

27th International Nursing Research Congress CAPE TOWN SOUTH AFRICA 21-25 JULY 2016

Conference Proceedings

Enhanced Abstracts of Oral
and Poster Presentations



Sigma Theta Tau International
Honor Society of Nursing®



**27th International
Nursing Research Congress**

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Presentations**

Held 21-25 July 2016

Cape Town, South Africa



Sigma Theta Tau International
Honor Society of Nursing®

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Glossary

A **plenary session** is a session in which an invited speaker, usually with a significant subject matter, presents their work or viewpoint. All attendees attend these general sessions as they usually begin and end a program of events. Plenary sessions vary in length from one (1) hour to one and a half (1½) hours and can be accompanied by PowerPoint presentations, audio and/or video files and other visual aids.

An **oral presentation** is a brief 15-20 minute individual presentation time moderated by a volunteer. An effective oral presentation should have an introduction, main body and conclusion like a short paper and should utilize visual aids such as a PowerPoint presentation. Oral presentations are divided into different categories based on the program presented. Categories can include: clinical, leadership, scientific, evidence-based practice, or research.

A **poster presentation** is the presentation of research information by an individual or representatives of research teams at a conference with an academic or professional focus. The work is peer-reviewed and presented on a large, usually printed placard, bill or announcement, often illustrated, that is posted to publicize. Exceptions to peer-reviewed posters include Rising Stars student posters and Sigma Theta Tau International's Leadership Institute participant posters.

A **symposium** is a presentation coordinated by an organizer similar to a panel discussion and contains at least three (3) presentations concerning a common topic of interest. Each symposium session is scheduled for 45-75 minutes and allows for questions at the end of the session. Symposia provide an opportunity to present research on one topic, often from multiple perspectives, providing a coherent set of papers for discussion.

A **peer-reviewed paper** is simply an individual abstract that has been reviewed by at least three (3) peer-reviewers to determine the eligibility of the submission to be presented during a program. The determination is made by the peer-reviewer answering a series of regarding the substance of the abstract and the materials submitted. Scores from each reviewer are compiled. The average score must be 3.00 on a 5-point Likert scale in order to qualify for presentation. Sigma Theta Tau International enforces a blind peer-review process, which means that the reviewers do not see the name or institution of the authors submitting the work. All submissions, with the exception of special sessions and invited posters are peer-reviewed.

An **invited** or **special session** is similar to a symposium in the length of time allotted for presentation, but is not peer-reviewed. These sessions focus on a specific area, but are conducted by individuals invited to present the work.

Introduction

The Honor Society of Nursing, Sigma Theta Tau International (STTI) conducted its 27th International Nursing Research Congress in Cape Town, South Africa, 21-25 July 2016. More than 700 nurses from around the world gathered at the congress, which had as its theme “Leading Global Research: Advancing Practice, Advocacy, and Policy.”

Program objectives of the 27th International Nursing Research Congress include:

- Interpret research findings’ influence on nursing practice, advocacy, and/or policy.
- Enhance nursing knowledge through research or evidence-based practice to impact nursing outcomes.
- Examine the translation of evidence into practice or education.
- Identify opportunities for international collaboration in nursing research, evidence-based practice, education, and health policy.

These conference proceedings are a collection of abstracts submitted by the authors and presented at the research congress. To promptly disseminate the information and ideas, participants submitted descriptive information and abstracts of 300 words or less. Each oral and poster presentation abstract was peer-reviewed in a double-blind process in which three scholars used specific scoring criteria to judge the abstracts in accordance with the requirements of STTI’s Guidelines for Electronic Abstract Submission.

The opinions, advice, and information contained in this publication do not necessarily reflect the views or policies of STTI or its members. The enhanced abstracts provided in these proceedings were taken directly from authors’ submissions, without alteration. While all due care was taken in the compilation of these proceedings, STTI does not warrant that the information is free from errors or omission, or accept any liability in relation to the quality, accuracy, and currency of the information.

Format for Citing Papers

Author. (Year). Title of paper. In *Title of conference proceedings* (page numbers). Place of publication: Publisher.

Example:

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Sigma Theta Tau International's 27th International Nursing Research Congress Abstracts

Plenary Sessions

OPEN PLEN - OPENING PLENARY: Influencing Policy Through Generation of Research, Application of Knowledge and the Use of Social Networks

David C. Benton, PhD, MPhil, MSc, RGN, RMN, FFNF, FRCN, FAAN, USA

Purpose

The purpose of this presentation is to:- Identify significant opportunities to influence nursing and health policy over the coming decade; Describe the contribution that bibliometric and systematic reviews can play in influencing policy;and Appreciate the role that social network analysis can play in leading research based change.

Target Audience

The target audience of this presentation are nurse leaders in education, service and regulatory bodies as well as researchers and scholars who wish to influence policy at local, organisational, national and international levels.

Abstract

This paper will start by reviewing a number of recent publications that provide significant opportunities for the nursing profession to conduct new research and influence global, regional and national health policy. In particular the content of the recently released sustainable development goals document, the new 2016-2030 strategy for human resources for health and the 2016-2020 strengthening nursing and midwifery strategy will be examined so as to identify research and policy opportunities for the profession. At a time when intergovernmental agencies such as the World Health Organisation, World Bank and other bodies are becoming more reliant on research to inform policy direction nursing must not only generate and apply knowledge but actively contribute to the policy debate. Having identified these opportunities that these new global documents offer the paper will then examine what is already known about the way nurses influence policy and politics. Findings from a recently completed integrative review will be shared and in particular it will be argued that the time has now come from the profession to revise the competencies required at baccalaureate, masters and doctoral levels in relation to how we as a profession influence policy and politics. It will identify that in particular the need to equip nurses with the ability to map and use social networks as a means of influencing policy and bringing about change will be essential. This part of the paper will also highlight the value of using both bibliometric and systematic reviews as a means of generating wide-angle and close-up perspectives of the current strength and weakness of nursing research. Finally, the paper will turn to the use of social network analysis as a means of obtaining information and influencing agendas at local, national and interaction levels. It will be argued that in an increasingly globalised, dynamic and interconnected world nurses need to utilise their networks to bring about desired health systems change.

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PLEN 2 - PLENARY SESSION 2: Leading Global Health Research: Gift, Skill, or Choice?

Hester C. Klopper, PhD, MBA, RN, RM, FANSA, FAAN, South Africa

Purpose

To discuss innovative ways to lead global health research.

Target Audience

All congress attendees.

Abstract

With millions of nurse practitioners and researchers around the globe, we have the wonderful opportunity to lead global health research. However, what we see in reality is pockets of excellence, but seldom the ability to influence policy and impact on practice. Now more than ever, we have the opportunity to develop and expand a global research agenda for nursing given the global challenges. This presentation will focus on innovative ways to lead global health research.

References

None.

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PLEN 3 - PLENARY SESSION 3: Nurses and Midwives: Leaves No One Behind

Naeema Hasan Al Gasseer, PhD, RN, FAAN, Bahrain

Purpose

Nurses and Midwives are key to the development goals and reaching people of all walks of lives.

Target Audience

Registered Nurses and Registered Midwives

Abstract

Nurses and Midwives are key to the development goals and reaching people of all walks of lives. The 2030 Agenda declaration and Sustainable Development Goals will be presented taking into consideration the resilience needed at local level where nurses and midwives play a critical role. They are to translate the health goals leaving no one behind with focus on equity in meeting the targets beside contribute to the measurement and accountability framework through research.

References

None.

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Special Sessions

A 13 - SPECIAL SESSION: MCH Leadership Development: A Retrospective, Comparative Cohort Study

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Christa van Der Walt, PhD, MSocSc, MEd, BEd, BArtSc, RN, RM, South Africa

Purpose

To describe and compare Leadership Mentor/ Fellow knowledge, skills and leadership practices and patient outcomes of a leadership development project involving two cohorts in the Maternal-Child Health Nurse Leadership Academy: The North American (NA) cohort and the South African (SA) cohort.

Target Audience

Students, staff nurses, educators, leadership development experts, scientists, advanced practice nurses

Description

Background: Nurse Leaders have recognized the critical need for leadership development in nursing since the early 2000s. Consequently, health care institutions, professional nursing organizations, and academic institutions have offered leadership development programs that vary in structure, length and outcome. Although these programs provide insight into leadership development, information about international leadership development programs is limited. However, the Maternal-Child Health Nurse Leader Academy (MCH NLA), sponsored by Sigma Theta Tau International, the Honor Society of Nursing, in partnership with Johnson & Johnson Corporate Contributions, and developed and facilitated by experts in maternal-child health, leadership and organizational development, is an exception to this gap. The program engages participants in an 18-month long mentored leadership experience within the context of an interdisciplinary team project. Leadership Mentor/Fellow dyads are paired with a faculty member during the leadership journey. Review of results from earlier North American cohorts indicates significant growth in leadership over time. Given differences in context and healthcare cultures, Leadership Mentor/Fellow and patient outcomes may be different in different areas of the world. Purpose: To compare Leadership Mentor/ Fellow knowledge, skills and leadership practices and patient outcomes of a leadership development project involving two cohorts in the Maternal-Child Health Nurse Leadership Academy: The 2014-2015 North American (NA) cohort and the 2014-2015 South African (SA) cohort. Both cohorts were participants in a program to strengthen the leadership base of maternal-child bedside nurses in the United States and South Africa. Design: Retrospective cohort comparative study using secondary analysis Results: Twelve Leadership Mentor/Fellow dyads comprised the SA cohort and 14 dyads comprised the NA cohort. Inspection of the SA data indicates Leadership Mentors and Fellows increased in leadership knowledge, skills and practices over the course of the 18-month program. Fellow knowledge increased from a mean of 3.1 to 4.4 (on a 5-point scale, with 5 indicating high). Review of 2014-2015 SA cohort project reports revealed they had the potential to influence more than 6000 female children, 3699 male children, as well as 397 healthcare providers. Data analysis from the 2014-2015 NA cohort are pending. Comparative data analysis will be completed by March, 2016. Conclusions: Preliminary findings support earlier outcomes obtained from NA cohorts (Morin et al., 2015) indicating the program facilitates leadership development and has an impact on patient outcomes.

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Morin, K. H., Small, L., Spatz, D., Solomon, J., Lessard, L., & Williams-Long, S. (2015). Preparing leaders in Maternal-Child Health Nursing. *JOGNN*, 44, 633-643. doi:10.1111/1552-6909.12730

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C 13 - SPECIAL SESSION: Sigma Theta Tau International Global Initiatives: A Blueprint for Global Growth and Stability

Cynthia Vlasich, MBA, BSN, RN, USA

Purpose

The purpose of this presentation is to inform participants about STTI's Global Initiatives and how it furthers the organization's mission to advance world health and celebrate nursing excellence in scholarship, leadership, and service.

Target Audience

The target audience of this presentation is nurse leaders around the globe who wish to learn more about STTI and its global initiatives.

Description

Purpose: The Honor Society of Nursing, Sigma Theta Tau International (STTI), is a well-established nonprofit with a strong reputation among nurse leaders. Since its founding in 1922, the organization has recognized the value of scholarship and excellence in nursing practice. In 1985, the Society added "International" to its name to clearly indicate the intention for global growth. Since this time, STTI has experienced substantial growth internationally, which led to the creation of the current Global Initiatives department. STTI has made great strides in global advancement in recent years. In July 2012, the United Nations Economic and Social Council (ECOSOC) granted Special consultative status to STTI, which refers to expertise in the field of nursing and global health. Additionally, STTI elected its first president from outside of North America; launched its first formal presence in South Africa to specifically conduct work to advance the organization; and launched its first program outside of North America, with the Maternal-Child Health Nurse Leadership Academy in Africa. Global regions were identified and Regional Coordinators elected from around the world. Currently, over one hundred and thirty-five thousand members reside in eighty-five countries. **Methods:** To continue to expand the organization's global reach, the Global Initiatives department has identified a number of key strategies to ensure the growth, global stability and ultimate success of the organization. These directions include work to support STTI through Educational Standards, Regulation and Licensing; Global Member Engagement; Global Expansion; Relationship/Reputation Building; and the Global Advisory Panel on the Future of Nursing. **Results:** STTI will continue to enhance its engagement with the United Nations, as well as with the World Health Organization and other global organizations that have like-minded missions. Conduct outreach and education around the world to help nurse members better understand the work and aims of the U.N., including the newly approved Sustainable Development Goals (SDGs) which are adopted through 2030. **Conclusion:** These strategies provide a blueprint for how the Global Initiatives department will support STTI's mission: Advancing world health and celebrating nursing excellence in scholarship, leadership, and service; and vision: The global organization of choice for nursing.

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D 13 - SPECIAL SESSION: Global Advisory Panel on the Future of Nursing (GAPFON): Recommendations, Strategies and Outcomes

Cathy D. Catrambone, PhD, RN, FAAN, USA

Hester C. Klopper, PhD, MBA, RN, RM, FANSA, FAAN, South Africa

Purpose

To explain the need for GAPFON, its purpose and goals, and how it is positioning itself through global regional meetings to address critical educational, leadership, policy, and workforce issues for nursing within the context of global health.

Target Audience

Nurses, stakeholders and partners who are in position to positively influence global health, and who can work with GAPFON to increase nursing's voice, vision, and visibility where education, leadership, policy and workforce issues impact global health.

Description

The purpose of The Global Advisory Panel on the Future of Nursing (GAPFON) is to advance nursing's voice and vision in the context of global health by engaging nurses to lead the formation of health and social policy. This purpose resonates with STTI's mission to advance world health and to celebrate nursing excellence in scholarship, leadership, and service. To lead local, regional and global change effectively, nurses must be recognized for their knowledge and expertise by key global organizations and governments. As a global initiative, GAPFON will invite thought leaders who can influence change, including ministers of health, chief nurses, regulatory bodies, nursing associations and educational institutions to participate in global regional meetings. Examples of stakeholders include STTI, ICN, WHO and the UN. These meetings will serve as a catalyst to stimulate collaboration towards refining nursing education and curriculum development, advancing positive global health strategies, strengthening nursing, and enhancing health outcomes worldwide. Recommendations are expected to address leadership, education, policy, workforce, work environment, MDG's/SDG's, and NCD's. During this presentation GAPFON's purpose will be discussed, as will the initial outcomes and recommendations from the global meetings held to date in the Middle East, Pacific Rim, Caribbean and Latin/Central America. Strategic action plans based on measurable outcomes will be discussed and recommendations developed regarding the process of consensus building among all stakeholders to identify key issues by region from a cultural and political perspective. The purpose of The Global Advisory Panel on the Future of Nursing (GAPFON) is to advance nursing's voice and vision in the context of global health by engaging nurses to lead the formation of health and social policy. This purpose resonates with STTI's mission to advance world health and to celebrate nursing excellence in scholarship, leadership, and service. To lead local, regional and global change effectively, nurses must be recognized for their knowledge and expertise by key global organizations and governments. As a global initiative, GAPFON will invite thought leaders who can influence change, including ministers of health, chief nurses, regulatory bodies, nursing associations and educational institutions to participate in global regional meetings. Examples of stakeholders include STTI, ICN, WHO and the UN. These meetings will serve as a catalyst to stimulate collaboration towards refining nursing education and curriculum development, advancing positive global health strategies, strengthening nursing, and enhancing health outcomes worldwide. Recommendations are expected to address leadership, education, policy, workforce, work environment, MDG's/SDG's, and NCD's. During this presentation GAPFON's purpose will be discussed, as will the initial outcomes and recommendations from the global meetings held to date in the Middle East, Pacific Rim, Caribbean and Latin/Central America. Strategic action plans based on measurable outcomes will be discussed and recommendations developed regarding the process of consensus building among all stakeholders to identify key issues by region from a cultural and political perspective.

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D 14 - SPECIAL SESSION: Challenges Faced by Nursing and Midwifery in Africa, and Recommendations and Solutions for Future

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Sharon Vasuthevan, PhD, MCur, BCur (Hons), BCur, RN, RM, RPN, RCN, NE, FANSA, South Africa

Nonhlanhla A. Sukati, PhD, RN, SCM, Swaziland

Purpose

Nursing leaders from Africa will participate in a panel discussion and debating the challenges that Nursing and Midwifery are facing, followed by making recommendations for future.

Target Audience

Nursing leaders, Managers, Faculty members, Practitioners, Regulators

Description

Some countries in Africa has been leading creative innovations in Nursing and Midwifery. For example, South Africa was the first country in the world to have compulsory registration of nurses. However, many challenges continue to exists, i.e. nursing shortages, lack of nursing regulation in some countries, entry to nursing not on degree level, establishment of post-graduate qualifications and the advanced practice roles, to mention some. This panel of auspicious nurse leaders will debate these challenges faced by African countries. They will discuss some solutions to the problems and challenges and make recommendations for action for the future.

References

None.

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E 13 - SPECIAL SESSION: Addressing Global Faculty Needs: The Nurse Faculty Leadership Academy

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Wyona M. Freysteinson, PhD, MN, BSN, RN, USA

Purpose

To inform nurse educators and nurse leaders of the outcomes and impact of the Nurse Faculty Leadership Academy.

Target Audience

Nurse leaders and Nurse educators

Description

Nurse educators are challenged to lead innovative change to create efficient and effective learning environments and improve the quality of the nursing education. In the face of a well-documented shortage of nurse faculty and faculty leaders globally, the need for leadership education, professional development, and mentoring becomes increasingly apparent. The development of academic nurse leaders is a concern at the forefront of organizational planning in nursing programs throughout the world. Without question, as the quality of individual faculty members' leadership ability increases, so does their satisfaction and retention as academicians. Moreover, informed leadership supports the health of the academic environment, promoting clear and accurate communication and collaboration among the people who work together every day. Organizational success is dependent in large part on the competency of its faculty and on their leadership. The Nurse Faculty Leadership Academy (NFLA) is an international initiative designed to foster aspiring nurse educators by helping them to define and strengthen their personal leadership skills. Sponsored through a partnership between Sigma Theta Tau International and the Elsevier Foundation, the NFLA offers impassioned nurse educators an opportunity to develop as leaders. NFLA's curricular elements are focused in three domains: individual leadership development, advancing nursing education through leadership of a team project, and expanding scope of influence. Each Academy scholar engages with a mentor and an advisor; the scholar-mentor-advisor work with a serves as foundation for leadership development. Kouzes and Posner's (2012) fundamental exemplary leadership practices serve as the theoretical model guiding the NFLA curriculum over its 20-month course. As they implement the Kouzes and Posner leadership practices, Scholars learn to model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart. The NFLA, now in its 5th year and hosting its third Scholar cohort, has opened doors for significant and enduring change for novice nurse faculty. As NFLA fosters the skills of involved scholars, it supports, broadly, the advancement of nursing education and the creation of creative and strong academic environments. Using the five exemplary leadership practices as a framework, the presenters will portray the journey of the Scholars in the three domains of the NFLA.

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E 14 - SPECIAL SESSION: Community Readiness Model for Prevention of Sexual Violence on Campus in South Africa

Sinegugu Duma, PhD, MCur, BCur, RN, South Africa
Tania De Villiers, MSc, BSc (Nurs), RN, South Africa

Purpose

The purpose of this presentation is to showcase innovative ways to address sexual violence on campus using the Community Readiness Model for prevention of sexual violence on campus; “Engaging student as an appropriate strategy for addressing sexual violence on campus” and the process of developing campus Sexual Assault Response Team.

Target Audience

The target audience of this presentation is the researchers, faculty members, nurse educators and Student Wellness nurse practitioners and student nurses who have special interest in sexual violence prevention.

Description

This session will showcase the research programme and related strategies for responding to sexual violence on campus. The Community participants will be introduced to Community Readiness Model to assess the stages of community readiness of a university campus for responding to sexual violence. The findings obtained from the assessment of the university campus as a community will be discussed. The strategies, including engaging male students as partners in the prevention of sexual violence on campus and the development of the first Campus Sexual Assault Response Team (SART) will be discussed. Participants will be introduced to the process used to develop the SART, the membership of Campus SART and critical factors to be considered when conducting research on sexual violence prevention with university students. The initial findings of the 2013 project that was conducted with both female and male student leaders as Key Informants revealed low levels of community readiness for prevention of sexual violence on campus. The levels ranged between “no awareness and vague awareness” of sexual violence as a problem on campus. This resulted in the design and implementation of specific educational workshops to heighten the level of readiness. Further historic events between November 2015 and March 2016, including the spate of sexual assault on and around campus and the university community demands on management to respond to sexual violence on campus resulted in the development of the Sexual Assault Response Team (SART). Development of the SART indicates that the university has achieved the stage of “Confirmation” on the Community Readiness Model. Ongoing research will take the university community to Professionalization. Engaging male student as key informants in the prevention of sexual violence on campus was conducted as a doctoral research programme. The analysed data and the developed model for prevention of sexual violence on campus will be discussed.

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F 01 - SPECIAL SESSION: Exploring the Symptomatology of Adults With Acute Leukemia

Tara Angela Albrecht, PhD, MSN, ACNP-BC, RN, USA

Purpose

The purpose of this presentation is to review current findings and future directions of my program of research that is focused in the symptom science of adults with acute leukemia.

Target Audience

The target audience for this presentation are researchers and clinicians who are focused in the areas of hematology/oncology and palliative care.

Description

Advances in treatment of acute leukemia have improved and prolonged survival. However, these treatments are aggressive and associated with significant toxicity, symptoms, and lengthy hospitalizations, which are thought to negatively impact the patients' health-related quality of life. The diagnosis of acute leukemia has far-reaching effects not only on the patient but also their family system. These effects include changes to family roles, schedules, and financial strains are just some of the stressful challenges that the family system may experience. This increased stress for both the patient and the family system is thought to stimulate the hypothalamic-pituitary-adrenal axis causing release of proinflammatory cytokines. For the patient evidence suggests that this activation of inflammatory cascade can lead to epigenetic modifications that contribute to persistent symptoms and reduced health-related quality of life. For the family member this activation has been found to lead to a decreased quality of life and psychological wellbeing, and ultimately places the family member at an increased risk of developing such co-morbid conditions as cardiovascular disease. However, there has been very limited research focused on symptoms, biological signatures, health-related quality of life or the family system in this unique population. Since entering the clinical setting as an oncology nurse, my work has focused on the identification, understanding, and management of bothersome symptoms experienced by individuals undergoing treatment for cancer, with a large focus in those with acute leukemia. Specifically, this work has included numerous descriptive as well as pilot intervention studies. In this session I will review findings from several of my studies that have explored the symptom experience of patients with acute leukemia. I will also discuss preliminary findings from a study that examined the patient-family dyad in individuals undergoing induction chemotherapy treatment for acute leukemia. This session will provide an overview of the current state of the science as well as future directions in this unique and understudied population.

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F 02 - SPECIAL SESSION: Compassion Practice: New Insights into Compassion Fatigue and Compassion Satisfaction

Siedine Coetzee, PhD, MCur, BCur, RN, RM, RCN, RPN, RNE, South Africa

Purpose

to present a definition of compassion fatigue and compassion satisfaction, discuss a theoretical model of compassion practice based on the Conservation of Resources theory and social neuroscientists' study of empathy, and to discuss the development of the compassion practice instrument.

Target Audience

academics, nurse managers, nurse educators and nurses in practice

Description

For a term that only emerged in the early 1990's, a tremendous amount of research has been done on compassion fatigue, but authors continue to state that there is a lack of conceptual clarity about compassion fatigue and at best a relatively preliminary understanding of the concept. According to some authors the lack of conceptual clarity of compassion fatigue has hindered measurement and empirical study of the term. This is the case because current instruments fail to clearly reflect the concepts of compassion and fatigue and the few validation studies yielded limited information about the psychometric properties of these instruments. However, the last decade has witnessed a marked growth in the field, providing ample evidence to demonstrate the validity of the term compassion fatigue and the fact that it is not interrelated with other similar occupational stress outcomes. Additionally, there has been a spotlight on compassion among various Departments of Health across the globe which has led to an efflux of research on compassion, providing a clearer understanding of the practice of compassion and of the term compassion fatigue. Furthermore, scientific breakthroughs in the field of social neuroscience, provide insight into the neural processes underlying empathy and compassion. This session will focus on the career development of an early career scientist – the challenges, choices and opportunities. The individual's program of research will be presented and substantive contributions to the field of compassion practice will be highlighted. Topics that will be discussed include the definition of compassion fatigue and compassion satisfaction, a theoretical model of compassion practice based on Conservation of Resources (COR) theory and social neuroscientists' study of empathy, and the development of the compassion practice instrument. The body of research provides an understanding of the development of either compassion fatigue or compassion satisfaction, and demonstrates that it is not empathy that puts nurses at risk for developing compassion fatigue, but rather a lack of resources; a lack of positive feedback and the nurse's response to personal distress. Research in compassion practice holds promise for the nursing profession showing that a positive practice environment, resource replacement initiatives and positive feedback could prevent the development of compassion fatigue in nurses. Finally, with compassion-related training and education, nurses should be able to reduce personal distress and apply greater empathy towards patients.

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F 03 - SPECIAL SESSION: Partnering With Clinicians to Improve Recognition and Response to Patient Clinical Deterioration

Rachel Walker, PhD, MN, BN, BA, RN, Australia

Purpose

The purpose of this presentation is to share the progress and experience of conducting a knowledge translation pilot study, aimed at partnering with clinicians to better understand and improve recognition and response to patient clinical deterioration.

Target Audience

Clinicians and academics are the target audiences for this presentation. Clinicians will be interested in the health contexts identified in the study, and the challenges their colleagues experience in providing quality health care. Academics will be interested in the theoretical design and process of the study.

Description

Failure by clinicians to recognise and respond to clinical deterioration contributes to adverse events (AEs) for patients. AEs are often preventable, life-threatening occurrences that can result in death, prolonged hospitalisation, disability or incapacity, in-hospital cardiac arrest and/or admission to intensive care. Rapid response teams, led by physicians and/or nurses have been implemented throughout many hospitals to support clinicians manage patient clinical deterioration. However, evidence suggests these systems are often not activated or used effectively at the point-of-care. AEs have significant social and financial ramifications for patients and their loved ones. AEs also represent a major economic burden for individual health services and the wider community. More evidence about what helps and hinders clinicians to recognise and respond to patient clinical deterioration is needed to understand how rapid response systems can be better utilised and AEs avoided. There are no quick fixes to changing professional practice. However, recognition of context and consultation with those professionals who work within it, are essential for effective and sustained change. In this study we have used knowledge translation processes to explore the barriers and facilitators to effective management of patient clinical deterioration. The primary aim of this pilot study is to determine whether timely recognition and response to patient clinical deterioration can be improved through the implementation of a local, tailored, multifaceted, behaviour-change intervention developed in partnership with clinicians. A pre-post intervention design will explore the effectiveness of a behaviour-change intervention to improve the timely care of patients experiencing clinical deterioration. A knowledge translation framework will guide this project in three phases. In Phase 1 we will: survey participating clinicians in the study site to assess their readiness to implement change and collect demographic information; conduct one-on-one and group interviews with participating clinicians in the multidisciplinary team as well as health consumer and family member representatives, to explore behaviours that help or hinder change within the specific context and; undertake regular prospective audits of patient charts and collection of patient demographics. In Phase 2 we will: use results from focus group and individual interviews to develop a multifaceted behaviour change intervention in partnership with clinicians to be implemented in the ward and; continue regular prospective chart audits and collection of patient demographics. In Phase 3 we will: repeat interviews with clinicians; continue regular prospective chart audits and collection of patient demographics and then use process evaluation and time series design and to evaluate the effectiveness of the intervention in relation to effective management of patient clinical deterioration. This presentation will provide an overview of the study, including the challenges and successes experienced along the way, as well as the findings to date.

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F 04 - SPECIAL SESSION: Amref Health Africa: Lasting Health Change in Africa

Diana Mukami, MA, Kenya

Purpose

The purpose of this presentation is to inform nurses interested in nursing education programs in sub-Saharan Africa which they might participate in or contribute.

Target Audience

The target audience for this presentation includes nursing students and nurse educators, program administrators and nursing school deans and administrators.

Description

This session will describe in detail a program delivered by Amref Health Africa (Amref Flying Doctors in The Netherlands) and supported by The Elsevier Foundation. Both organizations share the passion to support nurses to do their, often challenging, job. We both do this by providing them with knowledge and skills. Amref Health Africa, in partnership with the Ministry of Health, the Nursing Council of Kenya (NCK), Rutgers, and nurse training institutions has been implementing a mobile learning initiative to support the professional development of health providers. Dubbed “Jibu”, a Kiswahili word meaning “answer”, the initiative seeks to overcome barriers in accessing current, relevant and credible information to support learning and practice for nurses and midwives in Kenya, Uganda and Tanzania. Health information delivery is granted through the use of a mobile application with on/offline capability. Since its inception in 2013, over 10,000 nurses and midwives in the three countries have been enrolled onto the application, signaling the timeliness of this much needed service among the health workers. With our mobile learning platform JIBU Amref Health Africa will provide training and education to nurses, where they need it, when they need it. JIBU has been tested in three African countries with remarkable results. We are eager to take it to the next level with more and better content. About Amref Health Africa Amref Health Africa is an international African organization founded and headquartered in Kenya. Amref Health Africa began in 1957 as the Flying Doctors of East Africa to provide critical medical assistance to remote communities in East Africa. Today, Amref Health Africa works with the most vulnerable African communities through its country programs in Ethiopia, Kenya, South Sudan, Tanzania and Uganda, and its Southern and West African regional hubs based in South Africa and Senegal, respectively. Through its laboratory, clinical outreach and training programs, Amref Health Africa reaches an additional 30 or more countries in Africa. With over half a century of experience in delivering healthcare and building health systems in Africa, Amref Health Africa supports those at the heart of communities, particularly women and children, to bring about lasting health change. About The Elsevier Foundation About the Elsevier Foundation The Elsevier Foundation provides grants to institutions around the world, with a focus on support for the world’s libraries and for scholars in the early stages of their careers. Since its inception, the Foundation has awarded more than 80 grants worth millions of dollars to non-profit organizations working in these fields. Through gift-matching, the Foundation also supports the efforts of Elsevier employees to play a positive role in their local and global communities. The Elsevier Foundation is funded by Elsevier, a world-leading provider of scientific, technical and medical information products and services.

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None.

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F 06 - SPECIAL SESSION: Cultivating Leaders in Nursing Education: Now and for the Future

Patricia E. Thompson, EdD, RN, FAAN, USA

Purpose

This session will discuss the current and future shortage of academic nurse leaders while discussing how nurse leaders will deal with a multigenerational faculty and student body. We will discuss several potential strategies to cultivate new nurse leaders and how to identify and create a legacy for your professional career.

Target Audience

Academic Nurse Leaders

Description

Healthcare is undergoing unprecedented rapid change. Sweeping reform, advancements in treatment options, an increasingly diverse and aging population, and the impending retirements of seasoned direct-care nurses have challenged nursing programs to supply more graduate nurses. The development and retention of academic nurse educators is vital to ensure the next generation of nurses are prepared to face these challenges. Effective academic leadership is required to lead nurse educators and their students through an uncertain future. Currently, nursing schools face the impending retirement of a generation of nursing academic administrators. The retiring 'Boomers' (1946-1964) take with them certain perspectives and traits different than their successors. Generation X (1965-1981) brings leaders who are inquisitive, value independence, and strive to find work-life balance. A majority of today's nursing students are millennials born from 1981 to 1997. This generation was raised in an age of remarkable changes in technology and methods of communication. They are tech-savvy, appreciate immediate feedback, and prefer to work in teams. Academic administrators must appreciate the similarities and differences of the different generations that exist in today's academic setting. The development, retention, and support of academic nurse leaders is of paramount importance. In an effort to promote faculty retention and prepare the next generation of nursing education leaders, the Sigma Theta Tau International/Chamberlain College of Nursing Center for Excellence in Nursing Education (Center) offers leadership development programs for full-time nursing faculty who wish to increase their leadership acumen. Mentorship serves as the foundation for the Center's programs. Mentored individuals advance more quickly in their career, receive greater pleasure in their role, and are more likely to become mentors themselves. The future of nursing education requires an investment in its future leaders. These leaders must understand the current state of academe and healthcare, appreciate the differences in those they serve, and outline a vision to carry the profession through uncertain times.

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F 07 - SPECIAL SESSION: Nursing Scholarship: Disseminating Your Voice

Matthew S. Howard, MSN, RN, CEN, CPEN, CPN, USA
Kimberly Thompson, MLS, USA

Purpose

The purpose of this session is to inform nurses in all areas of the profession (leaders/faculty members, researchers, clinicians, and nursing students) about a peer-reviewed alternative publishing resource.

Target Audience

Nurse leaders, Nursing school faculty, Clinicians, Researchers, Students

Description

The Virginia Henderson Global Nursing e-Repository is a free clinical and scholarly dissemination resource available to any nurse. The Henderson Repository offers all nurse authors a free, convenient way to share these types of documents (and others) in a no charge, open-access, peer-reviewed, environment. It is a global digital service that attempts to collect, preserve and above all, share nursing scholarly materials, whether it be nursing research, evidence-based practice material, performance improvement documents or professional nursing association papers. As a resource of STTI, it is open to both members and nonmembers to submit as nurse authors in multiple ways. A nurse can submit a document, or collection of documents to one of the multiple communities. These communities include individual independent submissions, submission via authorship and presentation at a Sigma Theta Tau International event or from one of several other nursing organizations including the Emergency Nurses Association and the International Nursing Association for Clinical Simulation. Submitting an article to BMC Nursing may be yet another avenue for inclusion into the Henderson Repository. Additional items that may be found in the Henderson Repository include, but are not limited to, Doctor of Nursing Practice full text capstone projects and Doctor of Philosophy dissertations from multiple schools of nursing. This collection of more than 25,000 entries of nursing scholarly works can be disseminated in multiple ways and multiple venues digitally. All Henderson Repository items can be shared via Facebook, Twitter, Google Plus, LinkedIn and several others to maximize dissemination and outreach. Also, individual authors can see the dissemination and progress of their work in almost real time, including from what countries your item is being viewed and how many times it has been downloaded. The purpose of this session is to inform nurses in all areas of the profession (leaders/faculty members, researchers, clinicians, and nursing students) about this peer-reviewed alternative publishing resource. Once populated with full-text items, it will become a global resource for nursing scholarly work including research and evidence-based practice materials.

References

None.

