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JUNE 20-22, 2024

FACE TO FACE & ONLINE PARTICIPATION

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7th INTERNATIONAL ACHARAKA CONGRESS ON MEDICINE, NURSING, MIDWIFERY, AND HEALTH SCIENCES

JUNE 20-22, 2024

ONLINE & IN-PERSON PARTICIPATION

ZOOM & IZMIR, TURKIYE

CONGRESS PROCEEDINGS BOOK

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JUNE 20-22, 2024

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İlgi : 29.05.2024 tarihli ve 1878006 sayılı yazı.

Fakültemiz Histoloji ve Embriyoloji Anabilim Dalında görev yapmakta olan Prof. Dr. Yiğit UYANIKGİL'in BZT Turan Akademi, İstanbul Üniversitesi ve Filipinler Mindanao Üniversitesi partnerliğinde 20-22 Haziran 2024 tarihleri arasında ZOOM platformu üzerinden (çevrimiçi) Özbekistan'ın Urgenç kentinde yüz yüze gerçekleşecek olan 7. Uluslararası Acharaka Tıp, Hemşirelik, Ebelik ve Sağlık Bilimleri Kongresi bilim ve organizasyon kurulu üyesi olarak görevlendirilmesi Dekanlığımızca uygun görülmüştür.

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Bölümünüz Dr.Öğr.Üyesi Sibel ŞEKER'in 20-22 Haziran 2024 tarihlerinde ZOOM platformu üzerinden çevrimiçi; Özbekistan'ın Urgenç kentinde yüz yüze gerçekleşecek olan 7. Uluslararası Acharaka Tıp, Hemşirelik, Ebelik ve Sağlık Bilimleri Kongresi'ne bilim ve organizasyon kurulu üyesi olarak ZOOM platformu üzerinden çevrimiçi katılması uygun görülmüştür.

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20-22 HAZİRAN 2024

YÜZ YÜZE & ÇEVRİMİÇİ

URGENÇ, ÖZBEKİSTAN

20-22 Haziran 2024 tarihlerinde ZOOM üzerinden çevrimiçi ve Türkiye'nin İzmir kentinde yüz yüze olarak gerçekleştirilen 7. Uluslararası Acharaka Tıp, Hemşirelik, Ebelik ve Sağlık Bilimleri Kongresi **YÖK ÜAK kuralları ve üniversiteniz yönetmeliğiniz gereği akademik teşvik kriterlerini sağlamaktadır.** Toplam 186 adet bildirinin yer aldığı kongre üç gün boyunca çevrimiçi ve yüz yüze olarak gerçekleştirilmiştir.

Türkiye dışından toplam **7 farklı ülkeden açılış konuşmacısı; 17 farklı ülkeden katılım (detaylar kongre bildiri kitabında yer alan kongre programında yer almaktadır)** sağlanmış olup, 186 adet bildirinin 101 tanesi yabancı, 85 tanesi Türk katılımcı tarafından sunulmuştur. Kongrenin yabancı katılımcı oranı %55'dir.

Bu belge ilgili üniversitenin akademik teşvik komisyonuna takdim edilmesi üzerine verilmiş.

İlgili bilgilerin detayları kongre bildiri kitabının künye kısmında yer almaktadır.

Kongremize ilginiz için teşekkür ederiz.
Saygılarımızla,

Prof. Dr. Paul ZÖLLNER
Scientific Committee Member

Dr. Rina DEMJAHA
Scientific Committee Member

Bu belge 20-22 Haziran 2024 tarihleri arasında Urgenç, Özbekistan'da verilmiştir.

İLETİŞİM
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7. INTERNATIONAL ACHARAKA CONGRESS ON

MEDICINE, NURSING, MIDWIFERY, AND HEALTH SCIENCES

DAY 1 | GÜN 1

JUNE 20, 2024

MEETING ID: 873 5712 6569

PASSWORD: 273354

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20-22 JUNE

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7 INTERNATIONAL ACHARAKA

Congress on

MEDICINE, NURSING, MIDWIFERY, AND HEALTH SCIENCES

Prof. Dr.

