



Evaluating and Enhancing Ontario and Canada's Policies for Integrating Internationally Educated Nurses (IENs) to Address the National Nursing Shortage



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Abstract

Canada continues to face a critical and escalating nursing shortage, with projections from the Canadian Institute for Health Information (CIHI) indicating a deficit of more than **117,000 nurses by 2031**. Ontario, the country's most populous province, is disproportionately affected due to rapid population growth, increasing complexity of care, and high rates of workforce burnout. In response, federal and provincial governments have implemented a series of policies to attract, assess, and integrate Internationally Educated Nurses (IENs) into the health workforce. While these initiatives demonstrate strategic intent, their effectiveness remains only partially realized, and substantial gaps persist between policy design and practical impact.

Current policies—including dedicated immigration pathways, expedited credential assessments, and bridging programs—have facilitated the entry of more IENs into the licensing pipeline. However, real-world data from the College of Nurses of Ontario (CNO) reveal that **the average IEN assessment still takes 10–14 months**, creating delays in workforce deployment. Additionally, the capacity of bridging programs meets only **25–30%** of annual applicant demand, leading to bottlenecks and prolonged underemployment among skilled nurses. Financial burdens further exacerbate barriers, as the combined costs of NNAS assessment, CNO fees, English testing, bridging tuition, and the NCLEX examination often exceed **\$8,000–\$12,000 per applicant**.

To address these systemic challenges, this paper proposes a series of evidence-informed and actionable reforms. First, Ontario should adopt a **Fast-Track Assessment Model** with a maximum review period of 90 days, supported by AI-enabled credential comparison and risk-based country-of-training categories. Second, the province should expand its bridging capacity through hybrid and online programs, while mandating hospitals to support clinical placements for IENs. Third, the introduction of a **paid 3–6 month Clinical Fellowship for IENs**, modeled after the UK

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NHS and Australian frameworks, would provide supervised Canadian experience while simultaneously meeting urgent staffing needs.

*Furthermore, to reduce financial inequities, Ontario should establish a **Nursing Integration Grant** of at least \$4,000 per IEN and offer exam fee waivers for first-attempt NCLEX testing. Strengthening mentorship and onboarding structures—shown to improve retention by **25–40%**—is also essential. Finally, the creation of a **national IEN workforce tracking system** would enable coordinated planning, policy evaluation, and data-driven decision-making across provinces.*



CONFERENCE DIALOGUE

In summary, although Canada's current policy landscape for integrating IENs is moderately effective, it remains insufficient to resolve the magnitude of the nursing shortage. Implementing these targeted reforms—accelerated licensing, expanded bridging capacity, financial support, structured mentorship, and improved data systems—would significantly enhance IEN integration and bolster the sustainability and resilience of Canada's healthcare workforce.

Author Biographies

Soheil Najafi Mehri, BScN, MSN, PhD

Dr. Soheil Najafi Mehri is a nurse educator, researcher, and healthcare innovator with more than twenty years of experience in clinical practice, academic development, and health-system workforce integration. He is affiliated with Richmond Hill College for Healthcare and Technology Management in Ontario, Canada, where he contributes to curriculum design, bridging program development, and academic leadership initiatives for internationally educated nurses and health professionals. He also serves as a Research Committee Member of the Canadian Association of Nurses in Oncology (CANO/ACIO).

Dr. Najafi Mehri has authored several peer-reviewed publications in areas such as chronic disease management, patient quality of life, and exercise-based interventions. In addition to his academic work, he is the founder of AfraMedico, an AI-driven medical tourism and healthcare innovation platform supporting global patient navigation and cross-border care coordination.

His professional interests include oncology nursing, global health workforce integration, competency-based education, and the design of accessible learning pathways for internationally trained healthcare providers.



The Role of Ontario Career Colleges in Expanding Bridging Programs to Integrate Internationally Educated Nurses and Health Professionals — Practical Pathways and Workforce Impact



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Ontario's healthcare system is experiencing sustained shortages across nursing, personal support work, medical administration, and multiple allied health professions. As the demand for qualified workers grows, Career Colleges have emerged as agile, workforce-driven institutions capable of rapidly designing educational programs that respond to urgent labour market needs. One of their most impactful contributions is the development of **Bridging Programs** that prepare internationally educated nurses (IENs) and internationally trained health professionals for successful integration into Canada's regulated healthcare environment.

Career Colleges possess structural advantages that enable them to address these shortages effectively: short program durations, flexible online and hybrid formats, competency-based curriculum models, and direct alignment with employer expectations. These qualities allow Career Colleges to bridge the gap between international training backgrounds and Canadian practice standards more efficiently than traditional academic pathways.

Richmond Hill College serves as a leading example within this educational landscape. By expanding a suite of specialized bridging programs, the college supports newcomers seeking to transition into Ontario's healthcare workforce. Practical examples of such programs include:

1. Nursing Bridging Programs for IENs

These programs focus on Canadian nursing jurisprudence, clinical communication, infection prevention and control, medication administration principles, professional ethics, and NCLEX-RN/CPNRE exam preparation. They help internationally educated nurses adapt to CNO

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expectations and understand workplace culture within hospitals, long-term care facilities, and community care settings.

2. Personal Support Worker (PSW) Equivalency and Bridging

Many internationally trained caregivers, midwives, or practical nurses can transition into the PSW workforce through short bridging programs. These programs include training in resident care, dementia communication strategies, safety protocols, and clinical documentation aligned with Ontario's LTC sector requirements. Given the severe PSW shortage, this pathway has immediate workforce benefits.



3. Medical Office Administration Bridging

International health graduates with backgrounds in public health, medicine, nursing, or allied health can transition into administrative roles through training in OHIP billing, electronic medical records (EMR), appointment management, clinic workflow, and patient communication. This creates rapid employment opportunities while supporting clinic efficiency.

4. Allied Health Bridging (e.g., Lab Assistant, Sterile Processing, Phlebotomy)

These short programs help internationally trained laboratory technicians, microbiologists, or medical technologists enter non-regulated technical roles. They learn Canadian safety standards, specimen management, sterilization protocols, and workplace quality systems.

5. Community Mental Health & Supportive Care Bridging

Professionals trained abroad in psychology, counseling, or social work can complete targeted bridging modules to work in community mental health settings or supportive housing programs, addressing a major workforce gap.

*Richmond Hill College's model demonstrates how Career Colleges can support newcomer success through **online and hybrid delivery, exam preparation, workplace communication training, and clinical-oriented skill development**. This approach enhances employability while directly contributing to the stability of Ontario's healthcare system.*

*In conclusion, the expansion of bridging programs within Ontario's Career Colleges represents a **high-impact, scalable, and future-oriented solution** to healthcare workforce shortages. By creating accessible pathways for internationally trained professionals, institutions like Richmond Hill College not only support labour market needs but also facilitate meaningful integration, equity in credential recognition, and long-term system sustainability.*

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Dr. Soheila Hafezi is the CEO and President of Richmond Hill College of Healthcare and Technology Management in Ontario, Canada. In this role, she provides strategic leadership for the development of innovative, workforce-focused educational programs that support the integration of internationally educated nurses and health professionals into the Canadian health system.

