



8<sup>th</sup> International Conference on

# Nursing and Healthcare

April 27-28, 2026 | Tokyo, Japan

Venue: Ana Crowne Plaza Narita

[nursingmeeting@averconferences.com](mailto:nursingmeeting@averconferences.com)  
<https://nursing.averconferences.com/>





# AVER CONFERENCES

Aver Conferences is an international event organizer located in Hyderabad, India established in 2019. We focus on Clinical, Medical, Life Science, and Engineering & Technology. We aim to provide an excellent forum for upcoming young researchers, scientists, professors, and other highly affiliated people to share their research in that particular field. Currently, Aver Conferences is a unique organization that organizes professional, scientific and medical conferences worldwide. We promote the free exchange of innovative thoughts at the research frontiers of science, medical, health, clinical, engineering, and technology. We aim to explore the research information globally to all the people in the scientific community that encompasses the knowledge in all the fields.

Aver Conferences serves the global information community in the development and distribution of high quality, scholarly conferences. Our conferences are powered with knowledge, experience, and amazing people, and have managed to become one of the leading B2B event organizers. Our informative conferences are led by editor's association and the advisory board which include academicians, researchers, industry leaders, emerging fast-growth companies, innovative technology creators, and members of the investment community.

## Day - 1 (April 27, 2026, Monday) (GMT+9)

### Meeting Hall: Flor

- 08:30 - 14:00 **Registrations and Badge Collection**  
08:50 - 09:00 **Moderator Introduction & Inviting Keynotes**

### Keynote Forum

- 09:00 - 09:25 **Title: Overview of AI in Nursing**  
Dr. Adele Webb, SEI, USA
- 09:25 - 09:50 **Title: Cultural Competence of Nurses and the Importance of Cultural Competence in Nursing Practice**  
Mrs. Shereen Senarathne, University of Colombo, Srilanka
- 09:50 - 10:15 **Title: The Importance of BP Monitoring During & After the Pregnancy Experience**  
Dr. Daryle Wane, Nurse Consultant, USA
- 10:15 - 10:40 **Title: The Result of Premenstrual Dysphoric Disorders**  
Dr. Edna Aurelus, Wagner College, USA

### Networking & Refreshment Break 10:40 - 11:00

- 11:00 - 11:20 **Title: Practical Experience and Outcomes of Promoting Nursing Care Transformation through Lean Management**  
Mrs. Chen Chia Jung, Buddhist Tzu Chi Medical Foundation Dalin Tzu Chi Hospital, Taiwan

### Plenary Session

Session Chair: Dr. Adele Webb, SEI, USA

Session Co-chair: Mrs. Shereen Senarathne, University of Colombo, Srilanka

- 11:20 - 11:40 **Title: Enhancing Cultural Competence in Healthcare Education Using the Purnell Model for Cultural Competence**  
Dr. Toni Woods Maignan, Moravian University, USA
- 11:40 - 12:00 **Title: The Onus of Burnout to Moral Injury**  
Dr. Joshua David Carter, University of Washington, USA
- 12:00 - 12:20 **Title: Creating a patient-centered, more efficient, and cost-effective orthopedic ward through process improvements and workflow redesign using Lean and Six Sigma methodologies**  
Mrs. Y.C. Lee, Buddhist Tzu Chi Medical Foundation Dalin Tzu Chi Hospital, Taiwan
- 12:20 - 12:40 **Title: Overcoming Stress to Enhance Work Performance and Personal Safety and Avoid Burnout**  
Dr. Kathy Gruver, Kathy Gruver Organization, United States of America
- 12:40 - 13:00 **Title: Enhancing Nurse–Patient Communication to Improve Patient Outcomes**  
Mrs. Shereen Senarathne, University of Colombo, Srilanka

### Lunch Break @13:00 - 14:00

- 14:00 - 14:20 **Title: Training for Self-Preservation and Efficiency in Nursing; Fostering Emotional Well-being: Post-Shift Debriefing as a Communication Tool in Nursing**  
Ms. Inge Taylor, San Diego State University, United States of America
- 14:20 - 14:40 **Title- Improving COVID-19 Ward Safety and Care Capacity Through Lean Healthcare and Six Sigma**  
Mrs. Wu Yea Fang, Buddhist Tzu Chi Medical Foundation Dalin Tzu Chi Hospital, Taiwan
- 14:40 - 15:00 **Title: Socioeconomic Vulnerability and Tuberculosis Treatment Discontinuation in Colombo District, Sri Lanka**  
Ms. S.M.A.S.Subhashini, Medical Research institute, Sri Lanka
- 15:00 - 15:20 **Title: Breaking the silence: Unveiling healthcare providers' attitudes and perceptions towards abortion and their knowledge of abortion laws in Pakistan**  
Dr. Anita Dileep, Dubai health, UAE
- 15:20 - 15:40 **Title: The Symbiosis of Lifelong Learning and Evidence-Based Practice: A Framework for Culture of Continuous Improvement in Nursing**  
Dr. Jules Alexis B. Dajay, Brokenshire College Soccsksargen, Philippines

**Networking & Refreshment Break 15:40-16:00**

**E-poster Presentations**

**16:00 - 16:15**      **Title: Assessment of Interprofessional Collaboration in the Infectious Diseases Intensive Care Unit at Children's Hospital 1, Vietnam**  
Ms. Nuong Tran, Children's Hospital 1, Vietnam

**16:15 - 16:45**      **Poster Presentations**

**NHPP1**      **Title: Analysing the Financial Burden and Cancer Awareness Among Patients Visiting the Preventive Oncology Department of a Tertiary Cancer Hospital**  
Ms. Jyoti Patel, Tata Memorial Hospital, India

**NHPP2**      **Title: Practical experience in establishing a zero-defect medical supply management model that is replicable and highly scalable**  
Mrs. Yung-Yuan Tsai, Buddhist Tzu Chi Medical Foundation Dalin Tzu Chi Hospital, Taiwan

**NHPP3**      **Title: Building a Care System Through Lean Practice by Integrating Diagnostic and Nursing Decision-Making in Pandemic Contexts**  
Mrs. Lin Yu Han, Buddhist Tzu Chi Medical Foundation Dalin Tzu Chi Hospital, Taiwan

**16:45 - 17:00**      **Certificate Presentation & day -1 closing**



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**Keynote Forum**

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**Dr. Adele Webb, PhD, RN, FNAP, FAAN**  
Executive Dean of Healthcare Initiatives, Strategic  
Education, Inc., Minneapolis, Minnesota

## Overview of AI in Nursing

Augmented Intelligence (AI) is poised to revolutionize the future of healthcare by enhancing the capabilities of medical professionals. Unlike artificial intelligence, which aims to replace human intervention, augmented intelligence serves to complement and amplify human decision-making. By leveraging data analytics, machine learning, and natural language processing, AI can provide healthcare practitioners with real-time insights, leading to more accurate diagnoses, personalized treatment plans, and improved patient outcomes. In the future, AI will streamline clinical workflows, reduce administrative burdens, and allow healthcare professionals to focus more on patient care. Predictive analytics powered by AI will enhance preventive care, identify at-risk patients, and recommend early interventions. Furthermore, AI-driven decision support systems will aid in evidence-based medicine, ensuring that patients receive the most up-to-date and effective treatments. Additionally, AI will empower patients through remote monitoring and telehealth, facilitating a shift toward value-based care. The integration of augmented intelligence in healthcare will foster a more proactive, efficient, and patient-centered approach. However, its success will depend on addressing challenges related to data privacy, security, and ethical considerations. Ultimately, augmented intelligence promises a future where healthcare is not only more intelligent but also more compassionate and responsive.

