ORAL DISCUSSION	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Selda SEÇGINLI, Emine ERGIN
	03:10 05:10	08:10 10:10	09:10 11:10	10:10 12:10	15:00 17:00	10:10 12:10	09:10 11:00	09:10 11:10	03:10 05:10	17:10 19:10	ORAL PRESENTATION
	05:10 05:20	10:10 11:00	11:10 12:00	12:10 13:00	17:10 18:00	12:10 13:00	11:10 12:00	11:10 12:00	06:10 06:20	19:10 20:00	break

KEYNOTE LECTURE	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Ritin FERNANDEZ, Zuhul BAHAR	KEYNOTE SPEAKER
	05:20 06:05	11:00 11:45	12:00 12:45	13:00 13:45	18:00 18:45	13:00 13:45	12:00 12:45	12:00 12:45	06:20 07:05	20:00 20:45	Loneliness: a critical consideration in health care intervention planning. I will co-present with my colleague Caleb Ferguson.	Patricia DAVIDSON <small>Vice of President, Wollongong University, Australia</small>
	06:05 06:15	11:45 11:55	12:45 12:55	13:45 13:55	18:45 18:55	13:45 13:55	12:45 12:55	12:45 12:55	07:05 07:15	20:45 20:55	break	

LECTURE	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Ayfer AYDIN, Elif ATEŞ	SPEAKER
	06:15 07:00	11:55 12:40	12:55 13:40	13:55 14:40	18:55 19:40	13:55 14:40	12:55 13:40	12:55 13:40	06:55 07:40	20:55 21:40	Increasing engagement of patients with heart disease with home care programs	Ritini FERNANDEZ <small>University of Newcastle, Australia</small>
	07:00 07:10	12:40 12:50	13:40 13:50	14:40 14:50	19:40 19:50	14:40 14:50	13:40 13:50	13:40 13:50	07:40 07:50	21:40 21:50	break	

ORAL DISCUSSION	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Oya Nuran EMİROĞLU, Huriye KARADEDE
	07:10 07:55	12:50 13:35	13:50 14:35	14:50 15:35	19:50 20:35	14:50 15:35	13:50 14:35	13:50 14:35	07:50 08:35	21:50 22:35	ORAL PRESENTATION
	07:55 08:20	13:35 14:00	14:35 15:00	15:35 16:00	20:35 21:00	15:35 16:00	14:35 15:00	14:35 15:00	08:35 09:00	22:35 23:00	break

LECTURE	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Selda SEÇGINLI, Akilme SARIKAYA	SPEAKER
	08:20 09:05	14:00 14:45	15:00 15:45	16:00 16:45	21:00 21:45	16:00 16:45	15:00 15:45	15:00 15:45	09:00 09:45	23:00 23:45	How can I support a patient who is struggling spiritually when I am struggling spiritually?	Elizabeth JOHNSTON <small>Loma Linda University, Canada</small>

9TH DECEMBER 2023, SATURDAY

9 DECEMBER 2023, Saturday												
POSTER DISCUSSION	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Seda DEĞİRMENCI ÖZ, Beyzanur İŞBAY	
	02:00 02:45	07:00 07:45	08:00 08:45	09:00 09:45	14:00 14:45	09:00 09:45	08:00 08:45	08:00 08:45	02:00 02:45	16:00 16:45		POSTER PRESENTATION
	02:45 02:55	07:45 07:55	08:45 08:55	09:45 09:55	14:45 14:55	09:45 09:55	08:45 08:55	08:45 08:55	02:45 02:55	16:45 16:55		break
ORAL DISCUSSION	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Cantürk ÇAPIK, Tuğba ŞAHİN TOKATLIOĞLU	
	02:55 03:40	07:55 08:40	08:55 09:40	09:55 10:40	14:55 15:40	09:55 10:40	08:55 09:40	08:55 09:40	02:55 03:40	16:55 17:40		ORAL PRESENTATION
	03:40 03:50	08:40 08:50	09:40 09:50	10:40 10:50	15:40 15:50	10:40 10:50	09:40 09:50	09:40 09:50	03:40 03:50	17:40 17:50		break
LECTURE	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Nuran KÖMÜRÇÜ, Nihal GÖRDES AYDOĞDU	SPEAKER
	03:50 04:35	08:50 09:35	09:50 10:35	10:50 11:35	15:50 16:35	10:50 11:35	09:50 10:35	09:50 10:35	03:50 04:35	17:50 18:35	Understanding Whole-Person Health and Resilience in the Community with MyStrengths+MyHealth Application	Selda SEÇİNLİ Istanbul AtlasUniversity, Turkey
	04:35 04:45	09:35 09:45	10:35 10:45	11:35 11:45	16:35 16:45	11:35 11:45	10:35 10:45	10:35 10:45	04:35 04:45	18:35 18:45		break
LECTURE	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Ayla BAYIK TEMEL, Cennet ÇİRIŞ YILDIZ	SPEAKER
	04:45 05:30	09:45 10:30	10:45 11:30	11:45 12:30	16:45 17:30	11:45 12:30	10:45 11:30	10:45 11:30	04:45 05:30	18:45 19:30	What can Nurses achieve in Disaster?	Alison HUTTON University of Newcastle, Australia
	05:30 05:40	10:30 10:40	11:30 11:40	12:30 12:40	17:30 17:40	12:30 12:40	11:30 11:40	11:30 11:40	05:30 05:40	19:30 19:40		break
LECTURE	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Nursen NAHCIVAN, Dilek YILDIRIM	SPEAKER
	05:40 06:25	10:40 11:25	11:40 12:25	12:40 13:25	17:40 18:25	12:40 13:25	11:40 12:25	11:40 12:25	05:40 06:25	19:40 20:25	Home care services during Covid -19 - experience of Shkodra's nurseries	Zamira SHABANI Shkoder University, Albania
	06:25 06:35	11:25 11:35	12:25 12:35	13:25 13:35	18:25 18:35	13:25 13:35	12:25 12:35	12:25 12:35	06:25 06:35	20:25 20:35		break
LECTURE	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Aygül KISSAL, Özlem AKMAN	SPEAKER
	06:35 07:20	11:35 12:20	12:35 13:20	13:35 14:20	18:35 19:20	13:35 14:20	12:35 13:20	12:35 13:20	06:35 07:20	20:35 21:20	Family friendly politticies in elderly care.	Sema OĞLAK Adnan Menderes University,Turkey
	07:20 07:30	12:20 12:30	13:20 13:30	14:20 14:30	19:20 19:30	14:20 14:30	13:20 13:30	13:20 13:30	07:20 07:30	21:20 21:30		break
LECTURE	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Ayfer TEZEL, Belgin AKIN	SPEAKER
	07:30 08:15	12:30 13:15	13:30 14:15	14:30 15:15	19:30 20:15	14:30 15:15	13:30 14:15	13:30 14:15	07:30 08:15	21:30 22:15	Hospital Home	Sarper TANLI Director of Harvard Medical International and Vice President of Houston Methodist Global Health Care Services, Dubai
	08:15 08:30	13:15 13:30	14:15 14:30	15:15 15:30	20:15 20:30	15:15 15:30	14:15 14:30	14:15 14:30	08:15 08:30	22:15 22:30		break
LECTURE	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Aynur DİK, Özlem AKMAN	SPEAKER
	08:30 09:15	13:30 14:15	14:30 15:15	15:30 16:15	20:30 21:15	15:30 16:15	14:30 15:15	14:30 15:15	08:30 09:15	22:30 23:15	Public home health services practice, problems and suggestions. Example of Istanbul Güney public hospitals	Burak HOŞ Istanbul provincial health directorate public hospitals 1 home health services coordinator, Turkey

10TH DECEMBER 2023, SUNDAY

10 DECEMBER 2023, Sunday

10 DECEMBER 2023, Sunday												
POSTER DISCUSSION	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Dilek YILDIRIM, Cennet ÇIRLIŞ YILDIZ	
	02:00 02:45	07:00 07:45	08:00 08:45	09:00 09:45	14:00 14:45	09:00 09:45	08:00 08:45	08:00 08:45	02:00 02:45	16:00 16:45	ORAL PRESENTATION	
	02:45 02:55	07:45 07:55	08:45 08:55	09:45 09:55	14:45 14:55	09:45 09:55	08:45 08:55	08:45 08:55	02:45 02:55	16:45 16:55	break	
ORAL DISCUSSION	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Huriye KARADEDE, Beyzanur İŞBAY	
	02:55 03:50	07:55 08:50	08:55 09:50	09:55 10:50	14:55 15:50	09:55 10:50	08:55 09:50	08:55 09:50	02:55 03:50	16:55 17:50	ORAL PRESENTATION	
	03:50 04:00	08:50 09:00	09:50 10:00	10:50 11:00	15:50 16:00	10:50 11:00	09:50 10:00	09:50 10:00	03:50 04:00	17:50 18:00	break	
LECTURE	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Nuran KÖMÜRCÜ, Naile BİLGİLİ	SPEAKER
	04:00 04:45	09:00 09:45	10:00 10:45	11:00 11:45	16:00 16:45	11:00 11:45	10:00 10:45	10:00 10:45	05:00 04:45	18:00 18:45	Home technologies and innovative solutions at home/residential care homes	Yeh-Liang HSU Yuan Ze University, Taiwan
	04:45 04:55	09:45 09:55	10:45 10:55	11:45 11:55	16:45 16:55	11:45 11:55	10:45 10:55	10:45 10:55	04:45 04:55	18:45 18:55	break	
LECTURE	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Melek Nihal EŞİN, Özlem AKMAN	SPEAKER
	04:55 05:55	09:55 10:55	10:55 11:55	11:55 12:55	16:55 17:55	11:55 12:55	10:55 11:55	10:55 11:55	04:55 05:55	18:55 19:55	Buurtzorg home care experiences	Jessie BRUINS Leiden University, Netherlands
	05:55 06:05	10:55 11:05	11:55 12:05	12:55 13:05	17:55 18:05	12:55 13:05	11:55 12:05	11:55 12:05	05:55 06:05	19:55 20:05	break	
LECTURE	New York	London	Barcelona	Istanbul	Taiwan	Greece	Albania	Holland	Canada	Sydney	CHAIRS: Aklime SARIKAYA, Seda DEĞİRMENÇİ ÖZ	SPEAKER
	06:05 06:50	11:05 11:50	12:05 12:50	13:05 13:50	18:05 18:50	13:05 13:50	12:05 12:50	12:05 12:50	06:05 06:50	20:05 20:50	Home care nursing and evidence-based practice; Call-to-action messages	Deniz TANYER Selçuk University, Turkey
Closing & Award Ceremony												
	07:00 08:00	12:00 13:00	13:00 14:00	14:00 15:00	19:00 20:00	14:00 15:00	13:00 14:00	13:00 14:00	07:00 08:00	21:00 22:00	Award Ceremony & Closing Speeches & Step by Step Istanbul	Zuhal BAHAR Chairs of the Congress, Istanbul Aydin University, Türkiye Ritin FERNANDEZ Chairs of the Congress, University of Newcastle, Australia Lale Ayşegül BÜYÜKGÖNENÇ Chairs of the Congress, Cyprus Science University, Cyprus Halit Tanju BESLER Deans, Faculty of Health Sciences, Istanbul Aydin University, Istanbul Yadigar İZMİRLİ President of Istanbul Aydin University, Türkiye Patricia DAVIDSON Vice President of Johns Hopkins University, School of Nursing, USA Selman ARSLANBAŞ Chairman of Board Trustees, Cyprus Science University, Cyprus Mustafa AYDIN Chairman of Board Trustees, Istanbul Aydin University, Türkiye

CONGRESS SCIENTIFIC PROGRAMME

8 DECEMBER 2023, Friday		
ORAL PRESENTATION 10:10-12:10		
Chairs: Selda SEÇGİNLI , Emine ERGİN		
Hour	Presentation Title	Author/s
10:10-10:20	The Effect of Trauma Levels on the Quality of Life of People Who Lived Through the Earthquake in Turkey	<u>Nazlı ÇATAK</u>
10:20-10:30	Professionalism and The Criteria For Professionalism in Nursing	<u>Berna KAHVECİ CEYLAN,</u> <u>Sibel ERKAL İLHAN</u>
10:30-10:40	Investigation of the Relationship Between Health Anxiety and Cyberchondria in Obese Individuals	<u>Yakup SARPDAĞI,</u> Cantürk <u>ÇAPIK</u>
10:40-10:50	Acil Servise Başvuran Kronik Obstrüktif Akciğer Hastalığı Olan Bireylerin Bazı Sosyo-Demografik Özelliklerine Göre Öz-Etkililik Düzeylerinin Belirlenmesi	<u>Zühal BAHAR,</u> Zalihe SARI <u>AMCA,</u> Arzu GÖNEL
10:50-11:00	Determination of Intercultural Care Sensivity of Pediatric Nurses: Turkish Republic of Northern Cyprus Sample	<u>Nuray ÖZKOL,</u> Zühal BAHAR, <u>Lale Ayşegül</u> <u>BÜYÜKGÖNENÇ,</u> Eda ÇİFTÇİ <u>AKSOY,</u> Fatma KILAVUZ, <u>Sevil ÖZEL VAROL</u>
11:00-11:10	<u>Quality of Life and Symptoms in Head and Neck Cancer Patients; A Systematic Review</u>	<u>Feyza Nur PATAN,</u> Aklime <u>SARIKAYA</u>
11:10-11:20	The Effect of Parents' Child Education Efficiency on the Quality Of Life Of Children Aged 2-4 Years with Sensory Hearing Loss	<u>Çagla AYDIN,</u> <u>Hilal Nur</u> <u>SAYGILI,</u> Zuhal BAHAR,
11:30-11:40	Nursing Care of an Elderly Individual with Hip Fracture Due to Fall According to Faye Abdellah and 21 Nursing Problem Theory: A Case Report	<u>Dilek Özçelik,</u> Lale Ayşegül <u>BÜYÜKGÖNENÇ</u>
11:40-11:50	Traning Of Individuals Applying Periton Dialysis Treatment At Home Based On Wiedenbach's Theory Of "Nursing As An Art Of Helping"	<u>Ülfet KRAL,</u> Lale Ayşegül <u>BÜYÜKGÖNENÇ</u>