RENMİR JAAN MAALA

09.00-09.15

The Global Society for Philippine Nurse Researchers, Inc. (GSPNRI), PHILIPPINES

"Nurturing Resilience: A Trauma Informed Nursing Care"

7 INTERNATIONAL ACHARAKA

Congress on

MEDICINE, NURSING, MIDWIFERY, AND HEALTH SCIENCES

Prof. Dr.

INDRAJIT BANERJEE

09.00-09.15

SSR Medical College, MAURITIUS

"Alcohol addiction and treatment of withdrawal syndrome and dependence in Mauritius"

7. INTERNATIONAL ACHARAKA CONGRESS ON

MEDICINE, NURSING, MIDWIFERY, AND HEALTH SCIENCES

DAY 1 | GÜN 1

MEETING ID: 845 4755 0383

PASSWORD: 802377

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SCIENCES

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DAVRANBEK BATIROV

09.00-09.15

Uzbekistan Urgench Medical Academy, UZBEKISTAN

"Medicine in Uzbekistan"

7

INTERNATIONAL ACHARAKA

Congress on

MEDICINE, NURSING,
MIDWIFERY, AND HEALTH
SCIENCES

Dr.

FƏXRİYYƏ QULİYEVA

09.15-09.30

**Azerbaijan Medicine University,
Faculty of Emergency Medicine,
AZERBAIJAN**

“Emergency medicine training in Azerbaijan”

7 INTERNATIONAL ACHARAKA

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MEDICINE, NURSING, MIDWIFERY, AND HEALTH SCIENCES

Assoc. Prof. Dr.

MERVE AYDIN

09:30.09.45

Karadeniz Technical University, TÜRKİYE

"OPPRESSIVE PRACTICES AND ETHICAL PROBLEMS IN PSYCHIATRIC CLINICS"

7 INTERNATIONAL ACHARAKA

Congress on

MEDICINE, NURSING, MIDWIFERY, AND HEALTH SCIENCES

Dr.

SİBEL ŞEKER

09:45-10.00

Aydın Adnan Menderes University, TÜRKİYE

"Historical Perspective on Childbirth Education"

7

INTERNATIONAL ACHARAKA

Congress on

MEDICINE, NURSING,
MIDWIFERY, AND HEALTH
SCIENCES

Prof. Dr.

YİĞİT UYANIKGİL

10:00-10.15

Ege University, Faculty of Medicine, TÜRKİYE

"Stem Cells and Exosomes in Regenerative Medicine"

7 INTERNATIONAL ACHARAKA

Congress on

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Assoc. Prof. Dr.

FUNDA KARBEK AKARCA

10.15-10.30

Ege University, Faculty of Medicine, TÜRKİYE

"Women in Medicine"

7 INTERNATIONAL ACHARAKA

Congress on

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Assoc. Prof. Dr.

VUGAR ILGARLI

10.30-10.45

Hoca Ahmet Yesevi University, Kazakhistan

"Midfiwery and Its Perception in HAYU Students: A Case Study"

7 INTERNATIONAL ACHARAKA

Congress on

MEDICINE, NURSING, MIDWIFERY, AND HEALTH SCIENCES

Prof.