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G 01a - SPECIAL SESSION: Advancing Patient Centered Oncology Practice, Advocacy, and Policy

Deborah Bruner, PhD, RN, FAAN, USA

Purpose

Describe the body of work for which Dr. Deborah Watkins Bruner is being inducted into the International Nurse Researcher Hall of Fame.

Target Audience

Both clinical and academic nurses at all stages of their careers.

Description

Deborah Watkins Bruner, RN, PhD, FAAN, is an internationally renowned researcher, scholar, and mentor. She has been continuously and well-funded in leading multi-disciplinary teams in patient-reported outcomes (PROs), sexual health, large national clinical trials focused on understanding and improving symptoms, as well as studies seeking to improve minority accrual to clinical trials. Dr. Bruner has worked for over two decades with the U. S. National Cancer Clinical Trials Network to conduct state of the art clinical trials to inform practice. PRACTICE CHANGING RESEARCH and MENTORSHIP: Examples of her research include: (PROs): Dr. Bruner developed the first PRO/QoL trial for the radiation therapy (RT) clinical trials group (RTOG) which led to a paradigm shift in RTOG from a focus on survival to include a patient-centered bio-behavioral approach. She was the co-investigator on the NIH PROMIS initiative and on the separate NCI initiative to develop and validate the PRO version of the Common Toxicity Criteria-Adverse Event (CTCAE) reporting system. She has served as PI of 3 and Co-I for 11 national clinical trials where she has used PROs to document significant, practice changing outcomes. For example, RTOG 9714 found that 1 fraction of RT for bone mets is equivalent in pain relief to 10 fractions, and has changed clinical practice guidelines. Sexual health: Dr. Bruner developed and validated an instrument, the Vaginal Sound, for the measure of vaginal length for women treated with pelvic RT. She also reported on one of the few studies to quantify RT-related vaginal changes in women treated with vaginal brachytherapy for gynecologic cancers. She was PI of 2 large national clinical trials of male sexual dysfunction: RTOG 0215 found that sildenafil for erectile function after RT + antiandrogens for prostate cancer has some effect, but only in a subset (25%) of men: RTOG 0831 reported that tadalafil does not prevent erectile dysfunction in men treated with RT for prostate cancer. Comparative effectiveness: Dr. Bruner has had 5 funded studies in the area of comparative effectiveness, primarily focused on preferences and utilities. One recent example of her work was a comparison of 3-dimensional conformal RT (3D-CRT) to intensity modulated RT (IMRT) which demonstrated a lack of patient reported benefit, in contrast to physician reported toxicity reduction, calling into question the cost-effectiveness of the more expensive IMRT modality. Her body of work has led to over 145 peer-reviewed journal articles, 5 books and 11 book chapters. Dr. Bruner earned her PhD at the University of Pennsylvania in 1999 and has been continuously funded since 1998. This has culminated in being ranked among the top 5% of all NIH researchers in the world according to the Blue Ridge Institute. Dr. Bruner is also the Director of Faculty Mentoring in the School of Nursing, Emory University. She is/has been primary mentor on 5 career development/K- awards. She has been primary mentor for 5 post-doctoral; 5 pre-doctoral; and 10 undergraduate students. ADVOCACY: Dr. Bruner has focused on advocacy in two areas: improving access to clinical trials for African Americans and other minorities and to incorporating the patient voice in clinical research vis-à-vis PROs. In the first area of focus, she has published on a novel scientific methodology, social marketing, to improve recruitment of minorities for research which led to a 60% African American (AA) recruitment rate into a prostate cancer study, which was unprecedented in an institution with catchments of only 18% AA and clinical accrual of about 5-10% AAs. In the second area of focus, she has worked to develop, make publicly available and methodically incorporate PROs in national clinical trials. POLICY: Dr. Bruner's research contributions have changed clinical practice guidelines and have been incorporated into course curriculum, and training and guideline manuals for radiation oncology nurses throughout the U.S. and globally. Her work has led to her appointment to multiple high level U.S. national committees and positions that set national policy. Most recently, she recently received a United

States Presidential Appointment to the National Cancer Institute (NCI) National Cancer Advisory Board (NCAB), which advises the President on national cancer strategic directions and policy.

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G 01b - SPECIAL SESSION: Navigating a Program of Research Through the Ever-Changing Labyrinth of Nutritional Recommendations

Terry A. Lennie, PhD, RN, FAHA, FAAN, USA

Purpose

To describe how changes in nutritional recommendations and the food industry's response to those recommendations affect health and influence a program of research focused on development of interventions to promote heart-healthy diets.

Target Audience

Healthcare providers and researchers interested in understanding the current science in nutrition that guides nutrition recommendations and development of interventions to promote heart-healthy life styles that take into account the food industry's response to nutrition guidelines.

Description

Nutrition can play an important role in the prevention and treatment of cardiovascular disease. Consequently, interventions that help individuals manage their diet as part of a comprehensive heart-healthy life-style are needed to improve cardiovascular health. The importance of tailoring interventions to make them culturally and socio-economically relevant is well-recognized, challenge. There are two external factors, however, that make developing nutrition-related interventions particularly challenging: the frequent changes in nutritional recommendations and the food industry's response to these recommendations. For example, all dietary fats were initially thought to be the major culprits in cardiovascular disease. Interventions were developed to promote low fat diets. The food industry responded by creating low fat foods that were high in carbohydrates which contributed to the obesity epidemic. Research showed that some fats were beneficial and recommendations were change to target only saturated and trans fats. The food industry has responded by producing trans-fat free foods that are touted as health but remain high in calories and low in nutrients. Low sodium diets have been a recommendation to prevent and treat hypertension and to control fluid volume in patients with heart failure for over 50 years. The food industry provided low sodium foods that were often high in fat to provide flavor. Results from recent studies have challenged that recommendation in both populations making it difficult for know what is best to recommend. Limiting dietary cholesterol was recommended for the past 45 years until it was dropped from the most recent guidelines. The recent rapid changes in nutrition recommendations is due in part to the realization that previous recommendations were based on faulty assumptions. The majority were based on broad population-based epidemiological studies that do not take into account differences in individual responses to nutrients. The future of nutrition-related research will focus on recommendations based on genetic profiles. The food industry will likely follow with grocery isles filled with foods matched to our phenotypes. All of which will make navigating a program of research through the labyrinth of nutritional recommendations an exciting, ongoing challenge.

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G 02a - SPECIAL SESSION: Symptom Science: Clinical Trials to Address Menopausal Hot Flashes

Janet S. Carpenter, PhD, RN, FAAN, USA

Purpose

The purpose of this presentation is to illustrate how a program of research has contributed to strengthening the empirical evidence base for vasomotor symptom management and subsequently influenced policy statements.

Target Audience

The target audience of this presentation is clinicians and researchers meeting the needs of menopausal women worldwide.

Description

Vasomotor symptoms, also called hot flashes or flushes or night sweats, are sudden transient experiences of heat and sweating resulting from neuroendocrine disruptions during the menopausal transition. Vasomotor symptoms are prevalent, persistent, and severe physiological disruptions affecting quality of life outcomes for many menopausal women worldwide. A variety of non-hormonal, non-herbal therapies have been investigated to alleviate these bothersome symptoms. The purpose of this presentation is to illustrate how a program of research has contributed to strengthening the empirical evidence base for vasomotor symptom management and subsequently influenced policy statements. A variety of clinical trial designs and their outcomes will be discussed in relation to their impact on the field over the past 20 years. Impact will be discussed in terms of the following three areas. First, the degree to which the generated evidence has been incorporated into systematic reviews will be discussed. Second, the impact of innovations related to the subjective, objective, and ecological momentary assessment of vasomotor symptoms and their incorporation into national guidelines will be discussed. Third, the impact of the totality of this work and work by other authors in guiding an international position statement will be presented. Clinical trial findings show that while some therapies were not found to be effective, others that initially appeared promising were less so when carefully tested in rigorously designed trials. Although evidence suggests a 50% reduction in vasomotor symptoms is clinically meaningful to women, some therapies did not meet this threshold. Knowing which therapies are likely to be the most effective can help alleviate frustration for symptomatic women and their health care providers as they search for and try various methods of alleviating hot flashes. The information in this presentation is designed to stimulate additional advances in the science of menopausal symptom management as well guide health care providers' and menopausal women's treatment decision making.

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G 02b - SPECIAL SESSION: Hearts Too Small to Fail: The Journey of Infants With CHD and Their Families

Barbara Medoff-Cooper, PhD, MSN, RN, FAAN, USA

Purpose

The purpose of this presentation is to describe the journey for infants with complex congenital heart disease from neonatal surgery through the first year of life.

Target Audience

The target audience is any participant of the research conference.

Description

Congenital heart disease (CHD) is the most common congenital defect in neonates, affecting some 40,000 births each year. Advances in surgical, medical and nursing care for infants with complex CHD have resulted in an increase in survival and a growing population of infants with morbidities related to their underlying defect, surgical intervention and/or residual anatomic or hemodynamic abnormalities. Current literature suggests infants with complex CHD are at increased risk for worse neurodevelopmental outcomes in both cognitive and motor domains in late infancy and early childhood. Various factors influencing neurodevelopmental outcomes in infants with complex CHD have been identified; these include genetic abnormalities and syndromes, prematurity, post-surgical physiology, length of hospital stay (LOS), history of cardiac arrest, utilization of extracorporeal membrane oxygenation or ventricular assist device, post-operative stroke, seizures or abnormalities on neuroimaging. The etiology of abnormal cognitive and motor neurodevelopment in these infants appears to be multifactorial and is not well understood. Over the past 10 years my study team has been in search of the factors associated with infant outcomes. We have examined feeding behaviors, energy expenditure, parental stress and methods to support families to improve both infant stability and family functioning. We have used both a longitudinal design to follow infant development from birth to discharge as well as a RCT to provide transitional care for families with infants who have undergone neonatal cardiac surgery from hospital to home. The current RCT called REACH uses daily parent-APN communication and a clinical information system that harnesses the power of speech and video technology to create a virtual home monitoring system using any telephone in combination with videoconferencing and a web-based educational system. This model gives families the opportunity for visual and audio contact with subspecialists and will provide a means of home-based clinical follow-up of the high-risk infant during the critical early weeks after surgery. Results of this ten-year effort will be discussed.

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G 13 - SPECIAL SESSION: The Gerontological Nursing Leadership Academy: Impacting the Future of Care Delivery and Policy

Deborah Cleeter, EdD, MSN, RN, USA
Claudia J. Beverly, PhD, MSN, RN, FAAN, USA
Amy A. Cotton, MSN, RN, FAAN, USA
Amy J. Berman, BS, RN, USA

Purpose

To inform nurse leaders and those focused upon care of older adults about the global impact of the Gerontological Nurse Leadership Academy.

Target Audience

Nurse leaders, nurse educators, policy makers, and those interested in caring for older adults.

Description

The rising prominence of focus upon caring for older adults throughout the world drives the necessity to prepare and position nurse leaders to influence the future for this population. A growing need exists for large scale strategic intervention and innovation related to planning and providing health and wellness services to these older adults. Nurse leaders must facilitate advancements in awareness, interprofessional team leadership, delivery of care, and policy development in various settings and with diverse stakeholders to achieve measurable impact on health, cost and quality. The international Gerontological Nursing Leadership Academy (GNLA) provides an intentional personal and professional development experience for nurse Fellows who are at mid-career. The eighteen-month academy is structured upon a strategic triad relationship among the Fellow, a Leadership Mentor, and a Faculty Advisor. Health care and policy related interprofessional team projects serve as the milieu for Fellows to apply leadership behavior change acquired through the GNLA. The Academy is currently conducting the fifth cohort of gerontological nurse Fellows. The GNLA Fellows have achieved significant outcomes within the three curricular domains: individual leadership development; advancement of practice through leadership of interprofessional team projects; and expanded scope of influence at the organizational, community, and professional levels. Strategic partnerships with senior executives of healthcare and community organizations have been critical to facilitating the impact Fellows have so successfully implemented. Through a behaviorally focused leadership development experience, the GNLA Fellowship provides the foundation for ongoing and sustainable influence at the organizational, community, and professional levels. The outcomes and impact of leading health system change, policy development, and practice advancements in caring for older adults will be described by Faculty Advisors and Fellows. Additionally, a leading national healthcare advocate will present how the GNLA has forged a relationship to the future of global leadership and advancements in care of older adults.

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H 01a - SPECIAL SESSION: Chronic Stress, the Microbiome, and Adverse Maternal-Infant Outcomes

Elizabeth Corwin, PhD, RN, FNP, USA

Purpose

The purpose of this presentation is to describe the latest research and state of knowledge regarding the contribution of the human microbiome to the health of women and infants, and to raise awareness of the effects of chronic stress exposure on these individuals.

Target Audience

The target audience of this presentation are clinicians and researchers interested in women and infant health.

Description

This session will present cutting edge research on the bidirectional relationships between chronic stress and the microbiome as risk factors for adverse maternal and infant health outcomes. Exposure to a stressor is known to increase activation of the hypothalamic-pituitary-adrenal (HPA) axis, leading to increased levels of the stress hormone cortisol. In addition, chronic stress is associated not only with increased cortisol, but also an increase in pro-inflammatory cytokines including interleukin-6. Both elevated cortisol and elevated inflammatory cytokines are known risk factors for preterm birth, gestational hypertension, and gestational diabetes. They also can affect infant outcomes, including infant emotional and neurocognitive neurodevelopment. Recently, chronic stress has also been shown to affect the microbiome; the bacteria that live on us and in us, and play a significant role in metabolism, training of the immune response, and influencing mood via stimulation of the microbiome-gut-brain axis. In pregnant women, dysbiosis of the microbiome, meaning a less than optimal composition of organisms, present in the oral, vaginal, or gut, has been linked to adverse birth outcomes, including preterm birth. For infants, the gut microbiome develops during and after the birth process, with variations in the composition of the infant gut microbiome depending on the method of birth (vaginal or surgical) and infant feeding choices (breast versus bottle). Variations in infant gut microbiome also appear to influence infant growth and, in animal studies, infant neurodevelopment. This Session presentation will describe the mechanisms by which chronic stress during pregnancy may affect the maternal microbiome and influence birth outcomes, and how in the newborn, the microbiome is colonized and impacted by stress as well as diet, immunization, and infection. Implications for clinicians, including nurses, nurse midwives and other nurse practitioners caring for women and infants will be reviewed with recommendations for practice and described. By including consideration of chronic stress and its effects on the microbiome of both pregnant women and infants, we will gain a more holistic understanding of the risks and protective factors influencing pregnancy and infant health.

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H 01b - SPECIAL SESSION: Understanding and Promoting Safer Sex Behavior: The Power of Story, Technology & Other Observations

Anne E. Norris, PhD, RN, FAAN, USA

Purpose

To summarize a career of research and the lessons learned, using insights gained from nearly 30 years of conducting research regarding the sexual behavior of adolescents and young adults.

Target Audience

students, early career researchers, individuals interested in using technology, simulation, and computer games for health promotion purposes, sex behavior researchers

Description

Low income adolescents and adults in the U.S. continue to experience health disparities in the area of sexual and reproductive health. For nearly 30 years, Dr. Norris has studied sexual behavior among adolescents and young adults. This work has consistently been conducted in an interdisciplinary context. The impetus for this work was an undergraduate nursing student clinical experience in which she saw the potential power of one adolescent's personal story for impacting sexual risk behavior. During her dissertation and under the guidance of her nursing and psychology mentors, she conceptualized her clinical experience in terms of memory structures and processes that impact judgement and decision making. Post-doctorally, she expanded her notion of memory structures to include risk avoidance actions (e.g., condom use) and broadened her conceptual approach by incorporating social determinants of health, cultural and immigration experience related concepts. Over time, her work and that of others convinced her that early intervention (i.e., intervening with early adolescents between the ages of 11 and 14) was critical. Delaying initiation of intercourse until age 16 can have a profound impact on sexual and reproductive health disparities by decreasing the incidence of pregnancies at high risk for pre-term birth, HIV, and other sexually transmitted infections. However, vulnerability to peer pressure, driven by a strong need for peer acceptance, puts early adolescents at risk for being exposed to older teens engaging in sexual behavior, yielding to pressure to engage in sexual behavior, and experimenting sexually. All phenomenon that increase their risk for early initiation. Moreover, this same vulnerability to peer pressure also decreases the effectiveness of traditional skill building components in our intervention toolkit. Working now in a transdisciplinary context with communication scientists, actors, game designers, and emerging media experts, Dr. Norris designed an intervention program, Mighty Girls, that uses classroom sessions and a virtual reality, live simulation game, DRAMA-RAMA, to build the skills early adolescents need to resist peer pressure. An advantage of this intervention approach is that the classroom sessions use highly interactive and fun activities to scaffold formal operations thinking related to risky behavior and teach early adolescents how to resist peer pressure in a way that protects their friendships and does not jeopardize peer acceptance. Meanwhile, DRAMA-RAMA, a game empowered by cutting edge technology and a replacement for traditional role play, engages participants (at this phase of the research, early adolescent Latinas) in creating their own story as they talk with avatars representing typical early adolescents. This story incorporates key intervention constructs, but its true power is the power of all stories – “their stickiness” which results from their ability to encode constructs more deeply in memory. Potentially long lasting effects on behavior can occur when stories incorporate experiences of successfully using risk reducing strategies in a challenging situation. This presentation will summarize the full circle of Dr. Norris's work, ending with her Mighty Girls intervention, and the NIH funded efficacy trial she is currently conducting with 7th grade Latinas, attending one of 20+ public schools serving low income communities in Miami, Florida.

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H 02a - SPECIAL SESSION: Development, Implementation, and Dissemination of the Nurse-Administered Tobacco Tactics Intervention

Sonia A. Duffy, PhD, RN, USA

Purpose

This presentation will discuss the development, efficacy and effectiveness testing, and dissemination of the Tobacco Tactics intervention highlighting concepts that can be applied to developing, testing, and disseminating other nursing interventions.

Target Audience

The target audience for this presentation is clinicians and researchers who are interested in how to develop, test, and disseminate a nurse-based intervention.

Description

Introduction Smoking cessation services are often provided by outpatient groups or 1-800-QUIT-NOW telephone lines. Yet these groups and telephone lines reach less than 10 percent of smokers. Nurses are ideally positioned to deliver smoking cessation interventions because they have repeated access to the patient during diagnosis, treatment, and follow-up, can relate the consequences of smoking to the patients' medical illness, can initiate physicians' orders for medications, and generally have good rapport with their patients. While a meta-analysis showed that nurse-administered cessation interventions are efficacious, they are seldom implemented due to lack of training and time. This presentation will discuss the development, efficacy and effectiveness testing, and dissemination of the Tobacco Tactics intervention highlighting concepts that can be applied to developing, testing, and disseminating other nursing interventions.

Efficacy Testing Relatively few smoking cessation clinical trials have focused on smokers with cancer, and most studies were under-powered. Only two, one by PI Duffy, were found to be efficacious. PI Duffy conducted a randomized controlled trial (N = 184) to test the efficacy of the Tobacco Tactics intervention among head and neck cancer patients in a Department of Veterans Affairs (VA) (IIR 98-500) and foundation-sponsored study. There was a significant difference in six-month smoking cessation rates, with 47% quitting in the intervention group compared to 31% quitting in the usual care group ($p < 0.05$). Ninety percent of participants said they would recommend the intervention and its manual to someone else dealing with similar issues. Patients in the study said: "If a person reads and studies the manual, it can't help but change his or her life." "The program did what I was trying to do for 20 yrs." "Reinforced the fact that I was not unique in my reactions to cancer, smoking and moods." As with many efficacy studies, the intervention was not maintained and ended when the trial ended.

Effectiveness Testing Next, the Tobacco Tactics intervention was packaged into a toolkit for inpatient nurses and smokers in the VA (SDP 06-003). **Reach:** Compared to the usual care site, patients in the intervention sites reported an increase in receipt and satisfaction of selected cessation services, particularly medications ($p < 0.05$). **Effectiveness:** Six-month quit rates improved from pre- to post-intervention in Ann Arbor ($p = 0.004$) and Detroit ($p < 0.001$), both of which serve a large African American population, compared to the Indianapolis control site ($n = 1,070$). **Adoption and Implementation:** A total of 369 (74%) targeted nurses and 282 non-targeted personnel were trained in the Tobacco Tactics intervention. Nurses' self-reported administration of smoking cessation services increased from 57% pre- to 86% post-training ($p = 0.0002$). The intervention was incorporated into new nurse training, and maintenance was high; the programs remain in place three years after the study ended. The intervention was exported to another VA via satellite broadcast, where it has continued to be implemented two years after the study ended and the program is currently being exported other VAs. Based on this work, a recently completed National Institutes of Health (NIH)-supported study (U01HL105218) tested the dissemination of the Tobacco Tactics intervention in the inpatient setting among five community hospitals outside the VA. Of all targeted nurses, 76% ($n = 1,028$) were trained. **Reach:** Among the 1,370 smokers, there were significant pre- to post-intervention increases in the intervention hospitals in self-reported receipt of print materials ($p < 0.001$). **Effectiveness:** In the intervention hospitals, pre- to post-intervention six-month quit rates significantly increased from 5.7% to 16.5% ($p < 0.001$), while there were no changes

in quit rates in the control hospitals. Adoption: In the intervention hospitals, 76% (n = 1,028) of targeted nurses and 317 additional staff participated in the training, and 90% were extremely/somewhat satisfied with the training. Implementation: Nurses in the intervention hospitals reported increases in providing counseling, medications, handouts, and video ($p < 0.05$) and decreased barriers to providing smoking cessation services ($p < 0.001$). Maintenance: Nurses continued to provide the intervention after the study ended. At the end of the study, the nurses in the control hospitals were also trained. An e-mail from a nurse follows. "...just a few short hours after I was in your tobacco tactics class on Monday... I was taking care of a patient who smoked a pack a day and had wanted to quit for a long time. I sat down with her and told her how important it was for her health to quit smoking (yes, I used the phrase)! She agreed and said that she really wanted to quit but that she wasn't ready because she needed help. I reminded her that she wasn't going to be smoking while she was here (we had her on a nicotine patch) and that now would be a great time to quit. She agreed and said how she has her son's wedding coming up in December and she would love to be smoke-free by then. I explained how that would be an excellent goal and that she might as well start now! She looked at me, smiled, and said, "let's do it!" I gave her the Tobacco Tactics book and the 1-800-quit now card and she spent the rest of the evening looking through the book! She told the day shift RN during bedside report that I had convinced her to quit smoking and that she was going to stick with it! YAY!"

Employing Technology Tobacco interventions are needed to address blue collar workers who have high smoking rates. This study tested the efficacy and usage of the web-enhanced Tobacco Tactics intervention targeting Operating Engineers (heavy equipment operators) compared to the 1-800-QUIT-NOW telephone line. Operating Engineers (N=145) attending one of 25 safety training sessions from 2010 through 2012 were randomized to either the Tobacco Tactics website with nurse phone counseling and access to nicotine replacement therapy (NRT) or to the 1-800-QUIT-NOW telephone line which provided an equal number of phone calls and NRT. Using an intent-to-treat analysis, the Tobacco Tactics website group showed significantly higher quit rates (n=18, 27%) than the 1-800-QUIT NOW group (n=6, 8%) at 30-day follow-up ($p=.003$), but this difference was no longer significant at 6-month follow-up. There were significantly more positive changes in harm reduction measures (quit attempts, number of cigarettes smoked per day, and nicotine dependence) at both 30-day and 6-month follow-up in the Tobacco Tactics group compared to the 1-800-QUIT-NOW group. Compared to participants in the 1-800-QUIT NOW group, significantly more of those in the Tobacco Tactics website group participated in the interventions, received phone calls and NRT, and found the intervention helpful. The web-enhanced Tobacco Tactics website with telephone support showed higher efficacy and reach than the 1-800-QUIT-NOW intervention. Longer counseling sessions may be needed to improve 6-month cessation rates. Next Steps in 2014, for the first time Surgeon General's report "The Health Consequences of Smoking—50 Years of Progress" (SGR) specifically associated smoking with adverse health outcomes in cancer patients. Given the new conclusions, the SGR stated that it is imperative to address smoking among cancer patients. Recent similar reports have been endorsed by the American Association for Cancer Research (AACR), American Society of Clinical Oncology (ASCO), and National Comprehensive Cancer Network (NCCN) guidelines. Since it is the expectation that Cancer Centers provide the best cancer care in the US and the world, providing smoking cessation services is of huge public relations and public health value and should not be delayed. Hence, the next steps are to adapt the Tobacco Tactics intervention to treat the particular needs of cancer patients who have unique reasons for continued smoking including, having increased psychological distress associated with treatment, high nicotine dependence, guilt and/or shame over continued smoking, a large social network of smokers, lack of social support and resources, and elevated alcohol use. An alternative intervention is referral to existing services already available from NCI, such as Smokefree.gov, the booklet "Clearing the Air," Quitline at 1-877-44U-QUIT (1-877-448-7848), SmokefreeTXT, and LiveHelp Chat Service. These two interventions will be compared in six cancers. Conclusion This presentation will show how a nurse-based intervention was developed, tested, implemented and disseminated with variety of smokers in multiple settings. A variety of research designs at each stage were utilized. Concepts of patient and stakeholder engagement as well as theoretical frameworks were used to accomplish these goals.

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H 02b - SPECIAL SESSION: A Program of Research: Improving Outcomes for Infants Born Preterm

Rita H. Pickler, PhD, MSN, BSN, RN, PNP-BC, USA

Purpose

The purpose of this presentation is to describe how a program of research focused on the care of the preterm infant was developed and maintained for over three decades.

Target Audience

The target audience of this presentation is researchers interested in how to develop and maintain a program of research.

Description

This presentation will focus on the development and maintenance of a program of research focused on the care of the preterm infants. The program of research has been on-going for over 30 years and has included multiple National Institute of Health funded studies as well as numerous foundation and organizationally funded projects. The program of research began with a focus on how nurses interacted with and managed care for preterm infants in the neonatal intensive care unit. With input from practicing nurses and awareness of the lack of evidence to support care practices, the research program focused over several studies on aspects of preterm infant feeding care. With knowledge gained from a series of studies associated with oral feeding readiness and best oral feeding practices, it became apparent that improvements in feeding outcomes seen in study participants were most likely due to improved neurobehavioral functioning, which was attributed to study interventions provided by nurses. Current studies in this program of research are focused on ways in which caregiving in the neonatal intensive care unit, a highly stressful and disorganizing environment, can be provided in a patterned manner that supports optimal neurologic development and improved neurobehavioral outcomes. A brief description of each research study's contribution to the science of preterm infant care and to the improvement in outcomes for preterm infants and their families will be provided. Examples of how pilot studies were used to develop evidence for more complex studies will be given. Study methods and results will be briefly discussed with particular emphasis given to how study results were used to further develop scientific understanding. Additionally, special attention will be given to how knowledge gained from study results resulted in greater complexity of study methods as well as broader focus of the research program. Findings from the author's recently completed randomized trial of a patterned feeding experienced will be highlighted.

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H 13 - SPECIAL SESSION: Influencing Health Through Policy: The Dynamic Role of Nurses in the Boardroom

Kimberly Harper, MS, RN, USA

Cynthia Vlasich, MBA, BSN, RN, USA

Purpose

The purpose of this presentation is to discuss avenues for nurses to advocate for global health through policy engagement in a variety of settings and levels. Additionally, this presentation will discuss a specific initiative underway that holds great promise to improve healthcare.

Target Audience

The target audience of this presentation is nurse leaders around the globe who wish to learn more about strategies to influence healthcare policy.

Description

Purpose: Sigma Theta Tau International's Call to Action 2015-2017 is "Influence to Advance Global Health and Nursing." Nurses play an essential role within healthcare, as front-line service providers, managers and directors of care, as well as vital decision makers. Acting not only as individuals, nurses are also members and coordinators of inter-professional and multi-sector teams through which balanced action can be undertaken with broad levels of support. Working with our colleagues in other disciplines and sectors, nurses bring a unique and invaluable perspective to patient care, seeing firsthand the gaps in the healthcare system, where improvements are needed most, and frequently have the answers as to how to address these gaps. However, to have the most impactful, positive effect on global healthcare and to determine future direction, nurses must also be directors, trustees and governors at a broad governance and policy level. In these roles, nurses will play a crucial role in tackling global health issues.

Methods: To achieve the United Nations' new Sustainable Development Goals (SDGs) by 2030, the right individuals need to be engaged at policy-making levels to facilitate planning, implementation and monitoring, as well as forge new partnerships. Global bodies such as the World Health Organization have articulated the importance of an interdisciplinary approach, and strong collaboration within various healthcare professionals, if we are to reach universal healthcare. Nurses, as key leaders in healthcare, need to be present in leadership positions at every level of health systems to inform and impact overall health policy. Consequently, if nurses are to influence health through policy, they must not only have the knowledge, ability and skills to do so, including the needed confidence, professional presence, reputation and respect, but also must be appointed or elected to governance positions in order to effectively make, inform and direct policy decisions. Nurses in different countries and regions of the world have differing scopes of practice, roles, hierarchical structures and systems within which they must effectively navigate to practice. However, regardless of the structure, role or system, nurses have always been seen as the advocates for patients. Consequently, nurses are well situated to broaden that scope of advocacy to apply it to universal health, at the local, regional or global level. Globally, the World Health Organization estimates there are over 19 million nurses and midwives. If the voice of nurses can be joined to promote advocacy for universal health through multiple mechanisms, with a special focus on policy, the power of the nurses' voices combined can change the world. Nurses have the ability to advocate for global health and policy change in many ways and at local, regional and global levels, including data collection, research dissemination, relationship development, targeted collaboration, advancing knowledge and education, and improving value and respect for health care providers overall. Involvement in policy requires skill sets and positions that nurses traditionally are not known for though frequently possess. The Institute of Medicine (IOM) report *The Future of Nursing: Leading Change, Advancing Health* acknowledged the significance nurse leaders have in promoting change and improvement to America's healthcare system. The report committee put forth recommendations that included removing barriers to practice and care, the achievement of higher levels of education and training, including increasing the proportion of nurses with a baccalaureate degree to 80 percent by 2020, and expanding opportunities for nurses to serve as leaders. Results: One initiative launched from those recommendations, and gaining momentum, is the Nurses on Boards Coalition, currently a US initiative but with broader implications and

a huge potential impact for healthcare. The overarching goal is to improve healthcare for all Americans through having the right information and skill set at the governance table where healthcare decisions are made. With more than 20 organizations in the United States participating as members of the Nurses on Boards Coalition, the goal of the Coalition is to improve the health of communities and the nation through the service of 10,000 nurses on boards by 2020. “Thousands of healthcare organizations, hundreds of disease-focused organizations, and innumerable nursing organizations will be greatly improved when informed nurses serve on their boards” (Curran, 2015). Conclusion: This presentation will discuss avenues for nurses to advocate for global health through policy engagement in a variety of settings and at all levels. Additionally, this presentation will discuss the specific initiative underway currently in the United States that holds great promise to improve the health of communities and how this effort might reverberate within healthcare around the world.

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H 14 - SPECIAL SESSION: The Status of South African Nursing Qualifications

Nelouise Geyer, PhD, MCur, BCur, RN, RM, RPsyc, South Africa

Purpose

The purpose of this presentation is to update nurses and midwives of the progress with the migration of nursing education programmes to higher education.

Target Audience

The target audience of this presentation is nurses and midwives, nurse educators and nursing service managers .

Description

South Africa has seen significant legislative and policy changes during the last two decades to address the burden of disease in the country. In particular, the increase in policy review during the last two years places a massive demand not only on the number of nurse/midwife practitioners required, but also the need to develop new competencies to fulfil these demands as seen with the Human Resources for Health (HRH) Strategy which identifies South Africa's health service as nurse driven. New policies include the re-engineered primary healthcare including the National Health Insurance (NHI), HIV testing and counselling (HCT) campaign, task shifting for nurse initiated and management of ART (NIM-ART) with specific changes related to nursing in the form of the Nursing Education, Training and Practice Strategy and legislative changes for a revised scope of practice and education and training programmes to prepare nurses to address the needs of the population. Added to this more recently, are the HIV Prevention, care and treatment targets as outlined in the 90-90-90 strategy. Many of these policies require specialist prepared nurses and all confirm the sense of urgency to increase the number of professional nurses and nurse specialists to ensure an equitable distribution of nursing/midwifery staff with a view to creating a public health system that provides quality care. As a result, nursing education programmes in South Africa are undergoing major change with all nursing programmes migrating to the higher education sector. Institutions will in future be accredited by both the SA Nursing Council and the Council for Higher Education. This will require not only revision of curricula but also upgrading of nursing education institutions, particularly in the public sector, to meet the accreditation criteria of the Council for Higher Education. How this transition will take place is largely dependent on a political decision by the Ministers of Health and Higher Education.

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I 01 - SPECIAL SESSION: Pain Management and Palliative Care: A Program of Research

Huda Abu-Saad Huijjer, PhD, RN, FEANS, FAAN, Lebanon

Purpose

The purpose of this presentation is to highlight the importance of a research trajectory and a clear program of research to improve patient care and to impact health care policy.

Target Audience

seasoned and novice nurse researchers and clinicians

Description

In this session a number of studies conducted in the field of pain management and palliative care in different countries and most recently in Lebanon will be presented. The session will depict the importance of a research trajectory and a clear program of research for knowledge development in the field and on impacting policy and health care practice. The trajectory of research started in the 1980s with a clear focus on pain assessment and pain management in children of all age groups first in the USA and at a later stage in the Netherlands and more recently in Lebanon. Palliative care research complemented pain research in the last 15 years and included a clear focus on research across the life span using different research paradigms and varying from exploratory qualitative research in children and adults to quantitative and mixed method research among patients with cancer and non-cancer conditions and currently with the older adult population. Despite the improved methods of treatment, and the fact that early diagnosis can assist in a better chance of survival of patients with cancer, not all patients with cancer can be cured. When the chances of a cure decrease, care is shifted to focus on optimizing quality of life and on palliation. In Lebanon and elsewhere in the world, the number of cancer patients is increasing, and patients are living longer due to early detection and enhanced methods of treatment; however, the majority is suffering needlessly, due to lack of pain relief and palliative care. The ultimate aim of the studies conducted in the Netherlands and more recently in Lebanon was to contribute to the development of the field and to impact policy at the national levels. During the lecture, a summary of the studies will be provided and their current impact on policy development in Lebanon will be shared.