8 DECEMBER 2023, Friday ORAL PRESENTATION 14:50-15.35		
Chairs: Oya Nuran EMİROĞLU, Huriye KARADEDE		
Hour	Presentation Title	Author/s
14:50-15:00	Examination of the Effect of Some Sociodemographic Characteristics and Care Behaviors of Home Care Personnel Working in the Municipalities of the Turkish Republic of Northern Cyprus on the Patient-Centered Care Competency Levels	Zühal BAHAR, <u>Emine İNAL</u> , Derya ERDEM TAŞKIN
15:00-15:10	A Patient Who Developed Evisceration After Abdominal Surgery: Case Report	<u>Dilara BİLGEOĞLU</u> , Umut UÇAR, Mervener ŞAHİN, Semra BÜLBÜLOĞLU
15:10-15:20	Effects Of Aromatherapy On Cancer Patients: A Systematic Review	<u>Dilek ÖZÇELİK</u> , Ufuk KAYA
15:20-15:30	The Effect of the Quality Of Life After Covid-19 Of Individuals Over 65 Years Of Age Living In Trnc On The Physical Activities of the Elderly	<u>Elif İLKHAN KILIÇ</u> , Zühal BAHAR, Dönay ERDOĞAN TAŞSEVER, Selma OFLAZ, Nesrin ŞEREN ERİŞEN

9 DECEMBER 2023, ORAL PRESENTATION Saturday 09:55-10:40		
Chairs: Cantürk ÇAPIK, Tuğba ŞAHİN TOKATLIOĞLU		
Hour	Presentation Title	Author/s
09:55-10:05	Nursing Care For A Kidney Transplant Patient According To Gordon's Functional Health Patterns Model: A Case Report	<u>Sevda ŞAHİN</u>
10:05-10:15	Kuzey Kıbrıs Türk Cumhuriyeti Lefkoşa İlinde Palyatif Bakım Hastalarına İnfomal Bakım Verenlerin Bakım Yükünün, Hastaların Sağlık Algısına Etkisi	<u>Ceyda ALBAYRAK</u> , Emin SALTANAT, Zuhal BAHAR
10:15-10:25	Examination Of Women's Psychological Well-Being, Depression, Anxiety, Stress Levels and Stress Coping Styles	<u>Nazmiye KİRAZ</u> , <u>Aklime SARIKAYA</u>
10:25-10:35	Evaluation of Health Anxiety and Cyberchondria Levels in High School Students	Zuhal BAHAR, <u>Gülşah DEMİR</u> , Dilek YILDIRIM
10:35-10:45	Internet of Medical Things and Smart Health Systems and Its Reflections on Application: Systematic Review	<u>Aklime SARIKAYA</u> , Fatih DİCLE

10 DECEMBER 2023, ORAL PRESENTATION Sunday 09:00-09:50	Chairs: Dilek YILDIRIM, Cennet ÇİRİŞ YILDIZ	
Hour	Presentation Title	Author/s
09:00-09:10	Unmet Care Needs of Cancer Patients Receiving Palliative Care	<u>Dilek YILDIRIM</u>
09:10-09:20	Home Care Services During COVID-19: Experience of Shkoder's Nurses	<u>Zamira SHABANI</u> , Emiljano PJETRI, Julian KRAJA, Arketa PLLUMI GULI
09:20-09:30	Effect of Mobile Health Application Based on Omaha System on Physical, Psychosocial, Cognitive Symptoms and Quality of Life in Covid-19 Patients	<u>Gizemnur TORUN</u> , Selda SEÇGİNLİ
09:30-09:40	Postoperative Care Management Of The Patient Developing Pneumonia Arter Femur Fracture: A Case Report	Bahar GÜVENDİR, <u>Muhammed Nasrullah ER</u> , Tuğçe KARGIN, Semra BÜLBÜLOĞLU
10 DECEMBER 2023, ORAL PRESENTATION Sunday 09:55-10:50	Chairs: Huriye KARADEDE, Beyzanur İŞBAY	
Hour	Presentation Title	Author/s
09:55-10:05	Caregiver-Friendly Policies in Elderly Care	<u>Sema OĞLAK</u>
10:05-10:15	Violence Encountered by Healthcare Workers in Home Care and Related Factors: A Systematic Review	<u>Cennet ÇİRİŞ YILDIZ</u> , Seda DEĞİRMENCİ ÖZ
10:15-10:25	Quality of Life and Affecting Factors in Stroke Patients: A Review of Postgraduate Theses	<u>Sercan KARA</u> , Mehmet Ata DEMİR, Özlem AKMAN
10:25-10:35	The Effect of Some Characteristics and Activities of Daily Living on Self-Care Power of Patients Receiving Hemodialysis Treatment in Nicosia State Hospital and Kyrenia Akcicek Hospital	Zuhal BAHAR, <u>Ülfet KRAL</u> , Sevda ŞAHİN, Kübra MUTLU

ORAL PRESENTATIONS

Home Care for Individuals Aged 65 and over Registered in Geçitkale-Serdarlı Municipality

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Background: It is defined as providing physical, social and spiritual protective, preventive, treatment and rehabilitative health and social services effectively and continuously in the environment where individuals in need of home care services live. Home care services are the provision of all service equipment, especially health services, to sick individuals in their own living environments in order to improve and raise the health level of individuals (Çoban ve Esatoğlu, 2004). In TRNC, the number of people providing home care services in Geçitkale - Serdarlı municipality in 2023 was determined as 321. In this research, the known sample calculation formula was used and the minimum number of participants was determined as 176 (Dağlı Z. 2019) This study was conducted as a descriptive study. 59.15% of those providing home care services are women and 40.85% are men. It was determined that 48.78% of them were related to the person they cared for, and 51.22% were not related.

Objective: It is aimed to examine the effects of some characteristics of home care providers and their compassion levels on the life satisfaction of individuals aged 65 and over who are registered in Geçitkale - Serdarlı Municipality. The fact that such a study has not been conducted before in TRNC increases the importance of this study.

Methods: This study was conducted as a descriptive study to evaluate the compassion, mercy and life satisfaction levels of individuals providing home care services (Çaparlar and Dönmez, 2016). This research covers people who provide home care services under Geçitkale - Serdarlı Municipality in TRNC in 2023. Universe of the Research This research covers 321 people who provide home care services under Geçitkale - Serdarlı Municipality in TRNC in 2023. 2.2. Sample of the Research Those who agreed to participate in the research and the desired The sample consists of 164 people who meet the criteria.

Results and Conclusion: It shows that the caregivers participating in the study have a wide age range, gender diversity, marital status, education level, number of children and income levels. These results shed light on the general participant profile of the study. These findings show that age group may affect the life satisfaction of caregivers, but other socio-demographic factors do not have a significant effect on this scale. While a significant difference was found in adult life satisfaction scores between age groups, other socio-demographic factors No statistically significant effect of the features on the scores was detected. That is, socio-demographic factors other than age group were found not to affect caregivers' adult life satisfaction. Statistically significant and positive correlations were found between caregivers' scores from the compassion sub-dimension of the Compassion-Compassion Scale and the scores they received from the Adult Life Satisfaction Scale as a whole and the sub-dimensions of self-satisfaction, social environment satisfaction and job satisfaction ($p < 0.05$).

Keywords: Care, Life satisfaction scale, Compassion – Compassion scale

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The Effect of Trauma Levels on the Quality of Life of People Who Lived Through the Earthquake in Turkey

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Background: A natural disaster such as an earthquake, has occurred or is expected to occur, causing distress. It is very important to understand the psychological effects of this disaster in our country and to raise individuals who are prepared to face these consequences. In this sense, it is necessary to identify risk groups and work to raise generations that are resistant to the negative psychological impacts of potential trauma. Severe earthquakes have a terrible impact on life because of the destruction, death, and injuries they cause events

Objective: This study was conducted to examine the effect of trauma levels on the quality of life of people who lived through the earthquake in Turkey.

Methods: The population of the research consists of 250 volunteer individuals who stayed temporarily in Adana and Mersin during the 6-7 February Turkey earthquake, are over the age of 18, and speak Turkish. Data were collected using 'The Participant Information Form', 'Post-Earthquake Trauma Level Determination Scale', and 'SF-12 QUALITY OF LIFE Scale'.

Results and Conclusion: In this study, it was determined that there were statistically significant and negative correlations between the participants' Post-Earthquake Trauma Level Determination Scale scores and SF-12 mental component scores ($p < 0.05$). **CONCLUSION:** The quality of life can be increased by meeting the needs of individuals who survived this earthquake, which is called the disaster of the century, by providing service to a multiprofessional team. The data obtained will guide the strategies to be developed to reduce the negative impact of earthquake trauma on people's quality of life.

Keywords: Earthquake, Trauma, Life Quality

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Unmet Care Needs of Cancer Patients Receiving Palliative Care

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Background: Cancer patients and their families often experience many symptoms that can be difficult to control, starting from diagnosis, throughout the disease and treatment process, after and in the terminal period. Managing these symptoms, especially pain, and improving the quality of life can only be achieved with palliative care provided by a multidisciplinary team. The purpose of palliative care; Based on the cultural, social and individual values of the individual and his family, it is to relieve pain and other symptoms arising from the disease and increase the individual's quality of life.

Subtitles: Aim: This review was prepared to examine the unmet care needs and frequency of cancer patients receiving palliative care and to draw attention to solution suggestions to meet these needs. Results: When the studies in the literature are examined, it is seen that the needs of patients are often in the form of psychosocial, emotional needs, meeting physical needs and desire for information. Bağcıvan et al. (2022) found in their study that the most frequently unmet palliative care needs of cancer patients were concentration problems (70%), worry (68%), difficulties in sexual life (63.6%), limitation in work and daily activities (61.4%) and depression. It was stated that it was aimed at problems such as feeling (58.5%). Bernardes et al. (2019) in their study, cancer patients reported moderate to high unmet needs most frequently in the physical/psychological (46%) and practical/cultural areas (34%), information/communication (23%) and hospital care (16%), In the same study, 'financial concerns' were identified as the most frequently reported moderate to high unmet need (20%). Sodergren et al (2019). In their multicenter study, it was stated that the unmet needs of cancer patients were especially physical, psychological and health system and information needs, and that these needs were associated with worse health status and quality of life at the end of treatment. Gebresillassie et al. (2021), in a different study, the highest unmet need average score was reported in the field of health system and information needs.

Conclusion: The number and level of unmet needs were high. Therefore, professionals working in palliative care and oncology units need to be aware of unmet needs and expect change over time. It is recommended that programs and care services be provided urgently for the identified unmet needs. It is envisaged that this review will provide guidance when planning the care that nurses and healthcare personnel will provide to cancer patients receiving palliative care.

Keywords: palliative care, cancer, unmet care needs, unmet supportive care, nursing care

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Investigation Of The Relationship Between Health Anxiety And Cyberchondria In Obese Individuals

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Background: Obesity, which is one of the major health problems of the 21st century in the world and in Turkey, constitutes a risk factor for many chronic diseases, especially diabetes, cardiovascular disease and cancer, and negatively affects the economies of countries directly or indirectly (WHO, 2021a). In 2017, the World Obesity Federation declared obesity not only a risk factor for diseases, but also a chronic and progressive disease (Blüher, 2019). In addition to physical health problems caused by obesity, it is closely related to various social factors and is the leading cause of poor quality of life, disability and social disadvantages (Blüher, 2019).

Objective: This study was conducted to examine the relationship between health anxiety and cyberchondria levels in obese individuals.

Methods: The descriptive and correlational study was conducted between 15 July and 21 November 2022. The sample of the study consisted of 389 obese individuals with BMI>30 who came to the obesity centre of a university hospital. Descriptive Information Form, Health Anxiety Inventory and Cyberchondria Severity Scale were used in the study.

Results and Conclusion: The total score of the Health Anxiety Inventory was 21.87 ± 9.70 and the total score of the Cyberchondria Severity Scale was 81.37 ± 20.11 . A significant positive correlation was found between health anxiety and cyberchondria levels. In addition, regression analysis showed that cyberchondria predicted health anxiety by 14%. Nurses working in the field of public health and mental health need to understand health anxiety and cyberchondria in order to determine the attitudes and behaviours that may occur in physical, social and mental areas in obese individuals and to apply nursing interventions when necessary. **Keywords:** Obesity, obese individuals, health anxiety, cyberchondria

Keywords: Obesity, obese individuals, health anxiety, cyberchondria

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Determination of Self-Efficacy Levels of Individuals with Chronic Obstructive Pulmonary Disease Who Admit to the Emergency Department According to Some Socio-Demographic Characteristics

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Background: Chronic Obstructive Pulmonary Disease (COPD) is an important chronic disease characterized by severe breathing difficulties, leading to mortality and morbidity, causing social and economic burden, and increasing worldwide.