With an academic background that includes a Bachelor's degree, and a Master's degree of education management, and a PhD in the field of Distance Education Management, Dr. Hafezi has been actively involved in research and curriculum development related to online and distance education. Her scholarly work includes co-authorship of a peer-reviewed article on usability evaluation in distance education, reflecting her interest in quality assurance and learner-centred design in e-learning environments. In addition to her leadership at Richmond Hill College, Dr. Hafezi has experience in health innovation and international collaboration. She has been associated with AfraMedico, a medical-tourism and healthcare services company, contributing to the design of cross-border care pathways and patient support services. She also serves as Chairperson and conference organizer for the "Nursing and Healthcare Conference: A Global Dialogue," an international forum that connects nurses, educators, and policymakers to discuss workforce development and global nursing issues.

Her professional interests include educational leadership, bridging and upskilling programs for internationally educated health professionals, quality assurance in online and hybrid learning, and the development of accessible pathways that align post-secondary education with the evolving needs of Ontario's healthcare workforce.





Role of Canadian Registered Nurses at Princess Margaret Cancer Centre, Toronto



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Abstract

Registered Nurses (RNs) at Princess Margaret Cancer Centre in Toronto play pivotal and multidimensional roles in delivering highly specialized oncology care within an interprofessional team. As front-line providers, they are responsible for comprehensive assessment, planning, implementation, and evaluation of care for patients across the cancer continuum—from diagnosis and active treatment to survivorship, palliative, and end-of-life care. Their practice is guided by evidence-based standards, the College of Nurses of Ontario (CNO) regulatory framework, and institutional policies that emphasize patient safety, quality, and person-centred care.

Key responsibilities include symptom management, administration of systemic therapies (chemotherapy, immunotherapy, targeted agents), coordination of complex care pathways, and vigilant monitoring for treatment-related toxicities. RNs provide ongoing patient and family education on disease processes, treatment options, side-effects, and self-management strategies, thereby

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supporting shared decision-making and informed consent. They also advocate for patients' physical, psychosocial, spiritual, and cultural needs, collaborating closely with physicians, pharmacists, social workers, and other allied health professionals

In addition to direct clinical care, Princess Margaret RNs contribute significantly to quality-improvement initiatives, research protocols, and clinical trials, ensuring adherence to ethical and safety standards while integrating new evidence into practice. Many assume leadership roles as charge nurses, clinical resource nurses, and preceptors, mentoring students and novice nurses and fostering a culture of continuous learning. Their involvement in interdisciplinary rounds, morbidity and mortality reviews, and program development supports system-level improvements in oncology services.

Overall, Canadian registered nurses at Princess Margaret Hospital function as expert clinicians, educators, advocates, and leaders. Their specialized oncology competencies and holistic approach are essential to achieving optimal clinical outcomes, enhancing patient and family experience, and advancing the mission of a world-class cancer centre within Canada's publicly funded healthcare system



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Author Biography – Ahmadreza Baki-Jafarzadeh

Ahmadreza Baki-Jafarzadeh, RN, BScN, MIN, ONS

Ahmadreza Baki-Jafarzadeh is an oncology nurse at the Princess Margaret Cancer Centre, University Health Network (UHN), in Toronto, Canada, where he has worked as a registered nurse since 2007. With more than 20 years of professional experience, his background spans critical care nursing, staff development, clinical instruction, diabetes education, and oncology nursing.

He completed his Bachelor of Science in Nursing with high distinction and later obtained a Master's degree in Nursing (MIN). Mr. Baki-Jafarzadeh has been recognized for his clinical excellence and humanitarian contributions, including receiving the **Gerlard Kirsh Humanitarian Award** at Princess Margaret Hospital in 2013 and being acknowledged as **Best Internationally Educated Nurse** in 2014.

In addition to his clinical work, he has co-authored educational resources for nurses, such as a book on drug calculations and medication protocols, supporting safe infusion practices in clinical settings. He has also presented on topics such as strategies for recruitment and retention of foreign-trained nurses in oncology practice at national oncology nursing conferences.

Mr. Baki-Jafarzadeh frequently engages in international academic and professional exchanges, including invited lectures for nursing faculties in Iran, focusing on contemporary oncology nursing practice and the Canadian healthcare system. His professional interests include oncology nursing, mentorship of internationally educated nurses, medication safety, and the development of supportive pathways that help internationally trained nurses successfully integrate into specialized cancer care settings.





Enhancing Patient Safety in Step-Down Units Through Culturally Responsive Care



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Abstract

Background

Step-Down Units (SDUs) provide intermediate care between intensive care units and general wards for clinically stable but high-risk patients. In multicultural healthcare systems, linguistic, cultural, and religious diversity can affect communication, treatment adherence, and safety outcomes. Culturally responsive care addresses these factors by integrating patient values and beliefs into clinical decision-making, potentially enhancing safety in SDUs.

Methods

A narrative review was conducted using PubMed, CINAHL, and Cochrane Library to identify studies published between 2015 and 2024. Search terms included *patient safety*, *Step-Down Unit*, *culturally responsive care*, *cultural competence*, *multicultural patients*, and *adverse event prevention*. Articles were appraised using CASP checklists, and medium- to high-quality studies were included. Data were synthesized into four thematic categories: communication tools, cultural training, integration of cultural values, and adaptation of safety protocols.

Results

Four main strategies to enhance patient safety in SDUs were identified:

1. **Professional interpreters and translation tools** – Reduced language-related errors by up to 30%.
2. **Integration of cultural values and beliefs** – Improved treatment adherence and decreased safety incidents.
3. **Cultural awareness training for staff** – Increased ability to anticipate and prevent adverse events.

4. **Adaptation of safety protocols to cultural needs** – Prevented communication failures during critical events.

Evidence suggests that combining these culturally responsive measures with existing safety tools, such as the Early Warning Score (EWS) and SBAR communication framework, improves both clinical outcomes and patient trust.

Conclusions

Culturally responsive care is an essential component of SDU safety strategies. Embedding cultural competence into staff training, systematically using interpreters, and adapting safety protocols to patient needs can reduce errors and improve satisfaction. Ongoing monitoring and further research should explore integration with advanced monitoring technologies to optimize patient outcomes in diverse care settings.

Keywords: Patient Safety; Intermediate Care Facilities; Cultural Competency; Transcultural Nursing; Interpreter Services

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Abstract Track number/Name:



Investigating the Factors Related to the Brain Executive Function Change During Pregnancy

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Abstract

Objective: While previous studies have suggested the presence of cognitive impairments during pregnancy, the contributing factors to these impairments have not been fully explored. This study aims to identify key factors influencing executive function across different stages of pregnancy.

Materials and Methods: A longitudinal observational study was conducted involving pregnant women attending Imam Hossein and Taleghani Hospitals in Tehran between October 2019 and October 2021. Participants completed the Adult Self-Report Form of the Behavior Rating Inventory of Executive Function (BRIEF-A) during three time points: the first trimester, the third trimester, and the postpartum period. Executive function scores and associated demographic variables were analyzed.