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**Mrs. Shereen Senarathne**

Lecturer, Department of Clinical Nursing,  
Faculty of Nursing University of Colombo, Srilanka

## Cultural Competence of Nurses and the Importance of Cultural Competence in Nursing Practice

Cultural competence is increasingly recognized as a cornerstone of effective nursing practice, essential for delivering patient-centred care in diverse healthcare settings. This abstract discusses the significance of cultural competence among nurses and its pivotal role in enhancing healthcare outcomes. Nurses are at the forefront of patient care, navigating a complex landscape of cultural diversity that significantly influences health beliefs, behaviours, and outcomes. Cultural competence enables nurses to bridge cultural gaps, fostering trust and understanding between healthcare providers and patients from diverse backgrounds. This capability is crucial in mitigating disparities in healthcare delivery and improving patient satisfaction and treatment adherence. This presentation explores the multifaceted dimensions of cultural competence, emphasizing its relevance in contemporary nursing practice. It delves into the core components of cultural competence, including awareness, knowledge, and skills, necessary for delivering culturally sensitive care. By enhancing these competencies, nurses can effectively navigate cultural nuances, address cultural biases, and tailor care plans that respect and incorporate patients' cultural beliefs and practices. Furthermore, the abstract highlights strategies for integrating cultural competence into nursing education and professional development programs. It underscores the importance of ongoing training and reflective practices to foster cultural humility and responsiveness among nursing professionals. These initiatives not only empower nurses to provide equitable and respectful care but also contribute to the broader goal of promoting health equity and reducing disparities in healthcare outcomes. In conclusion, this abstract advocates for the integration of cultural competence as a fundamental component of nursing education and practice. It calls for collaborative efforts among educators, policymakers, and healthcare providers to prioritize cultural competence training and create supportive environments that celebrate diversity. By embracing cultural competence, nurses can uphold ethical standards, enhance patient trust, and deliver compassionate care that meets the diverse needs of today's global patient population.

### Biography:

I am Mrs. Shereen Senarathne, a Senior Nurse Educator with over three decades of dedicated experience in nursing practice and education. Holding a BSc in Nursing and an MSc in Nursing, I currently serve as a lecturer at the Faculty of Nursing, University of Colombo. My teaching portfolio includes imparting essential skills for nursing such as communication, paediatric nursing, adult health nursing, and women's health nursing. Throughout my career, I have been honoured with awards such as Best Teacher and Best Presenter, recognizing my commitment to excellence in education. My research focuses on health communication and cultural competence of nurses particularly enhancing interactions between nurses and patients to elevate patient outcomes. Currently pursuing a PhD in health communication, my studies aim to develop innovative training sessions addressing these critical areas. I am deeply committed to continuous professional development, advocating for culturally competent care in diverse healthcare settings. With extensive experience bridging clinical practice and education, I am passionate about advancing nursing education, improving patient care through effective communication, and contributing to cutting-edge research in nursing.

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**Dr. Daryle Wane, PhD., APRN, FNP-BC**  
Nurse Consultant, United States

## **The Importance of BP Monitoring During & After the Pregnancy Experience: A Review**

Although pregnancy is viewed as a “healthy medical experience” for a woman, the old adage is when all goes well, it is great and when it is bad, it can be unbelievably bad with significant morbidity/mortality outcomes. Monitoring BP in the antenatal and intrapartum period is part of the routine therapeutic treatment. This is followed by a brief monitoring period during the postpartum period. One assumes that once the fetus has been delivered, there is no longer a sustained need for BP monitoring. This study focuses on the importance of BP monitoring throughout pregnancy and extending beyond the postpartum delivery period in order to help improve health outcomes. A review of EBP resources will serve as the framework for BP therapeutic monitoring highlighting potential complications that can occur which can impact health outcomes. Selected clinical examples will be if highlight health concerns during and after the pregnancy experience. During the antenatal period of pregnancy, BP monitoring focuses on the determination of essential HTN that may have been previously undiagnosed and potential for development of pre-eclampsia. During the intrapartum period, recognition of HTN manifesting as pre-eclampsia leading to eclampsia is viewed as a medical emergency requiring immediate intervention to prevent mortality. PPH (Post partum HTN) is often overlooked as a potentially serious complication of pregnancy. Monitoring BP following the pregnancy period should be included as a pertinent assessment for up to 1 year following delivery. Monitoring of BP for the pregnant woman extends beyond the antenatal, intrapartum and post-partum period. Pregnancy, even as considered to be a healthy medical event in a woman’s life, places significant metabolic stressors which may continue to impact the women’s health status up to 1 year following delivery.

### **Biography:**

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

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## Dr. Edna Aurelus

Associate Professor, Director of Graduate Studies,  
Wagner College, USA

### Every Month: The Result of Premenstrual Dysphoric Disorders

**PROBLEM:** About 5 to 8 percent of women suffer from severe premenstrual syndrome (PMS). Most of these women also meet the criteria for premenstrual dysphoric disorder (PMDD). Women with PMDD often present as having no control over containing their emotions and somatic symptoms. They present severe physical complaints such as fatigue, temperature change, such as hot flashes and gastrointestinal disturbances among others. Additionally, they report mood alterations such as depression, irritability and impulsivity. It was not until 2013 that the DSMV decides to admit these debilitating symptoms as a serious disorder.

**DESIGN:** Ideas, Editorials, Opinions.

**PURPOSE:** Identify the causal effect of PMDD.

**METHODS:** Research was conducted within a twelve-week period, using self-experience along with scientific literature findings to fully understand the physical and emotional syndromes of such disorder.

**FINDINGS:** Correlation with low progesterone in relation to negative affective and physical symptoms during the follicle and luteal phase were observed. Allopregnanolone, a neurosteroid, as a therapeutic agent can alleviate PMDD symptoms. Specific nutritional sources can also help alleviate the presenting symptoms.

**CONCLUSION:** Awareness about PMDD symptoms is warranted in women experiencing them. Providers need to be familiar with the emotional and physical effect of low progesterone and the mechanism of action of Allopregnanolone in treating PMDD, when other interventions such as psychotherapy and other pharmacological intervention failed.