Objective: This study was conducted to determine the level of self-efficacy according to some sociodemographic characteristics of individuals with chronic obstructive pulmonary disease admitted to the emergency room.

Methods: The research was conducted as a descriptive study. The study was completed with 300 COPD patients admitted to the Emergency Department of Dr. Burhan Nalbantoğlu State Hospital with the diagnosis of Chronic Obstructive Pulmonary Disease. The study was conducted between May 2023 and June 2023. Data were collected using the Patient Introduction Form and COPD Self-Efficacy Scale prepared by the researcher in line with the literature. The compatibility of the research data with normal distribution was examined by Kolmogorov-Smirnov test and it was determined that it did not show normal distribution. Mann-Whitney U test and Kruskal-Wallis H test, which are nonparametric tests, were used to compare the COPD Self-Efficacy Scale scores according to the socio-demographic characteristics of the patients and some characteristics related to the disease.

Results and Conclusion: In the study, the average self-efficacy scale of individuals with Chronic Obstructive Pulmonary Disease was found to be 1.55 ± 0.27 . The mean age of the participants was calculated as $(\bar{x} \pm s = 66.73 \pm 9.95)$. Of these, 163 were male and 87 were female. It was determined that there was no statistically significant difference between COPD Self-Efficacy Scale scores according to age groups, gender, educational status, marital status, family type, occupation, smoking status, house type, heating type, dampness of the house and the presence of smokers at home ($p > 0.05$). CONCLUSION Considering the continuity of the service in the maintenance of self-efficacy of individuals with Chronic Obstructive Pulmonary Disease, strategies should be developed to increase the self-efficacy levels of individuals with Chronic Obstructive Pulmonary Disease, since the contribution of nursing care provided with the home care model from a holistic perspective is important in improving self-efficacy and preventing recurrent hospital admissions.

Keywords: COPD, Self-efficacy, Nursing

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Determination of Intercultural Care Sensivity of Pediatric Nurses: Turkish Republic of Northern Cyprus Sample

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Background: Culture-specific nursing care requires respect for individuals' religious beliefs, lifestyles, and worldviews. This ensures that both the child and their family benefit equally from nursing care (Aktaş et al., 2016). One of the important components of pediatric nurses' professional approach is providing effective nursing care within their own culture and in accordance with cultural values for the patient and their family (Öztürk & Ayar, 2018).

Objective: This study was conducted to evaluate the intercultural care approaches of nurses working in pediatric wards.

Methods: The sample of this descriptive study consisted of 29 volunteer nurses registered with the Turkish Cypriot Nurses and Midwives Association and working in pediatric wards in the Turkish Republic of Northern Cyprus. The data of the study were obtained between 27.03.2023 and 31.08.2023 by submitting the survey online survey application. The data of the study were collected with the "Descriptive Characteristics Form" and "Intercultural Sensitivity Scale (ISS)" including sociodemographic and working characteristics. G-Power analysis was applied to determine the sample of the study. The data obtained were evaluated using descriptive statistics and independent samples t test in SPSS 23.0 package programme

Results and Conclusion: Results: The mean age of the nurses participating in the study was 37.76±6.942 years. It was determined that 82.8% of the nurses did not receive any training on intercultural care, 79% of them sometimes had problems with patients from different cultures, 75.9% of these problems were related to communication and 44.8% were related to traditional practices in child care. The nurses scored a mean score of 76.34±5.380 (range=63-90) on the Intercultural Sensitivity Scale (ISS). The mean total score of the Intercultural Sensitivity Scale was found to be high in nurses who worked less than 10 years. There was a significant difference between nurses who worked as pediatric nurses for more than 10 years and nurses who worked as pediatric nurses for less than 10 years in terms of the mean scores of the ISS ($p=0.038$; $t=2.181$). Conclusion: One of the important components of professional approaches of pediatric nurses is to provide effective nursing care to patients and their families within their own culture and in line with their cultural values. In this context, it is thought that it would be useful to provide training to pediatric nurses on intercultural sensitivity.

Keywords: Intercultural sensitivity, transcultural nursing, pediatrics, care

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Quality of Life And Symptoms In Head And Neck Cancer Patients; A Systematic Review

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Background: Head and neck cancers (HNC) are a group of cancers that include tumors occurring in the mouth, pharynx, larynx, buccal mucosa, tongue, salivary glands and sinonasal cavities (Hu et al., 2020). Tobacco, alcohol use and human papillomavirus (HPV) infection are the main risk factors for HNC (Billa et al., 2021). Treatment of HNC often leads to severe functional impairments, and patients experience a variety of physiological symptoms and psychosocial problems that are significantly associated with quality of life (Hammermüller et al., 2021).

Subtitles: Aim: In this systematic review, it was aimed to examine studies on the quality of life and symptoms of patients with HNC. Method: In the systematic review, national and international articles examining the quality of life and symptoms in patients with HNC were found in the "TR Index, ULAKBİM, Google Scholar, PubMed, Scopus, Web of Science" databases. In the screening was conducted with the keywords and combinations of "head and neck cancer patients, quality of life and symptoms, psychological problems, nursing care" in English and Turkish. Studies published in Turkish and English between January 2019 and November 2023, using the European Organization for Research and Treatment of Cancer, Quality of Life Scale and Head and Neck Module (EORTC QLQ-C30-H&N35-43) were included. In this review, 15 research articles with experimental/quasi-experimental randomized/nonrandomized control groups were examined without methodological evaluation.

Conclusion: Results: It has been found that continuous physical evaluation for two years after radiotherapy treatment in HNC patients increases quality of life, satisfaction, and reduces pain (Billa et al., 2021). Patients with HNC (n: 847) generally have worse values in terms of depression, anxiety, fatigue and quality of life compared to the general population, and social isolation and depression are higher in the patient group with changes in body image (Hammermüller et al., 2021; Liao et al., 2019). The most common symptoms in patients with HNC before surgery, 3-9 days and one month after surgery are pain, voice/speech difficulty, sleep disturbance and mucus problems (30.48%~91.43%). The number of symptoms in patients is related to poor physical function, tracheostomy, feeding tube, age and poor physical function and negatively affect the quality of life (Hu et al., 2020). In other studies, reviewed, it is seen that the number of symptom severity and clinical characteristics of the patients affect the quality of life. Enteral nutrition has positive effects on the nutrition and quality of life of patients with HNC (Tristan Asensi et al., 2023).

Keywords: Nursing, head and neck cancer, quality of life, QoL, symptoms

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The Effect Of Parents' Child Education Efficiency on The Quality Of Life of Children Aged 2-4 Years With Sensory Hearing Loss

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Background: Hearing loss has a significant impact on the lives of patients and their families. Hearing loss starting in childhood has a significant impact on children's social and academic performance by affecting their language and speech areas. Parents have a decisive influence on children's education, identity and personality construction, mind and value world, talent and skill development.

Objective: The aim of the study was to examine the effect of parents' child education efficiency on the quality of life of children aged 2-4 years with sensorineural hearing loss

Methods: Parents of 155 children (68F, 87E) aged 2-4 years with sensorineural hearing loss were included in the study. "Pediatric Quality of Life Inventory(PedsQL™)" and "Child Educational Efficiency Scale (CEES)" were administered to the parents with google forms. PedsQL was developed by Varni et al. Turkish validity and reliability studies were conducted by Özden Şükran Üneri (for 2-7 years). The parent forms consist of a total of four forms for 2-4 years and are a five-point Likert-type scale consisting of 21 items questioning physical and psychosocial functioning. The Cronbach's alpha coefficient of the total scale score of PedsQL™ 4.0 for children aged 2-4 years is 0.85. A high total score indicates a high quality of life. CEES, which was developed by Yesil, R., Aslenderen, M., Sahan, E. and whose validity and reliability study was conducted, consists of 37 items grouped under 5 factors. Cronbach's alpha coefficient of the scale is 0,922. The higher the total score of the scale, the higher the positive efficiency of the parent.

Results and Conclusion: A high level of correlation and statistically significant difference was found between PedsQL™ including sub-factors and CEES ($r > 0.50$), ($p < 0.05$). In addition, there was a statistically significant difference between all scales, including sub-factors, and age at onset of hearing loss and age of device, age of parents, number of children, educational status and income level, degree of hearing loss and unilateral or bilateral hearing loss, type of device, and duration of use ($p < 0.05$). In all scales except the Physical Function Subscale Score, a significant correlation was found between the unilateral/double-sidedness of the device and the birth order of the child ($p < 0.05$). As a result of the study, the effect of parents' child education efficiency on the quality of life of children with hearing loss was determined; it is thought that the study will guide the rehabilitation studies to be carried out to improve the quality of life of children.

Keywords: Sensorineural Hearing Loss, Pediatric Quality of Life Inventory, Child Educational Efficiency

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Nursing Care of an Elderly Individual with Hip Fracture Due to Fall According to Faye Abdellah and 21 Nursing Problem Theory: A Case Report

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Introduction: Nursing Care of an Elderly Individual with Hip Fracture Due to Fall According to Faye Abdellah and 21 Nursing Problem Theory: A Case Report Prof. Dr. Dilek ÖZÇELİK¹, Prof. Dr. Lale Ayşegül BÜYÜKGÖNENÇ¹ Department of Nursing, Cyprus Science University Faculty Introduction: It has been reported that 30-40% of individuals over 65 years of age fall every year worldwide and this rate increases with increasing age. It has been reported that the life expectancy of elderly individuals with hip fractures is shorter than the general population and 15-20% of them die within one year after the fracture, and the mortality rate increases 3.3 times in hip fractures accompanied by two or more chronic diseases. The data were collected between April 16-20, 2023 in the orthopedic service of a North Cyprus state hospital. The patient was diagnosed with deficiency in fulfillment of self-care, impaired sleep pattern, risk of infection, impaired physical mobility, risk of impaired tissue integrity, diarrhea, body image disturbance, activity intolerance, risk of impaired sensory perception, impaired body image, readiness to strengthen family coping, risk of spiritual distress, acute pain, readiness to strengthen coping, impaired social interaction, social isolation and nursing interventions were applied for these diagnoses.

Case: Case Report: P.K. is a 73-year-old housewife, mother of three children, living with her husband and son. In 2015, she had a surgical history of hysterectomy and cholecystectomy. She has bronchiectasis and has been receiving oxygen at 2-3 l/min for the last three years. She also has hypertension and heart rhythm disorder. The patient was 1.65 cm tall and weighed 80 kg with a body mass index of 29.41 kg/m². The pain intensity of the patient, who is immobile due to hip fracture, was evaluated with the Visual Comparison Scale and defined as 6 out of 10. On the morning of April 16, 2023, the patient who fell and was brought to the emergency department of the state hospital by ambulance was diagnosed with an intertrochanteric femur fracture as a result of the examinations performed, and surgery was performed on April 17. Medical diagnosis: intertrochanteric Femur Fracture, Hypertension, Heart Arrhythmia

Conclusion: Conclusion: The implementation of nursing care according to Faye Abdellah's 21 nursing problem model, which allows us to systematically take both the physical and emotional states of patients with physical and environmental changes, provides great convenience.

Keywords: Keywords: Elderly, Hip Fracture, Nursing Care, Nursing Theory

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Training Of Individuals Applying Periton Dialysis Treatment at Home Based on Ernestine Wiedenbach's Theory of "Nursing As An Art Of Helping"

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SUMMARY

INTRODUCTION

Nursing theories guide nurses in assessing the health of individuals, organising and evaluating the data obtained in nursing care and explaining these data based on evidence. One of these theories is Wiedenbach's theory of "Nursing as an Art of Help" in 1964. In Wiedenbach's theory, the application of nursing knowledge and skills to meet the needs of the patient is defined as art. According to this theory, in nursing practices; the individual's need for help is determined, this need is met, and it is evaluated whether the need is met (Baysan et al.,2019; Zuhur ve Özpancar, 2017).

PURPOSE OF THE RESEARCH

The aim of the nurse in patients on peritoneal dialysis is to educate and support the individual until the individual is able to care for himself/herself, to ensure that the individual can undertake his/her own care and meet his/her needs as soon as possible, and to help prevent or reduce the complications and problems that may arise.

In this respect, our aim is to show that the use of Wiedenbach's theory as a conceptual framework will be useful in the training of individuals before and after the start of peritoneal dialysis and to ensure its use in the field.

MATERIALS AND METHODS

It is the use of Wiedenbach's Theory as a conceptual framework in the education of individuals diagnosed with chronic renal failure and having a peritoneal dialysis catheter inserted.

In Wiedenbach's purpose-oriented and patient-centred theory, nursing practices consist of three stages:

1. Identification of the individual's help needs
2. Provision of assistance
3. Evaluation showing that the aid has achieved its purpose (Pektekin, 2013).

RESULTS AND CONCLUSION

Wiedenbach's nursing theory also helps nurses to make the necessary planning to meet the care and education needs of individuals applying peritoneal dialysis.

The theory guides nurses in the stages of determining the patient's education, methods and techniques, and finally evaluating the education provided and determining whether the need for assistance is met.

In this respect, it is recommended to use Wiedenbach's theory as a conceptual framework in the trainings to be given to individuals with peritoneal catheterization.