Results: A total of 210 pregnant women (mean age: 28.70 ± 7.08 years) completed the assessments. The Global Executive Composite (GEC) score was significantly higher in the third trimester compared to both the first trimester and postpartum, indicating increased executive dysfunction. Notably, postpartum scores remained higher than those in the first trimester.

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Educational level significantly influenced changes in executive function, with higher-educated individuals showing better cognitive resilience across pregnancy stages.

Conclusion: Executive function declined most during the third trimester and showed partial recovery postpartum. Higher education appears to mitigate pregnancy-related executive dysfunction, highlighting its role as a protective factor.

Keywords: pregnancy, mental processes, brain executive function, risk factor

Biography

Dr. Nasim Nouri is a medical doctor based in Tehran, Iran, with a strong foundation in clinical medicine and a dedicated focus on health research. She graduated from Shahid Beheshti University of Medical Sciences in February 2025, one of the leading medical institutions in the region.

Throughout her academic journey, Dr. Nouri developed a passion for evidence-based healthcare and has been actively engaged in medical research for over four years. Her work has contributed to numerous peer-reviewed publications in areas such as artificial intelligence in medicine, women's health, and surgical outcomes.

Dr. Nouri continues to collaborate with interdisciplinary teams to improve patient-centered care and advance scientific knowledge in global health. Her academic commitment and international outlook align well with the values of this conference.

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Breast Self-Examination Practice and Associated Factors Among Women of Reproductive Age in Negele Arsi Town, Oromia Region, Ethiopia 2023



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Abstract

Background: Breast self-examination (BSE) is one of the simplest and most accessible methods for the early detection of breast diseases. Despite the availability of modern screening techniques, over 90% of breast cancer cases are initially identified by women themselves through BSE. However, the practice of BSE remains low among women of reproductive age in Ethiopia.

Objective: To assess the practice of breast self-examination and associated factors among women of reproductive age in Negele Arsi Town, Oromia Region, Ethiopia, in 2023.

Method: A community-based cross-sectional study was conducted among 344 women of reproductive age. Participants were selected using a systematic random sampling technique. Data were collected through face-to-face interviews using a structured questionnaire. After checking for completeness, data were coded and entered into Epi Data 3.1, then exported to SPSS version 24 for analysis. Descriptive statistics were used, followed by bivariate and multivariate logistic regression analyses to identify factors associated with BSE practice. Statistical significance was declared at $p < 0.05$.

Results: The prevalence of BSE practice among women of reproductive age was 27.1% (95% CI: 22.4–32.3). Factors independently associated with BSE practice included: Educational level: College and above (AOR = 3.04; 95% CI: 1.45–6.39), and secondary education (AOR = 2.89; 95%

CI: 1.38–6.04) Having information about BSE (AOR = 6.87; 95% CI: 3.58–13.18) Confidence in performing BSE (AOR = 6.98; 95% CI: 3.36–14.50) Occupation: Private employees were less likely to perform BSE (AOR = 0.29; 95% CI: 0.13–0.63).

Conclusion and Recommendation: This study revealed that only about one-fourth of participants practiced BSE. Key factors influencing BSE practice included educational status, occupation, access to information, and confidence. To enhance breast cancer outcomes, ongoing education and awareness campaigns highlighting the importance of BSE are essential.



Keywords: Breast self-examination, Reproductive age, Negele Arsi, Ethiopia.

Biography

Mr. Amanuel Belda is a Lecturer in the Department of Nursing, College of Health Sciences and Medicine at Wolaita Sodo University, Ethiopia. He holds a Master's degree in Adult Health Nursing (2023) and a Bachelor's degree in nursing (2021). Mr. Belda began his clinical career at Negele Arsi General Hospital and Medical College, where he gained multidisciplinary experience across outpatient, emergency, inpatient, and surgical units, including roles as both circulating and scrubbing nurse. Following his clinical practice, he pursued advanced studies and transitioned into academia in early 2024. His academic interests lie in adult health nursing, clinical instruction, and evidence-based practice. Mr. Belda maintains active collaboration with both clinical and academic institutions, which informs his teaching and supports his ongoing professional development.

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The Role of Oral Health in Preventing Systemic Diseases: Bridging Dentistry and Nursing Practice

Motahareh Fataei



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Abstract

Introduction:

Oral health is increasingly recognized as a critical component of overall health and well-being. Research has demonstrated strong links between poor oral hygiene and systemic conditions such as cardiovascular disease, diabetes, respiratory infections, and adverse pregnancy outcomes. Despite this evidence, oral health is often siloed within dentistry, while nurses and other healthcare professionals may lack the training or protocols to integrate oral health screening into general care. This gap highlights the need for interdisciplinary collaboration to ensure patient safety, improve health outcomes, and strengthen preventive healthcare practices worldwide.

Methods:

This study employed a narrative review of peer-reviewed literature published between 2015 and 2024, combined with clinical observations from dental practice. Key themes were analyzed, including oral-systemic disease associations, interdisciplinary approaches to patient care, and preventive models in community and hospital settings. Evidence from both high-resource and low-resource countries was compared to assessing the global applicability of oral health integration into nursing practice.

Results:

Findings indicate that incorporating oral health assessment into nursing protocols



significantly enhances early detection of systemic risk factors. In hospital settings, simple nursing interventions such as oral hygiene education and routine oral screenings reduce incidences of hospital-acquired pneumonia and improved diabetic patient outcomes. In community settings, interdisciplinary collaboration between dentists and nurses increases patient compliance with preventive care and reduced healthcare costs. The evidence strongly supports training nurses in oral health competencies and embedding oral health indicators into patient safety frameworks.



Conclusion:

Oral health is an essential but underutilized component of holistic patient care. Bridging the gap between dentistry and nursing can create cost-effective, preventive strategies that improve systemic health outcomes and advance global health priorities. These abstract underscores the importance of interdisciplinary collaboration, policy innovation, and education in achieving integrated, patient-centered healthcare.

Keywords: Oral health, systemic diseases, nursing practice, patient safety, interdisciplinary healthcare, global health

Biography

Dr. Motahere Fataei, DMD, was born on June 12, 1964, in Iran. She earned her Doctor of Dental Medicine (DMD) degree from I.M. Sechenov First Moscow State Medical University in Russia, graduating in 2023. Following her graduation, she returned to Iran, where she currently practices part-time as a dentist in a private clinic.

In addition to her clinical work, Dr. Fataei serves as **Director of Education and Development of Health and Dental Programs** and an instructor at the **Elm Motahhar Salamat Educational Institute**, where she trains and mentors students in dental assistant education as well as related healthcare programs, including medical assistant, pharmacy assistant, and nursing support courses.

Her combined experience in clinical dentistry and educational leadership enables Dr. Fataei to contribute a **multidisciplinary perspective** to healthcare education and patient care. Her work emphasizes innovation, practical training, and international collaboration, bringing valuable insights to the global dialogue on nursing and healthcare.