### Biography:

Dr. Edna Aurelus is the Director of Graduate Studies and an Associate Professor at Wagner College. She is the owner of EVS Health Services Clinic located in Staten Island NY. Dr. Aurelus delivers care both for clients with primary and mental health needs. She is currently licensed to practice psychiatry and primary health in Arizona, Massachusetts, New Jersey and New York. In the spring of 2014, Dr. Aurelus completed her Doctorate in Advanced Nursing Practice at Arizona State University. In the spring of 2018, she completed a Post Doctorate Certificate in Psychiatric Mental Health Nurse Practitioner. She is dually board certified from the American Nurses Credentialing Center (ANCC) as a Family Nurse Practitioner and Psychiatric Mental Health Nurse Practitioner. Dr. Aurelus' extensive experience in psychiatry includes the old St. Vincent Hospital known now as Richmond University Medical Center (RUMC), South Beach Psychiatric Center in Staten Island, NY, Banner Behavioral Health Hospital and Perryville Prison, the only state female prison in Arizona. She is currently the Lead Professor for the psychiatric nursing course at Wagner College. She is the author of multiple peer-reviewed articles and co-authored a book chapter. She is passionate about providing quality care to her patients and health literacy. She believes that to deliver quality care to patients, we must first build interpersonal relationships by meeting them at their comprehensive level. She advocates for her patients and knows that all patients must be treated with respect and dignity.

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**Mrs. Chen Chia Jung**

**Buddhist Tzu Chi Medical Foundation, Dalin Tzu Chi Hospital, Taiwan**

## **Practical Experience and Outcomes of Promoting Nursing Care Transformation Through Lean Management**

Lean management is an approach focused on reducing non-value-added activities to improve operational efficiency and care effectiveness through the elimination of eight types of waste. In 2017, our hospital formally adopted Lean management with expert guidance, prioritizing patient and staff safety as the foundation of medical and nursing care. Improvement opportunities were identified through system process redesign and environmental optimization, serving as a key strategy for advancing nursing care transformation. At the early stage of implementation, clinical units faced common challenges, including excessive inventory, misaligned item placement, inefficient use of space, and delayed identification of abnormal events. These issues increased nursing workload, disrupted care processes, and negatively affected care efficiency and patient safety. Furthermore, the absence of shared visual management tools and structured inter-unit problem-solving mechanisms limited the sustainability of improvement efforts. Guided by Lean and error-proofing principles, the hospital implemented inventory reduction, visual management, ergonomically designed storage systems, and high-efficiency space utilization. Daily Visual Boards were introduced in nursing units to support real-time identification of abnormalities and promote open, team-based problem solving. As a result, patient waiting times and abnormal events were significantly reduced, care pathways became clearer, and patient satisfaction improved. From the nursing perspective, workload and process barriers were alleviated, while work efficiency, practice environment satisfaction, and team cohesion were enhanced. These improvements have been recognized through multiple national-level quality awards. Overall, Lean management enables nursing units to identify root causes within daily operations and establish a patient- and nurse-centered continuous improvement framework. Through systematic process optimization and visual management, it strengthens care quality, safety, and team problem-solving capacity, making it a practical and effective strategy for nursing care transformation amid growing workforce challenges.

### **Biography:**

The author is recognized for her expertise in cross-disciplinary integration and Lean healthcare research. She currently serves as Director of the Department of Nursing, the Long-Term Care Management Center, and the Lean Healthcare Center at Dalin Tzu Chi Hospital, leading initiatives in innovative process redesign, value-based care models, and multidisciplinary quality improvement with notable outcomes across clinical, managerial, and research domains. Her leadership extends nationally through roles such as President of the Chiayi County Nurses Association and Board Member of the National Union of Nurses Associations, Taiwan, and she has been invited to serve on multiple professional and policy review committees. She is also deeply engaged in higher education and clinical teaching, fostering nursing professionals with strong systems thinking and improvement capabilities, and is regarded as an influential and innovative senior leader in nursing profession.



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**Plenary Sessions**

## Plenary Sessions

**Title: Enhancing Cultural Competence in Healthcare Education Using the Purnell Model for Cultural Competence**

Dr. Toni Woods Maignan, Moravian University, USA

**Title: The Onus of Burnout to Moral Injury**

Dr. Joshua David Carter, University of Washington, USA

**Title: Creating a patient-centered, more efficient, and cost-effective orthopedic ward through process improvements and workflow redesign using Lean and Six Sigma methodologies**

Mrs. Y.C. Lee, Buddhist Tzu Chi Medical Foundation Dalin Tzu Chi Hospital, Taiwan

**Title: Overcoming Stress to Enhance Work Performance and Personal Safety and Avoid Burnout**

Dr. Kathy Gruver, Kathy Gruver Organization, United States of America

**Title: Enhancing Nurse–Patient Communication to Improve Patient Outcomes**

Mrs. Shereen Senarathne, University of Colombo, Sri Lanka

**Title: Training for Self-Preservation and Efficiency in Nursing; Fostering Emotional Well-being: Post-Shift Debriefing as a Communication Tool in Nursing**

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## Enhancing Cultural Competence in Healthcare Education Using the Purnell Model for Cultural Competence

**Dr. Toni Woods Maignan Sr., DNP, MBA, BSN, BS, RN**  
Moravian University, United States of America

This session will explore the development and implementation of a cultural competence curriculum utilizing the Purnell Model for Cultural Competence. Rooted in findings from my Doctor of Nursing Practice (DNP) project conducted at a Federally Qualified Health Center in Eastern Pennsylvania, the initiative demonstrated that structured education can significantly increase cultural awareness and engagement among healthcare staff. Pre- and post-assessments using the Doorenbos Cultural Competence Assessment tool revealed meaningful improvements in participants' cultural competence, with synchronous learners demonstrating higher engagement compared to asynchronous learners. The session format will be a facilitated discussion designed to engage participants in reflecting on their own experiences with cultural competence in healthcare and education. Attendees will discuss challenges, share strategies, and consider how the Purnell Model can be applied across diverse healthcare settings.

### **The goals of this session are threefold:**

1. To increase awareness of the role of cultural competence in advancing equitable healthcare delivery.
2. To provide an opportunity for healthcare professionals and educators to share best practices and challenges in integrating cultural competence into practice.
3. To equip participants with practical strategies and tools to initiate or strengthen cultural competency education within their own institutions.

By fostering dialogue and reflection, this session will bridge the gap between theory and practice, encouraging participants to consider how cultural competence education can be expanded to promote compassionate, culturally congruent, and patient-centered care.

### **Biography:**

Dr. Woods Maignan brings extensive experience in public health and acute care practice, and some experience in nursing education. Her public health background includes service as a school nurse, where she developed health policies and curricula to support student wellness. Her scholarly work, completed as part of her Doctor of Nursing Practice in Leadership and Population Health, centered on creating a Cultural Competency Curriculum: Utilizing the Purnell Model for Cultural Competence. She has presented on cultural competency, emergency preparedness, and health policy, and has played a key role in developing institutional health policies. Clinically, Dr. Woods Maignan has almost 20 years of nursing experience, which includes acute care, including emergency nursing and medical-surgical practice in telemetry. Fluent in English and Spanish, she is committed to advancing health equity, mentoring students, and preparing the next generation of nurses to deliver compassionate, culturally competent, and evidence-based care.

