EVALUATE PROVIDING PEDIATRIC PALLIATIVE CARE AT END-OF-LIFE AS WEB-BASED TRAINING INTERVENTION FOR NURSES USING NORMALIZATION PROCESS THEORY

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ABSTRACT

Background: Palliative care is a novelty in Iraq, there is little training.

Methods: 5 care areas in a multicenter, parallel, pragmatic experiment. Participants were indeed divided and selected into two groups (units that offer critical care and units of non-critical care). The (n = 43 nurses) received one workout inside the application of pediatric palliative care for two of weeks to be a web-based training curriculum running on Relais platform by welcoming the nurses to engage via e-mail, or instant texting instructing the nurses to supply End of life care as well as usual care to children via Telegram app, WhatsApp app, Viber software of participants. While (n=31) received no intervention for the control group.

Results: The outcome had been the way to obtain palliative care for kids during the end-of-life after two months had been elevated to 5.0 ± 1.92 SD. which was statistically significant, not the same as pre-training (p <.0005) and to post-training (p = 0.000). The four constructs of Theory statistically significant p=.04 (coherence p=.002, cognitive involvement p=.020, collective action p=.65, reflexive monitoring p=.00).

Discussion: provision of palliative care handling of pediatrics can introduce many new changes into the distribution of medical training.

Registration: https://clinicaltrials.gov/ct2/show/NCT04461561

Keywords: ELNEC-PPC, implementation, Iraq, life-limiting illnesses, pediatric palliative care, pragmatic trials, web-based training

I. INTRODUCTION

Palliative care (PC) is the appearance of comprehensive inactive kids and teens, which is considered globally a recognized priority in caring for those with life-limited conditions of death. This recognition was indeed justified by high rates of mortality from cancer tumors. Therefore, a requirement for skilled, supportive care, discomfort management, and symptom control towards the end of life is authorized for PC provision (Rights et al., 2014; World Health Organization, 2012).

According to the World Wellness Organization (whom), there were about 54.6 million deaths worldwide last year. The fantastic most of fatalities, 66%, areas being a total result of non-communicable conditions complicated conditions (World Palliative Care Alliance, 2014).

Globally, this past year, over 29 million (29,063,194) individuals from various age brackets passed on from disease care that is requiring are palliative as the biggest proportion for adults instead of children significantly less than fifteen. Every in the world, which concerns the age of this research that develops merely 63 children away from 100,000 populace under 15 yrs. one year. old will demand care that is palliative at the end of life (World Palliative Care Alliance, 2014).

The WHO PresentsCare This is certainly a palliative built-in approach: rules, opioid accessibility, facilities obtainability, and educational platforms plus palliative care certified activity, which should exist in 15 Eastern
Mediterranean countries. Saudi Arabia had the number that is greatest of total care that is palliative, as well as Iran, and Lebanon, who award formal certification due to their physicians, accompanied by Egypt and Jordan and an additional four nations (Egypt, Jordan, Oman, and Qatar) suffer from other advanced training programs (such as Masters or Diploma), while Iraq while the Occupied Palestinian regions reported no care ever (Osman et al., 2017).

Despite some health practitioners and nurses have attended essential and advanced workshops on Computer since 2011, nonetheless, it nevertheless thought to be name brand concept that is brand new Iraq with no formal policies or guidelines relating to this field; that the main element contributors to introducing PC are NGOs and MECC through Prof. Michael Silbermann (Osman et al., 2017; Zeinah et al., 2013). The total number of qualified doctors is incredibly low as trained physicians flee the country’s governmental uncertainty. You won't find any degree programs in palliative medication where the total number of qualified doctors is extremely low for trained physicians, and a quarter of nurses are university graduates; the most training that is lacking is primary (Zeinah et al., 2013).

No policy this is certainly genuine has occurred in the past ten years, nevertheless, in the past 6 years, some brand-new opioids have already been introduced, but it never allowed for outpatients rather than provided by all; just medical practitioners in government hospitals can suggest it, money exists for oncology, perhaps not for computers. However, some funders which can be of individual interest that is expressed by supplying help for dental morphine if authorized by the Ministry of Health. There is no immediate-release morphine with no sustained-release morphine. Codeine and morphine are certainly injectable fentanyl that is transdermal became on the market in 2013, which are delivered 100% free, and deliberated being an area for updating (Osman et al., 2017).

The governmental situation and insecurity in the country play major roles in delaying basic realizing that it is the public. Furthermore, most health pediatric providers believe computers are a beneficial technique to state that more cannot be performed (Osman et al., 2017).

Considering, the present status of palliative care in the different countries at the heart East, having a have is a great focus on the training of professional workers, to think of a dependable, updated nucleus of professionals, that would cause the development of modern palliative care groups (Browning & Solomon, 2005; Gultekin et al., 2012; The_Economist_Intelligence_unit, 2015).

Palliative care education is desired at three levels, which has to be a part of English curricula: 1) basic palliative care planning for many medical care specialists; 2) intermediate training for anyone regularly making use of patients with life-threatening conditions; 3) expert palliative care training to regulate customers with additional than routine symptom management demands (World Palliative Care Alliance, 2014).

Deprived of contrary End of Life (EOL) training, it is incredible for nurses to pay for care that is adequately problem related. It is also important to balance training with a focus on understanding that it is personal attitudes toward death and dying to allow students possibilities to be experienced in death and grief, to deal with their own emotions, and also to develop empathy (Brown Whitehead et al., 2010). From 1997 to 2000, the research demonstrated inadequacy into the general content in medical texts in EOLcare, also unsatisfying medical faculty knowledge related to content that is EOL (Coyne et al., 2007; Training et al., 2007). These efforts start around the development and dissemination of new academic suggestions, training materials, and educational needs at both the faculty that is medical residency quantities and for nursing students and other health care specialists, that ought to address the requirement for palliative care training. (Izumi et al., 2012).

Nevertheless, to detect the shortage that is rational of existed, scientists during the town of Hope USA, nationwide Medical Center completed a project that is “Strengthening that is 3-year Education to enhance End-of-Life Care,” that has been supported by The Robert Wood Johnson Foundation. They brought nursing that is together with expert, expert clinicians, and educators in palliative/hospice care to improve a curriculum to improve the care that is medical at the end of life. The job unveiled primary insufficiencies in medical training and its part in end-of-life care, including lack of content in nursing texts, insignificant content within the medical curriculum, inadequate medical faculty knowledge, and lots of other educational barriers that inhibit good medical training in this area (Care, 1999; B. Ferrell et al., 1999; Sherman et al., 2002).
(Jacobs et al., 2009) have a project on “The End-of-Life Nursing Education Consortium-Pediatric Palliative Care (ELNEC-PPC)” based on the training that is originally intended to study the concern of nurses in taking care of kids with lethal infection or with regards to accidents/sudden death. Each module is dedicated to perinatal and neonatal care that is palliative (B. The program that is ELNEC-PPC developed as a 2 and 1/2-day, train-the-trainer program, utilizing the commitment that those who competed in ELNEC-PPC would become energetic abilities in its dissemination by taking the details to clinical and/or university settings since the very program that is first in August 2003, eight nationwide train-the-trainer courses had been held, with 735 nurses planning to from diverse pediatric settings over the USA of America and Canada.

So long as pediatric nurses are thought to be a lot more than just about any health care specialist occupied and have an opportunity to assess that it is a distinctive encounter with what is needed of young ones along with their loved ones, who feel uncomfortable to perish unexpectedly, or quickly after delivery or perish in utero with perinatal death. Nurses may know that there is little in the principle of looking after terminally ill children at various many years of age for various causes of death at the time (B. R. Ferrell et al., 2015; Malloy et al., 2007).

The challenge could take place in the attainment of new means in complex providing and healthcare that is consolidating training that will be extensively used in wellness solutions and community wellness training plus in areas of social policy that have essential wellness consequences, such as education, transport, and housing. Great health is Britain Council’s framework for production and complexity, which involves evaluating recommendations by doing a task assessment to illuminate inconsistencies between predictable and detected results, to grasp how context impacts results, and additionally to manage insights to assist execution (A. et al., 2012; Craig et al., 2013).

(Glynn et al., 2018; Grol & Grimshaw, 2003; Murray et al., 2010) mentioned that the precisely problematic translational area continues to steadily take place between demonstrating the great effect of complex medical care interventions in a study environment, plus the employment of intervention into routine training that is daily. To be a complete outcome, Normalization Process Theory (NPT) (C. May & Finch, 2009), as well as its predecessor. The Normalization Process Model (C. May, 2006; C. May et al., 2007) offers a framework that conceptually helps in understanding and explaining the processes which can be powerful is normally experienced through the usage of complex interventions and technical or innovations that are organizational the medical job.