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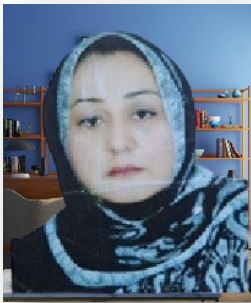
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A critical look at Madeleine Leininger's theory of cultural care based on Mills's Model

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Abstract

This study criticizes Leininger's theory of cultural care. Leininger's theory focuses on the culture of illness in different contexts. According to the Mills model, this theory has strengths and weaknesses. To use this theory, one must recognize its shortcomings.

Introduction:

Leininger's theory of cultural care is one of the most influential theories in the field of nursing that emphasizes the culture of health and illness. Despite the high status of Leininger's theory, like any other theoretical structure, this theory also requires continuous review, analysis, and criticism to identify its strengths and areas for development and improvement. The present study aimed to provide a critical analysis of Madeleine Leininger's theory of cultural care using Mills' model analysis.

Methods:

The present study was a theoretical and analytical study that used a critical approach to Leininger's cultural care theory based on the Mills model. First, a detailed and comprehensive review of Madeleine Leininger's cultural care theory was conducted. This review included identifying key concepts, central principles, assumptions, and main applications of this theory. In the next step, the Mills model was selected as an analytical framework. The Mills model framework consisted of five stages: description, analysis, critique, testing, and theory support, and the present study focused on the third stage, which is critique.

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Results:

According to Mills's critical approach, the strengths of Leininger's cultural care theory included: relatively simple and understandable concepts, coherent structure and stable principles, high adaptability (to different cultures and conditions), systematic approach, conceptual simplicity, and the importance of repetition for emphasis and learning. Also, the weaknesses of Leininger's theory included: the complexity of the Sunrise model, lack of training and resources, cultural conflicts and ethical issues, the impact of social inequalities on implementation, dependence on technology and related challenges, insufficient coordination between international and local organizations, and the need for extensive financial and human resources.



Conclusion:

The results of this study showed that while the theoretical foundations of Leininger's theory remain valid and influential, successful implementation requires the removal of identified barriers. Therefore, it is recommended that efforts be made to enrich educational programs, provide supportive infrastructure, and strengthen interdisciplinary collaborations to overcome the practical challenges of this theory.

Keywords: Cultural Care, Madeleine Leininger, Nursing Theory, Mills Model, Critique.

Biography

Ms. Maryam Babaei Khomeini lives in Khorramabad, Iran, and works in the field of nursing. Ms. Maryam Babaei Khomeini holds a bachelor's degree in nursing from Islamic Azad University, Boroujerd Branch, in 2000.

She has 20 years of nursing experience in the hospital wards of thorax, epilepsy, emergency, and psychiatry. She is also active in nursing research and has several articles in the field of nursing. She is currently working as a clinical supervisor at Mehr Psychiatric Hospital, Khorramabad, Iran.

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Factors Affecting Health Literacy in Patients: A Narrative Review

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Abstract

This study examines the factors affecting patients' health literacy. Health literacy is an important factor in disease prevention and control for patients and healthcare workers. In the present review study, the most influential factors affecting patients' health literacy included: education level, economic status, and age. Understanding the factors affecting the level of individual health literacy is essential to provide appropriate support to the patient during treatment.

Introduction:

Health literacy is the ability to read, understand, and act on health guidelines. Health literacy is a critical factor in disease prevention and management for both patients and healthcare professionals. The aim of the present study was to determine the factors affecting health literacy in patients.

Methods:

The present study was a narrative review in which PubMed, SID, Google Scholar, and Scopus databases were used to download articles. The inclusion criteria for the studies in the present study included the following: the articles must be in Persian and English,

be full-text, be original, and be published between 2025 and 2018. Out of the 112 articles obtained, 75 articles met the initial conditions, and after careful review, 23 articles were finally extracted and analyzed.

Results:

The studies reviewed showed that most patients do not have adequate health literacy. Factors such as age, gender, occupation, knowledge about diseases, level of education, use of media about health and illness, and self-efficacy are significantly associated with patients' health literacy scores. The most influential factors affecting health literacy were level of education, economic status, and age. People with higher education have higher health literacy. Poor economic status is associated with low health literacy. Older patients do not have adequate health literacy.

Conclusion:

Understanding the factors affecting the level of individual health literacy is essential to provide appropriate support to the patient during treatment. Therefore, by providing appropriate educational materials and effective educational participation, essential steps can be taken to develop skills, increase health literacy, and ultimately create a favorable environment for patients' recovery.

Keywords: health literacy, health promotion, patients.

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Biography (150-word limit)

Ms. Sahar Koushki lives in Khorramabad, Iran, and works in the field of nursing. Ms. Sahar Koushki holds a Bachelor of Science degree in Nursing from Lorestan University of Medical Sciences in 2009. She has 18 years of nursing experience in the ICU, psychiatry, emergency, internal medicine, and surgery. She is very interested in research in nursing and health. She is currently working as a clinical nurse at Mehr Psychiatric Hospital, Khorramabad, Iran.



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Abstract Track number/Name: Health Psychology and Behavioral Interventions



Prevalence, Associated Factors, and Social Status of Patients with Neurolathyrism in Delanta, Amhara Region, Ethiopia.



Andualem Endrias Yesuf ¹, Yemsirach Abera Ayele²

- 1- MD, MSc Epidemiology candidate, Department of Health and Life Science, University of Bristol, Bristol, United Kingdom.
- 2- MD, MSc Global Public Health And Policy, Department of Medicine and Dentistry, Queen Mary University of London, United Kingdom.

Abstract

Introduction:

This research investigated the prevalence, associated factors, and social status of patients afflicted by neurolathyrism, specifically focusing on the Amhara region of Ethiopia. Neurolathyrism, a debilitating neurodegenerative disorder associated with the consumption of the legume *Lathyrus sativus*, is a significant public health challenge globally, with a particular prevalence in various regions of Ethiopia.

Methods:

A community-based cross-sectional survey was conducted from February to March 2023 among 480 randomly selected individuals in the Delanta district in Amhara. A multistage sampling technique was employed. The data were collected using a structured questionnaire after providing written informed consent from each participant. The collected data were cleaned and analyzed using statistical software Epi version 7.2 and SPSS version 26.0, respectively. Statistical significance was determined using a P value ≤ 0.05 . Associations were measured by adjusted odds ratios (AORs). Predictors of nonadherence were identified using bivariable and multivariable logistic regression

analysis. Factors with a P value of 0.2 or less in the bivariable analysis were selected for further multivariable analysis and entered into a logistic regression model.

Results:

Of the 470 individual study participants, 56 (11.9%) reported having neurolathyrism, a older age group (AOR = 2.69; 95% CI = 1.064-9.341), male sex (AOR = 3.569; 95% CI= 1.794-7.098), and educational status (cannot read) (AOR =3.128; 95% CI = 1.224-7.993) were the individual-level variables; family size (AOR = 2.332; 95% CI = 1.159-4.692) and farm land lease (AOR = 2.734; 95% CI=1.23–6.06) were the household-level variables found to have significant associations with neurolathyrism. Seventeen-thirds (73%) of the neurolathyrism patients discontinued school because of a lack of support; among them, 21.4% were divorced after the disease.