Key words: Nursing theory, Wiedenbach, Peritoneal dialysis, Education

INTRODUCTION

Chronic renal failure (CRF) is the gradual decrease in the filtering function of the kidney due to chronic kidney or systemic diseases and this slowdown is irreversible. Hemodialysis, Peritoneal Dialysis and Renal Transplantation are used as treatment methods in chronic renal failure. The main aim of all of these treatment modalities applied in CRF is to prolong the life span of the patients and at the same time to maintain the standard of living at an optimal level. Choosing one of these three different treatment methods according to the patients should be done by taking into account the medical needs (Özkan & Kars, 2020; Aylaz & Behice, 2010). Peritoneal dialysis (Pd), one of the treatment modalities for patients with End Stage Renal Failure (ESRF), consists of the transport of water and solutes between capillary blood and Pd solution (through a membrane separating the two compartments) via the patient's own peritoneal membrane.

During Pd exchanges, diffusion, convection and ultrafiltration simultaneously exchange fluids and solutes. Pd has many advantages such as cost savings, preservation of renal residual function, higher quality of life, and the capacity to serve more ESRD patients due to lower infrastructure requirements (Hüzmeli, 2021).

Nursing Theories

Today, nursing, which has ceased to be a professional group that only provides care to individuals, has become a professional profession that observes events and individuals from a broader perspective, plans and regulates with the scientific process and has standards of care. In this direction, models and theories guide the decision-making and critical thinking process for nurses. Nursing models and theories enable the assessment of the health of the individuals cared for, the organisation and analysis of the data obtained during the care process, and the reporting of this analysed information (Dağcı, 2019). The use of nursing models and theories in education, management, practice and research creates a conceptual framework in these areas and guides nurses on the way to quality care. Nursing theories reflect the authors' different views on the interaction between the concept of health, the environment and the social field related to the nursing profession. Each theory or conceptual model represents a specific pathway that guides nursing practice. Theories contribute to the development and professionalisation of the nursing profession as well as making sense of scientific results and systematising the information that forms the basis for new research. Therefore, the use of models and theories in nursing practices is of great importance (Alligood, M. R., & Tomey, A. M. (2018), Kaya et al., 2013).

Nursing theories and models contribute to the development of professional autonomy by guiding discipline-specific research, professional education and care practices. McKenna and

Slevin defined theory as a set of concepts, definitions and propositions that design a systematic view of a phenomenon by determining the special relationships between concepts in order to define, explain, predict and/or control a phenomenon. The model, on the other hand, was explained as "a mental or schematic representation of care that is systematically created and helps those who do the work to organise their thoughts about their work and to put these thoughts into practice for the benefit of patients and the profession" (Baykara et al., 2019).

The nursing process, which started with Nightingale in the 1860s in the historical process, forms the basis of today's nursing theories with theorists such as Peplau in 1952, Henderson in 1955, Abdellah in 1960, and Orlando in 1962. Nursing theories are based on the concepts of human, environment, health/disease and nursing. The theories have an important place in explaining the main concepts of nursing and the services that nursing and nurses can provide. In addition, it makes a great contribution to the development of holistic patient care by being based on scientific research. In the literature, nursing theories are also referred to as care models based on theories. Nursing theories consist of four groups when classified according to nursing diagnoses. These are;

1. Theorists who defined nursing in terms of art and philosophy; Nightingale, Abdellah, Widenbach, Hall, Henderson, Leininger, Orem, Watson, Adam, Parse.
2. Theorists who define nursing in terms of interpersonal relationships; Peplau, Orlando, Travelbee, King, Barnard, Reihl, Erikson-Swain-Tomlin.
3. Theorists who define nursing in terms of energy field; Levine, Fitzpatrick, Rogers, Newman.
4. System Theorists; Newman, Roy, Johnson. (Şengün ve Üstün, 2013).

Theories and models provide nurses with the opportunity to evaluate the health of the individuals they care for, to organise and analyse many data obtained during the care process and to explain this information based on evidence. Taking theories and models as a guide in research and practice helps nurses to focus on nursing role and practices, not medical practices, and ensures effective coordination between health professionals, resulting in fewer differences in practices. The fact that the needs of individuals who require long-term care and have chronic diseases with different courses also differ requires that the care to be given to these individuals should be individual-specific. The use of theories and models in the care given to individuals with chronic diseases makes a difference in individual-specific care; it enables systematisation of nursing care, providing holistic care to the individual and his/her family and increasing their quality of life (Zuhur and Özpancar, 2017).

Widenbach's Theory

Widenbach put forward the theory of "Nursing as an Art of Help" in 1964. Widenbach's view of nursing as "the art of helping" is based on perceiving life as a reward, valuing the existence of every human being, and helping individuals by respecting their independence, individuality, and faith (Muslu & Altuğ Özsoy, 2017). In Widenbach's theory, art means the application of knowledge and skills to meet the needs of the patient. The art of nursing is activated by the patient's behaviour and is based on the nurse's perceptions and emotions.

Understanding the patient's concerns and needs, setting goals and developing practices for the patient to be independent and guiding health plans constitute the art dimension of nursing (Teksöz & Ocakçı, 2014). Wiedenbach sees nursing as an art based on targeted care. According to him, nursing practices consist of determining that help is needed, meeting the needed help and verifying that the need for help is met (Baysan et al., 2019).

Nursing Interventions and Patient Education

Among health professionals, nurses are an important member of the team and are increasingly taking a leading role in the management of chronic diseases. It is stated that nurses are definitely involved in chronic disease management practices. Nurses have the opportunity to spend more time and communicate with patients due to the nature of their practices. Therefore, nurses, who are at the forefront of care practices, provide patient education, continuity and collaboration in care; communicate with patients, caregivers and society; use technology to improve the quality of care and support patient compliance with treatment in long-term treatments (İncirkuş and Nahcivan 2015).

One of the main roles of the nurse is to provide education in a planned manner in order to protect, develop and improve the health of the individual, family and society and to gain the necessary health behaviours. Within the scope of the educational role of the professional nurse, it is aimed to provide healthy and sick individuals with the necessary knowledge, skills, attitudes, behaviours and habits for healthy living (Şenyuva & Taşocak, 2007). Patient education is important in terms of improving the quality of life of individuals, gaining healthy behaviours, becoming independent, performing self-care and ensuring their adaptation to the disease (Avşar Gülçin, 2009). In successful chronic disease management, the patient should be able to take responsibility for his/her own health. The management of chronic diseases includes both the treatment steps of the disease and a process in which different education and training methods are used for the patient to become more independent (Zuhur & Özpancar, 2017). Among health professionals, nurses have a leading role in the management of chronic diseases and provide patient education, continuity of care and cooperation, and support the patient's adaptation to treatment in long-term treatments (İncirkuş & Nahcivan, 2015).

Education of Peritoneal Dialysis Catheterised Individuals and Wiedenbach's Theory

In Wiedenbach's purpose-oriented and patient-centred theory, nursing practices consist of three stages:

1. Identification of the individual's help needs
2. Provision of assistance
3. Evaluation showing that the aid has achieved its purpose (Pektekin, 2013).

The nursing process is a systematic method used to identify the health care needs of a healthy / sick individual and to provide individual-specific care. The nursing process forms the basis of nursing practices. The patient education process consists of data collection, planning, implementation and evaluation steps similar to the nursing practice process (Biro1, 2018).

Identification of the Individual's Help Needs:

There is no definite treatment method in most of the diseases diagnosed with chronic renal failure. As a result of the progression of the disease and irreversible loss of renal function, one of the treatments of transplantation, haemodialysis or peritoneal dialysis should be applied to patients in order to sustain their lives (Türker and Mercangil, 2017). Since peritoneal dialysis is a treatment method applied by the patient himself/herself at home, ensuring the effectiveness of the treatment and preventing complications depends on good education of the patient. Although the education of the peritoneal dialysis patient is a team work, it is primarily the responsibility of the nurse. The aim of education in peritoneal dialysis is to ensure the patient's participation in the treatment, to teach how to protect their health and what to do when their health deteriorates (Özkan and Kars, 2020; Akkuş, 2010).

SAPD Patient Education

Continuous outpatient peritoneal dialysis is a phenomenon that requires long-term monitoring, control, care and education because it can cause dependency in daily life activities of individuals at different rates and cause irreversible pathological changes. Since it is not possible to carry out this monitoring and care in a continuous hospital environment, it is continued at home. Home care of the individual with chronic disease is carried out by the patient or / or family members trained by the health personnel in cases where there is no home care system as in Turkey (Alagöz, 2018). Since SAPD is a treatment that is mostly applied at home, nursing care services at home are more weighted. In SAPD, the nurse is an important link of the chain in all kinds of care and treatment of the patient. Because the nurse is both a coordinator and a treatment provider in patient treatment. The aim of education in SAPD is to ensure the continuity of the treatment and the patient's participation in the treatment, to learn how to protect his/her health and what to do when his/her health deteriorates (Aylaz & Erci, 2008). Training in PD is carried out in three stages: - Pre-training - SAPD training - Continuing education

Pre-dialysis Education: In pre-dialysis education, the structure and functions of the kidney, causes and symptoms of CRF, treatment options are explained and the individual is helped to choose the most appropriate model for his/her lifestyle. Laboratory investigations are carried out to determine the physiologically appropriate method, and home visits are made to determine the psychological, social and home suitability. Pre-training is evaluated by the physician, nurse, dietician and social worker.

Continuous Ambulatory Peritoneal Dialysis Training: After SAPD treatment is decided, a comprehensive training is given on the normal function of the kidneys, dialysis mechanism, bag change preparation and change procedure, terms such as asepsis, antisepsis, sterility, disinfection, contamination, catheter and exit site care, infections, fluid balance, diet, medications, supply of materials, exercise, keeping records at home and its importance, aims and importance of home visits, regulation of home environment and routine controls, situations that require emergency visits to the unit and emergency call units. At the end of the training, various methods such as simple, small exams that can be applied at home and word games can be used to evaluate the patient's training as in the development of every new treatment, the development in continuous outpatient peritoneal dialysis is based on technological developments in medicine and the experiences and efforts of health personnel.

Nurses have the most important role both as an educator and as a practitioner. Patient education is the foremost condition for the success of continuous outpatient peritoneal dialysis treatment (Aydın, 2010).

Continuous Education: It is carried out to reinforce the information received by the individual in pre-training and SAPD training and to transfer new information. Since PD treatment is a chronic and continuously developing form of treatment, there is a need to transfer new knowledge and practices to individuals, and since the individual performs the treatment at home, the treatment and the application of the treatment have many side effects, it is necessary to carry out the training continuously and evaluate its effectiveness (Kazancıoğlu et al., 2010).

Provision of Help Service: According to Wiedenbach's theory, at this stage, the nurse is ready to provide the necessary help after defining the patient's need for help (Wiedenbach, 1963). A plan is prepared to meet the patient's need for help by taking into consideration the patient's and nurse's thoughts, what they have done and what they can do. If the patient accepts this plan, the way of implementation of the plan is explained to the patient and if the patient complies with the suggestions, the need for help is met. Otherwise, the reasons why the patient does not accept the suggestions should be investigated (Alligood, ve Tomey, 2018). The next stage of patient education after data collection is planning and implementation.

A successful patient education programme depends on a well-designed plan consisting of the aims and objectives of the educational process. The implementation of an individualised teaching plan including interactive teaching is important for a good education. In the selection of methods and techniques planned to be used during patient education, attention should be paid to the patient's learning needs, the characteristics and preferences of the patient and nurse, the content, environment, duration and resources of the education (Avşar & Kaşıkçı, 2009). Peritoneal dialysis patient education process consists of data collection/identification of educational needs, planning, implementation, evaluation/measurement, expected results and recording/documentation.

The data collection stage starts from the first encounter with the patient and his/her family and continues continuously. At this stage

Identify high-risk criteria for patient education (age, intellectual status, anxiety, vision, hearing problems).

- Determine the needs of the patient education programme.
- Determine the patient's knowledge and skill level.
- Assess the patient's motivation to learn.
- Determine the patient's physical readiness (pain level, hd treatment, nausea, etc.).
- Assess the patient's psychological readiness (such as refusal of treatment).
- Assess the patient's level of education and development (illiterate, different mother tongue, etc.).
- Assess the appropriate environment for the patient (home environment, hospital).

Planning Phase;

- Develop a training plan within the framework of the nursing care plan.
- Determine the priorities of the training and establish its objectives (such as change procedure and dressing first).
- Make an appointment according to the estimated Pd start time of the patient.
- If possible, plan so that the same nurse will train the same patient.

Implementation Phase;

There are two different training sessions. They are psychomotor skills and cognitive skills. Psychomotor skills; change application, needle application, instrumented peritoneal dialysis application, sampling, hand washing and dressing technique.

Cognitive skills are complications, controls, emergency calls, material supply, aseptic technique, record keeping, what is peritoneal dialysis.

Cognitive Skills;

- Since patients usually come to education in the uremic period or before/after dialysis, information should be explained at a simple level by using the narrative technique.
- When giving information, clear, clear information should be given, complex sentences should not be established.
- Medical words should be avoided as much as possible.
- Training periods should not exceed 15-20 minutes.
- Frequent repetitions should be made.
- Family members should be trained to support education.
- Information is reinforced by giving examples (if your dialysis fluid is cloudy, you may have peritonitis).
- The subject is reinforced with question and answer technique.
- Emphasise and repeat important points.
- Be a good listener.
- Give feedback to check whether they have understood what you have said (yes correct, very good, very good answer, very good question).

Choose appropriate audio-visual materials to complement your education (such as showing a picture of turbid fluid while explaining peritonitis).

Materials Used in Peritoneal Dialysis Training

During the training, easy-to-read/understand materials that provide information to patients and their relatives can be used. Visual materials can also be used for illiterate patients. Such as booklets, training tapes, training mannequins, training posters, training videos.