(Carl, 2013; McEvoy et al., 2014) specified four key analytical domains as non-linear and cooperate energetically to pay for thorough enlightenment for this implementation procedure, which is anticipated after that your likelihood of effective integers if participants do not understand, maintain, or start thinking about an intervention essential, or ideal for their current work. The NPT finished up being built becomes reproduced flexibly and can be employed at one or more points in research, this is certainly qualitative happens to be efficiently used, following NPT (C. R. May et al., 2009; McEvoy et al., 2014), the process of using an intervention this is certainly complex to be described and explained by utilizing four main constructs.

- Coherence, the method, and work of sense-making and understanding that individuals and companies require you to endure so that you can advertise, or steer clear of the embedding, this is routine in practice.

- Cognitive Participation, the job, and work that people and organizations require to endure to register people build relationships working out this are completely new.

- Collective Action: The duty of individuals and businesses to enact training on this is new. (“Collective Action” was called NPM and contained four subcomponents (for instance. Contextual Integration, Relational Integration, Interactional Workability, and set of skills Workability.

- Reflexive Monitoring: The duty inherent directly into the casual and appraisal that is formal training is certainly completely new, it is used to enable you to assess its benefits and drawbacks, and which develops user comprehension concerning the impact of an exercise.

In many health subjects and experimental settings, including chronic care, this is certainly medical maternity care, e-learning, and teledicine became an extensively used NPT theory for investigating the employment of multifaceted interventions and contains been previously found in qualitative research that introduces a new way.
of working in medical settings. This might be made up of eight studies in the order of e-health and telehealthcare while the rest of the 21 studies in many other health care areas, which all figured the NPT was helpful and a model that is guiding this is certainly a comprehensive implementation process in wellness solution settings (McEvoy et al., 2014).

Currently, the care that is in the context of a palliative is not yet confirmed with the validity associated with the NPT model. An NPT device was recently launched Normalization Measure development (NoMAD) (Rapley et al., 2018) for use in quantitative research. Alike to the Conceptual Model of Implementation Research (Lauritzen et al., 2017), what exactly is developed to aspect at execution retrospectively. Also, the NoMAD measure is properly confusing to enable its usage across numerous settings; this does limit its usage that is sensible in context. For instance, one item in the NoMAD asks whether “sufficient resources are obtainable to steadfastly keep up the intervention” (Rapley et al., 2018). However, to your knowledge, no NPT studies have focused on assessing training that is web-based in pediatric palliative care by the end of life for nursing interventions in medical center settings.

Training is termed an execution that is key to enlightening provider knowledge and abilities with the desire to have the use of web-based training methods (Jackson et al., 2018) (McMillen et al., 2016). The proof is accruing that web-based teaching is unquestionably a practical device that is pedagogically delivering and assessing curricular content across various organizations and amounts of training. As computer systems with high-speed access that is internet become ubiquitous within the middle and in addition to household, disseminated doctors can effectively access Web-based materials, irrespective of their environment as well as times that do not need a challenge with their clinical duties or duty-hour constraints (B. Price Kerfoot et al., 2015).

In particular, a multicenter that is pragmatically controlled studies are suggested for the evaluation of complex care that is medical to enrich enrollment, broadcasting, and upsurge the outside legitimacy of trial outcomes (Lane et al., 2011). However, pragmatic RCTs are meant to evaluate remedies in real-world (in place of idealistic) conditions, directly enlightening decision-making by patients, providers, and healthcare policymakers (Rabbi, 2018).

Comparators are often utilized to look for the ongoing work amount of an intervention associated with a clinically relevant replacement. The choice of the comparator (control team) is often a manipulative choice that is a severe medical test, that has one major purpose: to allow the perception of patient outcomes (for example, modifications in signs, indications, or another morbidity) set off by the test treatment from outcomes due to other facets, for example, the standard development associated with the disease, observer or patient potentials, or other treatment. The comparator's experience in anticipating the alterations could have ensued to consumers should they not have established the test treatment or needed an alternative solution was received by the therapy considered to be operative (Committee for Proprietary Medicinal Products, 2000).

Though, the Pragmatic Model for Comparator Selection reassures researchers to clinically choose significant rather than artificial comparators which are improbable to constantly be properly used in training. The Pragmatic Model for Comparator Selection provides a way to eliminate most of the incongruities and arguments that border the comparators getting used in behavioral intervention studies (Freedland et al., 2019).

According to (Wang et al., 2018), customary care might be the comparator that is a favorite of researchers. Replace being a constituent or comparator of the comparator, that has been present in 99 (49.5%) studies, often showing up under many synonymous terms (age e.g., Standard therapy, care as always, standard care, treatment as always, standard of care). However, (Zuidgeest et al., 2017) stated that it can vary considerably between facilities and countries the comparator option is confounding. Utilizing medical guidelines to ascertain care that is typically helpful in standardizing comparator treatments; conversely, this could steadily reduce the applicability regarding the brings about actual settings.

Objectives

Primary Objectives:

keeping a training course that is WBT that is the short program selected Hillah city hospitals, Iraq by July 1, 2020; evaluating the effect and effectiveness with this project that is particular utilizing NPT theory, at the start of WBT course, after the end of WBT course 2 weeks, last but most certainly not least at 3 months for both
Secondary Objective:
- Monitoring individuals for 3-months post-course to increase their care that is pediatric, that palliative level and attitude at chosen Hillah City Hospital, Iraq by August 14, 2020.

II. METHODS

Trial design
These scientific tests are created as a multicenter, investigator-blinded, parallel, 3-month, pragmatic, two-arm, superiority (the provision of Pediatric PC with typical care is more advanced than the usual care), randomized control trial by which units that are different many hospitals are stratified and randomized, randomization is meant to be done as block randomization having a 1:1 allocation, which will be completed based on the CONSORT guidelines. The Consolidated Standards of Reporting Study (CONSORT) statement is a guideline designed to improve the quality and transparency linked to reporting of randomized trials (Moher et al., 2012; Schulz et al., 2010)

Study settings
The test was place d that is using the selected Hillah City Hospitals, to be a municipality business that holds many various pediatric and adult sections. The Hillah City, of Babylon Province, hosted four hospitals and one Babylon Oncology Center, the recruitment of individuals was carried out in these five sets, which will be often: “Imam Sadiq” Teaching Hospital (general hospital) is made of 492 beds, Babylon Maternity and kiddies Teaching Hospital (obstetric and pediatrics hospital) with the convenience of 323 beds, Marjan-Teaching Hospital (specialized centers tertiary medical care), Al-Noor Hospital for the kids (pediatrics medical center), and Babylon Oncology Center.

Nurses had been chosen and divided into two teams: 1) CCU that included (one renal that is a crisis that is artificial one catheterization product, two children's crisis, one crisis division, one maternity crisis, one morning-resuscitation, one operations space, plus one pediatric surgery); 2) Non-critical care products included (one bloodstream disease, one chemo injection, one health insulation, one personal suite, and five pediatric lobby). Recruitment for the study that exists was started in July 2020.

Eligibility criteria
Nurses must satisfy all eligibility requirements that are after:

Inclusion Criteria
- The research populace was included, all nurses who completed their bachelor's level and who've (master's or doctorate) level in medical sciences.
- utilizing a computer (desktop or laptop computer) with the usage of the world wide web at home or work (phone line or internet access) or make use of a smartphone (Android 6.0+ or iOS 11.0+ is needed) to access the online world (Cellphone data and/or Wi-Fi ) to sign up in an online training course
- Have a working current email address and/or a working mobile number.

Exclusion Criteria
- maybe not doing work for at least a couple of months.
- Academic nurses who employed and continue to work alongside, aside from choosing products, because of the extremely very carefully plumped for only units that provide nursing care for both pediatric and grownups and on occasion even for pediatric, to quickly attain the investigation objectives.
- Enrolled in another test, this is certainly experimental.

Assessment of eligibility and enrollment

www.turkjphysiotherrehabil.org
The recruitment timeframe started in 2020, which begins through a participant that is contained 172, that has previously been recruited to your RCT in July. Part of them represented because 46% (n=80) was indeed recruited in an environment that is selected1, 26% of the environment at (2) (n=45), 8% (n=13) was indeed recruited in a chosen setting (3), 16% (n=28) in a selected setting at (4), while 4% (n=6) was recruited in a chosen setting at (5), collaborations aided by the chosen setting ended up being established to facilitate recruitment. The recruitment process is outlined in the grey package Figure (1). The primary detective submitted their state approval type for researching the continuing medical training devices in the selected hospitals (Appendix A), because of the approval kind for working out program (Appendix B) for the WBT course hosted by Nursing Faculty- Continuing Nursing Education device, and proposal details of training program submitted to training and development center for wellness employees in Babil wellness Department.