Conclusion

The prevalence of neurolathyrism is notably high in the population under investigation. Older age, male sex, educational status, family size, and farmland lease are all significantly associated with neurolathyrism.

Keywords: Neurolathyrism, prevalence, associated factors, social impact.

Biography (150-word limit)

Dr. Yemsirach Abera Ayele is a young physician and researcher from Ethiopia, currently pursuing a Master's in Global Public Health and Policy at Queen Mary University of London : a 2025–2026 Chevening Scholar. After graduating as a junior general practitioner in 2021, she began her professional journey at the Ethiopian Federal Police Hospital, providing essential healthcare in conflict-affected areas. In 2023, she founded the Trinity Antenatal Consultancy in Addis Ababa, dedicated to improving maternal healthcare and empowering women through advocacy and service delivery. Her leadership in establishing makeshift clinics during crises demonstrates her commitment to advancing healthcare access in vulnerable communities.



Dr. Ayele's experiences at the intersection of medicine, leadership, and global health policy drive her vision to strengthen healthcare systems in Ethiopia and beyond.

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Prevalence, Associated Factors, and Social Status of Patients with Neurolathyrism in Delanta, Amhara Region, Ethiopia



Andualem Endrias Yesuf¹, Yemsirach Abera Ayele²

- 1- MD, MSc Epidemiology candidate, Department of Health and Life Sciences, University of Bristol, Bristol, United Kingdom.
- 2- MD, MSc Global Public Health and Policy, Department of Medicine and Dentistry, Queen Mary University of London, United Kingdom.

Abstract

Introduction:

This research investigated the prevalence, associated factors, and social status of patients afflicted by Neurolathyrism, specifically focusing on the Amhara region of Ethiopia. Neurolathyrism, a debilitating neurodegenerative disorder associated with the consumption of the legume *Lathyrus sativus*, is a significant public health challenge globally, with a particular prevalence in various regions of Ethiopia.

Methods:

A community-based cross-sectional survey was conducted from February to March 2023 among 480 randomly selected individuals in the Delanta district in Amhara. A multistage sampling technique was employed. The data was collected using a structured questionnaire after providing written informed consent from each participant.

The collected data were cleaned and analyzed using statistical software Epi version 7.2 and SPSS version 26.0, respectively. Statistical significance was determined using a P value ≤ 0.05 . Associations were measured by adjusted odds ratios (AORs). Predictors of nonadherence were identified using bivariable and multivariable logistic regression analysis. Factors with a P value of 0.2 or less in the bivariable analysis were selected for further multivariable analysis and entered into a logistic regression model.

Results:

Of the 470 individual study participants, 56 (11.9%) reported having neurolathyrism, an older age group (AOR = 2.69; 95% CI = 1.064-9.341), male sex (AOR = 3.569; 95% CI = 1.794-7.098), and educational status (cannot read) (AOR = 3.128; 95% CI = 1.224-7.993) were the individual-

level variables; family size (AOR = 2.332; 95% CI = 1.159-4.692) and farm land lease (AOR = 2.734; 95% CI=1.23–6.06) were the household-level variables found to have significant associations with neurolathyrisim. Seventeen-thirds (73%) of the neurolathyrisim patients discontinued school because of a lack of support; among them, 21.4% were divorced after the disease.

Conclusion

The prevalence of neurolathyrisim is notably high in the population under investigation. Older age, male sex, educational status, family size, and farmland lease are all significantly associated with neurolathyrisim.



Keywords: Neurolathyrisim, prevalence, associated factors, social impact.

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Biography (150-word limit)

Andualem Endrias Yesuf (M.D) is A healthcare leader and clinician based in Ethiopia, specializ in the field of Epidemiology. This biography shows his diverse background and expertise in healthcare.

After graduating with a Doctor of Medicine, an M.D, Andualem Endrias embarked on his professional journey as a clinician in 2022. His scientific and transformative attitude propellec him to assume the role of Chief Clinical Officer and Principal Investigator at Delanta Hospital. Recognizing his invaluable professional and leadership experience, he was enrolled in the Chevening Scholarship to study an MSc in Epidemiology at the University of Bristol, United Kingdom, in 2025.

Throughout his career, Andualem Endrias has maintained an active role with the Ethiopian healthcare System, with a plan for global health transformation and evidence-based practice.



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The Mental Health Status and Its Relationship with Trait and State Anxiety in Nursing Students

Pardis Yeganeh¹



BSC Nursing Student, Department of Nursing, Faculty of Nursing, Khorramabad Branch, Islamic Azad University, Khorramabad, Iran

Abstract

This study examines the relationship between mental health status and anxiety in nursing students. Nursing students are exposed to mental health harms and anxiety due to their professional and academic nature. In the present study, there was a significant negative relationship between mental health and anxiety in nursing students. Improving mental health leads to a reduction in the incidence of anxiety. The present study can provide a basis for designing supportive and educational interventions aimed at improving mental health and reducing anxiety in nursing students.

Introduction:

The academic environment, exams, projects, and specifically the determination of due dates and the number of exams required, students' concerns about their performance in exams, the large number of boring lectures, and the feeling of uncertainty from professors, have all been identified as sources of anxiety. In the meantime, nursing students are exposed to mental health-related harms due to the nature of the discipline and the high workload and course load. The present study was conducted to determine the psychological status and its relationship with Trait and State anxiety in nursing students.

Methods:

The present study was a descriptive cross-sectional correlational study in which 200 nursing students of Islamic Azad University, Khorramabad Branch, Iran participated by census method. The data collection tool was the Goldberg Demographic and Mental Health Questionnaire. The data were analyzed using SPSS-V-23 software and descriptive and inferential tests.

Results:

Most of the students in the study, 152 (72.38%), had average mental health. There was no statistically significant difference in the mental health of the nursing students in the study according to demographic characteristics ($P < 0.05$). There was a significant negative relationship between mental health and overt anxiety in nursing students, so that students who had better mental health had less overt and covert anxiety ($P < 0.00$



Conclusion:

High mental health plays a pivotal role in reducing overt and covert anxiety in nursing students. Promoting mental health is one of the methods of reducing anxiety in nursing students. The present study can provide a basis for designing supportive and educational interventions aimed at promoting mental health and reducing anxiety among nursing students.

Keywords: Mental health, Obsessive Anxiety, Hidden anxiety, nursing students.

Biography (150-word limit)

Pardis Yeganeh, a third-year nursing student at the Islamic Azad University, Khorramabad Branch, is passionately and diligently gaining knowledge and experience in the health field. With her commitment to the nursing field, she is paving her path to becoming a caring and expert in the field of treatment. Pardis Yeganeh is passionate about health research and is preparing herself to play an effective research nurse role in hospitals and medical centers with her passion and enthusiasm for learning new and up-to-date skills. Her activities throughout her studies demonstrate her commitment to the nursing profession and her efforts to gain valuable practical experience. Pardis Yeganeh has a bright future ahead in the field of research and clinical nursing, and she can make a significant difference in the lives of patients with her knowledge and skills.