Psychomotor Skills;

- The lesson starts with the nurse explaining the purpose, inference and procedure of the lesson (such as we will learn the dialysis exchange technique today).
- The nurse teaches the relevant skill to the patient by using demonstration / simulation methods.
- Applications should be explained primarily by using simulation device, model, training apron.
- Explain the most important points to the patients at the beginning of the training (drug administration may cause peritonitis with incorrect application).
- Do not explain another skill until the patient performs the skill completely.
- Emphasise and repeat the important points.
- Encourage the patient to participate in the training.
- Be a good listener.
- The physical characteristics of the patient should be taken into consideration when explaining and performing the procedures (such as hearing problems, visual problems, right-left hand use).
- Sometimes it may be necessary to refer to a previously taught cognitive concept when teaching a procedure to the patient (when explaining the dressing of the chyme, signs of infection).
- If the patient has difficulty in remembering the information and following the lesson, they may have difficulty in applying the procedures, these patients should be helped to learn the skills by repeating them step by step.
- Applications such as drug administration, fluid sample should be explained and applied on the dialysis bag.

There is a link between cognitive, affective and psychomotor domain learning that cannot be ignored. For example, it is not enough for a nurse who aims to enable the patient to perform peritoneal dialysis on his/her own to provide information about this procedure. Psychomotor skills must also be acquired for the patient to perform this procedure. Because explaining or describing peritoneal dialysis is not the same as performing peritoneal dialysis. The realisation of learning in the affective domain is also one of the critical points to achieve the goal. Although the patient has the cognitive and psychomotor skills required to perform dialysis, he/she may not have the interest or motivation to perform it. Therefore, all three areas should be addressed in patient education (M.Feruze, 2019).

Evaluation of the help provided:

In the last stage, it is evaluated whether the patient's need for help has been fulfilled. The fact that the patient feels good and relaxed and regains the ability to cope with all his/her problems shows that the need has been met (Pektekin, 2013; Velioglu, 2012). The last stage of patient education is evaluation, which includes continuous review of the patient's learning development during and after teaching (İncirkuş ve Nahçıvan, 2015).

Peritoneal dialysis nurses should be subjected to continuous and systematic evaluation of the patient's progress through learning during or after training. When skills are automated, the

patient is considered ready when there is no need for reminders and guidance. Recognition of complications and taking appropriate precautions are assessed last by verbal questioning, demonstration and/or written examination. By means of documentation/recording, it is ensured that each patient's signature is recorded that they have received the training at the end of the training sessions.

If it is concluded that the need for help is not completed as a result of the assessment, the nurse should reconsider whether she/he has defined the need correctly, whether she/he has made convincing explanations about the patient's acceptance of this need, and whether she/he needs help herself/himself to meet the need (Pektekin, 2013). In cases where the trainings need to be given again, the training should be repeated. According to the 14.02.2012 dated dialysis regulation; patient training should be given at the beginning of treatment and then repeated every six months.

CONCLUSION

The inclusion of theories and models in the nursing discipline facilitates the understanding of phenomena (care, etc.) in the field of nursing, contributes to the development of nursing science, and guides research and care processes. The use of theory and models in the care process, which is the main responsibility of nursing, guides critical thinking and decision-making processes and enables them to use evidence-based practices. Using theories and models in the nursing process, the nurse can identify and predict problems in advance and take preventive interventions. Thus, the quality of care provided by nurses increases. The use of theory and models in nursing does not only make the nursing process or the care provided qualified.

The use of theory and models contributes to the development of nurses' critical thinking skills, the visibility of the care they provide, the development of the profession and the examination of planned interventions to ensure that individuals regain or improve their health. Nurses who develop critical thinking skills provide holistic and individualised care, make preliminary predictions to achieve desired or expected care outcomes, establish cause and effect relationships between planning and interventions, and provide effective implementation. In addition, theories and theories that provide standardisation in nursing care contribute to the professionalism and existence of nursing by gathering nursing on a common denominator. Thus, nursing care will be recorded and nursing will become visible. In addition, ensuring standardisation in nursing education, care and practices, evaluating and recording the quality of care provided have an important role in nursing discipline. As a result, the use of a conceptual framework based on theory and theories in nursing contributes significantly to the professionalism of the profession and its members (Demirbag, 2019; Koç et al., 2017).

Although interest in nursing theories has increased recently, their use as a guide to nursing practice and research remains limited (Zuhur & Özpancar, 2017). Nursing theories provide information and guidance on the most accurate and best of complex nursing practices (Baysan, 2019). Wiedenbach's nursing theory also helps nurses to make the necessary planning to meet the care and education needs of individuals applying peritoneal dialysis. The theory guides nurses in the stages of determining the patient's education, that is, assistance needs, providing assistance by using appropriate planning, methods and techniques, and finally evaluating the education provided and determining whether the need for assistance is met. In this respect, it is recommended to use

Wiedenbach's theory as a conceptual framework in the trainings to be given to individuals with peritoneal catheterisation.

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The Effect of Some Characteristics and Activities of Daily Living on Self-Care Power of Patients Receiving Hemodialysis Treatment in Nicosia State Hospital and Kyrenia Akcicek Hospital

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Background: Introduction Hemodialysis treatment applied in Chronic Kidney Failure is a treatment method that can cause secondary problems, reduce people's quality of life, and affect individuals psychosocially. For this reason, it is important for nursing to question the self-care status of hemodialysis patients according to their daily life activities and to support the patients in this regard.

Objective: Objective : This study was conducted to determine the self-care status of hemodialysis patients in TRNC by evaluating their daily life activities and the problems experienced after dialysis.

Methods: Materials and Methods: This descriptive study was conducted at Nicosia and Kyrenia State Hospital between April and May 2023, including 135 patients who applied to these centers for hemodialysis treatment. Socio -Demographic Characteristics and Patient Follow-up Data Collection Form, Self-Care Scale and Katz Daily Living Activities Scale were used to collect data . Frequency analysis was performed for the socio -demographic characteristics of the hemodialysis patients participating in the study , and descriptive statistics were given for the scale scores. The normal distribution of the patients' scale scores was examined with the Kolmogorov-Smirnov and Shapiro-Wilk tests and it was determined that they did not show a normal distribution. Accordingly , nonparametric tests were used in the study, Mann-Whitney U test was used to compare two groups, and Kruskal -Wallis H test was used to compare more than two groups. Correlations between participants' Katz Activities of Daily Living and Self-Care Strength Scale scores were examined with the Spearman test.

Results and Conclusion: Results: 30.37% of the patients included in the study were aged 70-79, 68.15% were male, 46.67% were primary school graduates, 90.37% were not working, 79.26% were not working. It was determined that of them 79.26% were married and 56.30% of them had a medium economic status. It was determined that the hemodialysis patients included in the study received an average of 17.12 ± 1.95 points from the Katz Activities of Daily Living Scale and 32.77 ± 5.29 points from the overall Self-Care Scale. It was determined that there was no statistically significant difference between the Self-Care Skills Scale scores of hemodialysis patients according to their age, gender, educational status and employment status, and that there was a statistically significant difference between the Self-Care Power Scale scores according to the patients' economic status and the patients' education level on hemodialysis. ($p < 0.05$).

Keywords: Self-care, activities of daily living, hemodialysis, nursing.

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Quality of life and affecting factors in stroke patients: A Review of Postgraduate Theses

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Objective: This study aimed to examine the postgraduate theses in the field of nursing in Turkey that examined the quality of life of stroke patients and to reveal the effectiveness of the interventions applied for quality of life.

Method: The population of this retrospective and descriptive study consisted of theses accessed by searching the page of the National Thesis Centre of the Council of Higher Education (YÖK). The sample was reached by searching with the keyword determined by the PRISMA-Checklist and the studies that met the inclusion criteria were considered. The inclusion criteria were that the title included the keywords "stroke patient", and "quality of life", the subject was nursing, it was carried out in the last 5 years (for theses between 2019-2023) and the full text was accessible. These were analysed according to the type of thesis, year of publication, sample group, research design, intervention applied and results.

Results: Within the scope of the study, 21 theses were accessed in the YÖK National Thesis Centre between 2019 and 2023; 6 theses that met the inclusion criteria were examined. It was seen that 50% of the theses examined were doctoral theses and the other 50% were master's theses. When the sample group was examined, it was seen that all of the theses were studied with a group of patients with high dependency levels with stroke. It was determined that 33% of the theses were semi-experimental and 77% were designed with a full experimental research design. In experimental and quasi-experimental studies, the mean scores of stroke patients according to the quality of life scale were between 10-21 and the quality of life was found to be low. It was seen that the effects of the interventions applied to improve the quality of life of stroke patients on the expected/targeted results were examined as Music Therapy (n=1), Tele-Nursing training based on Self-Care Theory (n=1), oral care training (n=1), sleep training (n=1), mirror therapy with virtual reality application (n=1), nurse follow-up programme (n=1), respectively. When all study results were analysed, it was found that all of the interventions positively affected the quality of life of stroke patients.

Conclusion: According to the theses conducted in the field of nursing in our country in the quasi-experimental and experimental research design, it was seen that the education and interventions applied to stroke patients had a positive effect on their quality of life.

Keywords: Nursing, Nursing Theses, Stroke Patients, Quality of Life

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Examination of the Effect of Some Sociodemographic Characteristics and Care Behaviors of Home Care Personnel Working in the Municipalities of the Turkish Republic of Northern Cyprus on the Patient-Centered Care Competency Levels

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Background: The main purpose of this study was to determine the effect of some sociodemographic characteristics and care behaviors of municipal staff who care for patients at home on their patient-centered care competency levels.

Objective: The main purpose of this study was to determine the effect of some sociodemographic characteristics and care behaviors of municipal staff who care for patients at home on their patient-centered care competency levels.

Methods: The population of this descriptive study consists of 60 personnel who provide health and care services to patients registered in Home Health Services. In the study, 60 nurses who agreed to participate in the study were included in the study without any sample selection. The data of the study were collected using the "Descriptive Characteristics Form, Care Behavior Scale-24 (BDI-24) and Patient-Centered Care Competency Scale (HMBYS)".

Results and Conclusion: As a result of the research, the average age of the care personnel was 28.91 ± 3.61 , 56.7% were women, 93.3% had a bachelor's degree, 68.3% were single, and the average score of the Care Behavior Scale was 4.31. It was determined that the highest score of the care personnel was 4.38 ± 1.02 from the assurance sub-dimension, and the lowest score was 4.21 ± 1.13 from the commitment sub-dimension. The mean score of the Patient-Centered Care Competency Scale is 68.22 ± 14.14 , the highest score of the care personnel is 23.70 ± 5.27 from the respecting patients' point of view sub-dimension, and the lowest score is 12.23 ± 2.75 from the patient advocacy sub-dimension. It was determined that they received While there was no statistically significant difference when the patient-centered care competency scale mean score of the care personnel was compared with the care staff's age, gender, education level, length of time working in the home care unit, and length of time working in the nursing profession, it was determined that there were statistically significant differences between marital status and the scale score average. According to this result, married care personnel's patient-centered care competency scale provision of patient comfort sub-dimension scores are higher than single care personnel, and there is a difference between the general scores of the care behavior scale and the general scores of the patient-centered care competency scale ($r = .585$; $p < .001$). A significant and moderate positive relationship was found. **Conclusion:** As a result of the research, it was determined that the perceptions of the nursing staff regarding the quality of care were positive, but the level of patient-centered care competence was high.

Keywords: Home Care Personnel, Care Behaviors, Patient-Centered Care Competency Level

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A Patient Who Developed Evisceration After Abdominal Surgery: Case Report

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Introduction: Relaparotomy is a surgical approach which is necessary as a result of complications after intra-abdominal surgeries (1). Wound dehiscence is an opening at the junction of the wound after surgical intervention. Evisceration is the incision and exit of an organ in the body which is a serious complication. When the wound suddenly separates, the intestines protudes outwards. Another complication that may develop postoperatively is wound infection. Wound infection not only delays wound healing but can also cause sepsis, which leads to hospitalization and, in the worst cases, death (2).

Case: An 84-year-old female patient, who underwent Miles operation in a State Hospital. The patient was diagnosed with a malignant neoplasm of the rectum. The patient was admitted to the ward after developing an intestinal evisceration. The evisceration was detected in the first postoperative month. The skin and subcutaneous tissues were sutured and a perneous drain was placed. During the clinical follow up period, the patient's clinical condition was good, but since she was detected with an eviscerated for a second time, a decision of fascia repair at the operating room was made. Controlled stump leakage was observed during emergency laparotomy performed on 11.05.2023. Separation was observed in the stoma. The abdomen and stoma area were irrigated with physiological saline. Two drains were placed in the abdomen and under the skin. The skin was sutured. A revision of the stoma was performed by placing a Jackson Pratt drain around the stoma. The patient cultures grew *Pseudomonas aeruginosa* in the wound swab taken on 17.05.2023, had been taking Ceftriaxone and Metronidazole since 11.05.2023 . Her fever was monitored.

Conclusion: Evisceration requiring laparotomy is one of the most important complications in patients undergoing an abdominal incision during a major surgery. The most rational method is to try to prevent evisceration rather than treating it. Therefore, it is crucial to identify the factors that may cause evisceration and take appropriate precautions during the perioperative period for those that can be corrected (3).

Keywords: patient, evisceration, abdominal surgery

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Effects Of Aromatherapy On Cancer Patients: A Systematic Review

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Background: Background: Cancer treatment methods, which are considered an important health problem and draw attention with the increasing number of cases day by day, reveal many negativities. At this stage, aromatherapy comes to the fore as a complementary treatment.