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I 02 - SPECIAL SESSION: It All Started With the Belief That Stress Can Cause Illnesses

Pei-Shan Tsai, PhD, MSN, BSN, RN, BCIA, Taiwan

Purpose

The purpose of this presentation is to give an overview of the program of research of Dr. Pei-Shan Tsai, the recipient of the 2016 International Nurse Researcher Hall of Fame.

Target Audience

The target audience of this presentation is nurse scientists and clinicians who are interested in bio-behavioral research.

Description

In this special session, Dr. Tsai will present her program of research with a special focus on her work related to the role played by stress and autonomic nervous function in the development of hypertension, coronary heart disease and insomnia as well as determining the effects of biofeedback and relaxation modalities on improving these conditions. Pei-Shan Tsai, PhD, RN, a distinguished professor and associate dean at Taipei Medical University College of Nursing, Taiwan, focuses her research on the link between stress-response systems and chronic illnesses and outcomes of nursing care of patients with stress-related illnesses. Dr. Tsai's program of research development started with her belief that stress can cause illnesses. She began making contributions toward understanding the relationship between stress and diseases and effective treatments for stress-related diseases when she was studying for her doctoral degree in the early 2000s. Tsai's expertise includes using both physiological and behavioral measures in research for the understanding of the mechanisms and efficacy of nursing interventions. She also plays a vital role in demonstrating important health factors, disease prevalence, and health care effectiveness in the general population in Taiwan through secondary analysis of health data. In her research program, she employs basic research and randomized controlled trial designs. To facilitate knowledge translation, she also embarks on conducting cohort studies using claims data as well as meta-analyses of randomized controlled trials. Her published papers have been cited by numerous journal articles and several of which received very high citations from journal papers. Outcomes of her meta-analyses of treatment efficacy for symptom management of chronic illness have been instrumental to knowledge translation and evidence-based practice in Taiwan and worldwide. Of note, her works in insomnia, biofeedback, and relaxation therapies have been included in published meta-analyses and textbooks, and frequently selected as the featured articles of top nursing journals.

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I 04 - SPECIAL SESSION: Symptom Research in Children With Cancer: One Researcher's Journey

Marilyn Hockenberry, PhD, RN, PPCNP-BC, FAAN, USA

Purpose

The purpose of this presentation is to discuss the trajectory of symptom science explored during childhood cancer treatment. Many of the most common symptoms experienced by children with cancer will be explored and include fatigue, sleep, nausea, depression, and changes in physical function and motor abilities experienced during childhood cancer treatment.

Target Audience

The target audience for this session is clinical nurses who care for individuals with cancer who experience numerous symptoms related to cancer treatment. Nurse researchers who are exploring the science related to symptom experiences are also a target audience.

Description

Children with cancer report treatment-related symptoms as the worst part of treatment that creates difficulties with completing daily activities and are remembered a long time after treatment has ended. They experience multiple symptoms resulting from both disease and treatment. This session will discuss the trajectory of symptom science that established the foundation for exploration of fatigue, sleep, nausea, depression, physical function and motor abilities, as well as memory and cognition changes experienced during childhood cancer treatment. For the past 18 years, this researcher's program has been funded to establish the significance of treatment-related symptoms and their impact on quality of life in children with cancer. During this presentation each of these symptoms will be explored to provide reflection on the experiences of these children. The impact of age, sex, type of cancer and treatment will be reviewed. This body of research has advanced the science by evaluating symptoms and their interactions as well as changes in symptom severity over time, critical aspects that must be incorporated into symptom research. A major revelation from this work critical to understanding symptom experiences during childhood cancer treatment is the need for exploration of "why" individual symptom differences occur. In the future this will allow us to identify who may be most susceptible to treatment toxicities. Recent research completed by the study team focused on evaluating biological mechanisms that influence the magnitude of symptom toxicity experienced during treatment will be presented. In order to develop effective strategies to reduce symptom toxicity during chemotherapy treatment, a complete understanding of associations need to be identified. Variability of symptom patterns found in this team's numerous studies over the years illustrate the importance in identifying specific factors influencing symptom toxicities. For example, antioxidants and their association with symptoms in children undergoing cancer treatment are discussed during this session to demonstrate the importance of biomarkers and their ability to predict symptom severity during cancer treatment. In the future, as oxidative stress biological markers continue to develop, it will be possible to determine individual susceptibility to oxidative stress and its influence on clinical outcomes and symptom severity.

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I 05 - SPECIAL SESSION: Team Leadership for Advancing Measurement, Family and Women's Health Research

Ora L. Strickland, PhD, DSC (Hon), RN, FAAN, USA

Purpose

The purpose of this presentation is to communicate the importance of team science and team leadership principles in developing and disseminating research and in building scientific programs of research as well as some key lessons and potential pitfalls.

Target Audience

The target audience for this presentation includes nurses interested in a research career and in conducting research through teams. Women's health researchers will particularly find this presentation to be of interest.

Description

A team leadership model is important for having the most significant impact for scientific development of research methods as well as for developing an area of scientific inquiry. This session presents how Dr. Ora Lea Strickland utilized her nursing team leadership model throughout her scientific career to build collaborative teams with the ultimate outcomes of advancing measurement principles and practices for the nursing profession and for building the scientific base in the areas of family and women's health research. Dr. Strickland discusses how her team leadership model was used as the operational backdrop for advancing nursing's focus on securing the scientific basis of nursing measurement, developing nursing outcome measures for clinical practice and education, disseminating nursing measurement instruments and methods through the first nursing measurement journal, and for leading and conducting research on expectant fathers, sickle cell disease, various women's health problems, and for helping to develop and lead the NIH landmark study – the Women's Health Initiative (WHI). Dr. Strickland presents her journey in nursing research utilizing team leadership principles for setting her research path, conducting and disseminating her own and other's research in the interest of nursing scientific development. The WHI Study, which Dr. Strickland helped design and co-lead, will be used to apply key concepts from her nursing research team leadership model. The WHI research team consisted of more than 500 investigators. Model concepts include: strategic envisioning, systems thinking, advocacy, collaboration, communication, resource management, humanistic coaching, shared decision-making, subject-researcher relationships, interprofessional relationships, and delegation. The WHI was one of the largest clinical trials and observational studies ever conducted which included a sample of 168,000 women from 40 research sites around the United States. As a member of the WHI Executive Steering Committee of this major research study, Dr. Strickland addresses politics, issues and team leadership approaches in the origination, design, implementation, and publication of findings. The WHI findings have changed the care of menopausal women, and has resulted in major changes and issues related to the prevention and care of women in regards to estrogen and progesterone hormone replacement therapy as well as for breast cancer, colon cancer and osteoporosis prevention. In addition to answering some important questions related to postmenopausal care of women, the study results raised questions about how its results have been applied. Have there been an over interpretation and application of the results? What limitations of the study have been ignored in the application of the results? What are the responsibilities of WHI team members in clarifying study implications? Dr. Strickland will discuss results with an eye to addressing these questions from the perspective of team science and the scientific and sociopolitical lessons learned.

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I 06 - SPECIAL SESSION: Innovative Breathing Strategies to Reduce Dyspnea and Improve Function in COPD

Eileen G. Collins, PhD, RN, FAACVPR, FAAN, USA

Purpose

The purpose of this presentation is to review the physiology of dyspnea and provide an overview of use of breathing retraining to reduce dyspnea and improve function in patients with COPD.

Target Audience

The target audience of this presentation is nurses who treat patients with COPD or enrolled in pulmonary rehabilitation. Those interested in involving patients in idea and prototype development might also be interested.

Description

Chronic obstructive pulmonary disease (COPD) is characterized by progressive airway obstruction and limited exercise tolerance. A major determinant of limited exercise tolerance in COPD is the development of exercise-induced dynamic hyperinflation. The severity of exercise-induced dynamic hyperinflation can be reduced using several strategies including a novel breathing-retraining technique that we developed. During whole body exercise, healthy subjects experience a reduction in end-expiratory lung volume (EELV). This reduction in EELV results from the activation of abdominal and expiratory rib-cage muscles. In contrast, during exercise, most patients with COPD experience an increase in EELV. This increase results from expiratory flow limitation and is associated with tachypnea that further increases EELV. This air trapping results in exercise-induced dyspnea that becomes unsustainable and patients stop exercising. Unsustainable dyspnea occurs because the critical reduction in IRV is accompanied by progressive neuromechanical uncoupling between respiratory muscle effort and the magnitude of tidal volume that that effort can generate. Approximately 50% of COPD patients instinctively use pursed lips breathing during exercise to slow their respiratory rate and reduce dynamic hyperinflation and dyspnea. Based on these observations, we developed a computerized visual-feedback system that successfully decreases respiratory frequency and prolongs exhalation during exercise in patients with COPD. By combining this technique with exercise-training, patients with COPD can achieve improvements in symptoms, functional status, and quality of life. This presentation will prove a brief overview of dyspnea in COPD and will focus on the development of our computerized breathing training computerized program from prototype to successful funding. Results will be presented from multiple randomized, clinical trials focused on breathing retraining techniques for patients with COPD enrolled in pulmonary rehabilitation. This presentation will focus on a unique program of research that evolved over the past two decades. The importance of patient involvement and input in research decisions and cross-disciplinary collaboration will be emphasized. Additionally, directions for future research will be discussed.

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I 07 - SPECIAL SESSION: Improving Oral Health in Critically Ill Adults

Cindy L. Munro, PhD, MSN, BSN, RN, APRN-BC, FAANP, FAAN, FAAAS, USA

Purpose

The purpose of this presentation is to highlight the research trajectory of Dr. Munro, a 2016 International Nurse Researcher Hall of Fame inductee, and to inform nurses about the evidence base for nurse-administered oral care of critically ill adults.

Target Audience

The target audience of this presentation is nurse scientists and nurses who provide nursing care at the bedside.

Description

This symposium describes an exemplar of a successful research trajectory focused on improving outcomes for critically ill, mechanically ventilated adults through establishing best practices in oral care. Dr. Munro, who is a 2016 International Nurse Researcher Hall of Fame inductee, will review the series of research studies she has conducted which have informed evidence-based guidelines for oral care in the critically ill. Oral health is directly linked to systemic illness, including risk of ventilator-associated pneumonia (VAP). Descriptive and observational studies of critically ill adults established the importance of dental plaque in development of VAP and examined existing nursing practices in oral care. Subsequent NIH-sponsored intervention studies to test oral care protocols in critically ill adults have built upon that foundation. The first randomized clinical trial tested the effects of tooth brushing and chlorhexidine in reducing risk of VAP in critically ill adults, and showed that VAP was reduced by topical application of chlorhexidine initiated after intubation, although tooth brushing did not reduce VAP. The study had a rapid and dramatic effect on clinical practice, and was cited by the Institute for Healthcare Improvement (IHI) as evidence for the inclusion of daily oral care with chlorhexidine in the May 2010 update of recommendations for the care of mechanically ventilated patients (the ventilator bundle). Chlorhexidine is now standard of care for mechanically ventilated adults. Because the effects of chlorhexidine after intubation were so beneficial, a second NIH-funded randomized clinical trial investigated the impact of chlorhexidine applied before intubation compared to post-intubation. Applying chlorhexidine before intubation did not provide additional VAP risk reduction compared to starting chlorhexidine application after intubation. The current NIH-funded randomized clinical trial seeks to determine the optimal frequency of tooth brushing for critically ill, mechanically ventilated patients to maximize oral health benefits (such as reduced oral inflammation and dental plaque removal) while minimizing systemic risks (including ventilator-associated events, bacteremia, and sepsis). The importance of collaboration and mentoring in building nursing science will be discussed. Future directions for research will also be explored.

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J 13 - SPECIAL SESSION: Research Capacity Building in Africa

Hester C. Klopper, PhD, MBA, RN, RM, FANSA, FAAN, South Africa

Gisela H. Van Rensburg, DLittetPhil, MACur, BACur (Hons), BACur, RN, RM, RCN, RPN, South Africa

Yvonne Botma, PhD, MSocSc, BSocSc, RN, RM, FANSA, South Africa

K. Elizabeth Mokoka, PhD, RN, RM, FANSA, South Africa

Purpose

The status of clinical research in Africa has not been good. One of the challenges is the capacity of researchers to engage in challenging clinical research programmes. This session will focus on sharing initiatives that has focused on research capacity building.

Target Audience

Registered nurses and registered midwives

Description

Sustained research outputs have been a challenge for researchers in nursing across Africa. A study conducted by Sun, Doorn, Larson, Klopper, Malata, Owina et al (2014/5) confirms the low outputs of clinical research across Africa. Several research capacity programmes were developed and implemented to build research capacity at various levels, i.e. novice researcher development programme, pre-doctoral programme, post-doctoral programme. The establishment of doctoral programmes have also contributed to attract researchers. During this session these programmes will be shared and the successes achieved will be highlighted.

References

None.

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K 14 - SPECIAL SESSION: Getting Published

Susan Gennaro, PhD, RN, FAAN, USA

Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN, USA

Purpose

The purpose of this presentation is to review the process of getting a manuscript published, from getting started to tips on revising for a resubmission.

Target Audience

The target audience of this presentation is nurses (bachelors, masters, and doctoral prepared)

Description

The Editor of the Journal of Nursing Scholarship and the Editor of Worldviews on Evidence Based Nursing, both well-published nurse researchers will present this session on getting published. The presentation will start with defining what is a publishable manuscript? The presentation will then cover tips for planning and writing manuscripts for authors of all levels of experience, including deciding on the kind of manuscript, following author guidelines, formatting, and thinking about target audience. A typical outline of a databased paper will be reviewed. The presenters will discuss problems and common pitfalls often encountered by authors and how to avoid or address them effectively when writing a manuscript. This will include titles that don't match, structured abstracts, literature reviews, standards for reporting, validity and reliability, tables and figures, discussions that don't relate to the findings, and incomplete, old, or incorrectly formatted reference lists. Some tips for writing in teams will be covered, including how to set expectations and what constitutes being an author on a manuscript. Novice writers will be encouraged to find a writing mentor. The peer review process will be discussed. Presenters will summarize the three potential outcomes of submitting a manuscript (accept, revise and resubmit, and reject). Typical reasons for rejections will be discussed, as well as common emotions experienced by authors when they receive this news. Next the presenters will cover typical reasons for revising, and the importance of paying attention to the reviewers' concerns. The presenters will cover strategies for resubmitting, including writing a cover letter, highlighting changes made, and meeting the resubmission deadline requested. The presenters will also speak about ethical issues related to writing and publishing manuscripts including authorship, duplicate publication, and conflicts of interest. Persistence will be encouraged as the key to success in getting published. A few helpful resources will be provided to the participants.

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L 13 - SPECIAL SESSION: The Institutes for Global Healthcare Leadership

Cynthia Vlasich, MBA, BSN, RN, USA

Purpose

The purpose of this presentation is to inform participants regarding the leadership framework and intended outcomes of the STTI Institutes for Global Healthcare Leadership: the Emerging Global Leader Institute and Expert Global Leader Institute.

Target Audience

The target audience of this presentation is nurse leaders who desire to become global healthcare leaders.

Description

Purpose: Global health is in transition, with ever-changing influences, directions, and expanding stakeholders. Healthcare leaders need access to the best ways to navigate this transition. Local, regional, and international healthcare leaders of tomorrow must build teams, identify challenges, invent solutions, and set a shared vision in order to sustain long-term healthcare improvements and address the varying needs of the world's populations. **Methods:** The Honor Society of Nursing, Sigma Theta Tau International (STTI) has a rich history of developing nurse leaders, with a variety of leadership programs to prepare future leaders in professional nursing for positions in practice, education, research, administration, and healthcare policy. To continue efforts to advance global health and develop innovative global leaders, the STTI Institutes for Global Healthcare Leadership have been developed, with separate Institutes for both emerging and expert leaders. These Institutes will prepare healthcare leaders to effectively work in and/or lead major public health departments, public or private organizations, and global programs and initiatives, thereby directly and indirectly improving the health of people worldwide. **Results:** The Emerging Global Leader Institute is designed to prepare globally-aware healthcare leaders to successfully participate in global healthcare ventures and networking; become a global thought and practice leader, locally, and regionally; provide local and regional consultation to effectively meet dynamic contemporary global healthcare needs; and view healthcare issues from a global perspective. The Expert Global Leader Institute is intended to prepare experienced global healthcare leaders to be global thought and practice leaders nationally and globally; successfully, lead, collaborate and participate in global healthcare ventures; assume and effectively meet the global demands of critical healthcare leadership positions within their countries; and provide national and global consultation to effectively meet dynamic contemporary global healthcare needs. **Conclusion:** This presentation will describe the leadership framework and intended outcomes for the STTI Institutes for Global Healthcare Leadership. As healthcare professionals plan for a future global healthcare delivery system, STTI will play a significant role in the preparation of healthcare leaders, allowing them to better engage stakeholders, mobilize resources, and govern effectively.

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M 14 - SPECIAL SESSION: Publishing: A Career Road for You?

Susan Gennaro, PhD, RN, FAAN, USA

Bernadette Mazurek Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN, USA

Purpose

The purpose of this session is to provide information about career opportunities for nurses in the realm of publishing.

Target Audience

Nurse scholars

Description

Career opportunities for nurses interested in publication will be presented. Specific and detailed advice on how to become a manuscript reviewer, editorial board member, associate editor and journal editor will be provided. Each role will be examined and a discussion will be held about the benefits of becoming involved in each of these very distinct publication opportunities. A conversation about an overall career trajectory in publishing will be held by two editors of top rated nursing journals. Often before one strives to become an editor or an associate editor other roles, such as manuscript reviewer or editorial board member are appropriate. Participants will have the opportunity to discuss their experiences and their interest in publication. In nursing we particularly need peer reviewers so the role of the manuscript reviewer will be discussed in depth. This session is designed for all nurses (academics, administrators or those involved in clinical practice) who are interested in becoming involved in publication. Each role will be carefully discussed and advice on how to move from one role to the next will be provided. This is an interactive session for those interested in how nurses can help in dissemination of quality work through roles other than authorship. Authors appreciate the work, mostly voluntary, of peer reviewers and editorial board members and so this is an opportunity to learn how these roles work and how people move into these very important roles. There are many, many opportunities for nurses who are interested in publications so the presenters will spend some time thinking about fit between an individual's interests and publication opportunities. Additionally, there will be a discussion of how much time each of these activities take so that participants can think about whether or not they wish to become involved in publication activities. Becoming involved in publication activities can be a very rewarding part of a scholarly nurses' career.

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Workshop Sessions

A 14 - WORKSHOP 1: Ensuring Quality and Safety in Healthcare: Inspection and Measuring Tools Used During Inspections by OHSC

Elliot B. Msibi, BEdMgmt, BCur, RN, RM, RCN, RPN, RNM, RNE, South Africa

Ethelwynn L. Stellenberg, DCur, MCur, BN (Hons). BCur, RN, RM, RCN, RPN, RNM, RNE, RIN, FANSA, MInstD, South Africa

Purpose

Ensuring safe and quality healthcare for South Africans will be given followed by an opportunity for healthcare workers and academics to engage in discussions on the use of inspection and measuring tools used by inspectors from the Office of Health Standards Compliance during inspections of hospital establishments in South Africa.

Target Audience

The target audience of this presentation is clinical health practitioners, health establishment management and leadership and academics.

Description

The National Health Amendment Act was introduced in 2013 which paved the way for all health establishments to be inspected to ensure safe and quality care to all South Africans. Consequently, the norms and standards regulations have been written which will soon be promulgated. In the interim mock inspections have been conducted in public health establishments during which inspection tools and measuring tools were tested. During this workshop, participants will be able to engage in the discussions in refining these tools. Inspection tools have been designed to test a process whereby Inspection teams use their professional judgment, supported by objective measures and clinical evidence, to assess the quality of services against seven domains which include: 1. PATIENT RIGHTS: Dignity of users, Information for users, Systems of referral, Access to care, User experience 2. CLINICAL GOVERNANCE/PATIENT SAFETY/CLINICAL CARE: User health records, Clinical management of national priority health conditions, Clinical leadership and clinical risk, Prevention and control of infections 3. CLINICAL SUPPORT SERVICES: Medicines and medical supplies, Diagnostic and blood services, Therapeutic support services, Health technology, Mortuary services 4. HEALTH PROMOTION AND DISEASE PREVENTION: Outreach services, Health promotion and disease prevention, outbreaks, health emergencies and disaster preparedness, Environmental controls 5. LEADERSHIP AND CORPORATE GOVERNANCE: Oversight, leadership and accountability, Strategic and risk management 6. OPERATIONAL MANAGEMENT: Human resources management and well-being Financial management, Supply chain and asset management, Transport safety management, Information management, Health records storage and retrieval 7 FACILITY INFRASTRUCTURE: Maintenance of buildings and grounds, Building engineering services, Safe and secure environment, Hygiene and cleanliness General waste management, Linen services, Food services. Key questions: are these safe, effective, caring, responsive and well-led? The workshop will further include a risk rating to help the delegates compare services and to highlight where care is good or outstanding and expose where care is inadequate or requires improvement. It is important to emphasise that the inspectors from the OHSC are looking for what is good as well as what is not good. Auditing of compliance is based on evidence found in the Health Establishment. The inspectors apply different assessment methods to collect this evidence such as review of documents or patient files, interviews, observation. The evidence is compiled into a set of questionnaires and checklists for different functional areas of the Health Establishment.

References

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B 14 - WORKSHOP 2: How to Publish: An Author Workshop

Nelouise Geyer, PhD, MCur, BCur, RN, RM, RPsyc, South Africa

Judith C. Bruce, PhD, RN, RM, FANSA, South Africa

Deliwe Rene Phetlhu, PhD, MCur, BCur, RN, South Africa

Purpose

Two-part purpose: 1. Provide nurses with tips and techniques to develop their writing skills to enable them to publish their research in scholarly peer-reviewed publications. 2. Provide insight into one of the continent's most unique and pioneering health/nurse education nonprofit organizations.

Target Audience

1. Nurses wanting to publish research and work with journal publishers. 2. Nurses wanting to know about / take advantage of Amref Health's work in Africa.

Description

This two-part workshop will first explain the process nurses should follow to publish their research in a qualified journal. Writing for publication in scholarly journals can be considered a "journey." But writing for publication has, for most, become a requisite of professional practice – for educators, nurses and managers - as a means of communicating the findings of research; sharing new developments, innovations and best practices; and stimulating discussions on local, national and international stages. Knowing what to expect from journal editors and publishers is a good way to make sure the process is smooth for those wishing to capitalize on their research and become recognized in the industry. This workshop will help participants to lay the foundations for successful publication and gain the basic skills of the scholarship of writing for publication.

References

None.

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C 14 - WORKSHOP 3: Getting Published: The Next Steps

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Purpose

The purpose of the presentation is to create awareness among novice authors of the processes and phases of scientific writing.

Target Audience

The target audience is novice authors in academia and clinical fields.

Description

This workshop follows on the Elsevier workshop on getting published. The pressure to publish or perish is growing on a daily basis. With nursing education in South Africa migrating in its totality to the higher education sector, this statement has become a stark reality. The workshop will focus on novice authors with a view to creating awareness of the processes and phases of scientific writing, mapping the journey of writing, expository and argumentative writing and identifying the link between style, discourse and the general characteristics of scholarly writing. Writers need to familiarise themselves with the subject area about which they are writing. This requires the author to read scientific publications to become familiar with the discourse of the field in which they want to work. Reading also sensitizes the author to the writing process in addition to extending their knowledge base. For publication of their own manuscripts, the author must be able to identify a suitable publication targeted at a specific audience that would be interested in the topic addressed and accurately follow the author guidelines provided for prospective authors. Scientific writing requires organising ideas and writing clearly but it has to be succinct as many publications have a limit on word count for manuscripts that are submitted. The author should master the ability to advance good arguments by organising smaller components of their research into a coherent whole. During this journey the author must ensure that coherence and a logical flow of the argument put forward for the reader is maintained. This includes linking the introduction and conclusions of the manuscript. The final responsibility includes reviewing the manuscript in a systematic way. A checklist can be used for this exercise. Once the journey to produce a manuscript has been completed, the final task to undertake is the editing of the article to ensure good language and technically polished manuscript.

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Evidence-Based Practice Oral Presentations

A 09 - Inter- and Intra-Professional Collaborations

Historical Analysis of Filipino Nurse Migration to the United States

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Purpose

Describe the major factors that influenced Filipino nurses' migration to the United States.

Target Audience

The target audience are nurse educators, nurse researchers, nurse administrators, nurse entrepreneurs, and nursing students interested in foreign nursing policy.

Abstract

Purpose: The exodus of nurses from the Philippines began when the United States (US) Congress enacted the US Information and Education Exchange Act which formed the basis for the Exchange Visa Program in 1948. Since that time Filipino nurses have become a favored solution to the cyclical nursing shortages in the US. This research study examined the major influences of Filipino nurses' migration to the US.

Methods: Qualitative design using historical method including archival research and telephonic interviews of key informants who had first-hand experience of Filipino nurse migration. The researcher examined primary and secondary sources.

Results: Research findings revealed that emigration of Filipino nurses has been institutionalized by the Philippine government by being actively involved in the promotion of labor exportation, encouraging overproduction of nurses despite its inability to employ most of its graduates, and celebrating its migrant nurses as ambassadors of good will to legitimize their contributions to the Philippine economy. On the other hand, US played a significant role in encouraging Filipino nurses' migration to solve its cyclical and critical shortages by being flexible with policy changes in immigration to ease entry of Filipino nurses. This immigration policy changes allowed recruitment agencies to come to the Philippines in droves at different time periods offering sign-on bonuses and lucrative benefits as incentives for Filipino nurses to come to the US. Filipino nurses' migration to the US was even seen by some US nurses and US professional organizations as counterproductive to their fight for better wages and working conditions in the US. Because of their visibility as the largest foreign educated nurses in the US, Filipino nurses confronted backlash from American professional nurses and organizations and at the same time received recognition of their significant contribution to ease nursing shortages and in providing quality and compassionate care in the US.

Conclusion: The emigration of Filipino nurses to the US is primarily driven by macrosocial, economic, and manpower trends. Although the Philippine government played a role in encouraging Filipino nurse migration, aggressive US international recruitment and the easing of immigration policies each time there was a nursing shortage have been the major influences of Filipino nurses' migration to the US.

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A 09 - Inter- and Intra-Professional Collaborations

Improving Interdisciplinary Relationships in Primary Care With the Implementation of TeamSTEPPS

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Purpose

The purpose of this presentation is to educate and share ideas about interprofessional collaboration and partnership while utilizing principles of TeamSTEPPS an evidence-based framework for partnership, as well as concepts from IDEO's Human Centered Design, with other nurses and healthcare professionals.

Target Audience

The target audience of this presentation is healthcare professionals from across the world including nurses, doctors, teachers, administration, and ancillary personnel, in fact this presentation is great for anyone working within the healthcare field in any capacity and in any setting.

Abstract

Healthcare organizations face many diverse challenges, perhaps one of the most problematic of these is the lack of interdisciplinary collaboration plaguing healthcare. This issue results in serious complications with the safety and quality of care (IOM, 1999). One example depicting ineffective collaboration among healthcare teams occurred in an urban Midwest United States city, where a Native American community clinic recently transformed their care model by adding registered nurses to their team. As a result, issues with interprofessional collaboration and teamwork arose threatening healthcare outcomes and employee engagement.

The Institute of Medicine (IOM) report, *To Err is Human: Building a Safer Health System* (1999) shows that errors often occur due to lapses in teamwork including collaboration, partnership, and team communication. The amount of evidence to support these claims has grown exponentially since this sentinel report.

Yet, there is data that suggests healthcare organizations may be able to turn this undesirable trend around. Evidence indicates that when patients are taken care of by collaborative interprofessional teams, they are safer, receive a higher quality of care, and are more satisfied with the care they receive (Eisler & Potter, 2014; IOM, 2001). Additionally, employee satisfaction and engagement improve when there is effective interprofessional collaboration (Eisler & Potter, 2014).

According to the World Health Organization [WHO] (2010), collaborative practice can improve access and coordination of health services, appropriate use of specialist resources, chronic disease outcomes, patient care and safety, patient satisfaction, and caregiver satisfaction. The WHO (2010) also shares that collaborative practice can decrease the total patient complaints and complications, redundant testing, length of stay, mortality and morbidity, clinical error rates, hospitalizations, staff turnover, and tension and conflict among staff.

The consequences attributable to a lack of collaboration among healthcare professionals are very serious and often detrimental. Yet, the prospect of effective collaboration and partnership yields hope. The poor outcomes resulting from the absence of teamwork are simply unacceptable. It is essential that healthcare organizations strive to promote, educate, and maintain effective and efficient interdisciplinary teams (Eisler & Potter, 2014; IOM, 2001; WHO, 2010).

After brainstorming, the clinic's leadership understood that the staff was in dire need of a partnership model, as well as coaching in various teamwork methods. It was necessary for staff to work effectively together in interdisciplinary teams to positively affect patient outcomes. Clinic leadership decided the time to take action was now.

In 2001, the IOM issued *Ten New Rules for Redesign*; one of these guidelines indicates that cooperation among healthcare teams is imperative. The report states, "Clinicians and institutions should actively collaborate and communicate to ensure an appropriate exchange of information and coordination of care"

(p. 4). Joanne Disch, past president of the American Academy of Nursing reports that one of the five fundamental proficiencies necessary for healthcare professionals is the capacity to care for patients in interdisciplinary teams (Disch, 2012).

Therefore, when discriminating among the various tools, it was important to utilize a tool that was based on partnership. One such tool or intervention, targeted to positively impact and optimize staff relationships and collaboration is a valid, evidence-based framework called TeamSTEPPS (AHRQ, 2008, 2010, 2014, n.d.). The acronym TeamSTEPPS signifies *Team Strategies and Tools to Enhance Performance and Patient Safety* (AHRQ, 2008). This program was designed by the Department of Defense, Duke University, and the Agency for Healthcare Research and Quality (AHRQ, 2010).

This framework offers employees a shared mental model, a way to build mutual trust, team orientation, shared goals, and a common language (AHRQ, 2008). To enrich this process, IDEO's (2015) elements of human centered design were employed to customize TeamSTEPPS for the subject clinic, as well as engage staff members in the process of shifting the organizational culture to a partnership paradigm.

An innovative design was used to enhance uptake and sustainability: frontline staff was asked to play a key role in customizing the program. Each week this group met to create curriculum specific to the needs of their clinic. They utilized principles of Human Centered Design (IDEO, 2015), where empathy and understanding one another's unique needs were used to develop the TeamSTEPPS program. The implementation team then taught the clinic staff the TeamSTEPPS content that was customized. There were three, 60-minute sessions for the entire staff.

Outcomes were measured with valid tools, the TeamSTEPPS Teamwork Attitudes Questionnaire (TTAQ) and the TeamSTEPPS Teamwork Perceptions Questionnaire (TTPQ), that are specific and sensitive. These tools measure teamwork beliefs and behaviors in the setting respectively. Data was collected two weeks prior to the implementation of the TeamSTEPPS curriculum and five weeks post. In addition to this pre/post intervention data, the implementation team also evaluated the organizations quality scorecards.

The implementation team found that results were noteworthy, even if perhaps they were not all statistically significant. They felt there was clinical importance in all of the data. For each paradigm (team structure, leadership, situation monitoring, mutual support, and communication) in both the TTAQ and the TTPQ, there was positive movement. This can be appreciated in *Tables 1 and 2*.

Table 1

Domain	T-TAQ		p-value
	Pre	Post	
Team Structure	26.4	27.4	0.091
Leadership	27.3	28.0	0.129
Situation Monitoring	25.7	26.5	0.312
Mutual Support	25.6	26.0	0.406
Communication	25.9	26.3	0.452

Table 2

Domain	T-TPQ		p-value
	Pre	Post	
Team Structure	25.4	28.6	0.003
Leadership	25.6	27.8	0.105
Situation Monitoring	26.3	28.1	0.039
Mutual Support	26.5	28.3	0.081
Communication	27.0	27.8	0.353

After breakdown of pre-test results, the team understood that the staff's teamwork attitudes were already very high, meaning there might not be any statistical differences even with improvement. The analysis of pre- and post- test results was statistically insignificant for the TTAQ. However, it was most vital to affect the interdisciplinary collaboration behaviors, which would be measured by the TTPQ.

There were statistical differences in two of the five domains in the TTPQ when comparing pre- to post-test. The differences were noted in team structure and situation monitoring. Mutual support (p-value 0.081) was nearing statistical significance but did not quite meet the necessary p-value of 0.05. These results can be visualized in *Table 2*.

The subject clinic also reports quality data related to patient outcomes on a monthly and quarterly basis through a “quality dashboard” method. It was important to take note of any quality improvement that could be attributed to shifting the organizational culture to a partnership paradigm through TeamSTEPPS.

The dashboard metrics showed that the team met and exceeded quality goals after the TeamSTEPPS partnership training for early entry into prenatal care at 97% (goal of 70%), childhood immunizations at 71.4% (goal of 65%), tobacco use intervention 91% (goal of 40%), pharmacologic treatment of asthmatics 100% (goal of 100%), hypertension management 78% (goal of 75%), diabetes screening 87% (goal of 70%), and completion of post-partum exam 55% (goal of 50%).

Additionally, the clinic was noticing positive movement in other quality metrics: weight assessment and counseling for children and adolescents at 24.34% (previously at 16%), ischemic vascular disease aspirin therapy 84.09% (previously at 60%), and depression screening and follow up 37.39% (previously at 28%).

The subject clinic leadership felt that these improvements could be attributed to the successful implementation of TeamSTEPPS, especially due to the fact that there weren't any other interventions or communications happening during this time period.

Evidence is not merely research-based statistics, but also includes expert opinion, clinical experience, local data, and the patient experience (Rycroft-Malone, 2004). The strength of this collective evidence helps to substantiate this quality improvement project. Qualitative data from leadership at the clinic point to positive results and a shift towards effective teamwork.

The clinic leaders and implementation team believe that the greatest indication of the success of TeamSTEPPS is based on subjective data and the quality dashboard. Several staff members have shared observations in relation to the transformation of the clinic's culture towards that of teamwork and interdisciplinary collaboration, truly shifting towards a partnership paradigm. The staff members feel that there have been many positive changes in the organizational culture. They share that this appears to be direct reflection of TeamSTEPPS implementation, which taught the clinic staff how to partner together and become effective interdisciplinary collaborators and communicators.