M. KAMALAKKANAN

10.45-11.00

Arunai Engineering College, INDIA

"India Health System"

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ANALYSIS OF PUBLIC HEALTH LAPSES TO COVID-19 PANDEMIC AND INNOVATIVE INTERVENTIONS FOR FUTURE HEALTH CRISES AMONG HEALTHCARE PROVIDERS IN DAVAO CITY

PRINCESS JOY G. DELOS REYES[1] & DR. RENMIR JAN D. MAALA[2]

[1]*Student Nurse Researcher, University of Mindanao, Philippines*

[2]*Professor / Research Adviser*

Abstract

This research focuses on public health lapses during COVID-19 among healthcare providers in Davao City to assess their knowledge, attitudes, and practices during the pandemic. This study aims to identify innovative interventions and coping strategies to propose new responses for future health emergencies. A quantitative descriptive study was conducted on a random sample of 100 healthcare providers in Davao City using a 25-item questionnaire. The survey questionnaire was divided into three categories: knowledge, attitudes, and the practices of healthcare providers. The findings of the knowledge, attitude, and practices among Healthcare Providers in Davao City are relatively high, with a total mean of 4.65. The Healthcare providers had effective infection control, adequate PPE, sufficient staffing, efficient preventive measures, and correct practice of doffing and donning PPE. However, despite the high level of knowledge, attitude, and practices of the healthcare providers, equipping preparedness among healthcare providers for any possible future health emergencies can lessen the transmission of the disease and maintain the well-being of public health. The researchers recommend conducting seminars and training, creating a regular pandemic preparedness plan, and disseminating accurate and reliable information to the community to further improve the healthcare providers' and public health awareness and safety practices.

Keywords: *Public health lapses, Covid-19, healthcare providers, innovative interventions, coping strategies, public health shortcomings, future health emergencies, random sample, and poor infection control.*

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SDG Indicator: #3 (Good Health and Well-being), #6 (Clean water and sanitation), #11 (Sustainable cities and communities), #16 (Peace, justice and strong institutions), #17 (Partnerships for goals).

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I. INTRODUCTION

In the past years, the world was alarmed by the cascading transmission of Coronavirus (COVID-19), which appeared in late 2019 in Wuhan, China. It is a disease that affects the respiratory system, is caused by the SARS-CoV-2 virus and threatens global health.[1] Life has become restricted and caused poor coping strategies regarding health crises and environmental threats such as pandemics.[2] The Mondial strategies are composed of five measures: a) management, b) protection, c) containment via control and suppression of transmission, d) information, and e) support aligns healthcare providers' approaches to precautions and emotional and financial support to each healthcare provider.[3]

The strategies mentioned above are ideally practiced globally; however, during the pandemic, many healthcare providers have a greater risk of acquiring COVID-19, 43.3% of healthcare providers reported that they have gone to crowded areas, shaken hands, and hugged other people.[4] Studies also showed that 90% of the healthcare providers observed incorrect doffing of PPE, removing face shields, and touching contaminated surfaces.[5]

Moreover, age and gender were significantly associated with poor COVID-19 preventive practices. Female healthcare providers were discovered to be keener to practice proper hand washing than males. Two hundred fifty-three male healthcare providers in Northwest Ethiopia were found to be poorer in implementing preventive practices than females. According to the study by Kassie et al. (2020), ages 20-30 years old, especially men, are less likely to engage in health safety protocols during health crises, which can put a risk to the overall health of the patients.[6] In the study of Thai et al. (2021), the intense work pressure experienced during COVID-19 has caused one of the emergency department doctors in the US to commit suicide. Many healthcare providers are concerned about the lack of adequate medical treatments for positive patients, fear of becoming infected, and the absence of COVID-19 vaccines to prevent the spread of the virus.[7] According to the study by Delamarre et al. (2022), there was a massive training program conducted in Situ to train the operating room, ICU, and anesthesia staff for personal protective equipment (PPE) donning and doffing and COVID-19 airway/ventilation management in a concise time frame (2 weeks).