Qualified nurses had been invited to getembroiled in the test because of the Continuing that keeps product that is medical CNEU team in selected settings. The device finishing up being introduced to possibly qualified individuals will be based upon eligibility that is fast that the investigator that is main towards the unit included:

- Nomination kind for exercise course (Appendix C) for recruitment. Each participant should complete, this, sorts which were of use for connection with each participant, that this kind included: (his/her title, email, cellular phone number with Telegram or Viber or WhatsApp solution, current responsibility, sort of training unit within the selected settings, date, gob description, scholastic official certification, a text industry for random numbers into the surface of the remaining part of kinds, and individuals signature), the quantity with this printed types are following the dimensions for the approximated sample when it comes to the investigation (see sample size section).

- Table regarding the sample that is approximated and their type of training product within the setting that is selected Appendix D) according to the dining table the individuals, who are responsible for CNEU in each environment that is selected it to choose qualified people.

- permission to be informed.

The referral into the test occurred after the CNEU in each opted for the environment has been doing with individuals’ selection following the table of believed test size, which was submitted to the CNEU and their present training product (the absolute most frequent procedure). Individuals are recruited through product group recruitment in chosen settings. However, these social individuals were exposed to invite letters, including written information on the work, numbered, opaque, sealed, and stapled envelopes containing a nomination kind for the work-out program. The written information describes two techniques to contact the researcher, in case the participant is stoked up about the job: 1) by e-mail, 2) phone (call or instant message by Telegram or Viber or WhatsApp message). The nomination type for the training system filled out by the candidates lies in A4 that is sealed (a big, sealed envelope and sent to the device for CNEU within the faculty of nursing which ended up being the host of the course, this is certainly WBT. The research began by planning the formal and important approvals through the scholastic teacher(HJ) / responsible when it comes to continuing training items within the faculty of medical and coordinator making utilization of the Babylon Health Department, getting their state agreements for the test collection following the analysis requirements. The applicants are collected within an envelope that is closed until emptied for the training course within a successful individuals' spreadsheet with the use of some type of computer that is a computer that is a laptop. The knowledge joined up with of every kind within the show and building a backup content from the spreadsheet that succeeds printing it, and keeping it in a safe, and closed location, then delivered via email a duplicate about individuals' spreadsheet to your detective that is main connection with participants via supplied emails or via applications (Telegram, Viber, or WhatsApp as outlined in Figure (1).

The authorization that is informed been finalized simply for authorized and agreeable to participate in each chosen setting to engage, then the main detective finished up being contacted with each participant plus they are delivered, giving a contact or via a specific method of social communication like Telegram, Viber, or WhatsApp instant message having a connect towards the typical questionnaire this is certainly web-based. Randomization is performed via randomization; this is certainly web-based (see randomization part).

Subsequently, the detective that is mainly contacted by the individuals, tells them about the hyperlink in the middle of your random circulation, and provides directions accordingly to the team that was arbitrarily chosen,
whether it was a control or intervention team. All guidelines have been completed regarding the unit or via text, alongside on a single another side, the participant gets a URL that is internet your design from the internet site because of the detective that is Bing that is main (Appendix F), gives all guidelines and involvement details for exercising program, which is shown also in Arabic language. Within the CNEU, hereafter next to your randomization was done. If (randomized to A) ELNEC-PPC WBT Course in addition to care, this is certainly typical participants were indeed sent the web website link concerning the internet site having all directions to enrolling for registering in this program which helps on the road that is best to hold access by to obtain your hands-on with the people via instant texting or via email.

Furthermore, the participant was presented with details about their assessments that are follow-up and information about making the experience of the investigator this is certainly primarily needed. Detectives, This is certainly mainly assured that the offered information and knowledge through the standard questionnaire is deleted when a participant declines participation. If (randomized to b) typical care, people were instructed in the axioms of typical care and received the same information after the ELNEC-PPC WBT program intervention group with regards to the follow-up assessments being in contact utilizing the main detective on desirable. Your purchase in which individuals progressed through the analysis. is described in Figure (1).

**Figure 1** ELNEC-PPC trial participant flow. The End-of-Life Nursing Education Consortium - Pediatric Palliative Care,
Randomization

People were randomized by either (a) ELNEC-PPC WBT Course along with typical care if not (b) only worry that is usual. Randomization to be done to block randomization plus permuted block randomization of random size 172 proven to your researcher and stratified by a variety of items (in other words, Critical care, noncritical care, products). The allocation ratio in the middle of your ELNEC-PPC WBT Course care that is also typical of the usual care groups was 1:1. Randomization ended up being produced by utilizing the website (Appendix G).

Randomization is carried out by non-volunteer that are reincorporated (S A), creates random numbers, the computer (Appendix G) reveals the randomization plan; distributes and writes it on the nomination kind for exercising program into the text field at the top for the shape. Centered on the sample size, as an example, the first random number the intervention group, was written for a type (Symbolize it as T) structure, in addition to the structure (Code C) represents the random quantity of the control team, the nursing assistant sets these types in a sealed envelope and combining it to put them in a large, sealed envelope (A3) (Appendix H) shown research randomized procedure. Steps are past the randomization prepared by the nursing assistant: a videotape manufactured in a sealed envelope with participant details visible.

Extra's experts (A, Y, N, M) viewed the videotapes to make sure they did the procedure. Corresponding envelopes had been exposed just by the individuals who selected them, additionally, it was timing to allocate the intervention. All enrolled individuals have completed all baseline assessments.

Blinding

The investigation was single-blinded and dedicated to participants who were perhaps not blinded to group allocation. The assessment additionally the scholarly study result interpretation was achieved by investigators blinded to group to allocation. As soon as the study had been completed, a duplicate related to information was eliminated in a kind that is pseudonymized analytical analyses. The main points regarding the group that is mixed finished up being added to the dataset by the intervention, and the control team had been arbitrarily classified as T and C. This work wound up being done in check by a digital camera prepared for paperwork down the road (by supervisors) that the knowledge that is finished up is being done minus the researcher that is the main. The randomization key (put another way,, Document info that is entailing which group) occurred at the supervisors (A Y, N M). The randomization was being supplied by the key to your researchers when an interpretation that is blinded of outcomes had been finalized.

Interventions

The experimental and intervention were labeled ensuring the CONSORT E-health extension (Eysenbach & CONSORT-EHEALTH Group, 2011).

Usual care:

Individual nurses deliver typical care as part of his/her appropriate to neonates, infants, toddlers, preschoolers, school-age, and adolescents within the item that is selected of, neonatal, and pediatric settings. This comprises all therapy administration, diagnostic procedures, or referral procedures, which they discover are important since the situation history, clinical results, and practical, everyday methods that are not a part of PPC. Later, in the trial summary, participants in this combined groups were available up to a program that is WBT the group provided to the ELNEC-PPC WBT course group.

III. PROVIDING PALLIATIVE CARE WITH USUAL CARE

Course:

ELNEC Pediatric Computers completes advanced work that is end-of-life and that is nationwide delivered through medical care experts in perinatal, newborn, and pediatric contexts. The target ended up being dependent on theELNEC, which is exclusive care, that has been cooperation among “The City of Hope” as well as the “American relationship of universities of medical.” This design is a combination of real research and information in the Computer and is supposed to assist with making use of practice that is evidence-based. A Peacefully Death: Competencies and Curriculum suggestions for EOL Computer and so 1997
The relationship of American schools of medical training that is electronic finished up being incorporated into two and 1/2-day modules, with qualified in ELNEC Pediatric PC would be vital solutions in its supply by taking the data to apply that is medical (Jacobs et al., 2009). The curriculum involves 9 (Textbox 1), modules specialized within the remedy for children and families who’re coping by having a life-threatening condition (American Association of Colleges of Nursing, Washington, 2001): Module-one, nursing care associated with pediatric palliative; Module-two, Computer for perinatal and neonatal; Module-three, interaction in pediatric Computer; Module-four, ethical/legal issues in pediatric Computer; Module-five, cultural and spiritual facets in pediatric PC; Module-six, discomfort management in pediatric Computer; Module-seven, handling of symptom in pediatric Computer; Module-eight, loss, grief, and bereavement in pediatric Computer; Module-nine, at the time of death's care in PPC.

Each module wound up addressing what is being twenty minutes of PowerPoint slides and data text gain and 40 mins for every session for medical applications. It had been composed of instance management studies, movie vignettes including reasoning that is important, and “stop and think” inquiries that are looking for the scholar to answer till carrying on the module. The participants were required to answer 10 NCLEX-format questions to master that is complete at the top of each training module. The value of this module is that its interactive online and was indeed covered through a city that is mainly for many individuals in selected Hillah City hospitals.