One of the greatest compliments the leadership received from staff was that they were pleased that every staff member was afforded the opportunity to be full partners in this process. Eisler and Potter (2014) share that equal partnership is a core component of partnership systems. The clinic staff appreciated that they were able to choose to be a part of the implementation team, where they were able to be frontline champions and leaders, as well as equal partners.

Expert opinion and other quality studies align with this quality improvement project, providing a clear indication that healthcare professionals must engage in interdisciplinary collaboration to improve patient outcomes and staff engagement. Again, it has become abundantly clear that healthcare organizations must commit great effort to the promotion, education, and maintenance of effective and efficient interdisciplinary teams for the advancement of healthcare and consumer health (Eisler & Potter, 2014; IOM, 2001; WHO, 2010).

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A 09 - Inter- and Intra-Professional Collaborations

Transformative Partnership: Creating an Inter-Professional Environment

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Purpose

The purpose of this presentation is twofold: 1) to provide participants with the contextual rationale for pursuing collaborative partnerships; and, 2) describe the strategies used to create a supportive environment that fosters the implementation of a collaborative scholarship project within a private university setting.

Target Audience

The target audience of this presentation are didactic and classroom faculty, program directors/chairs, associate deans and deans.

Abstract

Novice and experienced nursing faculty often find it challenging to balance and fulfill the academic tripartite mission of teaching, service and scholarship while staying clinically relevant. Faculty members who excel at teaching and service may struggle to find the time to engage in scholarship. Additionally, the movement to the practice doctorate as the terminal degree for advanced practice nurses poses yet another challenge for faculty members who have not been educated as nurse scientists. Scholarly contributions, however, are essential to academic life, nursing practice, and the continuous evolution of the nursing profession. Boyer's seminal work on scholarship broadened the view of how faculty members fulfill their roles. Faculty promotion policies and processes are evolving, but may still conflict with this expanded view. As a result, there is a need for both nursing faculty and educational leadership to embrace creative approaches to faculty scholarship. A disruptive innovation may help create a new way of approaching research and scholarship that will eventually displace the traditional approaches.

The traditional singular approach to nursing scholarship has appropriately had a focus on nursing's impact on a particular research problem. More recently, a team approach to science and scholarship has emerged. This approach encompasses multiple ways of knowing and encourages collaboration by multiple disciplines. It recognizes that the problems faced by consumers of healthcare are often too complex for any one discipline to solve. Bringing scientists and practice experts from different perspectives together fosters teamwork, alleviates the burden of one discipline trying to solve a problem, and supports both faculty and practitioner development. This presentation provides participants with a series of strategies used by a College of Nursing and Health Sciences at a private liberal arts university that has helped foster the implementation of collaborative scholarship projects. The faculty and administration have come to recognize that the interconnection between our disciplines is significant and should be used to change our educational approach from a paradigm of dominance to a paradigm of partnership.

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A 10 - Health Status and Disease Prevention

Comparisons of Health Status and Behaviors of Adolescent Immigrants and Non-Immigrants by Gender

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Purpose

To describe the differences by gender in health behaviors and health status found between immigrant and non-immigrant adolescents.

Target Audience

Researchers, health professionals working with immigrant youth, policymakers and others working with immigrant youth

Abstract

Purpose: This study examined the nature of health status disparities between immigrant and non-immigrant adolescents and the influence of gender.

Methods: A cross-sectional study was conducted at several public health high schools where surveys were collected on 10th grade students (n=612). Comparisons between immigrant and non-immigrants adolescents, as well as comparisons by gender were made to examine the dependent variable health status. Analyses included cluster analysis and logistic regression models. Significance was declared at $p < 0.05$. SAS version 9.3 was used.

Results: Bivariate results indicate that of the four adolescent groups (male immigrants, female immigrants, male non-immigrants and female non-immigrants), excellent health status was reported least by male adolescent immigrants ($p < 0.05$). Patterns of health behaviors varied among the four groups. Female immigrants compared to three other groups of adolescents (i.e., male immigrants, male non-immigrants and female non-immigrants) were more likely to smoke ($p < 0.01$) and reported the highest number of hours on the internet ($p < 0.0001$). However, male compared to female adolescents (in both immigrant and non-immigrant groups), reported exercising more frequently ($p < 0.0001$); no differences were found by immigrant status. Female adolescents (in both immigrant and non-immigrant groups), scored higher on mental health problems ($p < 0.0001$); and again, no differences were found by immigrant status. Yet, when logistic regression models were adjusted by these variables, male adolescent immigrants compared to the other groups remained least likely to report excellent health status.

Conclusion: Male immigrant adolescents reported the poorest health status compared to all other groups (female immigrants, male non-immigrants and female non-immigrants), despite the finding that female immigrants had more mental health problems. Studies have shown that health status for adolescents denotes mental and social health as well as physical health; thus, the finding that male immigrant adolescents, compared to females, were more likely to report "less than excellent" health is an indicator of risk. Female adolescent immigrants also may be at risk as they reported more mental health problems; however, the socialization provided by high rates of internet use may contribute to reducing their health status risk. It is important to note that studies differ in their findings regarding health status among adolescent immigrants. However, consistent with our findings, a large US study reported that the health status of male immigrants was lower than female immigrants. Additionally, male immigrant adolescents had higher rates of internalized problems and lower social capital compared to both female adolescent immigrants and to male adolescents non-immigrants. This finding may contribute to male adolescent immigrants feeling less healthy. Since social connection and peer relationships are vital to adolescent development, gender-specific interventions are indicated.

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A 10 - Health Status and Disease Prevention

Fomites: From Colonization to the Risk of Infection on Tourniquets in Nursing Practice

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Marta dos Santos Costa, RN, RN, Portugal

Purpose

The purpose of this presentation is to awareness health care practitioners about the contamination risk on reusable tourniquets with several pathological and multi resistances microorganisms that increase risk infection to the patient, and to promote the prevention and the implementation of measures that will decrease the consequences harmful for the patients

Target Audience

The target audience of this presentation are Nurses and General Nurses from the clinical practice, nursing students and nursing professors.

Abstract

Currently, infections associated with health care are considered a problem for which health professionals should orientate their attention accounting the implications for the patient safety. According to some researches "(...) around 6% of hospitalized patients will acquire an infection during their admission" (Pinto, Phan, Sala, Cheong, Siarakas, Gottlieb, 2011, p.277)". Thus, we intend to characterize the nursing care in the use of tourniquets which is described and developed in recent research studies.

As a research methodology, we use the Integrative Literature Review (ILR). In the survey were used the bibliographic EBSCOhost platform, as well as the bibliographic in reference literature. Of the 168 original articles, only 5 met the inclusion criteria (method PI[C]O).

The tourniquet is a device associated with health care being used more often by nurses, doctors and technical of Clinical Analysis. It's used in some medical procedures and their use is associated to the more invasive common procedures in terms of health care such as: cannulation and venipuncture. "(...) tourniquets are often used consecutively on multiple patients without disinfection between uses" (Pinto, Phan, Sala, Cheong, Siarakas, Gottlieb, 2011, p.276). Its utilization is crucial and very important to do the procedures with maximum effectiveness and efficiency.

"(...) Tourniquets have the potential to act as fomites" (Pinto, Phan, Sala, Cheong, Siarakas, Gottlieb, 2011, p.277) They can harbor of several pathological and multiresistance microbes improving the environmental colonization and deficiencies in hospital cleaning.

According to Kim, Ahn, Lee and Chae (2014) "(...) One of the major efforts to prevent hospital-acquired infections is personal hygiene of the health care provider, which reportedly reduces the incidence of hospital-acquired infections". To improve, all these points, reusable tourniquets may not be used in the current hospital setting or health care professionals should take measures such as "(...) reusable tourniquets should be cleaned, rinsed and dried between patients according to manufacturer's instruction" (Sahu, Tadu e Mall, 2015, p.S117).

Waging in prevention and embracing different measures justified by scientific evidence. Implementing single use tourniquets, it's a win-win measure that will contribute to improving the hospital hygiene. This, it's considered appropriate continuity of scientific literature on this subject in order to raise awareness among health professionals, as well as minimize the incidence and prevalence rates. Investing in research, in order to implement reasoned measures to decrease the costs of complications always thinking about the patient safety.

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A 10 - Health Status and Disease Prevention

Innovative Approaches to Promote Nursing Hand Hygiene Success in an Emergency Department

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Purpose

The purpose of this presentation is to describe an innovative Emergency Department-based quality improvement project, launched to educate, support and empower staff to achieve higher rates of hand hygiene.

Target Audience

The target audience of this presentation includes clinical nurses, nurse educators, clinical nurse specialists, quality improvement officers and nursing administrators.

Abstract

Proper hand hygiene is known to be highly effective in reducing the spread of infection between patients. Compliance monitoring in the emergency department, however, presents unique challenges. Patient acuity, rapid serial patient contact, in-patient boarding, and overcrowding issues contribute to this complexity. In 2008, a quality improvement project in the Johns Hopkins Hospital Emergency Department was launched to educate, support and empower staff to achieve higher rates of hand hygiene. Barriers specific to emergency care were identified by an inter-professional team of emergency department and infection prevention staff. Identified barriers included: implementing a sustainable practice model; access to necessary hand sanitizer and sinks; multi-patient rooms; proactive mitigation of skin breakdown; educating “secret shopper” observers on ED processes; and the need for consistent coaching and feedback. Different practice approaches were tested, with hand hygiene at room entry/exit resulting in higher observed compliance than immediately prior to physical contact with the patient. Other solutions to barriers were initiated, such as additional hand sanitizer dispensers, visual cues, and weekly internal observations and feedback to providers and staff by the departmental safety officer, nurse educator and clinical nurse specialist. Over time, monthly compliance observations showed improvement from an initial low of 30% to a consistent 70%. Progress then plateaued, resulting in an innovative method to track and trend individual staff compliance, with rapid feedback to team leaders for reinforcement coaching, and transitioning of internal observations to the nursing supervisor team. This, along with transition to a new clinical space with private patient rooms, allowed additional momentum to be achieved, resulting in sustainment of 90% compliance via secret shopper observations. Additional inventive methods have included individual and team recognition, availability of results for team comparisons, and engaging student volunteers to help with real-time feedback. Lessons learned thus far have included the need for: early engagement of “nay-sayers,” a continued inter-professional approach, the power of physical cues (i.e. door frames), and continued and frequent staff performance feedback.

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A 11 - Circadian Disorders: Advancing the Science of Sleep

Sleep Quality and Its Associated Factors in Patients With Chronic Hepatitis C Receiving Antiviral Therapy

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Yun Shan Tseng, PhD, RN, Taiwan

Purpose

The purpose of this presentation is to explore the sleep quality and its associated factors in patients with chronic hepatitis C receiving antiviral therapy.

Target Audience

The target audience of this presentation is the healthcare professionals who are interested in this topic.

Abstract

Purpose: The population with chronic hepatitis C is gradually increasing in the world. The treatment with pegylated Interferon and Ribavirin is still a standard therapy for chronic hepatitis C. Sleep disturbance is a persistent and enduring complaint by patients with chronic hepatitis C during their antiviral therapy. The purpose of this presentation is to explore the sleep quality and its associated factors in patients with chronic hepatitis C receiving antiviral therapy.

Methods: This research was designed as a prospective longitudinal study. The questionnaire of Pittsburgh sleep quality index (PSQI) was used to measure the patient's sleeping quality. The PSQI was developed to assess individual sleep quality and disturbances over 1-month time interval. The 19 self-rated items contain seven dimensions on a 0-3 scale, including subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleeping medication, and daytime dysfunction. The higher scores indicate worse sleep quality. Multiple awakenings during the night, sleeping fewer hours than normal, trouble getting back to sleep, trouble falling asleep (sleep latency), and daytime dysfunction. The participants' demographic data and sleeping scores were collected before initiating antiviral therapy, and thereafter once per month until the therapy completed.

Participants: The inclusion criteria of this study were: (1) The patients' serum tests with Anti-HCV (+) lasted for more than 6 months; and (2) The patients with hepatitis C is currently treated with pegylated Interferon and/or Ribavirin. The exclusion criteria were: (1) The patients under age 18; (2) Co-infected with HIV; (3) The patients with substance abuse and/or alcoholism; and (4) The individuals have hypo-thyroidism or hyper-thyroidism from past medical history.

Results: Twenty-four patients with chronic hepatitis C were recruited in this study, including 6 females (25%) and 18 males (75%). The average age of the participants was 55 years (range, 35 to 74 years). The t-test revealed there was no significant difference between males and females in sleep quality.

The total mean score of sleep quality was 8.09 (SD= 4.76). The mean scores for each dimension of sleep quality were following: subjective sleep quality (mean= 1.49, SD= 0.92), sleep latency (mean= 1.61, SD= 1.17), sleep duration (mean= 0.79, SD= 1.03), habitual sleep efficiency (mean= 1.06, SD= 1.33), sleep disturbances (mean= 1.30, SD= 0.50), use of sleeping medication (mean= 1.27, SD= 1.38), and daytime dysfunction (mean= 0.65, SD= 0.76), respectively.

Conclusion: Poor sleep quality is one of the most frequent and intense adverse effect experienced by the patients with hepatitis C while receiving antiviral therapy. Multiple awakenings during the night, sleeping fewer hours than normal, trouble getting back to sleep, trouble falling asleep (sleep latency), and daytime dysfunction often occurred in these patients.

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A 11 - Circadian Disorders: Advancing the Science of Sleep

Diagnostic Accuracy of Insomnia Screening Tools: A Meta-Analysis

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Purpose

The purpose of this presentation is to estimate and to compare the diagnostic accuracy of the three sleep screening scales in identifying insomnia.

Target Audience

The target audience of this presentation is the personnel who are interested in sleep-related fields.

Abstract

Background Insomnia is a common complaint in the modern societies; however, it remains underdiagnosed and undertreated. Although screening tools including Insomnia Severity Index (ISI), Athens Insomnia Scale (AIS), and Pittsburg Sleep Quality Index (PSQI) are widely used for identifying insomnia, the diagnostic properties of have yet to be summarized in a systematic manner.

Aim The aim of the current study was to estimate and to compare the diagnostic accuracy of the ISI, AIS, and PSQI in identifying insomnia.

Method We perform a systematic search in electronic databases including EMBASE, PubMed, PsycINFO, CINAHL, and Chinese Electronic Periodic Services from their inception to until May 20, 2015. Summary sensitivity, specificity, and diagnostic odds ratios (DOR) against a reference standard were calculated for each study. The revised Quality Assessment of Diagnostic Accuracy Studies was used to assess the quality of each included study. All analyses were conducted using Stata 14.0, with midas and metandi user-written commands, SAS 9.0.2, with Proc Mixed module, and Review Manager 5.3. Random effects bivariate model was used for analyses.

Results We included 19 studies with a total of 4693 participants in data analyses. The summary estimates for the ISI, AIS, and PSQI in identifying insomnia in the studies were as follows: 88% (95% confidence interval CI = 0.79–0.93), 91% (0.87–0.93) and 94% (0.86–0.98); specificity: 85% (0.68–0.94), 87% (0.68–0.95) and 76% (0.64–0.85); and DORs: 41.93 (8.77–200.33), 67.7 (23.4–196.1) and 53 (15.5–186.2), respectively. No significant difference was observed regarding the pooled sensitivity, specificity, and DORs among the ISI, AIS, and PSQI (all $P > 0.05$).

Conclusions The current evidence indicates that the ISI, AIS, and PSQI are comparable and useful instruments for identifying insomnia in terms of diagnostic properties. Moreover, after comparisons of the diagnostic properties, sleep domains and feasibility of the scales revealed that the AIS is the strongest and most appropriate among the three instruments.

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A 11 - Circadian Disorders: Advancing the Science of Sleep

"...and to All a Good Night": Advancing Sleep Health as an Essential Vital Sign!

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Lyron Deputy, MSN, MBA, APN-BC, USA

Purpose

present the importance of understanding sleep as an indicator of health and wellness and to examine the role of the nurse in promoting effective sleep strategies in the holistic care of patients.

Target Audience

registered nurses, advanced practice nurses and nurse educators.

Abstract

Sleep and sleep disorders are rapidly becoming a major component in the care of patients in today's health care system. Unfortunately, nursing practice and nursing education have not maintained the same pace of importance in considering sleep as a component of nursing care. Research has validated the relationship of sleep and overall physical, mental, and spiritual health. The research literature is full of studies that link sleep disorders such as obstructive sleep apnea with major disorders such as diabetes, hypertension, obesity, and respiratory disorders (Kryger, 2011; Morgenthaler, 2015; Caruso, 2010; Peppark, 2013). It is now time for nursing practice and nursing education to review curricula and include evidence-based knowledge in nursing education programs at all levels so that practicing nurses can become proficient in the assessment, planning, and implementation of care for patients experiencing sleep problems.

Nurses across the world are familiar with the common vital signs that are assessed in each patient they care for within their work day. The first thing nursing students learn in a skills lab is how to determine a pulse, blood pressure, respiratory rate, and body temperature. They also learn to assess for the presence of pain, commonly called the fifth vital sign. This presentation creates a strong case for including yet a sixth vital sign: the status of sleep quality. Sleep quality, which can be assessed through a variety of tools can be determined by the nurse who is educated in the physiology of sleep and the impact of poor sleep on overall health. Nurses working in primary care, in a hospital setting, or in the community have access to patients who likely experience the common sleep disorders such as insomnia, obstructive sleep apnea, narcolepsy, or restless leg syndrome. All of these common sleep disorders affect the quality of life for patients afflicted by them; yet the nurse does not have the knowledge, skills, or awareness to integrate the appropriate interventions to provide better patient outcomes. If sleep was acknowledged as a critical "sixth vital sign", patient health outcomes would improve and outcomes of chronic disorders such as diabetes, hypertension, and obesity could also benefit.

In order to prepare a workforce of nurses who is knowledgeable in sleep care, nursing education programs at all levels must begin to include sleep theory and care into the nursing curriculum at the registered nurse and advanced practice levels. At the advanced practice level, there is an actual potential for caring for patients with sleep disorders to become a specialty or a subspecialty within a broader specialty disorder such as cardiac care or psychiatric/mental health.

This presentation will encourage the learner to consider the assessment of sleep as the sixth vital sign and will provide the rationale for this initiative. Let's bring nursing practice to the cutting edge of patient care as sleep is recognized as having a vital impact on overall health of individuals across the lifespan.

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B 09 - Community Health: Investigating Successes and Challenges

Creating a Healthier Population By Achieving the Triple Aim in a Community-Based Diabetes Clinic

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Purpose

The purpose of this presentation is to describe a fully implemented school of nursing diabetes clinic that contributes to creating a healthier community by achieving the Triple Aim outcomes.

Target Audience

The target audience of this presentation is school of nursing faculty, nurse practitioners, BSN students, disease managers, care coordinators, and nurse managed health center professionals. Community health leaders who are focusing on improving the health of a community are also a targeted audience.

Abstract

After managing a growing community's underserved diabetes population for 6 years, a collaborative BSN student nurse and faculty nurse practitioner provider partnership decided to begin to implement the Institute of Healthcare Improvements' Triple Aim as a progressive goal to further improve a population's outcomes. The collaborative partnership began to focus on the Triple Aim's three goals for optimizing a health system's performance. The three goals of the Triple Aim are improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care. Previously, the major goal of the collaborative partnership was to improve the health of the population as evidenced by improvement in HbA1c levels. The goal was to improve and maintain optimum HBA1c values and prevent diabetes complications for the population. The collaborative partnership added the triple aim goals of improving the experience of care and reducing per capita cost for ongoing care of this underserved diabetes population. The collaborative decided to use the IHI suggested measures for the triple aim outcomes. The patient experience is measured using a survey to assess the patient's perception of their experience while receiving primary care and disease management at the diabetes clinic located at a community health center. The per capita cost is measured by documenting hospital and ED utilization rate. The health of the diabetes population is measured by reporting HBA1C and complications of diabetes. The purpose of this presentation is to describe a fully implemented school of nursing diabetes clinic that contributes to creating a healthier community by achieving the Triple Aim outcomes.

Literature to support this research based practice study centers on several references. The Institute of Healthcare Improvement recommendations and goals serve as a guide for developing healthier communities by achieving the Triple Aim goals for patient populations. A significant research based manuscript that supports the use of a collaborative nursing faculty practice through a nurse managed health center is the manuscript published in 2015 by Pilon, Ketel, Davidson, and Gentry in *The Journal of Professional Nursing*. The book, *Future of Nursing*, supports this diabetes population initiative in the fact that it calls for more access to high-quality, patient-centered, affordable care. Embracing Change (2015) by Orr and Davenport, reviews the research based evidence for transforming nursing practice. A BSN Action Guide for Responding to the 2011 Institute of Medicine Recommendation in the NLN book, *Building the Future of Nursing* (2014) by Orr and Ciampini gives examples how BSN nursing programs can take actions to meet the first two IOM recommendations related to improving the scope of practice and leading collaborative improvement efforts; both of these recommendations are advanced by this diabetes population initiative. The research by Haelle (2015) documented fewer hospitalizations for people with diabetes by nurse practitioners. Bender (2014) found that treatment adherence and disease self-management improve with patient access and provider training.

Care of the underserved population includes primary care and disease management which takes place at a community health center diabetes clinic staffed by faculty Family Nurse Practitioners (FNPs) while integrating BSN Community Health course students into the collaborative partnership. With a scarcity of community health clinical preceptor sites, the collaborative was seen as adding a clinical site for BSN

Community Health students and giving them an opportunity to practice as student nurse providing community health interventions in support of the FNP's treatment plans for the patients in the managed population. The FNP communicates with the assigned students the treatment plan and behavior changes that are needed for the patients in follow-up to the primary care visit. The community health center has limited access to secondary referral providers or an interdisciplinary team of providers, which makes it essential that primary care and support care givers prevent complications from diabetes. The collaborative partnership program provides care that was previously not available to this uninsured population. The salary payment of the faculty FNPs is covered by a county community health foundation grant that has been renewed 4 times and has been in existence for 6 years. The faculty FNPs participate in the diabetes clinic once a week. The faculty nurse practitioners' practice at the diabetes clinic is in addition to their fulltime teaching responsibilities. This primary care practice time meets requirements for continued certification as a FNP. The funds for this grant originate from the previous sale of a community hospital. One of the primary goals of the county health foundation was to use the resulting funds to improve access to care in the community and to create a healthier community. The diabetes clinic has significantly contributed to meeting this goal of the health foundation by progressively increasing the number of patients seen and followed at the diabetes clinic over the past 6 years. Grant proposals and re-applications for funding have been written by the School of Nursing's endowed Chair of Excellence. Re-applications for the foundation grants required demonstration of ongoing improvement in patient health status as demonstrated by improving and maintenance of controlled HbA1c values and increasing numbers of patients having access to care at the clinic. The number of underserved patients being managed in the diabetes clinic is presently 1140 participants.

Education of the community health student nurse team members previously focused solely on the evidence-based care interventions for patients with pre-diabetes and diabetes. In addition, the students were taught the importance of preventing diabetes for the at-risk pre-diabetes population and preventing complications in the diabetes population. In order to prepare the student for a more encompassing broader focus of health care as described in the Triple Aim, the BSN community health students were educated on the global focus of the IHI Triple Aim Initiative. The students were then taught to intervene to not only achieve the population health outcomes, but also how to intervene to achieve improvement in the patient experience and reduce the per capita cost outcomes.

Based upon the IHI Triple Aim the diabetes clinic initiative has three specific process based outcomes that center on answering the three research questions which are: Can the care providers provide primary care, disease management and care coordination that promote participant behavior change that results in 1) improved or maintained HbA1c values; 2) positive reports from participants of the patient experience at the diabetes clinic; and 3) prevention of the need for participants to seek emergency department and hospital admissions for diabetes related complications. The diabetes clinic is available weekly for 8 hours at a community health center that serves underserved and underinsured patients. The diabetes clinic is managed by the school of nursing faculty. Primary care and education in self-care is provided by the school of nursing FNP faculty and BSN community health nursing students. Outcomes for a patient population of 150 participants that entered the program over the last 12 months, who have had at least 2 visits, include a baseline aggregate HbA1c of 7.89 % and a second aggregate HbA1c collected on the second follow-up was 7.77%. Outliers (sixteen participants) who had significantly out of control HbA1c values had an average improvement of decreasing values of an aggregate 4.33% from first visit to second visit. These were patients that had HbA1c values of 17.1%, 15.6%, 14.2%, 13.8%, 11.8% and down to 9.3% on their first visit and needed significant improvement in blood sugar control to prevent complications.

Measurement of the participants' patient experience and emergency visits are measured through a patient survey that has five questions. Three patient experience questions focus on provider interest in the patient as a person (95% positive); patient's confidence in getting the medical care they need (91.6% positive); and relationship with the primary care provider motivates to adhere to their treatment plan (100% positive). The two emergency (ED) department survey questions came back much less positive. Two survey questions asked if the patient has received care in the emergency department in the last 6 months (62.4% reported that they had accessed the ED) and if they had been back to the ED since having access to care for treatment of their chronic illness (54% reported that they had accessed the ED). The measurement of ED visits represents much opportunity for improvement in more effectively helping

the patient manage their diabetes and hypertension at the diabetes clinic and discuss options with the patients for focusing on early prevention rather than emergency intervention. With the ED survey questions not addressing cause of admission it might also be of benefit to question if the cause for seeking ED access was related to diabetes or hypertension.

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B 09 - Community Health: Investigating Successes and Challenges

Community- Based Health Programs: Struggles for Health, Education, and Social Care

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Purpose

To share strategies and lessons from an almost four decades of work with community based health programs and how these found their way to curricular development and changes as well as related learning experiences of student nurses.

Target Audience

Nurses from practice and academe, as well as nurse researchers. The session will particularly interest public/community health nurses as it shares the experiences and insights of a colleague in the same craft. It challenges nurse educators in drawing interest among students in this field and research.

Abstract

This presentation aims to share lessons and insights, pieces of evidence on what works and what does not work in community health development work. For almost four decades, I have been part of community-based health programs (CBHPs) in the Northern Part of the Philippines, taking on the struggle for health, education and social care. This presentation will focus on my stories from the field arising from my involvement with CBHPs, as these grew painstakingly through the years, ushering in hope for social change. Since 1973, non-governmental CBHPs have been part of the Philippine health care system. In the beginning, these programs centred mainly on teaching paramedics in far-flung, neglected rural communities. In due time, CBHPs learned to uphold, support and eventually become part of the common people's aspirations and struggles.

A community-based health program involves a community and its focus of attention is health. Involvement of the community does not mean a passive involvement where the people are the mere recipients of the services which the program offers. Rather it means the participation of the community in all aspects and stages of the program. Involving the community means involvement of people. The primary and ultimate wealth of the community are its people. A community-based health program therefore gives importance to people. It is people-oriented. The essential elements of community-based health programs which have been recognised and described include the following: 1. The community knows, feels and accepts responsibility for community health, not just the health of the individual; 2. The community taps and develops its own resources to meet health needs, including personnel and material resources, organizations and institutions at all levels; and 3. Community priorities are the priority focus of the programs.

My story will walk the participants through the history of CBHPs, which I have journeyed namely: Stage I: (1973-1975) Conceptualisation of a Developmental Approach to Health Care For and By the People; Stage II: (1976-first half, 1977) Promotion of a New Approach to Health Care; Stage III: (Second half, 1977-1978) Community Organization: the Backbone and Key to Success; Stage IV: (1979-1980) The Growth of People's Organization through Refined Organising Methods; Stage V: (1981-1985) Growth and Strengthening of CBHPs; Stage VI: (1985- 1988) Setback Years; and Stage VII: (1989-present) Reorientation and Reaffirming Commitment to CBHPs. My journey highlights the commitment to CBHP's holistic approach to health care and how this led the people to challenge existing structures and transcend "traditional" roles.

My journey with community health programs affirms the holistic approach of CBHPs. A community-based health program recognises that the health problems of any community are inter-related with the economic, political and cultural problems of society. Health is thus seen as only one component of the development of the community. Rather than emphasise the acquisition of high quality and sophisticated medical skills and treatment, priority is placed on using health as a way to motivate people to improve their standard of living and their quality of life. The people start to see that their health problems are related to food production problems, nutrition, water supply, housing, education, income and its

distribution, employment, communication and transport, and ultimately to political decisions. Physical health is not the only concern, but also mental and social health as well. The total well-being of a community and its people is targeted.

In a community-based health program, the initial goals, objectives and plans are open-ended and flexible. It considers the community's felt needs and not those defined by the health professionals. The program staff try to inspire, advise, motivate and demonstrate, but do not make decisions for the community. The community is strongly involved in all areas where decisions-making is needed. Community-based health programs are therefore built from the grassroots and are not handed down by the medical doctor or by institutions.

Any program directed towards the community will not work without the essential element of community awareness and community involvement in the planning and implementation of such a program. It must involve those who suffer from disease and poverty, and it must let them take the decisions and responsibility for their own health care. Unless the people in the community comprehend what the program is all about, prior preparation and involvement with the people will not succeed. Such programs may but only for a short while. In community-based health programs, the basic attitude is working with the community, and not giving to the community to improve health. Finally, health by the people rather than health to the people is aimed at. The communities will be, therefore, on their way to becoming self-governing, self-sustaining and self-reliant.

This story is a celebration of committed health professionals and people's efforts and achievements in their movement for social change. These lessons found their way to curricular development and changes as well as related learning experiences of student nurses. These form evidences of tested strategies that aid community health nurses more relevant and effective in the delivery of community health services.

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B 09 - Community Health: Investigating Successes and Challenges

Housing and Nurses for Health: Moving From Traditional Care Settings to Where People Live

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Purpose

The purpose of this presentation is to showcase a community-academic partnership as an example of evidence-based practice recommendations to integrate systems and coordinate care across sectors.

Target Audience

The target audience of this presentation is Academics, Public health practitioners, Policy makers, and Nurses.

Abstract

Purpose: The value of nursing to reach beyond traditional care settings to promote health where people live was highlighted in a recent Robert Wood Johnson policy brief (Ladden & Hassmiller, 2015). As the nation's largest body of health care providers with preparation for multiple levels of practice, nursing is best positioned to assume leadership in the current transition to population-focused, community-based, health care that aims to 1) improve the patient experience of care (including quality and satisfaction); 2) improve the health of populations; and 3) reduce the per capita cost of health care in the United States (Berwick et al., 2008). The *Housing and Nurses for Health* (HNH) partnership embodies these aims. Housing interventions can generate significant health savings (Fenwick et al., 2013). The purpose of this presentation is to describe the HNH model and evidence-based strategies used to integrate systems and coordinate care across sectors in the United States.

Project: Residents of public housing properties demonstrate far greater need and wield far fewer resources than the general population. In Portland and beyond, many are elderly, disabled, and living below the poverty line. For most of the last decade, the University of Portland School of Nursing (UPSON) has partnered with county housing authorities throughout the Portland, Oregon metropolitan area to improve outcomes for low-resource housing communities. This innovative collaboration has come to be known as the Housing and Nurses for Health (HNH) partnership and has grown to include 17 housing sites wherein UP nursing instructors and students work alongside resident services coordinators (RSCs) to coordinate resident care.

In this innovative model, UP nursing students and faculty coordinate resident-patient care with RSCs, who are community residents at housing sites. RSCs offer residents and families assistance with job training, child care referrals, pathways to home ownership, case management, translation assistance, activities that promote a healthy community such as support groups, youth programs, social celebrations, and resident empowerment workshops. The HNH partnership has disrupted business as usual for both UPSON and housing authorities by integrating and reframing housing and health sector services and staff to work towards joint goals that support an overall mission of enhancing resident and community self-sufficiency. The partnership has five primary goals:

1. Improve resident experience of housing and health care
2. Improve the health of residents and the communities they live in
3. Improve resident housing stability
4. Reduce the costs of health and housing care
5. Prepare nursing students and resident service coordinators to address complex health and social needs of resident-clients

Implications: Most health problems occur long before people interface with the healthcare system; suggesting interventions are needed outside the traditional healthcare system (Bambra et al., 2009; Williams et al., 2008). Systematic reviews highlight housing and workplace innovations' impact on the social determinants of health such as, housing quality, access to healthcare and quality of work, and on

the health of specific disadvantaged groups (Bambra et al., 2009; Commission on social determinants of health, 2008; Thomson et al., 2009). Housing interventions can generate significant health savings (Fenwick et al., 2013). Given persistent disparities and rising healthcare costs, there is a growing need for policy makers, healthcare providers, and leaders across multiple sectors of society to apply available knowledge to improve the underlying conditions that impact the health of populations and reduce the duplication of health and social services.

The HNH Model is one example of how nurses are leading the integration of systems and coordination of care needed to improve the underlying conditions that impact the health of populations.

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B 10 - Using Evidence to Improve Simulation in Nursing Education Instruct APNS to Deliver Bad News to Patients and Families in this Millennial Generation

Cheryl Mele, MSN, PNP AC/PC-BC NNP-BC, USA

Purpose

The APN students are required to communicate relational crisis to patients and families. Creating a patient-centered environment, characterized by mutual respect, empathy and collaboration is a competency established by National Board of Nurse Practitioners. Consequently, it is vital for nurse educators to develop teaching stratagems for effective communication in the curriculum.

Target Audience

The target audience is faculty, APNs, and health professionals in order to acquire abilities and a confidence level with this arduous communication responsibility of delivering bad news.

Abstract

A health care professional must acquire abilities as well as a confidence level with this arduous communication responsibility. Formal education in the communication proficiencies required for delivering bad news has established rising attention in the health professional literature. Review of the literature reveals this universal duty is difficult for health care professionals. If delivering bad news is done improperly, it can create ill will among the patient's / family and be detrimental to the grieving process. Hence, creating a patient-centered environment, which is characterized by mutual respect, understanding, empathy and collaboration is a particular competency established by National Board of Nurse Practitioners. The research identifies insufficient preparation, lack of supervisor assistance and scarcity of expertise as obstacles to success. Consequently, nurse educators must develop teaching stratagems for effective communication in the nursing curriculum, which has been identified as an essential advance practice competency.