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Intensive Care Nursing in Iran: Challenges, Innovations, and Lessons for Global Practice

Narges Hamedian¹

1- RN, MSN, Intensive Care Unit (ICU) Nurse at Nekouei Hedayati Forghani Hospital, part of the Khayerin Salamat Educational, Research, and Medical Complex—a charitable healthcare institution in Iran.



Abstract

Critical care nursing in resource-limited settings demands resilience, adaptability, and innovative thinking to overcome systemic barriers while maintaining high standards of patient care. Drawing from my clinical experience in Iranian intensive care units (ICUs), this presentation examines the unique challenges faced by nurses in such environments, including medical supply shortages, high nurse-to-patient ratios, and the psychological toll of working in high-stress, high-mortality settings. Despite these constraints, Iranian ICUs have developed resourceful strategies to optimize patient outcomes, such as nurse-driven protocols for infection prevention, creative reuse of equipment, and enhanced interdisciplinary teamwork under pressure.

A key focus of this discussion is the intersection of cultural, ethical, and clinical decision-making in Iranian ICUs, where family involvement in care—particularly in end-of-life situations—differs significantly from Western models. I will share case studies highlighting how nurses navigate these dynamics while advocating for patient dignity and evidence-based practice. Additionally, the presentation explores the psychological impact of crisis situations, such as the COVID-19 pandemic, on ICU nurses in Iran, where understaffing and limited protective equipment exacerbated burnout but also fostered solidarity and rapid skill adaptation.

This session will also address the role of policy and education in strengthening critical care nursing. Despite gaps in formal training programs, Iranian nurses often compensate

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through peer mentorship and self-directed learning—a model that may offer lessons for other low-resource healthcare systems. By sharing these experiences, I aim to contribute to the global dialogue on equitable critical care, emphasizing the need for cross-cultural collaboration, sustainable resource allocation, and mental health support for frontline workers.



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Ultimately, this presentation aims to bridge the gap between high- and low-resource ICU practices, advocating for adaptable, nurse-led solutions that can enhance patient safety and quality of care worldwide.

Keywords: Intensive care nursing, global health, resource-limited settings, ethical challenges, nurse resilience, Iran

Speaker Biography:

Narges Hamedian, RN, MSN, is a dedicated intensive care nurse with over five years of clinical experience in the Intensive Care Unit (ICU) hospitals such as at *Nekouei Hedayati Forghani Hospital*, part of the *Khayerin Salamat Educational, Research, and Medical Complex*—a charitable healthcare institution in Iran. As a registered nurse with a Master of Science in Nursing (MSN), she specializes in critical care, with a particular focus on palliative and end-of-life care for critically ill patients.

Throughout her career, Narges has navigated the challenges of working in a resource-limited ICU setting, developing expertise in adaptive nursing practices, ethical decision-making, and family-centered care in high-stress environments. Her firsthand experiences during the COVID-19 pandemic further deepened her insights into nurse resilience, crisis management, and the psychological toll of critical care nursing.



The Secret to Mastering ECG Interpretation with an Innovative, Practical, and Systematic Way

Homayoon Banaderakhshan,



Assistant Professor of Medical Education, Head of Operating Room & Anesthesia Department, School of Nursing & Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Abstract

Introduction:

An EKG translates the heart's electrical activity into line tracings on a paper and is one of the most important tools for detecting and evaluating many heart problems, such as: heart attack, arrhythmias and heart failure and many other disorders. Rapid and complete interpretation of EKG is extremely vital for managing cancer critical patients.

This research introduces an invented gamified method for interpreting EKG in cancer patients incredibly easy by memorizing a sentence.

Methods:

This research is descriptive-analytical research that which 60 medical students were selected in a randomized way and divided into two groups. Then, the researcher, after administering pretests to all students, conducted an educational program in both traditional and systematic ways, dividing the students into two groups. Finally, after administering posttests and comparing the pretests & posttests of each group regarding the interpretation of ECG, the level of learning in the two groups was measured.

The gathering data tool of this research was a questionnaire. This questionnaire includes 40 questions in different domains of interpreting the ECG. (10 questions for the rules of interpreting ECG, 4 questions for sinus rhythms, 5 questions for atrial rhythms, 4 questions for junctional rhythms, 5 questions for ventricular rhythms, 7 questions for the heart blocks, and 5 questions for dysrhythmias). The whole of the questions was selected

among the questions of the final examinations at the level of what must be known. Questions were selected among the questions of the final examinations at the level of must be known.

Results:

The level of knowledge in the systematic educational group was significantly higher than the traditional group ($p < 0.005$). The mean marks of the systematic group were 80.68, and for the traditional group were 45.32.

Conclusion:

The findings show that the learning level of interpreting ECG by the systematic way (gamified method) was more effective than the traditional way.

Memorizing the following sentence is recommended:

"All Beautiful Red Roses in Iran Have Thorns."

The first letter of each word serves as an abbreviation for one characteristic that must be assessed in an ECG. By remembering this sentence, we can read and interpret an ECG systematically, rapidly, completely, and simply. The details of each section will be presented in an algorithm during the lecture.

- **All** → Axis
- **Beautiful** → Block
- **Red** → Rate
- **Roses** → Rhythm
- **In** → Ischemia
- **Iran** → Infarction
- **Have** → Hypertrophy
- **Thorns** → Toxicity

Keywords (MeSH-style): Electrocardiography / methods; Education, Medical; Teaching / methods; Gamification in Medical Education



Philosophy's Role in Shaping Ethical Decision-Making in Nursing Practice



Hamed Zare¹, Leili Yekefallah²

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- 2- Professor of Nursing, Department of Nursing, School of Nursing & Midwifery, Qazvin University of Medical Sciences, Qazvin, Iran*

Abstract

Introduction: This narrative review examines the pivotal role of philosophy in informing ethical decision-making within nursing practice. Ethical dilemmas are commonplace in nursing, and philosophy provides a critical foundation for navigating these challenges.

Methodology: Through a systematic analysis of existing literature, this review examines the application of key philosophical frameworks—such as deontology, utilitarianism, virtue ethics, and care ethics—in nursing ethics. The scope encompasses a broad range of studies that investigate how these theories inform ethical reasoning and practice in clinical settings.

Results: Key findings highlight the practical application of deontology in upholding patient rights, utilitarianism in resource allocation, and virtue ethics in fostering compassionate care. Additionally, philosophical reflection is shown to enhance nurses' moral agency, while ethical education improves their decision-making skills.

Conclusion: The review concludes that philosophy is indispensable for robust ethical decision-making in nursing, advocating for its deeper integration into nursing education and practice. It also recommends further empirical research to assess the real-world impact of philosophical ethics and emphasizes the inclusion of diverse cultural perspectives to enrich nursing ethics discourse. This abstract offers a concise overview of the review's insights, underscoring philosophy's vital contribution to ethical nursing practice.