This was theorized that NPT theory was indeed a helpful conceptual tool since it provided a good analytical basis for understanding job organization and implementation, creating daily schedule elements of (their embedding), and sustaining embedded processes in their social environments (their integration) (C. May & Finch, 2009).

**The process of implementation**

Institutional Review Board approval was acquired from Babylon University/ Nursing Faculty and from chosen hospitals in Babil Province Wellness Department, where the substantial research occurred. Weekly informed consent has been submitted to your selected hospitals, and the nurses simply receive 1 to select whether to participate or not. Of the nurses who decided to interact, the Arabic-NoMAD pre-test questionnaire (this is certainly electronic) has been provided.

Workout has been received by the ELNEC-PPC intervention team through the Relais Academy website. Detectives This is certainly the primary internet website link for e-questioners to all individuals via their electronic mail or via (Telegram, Viber, or WhatsApp) since it provides problems that describe the ability and role of each participant in providing PPC, and within 14 days, everyone should return to their appropriate training, this is certainly routine. The only time that there are fullpretests to train this is certainly ELNEC-PPC/intervention to clinical to posttest was a week or two and after having a couple of months.

The main detective has been delivering a web link to your online website that delivers information on participation into working out the course and enrolling at Relias Academy see (Textbox 3-2). The website also provides help within the Arabic language to everyone and individuals for the intervention group (T). Participants should proceed with all procedures first on Relias Academy enrollment:

**Textbox 1. Enrolling at Relias Academy**

1. Go to www.reliasacademy.com  
2. Through the part that is many is effective is appropriate for the display, select "Sign in."  
3. Type in your e-mail password and target  
4. Email: (offer for participants)  
5. Password: (offer for participants)  
6. concur that the scheduled program that ELNEC-PPC is searching for is current  
7. When logged in, click “Manage Account” select, “Courses.”

Each participant in the T should complete most of the ELNEC-PPC classes of nine modules. Meanwhile, the detective that is primarily the participants entering the hyperlink and acquiring them via a message that is
instantaneous email concerning the conclusion of steps and Uploads of 1 screenshot for every single model to your Bing Form Address offer within their mind, to achieve the program and finish it.

After 14 days have passed, the investigator that is primarily sure all participants in the intervention group have accomplished the work assignments in their mind through the program, by asking the people via a message that is instantaneous via email, and delivering all certificates they got at each module. Then an e-questionnaire (Arabic-NoMAD) (see information collection area) is delivered yet again be done for the time that is 2nd the (T) group that participated in the system, the key detective was made certain that most of the children have now been finished within two weeks following working out program, where all people in the intervention team (T) participated in the pediatric palliative care course submitted through the Relias platform. A short while, the individuals were examined at their workplaces for 3 months to determine the result linked to the scheduled program regarding the job of nurses, who participated in the training course, alongside evaluating the alterations that affect their roles, also their experiences utilizing the NPT toolkit, through interviewing participants at their workplaces the units in their hospitals which are selected.

Ninety days ago, the main element investigator calculated the factors linked to the meeting using the NPT toolkit to make a standpoint for the PPC circulation during the end-of-life via nurses, also, the modality of working in a medical facility that has been chosen to carry the trial away. Simultaneously, the NoMAD website link is delivered to all individuals for the 2 trials hands-on to perform it for a time that is full and isthe last one to assess the lasting effect of the program on producing care that is palliative.

Website Provides Support

Each participant can login to your online site ink that is website read those things essential to do the scheduled program, on the website see (Appendix F). This web site, that has been developed for research purposes by the researcher, to make the information from the system that has experienced the Relais academy platform and providing the needed research towards the people to facilitate the process that is whole of (Textbox 3-3), because it had been constructed from an internet site that is google a remedy provided by Bing to make those sites. How it works is related to the real way in which it is a wiki that is genuine.

Your website that aided individuals within the workout course contains:

Textbox 3-3 The Website Contains

1. An overview concerning the program
2. Training course details
3. Frequently asked issues
4. Steps to subscribe and access content:
   • The registration actions are shown in the images.
   • The registration actions are explained within the video clip.
   • The registration actions are explained within the written text.
   • a pdf that is downloadable containing all the course details

For extra information, individuals can also go to the site web page through this link (see Appendix F).

Interview Procedure

Face-to-face semi-structured interviews are undertaken alongside nurses who successfully passed the ELNEC-PPC WBT course into the plumped-for settings. All the individuals that had contact were clients that were directed through three rounds of interviews, which were carried out three months later. After consentin, the individuals were interviewed by the detective, whose mainMA istranscribed, and audio recorded. If individuals do not demand that their conversations be recorded, the key detective took assenting records after transcribing an in-depth discussion account. Some of the participants were interviewed in tiny nursing assistant groups. They were asked about the sense that it is significant of, and way of application, if the training was
indeed donated. Throughout the round, that was, nurses who could be the next individuals have been inquired about when it comes to the foremost significant developments due to the fact the system started; they have been asked to disclose their views around PPC and explain the degree compared to when they were applying the strategy, and adversely justified. Theme directors were discovered by NPT (C.R. et al., 2011) and were indeed examined to incorporate problems when developed at the time that was of the same significance in initial conferences, which assisted the researchers to explore individuals' views regarding the most basic types of care.

Consequently, the NPT was used to make it interactive. It provides 16 questions, for thinking through an execution problem. The job has been embedding edited and improved statements and explanations straight into something that is web-enabled.

Sample size
The analysis ended up being created being a superiority test with two parallel groups, ELNEC-PPC WBT, as well as usual care against. The calculation regarding the test that is suitable, the researcher that is main utilization of the next assumptions: the five chosen settings consist of 254 medical staff on average qualified to receive additional, through surveying all including environment to consider the final wide range of nurses that work in a selected setting appropriate for addition in front of the study. Considering these assumptions and strengthened a and thus is two-sided alpha, a 0.90 power and a regular predictable correlation between two proportions of 0.5, and an intraclass 0.05 coefficient of correlation that required about 86 test size of nursing employees’ members of this intervention group and 86 within the control team, for t-tests analysis. The supported sample that is equal, which means, including devices of selected setting analysis, to account for intra-stratified correlations of units. Nursing staff that transferred to a dissimilar business were exchanged, and the test of nursing staff changing them was a right element of the course. Catching up on nursing staff has not changed over time, the researchers have put in place an extra company, consequently used to make use of additional critical care devices for intervention and control devices this finishes in 172 staff nursing members.

All power analyses have been done using the "Power" package (version 3.1) (Faull et al., 2007).

IV. DATA COLLECTION

No MAD Instrument
Individuals have completed two information collection types in the beginning, and after the T team completes their training that is ELNEC-PPC within the intervention and the control team. The information that is the primary tool is NoMAD (Rapley et al., 2018). The shape of the initial instrument wound up being translated into Arabic and adjusted to Arabic conditions to measure the normalization potentiality concerning the PPC, which is offered by the WBT intervention concept.

The NoMAD was translated into the Fusha dialect in translation actions outlined by (Polit and Beck, 2017) who had been used to translate the NoMAD from English to Arabic and translate it back to English. The validity of content and translated NoMAD acceptability was calculated in an operation that is reiterative of four recognized steps, including interpretation ahead and interpretation backward; very first tests linked to the target language instrument content validity, counting finding yourself in professionals, and more modification; last content validity test associated with a studied device. Finalized device implementation into a type that is electronic. The Arabic-NoMAD version (which is Prime Appendix J), following alternatives with this clarification and means of adaptation, wound up being employed in a pilot study that was the implementation start line related to PPC offered by WBT intervention.

Three parts in the Arabic-NoMAD:

Part (we), with a complete 12 things into the respondent

Part (II), which comprises 3 items that are basic to the intervention.

Part (III), Includes 20 certain intervention-related concerns, corresponding to your NPT’s four components, with “Coherence” and Participation that is “Cognitive with four things, 7 products for “Collective Action”, and five for “Reflexive Monitoring.”
The Arabic-NoMAD scale includes 31 items which are Likert-type nonetheless, the relevant questions in area B are answered by having a Likert scale that 10-point start from “Not at all (0)” to “Completely (10)”. Parts (C) products are replied to using a scale that is sort of a point, beginning from “Disagree highly (1)” to “Agree very (5)”. “Not highly relevant to my part (1)”, “Not appropriate during this period (2)”, “Not relevant to the intervention (3)”, were also thought of as alternatives to explain respondents’ experiences of utilizing the intervention inside the workplace. A group of academics and clinicians (n = 7) alongside expertise working on complicated health treatments, was assembled to greatly help validate the information with this tool's components. Purposive sampling of scientists and colleagues who are supervisorily used to choosing specialists in terms of duties and specializations, the panel represented a range that is wide in aspects of careers and responsibilities. Experts were tasked with using the legitimacy that is content to get each one of the things in terms of relevance (CVI)(Polit & Beck, 2006). They were also encouraged to provide observations about the items, their expressions, as well as the design, layout, and legibility of the instrument.