Collaboration and communication aptitude training is a fundamental aspect of all, nurse's 'education programs. However, instruction techniques and outcomes vary extensively and are not consistent (Fisher, et al. 2013). Many educational programs have been developed to assist healthcare providers or APNs with developing this important skill. The benefit of simulated technology for health professional education allows the ability to incorporate multiple complex elements into the learning model and supports experiential learning (Arnold et al., 2013; Swanson, et al., 2011). Research has found that infusing simulated technology with traditional methods enhances students' motivation and efficiency (Arnold et al., 2013; Swanson, et al., 2011). Educational interventions incorporating simulation technology especially with the use of standardized patients and high fidelity simulation is a feasible teaching strategy to meet the goal of acquiring challenging communication skills (Crawford, et al., 2013; Peterson et al., 2012). Research has shown that strategic planned simulation training experiences offer the learner an opportunity to practice communication skills with families' in particular highly stressful situations (Fisher et al., 2014; Park, et al., 2010; Peterson et al., 2012). The experience can provide the chance for receiving feedback from a simulated patient's perspective and opportunity for self-reflection (Hammer Fox, & Hampton, 2014). In addition, evidence has shown various technological simulation models to role play delivering bad news in the stressful environments can enhance students' confidence and aptitude with real -time clinical practice (Fisher, et al., 2013; Park et al, 2010). The specific aim of the presentation is how educators can utilize evidence base strategies to prepare APN students to meet the competency of the effective communication such as delivering bad news or relational crisis especially within this millennial generation.

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B 10 - Using Evidence to Improve Simulation in Nursing Education

Igniting a Fire for Patient Safety in the or Using Teamstepps and Simulation Observation

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Purpose

to assess the current state of teamwork and communication skill using simulation observation among the operating room team, including the CRNA and the anesthesiologist, then provide a robust, evidence-based patient safety program training session to improve those constructs and evaluate it at 3 months to see if the change was sustained.

Target Audience

nurse executives, nurse departmental directors/managers, OR nurses, CRNAs, Anesthesiologists, Quality or Risk Managers, Patient Safety Officers.

Abstract

The purpose of this successful continuous improvement project was to assess the current state of teamwork and communication skill among the operating room team, including the CRNAs and Anesthesiologists, then provide an evidence-based patient safety program training session to improve those constructs. Evaluation for sustainability would then be assessed within 3 months of the project implementation.

The clinical questions were: (1) Does the implementation of a TeamSTEPPS training program in the OR cause an improvement in simulation scores in either or both communication and mutual support/teamwork skills post-training? (2) What are the employee's attitudes about the TeamSTEPPS training? (3) Was the simulation experience satisfying to the employee undergoing the testing? (4) Was the intervention sustained three months post-training?

The project design included a pre- and post-simulation observation assessment with a high fidelity mannequin, as the OR team engaged in a validated true- life scenario. Kolb's Theory of Experiential Learning drove the simulation and educational sessions. The intervention was done using the TeamSTEPPS modules and a post education evaluation was done with the TeamSTEPPS Teamwork Attitudes Questionnaire (T-TAQ). After simulation sessions post intervention, a measure of that experience was done with the Satisfaction in Simulation Experience (SSES) tool. Three months later a short survey (T-TAQ 2) was done to assess sustainability.

T-TAQ scores were significantly different in the positive responses from the anesthesia team as compared to the OR team ($p=0.227$) after the education session. The results of the SSES tool indicated a high percentage (98%-100%) of participants either agreed or strongly agreed that the experience was satisfactory. The Sustainability Scale revealed 66% of the participants indicated that some improvement in communication and mutual support occurred and there was also a desire by the CRNAs for refresher training in the future. Improvements were noted in both modules. Pre- intervention scores for communication were 65%, and post 89%. For mutual support (teamwork) they were 67% pre and 90% post.

Along with the statistical support of this project the main gains from this intervention was three-fold. First, many employees within the OR and anesthesia teams had not participated in simulation previously and this provided an opportunity to practice their new skills in a safe environment for patients. Secondly, it provided the simulation excellence team who provided the experience an opportunity to evaluate their sessions with a validated, reliable tool. Lastly, it inspired spread of this rigorous patient safety program within the organization resulting in other departments who either started using TeamSTEPPS or will begin implementing the program soon.

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B 10 - Using Evidence to Improve Simulation in Nursing Education

We Walked Their Walk: A Simulation of Poverty

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Purpose

The purpose of this presentation is to discuss an experience for nursing students designed to impact the affective domain related to poverty. It will enable the learner to compare poverty presented in didactic format with a poverty simulation.

Target Audience

The target audience of this presentation is nursing faculty and all nurses who instruct or precept nursing students in the clinical area.

Abstract

Purpose: The goal of this experience was to evaluate the impact of a poverty simulation on undergraduate public health nursing (PHN) students' attitudes towards those living in poverty. Poverty is the most influential social determinant of health. Since nurses care for people from all socioeconomic groups, they will encounter people living in poverty who feel that health care providers are frequently insensitive to their needs and concerns. Therefore, it is incumbent upon nursing faculty to address poverty-related-to-health issues with their students.

Description: Faculty designed a two cohort: simulation vs. control design to ascertain whether or not the poverty simulation positively changes students' attitudes towards people living in poverty. All PHN students completed the Attitudes Toward Poverty (ATP) scale (Atherton & Gemmel, 1993) at the beginning and end of the quarter. This 37 item Likert scale has a Cronbach's alpha for reliability of .93 and .89 for validity. Part way through the term, the experimental group took part in a poverty simulation as part of their clinical experience. The simulation was conducted within a school of nursing's conference rooms and classrooms. Faculty, school of nursing staff, and family members of faculty supervised the various stations. Student groups comprised of three or four were preassigned to a "family". The simulation began with a briefing and covered a month in the life of a family with 40 minutes allotted for each week. Experiences included those that a family living in poverty is likely to have, such as: taking public transportation; paying bills; dealing with daily needs (groceries and school crises); filing out annual paperwork for various agencies; attending health care appointments; and interacting with police. At the end of the term, all students (experimental and control) again completed the ATP scale.

Findings: The results of the two-way repeated measures ANOVA demonstrated a positive trend in changes in students' attitudes over time (pretest/posttest) towards people living in poverty for both groups. There was no statistically significant interaction of group between experimental vs. control. Hence, whether or not students participated in the simulation did not significantly alter their attitudes towards those living in poverty. Debriefings with students illuminated the following themes: 1) receiving government assistance is harder than people think; 2) poverty isn't about being lazy; 3) poverty creates a snowball effect in the family; 4) poor families are stereotyped, stigmatized and marginalized; and 5) good people may be driven by circumstances to do bad or desperate things. Based upon student feedback, the simulation was successful in sensitizing PHN students to the experiences of people living in poverty.

Implications: Our results are inconsistent with other findings using the ATP. However, published findings using the ATP include those using a modified short form, rather than the 37 item form. This prompts the following questions: Was the tool applicable to today's students' attitudes? Was there an issue with the simulation's design? The next step is to keep the simulation the same, but to test the ATP Short Form with 21 items and a reliability of .87 (alpha coefficient) (Yun & Weaver, 2010).

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B 11 - Role of Midwives in Healthcare

Helping Mothers Survive and Helping Babies Breathe: Nurse-Midwives Bringing High Impact Interventions to Low-Resource Settings

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Cherrie Lynn Evans, DrPH, CNM, USA

Purpose

The purpose of this presentation is to highlight a capacity building approach led by nurse-midwives in West Africa. This approach combines HMS and HBB to combat leading causes of maternal and newborn deaths. We will review evidence behind our approach and describe the successful nurse-midwife-led roll out.

Target Audience

The target audience of this presentation includes: nurse educators, nurse clinicians, nurse researchers, nursing students, trainers and program implementers.

Abstract

Building on the success of Helping Babies Breathe (HBB), Helping Mothers Survive (HMS) is an innovative training initiative to equip nurses, midwives, and other frontline workers with the knowledge and skills required to prevent mothers dying from preventable causes on the day of birth. Both HMS and HBB are simulation-based training packages for providers working in countries with a high burden of maternal and newborn mortality. These packages complement and extend the reach of basic emergency obstetric and newborn care (BEmONC) training by acting as the “booster shot” to the initial “immunization” of BEmONC; however, they can also be used in settings where BEmONC has not been used. All training modules are grounded in evidence that shows health workers better retain clinical skills through simulation using anatomic models and case-based learning opportunities. Benefits to this training approach include reaching a higher number and a greater range of health workers, bringing technical updates to hard-to-reach urban and rural communities where it is most needed, promoting teamwork, providing immediate feedback on performance, and keeping needed human resources on-site.

Countries in francophone Africa have some of the highest maternal and infant mortality rates; Mauritania is an example with a Maternal Mortality Rate of 602 and an Infant Mortality Rate of 63. Knowing that the same provider who cares for a woman at birth is also responsible for the care of her new-born, we combined the two approaches to provide a high-impact intervention for this region. In 2015, five global agencies, including Jhpiego, UNFPA, French Red Cross, Laerdal Global Health, and AMREF, partnered in Dakar, Senegal to host a 6-day HMS and HBB workshop for program advocacy and implementation in nine francophone countries. With an overall goal to train and equip all providers who care for women at birth with essential knowledge and skills to address the postpartum haemorrhage and birth asphyxia and improve quality of care, the workshop accomplished the following:

- An advocacy and planning retreat for high-level government representatives from each country.
- Design of work plans led by country teams for scale up of HMS and HBB training in their countries.
- Implementation guidance at the workshop and after to support country-based activities for scale up.

Within 6 months of the workshop, and with only 2 Master Trainers for each country, participants from the Dakar workshop have rolled out this innovative, combined training program in their countries. As the training is implemented onsite, and encourages peer-to-peer learning after the initial training dose, each country program has been able to integrate HMS and HBB into existing health programs with relatively low investment costs, specifically in Mauritania, and Niger. While the Master Trainers in Dakar, Senegal were a mix of doctors and midwives, roll-out in country, training, and sustained practice after the initial

content dose has been led by local mid-wives and nurses. Progress to date includes the training and mentorship of eight midwives, who then trained providers caring for women and their newborns in HMS and HBB from 28 health centers in the Gorgol district in Mauritania. In Niger, a regional training in the Zinder district resulted in 13 Master Trainers and 37 Champions for further roll-out at the facility-level and integration into pre-service. In Burkina Faso and Senegal, programmers have begun the procurement process for simulators and learning materials and conducted advocacy trainings at the ministry-level for subsequent roll out. Haiti has trained 19 providers in HBB at 3 health centers and is working to incorporate HMS and HBB into midwifery training curriculum. In Chad, trainers were trained in HMS and HBB and will continue to roll-out to midwives and their supervisors on both programs in 15 health centers and 2 hospitals. Mali has a HBB program and will begin integrating a combined program of HMS and HBB in 2016.

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B 11 - Role of Midwives in Healthcare

Knowledge of Private Hospital Midwives on the Use of the Partogram

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Purpose

The purpose of the presentation is to report on key knowledge areas of midwives working in a private hospital on partogram use that need further regular updates.

Target Audience

The target audience of the presentation is midwives, nursing service managers and clinical facilitators.

Abstract

Background: The partogram is a clinical practice guideline that is useful in early detection of complications during labour, but is still poorly completed. Midwives are failing to monitor and plot the maternal and foetal status correctly during the latent and active phase of labour. Quality-of care audits in South Africa also identified incorrect interpretation of the partogram. Partogram use varies between different health care facilities due to internal training facilities in the workplace. No studies on the knowledge of midwives on partogram use in the private sector could be found.

Objective: The aim of the study was to explore the knowledge of midwives working in a private maternity hospital regarding the use of the partogram.

Design: The study used an explanatory mixed method design. In-depth interviews with midwives and advance midwives followed quantitative questionnaires. The questionnaire consisted of eight questions and an open-ended question to obtain baseline data, clarify the knowledge of the midwives on the use of the partogram and their perceptions on the use of the partogram during decision making. The interviews explored the knowledge of the midwives on the Guidelines for Maternal Care and partogram use as well as their responsibilities regarding the use of the partogram in clinical practice. Thematic analysis was used to analyse the data of the interviews.

Setting: A private maternity hospital in Gauteng Province, South Africa was used.

Participants: Eleven midwives and three advanced midwives of the seventeen midwives working in the labour unit of the private maternity hospital participated in the study.

Findings: Although all the midwives and advanced midwives knew the purpose of the partogram, where to find the recommendations on the use of the partogram and the signs of true labour, not all were sure when the partogram had to be completed and who remains responsible to plot the findings. Fetal heart rate monitoring during the active phase of labour remains a concern.

Key conclusion: The midwives understood the importance of the partogram but were not using the tool to the extent it is intended.

Implications for practice: The study identified key knowledge areas of midwives working in a private hospital on partogram use that need further regular updates through internal workshops. Training and re-training of midwives could ensure proper understanding of the partogram as a tool to monitor and manage labour.

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B 11 - Role of Midwives in Healthcare

Midwives' Utilization of Life Saving Skills for Prevention and Management of Haemorrhage in Nigeria

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Purpose

present a finding on the quality of midwives' practice in preventing and managing haemorrhage: knowledge and practice of Life saving skills for prevention and management of haemorrhage 2) factors that influences their practice. 3)relation between their knowledge and practice and how they vary by their academic qualifications and years of experience.

Target Audience

nurse/ midwives executives, health/ hospital management administrator, midwives/ nurses, midwifery and nursing organizations.

Abstract

Background: Annually, 36,000 women die in Nigeria as a result of complications of pregnancy and child birth, 70% of these deaths were due to four conditions. Obstetric hemorrhage is the most common cause, of which 99% occurs as primary postpartum haemorrhage (PPH). Predicting who will have primary postpartum haemorrhage based on risk factors is difficult because two-thirds of women who have PPH have no risk factor. Primary postpartum haemorrhage can be prevented and treated by early, aggressive, and coordinated interventions. Life Saving Skill (LSS) are set of actions that helps care giver prevent, recognize and manage life threatening emergencies. The Life Saving Skill measures for prevention and management of haemorrhage are active management of third stage of labour, manual removal of placenta, bimanual compression of the uterus and manual removal of clots and product of conception. LSS has been part of midwifery curriculum and in-service training in Nigeria. This study assessed the midwives' knowledge and practice of Life saving skills for the prevention and management of haemorrhage, and the factors influencing its practice. Three hypotheses were generated and tested with Pearson correlation and chi-square at p value of 0.05.

Methods: This descriptive study utilized structured questionnaire and observation checklist for data collection. Questionnaire was given to 177 midwives working in 126 primary health centers in 15 purposively selected Local Governments Area. While 60 midwives who were among the 177 midwives were observed. Their knowledge was rated as follows: high knowledge (score of 70%); moderate knowledge (score of 50% - 69%) and poor knowledge (score of < 50%). Extent of utilization was rated high with a score of > 50% and low with a score of 50%.

Results: About (52.5%) of the respondents were highly knowledgeable and (37.3%) have moderate knowledge. For their practice, 70.6% of the respondents stated that they highly practice it but on observation, only (21.7%) highly practice it. Majority practice some components of the procedures like clamped and cut the cord (95%) and uterine massage (73.3%). Also all the respondents gave oxytocin but only (13.3%) gave it on delivery of the anterior shoulders. The midwives mentioned no assistants on duty (23.7%) and shortage of oxytocin (20.3%) as some of the hindering factors. During the observation, (66.7%) of the midwives were the only midwife on duty in the labour unit, while (23.3%) had no assistant on duty. A positive relationship exists between their knowledge and practice (P value of 0.000). Their knowledge significantly varies by their academic qualifications (P value of 0.003) but their practice does not significantly differ by their years of experience (P value of 0.075).

Conclusion: a gap exists between the midwives actual practice and evidence based standard practice, thus continuous training, frequent monitoring and supervision on or off notice are necessary to improve their care. Structural support in form of adequate staffing and supply of material are very important to enhance their practice and improve patient care.

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C 06 - Coping With Student Stress: A World View

Sources of Stress Among Nursing Students During Clinical Placements: A Malawian Perspective

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Purpose

The purpose of this presentation is to disseminate research findings on stress among nursing students, which is a vital subject in nursing education as significantly affects student learning.

Target Audience

The target audience of this presentation are nurse educators and clinical nursing staff, more especially those that are directly involved in teaching students.

Abstract

Background: Nursing is known to be inherently stressful and literature reveals that stress is also evident during pre-registration nursing studies and it can affect student performance. The study did not explore stress, but these are part findings of a larger study which explored the students' clinical learning experience.

Aim: The aim of the study was to explore undergraduate nursing students' perceptions of their clinical learning experience.

Design: This was a hermeneutic phenomenological study.

Setting: The study took place at a University Nursing College in Malawi.

Participants: Participants for the study were purposively selected from among third and fourth year undergraduate nursing students.

Methods: Conversational interviews were conducted and a framework developed by modifying Colaizzi's procedural steps guided the phenomenological analysis.

Results: Findings reveal factors which cause stress among undergraduate nursing students during their clinical placements. The following themes emerged from the study: stress associated with the lecturer/student interactions; stress associated with clinical practice; stress associated with objective structured clinical examination (OSCE) and stress caused by external stressors. The lecturer is perceived as a major stress inducer and the interaction perceived by students as 'policing' which some of the lecturers' employ is one of stressors. The main stressors during clinical practice include lack of life saving medication leading to death of a patient, taking care of critically ill patients unsupervised, and fear of contracting infections such as HIV and tuberculosis and death of a patient. Lack of finances for students who lost both parents or for those who are from poor families and or family relationship problems are some of the external source of stress.

Conclusions: The study reveals sources of stress among nursing students and literature reveals that stress is an issue which nurse educators should seriously consider knowing its consequences on students' learning. Furthermore, literature also reveals that the effectiveness of the interventions to prevent occurrence of stress depend on understanding of the stress phenomenon.

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C 06 - Coping With Student Stress: A World View

Trait Anxiety and Hardiness Among Junior Baccalaureate Nursing Students Living in a Stressful Environment

Tova Hendel, PhD, RN, Israel

Purpose

The purpose of this presentation is to examine two personality characteristics, hardiness and trait anxiety, among junior baccalaureate nursing students living and studying in a stressful environment with the aim of supporting them in their ability to cope effectively.

Target Audience

The target audience of this presentation are nurse educators, nurse managers and clinical nursing instructors.

Abstract

Purpose: The purpose of this presentation is to examine two personality characteristics, hardiness and trait anxiety, among junior baccalaureate nursing students living and studying in a stressful environment, with the aim of supporting them in their ability to cope effectively.

Methods: This research was conducted at Ashkelon Academic College, Israel. Ashkelon, a city located in Southern-Western Israel (population of 140,000) has been a constant target of rocket attacks from the Gaza Strip (distance 14 km), most intensively during 2014, causing damage to property and human life. Approximately 70% of the students live in or around the city.

The sample consisted of 95 1st and 2nd year nursing students who had not as yet begun their clinical experiences. Data were collected through a 3-part structured questionnaire: The Hardiness Questionnaire (Kobasa, 1979), Trait Anxiety Questionnaire (Spielberger, 197) and demographic data (age, sex, army service, country of birth, family status, current place of residence).

Results: The mean score of the total sample for personality hardiness was 4.31 (a maximum score of 6). The mean score of the total sample for trait anxiety was 1.76 (maximum score of 4). Of all the demographic characteristics, only place of residence was found correlated with hardiness. Students who lived closer to the border had a lower hardiness score. A significant adverse relationship was found between trait anxiety and hardiness. Student nurses with a higher score of trait anxiety scored lower in hardiness.

Conclusion: The findings of stress research have suggested that stressful life events influence the average person's normal routine. The repeated exposure to stressful environments and the available repertoire of coping mechanisms may influence our personal resources and sometimes harm effective coping responses and ability to function to the full extents of our education and training. The mean score of personality hardiness for the total sample was found above the average. In spite of the exposure to intermittent but repeated life-threatening events for a prolonged period, students tried to cope effectively. Our responsibility as nurse educators to identify perceived stressful situations among students, often not correlated with their studies, and ensuring a safe environment, as much as possible in order to function effectively in their work environment – will be discussed.

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C 06 - Coping With Student Stress: A World View

Student Support in Research Capacity Development: One Size Does Not Fit All

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Purpose

The purpose of this presentation is to report on reflections of novice researchers in order to create an awareness and innovative plan to support students in research capacity development taking into consideration individual as well as contextual needs and conditions.

Target Audience

The target audience of this presentation are all nurses engaged in the facilitation of research and student support.

Abstract

Background: The dynamic relationship between student learning, pedagogy, institutional context and supra-institutional aspects (economics, social, political aspects) necessitate innovative strategies in teaching and learning. These strategies suggest an integrative approach to ensure quality teaching and learning. Research capacity development is not different to other learning experiences. Student characteristics, teaching design and the learning climate are important elements of student support. Innovative student support strategies denote strategies that meet needs in a more effective manner by approaching practices differently or developing new strategies, rather than improving existing strategies. The outcome of innovative strategies is to achieve 'growth' in the teaching and learning process, thus developing scholarship of teaching and learning leading to quality education.

In South Africa, many nursing students, both undergraduate and postgraduate come from an educational background where passive reception of information is the dominant pedagogy. This is also not different for those nurses who enroll in informal programmes to develop their research knowledge or capacity. In order to achieve growth and capacity development in research skills the researcher has engaged in activities that created a learning climate and environment that foster critical thinking by using innovative ways of instruction (Harvath 2008).

The pedagogy used in this study is based on a constructivist conceptualisation of learning, which requires students to reflect actively on their previous and current knowledge and experiences in the capacity development process. A process of 'meaning making' was used in the process of learning where the facilitator makes meaning of the content in interaction with the students in the teaching process (Merriam, Caffarella & Baumgartner 2007:294–296).

Methods: A qualitative exploratory-descriptive design was used to explore the experiences of participants regarding the support rendered in their development as researchers. The population consisted of post-basic/postgraduate students engaged in a research project. Data were collected by means of reflective activities where the participants were asked to share their experiences of research capacity development where they were engaged in various and new teaching and learning strategies which expected active involvement. Data were collected from students' written reflections and were analysed by searching for recurring themes and patterns.

Findings: The findings revealed that students experienced high levels of anxiety and frustration at the beginning of the programme. However, once they understood the underlying principles of research, they began to understand the implications for their own learning and development. The development of a support system whereby innovative but also a variety of support strategies are used proved to be a need. Students also support each other on cognitive, emotional and social levels, contributing to a smoother transition in research capacity development. The value of mutual support in participative learning, and formal and informal peer support encouraged critical reflections towards research capacity development. Experiencing caring moments enhanced skills acquisition in the process of research capacity development. The study further demonstrated the value of qualitative methods in obtaining students' perceptions through reflective activities of research capacity development.

Conclusions: Eminent from the data is that students require different ways of support. Student support can therefore not be one recipe for all. Emotional, instrumental and information sharing should be planned in such a way that it addresses individual needs within the context it is taking place. Realising the gaps in knowledge levels, the individual affective needs and considering the environment within which the learning will take place will enhance the awareness amongst facilitators to ensure innovations in the support plans.

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C 07 - Enhancing Nursing Leadership Throughout the World

Understanding Nurse Migration

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Purpose

The purpose of this inquiry was to identify the challenges the Florida Board of Nursing face in credentialing Internationally Educated Nurses (IEN) from three source countries: Haiti, Jamaica, and Trinidad & Tobago; and design an evaluation model or matrix to facilitate the authentication of IENs credentials who migrate to Florida.

Target Audience

The target audience for this presentation is nurse leaders, nurse executive, nurse educators, and nursing regulators

Abstract

Purpose: The current nursing shortage in the United States, which began in 1998, still lingers with no end in sight. The causes of the nursing shortage in the Caribbean are different from those of the U.S. The movement of Caribbean nurses historically has been within the region or outside the region to the United Kingdom (UK), Canada, and the U.S. Significant migration by Caribbean nurses is generally seen in Florida, which is considered the gateway to the Caribbean basin. This migration has served as the catalyst for a rapidly growing global business that attracts a number of entrepreneurial ventures and players. The results have been challenging with the most negative being exploitation of nurse migrants.

The purpose of this inquiry was to identify the challenges the Florida Board of Nursing face in credentialing Internationally Educated Nurses (IEN) from three source countries: Haiti, Jamaica, and Trinidad & Tobago; and design an evaluation model or matrix to facilitate the authentication of IENs credentials who migrate to Florida. The theoretical framework used was that of Donabedian, which includes 3 components *structure, process* and *outcome*.

Methods: This was an IRB approved triangulated evaluation study. This descriptive, evaluation inquiry used a mixed method design. It included quantitative data gathered through a researcher designed survey tool which was used to collect data about the Boards of Nursing credentialing process; two researcher designed questionnaires used to gather data about the Credentialing Agencies credential evaluation process and a source country questionnaire used to gather data about the source country credentialing and licensing process. Finally, a record review of the FL BON credential approval process and the NCLEX pass rate of RNs and LPNs by source country were conducted. The qualitative data were gathered through individual interviews with Credentialing Agency representatives and source country representatives and a focus group was conducted with FL BON nursing education consultants.

Results: Findings from the study provided valuable information and insight about the credentialing process of IENs overall and in Florida in particular. The information obtained may be utilized to process IEN applications and to give approval to take the NCLEX examination. The data from the inquiry were used to create a credential evaluation model that can be used to facilitate the process of authenticating and credentialing IEN applicants who seek licensure in Florida.

Conclusion: Implementation of the model has significant regulatory implication that will ensure the delivery of safe nursing care & protection of the public. In addition, addressing the credentialing process of foreign graduates, which is complex and multifaceted is to create a specialized IEN staff within the FL BON. This staff would need to have focused training in fraud detection. They would maintain open lines of communication with CES and with the appropriate government Ministry from the source.

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C 07 - Enhancing Nursing Leadership Throughout the World

Advancing Nursing Migration Research: Observations and Opportunities

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Purpose

The purposes of this presentation are to provide an overview of studies examining the experiences of nurses who migrate globally and to identify implications for advancing global nursing research.

Target Audience

The target audience of this presentation is researchers, clinicians, health services administrators and others with an interest in global nursing migration.

Abstract

Purpose: The purposes of this umbrella review were to identify the state of nursing research focused on the experiences of nurses who migrate globally and identify implications for advancing the global nursing research agenda.

Methods: The body of research examining the migration experiences of nurses has grown during the past two decades resulting in a number of knowledge synthesis studies. While the breadth and focus of these studies is quite diverse, an umbrella review or synthesis of these studies was undertaken to summarize what is known about the migratory experiences of nurses worldwide. The databases Medline, CINAHL, EMBASE and Cochrane were used to conduct a search of reviews published between January 1995 and January 2015 (systematic, integrative, meta-analysis) using the key words, migration, immigration, global nursing, global nursing workforce, international nursing, and nursing experience. Inclusion criteria were: 1) written in English; 2) employed some type of review method (systematic, integrative, meta-analysis); and 3) included a specific focus on the migratory experience of nurses. Studies without a specific focus on the migratory experiences of foreign or internationally educated nurses were excluded.

Results: Twelve review studies were included based on predetermined inclusion criteria. The United States, the United Kingdom and Australia were the most frequently cited destination countries. Many nurses reported negative experiences when migrating. Experiences such as discrimination, communication difficulties, social and professional isolation were frequently reported. Migrating nurses faced difficulty adjusting to their new professional role and were stressed by the lack of a comprehensive orientation to the workplace. Some studies noted few guidelines relative to best practices for positive socioprofessional integration. When available, well adaptation programs lead to greater job satisfaction and integration into the workplace.

Conclusion: Additional research studies using quantitative and qualitative methods are needed to advance this body of research. Future studies that increase the number of country and nurse population specific research are needed. Given the paucity of family and gender specific research in this area, more research is warranted. Research describing the experiences of migrating nurse faculty is in its infancy stage and thus more research may advance the global nursing research agenda. Nursing research examining the impact of best practices on improving safe and effective transitions to workplace and career integration in destination countries worldwide is sorely needed.

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C 07 - Enhancing Nursing Leadership Throughout the World

Advocacy for Hospital Revitalisation Risk Management Policy

Guinevere Lourens, PhD, MNSc, BNSc, RN, RM, RPN, RCN, South Africa

Purpose

The purpose of this presentation is to contribute to policy and advocacy for the staff and patients affected by renovation of operational health facilities and to provide nurse leaders with evidence to advocate for patient and staff safety; and risk management during health facility infrastructural upgrades.

Target Audience

The target audience of this presentation is nurse leaders, nurse managers, public managers, hospital renovation project managers, health sector policy makers and decision makers in the realm of health facility infrastructural upgrades.

Abstract

Building and renovating healthcare facilities is complex and the incorrect planning and implementation thereof can give rise to expensive mistakes, which impact on patient and nursing staff safety. The voice of nursing is often muffled in hospital infrastructure projects.

A doctoral study was undertaken to critically evaluate the implementation of a hospital revitalization project in Paarl, South Africa. The project aimed to modernize and transform the infrastructure and health technology and improve the quality of care and access to public health care. The outcome of the study was the development of a framework for project implementation. This framework advocates for the quality of care of the patients as well as nursing, clinical and support staff, and technical quality assurance during project implementation. Research on quality of care in health fulfils a practical mandate to create information for use by nursing managers to improve and inform policy.

A descriptive case study design, with qualitative research methodology was utilized for this study. The case study involved an intensive exploration of the circumstances, dynamics and complexities of this public hospital project. A multi-method approach to data collection was taken which included focus group discussions; individual and pair interviews; as well as photographic and document review. Action research methodology, which is concerned with collaborative knowledge enquiry and sharing, was applied by means of an intervention. The findings which arose during the study were simultaneously used and actions were taken to improve project implementation in the Psychiatry clinical unit's planning and decanting stage.

The study's findings indicate that hospital revitalisation holds huge benefits for the community the relevant hospital serves, but that risk management policy for client, staff and technical quality is limited to assure safety during implementation. This study, supported by literature, revealed that the role of nursing is often forgotten on such health facility upgrade projects and therefore nursing professionals need to be an integral part of planning. The proposed implementation framework serves to inform of the risk management strategies that can be taken for the infrastructure, health technology, and quality assurance deliverables of future hospital revitalisation projects. Implementation policy needs to include extensive risk management guidelines. Nursing managers stand to benefit from the framework to enhance quality of care during healthcare building renovation implementation, in the interest of economically effective and efficient allocation of public resources and quality health for all.

This research could contribute to advancing hospital revitalisation policy implementation in practice and advocacy for the staff and patients affected by renovation and re-engineering of operational health facilities. The findings provide nurse leaders with evidence to advocate for patient and staff safety; and risk management during health facility infrastructural upgrades.

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C 09 - Using Technology to Engage Students

From Health Professional to Film Producer in One Easy Workshop: Creating Digital Stories

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Purpose

The purpose of this presentation is to illustrate how workshop participants were introduced to the Digital Storytelling process. They were coached in the development of a narrative, storyboard, audio soundtrack, collection of images and background music. They were given “hands on” experience in compiling and presenting their own group stories.

Target Audience

The target audience of this presentation is anybody who is interested in using digital stories for teaching, creating their own digital stories for teaching and learning purposes or teaching their students how to create their own stories. It is also for people who wish to further transform their teaching practice.

Abstract

Digital storytelling is an innovative method of capturing an audience emotionally by telling tales from the heart and soul. It consists of a short, four- to-six-minute multi-media presentation which is narrated in the first person. Digital storytelling introduces the storyteller to multiple literacies such as writing, listening, narrating, publishing, presenting, language, acting and communication skills. Various types of multi-media and technological skills are also learned.

The digital storytelling project can be used in many different situations to assist the student master the curriculum content. According to Hung, Hwang and Huang (2012) project –based learning in a real-world environment makes it easier for the student to learn. In a study done by Ivala, Chigona, Gachago and Condy (2012) findings showed that the use of digital storytelling boosted the level of engagement of the students and led to a higher grasp of the subject content. Gachago, Ivala, Barnes, Gill, Felix-Minnaar and Morkel (2014) argue that increasing access to freely available software encourages the use of digital storytelling in poorly resourced communities.

The need for a facilitated digital storytelling workshop arose when the staff of a Health Sciences Faculty decided that a digital storytelling project would capture the experiences of their final year students who were involved in an interdisciplinary collaborative project.

This presentation will describe how a group of twelve health science facilitators were introduced to the basic principles of Digital Storytelling, writing skills and multiple technological skills that are needed to produce a digital story.

During the course of the six-hour workshop the participants are prepared by first completing a short free writing exercise on a predetermined topic to help stimulate creativity and get the ideas flowing. A post free writing reflective exercise is completed. The participants are then required to write a narrative script of no more than five-hundred words based on the free writing topic using fourteen preselected images. A storyboard is developed with the narrative script being applied to each image with notations for required animations or transmissions.

The next step entails putting the digital story together using one of the freely available software programme such as Photostory3. The participants upload their images, record their narration and import their background music. The final step is proudly sharing their stories.

The student’s digital storytelling project is evaluated according to a rubric which is given to the students at the beginning of the project to guide them. The digital stories are graded with the rubric by the facilitators as well as peer marking by the students.

The technology associated with Digital storytelling is intimidating and frightening to the uninitiated. There is a great need to hold a facilitators workshop to allow facilitators to master the technology in order to be able guide the students to produce digital stories that will be remembered.

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C 09 - Using Technology to Engage Students

Instructional Design Consideration: Taking the Learner and Lab Beyond Virtual

Jackie L. Michael, PhD, APRN, WHNP-BC, USA

Purpose

This presentation will discuss innovative instructional design considerations from content design to teaching strategies and evaluation methods as faculty meet the challenges of rapidly converting in-seat content for on-line delivery as they try to meet their own earning needs long with those of the on-line learners'.

Target Audience

This presentation is designed for beginner, intermediate and experienced instructors and faculty in clinical and academic setting faced with the challenges of the "flipped Classroom" who are committed to quality instruction in a rapidly evolving environment and learners with diverse learning needs

Abstract

This presentation will discuss innovative instructional considerations from content design to teaching strategies and evaluation methods as faculty meet the challenges of rapidly converting in-seat content for on-line delivery while they try to meet their own learning needs long with those of the on-line learners'.

This presentation is designed for beginner, intermediate and experienced instructors and faculty who are teaching in clinical and academic settings, and are faced with the challenges of the "flipped Classroom". While they are committed to quality instruction in a rapidly evolving environment and learners with diverse learning needs beyond those of age and learning styles.