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## The Onus of Burnout to Moral Injury: How Systemic Culture, Design, and Cultural Caregiver Mythos Shape Outcomes for Patients and Clinicians

**Dr. Joshua David Carter, DNP, ARNP, FNP-BC**

University of Washington, Primary Care Family Course Practitioner Teaching Associate - School of Medicine

Burnout in nursing is most often framed as an individual problem, implicitly placing responsibility on nurses to adapt to increasingly constrained systems through resilience, endurance, self-care, and implicit cultural expectations. This framing obscures a consequential reality: an increasing percentage of the global nursing workforce are experiencing severe moral injury – an ethically grounded form of distress that arises when systems repeatedly prevent clinicians from providing care consistent with their personal and professional values. Moral injury is not simply about workload. It is about identity, obligation, as well as the systemic demands and cultural myths that shape what nurses are expected to endure. This presentation draws on findings from the Frontline Staff Relief Project, a multi-year, mixed-methods quality improvement initiative conducted in a high-acuity pediatric urgent care setting, to examine how institutional design and professional culture jointly produce moral injury, declining staff well-being, and compromised health outcomes. The project translated frontline nursing narratives into quantitative operational data, revealing that missed breaks (the original measured outcome) were not isolated compliance failures but reliable indicators of systemic strain, unsafe care conditions, and ethical conflict. The Study demonstrated that modest structural changes, rather than individual coping strategies, produced substantial improvements: reductions in difficult shifts, overtime use, workflow delays, staff attrition, burnout, and moral injury rates alongside improved patient flow and quality of working life. These findings challenge dominant narratives that locate responsibility for sustainability at the level of individual nurses. In short: system design leads to ethical conflict. Ethical conflict leads to moral injury. And measurable moral injury degrades care, retention, and staff quality of life. The talk extends beyond reporting outcomes to interrogate the cultural logics that sustain harmful systems including, but not limited to myths of limitless endurance, moralized self-sacrifice, and the normalization of suffering as professional virtue. It concludes by outlining what comes next after frontline relief: how nursing leaders, educators, and institutions can move from crisis mitigation toward redesigning systems that align care delivery with ethical nursing identity. The session is intended for nurses, clinicians, and hospital administrators engaged in leadership, education, quality improvement, and workforce sustainability.

### **Biography:**

Dr. Joshua David Carter, DNP, FNP-BC, is a board-certified Family Nurse Practitioner and Teaching Associate at the University of Washington School of Medicine. He has worked across bedside nursing, high-acuity urgent and trauma care, clinical education, and currently works as a clinician in primary care with a sub-specialization in Rheumatology. Following frontline service during the COVID-19 pandemic, he designed and led the Frontline Staff Relief Project at Seattle Children's Hospital, a mixed-methods initiative that translated frontline nursing experience into permanent staffing and policy change. During his time as a nurse he has been awarded two Daisy Awards for excellence in nursing, one as a bedside nurse and one as a nurse leader. His work focuses on moral injury, nursing identity, and systems-level drivers of burnout, retention, and care quality. He brings a nursing-centered, ethically grounded approach to health systems reform that emphasizes institutional responsibility over individual endurance.

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## Creating a patient-centered, more efficient, and cost-effective orthopedic ward through process improvements and workflow redesign using Lean and Six Sigma methodologies

**Mrs. Y.C. Lee**

Buddhist Tzu Chi Medical Foundation, Dalin Tzu Chi Hospital, Taiwan

The Orthopedic Ward of Dalin Tzu Chi Hospital contains 44 beds and a 92.8% occupancy rate at a given time suggests that the ward is effectively using its inpatient resources. However, having the nurses to manage over 150 categories and more than 1,000 pieces of medical equipment, devices, and supplies in a limited space without an effective system could cause many challenges for the nurses including replenishment errors, excessive walking, and misplacement, resulting in nurses spending over 8,700 hours annually on inventory management. These issues also led to treatment delays, expired supplies, overtime, and staff frustration, ultimately compromising patient safety and care quality. By implementing Lean and Six-Sigma methodologies, the project adopted process improvements and error-proofing techniques including 5S, visual management, space and flow redesigns, to optimize workflows using existing resources, significantly enhancing operational effectiveness and efficiency. Through staff-led and multidisciplinary team efforts, the results are significant! For safety, 100% elimination of patient complaints, medicine administration errors, expired items, and incorrect instrument retrieval. As for efficiency, 93% reduction in the time spent on retrieval, replenishment, and inventory management; 88% reduction in overtime for day-shift nurses; overall overtime was reduced from 2.8 to 0.3 hours (89%). The time saved redirected to increased direct patient care time by 15%. More importantly, patient and staff satisfaction were improved by 102% and 199%, respectively. Unsurprisingly, improved staff satisfaction raised the nurse retention rate by 20% and helps create a sustainable positive cycle. An annual savings of approximately 4 million TWD in manpower and material costs was estimated. This project has been highly recognized by internal and external experts, establishing the Orthopedic Ward as a benchmark unit for a good number of hospitals both in Taiwan and overseas, as well as laying a solid foundation for the hospital's sustainable development.

### **Biography:**

Y.C. Lee is a certified Lean Master and Six Sigma Master Black Belt and continuous improvement leader. She is currently the Lean Six Sigma (LSS) consultant at the Dalin Tzu Chi Hospital. She worked previously at Philips Healthcare, Medtronic, and Seagate Technology, where she led LSS deployments and sustainability programs. For over 20 years, Y.C. has trained and mentored thousands of diverse transdisciplinary team members in LSS systems, created LSS training programs, and facilitated numerous kaizen events. Since 2015, YC's work includes operating rooms, emergency department, dialysis centers, Covid units, test labs, outpatient clinics, pharmacies, and many others to optimize flow, reduce wait-time, improve patient safety and quality of care, while reducing their operating costs. Y.C. helped founded the first Lean Healthcare Center in Taiwan in 2022. Y.C. holds both a B.S. and M.S. in Electronic & Electrical Engineering, an M.B.A. in Operational Management, and a M.S. in Manufacturing Systems.

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## Overcoming Stress to Enhance Work Performance and Personal Safety and Avoid Burnout

**Dr. Kathy Gruver, PhD, ACC**

Speaker and Author, Kathy Gruver Organization, United States of America

Nursing is rewarding, but it also comes with high stress, long shifts, and emotional demands that can impact health and well-being. Stress contributes to 60–90% of doctor visits and leads to missed work, fatigue, and burnout. But the issue isn't just stress, it's how we respond to it. In this empowering session designed for nurses, you'll learn proven self-care tools you can use on the floor, between shifts, or at home. Discover simple, science-backed techniques—like affirmations, visualization, breathwork, mindfulness, and mini-meditations—to help you recharge, refocus, and stay resilient.

### You'll learn:

- How to spot physical, emotional, and behavioral signs of stress early.
- What research says about the power of meditation, visualization, and positive self-talk in high-stress healthcare environments.
- Quick mindfulness tools, including mini meditations, that take less than a minute to use during a shift.
- How visualization can support leadership, teamwork, and clinical performance.
- Practical ways to embed mindfulness into even the busiest schedule—without needing extra time.