Subtitles: Objective: The aim of this systematic review is to investigate the existing literature focused on examining the effects of aromatherapy products applied to relieve some symptoms and complications in cancer patients. Methods: The universe of the study consisted of articles accessed by scanning national and international databases "Google Scholar", "TR Index", "Web of Science", "Scopus", "Pubmed" between 2018-2022. In the review, publications containing Turkish-English keywords "cancer", "patient with cancer", "aromatherapy", "nursing" and data on the effects of aromatherapy on cancer patients. 15 articles, whose languages were Turkish-English, published in the last five years and whose full text was accessible, were included in the research.

Results: It was seen that the 15 studies examined were conducted on cancer patients, cervical cancer, cancer patients undergoing colorectal surgery, and pediatric patients diagnosed with cancer. In studies, essential oils such as mint, lavender, lemon, sage, sandalwood, aloe, musk, bergamot, sweet orange, St. John's wort, eucalyptus, sweet almond, grapefruit and ginger were used and cancer patients experienced nausea, vomiting, pain, anxiety, anxiety and sleep. Effects on symptoms such as quality and appetite were observed by using methods such as massaging, smelling, spraying into the room with a diffuser, burning and applying. In line with the results obtained from the scans, it has been observed that aromatherapy is effective and its symptoms decrease in cancer patients who received aromatherapy.

Conclusion: Conclusion: As a result of this review, it was observed that aromatherapeutic oils applied with various application methods provided a reduction in symptoms and complaints of cancer patients such as pain, nausea, vomiting, sleep disturbance, anxiety and anxiety.

Keywords: Cancer, Patient with cancer, Aromatherapy, Nursing

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Caregiver-Friendly Policies in Elderly Care

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Background: Background: Given the care needs of the growing ageing global population, labor force participation is affected. In this case, it significantly affects the number of caregivers-workers providing care and assistance to dependent elderly when working with paid work. Caring for elderly people is increasing the pressure on caregivers-employees, so that long-term care services are not sufficiently to meet increasing needs. Recently, some of the countries have address a caregiver-friendly workplace policies the needs of carers are implemented. From an economic perspective, employers have much to gain by implementing caregiver-friendly workplace policies into their employment practices such as increasing employee retention, less employee turnover, reducing lowered efficiency, and improved satisfaction. Thus, considering that caregiver-employees play a significant economic role in society, by working in the labor force while also providing care to people with dependent, it is necessary for employers and government to seek work-life balance strategies is that allow caregiver-employees to integrate paid work and unpaid caregiving.

Subtitles: Objective: The aim of this paper is to investigate this practices that provide support to caregivers who are both formal employment and fulfill the responsibility of caring and give information about best practices in European countries. Method: In this context, WHO, UNECE, OECD European Union and AGE Platform Europe publications were researched and evaluated in the light of current data.

Conclusion: Results and Conclusion: A large number of policies implemented including part-time work, flexible work arrangements, post-care work guarantee, and unpaid leave. It is seen that the efforts in European and other development countries. Keywords: Long-term care, Caregiver employees, Caregiver-friendly workplace policies, elderly care, work-life balance.

Keywords: Long-term care, Caregiver employees, Caregiver-friendly workplace policies, elderly care, work-life balance.

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The Effect of The Quality of Life After Covid-19 Of Individuals Over 65 Years Of Age Living In Trnc On The Physical Activities Of The Elderly

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Background: The effect of the quality of life after covid-19 of individuals over 65 years of age living in trnc on the physical activities of the elderly.

Objective: This research; It was conducted to determine the effect of post-Covid-19 quality of life on physical activity of individuals over the age of 65 who had Covid-19.

Methods: Materials and Methods: The research was conducted with the relational scanning model. The population of the research consists of people aged 65 and over (n = 365) who have had Covid -19 and live in the Iskele region of the Turkish Republic of Northern Cyprus. The research sample consists of individuals aged 65 and over who have had Covid - 19 (n: 195), who participated in the research voluntarily . Personal Information Form, COVID-19 – Impact on Quality of Life Scale (COV19-QoL) and Physical Activity Scale for the Elderly were used as data collection tools in the study. Package for statistical analysis of research data for Social Sciences (SPSS) 26.0 software was used. The distribution of the elderly according to their socio-demographic characteristics was determined by frequency analysis, and descriptive statistics were shown for the Physical Activity Scale for the Elderly and COVID-19 – Impact on Quality of Life Scale scores. The normality of the scores of the Elderly Physical Activity Scale for the Elderly and the COVID19 – Impact on Quality of Life Scale were examined with the Kolmogorov-Smirnov test and skewness-kurtosis values and it was determined that they showed a normal distribution. Accordingly, parametric tests such as t test, ANOVA, Pearson correlation test were used in the research. The predictive power of the Elderly COVID-19 – Impact on Quality of Life Scale scores on the Physical Activity Scale for the Elderly scores was examined by linear regression analysis.

Results and Conclusion: As a result, as the individual's age increases, his ability to do physical activity decreases. Accordingly, it causes them to be inadequate in daily life activities (house cleaning, hygiene, gardening, etc.).Elderly people, whose economic situation is less than their income source, cannot meet their basic needs (grocery shopping, hospital expenses, personal needs, medicine, etc.). As the physical activities of the elderly increase, the impact of Covid-19 on their quality of life decreases. As physical activity levels increase in individuals over the age of 65 who have had Covid , the impact of Covid-19 on the individual's quality of life decreases

Keywords: elderly, exercise, pandemic, Covid-19

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Nursing Care for a Kidney Transplant Patient According to Gordon's Functional Health Patterns Model: A Case Report

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Introduction: Chronic renal failure is a chronic disease that significantly affects the lives of individuals. Among renal replacement therapies, transplantation is a treatment method used to improve the quality of life of patients. This method may have negative consequences on patients. Kidney transplant patients may experience some problems during the treatment process, such as compliance with treatment, nutrition, infection risks due to immunosuppressive treatments used, risk of kidney rejection, psychological problems and insomnia. In order for transplanted individuals to live a better quality of life, their problems must be identified and nursing approaches must be applied in this regard. The aim of this case is to plan and implement nursing care with a systematic, holistic approach to the individual who has had a kidney transplant, according to Gordon's functional health patterns model. Data were collected from the patient using the case method in the TRNC Transplant Service in December 2022, using the Patient Diagnosis Form according to Gordon's FSÖ Model and performing a physical examination.

Case: Our patient, 57-year-old male patient C.G., had a kidney transplant 2 months ago. He was admitted to the emergency room with complaints of high fever, malaise, fatigue and weakness. After the examination and tests, the patient with a CRP of 24 was admitted to the Transplantation Service. Blood pressure 100/60 mmHg, radial pulse 86/min, respiration 16/min. and his temperature was found to be 36.5 °C. As a result of the anamnesis and physical examination taken from the patient; Nursing diagnoses were made for effective health management, infection, hyperthermia, overweight, risk of variability in blood glucose levels, risk of constipation, fatigue, disruption in sleep pattern, impairment in comfort, lack of information, ineffective sexuality pattern, and anxiety.

Conclusion: In this study, the application of Gordon's Functional Health Patterns Model applied to the kidney transplant patient effectively made diagnosis, planning, implementation and evaluation in line with the data. The patient was given effective nursing care regarding his health and illness. Some of the problems have been completely resolved, some partially. The patient stated that he was satisfied with the care he received. It is recommended to apply this model on chronic diseases.

Keywords: Kidney Transplant, Gordon's functional health patterns model, nursing care.

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The Effect of the Care Burden of Those Who Provide Informal Care to Palliative Care Patients in Nicosia Province of The Turkish Republic of North Cyprus, On The Health Perception Of The Patients

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Background: As a result of the increase in life expectancy of people due to the improvement of health practices and the resulting increase in the elderly population, the need for people who care for elderly individuals is increasing. People who provide informal care encounter some problems in their lives due to factors such as changing family structure, living standards, and the increase in chronic diseases. It is known that the attention expected by the patients they care for negatively affects the life of the caregiver, that working people's frequent leave from work causes negativities in their work lives, that they experience financial anxiety and socialization problems, and that they sometimes experience problems due to losing control of their own lives and the person they care for. It is predicted that this situation may have negative effects on caregivers' perception of their own health. Nurses play an active role in this situation. Tasks such as making home visits to informal caregivers to evaluate the condition of the patient they care for, monitoring the patient, providing support in difficulties experienced, taking a holistic approach and planning training when necessary are the responsibility of the nurse and the healthcare team.

Objective: This research is a descriptive type research conducted to examine the effect of the care burden of informal caregivers of palliative care patients on the patients' health perception in the Turkish Republic of Northern Cyprus, Nicosia.

Methods: The population of the study consists of 3500 people and the sample consists of 346 people. The dependent variable in the study consists of the patients' health perception average score, and the independent variables are the caregivers' age, gender, marital status, education status, employment status, chronic disease status and caregivers' care burden average score. Socio-demographic data collection form, Care Burden Scale and Health Perception Scale were used as data collection methods in this research. As descriptive statistics, number percentage, arithmetic mean, standard deviation and marginal tables were used. As analytical statistics, dependent and independent variables were examined with two means and one-way variance analysis in parametric assumptions, Mann-Whitney U Test and Kruskal-Wallis analysis in non-parametric assumptions, and a simple correlation was made between caregivers' care burden mean score and patients' health perception score mean.

Results and Conclusion: As a result, people who provide informal care to palliative care patients should be trained at regular intervals, social support projects should be created and training curricula should be organized in this context.

Keywords: Palliative Care, Health Perception, Informal Care, Care Burden, Nursing

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Examination Of Women's Psychological Well-Being, Depression, Anxiety, Stress Levels And Stress Coping Styles

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Background: Examination Of Women's Psychological Well-Being, Depression, Anxiety, Stress Levels And Stress Coping Styles

Objective: The research was carried out in quantitative, descriptive and analytical types in order to examine psychological well-being, depression, anxiety, stress and styles of coping with stress in women's lives.

Methods: The research was carried out in quantitative, descriptive and analytical types. The research was carried out on women in the European region of Istanbul Province. 222 women were reached in the research sample and the power of the research was 86%. In the research, ethics committee approval and written permission were obtained from the participants. The data were collected face to face and online via Google form using psychological well-being (Telef, 2013), depression anxiety stress (Yılmaz et al., 2017) and stress coping style scales (Şahin, Durak, 1995). The data were analyzed in the SPSS v27.0 version package program (George, Mallery, 2020).

Results and Conclusion: In the study, the average age of women was 37.49 (min: 18; max: 79) and 45.05% had a bachelor's degree. Women's psychological well-being is at a moderate level (\bar{X} : 40.57 ± 10.4), they experience depression at a normal level (\bar{X} : 11.85 ± 8.03), anxiety at a moderate level (\bar{X} : 10.94 ± 7) and stress at a normal level (\bar{X} : 13.77 ± 7.82) has been detected. Women's "problem-oriented stress coping style score" \bar{X} : 1.88 ± 0.35; "emotion-oriented stress coping style score" is \bar{X} : 1.3 ± 0.46. Women's education level, income-expense situation and social security have an impact on their psychological well-being ($p < 0.05$), and the education level is similar to the study conducted by Ayçiçek (2020). Women's age affects anxiety and stress; Having COVID 19 infection has an effect on depression and anxiety ($p < 0.05$). It has an impact on women's age groups, family structure, social security status, problem-oriented coping style and its sub-dimensions; The fact that women's professional groups are effective in the submissive approach is similar to the business life in Aslan's (2019) study (Aslan, 2019); Losing a loved one due to COVID 19 infection was found to be effective on the helpless approach subscale ($p < 0.05$). In the study, there was a negative and weak relationship between women's psychological well-being average score and depression ($r: -0.357, p < 0.001$), anxiety ($r: -0.203, p < 0.01$) and stress ($r: -0.232, p < 0.001$). There is a relationship. According to the regression models made in the study, psychological well-being level accounts for 12.7% of depression; problem-oriented approach accounts for 7.8% of depression; emotion-oriented approach accounts for 21.5% of depression and 15.1% of stress; Depression, anxiety and stress explain 32.3% of the helpless approach ($p \leq 0.001$). Conclusion and recommendations: Women's psychological well-being is moderate,

depression is normal, anxiety is moderate and stress is normal. It was found that psychological well-being in women increased the self-confident approach and women with high levels of depression, anxiety and stress used the helpless approach. It is recommended that women be screened regularly and supported in developing effective skills in coping with stress.

Keywords: Nursing, psychological well-being, depression anxiety stress level, style of coping with stress.

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Evaluation of Health Anxiety and Cyberchondria Levels in High School Students

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Background: The present study evaluated the health anxiety and cyberchondria levels of high school students. A questionnaire was applied to students receiving education at a public school in Istanbul. No significant difference was found between some characteristics of students, such as age, parental education level, income status, and health anxiety levels. A significant correlation was revealed between students' gender, presence of chronic disease, time spent on the internet and health anxiety. A positive correlation was detected between the cyberchondria levels of high school students and their health anxiety levels. In line with the findings obtained, it was determined that three variables affected health anxiety at a rate of 31% in the multiple regression analysis, which examined the effects of students' gender, frequency of doing research on the Internet, and cyberchondria levels on health anxiety. Accordingly, it was revealed that there was a weak or moderate correlation between students' health anxiety levels and cyberchondria levels and that their health anxiety levels increased with an increase in their cyberchondria levels. It is thought that this information will provide a general view of the health anxiety and cyberchondria levels of young people and will guide the strategies to be created to reduce their anxiety.