Keywords: Nursing Ethics, Ethical Decision-Making, Philosophical Frameworks, Moral Agency, Nurse-Patient Relationship

Biography (150-word limit)

Dr. Hamed Zareh has over 12 years of clinical experience in hospital settings and 8 years in teaching and research at the university and hospital levels. His combined expertise supports nursing education and practice through evidence-based research and collaboration with clinical teams. Dr. Zareh is dedicated to advancing nursing standards and mentoring future professionals.

Professor Leili Yeke Fallah is a full professor of nursing with an outstanding record of academic and professional accomplishments. Her leadership in nursing education, research, and clinical practice has significantly influenced the field. With decades of experience, she has shaped curricula, conducted impactful research, and mentored many nursing leaders, earning national and international recognition.

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Biography (150-word limit):

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CONFERENCE DIALOGUE

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Gamification in Education, Adult and Neonatal Resuscitation, Critical Care , Airway Management, CPR, Psychology, Stress management, Positive Thinking, Team Working, Happy Living

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Presentation type: Oral

Abstract Track number/Name:



The Impact of Business Process Optimization on Patient Care Efficiency in Nursing Systems

Amir Mohammad Fataei

Business Administration Student, BBA of Islamic Azad University of Central Branch in Tehran, Iran,

Abstract

Healthcare organizations are increasingly recognizing the importance of business management methodologies to enhance patient outcomes, streamline workflows, and ensure cost-effective service delivery. This study explores how Business Process Optimization (BPO) can significantly improve patient care efficiency within modern nursing systems. By applying principles commonly used in business operations—such as process mapping, workflow redesign, and continuous improvement—healthcare institutions can identify bottlenecks that delay care delivery, reduce duplication of effort, and optimize resource allocation.

The paper adopts a mixed-method approach, combining a literature review with case analyses from selected hospitals where BPO tools such as Lean Management and Six Sigma have been implemented in nursing units. Findings indicate that optimizing administrative and clinical workflows leads to measurable improvements in patient wait times, nurse workload balance, and overall care coordination. Moreover, process optimization contributes to better communication among multidisciplinary teams, improved patient satisfaction, and enhanced data-driven decision-making.



The study emphasizes that successful implementation requires a collaborative culture between nursing leaders and business managers, ensuring that efficiency gains do not compromise the quality of compassionate care. The research concludes that integrating BPO into healthcare management frameworks represents a sustainable strategy for advancing operational excellence in nursing services.



CONFERENCE DIALOGUE

****Keywords:**** Business Process Optimization, Nursing Management, Healthcare Efficiency, Lean Healthcare, Patient-Centered Care, Workflow Improvement

Biography (150-word limit)

Biography – Mr. Amir Mohammad Fataei

Mr. Amir Mohammad Fataei is a Bachelor of Business Administration (BBA) student at the Islamic Azad University, Central Tehran Branch, with a focus on organizational management and process improvement in healthcare systems. He earned his high school diploma in Canada, gaining early exposure to international academic and professional standards. He currently works as an Administrative and Research Staff Member at the *Elm Motahhar Salamat Educational Institute* in Tehran, where he assists in coordinating and evaluating nursing and health education programs. Mr. Fataei's academic interests lie in applying business management principles to enhance efficiency, quality, and patient-centered care in healthcare institutions. His participation in the *Advancing Nursing and Healthcare Conference: A Global Dialogue* demonstrates his commitment to bridging the fields of business

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Navigating Cross-Border Medical Licensing: Regulatory Challenges and Pathways for Strengthening Pakistan–Canada Collaboration

Muhammad Saqib Fayyaz¹

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Abstract

Background:

The globalization of healthcare has intensified the demand for transparent and efficient licensing mechanisms across jurisdictions. Canada, which faces ongoing shortages in its medical workforce, increasingly relies on internationally trained physicians, a substantial number of whom graduate from Pakistan. As the national regulator, the Pakistan Medical & Dental Council (PMDC) is frequently engaged by Canadian licensing authorities for credential verification and confirmation of standing. However, the pathway to licensure remains fraught with procedural and regulatory barriers.

Methods:

Drawing upon regulatory correspondence and case observations over the past five years, this study examines recurring challenges in the credentialing process. Attention is given to areas such as document authentication, inter-institutional communication delays, and variations in regulatory frameworks between Pakistan and Canada.

Findings:

The analysis reveals that while verification systems have improved with partial digitalization, inefficiencies persist. Redundancies in paperwork, limited use of interoperable digital platforms, and a lack of harmonized standards contribute to delays. These systemic obstacles not only discourage qualified practitioners but also constrain Canadian healthcare institutions that are reliant on the timely integration of foreign-trained professionals.

Conclusion:

There is a pressing need for deeper regulatory cooperation between PMDC and Canadian

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medical councils. Establishing structured channels for digital data exchange, formalizing bilateral agreements, and building regulatory trust could significantly reduce processing times. Such collaboration would ultimately enhance global health equity, ensuring that qualified physicians can contribute without unnecessary barriers while maintaining high standards of patient safety.



CONFERENCE DIALOGUE

Keywords:

medical licensing, regulatory cooperation, credential verification, global health workforce, Pakistan– Canada

Biography

Muhammad Saqib Fayyaz is affiliated with the Pakistan Medical & Dental Council (PMDC), the national regulatory authority overseeing medical and dental education and licensing in Pakistan. Over the past several years, he has been actively engaged in regulatory functions, credential verification, and professional licensing matters, particularly with respect to internationally trained physicians seeking careers abroad. His work has required extensive collaboration with Canadian licensing authorities, including the College of Physicians and Surgeons of Ontario (CPSO), where PMDC regularly provides confirmations of standing for Pakistani graduates. Through this regulatory role, he has developed expertise in medical credentialing systems, policy frameworks, and global healthcare workforce mobility. His professional focus lies in strengthening international cooperation between Pakistan and Canada to ensure the timely and efficient integration of qualified physicians into healthcare systems. He continues to advocate for regulatory innovation, digital verification, and stronger bilateral collaboration in the field of medical licensing.

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Soothing Premature Infants' Pain During Venipuncture with White Noise: A Quasi-Experimental Study



Dr. FatemehSadat SeyedNematollah Roshan,

Leila Nikrouz¹, FatemehSadat SeyedNematollah Roshan*², Omolbani Rahimi³

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Abstract

The primary aim of this study was to evaluate the effectiveness of white noise in reducing pain during venipuncture in premature infants. The results indicate that white noise is a safe, simple, and cost-effective non-pharmacological intervention that can be integrated into routine neonatal care. Implementing this method may reduce stress and discomfort in infants, enhance the quality of care in NICUs, and decrease reliance on pharmacological strategies. Given its ease of use and minimal resource requirements, white noise can be readily adopted by nurses in diverse clinical settings. Ultimately, incorporating this approach may support more family-centered and humane neonatal care practices.