The presentation will discuss principles of instructional design in detail and will include defining Essential Content including considerations from meeting credentialing requirements to the needs defined by clinical employers who hire our students. Content Mapping to define essential content as we let go of the sacred cows while thinking outside the box and doing what has never been done before. By beginning with end in mind and embedding quality matrix and measurement tools to measure effectiveness as we move forward. Innovative teaching strategies will include clear expectations to meet course outcomes by providing timelines and schedules. Creating rubrics for students and faculty so both work with clear expectations is critical and tips will be shared regarding the dos and don'ts of rubric design. "Re-Chunking" the content into doable bite size readings, learning activities and submissions for grading are essential for realistic goal setting and examples of these be shared with the audience during the presentation. Objective and reliable evaluation has been another challenge for any faculty who works in teams of 3-4 members. IRR or Inter Rater Reliability exercise and methods used by the presenter will be discussed in detail as the process, principles, benefits and limitations are critical topics so the teaching team is effective and efficient. Diagnostic Reasoning Skills and Scenarios used by the author will be discussed and examples will be shared with the audience during the presentation for problem focused exams conducted by graduate students. OSCE and use of Standardized Patients (SP) for objective rubric-based evaluation will be shared along with rubrics and OSCE Lab set-up examples for the audience. Benefits of teaching while we share the challenges in teaching remind us of why we chose to teach and tips to encourage the heart will be discussed as the author believes "Mistake is the price paid for a valuable lesson learned and not a failure", "It's OK to laugh at yourself- it keeps the heart young," "Remembering why we wanted to teach and revisiting our teaching philosophies from time to time is a good thing."

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C 09 - Using Technology to Engage Students

Online Education: Engaging a Global Community

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Purpose

The purpose of this presentation is to explore and examine Colleges of Nursing that have successfully implemented distance education using online, hybrid and other unique delivery methods in graduate nursing education and to extend that discussion to the global community of nursing education.

Target Audience

The target audience of this presentation is the global community of nurse educators and potential graduate students (clinical) who prefer or require alternate ways of education delivery modalities. Administrators who are seeking innovative ways to promote advanced education of nurses should find potential solutions in alternate delivery modalities.

Abstract

Purpose: The purpose of this project is to explore and examine programs of nursing that have successfully implemented distance education using online, hybrid and other unique delivery methods in graduate nursing education, as well as alternative nursing programs.

Significance: The virtual borders between countries have become non-existent and we are charged with making education accessible to all. We live in a diverse learning and educational environment. Our society is increasingly mobile. Distance learning (DL) continues to increase, 6.52% from fall 2011 to fall 2012 (a decrease from fall 2007 to fall 2008 when distance learning grew by 22%) while traditional enrollment decreased by 2.64% (Instructional Technology Council (ITC), 2013). Due to demand for online courses, the ITC has discussed the following trends: student demand for DL continues to grow; there is an urgent need for course quality and design as well as for faculty education; completion rates are narrowing between DL and face-to-face (f2f) students; virtual student services have actually decreased thus there is a fundamental need to increase funding in order to restore and enhance services; Deans, rather than libraries and IT departments, are expected to be responsible for DL more so than previously (Lokken, 2013). Nursing DL programs have unique needs related to State Boards of Nursing and clinical experiences that need further exploration (Gromley and Glazer, 2012).

Method: A literature review of best practices in online education was completed and will be reported in this presentation. In addition, interviews with faculty at several colleges of nursing, as well as other disciplines, were conducted to ascertain both successes and pitfalls and are also reported in this presentation. Diverse educational institutions were examined, including private, research intense, and land grant universities.

Findings and Discussion: Faculty support, IT support, instructional designers, class size, additional resources, and mentorship of both students and faculty were found to be vitally important for the success of online and hybrid courses and programs. Those findings are described and discussed in this presentation, with particular emphasis on diverse learning and teaching needs. Global initiatives will also be discussed.

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C 10 - Promoting the Health of School-Aged Children

Exposure to Secondhand Smoke and the Development of Childhood Caries: NHANES 2011-2012

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Purpose

The purpose of the presentation is to create a greater awareness of the association between a child's exposure to secondhand smoke and the development of dental caries and the need to emphasize avoiding tobacco exposure in oral health educational material used in primary care and dental care practice.

Target Audience

The targeted audience for this presentation are registered nurses and advance practice clinicians who care for children and families in a variety of settings including primary care offices, school based clinics, community clinics and have a personal and professional interest in improving oral health outcomes within their community.

Abstract

According to the World Health Organization more than half of the children world-wide are exposed to tobacco smoke, with the majority of this exposure occurring at home. Recently there is growing evidence linking secondhand smoke to the development of dental caries in the pediatric population. Children with family members who smoke are noted to have more decayed, missing or filled teeth compared to children who have no smokers in the family.

Dental caries continues to plague young children with numerous adverse effects including pain, poor growth and development, decreased quality of life as well as the potential for the development of life threatening secondary infections. Oral health is not only linked to a child's quality of life but also to their general health. Development of dental disease during childhood can also increase the risk for developing adult periodontal disease, which has been associated with cardiovascular disease, respiratory disease, diabetes and, in pregnant women, as adverse perinatal outcomes.

Factors associated with the development of childhood caries are numerous and complex as they are related to social, economic and/or cultural behaviors. Despite previous literature linking secondary smoke to dental caries in children, the majority of parent oral health education focuses on dietary habits, oral hygiene habits, fluoride supplementation and the importance of preventive dental care.

Purpose: The purpose of the study was to investigate the association between a child's exposure to secondhand smoke and the development of dental caries taking into account the child's sugar intake, dental care experiences and sociodemographic factors.

Methods: Cross-sectional data of children age 4 to 11 from the U.S. National Health and Nutrition Examination Survey (NHANES) (2011-2012) were utilized. Data from NHANES is collected from representative U.S. populations using a multistage, stratified, cluster sampling design. Data are obtained via personal household interviews and health examinations. The household interview collects demographic, socioeconomic, dietary, and health history information. The examination component consists of physical and dental examinations and various laboratory tests. The primary independent variables of interest were environmental tobacco smoke (ETS) exposure noted by: 1) the number of cigarette smokers living inside the house; 2) the quantity of cigarettes smoked inside the house; and 3) serum cotinine level of 0.2 ng/mL or greater. Additional independent variables associated with dental caries included the household references person's age, gender, race, marital status, socioeconomic status, education level of the head of household, health insurance, mother's age when the child was born, mother's smoking status during pregnancy, child's birth weight, current weight status of the child, use of dental services, and sugar intake. Dental caries status was defined as a tooth which was: 1) missing due to dental disease, 2) missing due to dental disease but replaced by a removable or fixed restoration and/or, 3) a primary or secondary tooth with surface conditions. Bivariate analysis was completed to

determine associations with dental caries status. Variables with $p < 0.1$ in the bivariate association were included in multivariable logistic regression analyses to determine independent associations with dental caries status. All analyses accounted for NHANES' complex sampling design and $p < 0.05$ was considered statistically significant.

Results: A total of 1,551 children ages 4 to 11 years were included in the analysis with 52% ($n=811$) found to have at least one missing tooth or tooth with surface changes. Overall, 13% ($n=199$) were noted to have a smoker inside the home, while 36% of these children had two or more active smokers in their homes. Serum cotinine levels were found to be at a moderate level (0.2-1.0 ng/ml) in 12% and high level (>1 ng/ml) for 8% of the children. Children living in home where one or more cigarettes were smoked daily were 1.59 times more likely to have dental caries compared to those who had no cigarette smoked in the house (95% CI=1.02-2.47, $p=0.041$); however, cotinine levels were not found to be significantly associated with caries status. Income level continues to be a major factor influencing caries status. Children living in a family with an income to poverty ratio less than 1.25 were 1.79 times more likely to have dental caries compared to an income to poverty ratio 4 and above (95% CI=1.06-3.03, $p=0.029$). Children without any insurance were at highest risk and 2.5 times more likely to have dental caries (95% CI=1.41-4.41, $p=0.002$) while those with Medicare/Medicaid were 1.67 times more likely to have dental caries compared to those with private insurance (95% CI=1.08-2.58, $p=0.021$). Additionally, those children whose last dental visit was for preventive services were 74% less likely to have dental caries compared to those whose main reason for their dental visit was an active problem (95% CI=0.14-0.46, $p < 0.001$).

Conclusions: Dental caries, a preventable disease, continues to be a common chronic problem experienced by numerous children. The results of this study provide further evidence of the vulnerability of children to environmental exposures and those from lower socioeconomic levels that place them at risk for adverse health outcomes including dental caries and possible long term health consequences associated with dental decay. Further, despite having Medicaid insurance that includes dental coverage, children living below the poverty level continue to suffer from dental disease at a higher rate than those with private insurance. Behaviors associated with tobacco use may also result in other unhealthy behaviors related to childhood caries such as poor oral hygiene practices, poor dietary habits and decrease use of preventive services. Recognizing that the exposure to secondhand smoke can increase the risk for childhood caries and is also amenable to behaviors, it is critical to emphasize the importance of avoiding tobacco exposure in future educational information and programs aimed at improving oral and primary care health outcomes for children and families.

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C 10 - Promoting the Health of School-Aged Children

Sustainability Using Positive Deviance/Hearth to Address Childhood Malnutrition in Burundi

Paulette A. Chaponniere, PhD, MPH, BSN, BA, RN, USA

Purpose

To describe how positive deviance/hearth is a sustainable and effective strategy to combat childhood malnutrition. Lessons learned could be adapted to address childhood obesity in developed countries.

Target Audience

Nurses who are involved in community programs to combat childhood diseases, whether in developing or developed countries.

Abstract

Children under the age of five in resource-poor countries have a decreased life expectancy. Many causes of morbidity and mortality are exacerbated by malnutrition. To address this need, agencies often import milk and oil to treat malnourished children. This is unsustainable. Leininger's Cultural Care Model invites nurses to clearly identify which local practices need to be preserved or which need to have modification, either through negotiation or re-patterning. Two main interventions were implemented simultaneously in Burundi (East Africa) over a five-year period (2007-2012): care groups and positive deviance/hearth (PD/H). Men and women were selected by their local communities to be trained in primary health care as care group members. They were given the responsibility to teach their neighbors healthy behaviors. In order to build on the concept of positive deviance, care group members identified impoverished but well-nourished children. Parents of these children were then interviewed to determine what nutritional practices they used. Based on the results of this inventory, care group members then taught mothers of malnourished children how to incorporate these affordable and culturally appropriate practices. This helped preserve healthy habits and gave them an opportunity to teach mothers of malnourished children ways to modify their feeding practices.

Quantitative data was collected using the KPC 2000 survey and analyzed with EPI INFO. Focus groups with mothers, community elders and stakeholders provided qualitative data. At baseline, 16% percent of the children aged 0 – 23 months (n = 13,376) were underweight. Malnutrition increased to 36.5% at midterm. This seemed to be due to all members of the care groups having the responsibility of monitoring malnourished children. Monitoring children in PD/H was thus delegated to one mother per care group. At end of project, the rate had dropped to 4.2% (n = 18,330).

Children maintained weight gain for more than 2 months. Sustainability was accomplished by embedding PD/H into care group activities. Members supported their neighbors in changing their nutritional practices, thus fostering long term behavior change. Factors which impact malnutrition also changed: diarrhea and malaria rates decreased, and, immunization coverage increased. Three unexpected outcomes occurred. The Ministry of Health (MOH) instituted a new policy that PD/H was to be used by all organizations responding to childhood malnutrition. The care group model is being tested in other communities as a grassroots strategy to impact childhood diseases. It furthermore strengthened community cohesion during a post-conflict situation.

Some limitations were experienced during data collection. Remote villages were difficult to access due to terrain conditions, and, local MOH personnel were often called away to respond to other responsibilities. An implication for practice is that nurses in resource-rich countries could modify PD/H as an intervention for childhood obesity.

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C 10 - Promoting the Health of School-Aged Children

Moving "Niños Obesos" Project: Reducing Obesity in Hispanic and Non-Hispanic Children

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Purpose

The project is to determine if an educational project for Hispanic and non-Hispanic children can increase their knowledge level and perception of preventing childhood obesity focusing on 1) awareness/understanding of food labels; 2) daily portions of fruits, vegetables, grains, dairy, protein and 3) incorporating daily physical activity and exercises

Target Audience

all nurses at every age category and involving nurses from the clinical (all clinical areas), academic and administrative perspective to combat and overcome childhood obesity. Childhood obesity is universal and emerging as a global problem.

Abstract

Introduction: Globally childhood obesity is increasing (Bauer, 2015; Brown, Kuk & Lee, 2015; Falkner, 2015). Treating obesity-related illness in Florida (25%) costs \$6,675,940. Latino children are at a greater risk of obesity with prevalence increasing over time; obese south Florida children (20%) are more likely to develop Diabetes Type 2 and cardiovascular disease. National Association of Hispanic Nurses (NAHN) Miami Chapter was a site for Muevete USA™ Project (2012-2015) to reduce USA Hispanic childhood obesity. The program funded by Coca-Cola Foundation (Milan, 2011) was in partnership with U.S. 1stLady Michelle Obama Let's Move (www.letsmove.gov). The 2016 project will occur at summer camps at Miami Dade College, Barry University and at a Miami Marlins Baseball game funded by Pepsi Foundation.

Purpose: To determine if an education program can increase the level of knowledge preventing childhood obesity focusing on 1) awareness/understanding of food labels; 2) daily portions of fruits, vegetables, grains, dairy, protein; 3) incorporating daily physical activity and exercises.

Conceptual Framework: King's (1981) concept of perception from Goal Attainment Theory served as the theoretical framework. Perception is a process of organizing, interpreting and transforming information from sense data and memory. It gives meaning to one's experience, represents one's image of reality and influences one's behavior.

Methodology: A descriptive exploratory research design was conducted with summer camp children completing five pre/posttests of 15 questions - "My Plate"; "Food Label"; "Physical Activity and Exercise" "Healthy Snacks" and "Goal Setting". Content validity was established. Community Health ASN & RN-BSN students (90) participated in Muevete projects at South campus (three years) and Homestead (2nd & 3rdyears). Students, received 10 community hours for orientation, designing posters and attending events. Children (4-15), were divided into 12 groups with two students/group; taking food cutouts, making plates with appropriate portions, nutritional requirements and reading labels. A FDA representative taught hand washing techniques.

Results: At the 1st site over 383 with 130 children participating (2013); ages 5-12; males 50%, females 50%; mostly Hispanics All mean scores increased pre-to posttest 1st test 3.13-4.67; 2nd test 2.94-3.72 3rd test 3.50-4.55 4th test 3.50- 4.13; 5th test 2.96-3.52; 125 children participated (2014) ages ranged 4-15 mean= 8 years, kg-8th grade males-62%, females 38%; Hispanic 55%, White 30%; Black 9% Asian 6%; pretest-posttest scores increased 9.40--10.68, 13.62% change; 128 children participated (2015) ages ranged 4-15 mean= 8.51 years, kg-8th grade males- 59%, females 41%; Hispanic 74%, White 20%; Black 5% Asian 1%; pretest-posttest scores increased 9.77--11.81, **42% change**. At the 2nd site over 211 with 102 children participating (2014) ages ranged 4-15 mean= 9 years; males- 54% females 46%. Hispanic 41%, Black 38%, White 13%, Asian-8% pretest-posttest scores increasing 8.33-9.45, a 13% change. 109 children participated (2015) ages ranged 5-12 mean= 8.51 years; males- 65% females 41%. Hispanic 41%, Black 36%, White 22%, Asian-1% pretest-posttest scores increasing 9.77-11.81, a 21% change. This 2016 data will be compared to the 2013, 2014 and 2015 data.

Discussion: Children (594) drew plates with food portions (www.choosemyplate.gov), ate healthy snacks, exercised and danced to the Zumba, did hand washing techniques, loved "Moving-On" t-shirts. Parents received nutrition classes. Most missed question - "How much Sodium is in entire food product?" on a food label. Sodium is 440 mg but for 4 servings = 1760mg.

Conclusion: Children learned healthy food habits to overcome childhood obesity. This program increases knowledge of obesity for Hispanic/non-Hispanic children and associated healthcare costs

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C 11 - Improving Nursing Through Communication and Leadership

Multi-Method Approach to Improve Satisfaction With Communication of Medication Side-Effects on a Medical-Surgical Unit

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Purpose

The purpose of this presentation is to increase nursing knowledge regarding the use of Ask 3 / Teach 3 technique and Interactive Patient care technology as interventions to positively impact patient satisfaction HCAHP scores on communication medication side-effects.

Target Audience

Bedside nurses, clinical nurse leaders, educators, and nurse managers will be interested in learning about an evidence-based intervention using staff education and monitoring to improve HCAHPS scores related to communication medication side-effects.

Abstract

Background: Patient satisfaction related to hospital experience is viewed as a key indicator for quality of care (Ahrens & Wirges, 2013). More specifically, patient satisfaction scores related to communicating medication side effects on a medical-surgical unit are below the national benchmark. An immediate intervention to improve the process was necessary. Improving patient satisfaction about communication of medication side effects not only increases the patient's knowledge, but also improves health outcomes. Nurses play an important role in providing education and evaluating the patients' knowledge about newly prescribed medications through effective communication (Ahren & Wirges, 2013). The purpose of this evidence-based practice change project was to develop an educational approach on how to use a scripted Ask 3 / Teach 3 technique to educate and evaluate medication teaching and its effectiveness in improving overall patient satisfaction scores related to communication of medication side effects.

Aims: The purpose of this evidence-based project change was to increase patients' knowledge about medication side effects. The project's goal was to increase overall patient satisfaction HCAHPS scores relating to communication of medication side effects.

Description of method: A descriptive quasi-experimental design was utilized to guide this project. Multiple intervention approaches were used for this evidence-based practice project. Education was provided to nurses on the importance of providing patient education on side effects and to the use of the Ask 3/ Teach 3 technique method to teach and evaluate patient's knowledge about medication side effects. A scripted laminated sheet with the Ask 3/ Teach 3 technique was hung in each patients' room as a reminder to prompt the patient/family to ask questions when receiving medications. Education was also provided to patients/family on the use the of the Interactive Patient Care system (IPC) to access medication education. Lastly, a laminated patient education sheet containing the most commonly prescribed medications for the unit including the side effects was hung on each computer on wheel (COW) for easy access. This made it readily available for nurses as a reference during patient teaching prior to medication administration. All medication education material was written at a fifth grade level with no medical jargon (Mayer & Villaire, 2009).

Outcomes/data: After two months of implementation of the Ask 3/ Teach 3 program, the data showed a 32 % increase in overall patient satisfaction scores related to communication about medicines from 55.5% to 87.5%. More specifically, the survey question related to how often the "staff describe medicine side effects" showed a 50% increase from 20% to 75% post implementation of the project. Additionally, the data also showed that patient/family use of the IPC system to view medications education increased 62%.

Recommendations: The success of this project depended on staff accountability in providing patient education and evaluating the patient's knowledge as medication was administered to improve the overall patient satisfaction and use of the IPC system. Therefore, it is essential to continue to remind the staff to

practice this new technique and educate patients on the use of the IPC system. Patient education can be time consuming, therefore, it is important to have adequate staffing. Additionally, a laminated sheet containing the scripted Ask 3/ Teach 3 technique that was hung in the patient's room should be printed on something larger than 8 x 11 paper size for easy viewing. Due to the use of a multi-method approach, it was difficult to determine which intervention had the most impact on the result.

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C 11 - Improving Nursing Through Communication and Leadership

Development of Interprofessional Healthcare Leadership Modules for Undergraduate Students

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Purpose

The purpose of this presentation is to describe the process followed to develop interprofessional modules on integrated healthcare leadership for undergraduate students at the University of Pretoria, in the context of community healthcare.

Target Audience

The target audience of this presentation is nurse educators with an interest in interprofessional education and/or curriculum development.

Abstract

Interprofessional education developed as a strategy to utilise interprofessional teamwork to meet the communities' needs while addressing the shortage of healthcare professionals ([CSM4]). The focus thereof is on healthcare professionals from different disciplines who are learning from each other, while sharing common responsibilities to the benefit of the patients and communities ([CSM1]; [CSM2]). In order to instill a sense of interprofessional teamwork, modules have been developed by the School of Healthcare Sciences for undergraduate healthcare students in integrated healthcare leadership. Aspects that are addressed include professionalism, ethics, communication and conflict management in teams, community health models, health education literacy, project development and management in community health and leadership. These modules are developed for one semester per year of the first three academic years of the bachelor's degree programmes in nursing science, human nutrition, occupational therapy, physiotherapy, radiography, speech therapy and audiology. During the alternative semesters complementary discipline-specific modules are presented in integrated healthcare leadership.

Action research was used to develop the curriculum as described by Riding, Fowell and Levy (1995) [CSM3] by a team of healthcare educators representing the various disciplines. The steps included identification of the problem, review of the knowledge and adapting knowledge to the local context. Exit level outcomes of the various disciplines were assessed to identify shared outcomes, as well as discipline-specific outcomes related to integrated healthcare leadership. The shared outcomes were further analysed for gradual sequential progression and plotted over the first three years of the programmes according to the National Qualification Framework. The outcomes were synthesised and assessment criteria, assessment techniques and teaching strategies were derived from it. Logistical planning for implementation followed. This was the first cycle of the action research, followed by the cycles of implementation and evaluation.

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C 12 - Scholarship and Innovation in Nursing: Changing Outcomes of Critical Care Patients

Nursing By Another Name: Nursing Science Impact on Special Forces Clinicians in Prolonged Evacuation Situations

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Purpose

The purpose of this presentation is to share the innovative utilization of nursing science to influence military medics' practice. Translating nursing models to improve survivability provided entrée to milieus previously closed to nurses and women; in resource-devoid situations of unlikely evacuation, nursing science became the difference between life and death.

Target Audience

The target audience(s) for this presentation are those interested in innovative and extraordinary ways nursing science can influence practices beyond traditional nursing environments, and nurses and clinicians practicing in war-torn, war-like, and third-world environments with vulnerable populations, where first-world resources are nonexistent and innovation is imperative.

Abstract

Parallel to burgeoning nursing science throughout the mid-20th century, President John F. Kennedy decreed the creation of a new brand of soldiers, with the ethical mandate that these Special Forces (SF) ("green berets") would be liberators of the foreign oppressed, not purveyors of American aggression (Bank, 1986; Prados, 2015). Similar to nursing in its infancy, Special Forces medics' advanced-level practice and education is dictated by physicians; medics struggle to deliver holistic, evidence-based care to vulnerable populations under this current medical model (Rocklein, 2014). Within current geopolitical climates, SF medics continually deploy to third-world environments devoid of traditional patient care platforms or evacuation resources to transfer the critically ill/wounded to higher echelons of care (Rocklein-Froede, 2011b). Deprived of essential assets to evacuate and care for oppressed peoples and wounded warriors, SF medics are now tasked with maintaining and stabilizing patients' days beyond the "golden hour" of immediate resuscitation (Blackbourne, Baer, Eastridge, Kheirabadi, Kragh, Cap, ... & Kotwal, 2012; Hetzler & Risk, 2009; Risk & Hetzler, 2009), forcing these practitioners to become de-facto nurses absent the benefit of vital nursing practice models.

Historically, nursing science is underutilized by medical science to improve care outcomes; in the civilian sector, this dearth of evidence translation between the disciplines is now recognized and measures are underway to rectify it (Baumbusch, Kirkham, Khan, McDonald, Semeniuk, Tan, & Anderson, 2008). In an all-male military clinical environment composed solely of independently-practicing SF medics and their physician superintendents (collectively, "clinicians"), interplay between nursing and medical science was virtually nonexistent (Rocklein, 2014). Despite coalition defense entities' extraction from protracted combat engagements, SF medics repeatedly return to the most hostile and unstable hotspots around the globe (Rocklein-Froede, 2011a) and care for military brethren and oppressed civilians without preference or prejudice (Cooke, 2012). To provide prolonged care in the field, senior SF medics exited their entrenched position under medicine's purview and approached civilian nursing science in efforts to improve patients' survivability from critical injury and illness.

Evidence of the impact of nursing science and practice in war, on soldier survivability, and in critical care evacuation from combat is well-documented throughout nursing and interdisciplinary literature (Blaz, Woodson, & Sheehy, 2013; Choron, Wang, Van Orden, Hunger, & Seamon, 2013; Currie & Chipps, 2015; Eastridge, Hardin, Cantrell, Oetjen-Gerdes, Zubko, Mallak, ... & Bolenbaucher, 2011; Galvagno, Dubose, Grissom, Fang, Smith, Bebart, ... & Scalea, 2014; Lairet, King, Vojta, & Beninati, 2013). Examination of the impact of nursing science translation to special operations medicine is uncharted territory and of paramount importance to patient outcomes. Models and theories wholly assimilated in nursing science were translated to SF clinicians' practice to design models for prolonged care, briefly: paradigms built upon disruptions in health via catastrophic events (Newman, 1997 as cited by Allgood,

2013), care that incorporates systems constantly changing from baseline (Neuman, 2011b as cited by Fawcett & DeSanto-Medeya, 2013), and care emphasizing nutrition, hygiene, comfort, and sanitation (Davies, 2012; Nightingale, 1858; Nightingale, 1860).

To mitigate stress inherent in acquiring nursing knowledge foreign to SF medics, Copell's utilization of Foucaultian poststructural theory (2008) was adopted as framework to connect knowledge with empowerment, and empirical and esthetical knowledge were delineated (Carper, 1978). The designed practice guidelines for prolonged care are immediately identifiable as thoroughly based in nursing science and built on the nursing process; among congregations of SF clinicians, their preferred taxonomy is "prolonged field care" (PFC) versus "nursing care" (Ball & Keenan, 2015). Despite this rebranding, the impact of nursing science on Special Forces clinical practice is unprecedented and extraordinary. Proximal effects include a new appointment of a nurse corps officer at the SF medics' special warfare medical school and now, involvement of military nurse scientists in PFC. Anticipated distal implications include substantial changes to policy and practice, enhanced opportunities for women and nurses within Special Operations, curricular revision, and translation of these initiatives and knowledge to non-governmental organizations caring for refugees and displaced persons, such as models depicted by Schmidt, Allotta, Penhaligon, Kay, & Lee (2014).

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C 12 - Scholarship and Innovation in Nursing: Changing Outcomes of Critical Care Patients

Using Technology to Optimise the Efficiency and Effectiveness of the Unit Handover in PICU

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Purpose

The purpose of this presentation is twofold; to highlight the action research approach as a method to changing practice, and the use of technology to optimise handover practice.

Target Audience

The target audience of this presentation is nurses wanting to make a change in practice, in particular handover practice.

Abstract

Purpose: Handover of information about a patient from one nurse to another at the change of shift is crucial. It ensures that critical patient care remains continuous and facilitates the transfer of responsibility for, and accountability to, the patient (Jeffcott et al., 2009). In addition to a patient handover, nurses working in the paediatric intensive care (PIC) also receive an overview of the clinical situation of the whole unit, a unit handover. Information contained in this handover is diverse but commonly serves an organisational and administrative purpose.

The effectiveness and efficiency of all handovers is vital since poor handover practice has been identified to potentially result in inadequate or unsafe nursing care (Mascioli et al., 2009, Johnson & Barach, 2009). Published literature about handover specifically in PIC is still limited and very little discusses the unit handover, despite it, anecdotally, occurring in Paediatric Intensive Care Units (PICU) worldwide.

Recognising the “perilous time” that handover can be to patients (BMA, 2004), the World Health Organisation (WHO) called for a standardisation of handover practice (WHO, 2007). This was succeeded by a wealth of published articles describing implemented standardisation strategies; some more effective than others, and many acknowledging the challenge of changing this almost ritualistic nursing practice.

The need to optimise the efficiency and effectiveness of unit handover in the PICU became evident from a larger study into all nursing handover practices conducted in the PICU at Red Cross War Memorial Children’s Hospital in Cape Town, South Africa. This presentation will report on this arm of the study.

Methods: A participative action research approach was applied. The sample consisted of nurses from the study setting, together with the researcher, forming a core participant group. Action research cycles of assessment/reflection, planning, action and observation were used to navigate through five phases of diagnosis, planning, implementation, evaluation and learning (Heale, 2003).

Focus groups followed by a rapid appraisal, consisting of observations, a questionnaire and a document review, first facilitated the making of the existing practice visible. This ‘diagnosis’ led to the identification of the features of practice that required optimisation, and enabled the will to make a change. Identification, implementation and evaluation of strategies appropriate to the setting were then possible.

Results: The initial diagnosis phase identified that the existing unit handover consisted of the unit manager calling half of the nursing team to a face-to-face ‘huddle’ in an empty bed space to convey information about current patient situation, clinical/admin messages and upcoming events. It was found to require optimisation in four ways; attendance of all staff, regularity of occurrence across all shifts, compliance with expected start time and minimisation of interruptions to morning care activities.

Technology, a common handover standardisation strategy (Riesenberg et al., 2010), was proposed as a solution. A trial of an electronic handover presentation, scrolling continuously in the staff tea room was implemented, and then evaluated through a questionnaire and focus group. Data revealed support from

participants for continued implementation of the electronic presentation, in particular, those on the night shift indicated a considerable increase in their access to information. Concerns arose from the data about the decreased amount of face-to-face team interaction.

Conclusion: Action research, as a methodology, was very effective in this setting in enabling the will and generating the ideas for and action towards a change in practice. However, the outcome of the study highlighted a challenge to the use of technology in nursing. Following feedback of the outcome of the evaluation to the PIC nursing management team, the team proposed that the electronic handover should run alongside the existing face-to-face unit handover. This proposal highlights the previously unappreciated real need for nurses to engage and communicate in a person-centred manner, rather than by use of technology, a finding which is useful to understand when researcher clinicians encounter resistance to other proposed technological changes in practice.

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C 12 - Scholarship and Innovation in Nursing: Changing Outcomes of Critical Care Patients

Monitoring and Assessment of Critically Ill Patients' Nutritional Support By Nurses in East London Hospitals

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Purpose

The purpose of this presentation is to describe the nutrition tolerance monitoring and adequacy of delivery assessment by registered nurses in the selected setting, discuss the findings relating to relevant literature and make appropriate recommendations.

Target Audience

registered nurses working in critical care units, nurse educators and unit managers

Abstract

Introduction: Critical illness places tremendous stress on the body, leading to a series of metabolic changes and resultant malnutrition, complications ensue, with morbidity and mortality rates increase (Sanchez Alvarez, Zabarte Martinez de Aguirre & Bordeje Laguna, 2011). Optimum nutrition support has been found to be crucial in counteracting the accelerated metabolism as well as prevention and management of malnutrition caused by critical illness (Ramakrishnan, Daphnee & Ranagnathan, 2014).

Different types of feeds and methods of feeding are available, none of which have been proved to be superior. Recent studies strongly suggest that patients who receive enteral nutrition (EN) show better outcomes than those on parenteral nutrition (PN) and that EN feeding protocols can improve inadequate delivery of calories and protein with a very slight increase in complications (Taylor, Brody, Denmark, Southard, & Byham-Gray, 2014). Whichever feed or method of feed is chosen, the critical care nurse (CCN) should know the advantages and disadvantages involved as well special considerations regarding each type, be aware of patients at risk of nutrition intolerance management thereof. CCNs play an important role in ensuring that set nutritional targets are met as well as tolerance monitoring and adequacy assessment of nutrition support in critically ill.

Marshall, Cahill, Gramlich, MacDonald, Alberda and Heyland (2012) attest to a consistently revealed wide variation in nutritional practices across intensive care units which leads to suboptimal provision nutrition to critically ill patients. Monitoring and evaluating the effects of nutritional support on clinical outcomes requires a multidisciplinary approach, but CCNs are required to take the lead due to their constant contact with the patients (Urden *et al.*, 2010). The South African Nursing Council (SANC) regulation 2598 of 1984 on the scope of practice of a registered nurse state that a registered nurse should facilitate the maintenance of adequate nutrition of a patient.

Marshall, Cahill, Gramlich, MacDonald, Alberda, & Heyland (2012) recommend the development of evidence-based enteral feeding guidelines as one important step to a consistent approach in ensuring adequate prescription and provision of nutritional support. These guidelines should guide the formulation of nurse-initiated nutritional protocols which should be readily available in each critical care unit (Kreymann, 2010). The non-availability of nutritional protocols to guide the practice may result in inadequacy in the delivery of nutritional support; increased morbidity; prolonged stay in ICU; and an increased mortality rate. This could increase the financial burden on the patients and their families, on institutions, as well as on the state. It is therefore important that nutritional protocols are available in the critical care units and that all the nurses should be familiar with them to effectively monitor tolerance and adequacy of nutritional support, particularly EN.

Methodology: A descriptive correlational design was used to explore the clinical practices relating to how nutritional support to hospitalised critically ill patients is provided, monitored and evaluated by registered nurses. Seventy registered nurses were conveniently selected from the critical care units in the selected hospitals in East London, data were collected from them using questionnaires and statistical analysis was used to detect correlations. Careful assessment of predictable risks as compared to foreseeable benefits

to respondents was done, the institutions were protected from harm and the scientific integrity of the research community was respected.

Results: About 60% of the nurses attested to availability of standard protocols for monitoring patient tolerance to nutritional support in their units. Fifty-eight percent of nurses confirmed that the algorithm for monitoring tolerance and managing intolerances is clearly stated in these protocols. However, despite the availability of protocols, about half of the respondents agreed that the normal residual gastric volume is 100 ml, 10.6% (n = 7) felt that it was 200 ml, with the rest putting it at 500 ml, which is a wide variation of opinions.

Only twenty-seven (39%) nurses agreed on the usefulness of X-rays in monitoring nutritional adequacy and 28.8% (n=19) out of a total of seventy (70) nurses believe in volume tolerance checking. Some nurses, about 43.3% were not sure about the effectiveness of intake and output records for assessing adequacy of nutritional support.

Discussion: Affirming the important role that that CCNs play in evaluating feeding tolerance and adequacy of delivery, research studies report that when nurses complied with feeding protocols, patient outcomes improved (Urden *et al.*, (2010), Woien and Bjork (2006). In support, nurses in this study agree with most of the items recommended for monitoring of tolerance of nutrition in the critically ill. About 60% agreed that there is a standard protocol for monitoring patient tolerance to nutritional support in their units, with 54.4% agreeing that the protocols clearly state the procedures to be followed in monitoring tolerance (algorithms). About 55.2% (n = 39) concur on that their protocols even state the management of intolerances. However, if they are not sure of the importance of chest and abdominal X-rays in monitoring tolerance and ensuring adequacy of nutrition delivery, there is a huge problem. Patients at risk of nutritional intolerance include those with gastroparesis, poorly controlled diabetes mellitus, gastric obstruction, ileus, recent surgery, trauma and those on heavy sedation (Lessler, 2010). Abdominal and chest X-rays are crucial in the diagnosis of these conditions.