Objective: The research was carried out to evaluate the effect of some characteristics of high school students and their cyberchondria levels on their health anxiety level.

Methods: Population and Sample The sample group consisted of 328 students whose questionnaire was acceptable, due to students who did not accept to participate in the study, filled out the data form incompletely and did not come to school. The power of the study was found to be 99% with the retrospective power analysis performed on the research sample. Data Collection The data were collected face to face between certain dates (20 September - 20 October 2022). It took an average of 10 minutes to answer the questionnaire, and then the questionnaires were collected. Data Analysis All data were entered, coded, and analyzed using SPSS 26.0. In the data evaluation, descriptive statistics and regression analyses with the variables found to be significant were performed.

Results and Conclusion: As a result, it was observed that there was a positive and weak or moderate correlation between students' health anxiety levels and cyberchondria levels, and that their health anxiety levels increased with an increase in their cyberchondria levels.

Keywords: Adolescent, Nursing, Health Anxiety, High School Students, Cyberchondria

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Internet of Medical Things and Smart Health Systems and Its Reflections on Application: A Systematic Review

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Introduction:

Today, in the first quarter of the 21st century, the Internet of Things (IoT) and the third industrial revolution or digital transformation are changing our lives at a great pace. In this process, other technological systems related to the "Internet of Medical Things (IoMT)" create socio-economic value with new opportunities/challenges in providing and maintaining qualified health care services to the individual/family/society (Laplante et al., 2018). IoMT is defined as smart, programmable and learning systems that connect "all things" in the field of healthcare and have the ability to interact more with people (Laplante et al., 2018). In Smart Healthcare Systems (SHS), IoT consists of "sensor, collector, communication channel, software/hardware product that provides external data, and decision trigger" (Voas, 2016). IoMI, on the other hand, challenges healthcare professionals, system designers and practitioners in terms of political, behavioral, physical, communicative, logical, structural and ethical aspects, with its nature, including biological data, calculations and physical/technological limitations. Governments make many legal regulations and publish and constantly update guiding principles such as security, privacy, equality and accessibility (FDA, 2023). SHS can "track people, objects, and human-object combinations in acute care, community-based care, and long-term care facilities (Laplante, et al., 2018). These systems can automatically measure, send, upload and interact with data. It even processes data with artificial intelligence (AI)/ machine learning (ML) and triggers decision makers. Confidentiality, security, and privacy are of particular importance in SHC systems due to the sensitive and personal nature of the information (Abernethy et al., 2022). In IoMT systems, the hierarchy of care-related attributes includes "security, accuracy, reliability, empathy, privacy and care". It seems important to ensure the participation of all stakeholders (system engineers, computer scientists, doctors, nurses, and most importantly, patients in determining the needs) in defining the concept of care within a new healthcare system. It also points out that there is a strong need for domain expertise and deep interprofessional collaboration (nurses and engineers) in planning IoMT healthcare practices (Laplante & Kassab, 2022)

Aim:

The aim of this systematic review is to examine published studies on the use of SHS systems containing IoMT and AI/ML in healthcare applications.

Method:

In this systematic review, Turkish / English "IoMT," AI/ML, SHS and nursing care" keywords and combinations were searched from Academic Google, ULAKBİM, Pumbed, Scopus Web of Sciences databases. In academic Google, 2830 compilations/researches were reached between

2018 and 2023, and 47 of them, including two systematic reviews and different application examples, were examined without evaluation.

Results;

Remote diagnosis and video monitoring, use of drones (remotely controlled unmanned vehicles) for medical equipment transportation, continuous monitoring of inpatients, monitoring of psychiatric patients, waste management in the hospital, patient monitoring in the ambulance, sudden baby monitoring are examples of use of IoMT systems in reducing costs while improving patient care. It is emphasized that the use of health care applications such as CO₂ monitoring in death syndrome, automatic prescription renewal with remote patient and drug dosage monitoring, using sensors as add-ons to glasses, and intraocular pressure monitoring in glaucoma can reduce costs, increase efficiency, and prevent readmissions in patients (Arora, 2020; Navaz, 2021). "Smart beds" that can detect when the patient is trying to get up, and alert systems that send data to the care team when medication is not taken (Laplante & Kassab, 2022), processing of heart and brain MRI with AI/ML techniques, assistive home robots that support the elderly and patients with memory disorders (Abernethy et al., 2022); Applications such as systems used in minimally invasive surgeries, endocardial tracking in ultrasound data, automatic detection of epileptic seizures before they start, and augmented reality in health education can be given as additional specific examples (Navaz, 2021). China responded to the COVID-19 epidemic by using 5G applications and building a new hospital based entirely on the cloud medical system. Securing the SHS was able to successfully detect intrusions with 95% accuracy with the ML-based software program (Basharat, et al., 2022). Smart healthcare systems (SHS) are used together and real-time data such as intensive care can be evaluated and disease management and prevention can be provided by implanting/wearable IoMT devices into the patient's body. It can be used with additional data security systems to this system (Srivastava, et al., 2022).

Overall, IoMT-based SHS has significant potential benefits, such as next-generation healthcare, accelerating testing/treatment procedures, reducing the cost of doctor visits, effective response to various emergencies and the spread of pandemics, and improving the quality of patient care (Navaz, 2021).

Conclusion and recommendations:

IoMT technologies and AI /ML-based SCH is an emerging research field that has attracted the attention of researchers, industries, and governments worldwide for its potential to transform the healthcare sector into a productive ecosystem. As the world moves towards digital healthcare, IoMT technologies and AI and emerging technologies are recommended to be included in international and national public health planning guidelines. The challenges of adopting SHS appear to be improving the technical expertise of healthcare stakeholders, educating the public, and ensuring "privacy and security" in the exchange of health data. It is expected that digitally enhanced technologies that facilitate new self-care mechanisms will be adopted in the future.

Key words: Internet of Medical Things, IoTM, Nursing Care, SHS, Smart Healthcare Systems

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Professionalism And the Criteria For Professionalism In Nursing

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Background: Professionalism, also known as doing the job with as little error and orderly as possible, has become a crucial factor in meeting both individual and social needs in an efficient and sustainable manner. There is the fact that people who are served and served in the field of health make professionalism more urgent and important in this field.

Subtitles: The industry's intense and chaotic environment makes it a little difficult to specialize in this field and requires a certain amount of personal and organizational sacrifice. One of the groups in this field is the nurses working in the medical sector. Looking at the historical course of the nursing profession, it is clear that the most primitive communities existed in all ages from the period when they existed and held an important place in people of all ages. The profession was technically shaped over time and went through modern developments one after another. Nursing was previously only kept in the name of patient care, considered a religious duty, as if it had progressed as a sacrifice in the name of a religious holiness, then it was equated with assistant physician. It is now defined as a specialty with a scientific and contemporary approach.

Conclusion: Technological and political developments in recent years have also affected the health system, leading to changes in the roles and functions of nurses as one of the service providers of the health system. In particular, in order for preventive services to take precedence over therapeutic services, it is necessary to switch from sick people to healthy people and their families. This affects the duties and responsibilities of the caregiver. In addition to the role of supervisor, educational, consultant, decision maker, manager and coordinator roles will be emphasized. As such, the nursing profession is experiencing a process from the traditional nursing model to professionalism. The benefits of achieving professionalism for individuals, organizations and communities are far beyond expectations. Within the framework of the scientific and technical aspects of the profession, many features are mentioned, such as openness to research and continuous learning, change in the context of innovation and creativity, autonomy on the one hand, and cooperation with professional organizations on the other.

Keywords: Nursing, Profession, the Criteria or Professionalism in Nursing , Professionalism

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Home Care Services During COVID-19: Experience of Shkoder's Nurses

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Background: Nursing home care refers to the provision of long-term care services to individuals who are unable to live independently and require assistance with activities of daily living such as bathing, dressing, eating, and medication management.

Objective: The purpose of this study is to explore the experience of nursing home care in Shkoder during COVID - 19. It aims to explore the key challenges and concerns associated with nursing home care during the quarantine period.

Methods: A qualitative phenomenal approach study was conducted. Data were collected through one-on-one semi-constructed interviews. In this study were included 30 nurses who offered their service at home to patients during the pandemic. Only the nurses who have a bachelor's degree in nursing and have at least 1 year of experience in providing home care were included in the interview. Those who refused and people who did not offer this service at home were excluded. Out of 37 nurses, 30 agreed to be part of this study. All these people have been invited for an interview via WhatsApp. Then we went to their place of work where the interviews were conducted in a separate room at their place of work. All audio-recorded interviews were transcribed into typewritten text and qualitatively analyzed using an inductive thematic analysis approach. Inductive thematic analysis is a method for identifying, analyzing, and reporting patterns or themes independently from existing theoretical frameworks or categories. The period of this study was January – February 2023.

Results and Conclusion: Out of 37 nurses, 30 agreed to be part of this study. 95% of them were female, all licensed, and over 5 years' experience. Minimum 28 years old and maximum 58 years old. All of them were residents of Shkodra city. The experiences of Shkodra's nurses in delivering home care services during the COVID-19 pandemic highlight their dedication, adaptability, and resilience. Despite facing numerous challenges, they provided essential care to patients in the comfort of their homes. The collaboration with multidisciplinary teams, utilization of telemedicine, and increased patient engagement have proven instrumental in ensuring effective home care services.

Keywords: COVID-19, home care, nurse, Shkoder

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Violence Encountered by Healthcare Workers in Home Care and Related Factors: A Systematic Review

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Background: The need for home healthcare services is increasing day by day. However, the isolated nature of home care environments brings with it the risk of exposure to violence by healthcare workers. Despite this, violence against healthcare workers providing services in home care settings by patients and their relatives has not been adequately addressed.

Subtitle: Aim: The aim of the study is to address and systematically examine current evidence on violence and related factors encountered by healthcare workers in home care. Method: EBSCOhost, PubMed, Scopus and ScienceDirect databases were searched using the keywords “homecare, home care, healthcare worker, violence, aggression, abuse and occupational injuries” during the screening. The scans were limited to articles published between 2013 and 2023. While randomized controlled studies, quasi-experimental studies, observational (cross-sectional study etc.) studies were included in the study, qualitative studies, theses, pilot studies and congress papers were excluded from the study. In the scans, 1615 studies were reached. These studies were evaluated and only 12 met the inclusion criteria. The researchers evaluated and decided on the studies to be included, first separately and then together.

Results: The studies were conducted in the USA (n=5), Japan (n=2), Saudi Arabia (n=1), Canada (n=1), South Korea (n=1), Australia (n=1) and Switzerland (n=1). Research has revealed that homecare health workers are exposed to high rates of violence. In general, the most common of violence encountered by healthcare workers in home care was verbal violence, followed by physical violence and sexual harassment or sexual assault. Exposure to violence was found to be associated with gender (frequently being female), age (young age), occupation (being a nurse), duration of professional experience, race, education and number of home visits. Patients aged 80 years and older, male, with psychiatric disorders, substance use, and a history of violence were found to be more violent. In addition, dissatisfaction with the visit, unmet expectations of patients and their relatives, lack of awareness of patients and their relatives about the scope of home visits, suspicious incidents at home or in the neighbourhood were found to be associated with violence.

Conclusion: Considering the prevalence of violence faced by health care workers in home care, there is a need to develop policies on violence in home health care settings, to increase inspections and to expand trainings for workers.

Keywords: Home care, healthcare workers, violence, nurses.

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Effect of Mobile Health Application Based on Omaha System on Physical, Psychosocial, Cognitive Symptoms and Quality of Life in COVID-19 Patients

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Background: Mobile health applications have been developed to monitor COVID-19 symptoms during the pandemic (Kondylakis et al., 2020; Singh et al., 2020; IQVIA, 2021; Schmeelk et al., 2022). The limitations of these applications are that they are only designed to collect data, the collected data cannot be shared with health care providers, and health providers cannot provide feedback to patients. (Timmers et al., 2020). However, if public health nurses, who play an important role among health care providers, collect quality and complete health data and provide feedback to patients as soon as possible, effective management of home monitoring of COVID-19 patients can be achieved.

Objectives: The aim of the study is to develop a nurse led mobile health application based on Omaha System and to examine the effect of the developed application on physical, psychosocial, cognitive symptoms and quality of life in COVID-19 patients followed at home.

Methods: This study was conducted in two phases. In the first phase, a nurse led mobile health application based on Omaha System (COVOS) was developed. In the second phase, a single-blind, pretest-posttest randomized controlled experimental study was conducted to evaluate the effectiveness of COVOS. Participants in the intervention group had their symptoms monitored using COVOS and received individualized symptom management through nursing interventions that were provided in COVOS contents (videos, information texts). Participants in the control group had their symptoms monitored by telephone interview and received standard care. All participants in the study provided informed consent, and the Istanbul University-Cerrahpaşa, Cerrahpaşa Faculty of Medicine Clinical Research Ethics Committee approved the study. Outcome variables were evaluated at pretest, 1st, 2nd, and 3rd months. The sample of the study consisted of 60 patients (α : 0.05, 1- β : 0.82, d: 0.6802358 (Raesi et al., 2021), experimental group=30, control group=30) diagnosed with COVID-19 followed at home. Data were collected with Patient Information Form, COVID-19 Communicable/ Infectious Status Problem Rating Scale, COVID-19 Communicable/ Infectious Status Signs/ Symptoms List, Depression Anxiety Stress Scale, SF-12 Quality of Life Scale, and System Usability Scale.