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Reducing cross-contamination and fostering staff coping strategies could minimize the rate of sick leaves brought by negative psychological impact and fear of being infected with COVID-19.[8]

In March 2020, COVID-19 engulfed the Philippines, throwing its healthcare heroes into a battle against both the virus and burnout. Already facing a pre-pandemic workforce shortage, Filipino nurses, the system's backbone, saw their workloads explode, their emotional capacity stretched thin by constant death and suffering. A study revealed an alarming burnout rate fueled by PPE shortages, limited mental health support, and unclear communication protocols.[9]

Additionally, the emotional burden of providing care for terminally ill patients, witnessing death, and working under constant pressure further eroded the resilience of healthcare providers. A study revealed the multifaceted struggles faced by healthcare providers (HCPs). From anxieties of virus transmission to families to limited access to mental health services, the emotional burden was immense. Resource limitations like PPE shortages and unclear protocols added to the strain, while reaching diverse communities proved challenging due to cultural considerations, trust issues, and rural accessibility barriers.[10]

This study seeks to examine the public health lapses in the Covid-19 pandemic among healthcare providers and explore innovative interventions to prepare Davao City for future health crises better. The findings of this research underscore the importance of implementing effective and strategic interventions in anticipation of future health emergencies. Specifically, it aims to answer the following questions;

1. What is the Demographic profile in terms of;

    1.1. Gender;

    1.2. Age; and

    1.3 Educational Level

2. What is the level of knowledge, attitudes, and practices of Healthcare Providers in Davao City during the pandemic?

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3. Is there a significant difference in healthcare providers' knowledge, attitude, and practices when grouped according to their demographic profile?

4. What innovative and scientific health plan can be proposed based on the findings of the study?

Conceptual Framework

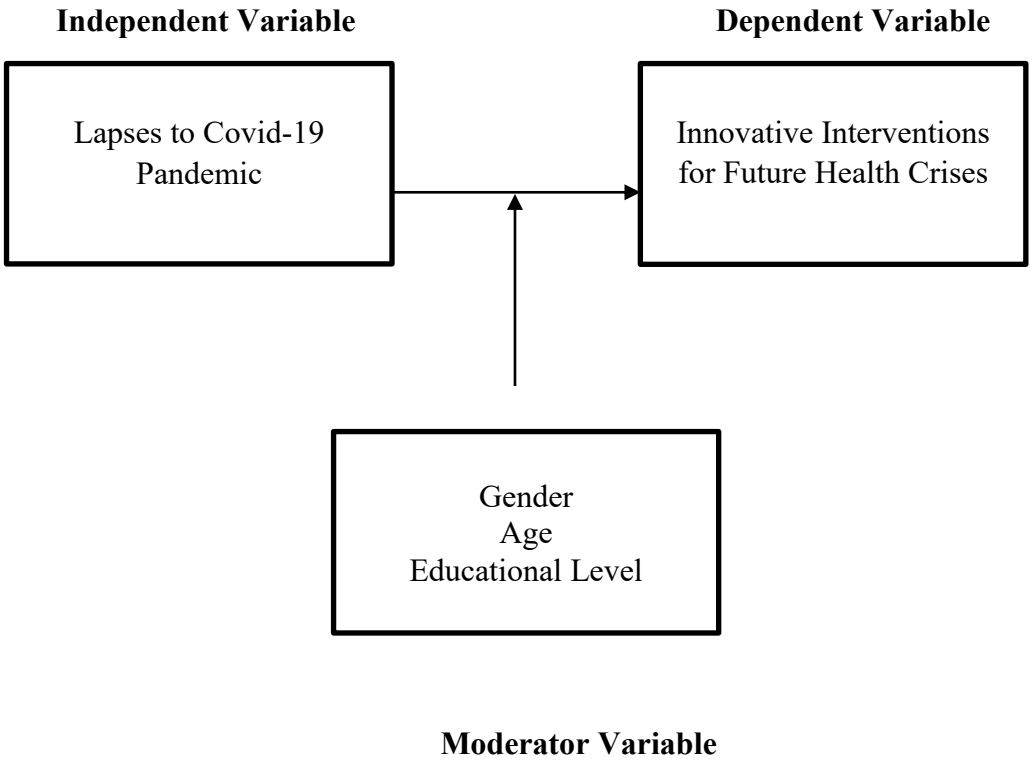

Figure 1. Research Paradigm

Figure 1 shows the research paradigm above, which shows the difference between the variables. The lapses to the COVID-19 pandemic are the independent variable, while the innovative interventions for future health crises are the dependent variable. The demographic profile (gender, age, and educational level) is the moderating variable. The level of knowledge, attitudes, and practices of healthcare providers play an important role in determining the significant difference between the independent and dependent variables.