Leave with tools you can use immediately—for yourself and to support your fellow nurses—so you can stay calm under pressure, improve patient care, and protect your own health.

### Biography:

Dr. Kathy Gruver is a dynamic international speaker, award-winning author of eight books, and certified coach specializing in life and couples coaching. With a PhD in Natural Health and advanced training in mind-body medicine from the renowned Benson-Henry Institute at Harvard, she seamlessly blends academic expertise with practical experience. Having delivered over 350 presentations across four continents, including two TEDx talks- Dr. Gruver captivates audiences with her engaging, humorous, and down-to-earth style. Her diverse background encompasses hypnotherapy, psychedelic coaching, and extensive media appearances, including features on Dr. Phil, Lifetime Television, and NPR. Dr. Gruver's clientele spans various sectors, including healthcare professionals, educators, executives, and organizations like Raytheon, Merck, and the American Heart Association. Her programs focus on stress reduction, effective communication, managing the narcissist, and navigating change. Beyond her professional endeavors, Dr. Gruver finds joy and stress relief in activities such as flying trapeze, aerial silks, and playing Dungeons & Dragons. She resides in Santa Barbara, California, with her husband and cat Aleister.

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## Enhancing Nurse-Patient Communication to Improve Patient Outcomes

**Mrs. Shereen Senarathne, RN, RM, Dip. in Teaching and Supervision, CTHE, BScN, MScN, PGDHD, PhD Reading**

Lecturer, Department of clinical Nursing, Faculty of Nursing, University of Colombo, Sri Lanka

Effective communication in healthcare is pivotal in ensuring patient safety, improving treatment adherence, and fostering a therapeutic relationship between healthcare providers and patients. As healthcare systems globally evolve, the significance of health communication becomes increasingly crucial, particularly in nursing practice, where daily interactions shape patient experiences. Drawing on over 30 years of experience in both clinical practice and education, this presentation aims to explore the vital role of communication in nursing and its direct impact on patient outcomes. The foundation of this presentation lies in the recognition that health communication competence is not innate but can be developed and refined through targeted training and practice. Nurses are often the frontline communicators, engaging with patients throughout the care continuum. However, despite their critical role, many nurses lack formal training in communication skills. This gap in nursing education has far-reaching consequences, potentially impacting the quality of care provided and patient satisfaction. The core message of this presentation is that improving nurse-patient communication is not just a matter of better interpersonal skills; it is a strategic intervention that can lead to better patient outcomes. By developing nurses' communication competence, we are not only enhancing their professional practice but also improving the overall healthcare experience for patients. Empathy, active listening, and clear communication are foundational to building trust with patients, reducing anxiety, and facilitating better understanding of treatment plans. This session will also delve into my research findings regarding the use of role-playing and lecture methods in enhancing communication skills. Role-playing, for instance, provides nurses with a safe space to practice and refine their communication strategies in real-life scenarios, allowing them to respond more effectively to aggressive, anxious, or non-compliant patients. Paired with evidence-based lectures, this dual approach has shown promise in strengthening nurses' ability to engage in empathetic communication, thus contributing to improved patient care. Additionally, the presentation will touch upon the importance of cultural competence in healthcare communication. As healthcare environments become increasingly diverse, understanding and adapting to the cultural contexts of patients is paramount. Nurses must be equipped with the skills to engage with patients from various backgrounds, ensuring that their communication is both effective and culturally sensitive. In conclusion, this presentation will emphasize that effective health communication is a cornerstone of quality healthcare. By enhancing nurses' communication skills through structured training, we can foster better patient relationships, improve outcomes, and contribute to the overall quality of care. With a focus on empathy, patient-centred care, and cultural competence, we can ensure that nurses are better prepared to meet the evolving demands of healthcare communication.

### Biography:

I am Mrs. Shereen Senarathne, a Senior Nurse Educator with over three decades of dedicated experience in nursing practice and education. Holding a BSc in Nursing and an MSc in Nursing, I currently serve as a lecturer at the Faculty of Nursing, University of Colombo. My teaching portfolio includes imparting essential skills for nursing such as communication, paediatric nursing, adult health nursing, and women's health nursing. Throughout my career, I have been honoured with awards such as Best Teacher and Best Presenter, recognizing my commitment to excellence in education. My research focuses on health communication, particularly enhancing interactions between nurses and patients to elevate patient outcomes. Currently pursuing a PhD in health communication, my studies aim to develop innovative training sessions addressing these critical areas. Beyond her professional endeavors, Dr. Gruver finds joy and stress relief in activities such as flying trapeze, aerial silks, and playing Dungeons & Dragons. She resides in Santa Barbara, California, with her husband and cat Aleister.

# 8<sup>th</sup> International Conference on Nursing and Healthcare



April 27-28, 2026 | Tokyo, Japan

## Training for Self-Preservation and Efficiency in Nursing; Fostering Emotional Well-being: Post-Shift Debriefing as a Communication Tool in Nursing

**Ms. Inge Taylor RN, MSNM**

San Diego State University, United States of America

Effective communication is a cornerstone of high-quality nursing care. This presentation explores the critical role of communication in nursing practice, emphasizing its impact on patient outcomes, interdisciplinary collaboration, and ethical decision-making. It examines key components such as active listening, empathy, cultural sensitivity, and the use of verbal and non-verbal communication strategies. The presentation also addresses common barriers to communication in clinical settings and offers evidence-based approaches to overcome them. Through case examples and current research, attendees will gain insights into how nurses can enhance communication to improve safety, satisfaction, and the overall quality of care. Effective communication in nursing extends beyond patient care—it also plays a critical role in the emotional and mental well-being of nurses. This presentation explores the concept and practice of structured post-shift debriefing sessions as a tool for emotional processing and peer support among nursing staff. Through debriefing, nurses are encouraged to articulate and reflect on their experiences, challenges, and emotional responses at the end of each shift. This approach not only strengthens team cohesion and resilience but also contributes to reduced burnout, improved job satisfaction, and better patient outcomes. Drawing from current research and practical examples, the presentation highlights the importance of creating safe spaces for emotional expression and outlines best practices for implementing effective debriefing protocols within healthcare settings.