One other aspect which emerged from the results was that about half of the respondents were of the opinion that the normal residual gastric volume is 100 ml and only 10.6% (n = 7) felt it was 200 ml, with the rest putting it up to 500 ml. This variation of opinions is another area of concern as it results in suboptimal provision of nutritional support (Marshall *et al.*, 2012). Current evidence shows high GRV ranges from 150 to 500 mL of an aspirate, but a single elevated GRV requires no action, only on-going monitoring (Makic, Rauen & Von Rueden, 2013). On the other hand, Kreymann (2010) suggests that inappropriate cessation of EN should be avoided. Holding EN for gastric residual volumes < 500 mL in the absence of other signs of intolerance is not necessary. Reduction of the feed rate or cessation of the feed is believed to deprive patients of nutritional intake, thereby exposing them to the risk of malnutrition. The concern is that, if more than half of the nurses think that a GRV of 200 to 500 millilitres is high, patients are at a risk of being underfed. Fessler (2010) suggests that other means of managing intolerance be used instead of stopping the feed.

This study makes the following recommendations:

Recommendations for practice: Nurses need to take a lead in the provision, monitoring and assessment of nutritional delivery to patients because of their constant contact with patients. The most important step recommended to achieve their goal is the development of nurse-led feeding protocols with tolerance monitoring and adequacy assessment algorithms. Through critical analysis of the nutritional support, they should be able to identify patients at risk of feed intolerance. Such information may assist in the development of strategies to monitor and manage nutrition intolerances and increase adequate delivery of nutrients to the critically ill, thus, decreasing morbidity and mortality rates. This can ensure compliance with the South African Department of Health ministerial priorities and WHO recommendations. The result can be the improvement in nursing care practice, as well as a considerable relief in the financial burden associated with the hospitalisation of the critically ill in both public and private hospitals. Efforts should be made to popularise nutritional protocols as well as algorithms for monitoring of tolerance and evaluation of adequacy of nutritional support to all nurses in an institution. Research has proven that there are no standardised methods of checking GRVs (Fessler, 2010).

Recommendations for education: A joint effort by the hospitals and nursing colleges, both public and private, through hospital-based nutritional workshops can have a huge contribution in improving nurses'

knowledge on the provision, monitoring and evaluation of nutritional support of critically ill patients. Research studies have shown that there is a problem in using methods like GRVs for monitoring nutrition tolerance due to misinterpretation and misunderstanding of such methods (Fessler, 2010). Inclusion of topics on nutritional support monitoring and evaluation in in-service trainings and continuous professional development programmes is recommended. Nutritional support should be emphasised in curricula in academic programmes particularly in critical care nursing to bridge the knowledge gaps with regard to nutritional support as an important part of nursing management of the critically ill patients.

Education for patients: Empowerment of patients and their relatives with knowledge about the importance of adequate nutritional support during critical illness and symptoms of feed intolerances can promote cooperation and active involvement in the nursing management of the patients. The outcome could be speedy recovery and resultant reduction in complications, the costs of hospitalisation.

Recommendations for further research: Development of theoretical and conceptual frameworks through qualitative research can provide a knowledge foundation for the development of the practicable and safe nurse-developed nutrition protocols and algorithms. Challenges facing registered nurses in the provision of nutritional support as well as the use and effects of immune boosting and nutrition tolerance enhancing supplements during illness should be further investigated.

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D 09 - Evidence-Based Practice Clinical Outcomes

Using Nursing Documentation as a Proxy for Quality of Care at Public Hospitals in Jamaica

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Purpose

The purpose of the session is to provide a description of documentation practices in developing world settings such as Jamaica. Inferences regarding the quality of care rendered at the institutions will be discussed. It is hoped that well needed conversations about nurses' documentation practices will be generated by the session.

Target Audience

The purpose of the session is to provide a description of documentation practices in developing world settings such as Jamaica. Inferences regarding the quality of care rendered at the institutions will be discussed. It is hoped that well needed conversations about nurses' documentation practices will be generated by the session.

Abstract

The complex task of nursing documentation is often guided by the nursing process, a framework for solving patient care problems and ensuring the provision of high quality nursing care (Yildirim, & Ozkahraman, 2011). Nursing documentation is a written or electronic communication tool, which describes patient's care and response to treatment. Among others, Universal Health Coverage advocates, recommend research activities relating to measurable indicators such as nursing documentation to assist in determining the overall quality of care delivered to clients ([Dye, Reeder, & Terry, 2013](#)).

Objectives: This study assessed the quality of nursing documentation on medical wards at three hospitals in Jamaica with a view of making inferences about the quality of care provided for hospitalized clients.

Methods: This cross sectional study audited a multi-level stratified sample of 245 client's records from three type 'B' hospitals (referred to as H1, H2 and H3) in Jamaica. Data extraction was facilitated using an audit instrument which assessed nursing documentation of client's history, biological data, physical assessment, nursing standards, discharge planning and patient teaching. Eligibility of records included length of stay for 4 days or more. The study incorporated the learning activities of final year undergraduate students from four schools of nursing who were trained as data collectors. Data analysis was done using SPSS, Version 19 and univariate and bivariate descriptive statistics completed the data analysis process.

Findings: A total of 245 male and female records from three hospitals [H1-119; 48.6%, H2-56; 22.9%, H3=70; 28.6%] across Jamaica were audited. Documented elements of nursing assessments audited showed, client's chief complaint (81.6%), history of present illness, (78.8%), past health (79.2%) were present in majority of the records audited. While family health, number of children, marital status, occupation, education, religious affiliation or living accommodations of clients were far less likely to be present. The conduct of a physical assessment within 24hours of admission was noted in 90% of patients' records and nurses favored focused assessments (44.7%). Almost all the records (98-100%) assessed had been timed, dated and signed by a nurse. Within the first three days of admission less than 5 % of docketts had any evidence of patient teaching and 14% had documented discharge planning.

Conclusions: This study underscores weaknesses in nursing documentation on the medical wards at the institutions studied where student nurses gained valuable clinical experience. Additional training of nurses and evaluation of documentation are indicated at health facilities across Jamaica. Finally, in light of the current epidemiologic transition of chronic diseases in the region continuous monitoring of nursing documentation may be an appropriate means of quality assurance.

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D 09 - Evidence-Based Practice Clinical Outcomes

The Ottawa Model of Research Use: Lessons Learned From a Nurse-Led Hypertension Pilot Study

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Purpose

Demonstrate the use of Ottawa Model of Research Use (OMRU) as a systematic and pragmatic approach in implementing an evidence based nurse-led hypertension program in a pilot study in Uganda.

Target Audience

Nurse faculty, Nurse researchers, Nurse clinicians, Nursing students, Post docs

Abstract

Background: Cardiovascular disease accounts for 27% of all deaths from non-communicable diseases (NCDs) in Uganda. It is estimated that the hypertension prevalence rates in Uganda range from 22.5% to 30.5%. Hypertension is a risk factor in the development of atherosclerosis the underlying pathological process that leads to heart attacks (coronary heart disease) and strokes (cerebrovascular disease). Most of these deaths are due to modifiable risk factors. Information on the best strategies to address the burden of disease from hypertension through knowledge translation in Uganda is still lacking and requires a concerted effort between health care professionals and public policy officials. Knowledge Translation (KT) is a tool increasingly being used to coordinate and assess strategies to improve health outcomes. This study illustrates the effectiveness of implementing CVD-Risk management guidelines developed by the World Health Organization/International Society of Hypertension (WHO/ISH) among nurses working in an outpatient clinic in Uganda using the Ottawa Model of Research Use as a practice translation model.

Methods: A descriptive and feasibility pilot study using the Ottawa Model of Research Use (OMRU) as the guiding framework involving a convenient sample of nurses was completed in 2013. The six step approach of the OMRU was used to assess barriers and facilitators, monitor interventions and evaluate outcomes of this KT pilot study. Primary outcomes data were collected using pre-post interventions tests that assessed nurses' knowledge, skills and attitudes about hypertension risk assessment and management before and after implementing a three-month educational intervention using the WHO-ISH training manual as a resource. Outcomes data were entered and analyzed using the SPSS16.0 version. Paired t-tests were run on outcomes data and reported.

Results: There was significant improvement in knowledge, skills and attitudes after three months of implementing multimodal educational strategies using the WHO/ISH training manual in this knowledge to practice translation study. Other outcomes observed but not intended were: improved team members' perceptions, health system's change and increased number of self-referrals from nearby health centers.

Conclusions: The Ottawa Model of Research Use provided the framework for implementing a successful nurse-led care intervention in hypertension management with improved knowledge, skills and attitudes among nurses. Knowledge translation (KT) Models need to be integrated in health professional education to promote use of evidence based practice for better patient outcomes.

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D 09 - Evidence-Based Practice Clinical Outcomes

Primary Health Care Management of Childhood Atopic Eczema

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Purpose

to present the evidence based primary health care management guidelines for childhood atopic eczema in order to make more nurses and nurse educators aware of how to holistically manage childhood atopic eczema on primary health care level in order to improve the clinical outcome of the disease.

Target Audience

nurse educators, with the focus on primary health care and community health nursing educators as well as primary health care and community health care nurses and nursing students.

Abstract

Background: 20-30% of the world's population suffers from allergic diseases and places a high burden on health services (Pawankar, Baena-Cagnani, Bousquet, Canonica, Cruz, Kaliner & Lanier, 2008: S4). In a study conducted by The World Allergy Organization Specialty and Training Council it was found that the majority of allergic patients are seen by non-allergy-trained health workers (Warner, Kaliner, Crisci, Del Giacco, Frew, Lui, Maspero, Moon, Nakagawa, Potter, Lanny, Rosenwasser, Singh, Valovirta & Van Cauwenberge, 2006). This situation is also true for South Africa (Potter, Warner, Pawankar, Kaliner, Del Giacco & Rosenwasser, 2009: 150). Primary health care (PHC) is the entrance point for patients into the public health system of South Africa. Research question: How can the PHC clinician, as part of a multi-disciplinary team manage childhood atopic eczema (CAE)?

Method: This study consisted of three phases.

One: A qualitative, contextual, explorative, descriptive design with an embedded single case study was used. The case: public health service of Gauteng central district. Embedded units: parents of children 0-14 years with atopic eczema, who at some stage visited a primary health care facility to seek help for their children; specialists in the paediatric-dermatology-outpatient unit of a tertiary hospital, treating children 0-12, suffering from atopic eczema referred by the primary health care clinicians, and PHC clinicians in clinics employed by the provincial health department or the local authority who treated (drug and/or non-drug) children 0-12, suffering from atopic eczema. Ethical clearance was obtained from the university, the Health departments of Gauteng and city of Johannesburg, as well as the tertiary hospital,

Data was collected using semi-structured interviews, focus group interviews, direct observations, field notes and document analysis. Questions asked in interviews: How is it for you to manage CAE? How do you see the role of PHC clinicians regarding the management of CAE? Data was collected until saturation occurred and analysed using Tesch's eight steps for open coding. Data saturation occurred after ten individual interviews with parents, five individual interviews with specialists, four individual and three focus group interviews with primary health care clinicians, 88 hours of direct observation and analysis of 33 patient records.

Two: A conceptual framework for PHC management of CAE was developed, using The six aspects of Dickoff, James and Wiedenbach's (1968: 425) survey list are:

1. Who or what performs the activity? (agent)
2. Who or what is the recipient of the activity?
3. In what context is the activity performed?
4. What is the endpoint of the activity? (Outcome)
5. What is the guiding procedure, technique or protocol of the activity?
6. What is the energy source for the activity? (dynamics)

Three: The third phase was a quantitative phase. Based on first two phases, using the AGREE II Instrument, a validated and widely used instrument for clinical guideline development and evaluation (Brouwers, Kho, Browman, Cluzeau, Feder, Fervers, Hanna, & Makarski, 2010), evidence based PHC management guidelines for CAE were developed and validated. The AGREE II Instrument indicated six domains for the development of high quality clinical practice guidelines namely: scope and purpose, stakeholder involvement, rigour of development, clarity of presentation, applicability and editorial independence (Brouwers et al, 2010). The guidelines sent for validation to the experts and stakeholders,

Results: CAE has a physical, emotional and social impact on parents, children and health care workers. Management challenges regarding the PHC management of CAE, including difficulty in assessment and diagnosis, ineffective and insufficient drug management availability, low knowledge levels of PHC clinicians, the need for health education, lack of clear treatment protocols as well as an ineffective referral system were identified. Recommendations to address these challenges were identified from the collected data. Evidence based guidelines, based on the findings in phase one and the conceptual framework in phase two, following the AGREE II Instrument, were developed and validated.

Conclusion: Effective management of CAE can significantly reduce the impact of CAE. Implementation of the guidelines will need the support from district/sub-district management teams and nurse educators to address the identified challenges. The focus for the presentation will be the evidence based guidelines, focusing on the assessment and diagnosis of childhood atopic eczema as well as the step wise approach management thereof on the primary health care level.

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D 11 - Incivility and Bullying in Healthcare

Enabling Solutions: PACERS Toolkit Tackles the Wicked Problems of Bullying in Healthcare

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Purpose

To discuss bullying as a wicked problem and its detrimental consequences to patients, providers, healthcare organizations and communities. It will share the PACERS stop bullying tool kit as an enabling resource for creating and sustaining a culture of respect and civility in all levels of healthcare practice and settings.

Target Audience

The target audience for this presentation is practicing clinicians, researchers, educators and administrators in the field of healthcare practice.

Abstract

Background: Historically, strategies to eliminate bullying and create respectful, civil, supportive, and safe environments have largely centered on individuals, while ignoring the broader context of its occurrence that includes influences from interpersonal, community, environmental and policy sources. Theory and research establishes bullying as a complex interplay of influences between individuals and their broader environments. Bullying is a group phenomenon, reciprocally influenced by the individual, peers, the immediate environment/institution, community and /or society. Human behaviors are not isolated events; they are linked with and influenced by other behaviors and social norms. Evidence suggests organizational factors serve as a mechanism through which bullying becomes embedded in the culture. While individual factors may play a major role that contributes to bullying, the environment is a powerful force that consciously or unconsciously enables acts of bullying. Educating individuals to be civil when environments are not supportive can be ineffective, making sustainable behavioral change elusive. Leadership commitment and conscientiousness in implementing comprehensive, cohesive and integrated bullying prevention and intervention programs are critical to promote environments of respect, and enhance sustainability of cultures of civility.

Problem: Mounting evidence indicates that incivility and bullying contribute significantly to the pervasive disrespect in healthcare, limiting clinician's ability to deliver safe, quality healthcare. Bullying threatens quality healthcare and patient safety because it cuts off communication and inhibits collegiality and cooperation; fundamental concepts to teamwork and high performance in healthcare. Scholars refer to bullying as a silent crime, because victims and bystanders do not know how to handle the situation. Victims are afraid to speak out for fear of retribution, believing nothing will change, or they will be labeled as a complainer. Nurse leaders are also unsure of how to break the cycle of bullying and incivility.

Solution: Recognizing the opportunity to reduce and eventually eliminate bullying in healthcare through enablement and empowerment of nurse leaders, and with a grounded understanding of the scientific etiologies of bullying and the potential solutions to the issues, a seven member national team of nurse leaders across the United States, known as the PACERS, designed, developed and launched a readily applicable tool kit (stop bullying tool kit) to support nurse leaders to create and sustain a culture of civility in their organizations. Creating a culture of respect has been espoused as the essential first step in a healthcare organization's journey to becoming a safe, high-reliability organization that provides a supportive and nurturing environment that enables full engagement of all persons. The PACERS tool kit combines individual, interpersonal, community, environmental, and policy level solutions to address bullying where it starts and to create and sustain environments of respect and civility in healthcare environments and beyond. The tool kit is accessible via www.stopbullyingtoolkit.org and was downloaded by more than 15,000 providers in 125 countries within its first 12 months. Health leaders, nurses and other members of the interprofessional team are challenged in their role to cultivate and sustain a positive work environment by preventing, intervening, and/or managing issues of incivility and bullying.

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D 11 - Incivility and Bullying in Healthcare

"Nurses Eat Their Young" Moves to Academia: Expert Nurse Researchers Treatment of Novice Nurse Researchers

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Purpose

The purpose of this presentation is to share the most recent evidence from the literature related to novice clinical nurse versus novice nurse researcher humiliation, bullying and incivility. The literature is resplendent with evidence behaviors occurring to novice nurses in the clinical setting. Does this occur with novice nurse researchers?

Target Audience

Nurses in academic leadership positions who work regularly mentoring or supervising novice research students or nursing faculty with an interest in promotion of fair and civil treatment of novice nurses in the academic setting.

Abstract

Purpose: The nursing literature is resplendent with research and publications of the topic of nurse incivility, horizontal violence and bullying. Incivility in nursing is troubling (Clark & Springer, 2010) and incivility and bullying in nursing are complex problems (Luparell, 2011). The background and significance includes: The Joint Commission (2008) stated, "Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increased cost of care, and cause qualified clinicians, administrators and manager to seek new positions in more professional environments (Simpson, 2014; Murray, 2009; Stevens, 2002). Moreover, the turnover rate for new nurses who have experienced bullying in a hospital setting can be as high as 50% within the first six months of employment (Lewis, 2004). Recent reports show 39% of graduates in their first year of practice witnessed bullying (Laschinger, 2011) and 31% experienced bullying (Laschinger & Grau, 2012). In a statewide survey in South Carolina, USA, nurses on the issue of horizontal violence, more than 85% of respondents reported being victims with experienced nurses often listed as perpetrators (Delaney & Zager, 2010). Wilson and colleagues (2011) also found 85% of nurses had experienced horizontal violence. A recent review of the literature reveals The question is "Have these perpetrators of bullying, incivility and horizontal violence moved to the research arena of academia?" As the profession of nursing continues to grow developmentally to a profession of increased utilization of *nursing generated* empirical evidence for improved practice protocols and guidelines, have we "grown" these perpetrators into the nursing research arena of academia? How are we treating our novice nurse researchers? Are there parallels of the treatment of the novice clinical nurse and the novice nurse researcher? Unfortunately, both nursing students and faculty perceive incivility to be a moderate problem in nursing academia (Luparell, 2011). Incivility in America is increasing (Forni et al., 2003) and rude and disruptive conduct is increasing in institutions of higher learning. Although studies on student and faculty incivility have been conducted in nursing education, there are no studies regarding the perceptions of academic nurse leaders about this problem (Clark & Springer, 2010). In Clark, Farnsworth, and Landrum (2009), Clark defined incivility in nursing education as rude or disruptive behaviors often resulting in psychological or physiological distress for the people involved and may progress in to threatening situations when left unaddressed. Thomas (2003) studied students' perceptions of faculty incivility and found nursing students believed some faculty play significant roles in academic incivility. Nursing students reported faculty unfairness, rigidity, insistence on conformity, and overt discrimination as behaviors contributing to academic incivility. Clark and Springer (2007a, 2007b) broadened the research to assess the problem of incivility from both the student and faculty perspectives. These studies revealed the majority of participant's perceived incivility as a moderate to serious problem and found that stress, disrespect, faculty arrogance, and a sense of student entitlement played a role in the incivility in nursing education. The literature reveals some parallels of the effects of incivility and bullying to workplace outcomes. In *Bullying Affects Most Campus Employees*, Hollis (2013) reported 62% of employees of higher education saw or experienced bullying, compared with 37% in the general workforce. Bullying

occurs in overt and covert forms mostly against faculty unable to defend themselves against those in powerful positions (Frazier, 2011). Keashly and Neuman (2010) posed questions about hostile and aggressive behaviors in institutions that value intellectual inquiry, independent thought, and reasoned discussion. The bullying prevalence may be related to the competitive and performance driven culture of the U.S. society (Clearly, Walker, Andrew, & Jackson, 2013). Bullying negatively affects institutions effectiveness. In an environment burdened by bullying, faculty and staff withdraw from service, hindering institutional growth and innovation as heavier burdens are placed on still engaged faculty and staff. (Ambrose, Huston, & Norman, 2005). Once bullying begins, and the longer it continues, the more likely additional colleagues will be drawn into the situation, possibly accounting for faculty's higher bullying rates (Westhues, 2008). Additionally, in a sometimes overlooked portion of the Code of Ethics (ANA, 2001), "nurses are reminded that we, in all professional relations hips and in all encounters, including those with colleagues, should act with respect. Specifically, nurses believe that ethical comportment precludes any and all prejudicial actions, any forms of harassment or threatening behavior, or disregard for the effect of one's actions on others (Luparell, 2011). If for no other reason than adherence to ethical treatment of a fellow human being as a living, breathing, human soul deserving of our utmost respect and kindness as a fellow traveler on this road of life, this topic must be explored.

Methods: A qualitative study will be conducted to explore the faculty perceptions and practice performance related to the supervision and management of graduate students completing a research project with in a required graduate level course. A questionnaire survey will be created composed of Likert style questions with additional open ended exploratory questions designed to identify perception and understanding of the faculty role during the supervision of graduate nurse novice researchers. The survey will be designed to explore faculty thoughts and practices related to bullying, incivility and treatment practices of novice nurse researchers. Additionally, after the participant submission of the survey, the researcher will conduct phone interviews with the participants with the goal of validation of the survey results to assure truthfulness and trustworthiness of the survey answers. It is expected that 30 participants will be utilized for the study. Each participant will complete and sign an informed consent form for participation in the study and be assigned a participant number. Only the researcher will know the participants code number and subsequent numbered answer responses. The collected data will be stored in a locked drawer with only the researcher holding the key for the drawer. After IRB approval of this qualitative study, the researcher will seek volunteer participants fitting the inclusion criteria. This study will only utilize faculty as participants.

Results: The study will be conducted in the spring of 2016 with results available for presentation at the STTI Research Congress of Cape Town, South Africa in July 2016.

Conclusion: The literature is resplendent with evidence of bullying, incivility, anger and aggression or sometimes called horizontal violence with in the clinical novice nurse treatment/orientation to the role of registered nurse. It is believed the same behaviors have moved to the arena of orientation of the novice nurse researcher. The researcher believes a qualitative study will contribute to the nursing body of knowledge related to novice nurse researcher bullying, incivility, humiliation and or degradation. The profession of nursing must work to stop this behavior just as the behaviors related to bullying, humiliation and degradation of novice clinical nurses have been researched and published about in the nursing literature in recent years. Incivility, bullying, and horizontal/lateral violence are examples of workplace mistreatment that injure individual nurses and the ethical climate of organizations. When these behaviors are allowed, nurse job satisfaction and even retention are affected (Lachman, 2013). The evidence base developed by nurse scientist/researchers informs practice, promotes health and improves the lives of individuals across the lifespan (Grady et al., 2015). We must mentor and nurture these budding nurse researchers! Ultimately, it is the role of the academic leaders to foster cultures of civility where engagement can occur and respectful communication is encouraged (Clark & Springer, 2010). Researching the topic and raising awareness are two ways to begin the conversation related to the presence of incivility in academia and to ultimately eradicate the incidence of incivility in nursing academia.

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D 11 - Incivility and Bullying in Healthcare

Analysis and Promotion of Psychological Safety in the Healthcare Setting

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Purpose

The purpose of this presentation is to share a method to describe the interplay between the people and the environment which negatively impacts psychological safety in the healthcare workplace. Highlight the prevalence of a psychologically unsafe workplace and to delineate where interventions should be placed to mitigate its effects.

Target Audience

All healthcare workers

Abstract

Lateral violence and workplace bullying are endemic in the workplace. Both lateral violence and workplace bullying can be defined as covert or overt acts of verbal or non-verbal aggression that causes psychological distress (The Healthy Workplace Campaign, 2011). While bullying occurs when someone of higher position in the workplace perpetrates this behavior, lateral violence is perpetrated amongst peers.

The healthcare workplace is well entrenched in this plague. In the United States of America 35% of all workers' report being bullied at work (The Workplace Bullying Institute, 2011).

Related to Nursing in the United States over half of all nurses are victims and >90% of nurses' report witnessing bullying and lateral violence (Jacobs & Kyzer, 2010). The nursing culture has seen these behaviors become the norm and can be considered even an expected "rite of passage".

Things as simple and seemingly as innocuous as gossiping and eye rolling, when done deliberately and repeated will over time serve to marginalize and eventually ostracize the targeted employee. The result is impact on several levels.

On the personal level the targeted person can develop stress related complications. These can include hypertension, autoimmune disorders, and depression. At the organizational level the intimidation can negatively impact the concentration of employees, as well as communication between staff which raises patient safety concerns.

Workplace bullies can be considered to arise from two mechanisms alone or in combination. In an environment where bullying is the norm employees can model that behavior as a survival strategy. The other way is someone who has sociopathic tendencies can become influential in an organization and their social pathology can directly manifest as bullying behavior. Since sociopaths can exhibit a superficially charming personality, are often intelligent, and often very successful regardless of how unscrupulous their methods, the success they achieve is valued by the organization.

The U.S. Department of Veterans Affairs (VA) publication titled "Canary in a Coal Mine" discusses how any indication of bullying behavior in the workplace will suggest the possibility of an endemic issue. As such interventions need to take place at a systems level for that organization. Any framework for intervention strategies must target the full scope of the workplace environment.

Albert Bandura's Social Cognitive Theory supplies such a framework. Reciprocal Determinism and the concept that a person, their behavior, and the environment all cause and effect each other allows for the possibility that intervening at any point of the chain can positively impact this issue. Such is the case at the VA, the national leader in many medical innovations, is also leading its way to promote psychological safety. The VA Boston Healthcare System is gaining momentum in identifying and preventing bullying. This identification process is the first and most important step in influencing the factors that allow bullying to exist. Once exposed bullies lose their base of support and the chain is broken. The leadership involvement at the systems level at the VA to support programs aimed at preventing bullying is rapidly

influencing the behavior of its employees. New bullies are not created through modeling of bad behavior and the organization as a whole is improving and making room for employee engagement.

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D 12 - Disaster Preparedness and Collaboration

Addressing the Needs of Direct Care Staff When Affected By Natural Disasters Globally

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Purpose

Following the 2010 devastating earthquake in Haiti, 31 skilled nursing facilities in Florida and Georgia actively engaged in providing support to Haitian employees and their families both in USA and Haiti.

Target Audience

All nurses whether they are staff or administrators

Abstract

Background: A competent workforce committed to providing patient-centered care is vital since retention and turnover rates of direct care staff in skilled nursing facilities are directly related to quality of patient care (Austrom et al, 2015). Turnover and retention rates can become extremely challenged when a workforce is in crisis. Following the 2010 devastating earthquake in Haiti, 31 skilled nursing facilities in Florida and Georgia actively engaged in providing support to Haitian employees and their families both in USA and Haiti. Administrators, leaders and line staff participated in the support and relief efforts to acknowledge their staff's grieving period over their native country's devastation. This was effective when other employees experienced natural disasters affecting them and their families, 2012 Hurricane Sandy in New Jersey, 2013 Tsunami "Yolanda" in Philippines and 2014 Ebola crisis affecting staff working in the Texas facility.

Theoretical framework: There are four concepts underpinning person-centered nursing a) being in relation; c) being in a social world; c) being in place and d) being with self. The articulation of these concepts raises the recurring themes of knowing the person, the centrality of values, biography, relationships, seeing beyond the immediate needs and authenticity (McCormack, 2004).

Method: HCR ManorCare collaborated with the Haitian American Nurses Association (HANA) of Florida, Inc. to respond to crisis, demonstrating an engaged, caring and employee focused response to this crisis. Workforce turnover rates at HCR ManorCare were monitored during and after the Haiti earthquake whereby 20% of HCR ManorCare workforce were impacted by the Haitian crisis.

Results: The earthquake in Haiti occurred on January 12th 2010. After year one of this intensive crisis intervention, HCR ManorCare **retention** rate 2011 was **81%** compared to the overall industry **retention** rate of **71%** -demonstrating that HCR ManorCare results were stronger by **10%**. Furthermore, in 2011 HCR ManorCare **turnover** rate was at **30.4%** vs the industry average at **44%** demonstrating **13.6%** stronger results than the industry average. Measuring the same results for year 2012, **retention** rates for HCR ManorCare were **79%** with the industry **retention** running at **68.9%** - demonstrating that HCR ManorCare was stronger by **10.1%**. **Turnover** rates 2012 for HCR ManorCare were running **30.1%** with the industry **turnover** at **50%** demonstrating substantially stronger results of **19.9%** by HCR ManorCare. Finally, HCR ManorCare in 2016 measured the retention rate of all employees impacted by 2010 earthquake and 6 years' post-earthquake, the company has retained **52%**of the original 2010 Haitian team.

Discussion: This program demonstrated that when proactive and engaged management teams collaborate with community resources during workforce crises they can effectively maintain or improve on retention or lower turnover rates. Post-earthquake, HCR did the following: (a) provided employees with

calling cards for Haiti to allow for multiple communications between loved ones; (b) gave “HUG” fund grants to employees with losses; many Haitians needed money to send to Haiti; (c) HCR & HANA brought supplies, tents, clothing and money to employees’ families in Haiti; (d) HCR provided \$15,000 for transportation in/out of Haiti; (e) HCR received a waiver to donate returned unopened unexpired medication to HANA for medical missions which included employee family members in Haiti. (f) HCR/HANA raised funds to put 55+ Haitian children in formal education programs; (g) provided computers to schools in Haiti; (h) provided a \$50,000 grant for HANA to place nursing instructors in FSIL, Leogone, Haiti nursing school (i) provided EAP for employees with losses and conducted memorial services.

Conclusion: A responsive management team during employee crisis increases retention rates of employees and decreased turnover rates. HCR Manor Care and HANA worked together to ensure that employees felt supported and engaged during this severe crisis. The company could have lost 20% of its workforce if the employees were not effectively engaged and supported – this could have had a devastating impact on quality of care. Although managers are often engaged in celebrating positive events with their employees (birthdays, holidays, marriages, pregnancies etc.) it is imperative that leaders and organizations understand the importance of being ever present during a crisis. When leaders demonstrate support during a crisis, the workforce are able to continue their jobs and are less likely to leave the organization.

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D 12 - Disaster Preparedness and Collaboration

What Has an Active Neighborhood Shooter To Do With a University Department of Nursing? Plenty!

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Purpose

This purpose of this presentation is to demonstrate to nurse educators and leaders in higher education how a university department of nursing responds to a mass-casualty event with an emphasis on every-day alertness principles.

Target Audience

The target audience of this presentation is nurse educators and nurse leaders in higher education.

Abstract

Recent tragic events have brought to light the need for preparedness and provision of emergency healthcare measures in almost any setting. Nurses provide 90% of the healthcare services in the world (WHO, 2008) and must be ready for natural disasters, bioterrorism, and man-made events, such as active shooters in the area in which care or education is provided. When the nurse is both a provider and an educator, this may magnify the importance of knowing when and how to act in such emergencies, especially when they take place in and around hospitals, health care agencies, college campuses or other densely-populated locations. The goal is to raise awareness about the ubiquitous nature of disaster and mass-casualty events such as the presence of an active local shooter.

This purpose of this presentation is to demonstrate to nurse educators and leaders in higher education how a university department of nursing responds to such an event with an emphasis on every-day alertness principles. The department, which is led by the authors, is used as the case study for the successful application of these principles on the day of a mass-shooting in a health-care agency in San Bernardino, California, USA. An examination of how information was obtained through a campus alert system is presented, along with the challenges and stakeholder responses in and around the campus office and Nursing Department in a large urban campus. In addition, the responsibilities of the leaders in investigating student and faculty safety on campus and at clinical sites is detailed, with reflection on the responses needed as the situation and information changes. The unique role of nurse faculty as both provider and educator is examined relative to the needs of both on-campus dwellers as well as those off-campus who are either faculty-peers, colleagues or students.

The benefits and risks of evacuation versus staying in place are considered, particularly when information about shooter location or other factors such as the extent of collateral damage is dubious. Further, the role of the Nursing Department facilities and personnel (including office staff) is discussed in the context of future planning for emergency preparedness. An easy-to-remember approach is presented for nurses to stay "ALERT" through principles of: awareness of evolving information; legitimacy of the nursing process; emergency procedures and preparation; the 4 R's of rehearsal, response, recovery, and reflection; and teamwork throughout the difficult events.

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E 10 - Exploring Collaboration in Nursing Education

Collaboration Through Interdisciplinary Education and Its Impact on Future Health Care Practitioners

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Purpose

The purpose of this presentation is to enhance the nursing knowledge base on an Interprofessional and Interdisciplinary collaborative program in academia.

Target Audience

nursing professionals who have an interest in collaborating in the future on an academic healthcare program with interprofessional teaching between Schools of Nursing, Medicine, Dental Medicine, Pharmacy, Social work and Physician's Assistant Program.

Abstract

With our ever changing and increasingly complex healthcare system, there are indications that health care practice must adapt to provide safe, effective, precise, and cost effective care. This practice must start from the foundation: Interprofessional Practice made applicable through Interprofessional Education (IPE). The University of Connecticut's Urban Services Track (UST) provides the foundation upon which future healthcare professionals are able to provide interprofessional care by instilling collaborative values from a healthcare student's academic infancy. The Urban Service Track is designed to produce a cadre of well qualified health care professionals committed to serving Connecticut's urban underserved populations. As Urban Health Scholars, participants represent a select group of students enrolled in the University of Connecticut Schools of Pharmacy, Nursing, Medicine, Dental Medicine, Social Work, and Quinnipiac University's Physician Assistant Program (Clark-Dufner & Gould, 2016).

Interprofessional practice through collaboration can be defined as "a process which includes communication and decision-making, enabling a synergistic influence of grouped knowledge and skills" (Bridges, et al. 2011). Students within UST, participate in a 2-year curriculum that provides enhanced learning opportunities delivered through formal learning retreats and community service. The curricular focus includes competency development in 11 key areas: culture and linguistics, population health, health policy, advocacy, health care financing and management, leadership, community resources, interprofessional healthcare teams, and quality improvement. The ultimate goal of the program is to provide health profession trainees interested in providing care to vulnerable underserved patients with the knowledge and foundational concepts central to interprofessional care so that they remain effective contributors during interprofessional interventions with patients. A core belief within the program is that breaking down the barriers and stereotypes of other health professions through interprofessional education allows for greater appreciation and understanding of provider roles, which in turn fosters collaboration.