According to Polit & Beck 2006, On A scale that is 4-point things are rated, from irrelevant to extremely appropriate. Expert evaluations were accustomed Item credibility (that is content) and credibility (that is scale) calculating. A rating for every regarding the product, determining the I-CVI had been by multiplying how many professionals who deemed the item to be "quite relevant" or "extremely appropriate" by the team that is complete of who gave the item. The S-CVI ended up being decided by multiplying the total elements by the conventional values which are I-CVI. The outcome exposes the content's dependability computed for the Arabic-NoMAD Scale-CVI of 0.91, which will be somewhat on the level that is recommended (Finch et al., 2018), plus an I-CVI starting with 0.71 to 1.00.

Pilot research was carried out, beginning March 2020 and July 2020, using the first Arabic-NoMAD variation, after at the time of the 2nd step with this specific clarification and procedure of adaptation, this was certainly employed in pilot research that was the beginning,of this is certainly execution linked to the PPC provided by WBT intervention. The WBT intervention is to provide a supply for the supply of pediatric care that is palliative by staff nurses like the application development and form of further adaptable and operating that is improved for facilities of healthcare. the pilot research will be to evaluate the instruments out, make any necessary modifications, and then take them straight down once more. Other aspects of the research are extensive, such as, for instance, precisely how exactly to obtain usage of participants there being tested (Oppenheim, 2000). Also, test the process of implementing ELNEC-PPC WBT well as gaining information about practical procedures regarding recruitment and screening as described in this dissertation.

Appropriately, the pilot study identified challenges in the recruitment procedure that may have been modified before the RCT. The pilot ended up being carried out because of the practices described for the RCT in this study. Recruitment went until it was tested by all described companies. Everyone in the pilot research was increasing the ELNEC-PPC WBT, also the usual care (intervention), results were collected at Baseline and after fourteen days which has not been found in the RCT analysis.

30 people completed the Arabic-NoMAD research, which offered a reply 100% price.

Scale dependability ended up being strong, with Cronbach's Alpha coefficient at (0.77 to 0.86) post-course analysis. The NoMAD demonstrated interior perseverance rating (alpha coefficient) reached 0.76 to 0.83 inside a newer study(Elf et al., 2018), and possibly considered representative reliable

The Interview

Face-to-face semi-structured interviewshave been carried out. with participating nurses to look for the quantity to effectively move the ELNEC-PPC WBT system from the setting that is chosen. Everyone had contact that it was patients who could be directedfollowing three rounds of interviews wound up being carried out after 3 months. After consenting, individuals were interviewed by the researcher that is of the main (MA). They were audio-recorded and transcribed. Uncertainty about the interest of an individual in recording, the researcher took records which are careful the talk and later produced a step-by-step report from it. Small categories of an individual were questioned and interviewed about their feelings about significant modification.

The interactive NPT toolkit was indeed utilized. It offers 16 concerns, for thought, via an implementation issue. The job has been embedding modified and enhanced statements and explanations into something that is web-enabled.
Statistical analysis

Results were stated consistently with “the Consolidated Standards of Reporting Trials (CONSORT)” declaration concerning health (Moher et al., 2012; Schulz et al., 2010). The analysis of the main information had been following the principle of intention-to-treat and related alterations within the outcome that is overhead concerning in the control team while the intervention group. The SPSS V. 26.0 computer software wound up getting used for information analysis as Location (arithmetic suggest = M) and deviation (range, standard deviation = SD) are described by portion distributions and indicators distributions. was indeed used to show descriptive statistics. The analysis of primary information had been predicted the mean difference by about 95% self-confidence period in the NoMAD rating at 3 months follow-up between groups (ELNEC-PPC WBT in addition to typical care against just usual care).

This model comprises information that is available to the entire nurse participants at whatever point (in other words, kick-off point, 2-weeks, in addition, 3-months). Regression models have been utilized; distinct individuals have been stated using an impact that is random accounting, the within covariance construction that is the topic. The group and time impact wvereassets that were reported to make use of a combined intervention and time adjustable. Presently, the starting point amounts were collected within the 2 research collections assuming that somewhat starting place alterations were due toward coincidental (Molenberghs, 2005); this as well contains aimed at little starting point changes in the variable of the outcome.

Both teams were mainly labeled concerning their starting place features, that the analysis of the 1st information assessed the ELNEC-PPC WBT effectiveness into the intervention group using the alterations in the control group, followed by the alterations NPT that is the theory that is continuing (Kahan & Morris, 2012).

Repeated measures of ANOVA were wont to check on the intervention that is multivariate is main (linked by control) besides pre, post, follow-up time, also their interface impact. A 0.05 or less p-value that is two-sided up is regarded as essential. Analysis of mediators in addition to managing to see which subgroups could gain further is associated with the intervention, with outcome facets regressing on variables that are independentsuch as age bracket, sexual intercourse, state of training, and points that are starting grades that are Arabic-NoMAD.

Additional results were analyzed utilizing an approach that is similarly described above for the results that are major linear blended models for repeated measures. Analyses of data from 2weeks- and a few months follow-up were additionally analyzed based on the above-mentioned description for the result that is main.

Pilot testing

Pilot research has been performed, starting in March 2020 and July 2020, making use of the Arabic-NoMAD, the initial version implemented next thing for clarification and procedure for adaptation, that has been used in pilot research which was the commencement that is executed for PPC provided by WBT intervention.

Additionally, test the procedure of implementing ELNEC-PPC WBT and to get information regarding practical procedures recruitment that is regarding evaluation as described in this dissertation.

Precisely, the pilot study identified challenges in the recruitment procedure that could be adjusted ahead perhaps of the RCT. This was performed using the techniques described for RCT in the study that is present. Recruitment went until were tested from all the described stations. All pilot research people were causing ELNEC-PPC WBT, alongside typical care (intervention). Results were collected at Baseline and after fourteen days, this was not found in the RCT analysis.

Research Ethics Approval

Approvals for the scholarly study RCT and procedure assessment have been obtained from ethics which are appropriate for Nursing College/Babylon University. The approval was sought through the Committee on Scientific Research Ethics (NO.291 Date/01/29/2020) and Babel health Director (NO.124 Date 01/30/2020). Correspondingly, approval from the institutional review panel for either or both protection of information activities was gained within the medical college (Appendix A).

The trial is registered with http://www.clinicaltrials.gov/NCT04461561.)
Results

A total of 254 nurses were screened for eligibility and 172 met eligibility criteria and were randomized between February and March 2020. Only 74 randomized participants completed the trial. Eighty-six nurses randomized to the ELNEC-PPC WBT course as well as the usual care group, (n=43) received one ELNEC-PPC WBT course. Eighty-six nurses randomized to the only usual care group, (n=31) received no intervention for the control group.

The ELNEC-PPC WBT respondents were more female than male in terms of demographics, with most of them being in their adult years while working in a pediatric ward. Even though all the participants in the study had a bachelor's degree, about half of them had less than a year of experience and had had only one session of computer training. Finally, all the respondents reported that they had never previously attended any PPC training. According to this study, ELNEC-PPC training enhanced pediatric nurses’ attitudes toward providing pediatric palliative care practice.

Table 1: A repeated measures ANOVA for attitude construct in the Agreement of Children's Palliative Care at the End of Life with corrected value using Huynh-Feldt correction (n=43 intervention group).

<table>
<thead>
<tr>
<th>(I) WBT</th>
<th>(J) WBT</th>
<th>P</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 PRE</td>
<td>2 POST</td>
<td>0.883*</td>
<td>4.08</td>
<td>0.769</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 AFTER3</td>
<td>0.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 POST</td>
<td>1 PRE</td>
<td>0.883</td>
<td>4.10</td>
<td>0.646</td>
<td>14.16</td>
<td>0.000*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 AFTER3</td>
<td>0.000</td>
<td>82.32</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 AFTER3</td>
<td>1 PRE</td>
<td>0.000</td>
<td>5.0</td>
<td>1.929</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 POST</td>
<td>0.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

'M, mean; SD, standard deviation"; p, p-value (sig.<0.05)"; "F, F-value"; df, degree of freedom; WBT, Web-Based Training; PRE, Pre-training; POST, Post-training; AFTER3, After 3 months.