II. METHODS

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A. Research Respondents and Locale

The respondents of this study were the healthcare providers in Barangay 76-A Bucana, Davao City. The researchers chose this area because it has one of the highest cases of COVID-19 and can provide the needed information about the knowledge, attitudes, and practices of healthcare providers who have experienced the COVID-19 pandemic.

B. Research Materials and Instruments

In this study, the researchers utilized a 25-item survey questionnaire answered by the healthcare providers in Davao City. The questionnaire was self-made. The research instrument has three parts: (a) knowledge, (b) attitudes, and (c) practices of healthcare providers. The items about healthcare providers' knowledge in Davao City were analyzed for Cronbach Alpha and resulted in 0.804, interpreted as good. The items in the attitude of healthcare providers resulted in 0.757 interpreted as good, and the items for the practices of healthcare providers resulted in 0.757 interpreted as good.

III. RESULTS AND DISCUSSIONS

Table 1 Demographic Profile of the Respondents, *n=100*

Profile Variables	f	%
Gender		
Female	68	68.0
Male	32	32.0
Total	100	100
Age		
22-28	12	12.0
29-35	24	24.0
36-42	13	13.0
43-49	24	24.0
50-56	20	20.0
57-63	5	5.0
64-70	2	2.0
Total	100	100
Educational Level		

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College Graduate	71	71.0
Elementary Graduate	2	2.0
High School Graduate	23	23.0
Vocational	4	4.0
Total	100	100

Table 1 shows the demographic profile of the respondents. There were 100 respondents.

In the study of Almohammed et al. (2020), age and gender were found to be factored during COVID-19 preventive practices. It was discovered that female healthcare providers were more keen to practice proper hand washing than males. Healthcare providers ages 20-30 years old, especially men, are less likely to engage in health safety protocols during health crises, which can put a risk to the overall health of the patients.[6] Healthcare providers with higher levels of education had adequate knowledge and had a positive attitude during pandemic compared to healthcare providers with lower attainment of education.[12]

Table 2 Overall Results in the Level of Knowledge, Attitude, and Practices

Indicator	Total Mean	Total Std. Deviation
Knowledge of Healthcare Providers	4.6271	.43874
Attitudes of Healthcare Providers	4.6686	.39471
Practices of Healthcare Providers	4.6673	.39452
Overall KAP	4.6543	.34589

Table 2 shows the results of our study, which provides a complete assessment of healthcare provider's Knowledge, Attitude, and Practices (KAP). The mean score for Knowledge of Healthcare Providers is 4.6271, with a standard deviation of 0.43874,

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suggesting that individuals have a very high degree of knowledge with relatively low variability..

This is anchored by the study of Ferdous et al. (2020), which states that knowledge, attitude, and practices are critical cognitive tools in public health for health prevention and promotion. It includes a variety of ideas regarding the causes and aggravating aspects of the condition, as well as the identification of symptoms and potential treatment options and consequences.[14] According to Saudi Arabian research healthcare workers' knowledge, attitudes, and practices (KAP) regarding COVID-19 influence their compliance with preventative and control measures.[15]

Table 3 Significance of the Difference of the Level of Knowledge, Attitude, and Practices in terms of Gender

Indicator	Gender	Mean	SD	t	p
Knowledge of Healthcare Providers	Male	4.5982	0.40801	-0.450	0.653
	Female	4.6408	0.45477		
Attitudes of Healthcare Providers	Male	4.6741	0.36147	0.096	0.924
	Female	4.6660	0.41198		
Practices of Healthcare Providers	Male	4.6165	0.42997	-0.882	0.380
	Female	4.6912	0.37766		