### **Biography:**

She is a clinical professor at San Diego State University since 2009. She is a Nurse Midwife/ practitioner and has worked part time as a Nurse Midwife at Linda Vista community clinic since 2003. She has been teaching for over 30 years in Maternal Child nursing. She has taught in several RN and BSN programs throughout San Diego. She has also taught Women's health at the master's level at Azusa Pacific University. She received the Care award in 2016, nominated by one of her students, in honor and appreciation of her dedication to caring for others. She has worked as a clinical practitioner in Women's health for 20 years, caring for the underserved. Her training includes Bachelor of Science in Nursing from University of San Diego and Masters in Nurse Midwifery from Charles Drew University, Los Angeles. She divides her free time volunteering and practicing self-care rituals. She is a facilitator for The Beginning Experience, a ministry for divorced and widowed people where she functions as treasurer and facilitator in the organization, coordinating and organizing teams to people to heal from loss relationships. She is involved in peer counseling, a social change group. There she teaches the practice of attentive listening and peer counseling, is an activist, with a goal to end racism, sexism and classism. She is active in her church community and believe it or not, she does have time for travel. She does domestic traveling to stay close to family in Chicago and Pacific Northwest. She is a master at balancing work and play

# 8<sup>th</sup> International Conference on Nursing and Healthcare



April 27-28, 2026 | Tokyo, Japan

## Improving COVID-19 Ward Safety and Care Capacity Through Lean Healthcare and Six Sigma

**Mrs. Wu YEA-FANG**

Buddhist Tzu Chi Medical Foundation, Dalin Tzu Chi Hospital, Taiwan

The COVID-19 outbreak began in late 2019 and rapidly evolved into a global pandemic. As infection rates increased in Taiwan, the number of confirmed cases and the demand for hospitalization rose sharply, placing significant strain on hospital capacity. In response, the COVID-19 ward at Dalin Tzu Chi Hospital required rapid expansion to accommodate the growing number of patients. Operating within a high-risk infectious environment, healthcare staff were initially unfamiliar with newly established workflows and procedures. Concerns regarding accidental exposure during care delivery not only threatened patient safety but also posed the risk of hospital-wide transmission. These challenges created substantial operational pressure, even for experienced nursing staff. Care delivery in the COVID-19 ward required coordination across a multidisciplinary team involving 15 departments. To address these challenges, the project team applied Lean Healthcare and Six Sigma principles to redesign care processes, logistics, and designated staff routes. Key interventions included process mapping, error-proofing, implementation of key performance indicators, visual management, and standardized work. Potential failure points were proactively identified and mitigated at each step of the process. In addition, frontline staff documented daily issues and concerns, which were systematically reviewed to develop standardized troubleshooting guidelines aimed at improving safety and operational efficiency. Following project completion in March 2020, a total of 51 patients were treated in the COVID-19 ward, achieving a 0% staff infection rate, 0% mortality rate, and a 100% recovery rate among confirmed cases. The improvement framework was subsequently extended to outdoor COVID-19 testing stations. Furthermore, the team disseminated its experience by hosting multiple free live webinars, reaching 149 healthcare institutions across Asia.

### **Biography:**

The author currently serves as Section Chief of the Lean Healthcare Center at Dalin Tzu Chi Hospital, with extensive experience in clinical practice, healthcare management, and quality improvement. She has long been dedicated to nursing practice and hemodialysis care, possessing strong expertise in high-risk clinical process management and patient safety. Her previous roles include Executive Secretary of the Lean Healthcare Committee, Head Nurse of the Dialysis Unit, and Certification Reviewer for the Taiwan Nephrology Nursing Association, contributing to the advancement of clinical standards and professional accreditation. Her professional focus includes Lean and Six Sigma management, dialysis care quality improvement, and interdisciplinary process redesign. She is committed to integrating quality improvement methodologies into clinical practice and workforce development, promoting high-value care, enhancing healthcare quality and patient safety, and developing sustainable, replicable improvement models.

# 8<sup>th</sup> International Conference on Nursing and Healthcare



April 27-28, 2026 | Tokyo, Japan

## Socioeconomic Vulnerability and Tuberculosis Treatment Discontinuation in Colombo District, Sri Lanka

**Ms. Subhashini S.M.A.S**

Assistant Port Health Office, Medical Research Institute, Colombo, Sri Lanka

**Mrs. Shereen Senarathne**

Department of Clinical Nursing, Faculty of Nursing, University of Colombo, Sri Lanka

**Background:** Tuberculosis (TB) treatment discontinuation remains a critical challenge to TB control, particularly in low- and middle-income countries. Socioeconomic vulnerability may adversely affect patients' ability to adhere to prolonged treatment regimens, yet local evidence examining these influences remains limited.

**Aim:** This study aimed to explore socioeconomic factors associated with tuberculosis treatment discontinuation among patients in Colombo District, Sri Lanka.

**Methods:** A descriptive cross-sectional study was conducted among tuberculosis patients registered at the Colombo Central Chest Clinic between 1 October and 31 December 2023. Patients who discontinued TB treatment for more than eight consecutive weeks after treatment initiation were identified for analysis. Data was collected using a structured, interviewer-administered questionnaire via telephone interviews. Socioeconomic variables included employment status, educational attainment, and financial constraints related to accessing care. Data was analyzed using descriptive statistics using the Statistical Package for the Social Sciences.

**Results:** Socioeconomic vulnerability was common among patients who discontinued tuberculosis treatment. A substantial proportion of patients were unemployed (39.6%) or engaged in non-regular employment (33.8%), and half had secondary-level education or below (50.0%). Financial and logistical barriers to accessing healthcare services were frequently reported, and these vulnerabilities often coexisted, increasing the risk of treatment discontinuation.

**Conclusion:** Socioeconomic vulnerability plays an important role in tuberculosis treatment discontinuation in Colombo District. Targeted social support, patient-centered counseling, and integration of socioeconomic considerations into TB care delivery are essential to improve treatment retention and strengthen TB control efforts in Sri Lanka.

### Biography:

I, Samarawickrama Mallawa Arachchige Sewwandi Subhashini is a Registered Nurse with over 14 years of experience in the Sri Lankan government healthcare sector. I currently serve at the Medical Research Institute, Ministry of Health, Sri Lanka, where I work in the Quarantine Unit providing immunizations, health education to international travelers, and public health services. My previous clinical experience includes cardiothoracic and medical professional units at Sri Jayewardenepura General Hospital. I hold a Master of Science in Nursing from the Open University of Malaysia and a Bachelor of Science (Honors) in Nursing from the Open University of Sri Lanka. I also possess professional qualifications in pharmacy, including licensure from the Sri Lanka Medical Council. I am certified in Basic Life Support and Advanced Cardiac Life Support and fluent in English and Sinhala. My professional interests include clinical nursing practice, public health, infection control, and patient education.

# 8<sup>th</sup> International Conference on Nursing and Healthcare



April 27-28, 2026 | Tokyo, Japan

## Breaking the silence: unveiling healthcare providers' attitudes and perceptions towards abortion and their knowledge of abortion laws in Pakistan

**Dr. Anita Dileep**

Dubai Health, United Arab Emirates

**Background:** Abortion, a common gynaecological procedure, is often stigmatized, affecting healthcare providers' attitudes and practices. These professionals are key to delivering abortion services, post-abortion care, and reproductive healthcare. Their understanding of abortion laws and attitudes toward the procedure significantly impacts their approach to reducing maternal morbidity and mortality, as well as complications from unsafe procedures.

**Objectives:** This study aims to investigate the attitudes, perceptions, and knowledge of healthcare providers regarding abortion and its legal framework.

**Methodology:** This was a descriptive study conducted between July and December 2021, in various obstetrics Gynecology facilities of Karachi, using a survey questionnaire enquiring about knowledge, attitude, belief towards abortion, and knowledge of abortion laws in Pakistan.