A repeated-measures ANOVA in Table (1) with a Huynh-Feldt correction determined that the mean of the ELNEC-PPC WB training course differed statistically significantly between time points (F (df=1.127, 82.302) = 14.164, P < 0.0005). Post-hoc tests revealed that WB training caused a slight increase in attitude toward providing pediatric palliative care from pre-training to post-training (4.08 ± 0.77 SD vs 4.10 ± 0.64 SD, respectively), which was not statistically significant (p = 0.883).
Figure 2 Provision of palliative care for children at the end of life in Pre-Training, Post-Training, and follow-up 3 months of ELNEC-PPC WB training course (N=43 intervention group).

However, after 3 months had been elevated to 5.0 ± 1.92 SD, which was statistically important indifferent to the pre-training period (p < .0005) as well as post-training (p = 0.000). As a result, it can describe that a long-term adaptation for end-of-life nursing care practice (3 months), as shown in Figure (2), produces a statistically significant increase in the agreement of Children's Palliative Care, but not after only 2 weeks of training.

Calculate the size of effects (Cohen's d) for a T-Test of Paired Samples by determining the relationship's strength between two means. The standardized effect size assumes that μ1-μ2 of (5.0-4.08) represents the mean of the pairs of the nurse participant of interest in pre-course and after 3-month. If the standard deviation of the pairs is α= 2.16, the effect size is represented by d= 0.5 where:

\[ d = \frac{\mu_1 - \mu_2}{\alpha} = \frac{5.0 - 4.08}{2.16} = 0.5 \]

Cohen, 1992 proposed the following interpretation of the d values:

- d = 0.2 is a minor effect
- d = 0.5 is a mid-range effect
- d = 0.8 is a significant effect

As found above, the effect size for the ELNEC-PPC WBT course in follow-up 3 months is the medium effect.

The researchers rejected assumption H 1 based on the foregoing findings. (At level (α≤ 0.05) There have been no statistically important differences (suppression) between the intervention (post-training and follow-up) compared with the control condition (pre-training) The Agreement of Children's Palliative Care at the End of Life.

Study Sections are Being Analyzed

**Table2 Analyze the Study Sections' items.**

<table>
<thead>
<tr>
<th>Items</th>
<th>Group</th>
<th>N</th>
<th>M</th>
<th>RII</th>
<th>Importance Level</th>
<th>t</th>
<th>p</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[1]</td>
<td>CO</td>
<td>C</td>
<td>31</td>
<td>4.50</td>
<td>0.80 H</td>
<td>3.40</td>
<td>0.002</td>
<td>0.05, 40</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I</td>
<td>43</td>
<td>3.59</td>
<td>0.72 H-M</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[2]</td>
<td>CP</td>
<td>C</td>
<td>31</td>
<td>4.48</td>
<td>0.89 H</td>
<td>3.37</td>
<td>0.020</td>
<td>0.05, 46</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I</td>
<td>43</td>
<td>3.76</td>
<td>0.75 H-M</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[3]</td>
<td>CA</td>
<td>C</td>
<td>31</td>
<td>3.54</td>
<td>0.71 H-M</td>
<td>2.196</td>
<td>0.659</td>
<td>0.05, 72</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I</td>
<td>43</td>
<td>3.20</td>
<td>0.64 H-M</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[4]</td>
<td>RM</td>
<td>C</td>
<td>31</td>
<td>4.54</td>
<td>0.91 H</td>
<td>3.657</td>
<td>0.000</td>
<td>0.05, 42</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I</td>
<td>43</td>
<td>3.78</td>
<td>0.76 H-M</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All factors</td>
<td>C</td>
<td>31</td>
<td>4.17</td>
<td>0.85 H</td>
<td></td>
<td>3.854</td>
<td>0.040</td>
<td>0.05, 45</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I</td>
<td>43</td>
<td>3.58</td>
<td>0.71 H-M</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C, control group; I, intervention group; “M, mean”; "RII, relative importance index"; H, highly important; H-M, high-medium important “t, t-value”; "p, p-value" (sig.<0.05); df, degree of freedom
Through the Independent Sample T-Test, in descending order of the research axes according to the RII of each component, Table (2) presents the respondent's views. For all the study sections, the calculating mean was 4.17 for the control group, 3.58 for the intervention group and the RII was 85 percent, which was a high RII for the control group. The RII was 71 percent, which was high-medium RII for the intervention group, and the calculated t-value was 3.854, higher than the t-value in Table 2.045 (10.307 (2.045) and with lower than (0.05) p-value was 0.040
Testing Hypotheses for the NoMAD tool Follow Up ELNEC-PPC WBT course

The Pearson Correlation test was used to determine the relationship at the level of (0.05) between the variables in the research model, and the findings were given in Figure (3)

Figure 3. There is a correlation between the model variables and the level of significant follow-up intervention. (A, Control Group; B, Intervention Group); **, statistically significant (p < 0.01); *, statistically significant (p < 0.05).

- Figure 3 revealed that in the intervention group, coherence, collective action, cognitive participation, and reflexive monitoring, that coherence significantly influences the cognitive participation, whereas $CO \rightarrow CP$ ($r=0.79$, $p < 0.05$) in the intervention group, $CO \rightarrow CP$ ($r=0.25$, $p < 0.05$) in the control group.

- The CP had also a significant influence on collective action, whereas the $CP \rightarrow CA$ ($r=0.34$, $p < 0.05$) in the intervention group, $CP \rightarrow CA$ ($r=0.62$, $p < 0.01$) in the control group.
• Collective action did not have a significant influence on reflexive monitoring, whereas CA → RM (r=0.25 p < 0.05). However, collective action had a significant influence on reflexive monitoring in the control group, whereas CA → RM (r=0.39, p < 0.01).

**Interview Analysis**

The report in Figure (4) includes a primary graph that depicts all 16 items.

![Figure 4 The Radar Plots of Evaluation of the normalization process of ELNEC-PPC WBT course intervention (NPT toolkit) (n=20).](image)

Altogether, there were 3 interviews with about half of all nurses (n=20) for the intervention group (N=43) after 3 months of implementation. Included are nurses who worked in Imam Sadiq (peace be upon him) Teaching Hospital (n = 8), and Babylon Maternity and Children's Teaching Hospital (n = 2), (n=5) in Al-Noor Hospital for Children, (n = 4) of setting at Marjan Teaching Hospital, while (n=1) in a Baby Oncology Center.

During the study period (26 October -26 December 2020). The researchers asked participants, as well as their reasons, to work into them concerning a technique of implementation.

The NPT tool can be found at [http://www.normalizationprocess.org](http://www.normalizationprocess.org) and has been made available for testing in such a way that user feedback can be gathered.

For the intervention group of the first factor of the NPT toolkit that was reported in Figure (4) which was, sense-making represent (86%), also the results that are shown in the same figure reveal that the second factor, participation was (71%), the third factor was (perc. 71%), the last factor represented of (71%).

V. DISCUSSION

After intense research, the researcher concluded that there is no research or study like the study under your hands. The first hospital-based study overall in Iraq and especially in Babylon province intended to explain the requirement of palliative care at the end of life by implementing ELNEC-PPC courses, such as the WBT Program using the Theory of the Normalization Process. It focuses on how complicated interventions become integrated into practice regularly. In addition to identifying the changes implemented by the participant nurses (intervention group) in their clinical practice, after participating in the WBT Program to provide Palliative Care alongside usual care versus usual care only (control group) for pediatric with life-threatening illnesses or in the event of an accident or unexpected death, at the end of life. Finally, to offer evidence to aid in the interpretation of the trial's results, this study has shown that
Pre-Post and Follow-Up 3 Months Training Analysis

Provision of PPC AT EOL enhanced after application of ELNEC-PPC WB training course. Provision of pediatric palliative care after 3 months had been elevated to 5.0 ± 1.92 SD, which was statistically significantly different from pre-training (p < .0005) and post-training (p = 0.000) as shown in Figure (3). The most recent findings are consistent with those of Price et al., (2017). The purpose of this study was to compare the baseline palliative and end-of-life care educational goals of nursing staff in adult and pediatric ICU and acute care environments. Data analysis revealed that perceived competency in palliative and end-of-life care is considerably higher in ICU nurses. Nurses with more than 10 years of experience had significantly higher mean scores. Concerns about better communication traits, decision-making, and continuity of care were expressed in open-ended responses.