$p<0.05$

Table 3 shows no significant differences ($p>0.05$) in the level of knowledge, attitudes, and practices of healthcare providers when grouped according to gender. In the study of Kim et. al (2020), stated that both male and female healthcare providers thoroughly understand disease transmission, implement appropriate preventive measures, and maintain proper hygiene standards.[16]

Table 3.1 Significance of the Difference of the Level of Knowledge, Attitude, and Practices in terms of Age

		Sum of Square	**df**	**Mean Square**	**F**	**p**
Knowledge	Between Groups	2.560	6	.427	2.406	.093

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of Healthcare Providers	Within Groups	16.496	93	.177		
	Total	19.057	99			
Attitude of Healthcare Providers	Between Groups	.496	6	.083	.515	.796
	Within Groups	14.928	93	.161		
	Total	15.424	99			
Practices of Healthcare Providers	Between Groups	1.077	6	.179	1.164	.332
	Within Groups	14.332	93	.154		
	Total	15.409	99			

*p<0.05

Table 3.1 shows no significant differences (p>0.05) in the level of knowledge, attitudes, and practices of healthcare providers when grouped according to age. According to the study by Olum et al. (2021) the healthcare providers in Uganda aged 40 years and above had good practices and are knowledgeable.[17] In the study of Tegegne et al. (2021), older age with higher experiences were also significantly associated with effective practices and attitudes.[18] Moreover, Ulrich et al. (2019), stated that young healthcare professionals also showed an overall positive attitude in collaborating with other healthcare providers.[19]

Table 3.2 Significance of the Difference of the Level of Knowledge, Attitude, and Practices in terms of Educational

		Sum of Square	**df**	**Mean Square**	**F**	**p**
Knowledge of Healthcare Providers	Between Groups	.115	3	.038	.195	.900
	Within Groups	18.946	96	.197		
	Total	19.057	99			
Attitude of Healthcare Providers	Between Groups	.642	3	.214	1.390	.250
	Within Groups	14.781	96	.154		
	Total	15.424	99			

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Practices of Healthcare Providers	Between Groups	1.663	3	.554	3.871	.012
	Within Groups	11.360	96	.143		
	Total	11.844	99			

*p<0.05

Table 3.2 shows the "Practices of healthcare providers" data reveals a significant difference (p<0.05) between high school graduates and college graduates. The data shows a noticeable significant difference between the two educational backgrounds. The study's findings highlight no clear relationship between healthcare providers' knowledge levels and the quality of their practices in Uganda. While higher educational attainment correlates with higher knowledge scores among providers, this sometimes needs to translate into improved practices consistently.[20] Efforts to enhance healthcare delivery and outcomes should encompass and addresses knowledge acquisition and provides adequate support, resources, and tailored training to empower healthcare providers to implement best practices effectively.[21]

IV. CONCLUSION AND RECOMMENDATIONS

Conclusion

The findings found that healthcare providers had a high degree of understanding of safety practices such as using a facemask, face shield, alcohol-based hand sanitizer, social distancing, and sanitary behaviors. The findings also demonstrated that healthcare providers conducted autonomous, effective, and strategic interventions throughout the pandemic. It also means that healthcare providers followed necessary and safe measures.

Recommendations

Based on the findings and conclusions of the study, the following are hereby recommended by the researchers:

Healthcare providers are encouraged to attend more seminars and training to improve their awareness of safety and other critical precautions during a pandemic.

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The Barangay officials should maintain their safety protocols not just in the office but also in the community. They should also carefully execute and reinforce health preventive measures or safety health procedures to combat any possible viral transmission like COVID-19 in the future.

The City Health Department should conduct and create a regular pandemic preparedness plan, including a clear outbreak response protocol, resource allocation, and communication strategies.

Future researchers may provide creative strategies to healthcare providers on how to execute different health practices in the community through informative materials.

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