**Results:** The data were analysed by SPSS version 22.0. Ninety obstetricians and gynaecologists participated in the survey from different healthcare facilities in Karachi. Survey shows that only n=27 (30%) of the respondents demonstrated awareness between abortion and miscarriage, while n=60 (66.7%) knew about the global prevalence of abortion, and n=69 (76%) of the participants were aware of the global burden of the maternal deaths from unsafe abortion. A significant finding was that n=78 (86%) of participants were not aware of abortion laws in Pakistan.

**Conclusion:** The study shows limited knowledge of healthcare providers regarding current abortion laws and clinical guidelines.

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April 27-28, 2026 | Tokyo, Japan

## The Symbiosis of Lifelong Learning and Evidence-Based Practice: A Framework for Culture of Continuous Improvement in Nursing

**Dr. Jules Alexis B. Dajay**

Brokenshire College Soccsksargen, Philippines

**Background:** Lifelong learning and evidence-based practice (EBP) are often studied as separate, though related, concepts. While there are numerous studies that demonstrated a general correlation between nurses who engage in lifelong learning and improved EBP, there is a lack of in-depth and contextualized analysis that reveals the intertwined nature of learning and practice.

**Aims:** The study explores the symbiotic relationship between lifelong learning and evidence-based practice (EBP) to understand how continuous professional development contributes to the effective implementation of EBP and its subsequent patient care outcomes.

**Methods:** An in-depth case study approach was used to determine the relationship of lifelong learning and EBP through examining the experiences of five highly accomplished nurses with over 15 years of experience from five different countries through semi-structured interviews. Thematic analysis by Braun & Clarke (2006) was employed as a method for analyzing the data using the systematic process by iteratively organizing, coding, and interpreting data to extract and understand meaningful patterns or themes.

**Results:** The core finding was the “Culture of Continuous Improvement: The Symbiotic Relationship of Lifelong Learning and Evidence-based Practice,” where an individual’s commitment to lifelong learning and the application of EBP is enabled by a supportive organizational culture. Foundational themes include the following: (1) The Rudimental Importance of Lifelong Learning for EBP and Patient Outcomes, (2) Personal and Collaborative Strategies for Professional Development, (3) The Critical Role of Organizational Culture and Leadership, and (4) Promoting and Sustaining EBP through Systemic Integration.

**Conclusion:** The study implies that sustained excellence in healthcare is a result of a reciprocal relationship between a nurse’s personal determination for knowledge and a healthcare institution’s systemic support.

**Recommendations:** The study recommends that healthcare institutions may implement an inclusive framework that integrates EBP into daily workflows, deliver strong leadership programs, and provide incentives to foster a lasting culture of continuous improvement in nursing care.



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April 27-28, 2026 | Tokyo, Japan

## Assessment of Interprofessional Collaboration in the Infectious Diseases Intensive Care Unit at Children's Hospital 1, Vietnam

**Ms. Nuong Nguyen Ai Tran**

MSc, Children's hospital 1, Viet Nam

**Background:** Interprofessional collaboration (IPC) is fundamental to improving healthcare quality and patient safety, particularly for pediatric patients with complex medical needs. At Children's Hospital 1, Vietnam, an IPC model was implemented in the Infectious Diseases Intensive Care Unit (ID-ICU).

**Objective:** To assess the level of interprofessional collaboration among healthcare professionals in the ID-ICU using the validated Vietnamese version Assessment of Interprofessional Team Collaboration Scale II (AITCS-II).

**Methods:** This cross-sectional study was carried out from September 2025 to October 2025. Data was collected with AITCS-II from the healthcare teams featuring representatives ( $n = 40$ ) of multiple professional groups. Descriptive statistical methods and the Mann-Whitney or Kruskal-Wallis nonparametric tests were used to analyze the data. Mean scores AITCS-II of 1.0 to 2.9 were taken to indicate a "need to focus on developing collaborative practice", scores of 3.0 to 3.9 were interpreted as "moving towards collaboration", and scores of 4.0 or more indicated "good collaboration".

**Results:** Of the 47 questionnaires distributed to elicit 40 valid responses (6 doctors, 24 nurses, 2 pharmacists, 4 psychologists, 3 Physiotherapists, 1 social worker). Gender reporting was voluntary. The almost were female (75%): nurses (83.3%) and psychologists (75%), while all pediatricians were male. Qualification: a Bachelor's degree (87.5% of nurses, 50% of pharmacists), and all pediatricians had a Master's degree. Clinical experience more than half had 1–5 years of experience, especially among nurses (87.6%) and pharmacists (100%). Overall collaboration was rated as good among physicians ( $M=4.49 \pm 0.24$ ), pharmacists ( $M=4.72 \pm 0.03$ ), psychologists ( $M=4.25 \pm 0.44$ ), physiotherapists ( $M=4.80 \pm 0.13$ ), and a social worker ( $M=4.65$ ). Nurses reported the lowest mean score ( $M=3.93 \pm 0.72$ ), representing a "transitioning toward collaboration" stage. This finding reflects barriers such as workload, limited staffing, and restricted involvement in decision-making. The results were examined in three subscales of IPC: Cooperation ( $M=4.28 \pm 0.83$ ) and Coordination ( $M=4.27 \pm 0.83$ ) were higher than Partnership ( $M=3.97 \pm 0.67$ ), indicating effective teamwork but insufficient shared leadership and equality.

**Conclusion:** There is an evident degree of IPC between healthcare workers in the team. Participants' attitudes were positive toward interprofessional health care teams. However, further programs focus on improving the role of nursing in the team, such as participating in making decisions, organizing meetings to discuss treatment plans or care plans with the team.

### Biography:

Ms. Nuong Ai Nguyen Tran completed her MD at the University of Medicine and Pharmacy, Ho Chi Minh City, Vietnam. She currently serves as the Head Nurse of the Infectious Diseases Intensive Care Unit at Children's Hospital 1. With extensive experience in pediatric critical care, she has led several initiatives to improve infection control and sepsis management. Her professional interests include interprofessional collaboration, nursing competency development, and quality improvement in pediatric intensive care. Ms. Nuong is dedicated to promoting nursing evidence-based practice and fostering teamwork to enhance patient outcomes and safety.

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April 27-28, 2026 | Tokyo, Japan

## Analysing the Financial Burden and Cancer Awareness Among Patients Visiting the Preventive Oncology Department of a Tertiary Cancer Hospital

**Ms. Jyoti Patel**

Tata Memorial Hospital, Parel, Mumbai, India

**Background:** In India, many patients experience significant financial hardship during the pre-diagnosis phase of cancer care. These costs, including consultations, diagnostic procedures, travel, and accommodation, often delay early detection and disproportionately affect low-income families. This study evaluates both the financial burden and cancer awareness levels among patients visiting the Preventive Oncology Department of a tertiary cancer hospital.

**Objectives:** The study aimed to assess direct and indirect costs incurred by patients, identify major cost drivers, explore how financial stress influences healthcare decisions, assess cancer awareness, and propose strategies to reduce financial barriers to early cancer detection.

**Methods:** A cross-sectional study design was employed with 124 patients selected through systematic random sampling. Data were collected via structured questionnaires capturing demographic details, healthcare costs, and behavioural responses. Descriptive statistics and regression analysis were used to evaluate cost factors, while thematic analysis explored behavioural impacts.