Meanwhile, the current study found that a long-term adaptation for end-of-life nursing care practice (3 months), as shown in Figure (2), produces a statistically significant increase in the provision of pediatric palliative care, but not after only 2 weeks of training. Another previous study, which examined the impact of an embedded palliative care education system on nursing students' knowledge, discovered parallel results in our study. The organized study by O’Shea et al., (2015) When compared with control groups not exposed to the same education system, a small general sample of pre-licensure nursing students showed higher understanding. Future research could investigate the impact of the education system on graduates' satisfaction with the development process for this specialty area, the role of using the curriculum with practice partners to improve the transfer of knowledge to the hospital environment, and the use of the education system inter-professionally.

MD et al., (2019) does not match the findings of the current study, an evaluation study aimed at identifying the issues and opportunities solutions to providing PPC. Concluded that, the authorities and managers of palliative care should take the preliminary steps of planning and setting goals to develop educational programs for the palliative care providers and the public. Additionally, the provision of financial resources and funds seems essential for the establishment of designing programs. Taking advantage of the experiences of successful countries and countries with similar socioeconomic status can also be a useful solution to overcome palliative care challenges in developing countries such as Iran.

Discusses the analysis of Study and Control Group Follow-up Training:

- According to the results presented in (Table 2) which ELNEC-PPC WBT of intervention group participants are convinced that The weightiest factor, with a mean score of responses (3.59 out of 5) according to the weights given for each response, was how they perceived the PPC and whether they experienced the PPC as valuable to them and agreed about its usefulness.

- The pediatric nurses were asked if they thought the PPC was a legitimate part of their job and if they supported it over time, with the results (3.76) shown in the same table.

- With such a score of (3.20), along with the weights specific to each answer, the way the PPC has been provided within the existing context, the embedding and implementation work had progressed due to information and expertise was discovered. The users accepted PPC to help improve nursing practice, according to the researchers.

- The respondents collectively and individually evaluated palliative care and its effective decision, with the score of responses (3.78), to the weights considered to the response scale, was the least weighted factor. Describe how they rated the process.

When compared to approximately previous articles in the healthcare framework, the research results are single. For example, those published by Nordmark et al., (2016) concluded that the staff had come to an agreement on what the procedure was (coherence) and how they evaluated it (reflexive monitoring), but not on who performs the discharge planning (cognitive participation) and how it is performed (collective action). These findings suggest the importance of observing the integration of old practices to truly comprehend the needs of new ones before implementing new supportive tools in health care to achieve the development goal and ensure long-term implementation.
Discusses the Analysis of Participants Interviewed Using NPT Tools:

The Radar Plots in Figure (4) showed the strength that the trial has assigned to each variable, which is made up of the main graph that represents all 16 items. The four constructs of NPT were reported as 74%, which means PPC can be introduced as a new change in nursing medicine, to implement it effectively as a new complicated intervention. NPT can help describe the variations in introducing a new care management system so that they can be addressed during the planning stage.

A research paper on (NPT) was conducted by Rapley et al., (2018) The last instrument could be widely recognized and finished while maintaining theoretical validity, according to the results of the existing study. NoMAD is a metric that can be used to analyze the experiences of application participants. This is expected to be a tool that could be used in conjunction with instruments that measure other aspects of application activity, such as fidelity, adoption, and readiness.

The trial has approximate limitations that must be specified. The first weakness is that employees of nursing will be conscious of the intervention receiving, which might cause bias. One more limitation, since it will primarily practice the self-data collection report method, may cause bias of recall. For this study, the likely high dropout rate, even with self-choice and additional strategies to reduce it (for instance, e-mail notices in addition to further incentives). Another weakness is not being able to experiment with outcomes longer than 3-months.

It was concluded that providing pediatric palliative care management can bring many new changes to medical care, and that implementing effective it as a new complicated intervention is possible. The findings suggest that there are still issues to be resolved before palliative care management becomes more approach adopted. Finally, NPT can assist in explaining differences in the implementation of a new pediatric palliative care program so that they can be addressed during the planning stage.

Acknowledgments

The ELNEC-PPC WBT program has received no funding.

Drs Amean and Nuhad had full access to all the data in the study and took responsibility for the integrity of the data and the accuracy of the data analysis.

Study concept and design: Professor. Dr. Amean, Assistant. Professor. Dr. Nuhad, M.S.N Mustafa.

Critical revision of the manuscript for important intellectual content: Professor. Dr. Amean, Assistant. Professor. Dr. Nuhad, M.S.N Mustafa.

Statistical analysis: Main researchers M.S.N. Mustafa Ali and Hussein J. Mohammad.

Administrative, technical, or material support: Main researcher M.S.N. Mustafa Ali and Hussein J. Mohammad

Study supervision: Professor. Dr. Amean, Assistant. Professor. Dr. Nuhad.

Funding/Support: This taskis not supported by any grant. It is in partial fulfillment of the requirement of a Doctor of Philosophy in nursing sciences.

The associates included in the ELNEC-PPC WBT plan incorporate:

- Babylon University-Nursing Faculty: is leading the overall project.
- RCT is a multi-center trial, participants are recruited at:
  1. Imam Sadiq (peace be upon him) Teaching Hospital.
  2. Babylon Maternity and Children Teaching Hospital.
  3. Al-Noor Hospital for Children.
4. Morgan Teaching Hospital; and
5. Babylon Oncology Center

can lead into running in the planning and conducting of the RCT.

Conflict of interests
“none declared”

ELNEC-PPC WBT's general task would aim to evaluate the providing of PPC as brand name care that is brand new in day-to-day nursing techniques, additionally to aid people to self-manage their virtual course. The results and experience from the RCT and pilot will notify the growth that is further from PPC within the healthcare environment. To secure an interpretation that is dissemination that is unbiased by the RCT.

Abbreviations
CNEU: continue nursing education unit
CONSORT: consolidated standards for reporting trials
CVI: content validity index
ELNEC: End-of-life nursing education consortium
ELNEC-PPC: End-of-life nursing education consortium - pediatric palliative care
EOL: End of Life
FINER: feasible, interesting, novel, ethical, and relevant
I-CVI: item-content validity index
NOMAD: Normalization Measure Development
NPT: normalization process theory
PC: palliative care
PICOT: population, intervention, comparator, outcomes, timing
RCT: a randomized controlled trial
WBT: Web-based Training
WHO: World Health Organization?

REFERENCES


www.turkjphysiotherrehabil.org


MULTIMEDIA APPENDIX

Appendix A Official Approval Form for Conducting Research

Usin Normalization Process Theory to Evaluate Providing Pediatric Palliative Care at End—of—Life as Web—Based Training Intervention for Nurses: A Randomized Contorolled Trial
Appendix A Official Approval Form for Conducting Research
Appendix A Official Approval Form for Conducting Research
Appendix A Official Approval Form for Conducting Research

Republic of Iraq
Babel Health Directorate

Email: Babel_Health@yahoo.com
Tel 282628/ 282621

[Image of the official approval form]

🌐 www.turkjphysiotherrehabil.org  14221
Appendix A Official Approval Form for Conducting Research

Republic of Iraq
Babel Health Directorate

Email:
Babel_Health@yahoo.com
Tel 282628/ 282621

[Image of approval form]

المباشرة المهمة

السلام عليكم...

إشرة إلى كتاب جامعة بابل/كلية التمريض ذي العدد 291 في 2020/1/29

[Arabic text]

المرفقات:
• استمارة عدد 2

[Signature]

الدكتور
محمد عبد الله عجرش
مدير مركز التدريب والتنمية البشرية
2021/1

نسخة مني إلى:
مكتب المدير العام / مركز التدريب والتنمية البشرية / وحدة البحوث... مع الأوليات.
Appendix A Official Approval Form for Conducting Research
Appendix A Official Approval Form for Conducting Research

Using Normalization process Theory to Evaluate Providing Palliative Care at End-of-Life as web-Based Training Intervention.
Appendix B Approval Form for Hold the Training Course

Ministry Of Health
Babylon Health Directorate

Email: Babel_Healthmoh@yahoo.com
Tel:282628 or 282621

فترة ما بين 7/2491/9/2019

وزارة الصحة
دائرة الصحة محافظة بابل
مركز التدريب والتنمية البشرية
وحدة التطوير التمريضي المستدام

الدكتور محمد عبد الكاظم
مدير مركز التدريب والتنمية البشرية

الدكتورة

셋

director.babel.training@gmail.com

babiltraining@gmail.com

www.turkjphysiotherrehabil.org
Appendix B Approval Form for Hold the Training Course

Ministry Of Health
Babylon Health Directorate
Email:-
Babel_Healthmoh@yahoo.com
Tel:282828 or 282621

Appendix B Approval Form for Hold the Training Course

Dr. [Name]
Director, [Center or Department]

[Date]

I hereby certify that the approval request for the training course has been submitted to the Ministry of Health, Babylon Health Directorate. The training course is aimed at [specific audience or purpose]. The course materials and activities are designed to [describe the objectives or content].