Results: The mean age of the participants was 34.03±8.34 (min-max:21-52) and 53.3% of them were male. Data showed that physical symptoms were reduced at all follow-ups (1st, 2nd, and 3rd months) in COVID-19 patient followed at home with COVOS; depressive symptoms, one of the psychosocial symptoms were reduced at all follow-ups (1st, 2nd, and 3rd months); anxiety symptoms, one of the psychosocial symptoms were reduced in the 1st and 3rd months; cognitive symptoms were reduced in the 1st month and quality of life improved at all follow-ups (1st, 2nd, and 3rd months) ($p < 0.05$).

Conclusion: It was found that COVOS was effective in improving physical, psychosocial, cognitive symptoms and improving the quality of life of patients diagnosed with COVID-19 at home. It is recommended that public health nurses test COVOS in different age groups of the population and to monitor its long-term effects.

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Key words: COVID-19, Omaha System, Mobile Application, Symptom Management, Quality of Life

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Postoperative Care Management Of A Patient Developing Pneumonia Following Femur Fracture: A Case Report

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ABSTRACT

Osteoporosis is a metabolic disease associated with the deterioration of bone structure and decreased bone mass, leading to severe pain and increased fractures. This disease poses a significant health problem globally and in our country. Presented is the case of a male patient who underwent surgery due to a hip fracture caused by osteoporosis and subsequently developed pneumonia after a femur fracture, requiring treatment and care. Nursing care based on the Roper-Logan-Tierney Model of Daily Living Activities and NANDA-I nursing diagnoses was designed to be extended along with the outcomes. The patient, a 95-year-old male residing in a nursing home, has a primary education level. Weighing 88 kg, the patient is 175 cm tall, with a Body Mass Index (BMI) of 28.7. The patient has a medical history of osteoporosis, Congestive Heart Failure (CHF), essential hypertension, Benign Prostatic Hyperplasia (BPH), and previous cerebrovascular insufficiency. The patient was admitted to the orthopedic service due to a right hip fracture. While undergoing care on May 23, 2023, and during a diaper change, the patient fell and was subsequently treated at the emergency department of a state hospital in Istanbul. A displaced fracture was detected at the level of the femoral neck during the physical examination. CT scans confirmed a displaced fracture at the level of the right femoral neck. No evidence of fracture was found in the other examined bone structures, and cortical integrity was observed. The soft tissue appeared normal. The patient received treatment in the intensive care unit post-surgery due to pneumonia developed after the femur fracture. The Roper-Logan-Tierney model was utilized as a systematic tool to provide care for activities of daily living. It was found that the care and treatment of the patient, particularly in the intensive care unit following the femur fracture and pneumonia, could be easily applied and effectively administered through nursing care, contributing to the patient's recovery process. Overall, it is recommended that nursing care practices rely on a model for effective, comprehensive, and quality nursing care.

Keywords: Osteoporosis, Pneumonia, Nursing process

Introduction

With the increasing elderly population worldwide, the incidence and prevalence of pneumonia after bone fractures and orthopedic surgeries in geriatric patients are rising. Pneumonia can develop following fractures of major bones such as the femur (Zhang et al., 2022). Results associated with pneumonia include prolonged hospital stays, higher risk of further infections, indication for Intensive Care Unit (ICU) admission, and increased mortality and morbidity rates. These bone fractures and orthopedic surgeries negatively impact the prognosis of elderly patients. Therefore, preventive measures for femur fractures should be taken in at-risk geriatric patients, and if fractures occur, close monitoring is crucial. Additionally, excellent nursing care is essential post-operations like hip fractures for improved quality of life (Gao et al., 2023). Hip bone fractures are a significant medical concern often overlooked. It is anticipated that there will be an approximate 2% annual increase in hip fractures within the next 30 years among geriatric patients, leading to high mortality and morbidity issues (Han et al., 2022). Studies have reported varying incidences

of pneumonia associated with hip bone fractures, ranging from 4% to 15%. Factors contributing to the risk of pneumonia associated with hip bone fractures include advanced age, male gender, and comorbidities (Han et al., 2022; Metan et al., 2015). Furthermore, another factor influencing postoperative pneumonia is the type and management of anesthesia. General anesthesia, as highlighted in the literature, poses a significant risk factor for the development of postoperative pneumonia (Tian et al., 2022; Xiang et al., 2022). According to a study, the frequency of in-hospital postoperative pneumonia following intertrochanteric fracture surgery in geriatric patients was 53 out of 1495 cases, approximately a 3.5% rate (Zhao et al., 2020).

AIM

In this case presentation, the nursing care provided to a patient who underwent surgery following a femoral neck fracture and subsequently developed pneumonia, following the Roper Logan Tierney's Activities of Daily Living Model, is aimed to be presented. Individualized care has been delivered in this case presentation. This case study will contribute to the nursing literature by serving as an example in planning and managing the care of patients with similar diagnoses during their treatment process.

CASE REPORT

Sociodemographic Characteristics

A 95-year-old patient residing in a nursing home has completed primary education. The patient weighs 88 kg, stands 175 cm tall, and has a Body Mass Index (BMI) of 28.7.

Health History

The patient with known osteoporosis, congestive heart failure (CHF), essential hypertension, benign prostatic hyperplasia (BPH), and a history of cerebrovascular accident (CVA) was admitted to the orthopedic service due to a right hip fracture.

Patient's History

On 23.05.2023, while undergoing a diaper change, the patient experienced a fall and was admitted to the emergency department of a state hospital in Istanbul. Initial physical examination revealed a displaced fracture at the level of the right femoral neck. While being monitored in the ward, respiratory distress occurred (with a low oxygen saturation level of 75% on spontaneous breathing with a reservoir oxygen mask (SpO₂), arterial blood gas showing a partial pressure of oxygen (PaO₂) of 39.5 mm Hg), and Thoracic Computerized Tomography (CT) revealed bilateral pleural effusion, measuring 6.5 cm at its thickest point on the right side, adjacent compression atelectasis to effusion in both lower lung lobes, interlobular septal thickening in both lungs, and increased ground-glass opacity (suggestive of pulmonary edema?). Subsequently, the patient was transferred to the intensive care unit (ICU) for further management..

Patient's Laboratory Values and Imaging Results

Hemoglobin level (HGB 7.9 g/dL), low hematocrit (25.8%), high C-reactive protein (198.8 mg/L), elevated liver enzymes; Alanine Aminotransferase (ALT, 71 U/L), Aspartate Aminotransferase (AST, 69 U/L), Gamma-Glutamyl Transferase (GGT, 130 U/L), Alkaline Phosphatase (ALP, 67 IU/L), and prolonged Activated Partial Thromboplastin Time (aPTT, 26.6 sec), Prothrombin Time (PT, 18.1 PT/INR) were

detected.. The blood and urine culture on 24.05.2023 revealed Escherichia coli; the stool culture on 29.05.2023 showed growth of Vancomycin-Resistant Enterococci (VRE). Red blood cell transfusions (a total of 3 units), antibiotic therapy, low-molecular-weight heparin treatment, and fluid boluses were administered. Continuous Positive Airway Pressure (CPAP) was used to support oxygen therapy. Review of blood results on 31.05.23 indicated borderline hemoglobin (HGB 9.6 g/dL), hematocrit (32.6%), Prothrombin Time (PT, 12.9 PT/INR), and Activated Partial Thromboplastin Time (aPTT, 34.3 sec) levels, normal ALT (20 U/L), normal AST (32 U/L), normal GGT (45 U/L), and a slight decrease in CRP value (115 mg/L)..

Finally, with the administration of oxygen therapy through an oxygen mask and CPAP support, the patient's oxygen saturation (SpO2 %94-95) improved during spontaneous breathing. The CT results indicate a displaced fracture at the level of the right femoral neck. The cortical integrity of other bone structures within the examined area is intact, without evident fracture signs. Soft tissues appear normal. A displaced fracture is detected at the level of the right femoral neck. The width and depth of hemispheric cortical sulci are increased due to atrophy. Cardiac dimensions are enlarged. Calcified atheromatous plaques are present in the aorta and coronary arteries. Bilateral pleural effusion, measuring 6.5 cm at its thickest point on the right side, is observed. Compression atelectasis adjacent to effusion is noted in both lower lung lobes. Interlobular septal thickening and increased ground-glass opacity are seen in both lungs. Pneumonic infiltration is present in the upper lobe and lingular segment of the left lung. No significant pathological density differences are detected in the brainstem formations in sections passing through the posterior fossa. Basal cisterns are patent. Sections from the supratentorial region show decreased bilateral periventricular white matter density due to chronic ischemic changes. Encephalomalacia is observed in the left temporal lobe. The width and depth of hemispheric cortical sulci are increased due to atrophy.

Drugs Used in Treatment

The patient received intravenous infusions of meropenem 3x2 grams, tigecycline 2x100 mg, polymyxin B sulfate 2x2 grams, subcutaneous injections of enoxaparin sodium 6000 anti-Xa IU/0.6 ml 2x1, pantoprazole sodium sesquihydrate 40 mg 1x1, furosemide 40 mg 4x1, acetylcysteine 300 mg 3x1 by intravenous injection, intravenous infusions of tramadol hydrochloride 100 mg 2x1 for pain control, and inhaler treatment with ipratropium bromide monohydrate + salbutamol sulfate 4x0.5-5 mg to reduce bronchospasm in the airway..

Surgical Intervention Applied

On 30.05.23, the patient was taken into surgery under general anesthesia in the left lateral decubitus position. After ensuring a sterile surgical field, a posterolateral incision of approximately 15 cm was made on the right hip. The incision traversed the skin and subcutaneous tissue, followed by the opening of the tensor fascia. After suspending the short rotators, the capsule was opened in a T shape. The head was extracted using a head extractor and measured at 54 mm with a caliper, the acetabulum was cleaned and washed, and the femur trochanteric area was cleaned and reamed with appropriate sizes. After proper reaming at the suitable anteversion, it was rasped and reamed, and a no. 6 cementless press-fit stem (Tipsan) with a standard bipolar head no. 54 (Tipsan) was used to reduce the hip joint. Stability in movements was observed. Following irrigation, the short rotators were repaired. A Hemovac drain was placed, and the layers were closed according to the standard procedure. The patient, without any pre-operative or early post-operative complications, was taken for recovery.

Nursing Diagnoses of the Case

The following nursing diagnoses were established for this case: 'Acute Pain, Ineffective Breathing Pattern, Imbalanced Nutrition: Less Than Body Requirements, Self-Care Deficit, Impaired Physical Mobility, Inadequate Individual Coping, Lack of Knowledge, Disturbed Sleep Pattern, Fear of Death, Risk of Aspiration, Risk of Falls, Risk of Trauma, Risk of Impaired Skin Integrity, Risk of Body Image Disturbance, Risk of Infection.' Based on these diagnoses and others similar to them, appropriate nursing interventions were implemented following a nursing care plan to provide holistic care..

Information about the Case Based on Roper-Logan-Tierney's 12 Life Activities Model

- **Ensuring and maintaining a safe environment:** The patient, due to the bone fracture, is dependent on the nurse and at risk of falls.
- **Communication:** The patient experiences difficulty during communication activities and is semi-dependent.
- **Respiration:** The patient is semi-dependent in terms of respiratory function. Occasional episodes of difficult breathing resembling tachypnea have been observed.
- **Nutrition (Eating and Drinking):** A diagnosis of 'Imbalanced Nutrition: Less than body requirements' was made based on the hospital stay.
- **Elimination:** The patient was monitored with a bladder catheter during the hospital stay. No urinary tract infection was detected in the urine culture. Bowel movements are irregular and uncertain.
- **Personal Hygiene and Care:** The patient is completely dependent on the nurse for personal hygiene and care. Perineal and overall body hygiene needs are met comprehensively.
- **Body Temperature Control:** The patient's body temperature ranges between 36.6°C and 37.2°C.
- **Mobility:** The patient is completely dependent on movement. Weakness, fatigue, lethargy, and muscle atrophy are observed due to prolonged immobility.
- **Work and Play:** The patient is unable to perform work and leisure activities and relies entirely on others in this role.
- **Expression of Sexuality:** The patient does not express sexuality.
- **Sleep:** The patient's sleep pattern is variable. A diagnosis of 'Disturbed Sleep Pattern' was made due to pain-related issues.
- **Death:** The patient exhibits separation anxiety and is experiencing fear of death due to being in the palliative phase at the age of 95. A diagnosis of 'Death Anxiety' was determined based on this context

CONCLUSION and RECOMMENDATIONS

The patient was treated in the intensive care unit during the postoperative period following pneumonia developed after the femur fracture. Advanced age (95), male gender, congestive heart failure, hypertension, benign prostatic hyperplasia, BUN and ALT levels could be contributory factors to the development of pneumonia post bone surgery in our patient. The use of general anesthesia during the intraoperative period was identified as a significant risk factor for the progression and development of pneumonia in this case. Roper, Logan, and Tierney's 'Activities of Daily Living Model' is perceived as a systematic and logical tool in providing nursing care. The model can be easily applied in the intensive care unit. It's recommended to base nursing care practices on a model to ensure effective, comprehensive, and high-quality nursing care.

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Conflicts of Interest

No conflict of interest. The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Ethics Approval

All patient data accessed complies with relevant data protection and privacy regulations. Acted in accordance with national legislation and corporate ethical requirements. Written and verbal consent was obtained to conduct and publish this research.

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