**Results:** Most participants were female (76.6%), aged 31–40 years, and from urban areas (92.7%). A significant proportion (57.3%) had a monthly family income below ₹25,000, with 56.5% unemployed or homemakers. Over 40% visited private hospitals, and 45.2% spent more than ₹10,000 on consultations and diagnostics. Notably, 100% of respondents cited financial constraints as a reason for delayed hospital visits and postponed diagnostic testing. Diagnostic costs were perceived as the most burdensome (44.4%), followed by travel (21.8%) and medication (20.2%). Despite living over 16 kilometres from the hospital, 78.2% relied on public transport. Preferred support included health insurance (24.2%) and subsidized diagnostics (22.6%).

**Conclusion:** Financial burden remains a significant barrier to early cancer detection, even among urban populations. Diagnostic expenses and travel costs contribute most to pre-diagnosis delays. Comprehensive strategies such as expanding health insurance, subsidizing diagnostic services, and decentralizing screening facilities are essential to reduce out-of-pocket expenses and promote timely cancer diagnosis and care.

### Biography:

Jyotiben Somabhai Patel has completed her Diploma in General Nursing and Midwifery from L.G. hospital, from Gujarat Nursing Council, Ahmadabad in the year 1992. She has done a course in Infection Control, from S.N.D.T College, Mumbai, conducted in Tata Memorial Hospital in the year 2002, she has done 1st and 2nd degree of reiki therapy from Gujrat, Baroda, She has completed a Head And Neck Cancer Certificate Course, from Tata Memorial Hospital in the year 2006. She has completed Diploma In Nursing Administration from Indira Gandhi Open University, Mumbai in the year 2012. She received her MBA degree in Hospital Administration from ICFAI (Sikkim, Manipal University) Mumbai in the year 2016 She has completed a Central Venous Access Device (CVAD) from S.N.D.T College Mumbai in the year 2017. She has completed her study MSC in counselling and spiritual health from Annamalai university, from Tamil Nadu in year 2019-2021, India. She has been awarded for her contribution by Radiation Medicine Centre, BARC, Mumbai in the year 2014. She has presented so many study in international conference Like World Congress UICC, CNSA & ICCN she has Currently working as a Nurse Manager in the department of Preventive Oncology at Tata Memorial Hospital. Mumbai, India.

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April 27-28, 2026 | Tokyo, Japan

## Practical experience in establishing a zero-defect medical supply management model that is replicable and highly scalable

**Mrs. Yung-Yuan Tsai**

Buddhist Tzu Chi Medical Foundation, Dalin Tzu Chi Hospital, Taiwan

Medical supplies are essential resources in clinical care; however, improper management may lead to inventory imbalance, expired items, increased workload, and patient safety risks. This project was conducted in an orthopedic ward of a regional teaching hospital in Taiwan. Through on-site observation, significant gaps in the existing management system were identified. Among 827 medical supply items, the overall management defect rate was 23.6%, and staff satisfaction with medical supply management was only 30.3%. These findings revealed fragmented workflows, inconsistent labeling, and a lack of standardized operating procedures. This project adopted Lean management and error-proofing approaches to implement comprehensive process and environmental improvements. Six major intervention strategies were implemented: (1) reorganizing storage locations based on workflow and ergonomics; (2) establishing standardized visual labels incorporating color coding and images; (3) introducing multiple first-in, first-out (FIFO) systems, including transparent sliding shelves, push-through structures, and hanging storage; (4) recalculating par levels and safety stock based on consumption trends; (5) implementing a Kanban-based replenishment card system; and (6) providing standardized education and hands-on training to ensure consistent nursing practice. After three months of implementation, the medical supply management defect rate decreased from 23.6% to 0%, with complete elimination of expired items. Staff satisfaction increased from 30.3% to 89.8%, and item retrieval time was reduced from 33 seconds to 16 seconds, representing a 52% improvement. The outcomes demonstrated high sustainability and were maintained through routine audits and refresher training. This model was subsequently successfully scaled to all surgical wards. This project demonstrates that Lean thinking and error-proofing methods can substantially enhance the safety, accuracy, and efficiency of medical supply management. The model shows high scalability and provides an important reference for hospitals seeking to promote standardization and cost-effective improvement initiatives.

### **Biography:**

The author is the Head Nurse of an orthopedic ward with 17 years of clinical nursing experience. Having worked long-term in high-intensity clinical settings, she has developed strong sensitivity and systems thinking in clinical process optimization, interdisciplinary collaboration, and ward operations management. During her tenure, she identified the impact of cluttered environments and complex workflows on work efficiency and quality of care. After six months of in-depth assessment of clinical needs and usage behaviors, she led the implementation of a friendly work environment transformation program centered on visual management, zoning, and usage-frequency-based design, successfully creating a highly efficient, low-waste clinical workspace.

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April 27-28, 2026 | Tokyo, Japan

## Building a Care System Through Lean Practice by Integrating Diagnostic and Nursing Decision-Making in Pandemic Contexts

**Mrs. Lin Yu Han**

Buddhist Tzu Chi Medical Foundation, Dalin Tzu Chi Hospital, Taiwan

During the COVID-19 pandemic, inpatient care relied heavily on timely and accurate diagnostic information to support nursing decisions related to patient triage, ward allocation, and infection control. Unstable turnaround times for rapid antigen testing frequently caused anxiety among patients and families and increased nursing workload during admission assessment and clinical decision-making, highlighting challenges in integrating diagnostic and nursing decisions under pandemic conditions. This study aimed to build a care system that supports nursing decision-making by applying lean management and error-proofing principles to redesign the COVID-19 rapid antigen testing process. The intervention focused on strengthening real-time linkage between diagnostic information and nursing practice to enhance patient safety and care system resilience. Using a Lean Six Sigma approach, a multidisciplinary team conducted process mapping, cross-professional collaboration, workspace and logistics optimization, visual management, and barcode-enabled operations to improve key steps from specimen receipt to result reporting. After implementation, process steps were reduced from 36 to 21 (42% reduction), and decision points were eliminated. Median laboratory turnaround time decreased from 39 to 24 minutes (39% reduction), while total turnaround time from patient registration to test results shortened from 2.4 hours to 1.5 hours. Result entry and verification time was reduced by 97%, improving laboratory–nursing handoffs and reducing nighttime clustering of inpatient admissions. These findings indicate that lean practices aligned with nursing decision needs can effectively integrate diagnostic and nursing information, improving decision efficiency, patient safety, and care system resilience during pandemic conditions. This experience offers a transferable model for interprofessional collaboration in future public health emergencies.

### **Biography:**

I am a medical laboratory scientist with 16 years of clinical experience, specializing in serological and immunological testing. I am well-versed in laboratory quality control, process monitoring, and result interpretation. I have participated in Lean management projects, applying process analysis and interdisciplinary collaboration to improve laboratory workflow efficiency and turnaround time, reduce operational risks, and enhance patient safety and overall quality of care. I hope to share practical quality improvement experiences and outcomes from clinical practice.

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