Introduction:

Premature infants are routinely subjected to painful procedures and substantial stress during hospitalization, which can negatively affect physiological stability and long-term neurodevelopment. Pharmacological interventions have limitations and potential side effects in this vulnerable population, highlighting the need for safe, simple, and cost-effective non-pharmacological strategies. White noise is one such approach, and nurses, as primary caregivers, play a key role in its implementation. Despite documented benefits, the clinical use of white noise remains limited due to high workloads and demanding hospital environments.

Methods:

This quasi-experimental study included 40 premature infants admitted to NICUs in pediatric hospitals affiliated with Tehran University of Medical Sciences, Iran. Participants were randomly assigned to an intervention group (white noise) or control group (routine care). White noise was delivered via headphones from five minutes before venipuncture until ten minutes afterward. Pain intensity was assessed using the Premature Infant Pain Profile (PIPP) at six time points. Data were analyzed using SPSS version 27.



Results:

No significant differences in pain scores were observed at the first, second, and sixth measurement points. At the third, fourth, and fifth stages, the control group demonstrated significantly higher pain scores than the intervention group. Changes from baseline were significant in stages three to five in the intervention group and stages three to six in the control group. No differences from baseline were observed at the second and sixth stages in the intervention group or at the second stage in the control group.

Conclusions:

White noise, particularly gentle rain sounds, effectively reduces pain intensity during venipuncture in premature infants. This simple, low-cost, non-pharmacological intervention can enhance neonatal pain management and improve the overall quality of care in NICUs.

Keywords: Premature infants, White noise, Pain management, Neonatal intensive care unit (NICU), Non-pharmacological intervention

Biography (150-word limit)

Dr. Fatemehsadat SeyedNematollah Roshan holds a BSc in Nursing, an MSc in Pediatric Nursing and a PhD in Nursing. She is currently a faculty member and clinical nurse in the School of Nursing and Midwifery at Islamic Azad University, Tehran. In addition to her academic role, she has significant clinical experience, including years of service in hospital emergency departments, which has strengthened her expertise in acute and critical care. Her research primarily focuses on pediatric nursing, family-centered empowerment, and the psychosocial dimensions of chronic illness. She has led and supervised numerous studies addressing the empowerment of families of children with cancer, obesity, anemia, and burn injuries, emphasizing improved self-efficacy and quality of life. Roshan has also contributed to the development and validation of several instruments, including the Iranian Women's Quality of Life Instrument (IWQOLI), a moral distress questionnaire for pediatric nurses, and the Persian version of the Comfort Behavioral Scale.



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Mapping the Nexus of Urban Water Crisis, Social Capital, and Social Determinants of Health: A Bibliometric Analysis



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** Speaker

Abstract

Urban water crisis is one of the major problems of the twenty-first century, which is worsened by climate change. Social capital is a key element in community resilience. This study will perform a bibliometric analysis and produce a scientific map of the field. This study uses a bibliometric analysis of a number of relevant scientific publications. We looked at metrics like yearly scientific output, citation patterns, keyword co-occurrence analysis, and author impact.

The results indicate a significant surge in publications starting around 2020, reaching a peak of 20 articles in 2024. Research from those years had a significant impact, as evidenced by a notable citation surge in 2005 with over 120 citations and a secondary, notable peak in 2023 with over 80 citations. The Core Crisis (water, climate, risk), The Urban and Geographic Context (city, urban), The Social Dimensions and Impacts (social, capital, policy), and The Research Approach (case study, impact) were the four primary clusters found by keyword analysis. Writers like L. and S.

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Blancafort. He was determined to be the most influential researcher. Urban water crisis and social capital research is a multidisciplinary and expanding field.

Understanding the function of social networks in sustainable water resource management is area of growing research interest. Future developments should focus on integrating social tac with advances in infrastructure and technology.



CONFERENCE DIALOGUE

Keywords: Urban Resilience, Climate Change, Social Capital, Urban Water Crisis, Bibliometric Analysis.

**Biography**

Dr. Mohammad Hossein Delshad is an Assistant Professor in the Department of Health Education and Health Promotion at Torbat Heydariyeh University of Medical Sciences, Iran. He received Ph.D. in Health Education and Promotion in 2018. His primary research interests include health promotion interventions, musculoskeletal disorder prevention, diabetes self-care, health behavior change, and educational program evaluation. Dr. Delshad has published more than a thirty peer-reviewed articles in national and international journals and has presented his research at several academic conferences. He has designed and implemented interventions based on behavioral science theories, including the Social Cognitive Theory, to improve spine care behaviors and diabetes management. In addition to his academic contributions, Dr. Delshad has served as Head of the Social Participation Secretariat at his university, leading community health initiatives, developing strategic plans for health socialization, and collaborating with NGOs and charities to promote community health.

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The Confluence of Policy and Management: Forging Resilient and Equitable Healthcare Systems

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Abstract

Introduction: The modern healthcare landscape faces complex challenges, including aging populations, rising costs, and health inequities. This paper argues that overcoming these challenges requires the seamless integration of healthcare policy, which sets the strategic direction and rules, and healthcare management, which is the engine for practical execution and implementation. This study aimed to examine the critical interdependence between healthcare policy and management, arguing that their integration is essential for building resilient, efficient, and equitable healthcare systems.

Methods: This research utilizes a descriptive-analytical approach conducted through an integrative literature review. This involved a systematic analysis of contemporary scholarly publications and reports from reputable international health organizations to synthesize insights and develop a conceptual model of policy-management interdependence.

Results: The analysis reveals that the policy effectively establishes frameworks for financing, regulation, and promoting equity. Management is responsible for translating policy into action through operational efficiency, strategic human resources, and data-driven decision-making. The key to success lies at their intersection, such as in implementing digital health tools, where policy provides regulation and funding, and management handles workflow integration and training.

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Conclusion: The divide between healthcare policy and management is artificial and counterproductive. Conclusions emphasize that high-quality, sustainable care is a shared responsibility. Recommendations include involving managers in policy design, creating flexible policies, and investing in leadership training to foster a synergistic relationship essential for future-proof healthcare systems.



CONFERENCE DIALOGUE

Keywords: Healthcare Policy, Healthcare Management, Health Equity, Digital Health, Operational Efficiency.

Biography (150-word limit)

Parvin Yusefzadeh, born in 1981, is an experienced senior nurse, clinical educator, and researcher with over 22 years of service in nursing practice, education, and research. She earned her Bachelor of Science in Nursing from Shahid Beheshti University of Medical Sciences and her Master of Science in Nursing from Iran University of Medical Sciences.

Her clinical expertise includes emergency nursing, critical care, dialysis and kidney transplant care, geriatric nursing, and pharmacology for critically ill patients. She has been actively involved in developing educational programs and mentoring nursing students and interns to enhance professional skills and patient care.

Ms. Yusefzadeh has authored several books, including *Home Self-Care for the Elderly*, *Patient Education for the Elderly*, and *Pharmacology in Critical Care and Critically Ill Patients*, and published research on self-care, geriatric nursing, and chronic disease management.

Passionate about advancing nursing practice, she is committed to evidence-based education, improving healthcare delivery, and providing compassionate care to vulnerable populations, particularly the elderly and critically ill.

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