[Signature]
[Name and Title]

[Name and Title]
[Other Authority or Approval]
Appendix C Nomination Form for The Training Course

نموذج استمارة رقم (1) الترشيح للدورات التدريبية

معلومات شخصية:

1.

الاسم الثلاثي:

*اسم باللغة الانكليزية:

تاريخ الولادة:

*عنوان الوظيفة:

الدائرة:

*المؤسسة:

رقم الهاتف:

(Telegram, Viber, WhatsApp/)

*الإيميل:

الواجبات الحالية للمرشح:

2.

اسم الدورة: برنامج إعداد الممرضين لتمريض العناية التلطيفية للأطفال عند نهاية الحياة

تاريخ الancements للفترة من:

الي:

2020 / 2020

/ / توقيعه:

/ / التاريخ:

/ / اسم المرشح:

Appendix D - Table of Details of Estimated Sample Needed

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<thead>
<tr>
<th>Hospital</th>
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<th>Attendance date</th>
<th>Where to attend</th>
<th>Target Population</th>
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<td>Imam Sadiq (peace be upon him) Teaching Hospital</td>
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<th>Start Date</th>
<th>End Date</th>
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<td>Babylon Maternity and Children Teaching Hospital</td>
<td>Third pediatric lobby (incubators)</td>
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كيفية التسجيل في الدورة التدريبية

خطوات التسجيل

• مدخل إلى رمز الدورة الإلكتروني، ثم وصل بطلب للتسجيل على رمز الدورة.
• في حالة النسيان، يمكن رفع Email Address.
• حذف المتاح لدقة الاستعداد، استعداد Email Address.
• لا تقدم الدورة في مدة معين أو مراعاة ثم البريد الإلكتروني المزود.
• في المساجد، يمكنك إلتقاط الفصل كوير إعداد.

My Transcript

• في الدورة التدريبية، نسخة من النسخة التي تمتلئ.

Launch Course

• يمكن بدء النسخة التي تمتلئ من النسخة من النسخة، فإنه يبدأ في النسخة على Viber, Telegram, WhatsApp.

• لا يوجد الأدوات، إذا قدرت الدورة التي تمتلئ أي رسائل، فإن البريد الإلكتروني، عبر الإذن، عبر وسائل الإتصال الإنجاز.

• يمكن أن تتم إنزال البيانات، إذا لم تتم الاستعداد في الدورة التدريبية.
### Appendix F Full Web Sit Pages Screens (In Arabic Language)

<table>
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<tr>
<th>Course Name</th>
<th>Course Code</th>
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Appendix G Randomization Plan

Randomization Plans
Randomizing subjects to a single treatment

Treatment labels: (enter as many as necessary)

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Number of subjects per block/number of blocks: 4 / 10
Number of subjects per block/number of blocks: 20 / 6
Number of subjects per block/number of blocks: 6 / 2
Number of subjects per block/number of blocks: / 

Initial subject ID number: 1

Generate Plan
Help

To reproduce an earlier plan, enter its labels, numbers of subjects and blocks, and its seed.
For additional help, contact HelpDesk@randomization.com
Return to Home Page

Appendix H Randomization Process

1. Create a list of participants.
2. Randomly select participants from the list.
3. Assign participants to groups A or B.
4. Conduct the intervention for group A participants.
5. Conduct the intervention for group B participants.
6. Collect data from both groups.
7. Analyze the data to determine the effectiveness of the interventions.

Note: This process can be adapted to fit the specific needs of the study.
## تعييمات الاستبيان

يرجى الإجابة على جميع الأسئلة من منظور هذا الدور، بناءً على دورك أو مسؤولياتك في مجال الرعاية التلطيفية للأطفال، قد تكون بعض العبارات أكثر أهمية من غيرها.

هذا الاستبيان (3) أجزاء. الجزء (أ) يسأل بعض الأسئلة الموجزة عن نفسك وعن دورك. يتضمن الجزء (ب) ثلاثة أسئلة 

<table>
<thead>
<tr>
<th>الجزء (أ): حول نفسك</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. الجنس</td>
</tr>
<tr>
<td>ذكر ☐</td>
</tr>
<tr>
<td>2. العمر (اختار أحد الخيارين)</td>
</tr>
<tr>
<td>20-39 سنة ☐</td>
</tr>
<tr>
<td>3. كم سنة عملت في الوحدة الحالية لهذه المستشفى؟</td>
</tr>
<tr>
<td>أقل من سنة ☐</td>
</tr>
<tr>
<td>4. الشهادة المحصلة عليها:</td>
</tr>
<tr>
<td>شهادة الدكتورát ☐</td>
</tr>
<tr>
<td>5. الواجبات الحالية للمستشفى (اختار أحد الخيارات الثلاثة):</td>
</tr>
<tr>
<td>ممرض في كادر عام ☐</td>
</tr>
</tbody>
</table>

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6. كم عدد الدورات التدريبية المحلية التي شاركت بها الخاصة بمهارات الحاسوب؟

<table>
<thead>
<tr>
<th>دورتين فأكثر</th>
<th>دورتين فأكثر</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 دورات فأكثر</td>
<td>3 دورات فأكثر</td>
</tr>
</tbody>
</table>

7. كم عدد الدورات التدريبية التي شاركت بها عن الرعاية التلطيفية؟

<table>
<thead>
<tr>
<th>دورتين فأكثر</th>
<th>دورتين فأكثر</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 دورات فأكثر</td>
<td>3 دورات فأكثر</td>
</tr>
</tbody>
</table>

الجزء (ب): أسئلة عامة حول الرعاية التلطيفية للأطفال:

- هل تشعر أن الرعاية التلطيفية للأطفال هي جزء اعتيادي من عملك في الوقت الحالي؟

<table>
<thead>
<tr>
<th>بالتأكيد</th>
<th>لا على الإطلاق</th>
</tr>
</thead>
<tbody>
<tr>
<td>إلى حد ما</td>
<td>لا على الإطلاق</td>
</tr>
</tbody>
</table>

- هل تشعر أن الرعاية التلطيفية للأطفال ستصبح جزءاً اعتيادياً من عملك؟

<table>
<thead>
<tr>
<th>بالتأكيد</th>
<th>لا على الإطلاق</th>
</tr>
</thead>
<tbody>
<tr>
<td>إلى حد ما</td>
<td>لا على الإطلاق</td>
</tr>
</tbody>
</table>
الجزء (ج): أسئلة مفصلة حول توصيل الرعاية التلطيفية للأطفال

1. أستطيع أن أميز كيفية اختلاف الرعاية التلطيفية للأطفال من طرق العمل بالآليات المعتادة لرعاية الأطفال.
2. العاملون في هذه المؤسسة لديهم تفاهم مشترك.
3. أفهم كيف تؤثر الرعاية التلطيفية للأطفال على طبيعة العمل المتعلق بي.
4. أستطيع أن أميز المنفعة المحتملة للرعاية التلطيفية للأطفال عملي.

إذا كانت العبارة غير مناسبة لك، فرجى تحديد إجابة A فضلاً. اختر إجابة لكل عبارة من العبارات التالية التي تناسب خبرتك باستخدام (الخيار B).
1. هناك أشخاص مهمون يقودون الرعاية التلطيفية للأطفال إلى الأمام ويشتركون الآخرين

2. أعتقد أن المشاركة في رعاية الأطفال الملطفة هي جزء مشروع من واجبات عملي.

3. أنا منفتح على العمل مع الزملاء بطرق جديدة لاستخدام الرعاية التلطيفية للأطفال.

4. سأستمر في دعم الرعاية التلطيفية للأطفال.

، إذا كانت العبارة غير مناسبة لك، فرجى تحديد إجابة A فضلاً اختار إجابة لكل عبارة من العبارات التالية التي تاسب خبرتك باستخدام (الخيار من B).
<table>
<thead>
<tr>
<th>المحور-4</th>
<th>غير موافق</th>
<th>موافق</th>
</tr>
</thead>
</table>

1. إنني على دراية بما يرد حول تأثيرات الرعاية الملطفة للأطفال.
2. يوافق الموظفون على أن الرعاية التنظيفية للأطفال تستحق العناية.
3. أقدر الآثار التي خلفتها الرعاية الملطفة للأطفال على عملي.
4. يمكن تقديم التغذية الراجعة أو التقارير حول الرعاية التنظيفية للأطفال بهدف تحسينها في المستقبل.
5. يمكنني تعديل طريقة العمل مع الرعاية التنظيفية للأطفال.