The methodology of UST lies in that the scholars from the indicated schools aforementioned intervene in twice a semester learning retreats, from which they are required to attend two community outreach events. The scholars are guided into leadership roles that vary from forming their own outreach activity to leading an established event. The learning retreat curriculum covers issues pertinent to vulnerable populations inclusive of children and youth, the elderly, veterans, immigrants and refugees, substance abusers, those with HIV/Aids, and incarcerated and ex-offenders. Interprofessional education provided within each learning retreat allows for applicable education in a circuitous manner brought about by each outreach activity; from migrant farm clinics to health education fairs and senior centers to summer research projects.

In verifying the efficacy and relativity of UST, data from the past 9 years has found the program relevant. A review of 9 years of survey data as students exit the program, along with core data of

students contacts, community programs, clients reached, involved volunteer service hours, and the correlated service value in dollars indicates the successful program progression and involved learning experience. In the most recent evaluation data from 2014-2015, 98% (N=87) of scholars indicated familiarity with other health professions, 94 % (N=87) indicated value in interacting with interprofessional faculty, and 96.5% (N=87) of scholars noting value in the content provided from each learning retreat.

An accurate depiction of a selected UST semester includes 45 events scheduled with 266 engaged scholars for a cumulative total hours of service being (Event X length of event X # of students = Hours) 1121.5, where 1,462 patients received UST healthcare in the Fall of 2015.

From the indicated values, an example of the pertinent services provided through IPE is an outreach where the scholars lead a “Better Breathing Program” in an urban area in CT where the school is noted to be in the top 10 worst schools, along with having a diagnosed asthma rate of 42%. This program focuses on teaching elementary students and teachers about Asthma, inhaler use and mouthcare while utilizing age appropriate teaching methods and assessments.

The following are indications of success based on final thoughts provided by our UConn scholars at graduation:

- “My time in UST as one of the most memorable and valuable experience in my time at UConn. My perspectives on the value of interprofessional, team-based health care delivery developed from my experience volunteering with and leading UST programs.” - Scholar (School of Dental Medicine)
- “UST is an incredible experience and I am so proud of my myself for having had this desirable experience. Thank you so very much. I am beyond a shadow of a doubt assured it will guide my future clinical practice all the more holistically.” - Scholar (School of Nursing)
- “UST elevated my medical education experience to include a curriculum on professionalism and teamwork that would have otherwise been missing. I know without any doubt that every UST alumni has had the values of teamwork, communication, and service instilled in us and that our collective practices will be better for it.” - Scholar (School of Medicine)

The opportune outcome to this program is to ready our student healthcare professionals to readily participate in an interprofessional workforce. Measurable outcomes have been established in a nonrandomized study that utilized a controlled before and after design measuring reaction, changes in knowledge and skill, attitudes and behaviours when utilizing interprofessional education. The conclusion indicated that an “IPE program with a replicable teaching protocol could effectively improve knowledge of best practices and collaborative care...and help healthcare professionals change practice behaviors” (Cohen, et al. 2016). Furthermore, research notes that “training programs providing education in these essential areas are successful in enhancing the function and effectiveness of interdisciplinary...teams (J Am Geriatr Soc 62:961–965, 2014). As a caveat to this, an area of growing interest and a future study would be to propose and reflect on how the IPE provided to UST scholars influence patient outcomes.

As the purpose of this presentation is to enhance provider knowledge, it also serves as a manner to emphasize the importance of academics engaging students in thinking about interprofessional practice and, as a stepping stone to initiating IPE within academic institutions nationwide. In conclusion, author, Afaf I. Meleis (2016), summarizes the importance of instilling interprofessional values best in stating, “It is timely for all health professional educational institutions to engage in robust dialogues on the best strategies to implement some ways of educating students from the different health fields together, to evaluate the results, and to test the outcomes on patient care.”

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E 10 - Exploring Collaboration in Nursing Education

Horizontal Integration of Interprofessional Competencies into Healthcare and Non-Healthcare Undergraduate Curricula: The Power of Partnerships

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Purpose

The purpose of this presentation is to share information about the development and horizontal integration of interprofessional core competencies into an elective course for undergraduate healthcare and non-healthcare professions students at a large liberal arts university in the southeastern part of the United States.

Target Audience

The target audience for this presentation is multifocal including academicians, nursing leaders, and clinicians. Academicians will benefit from this presentation by learning about interprofessional infrastructure and pedagogy. Nursing leaders and clinicians will glean the value of interprofessional education and collaboration through the development of an academic practice partnership field exercise.

Abstract

Evidence exists that the provision of healthcare services in U.S. hospitals could be enhanced. The Institute of Medicine's (1999) report, "To Err is Human", identified that preventable healthcare errors resulted in 44,000 to 98,000 patient deaths per year in U.S. hospitals. The Institute of Healthcare Improvement suggest that there are millions of occurrences of harm in hospitals that cause physical and emotional suffering for patients every year. To address this issue, the Institute for Healthcare Improvement developed a program that enrolled hospitals across the country to work on 12 key strategies in an effort to prevent five million cases of harm to hospitalized patients. More than 4000 hospitals participated in this campaign. A common theme within these key strategies emerged revealing the importance of coordination and communication about patient care needs. The Joint Commission (2012) revealed that miscommunication between care providers during the transfer of patients from one setting to another accounted for 80% of serious medical error. An important strategy to enhance hospital care quality is to revolutionize the education of healthcare providers and administrators to encompass interprofessional core competencies, specifically teamwork and quality improvement techniques (Walrath et al., 2006).

While progress has been made in improving the quality of care provided to hospitalized patients, this progress has been slow (Parry, Cline & Goldman, 2012) and more work is needed. In addition to quality issues noted in hospitals, ambulatory care services could also be enhanced. The Patient Protection and Affordable Care Act is providing access to millions of individuals who were previously unable to effectively use primary healthcare services. The increase in the number of individuals with insurance coverage, an aging population, patients presenting with multiple chronic conditions, and a shortage of primary healthcare providers will certainly influence the quality of services that will be able to be provided. This changing landscape of health care delivery, revisions to healthcare payment methodologies, and the increasing accountability of healthcare providers for delivering an enhanced healthcare product are necessitating a rethinking of health profession education. One approach to addressing the quality concern is enhancing interprofessional collaboration and decreasing the hierarchical differences between members of the healthcare team. In order to improve interprofessional collaboration, educating various members of the healthcare team in a different manner is required.

Interprofessional education, one precursor to interprofessional collaboration, is a teaching strategy that is getting more attention. More commonly than in the past, health professions students such as medical students, dental students, pharmacy students and nursing students, just to name a few, are beginning to learn together in academic settings. Healthcare systems are beginning to increase interprofessional

collaboration amongst healthcare providers from different professional backgrounds. Academic practice partnerships connecting academicians and healthcare providers are an effective strategy to ensuring that students are taught interprofessional core competencies of roles and responsibilities, values and ethics, interprofessional communication, and teams and teamwork (IPEC, 2011) and then seeing these competencies in action. Interprofessional education allows the opportunity for students to learn about and utilize skills that enhance communication and collaboration skills (Institute of Medicine, 2013). Despite the benefits of interprofessional core competencies integration, the literature pertaining to interprofessional education (IPE) and interprofessional practice (IPP) is relatively in its infancy. While IPE curricula are on the rise (Thibault, 2012), the need exists for additional guidance regarding how to structure and develop IPE programs.

Educators at a large liberal arts university in the southeastern part of the United States believed that expanding interprofessional education to those enrolled in the health professions, as well as students who were seeking non-health professions degrees, was of benefit. A ten step interprofessional curriculum development model (Nanda & Scott, XXXX) was utilized to develop an undergraduate elective course that was open to healthcare and non-healthcare professions students. The course was designed to provide students with an opportunity to develop skills needed for interprofessional practice. The course provided an introductory framework that helps students develop and employ strategies and techniques needed to improve the effectiveness of interdisciplinary teams in healthcare and non-healthcare settings with a focus on the four interprofessional core competencies (IPEC, 2011). Students will understand the resources needed to address complex problems within the U.S. healthcare system and will demonstrate understanding of the importance of how individuals from different professional backgrounds learn and work together to achieve desirable outcomes.

The following course objectives were collaboratively developed by the faculty members. At the conclusion of the course, students will be able to:

1. Apply the concepts and principles of interprofessional collaboration to case studies, simulation and field experiences.
2. Compare and contrast the roles and related skills of professionals engaged in interprofessional teams.
3. Describe the process of team development and the roles and practices of effective teams in healthcare and non-healthcare settings.
4. Identify the characteristics of effective communication, as well as barriers to effective communication, among interprofessional team members.
5. Identify the ethical responsibilities of each member of the interprofessional team.
6. Analyze conflict management strategies that are important to the success of the interprofessional team.

This presentation will describe how a College of Health and Human Services faculty incorporated key recommendations from the IPE/IPP literature to design, develop, and implement an IPE course to undergraduate students at a large university. The course was designed to evaluate the impact of the structured approach on attitude related to team structure, impact of leadership, situational monitoring, mutual support, and communication. Best practice models of interprofessional education (Bridges, Davidson, Odegard, Maki & Tomkowiak, 2011) were considered in the development of this undergraduate course

The purpose of this presentation is to share information about the development and horizontal integration of interprofessional core competencies into an elective course for undergraduate healthcare and non-healthcare professions students at a large liberal arts university in the southeastern part of the United States. Further, this presentation will provide the steps that were taken to generate faculty interest, develop the interprofessional infrastructure including course content, the interprofessional education of involved faculty, the division of course responsibilities for faculty, the creation of the pedagogical model, the incorporation of healthcare provider representatives from a large healthcare system, the identification of field experience/clinical sites for students, the marketing of the course to potential students, the development of simulation activities, and evaluation of progress. Results of the review of qualitative data from faculty reflections will be shared. These results suggest the transition of the faculty team from a

multidisciplinary group into a high functioning interprofessional team. Results from the administration of the TeamSTEPPS Teamwork Attitudes Questionnaire (T-TAQ) to students will also be discussed. The horizontal integration of interprofessional competencies for healthcare and non-healthcare professions students makes this work unique and innovative.

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E 11 - Evidence-Based Practice Related Outcomes

Organizational Characteristics and Adverse Patient Outcomes in Provincial Hospital, Thailand

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Purpose

The purpose of this presentation is to make the participants to understand the relationship between organizational characteristics and adverse patient outcomes in provincial hospitals, Thailand.

Target Audience

The target audience of this presentation includes student nurses, registered nurses and health workforce.

Abstract

The quality of care is an important goal for improving healthcare service. Nurses have significant roles in preventing adverse patient outcomes and improve quality of care. Moreover, nursing practice environment is important for good patient outcomes. This study aimed to examine the relationship between organizational characteristics and adverse patient outcomes in provincial hospitals, Thailand. Populations in this study were patients who were hospitalized and registered nurses who were working at selected units from August to December, 2014. Sample included 155 units and 886 registered nurses.

The research instruments included 1) organizational characteristics form including ward type, number of bed, number of nurses and patients, and occupancy rate. 2) An adverse patient outcome recording form and 2) the Nursing Practice Environment Questionnaire translated by Nantsupawat (2010). Data was analyzed by using frequency, percentage, mean, standard deviation and spearman Rank Correlation Coefficients.

Results revealed that the average of nurse to patient ratio was 8.01 (SD= 2.70), of occupancy rate was 84.72 (SD= 34.84), of practice environment was at a favorable category. The incidents rate per month of fall was .09 (SD=.32), of pressure sore was .94(SD=3.86), of hospital-acquired pneumonia was .23 (SD=.72), of hospital-acquired urinary tract infection was .35 (SD=1.00), of medication error was 5.26 (SD=9.82), of complaint was .08 (SD= .33), and of patient identification error was .08 (SD=.33). Occupancy rate were positively related with pressure sore ($R_s = .396, p < .001$), hospital-acquired pneumonia ($R_s = .261, p < .01$), and hospital-acquired urinary tract infection ($R_s = .295, p < .001$). Nursing practice environment was negatively related to fall ($r = -.163, p < .05$) and medical error ($r = -.204, p < .05$).

The results of this study can be an information for nurse managers to manage occupancy rate and nursing practice environment in order to prevent the occurrence of adverse patient outcomes and improve quality of care.

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E 11 - Evidence-Based Practice Related Outcomes

Perceived Barriers to Research Utilization Among Registered Nurses in an Urban Hospital in Jamaica

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Purpose

The purpose of this presentation is to describe Registered Nurses' perception of the barriers to research utilization in clinical practice in a developing country's context and the socio-demographic characteristics that may influence these perceptions.

Target Audience

The target audience of this presentation is nursing administrators, educators, clinicians and nurse researchers

Abstract

Background: Applying research-based evidence into the clinical practice reflects the gold standard of quality and cost effective patient-centered care. Practicing without evidence-based knowledge limits nurses in providing competent care. The International Council of Nurses (ICN) has stipulated that nurses globally use research evidence in the clinical practice in order to close the existing gap between research and practice in nursing. However, despite these directives, routine practices still persist (ICN, 2012). While there is numerous clinically pertinent research-based knowledge available as well as an increase in access, the pace of adopting the evidence to provide nursing care has either been slow or lacking (Squires, Hutchinson, Boström, O'Rourke, Cobban & Estabrooks, 2011). It has also been noted that though research is high on the agenda of hospitals, the process according to Melnyk and Fineout-Overholt (2015) is lengthy and could take years. A number of studies have highlighted various obstacles to research utilization (Buhaid, Lau & O'Connor, 2014; Chien, Bai, Wong, Wang and Lu (2013), but studies of this nature are lacking in the Caribbean of differing cultural context.

Purpose: The purpose of this study was to examine the barriers to research utilization among Registered Nurses (RNs) in their clinical practice and the socio-demographic characteristics of the nurses that may have influenced their perception.

Methods: A descriptive correlational study was conducted among a randomly selected sample of 178 registered nurses at a 500-bed urban hospital. Following ethical approval, data were collected using the BARRIERS Scale (Funk et al., 1991), a self-administered 35-item questionnaire along with a socio-demographic data form. Twenty-nine of the items were rated on a five-point Likert scale. The data were analyzed using SPSS version 20. Univariate and bivariate descriptive statistics were used to summarize the data and statistical tests; t-test and ANOVA were used to examine the relationships among key variables. The dependent variable, Barriers scores with 29 items was analyzed according to the four subscales, settings, nurse, presentation and research.

Results: The response rate was 94.4% (168). The mean age of respondents was 32.07 ± 6.98 years and most were 30 years old and younger (47.6%). Of the top ten ranked barriers, 6 items were related to the 'Setting' subscale. 'A lack of authority to change patient care procedures' was the highest ranked barrier by 83.3% of the respondents followed by 'facilities are inadequate for implementation' (78.3%) and 'nurse feels results are not generalizable to own setting' (74.6%). Only educational level showed a significant relationship to the overall barrier scores ($p = 0.02$) - respondents with diploma in nursing had significantly higher scores (77.2 ± 17.3) compared to those with a bachelor's degree (68.4 ± 14.7).

Conclusion: Most of the barriers highlighted were in the 'setting' subscale. Challenges surrounding lack of authority, support and structural resources of the work setting were obstacles that were predominantly perceived by the nurses. In addition, education at the bachelor's level is important to minimize the barriers. Findings from this study can provide valuable direction for administrators and educators to

collaboratively develop strategic intervention programmes to increase the use of evidence thus augmenting the delivery of quality patient care.

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E 12 - Developing Community Awareness and Cultural Sensitivity

Serve the People Model of Community Health Development Work: Towards a Caring Framework

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Purpose

To present a model grounded from extensive health work with health professionals, including an ethnographic study among community health nurses. It provides the context and the caring principles towards meaningful innovations, contribution to change and relevant roles and challenges. It is a contribution to community practice-based knowledge of CHD work.

Target Audience

Are nurses from the academe, practice and research. Nurse academicians can discuss and critic the model's applicability by enjoining students and colleagues to explore the model. Nurse practitioner and researchers can explore the model's applicability in community work and researches.

Abstract

Purpose: Community health development workers (CHDWs) live and work in a society that is characterised by poverty, exploitation and oppression. This presentation aims to describe a model of caring grounded from extensive health work with health professionals, including an ethnographic study among 20 community health nurses (CHNs) in the Northern Philippines. It describes how the CHDWs have come face to face with the effects of the continuing struggle of the people for social justice, democracy, national independence, material and cultural progress and peace. Within this context, it is imperative that the health profession identifies its position. Only then can it make meaningful innovations, contribution to change and take on relevant roles and challenges.

Methods: This model was derived from almost a year of focused ethnography among community health nurses and community health development workers and then augmented with many years of continued development work in the Northern part of the country. The ethnographic field research involved face-to-face interviewing, with data collection and analysis taking place in the natural setting. I utilized Shaffir and Stebbin (1991) four stages of field experiences: a) entering the field setting; b) learning how to play one's role within the setting or learning the ropes; c) maintaining and sustaining the relationships that emerged; and d) eventually leaving the setting. These stages were not necessarily sequential or distinct. Although analytically separable, these stages merge and interweave at various points of the research as I concurrently performed different tasks associated with each stage. All throughout the interactions, I utilized the critical social theory lens as I immersed with the participants of the study.

A combination of various data collection strategies was chosen: participant observation supplemented with unstructured and semi-structured interviews, focus group interviews, and review of documents. The triangulation of data with the use of a combination of methods and data sources offered the opportunity to validate and cross-check findings. In the study, the combined process of reflection, imaginative thinking and systematic sifting and analysis of evidence was done until coherent themes and subthemes emerged that guided the study.

Results: The *Serve the People (STP) Model of Community Health Development (CHD)* reflects personal stories and concrete experiences of the participants of the study. This model was developed from the themes and subthemes that emerged namely: Context Setting and Approach to Health Work; Community Development Framework; Implementation and Evaluation; Method of Work: Action-Reflection Cycle and Empowerment; Roles of Development Health Workers; and Challenges to the Health Care Practice in the Community. The model implies a commitment which CHDWs must possess and serves as a guideline for CHDWs in caring and working with the people. It promotes and upholds the following caring principles: 1) views health holistically or as a social phenomenon; 2) diagnoses community problems and needs collectively; 3) focus of interventions are those that are identified by the people and not those felt and perceived by the CHD; 4) advocates methods of health work that are comprehensive, relevant, participatory, democratic, liberating, promotive of critical thinking, and empowering; and 5) identifies

outcomes that are clear and shared among the nurses and the people. The model's name was based on the firm belief of the CHDWs that the health profession exists for the people.

Conclusion: This caring model is derived from personal and concrete experiences of the participants of the study. It was developed as a contribution to the community practice-based knowledge of CHD work. It poses challenges to nurse educators, practitioners and researchers.

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E 12 - Developing Community Awareness and Cultural Sensitivity

A Culturally Sensitive Recruitment Model for Arabic Nursing

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Purpose

The purpose of the presentation is to argue the case for the indigenous growth of nursing in the Middle East with less dependence on expatriate nurses. There are difficulties in progressing Arabic nursing developments. New seminal research supporting a positive Recruitment Arabic Model: (Nurse-P.R.A.M) is presented.

Target Audience

The target audience for this presentation is senior nurses, educationalists and clinicians. In particular nurses who are interested in understanding the influence of culture on nursing developments. The importance of leadership in driving change will also be of interest to nursing leaders and managers.

Abstract

Background: In response to the shortage of nurses, Bahrain continues to have high dependence on expatriate nurses to maintain the health services. Bahrainization is government policy and is strategically aimed at including many more Bahrainis in the workforce. Consistent with Bahrainization the development and expansion of an indigenous nursing profession through increasing the number of Bahrainis working as nurses must be a health service priority. However, in attracting local candidates to study nursing, the public image of nursing in the Middle East continues to be of concern. This study aims to identify the factors that influence the High School Students and their parents in Bahrain to choose the nursing as a future career. The level of understanding and promotion of nursing inside and outside of schools in Bahrain is very unclear and indeed is the extent to which career guidance on nursing occurs. This study reports on a research model which tested a recruitment intervention with stakeholders in Bahrain and based on study findings and seminal work, a unique Arabic nursing recruitment model is presented. The Positive Arabic Recruitment Model NURSE – P.R.A.M. aims to promote nursing as a career in Bahrain.

Methods: A triangulation research design was used incorporating quantitative and qualitative dimensions and an intervention. The study sample included high school students, students' parents, career guidance counselors and nursing students. A nursing recruitment intervention was tested and evaluated in a sample of Bahraini schools with High School students. SPSS was used to analyse quantitative data, while Collaizzi's (1978) methodology and Krueger's' (1994) Framework were applied to analyse the qualitative data.

Findings: At present, in Bahrain there are 4 nurses per 1,000 of the population compared to the OECD average of 8.7. With the current numbers of students interested in nursing, it will be impossible to reach this target. The findings of this study indicate that, although the students expressed positive perceptions about nursing, this was not matched with a desire to become nurses themselves. Career desirability involves more than reinforcing positive perceptions about nursing. Nursing needs to be made very attractive to young candidates of high caliber in order to improve quality of patient care and promote a more positive profile of nurses and nursing.

The study reported that the public perceptions of Bahraini people about nursing may be grounded in strong cultural influences. Any efforts to improve the enrolment and retention of Bahraini nurses should consider enhancing the social values of the nursing profession. As a means of enhancing nursing image and perception, the study proposed a best practice model for nursing recruitment that considers the unique culture and contexts of the Arab countries. The recruitment model Nurse-P.R.A.M is new and is a uniquely Arabic creation, and is focused on recruitment to nursing in the region and in particular Bahrain. The model is built from the unique evidence developed through this study.

Conclusion: In light of the seriousness of the worldwide shortage of nursing shortages, which may have an adverse impact on health systems, recruitment and retention of qualified nurses must be an increased priority for all countries of the world. What is clear is that Western models and approaches to nursing

recruitment will not be successful in the Middle East. This study is significant as it will place the perceptions and understanding of Bahraini people and culture and the center of nursing promotion and recruitment. It will also be a new and insightful addition to the international literature. Some of the issues raised in the study are reflective of the core international literature; however, there are fundamental issues particular to the Gulf region, which will require attention in a context of an overall nursing recruitment strategy for Arabic nursing.

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E 12 - Developing Community Awareness and Cultural Sensitivity

Recommended Cultural and Clinical Considerations for Leaders and Educators Working With Muslim Nurses and Students

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Purpose

The purpose of this presentation is to examine recommended cultural and clinical considerations for leaders and educators in creating inclusive work/academic environments for Muslim nurses/students.

Target Audience

The target audience for this presentation is leaders, employers, coworkers, and nurse educators who work with Muslim nurses/students.

Abstract

Abstract Summary: This presentation will identify workplace and academic practices that may produce feelings of exclusion in Muslim nurses and students. Specific recommendations and strategies promoting inclusion are discussed.

In 2012, 37% of the United States (U.S.) populations were individuals from racial or ethnic minorities while only 19% of nurses were from minority backgrounds. Nurse leaders believe it is imperative to increase diversity, both to reflect the cultural diversity in the U.S. and to combat the nursing shortage (American Association of Colleges of Nursing, 2015). Muslim nurses/students constitute a growing and diverse population in the U.S., who are underrepresented in nursing (McDermott-Levy, 2011). While race and ethnicity of nurses are commonly recorded, there are not readily accessible reports of the number of Muslim nurses in the U.S.

The purpose of this presentation is to examine existing evidence in literature, to identify gaps in the literature, and to examine recommended cultural and clinical considerations for leaders and educators working with diverse employees, specifically Muslim nurses, so they can collaborate to develop strategies for an inclusive work/academic environment.

As an underrepresented population, Muslim nurses/students may face additional pressures in already stressful work or educational settings. Following September 11, 2001, the U.S. culture directed greater negativity towards Muslims (Ingraham, 2013). Negativity manifests itself in a variety of ways from subtle intolerance to severe discrimination. One example of subtle discrimination may be refusal to allow appropriate religious practices, such as wearing a hijab (a headscarf some Muslim women choose to wear). Laws prohibit organizations from refusing accommodations for religious beliefs; however, laws are ambiguous and leave room for interpretation that may allow employers/educators to ignore the employee/student requests. The responsibility to fairly accommodate the request of the employee falls on the organization. For example, there continue to be concerns about patient safety when addressing wearing the hijab in the operating room, even though recommendations are clear that head coverings can be accommodated (Wood, 2015). Muslim nurses at greater risk for undue hardships, such as struggling on a daily basis to incorporate religious practices into the work environment, especially when reasonable accommodations are not made. These hardships can lead to burnout and feelings of exclusion (Findley, Hinote, Hunter, & Ingram, 2014).

A review of the literature was conducted using combinations of the keywords: head covering, hijab, Muslim nurses or nursing students, and religious accommodations. Research evidence is sparse with most information being provided through editorials, expert opinion, and commentary pieces. Research studies reviewed are on lower tiers of evidence, such as qualitative and survey studies. In these studies, populations are small. No studies were located in which randomization, large samples, or control groups were included. While the level of evidence is not high, exclusionary practices in healthcare are identified and information on the creation of a culture of inclusivity is available.

In order for the nursing profession to embrace diversity, nursing leaders, educators, and nurses must be aware of the discrimination towards Muslim nurses/students in the U.S. and methods of accommodation for cultural and religious beliefs. Leaders, educators, and nurses need to attend to specific considerations when working with Muslim nurses/students. Future research needed includes: more clearly estimating the number of Muslim nurses in practice and in schools of nursing; examination of non-Muslim leaders', educators', and nurse's/students' knowledge/attitudes/beliefs regarding Muslim populations; comparison of Muslim nurses'/students' experiences to groups who are not Muslim, and assessment of interventions to promote feelings of inclusion.

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G 10 - Developing Nurse Leaders in the Clinical and Faculty Arena

Nurse Faculty Leadership Development: Prospects, Progress, and Perspectives

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Purpose

The purpose of this presentation is to describe a replicable leadership development program for diverse groups of nursing faculty through participation in a Nurse Faculty Leadership Academy project. Discussion focuses on implications for student, faculty, and institutional outcomes related to career success, faculty retention, and supportive work environments in academe.

Target Audience

The target audience of this presentation includes nursing faculty, students, and nursing education stakeholders (deans, program directors, administrators, clinical and community partners) across all programs levels.

Abstract

The confluence of the nursing faculty shortage, faculty retirement, changing nursing students' demographics, and the demand to make nurses full partners in health care delivery have all highlighted the need for building greater capacity for nurse faculty leadership development. Academic nursing leadership demands unique knowledge, skills, and competencies not fully addressed in entry-level and advanced nursing education. The need to support and sustain faculty leadership development has been called for by nursing education stakeholders such as the American Association of Colleges of Nursing (AACN), National League for Nursing (NLN), Sigma Theta Tau International (STTI), and the Institute of Medicine (IOM).

This presentation will discuss the leadership development of a diverse group of nursing faculty through their voluntary participation in a project team for the Nurse Faculty Leadership Academy (NFLA) sponsored by STTI. The exemplar illustrates a replicable 15-month leadership development program facilitated by a faculty lead. Discussion will focus on the individual and collective comparative data on the five domains of exemplary leadership (model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart) measured by Kouzes and Posner's Leadership Practices Inventory. The group met biweekly to cultivate leadership competencies through working on the NFLA team project (developing a nursing honors program) while also participating in leadership discussions based on assigned readings from three leadership books: *The Leadership Challenge*, *Crucial Conversations*, and *Crucial Accountability*.

The process and productivity-driven leadership development journey of six faculty members involved in the program have resulted in increased faculty collaboration and mentorship; scholarly manuscript publication and podium presentation; the conduct of a faculty and student needs assessment survey on a nursing honors program; and closer partnership with the administrative department within the college of nursing and the university at large. In addition, all participating faculty demonstrated marked increases in self-perception of leadership, based on the five Kouzes and Posner leadership domains as well as qualitative self-assessment of leadership growth. This experience has re-affirmed the participants' belief that faculty leadership development provides an avenue in facilitating personal leadership development, fostering academic career success, promoting nurse faculty retention and satisfaction, and cultivating high-performing and supportive work environments in academe.

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G 10 - Developing Nurse Leaders in the Clinical and Faculty Arena

Intentional Consciousness: Empowering Nurses Through Evidence-Based Practice

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Purpose

The purpose of this presentation is to disseminate the results of a qualitative grounded theory study that explored the critical factors that influence nurse educators' perceptions, attitudes, and knowledge of evidence-based practice.

Target Audience

The target audience of this presentation is academic faculty, clinical nurse educators, clinicians, nurses, nursing administrators, healthcare executives.

Abstract

Background: Nurses are being called upon to fill the ever-increasing demands and expanding roles in several different facets in the healthcare system. Without the knowledge of evidence-based practice (EBP), this task is difficult to achieve. Nursing faculty must incorporate and focus their teaching on EBP to enhance nursing students' knowledge, understanding, and embracing the concept of EBP. Although attitude regarding EBP is high among nursing faculty, their knowledge is lacking (Stichler et al 2011). To achieve a tangible knowledge of EBP for greater effectiveness and continuity, the involvement of all nurse educators who prepare these nurses is imperative. This involvement is initiated by first knowing the critical factors that influence nursing faculty's perceptions, attitudes, and knowledge of EBP.

Purpose: The purpose of this qualitative grounded theory study was to explore the critical factors that influence nurse educators' perceptions, attitudes, and knowledge of EBP.

Philosophical Underpinnings: This study was being guided by two philosophical underpinnings, symbolic interactionism and pragmatism.

Method: The researcher used a classical grounded theory approach (Glaser 1978, 1992). Eighteen nurse faculty with at least two years' academic experience and currently working in the academic setting were interviewed with informed consent. Data were collected through individual and focus group interviews with field notes. The researcher transcribed and analyzed the data. Rigor was ensured through credibility, dependability, confirmability and transferability.

Results: The core category and basic social process of intentional consciousness emerged from this study. Four concepts were associated with intentional consciousness including, raising awareness through educating, communicating, collaborating, and practicing; being self-driven refers to the ability to independently take initiative in order to achieve an objective. It means seeing the big picture and a goal, connecting the dots, and intentionally making every possible effort to reach that goal; organizational effects includes supporting, leading, and mandating: these effects influence how employees act towards an organization which may positively or negatively impact the knowledge of EBP; and positive outcomes which mean improving practice, personal growth and knowledge, and positive effects on patients, students, and families while using EBP.

Discussion: Intentional consciousness, a behavior and a process, is the theoretical framework that emerged from this study. It is the center of a series of processes involved in the knowledge of EBP. The data revealed that though raising awareness, being self-driven, organizational effects, and positive outcomes are all necessary components of improving the knowledge of EBP, each cannot work alone. All the components are interwoven and must be present. One without the other cannot succeed in improving EBP knowledge and moving the concept forward.

Conclusion: Intentional consciousness is the root that supports all the four components necessary to strengthen the knowledge of EBP. This theoretical framework explains the reasons for a deficiency of knowledge of EBP as well as actions that will improve and sustain the implementation and integration of

EBP. The results from this study will expand understanding and knowledge of EBP among clinical nurses, nurse educators, and health care organizations.

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G 10 - Developing Nurse Leaders in the Clinical and Faculty Arena

Partnership in Action: A Case Study in Nursing Workforce and Leadership Development in East Africa

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Purpose

The purpose of this presentation is to present a case study highlighting the strategies and outcomes achieved in developing nurse leaders in East Africa. The case studies emphasize the importance of collaborative partnerships in developing nurse leaders in education and practice.

Target Audience

The target audience of this presentation includes government officials, policy makers, nurse educators, nurse managers and nurses in practice.

Abstract

East Africa suffers an inordinate burden of disease and does not have the numbers of suitably qualified nurses and midwives to address this challenge. Focused efforts in nursing workforce capacity building are needed to build capacity within nursing education, practice and leadership. An enhanced nursing and midwifery workforce is needed across all disciplines with development required at all levels including upgrade of the existing workforce, development of specialty qualifications and enhancement of leadership capacity.

This presentation involves a case study in which university private-public partnerships have successfully contributed to nursing capacity enhancement of nursing education, practice and leadership in the East African nations of Tanzania, Kenya and Uganda.

Capacity building is not a quick-fix activity. It takes time and resources. Equally, the success of capacity building efforts is context dependent. One size does not fit all and capacity building initiatives must be tailored to the unique cultural context and regulatory environment of each participating nation. This presentation outlines specific details of capacity building strategies developed and implemented along with a comprehensive range of partnerships which have contributed to capacity building efforts.

Details are provided regarding the process of stakeholder consultation re workforce need, the range of programmes developed along with graduate numbers and progression to-date. A full description of the broad range of partnerships needed to successfully implement the strategies along with an outline of factors critical for successful collaborative enterprise.

The outcomes achieved are presented along with a description of the methods used to evaluate progress and measure success. Outcomes are measured in terms of graduate numbers, progression to higher degrees, progression to nursing leadership positions and placement into rural and remote settings.

Lessons learned are outlined for the benefits of nurse educators, nurse executives and policy makers wishing to increase nursing workforce capacity efforts and impacts in a developing context.

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G 11 - Developing Nurse Leaders Within the Community

Minding the Gap: Improving Mental Health Access in African-American Communities

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Purpose

Discuss the outcomes of a community based initiative developed by the National Black Nurses Foundation to decrease the mental health disparities in African American communities Identify strategies that could be replicated to impact policies to decrease these disparities

Target Audience

Registered nurses, students and community leaders wishing to work in a collaborative manner to decrease the ongoing mental health disparities that exist in African American communities in the United States

Abstract

Purpose: This national initiative was developed to bring African American communities together with clinicians, policy makers, as well as faith and community leaders to discuss mental health disparities and mental health issues. This campaign focused on the development of a community level “safety net” to enhance mental health and related services.

This campaign discussed the role of health policy in improving equity in mental health while providing resources information for mental health services.

The goals of the initiative:

- Develop a national network for mental health awareness, through community interaction;
- Encourage political activism to improve mental healthcare access;
- Equip the community with information needed to seek better mental healthcare; and
- Disseminate information that will spark positive conversations about mental illness and mental health care in all settings.

Methods: Two (2) hour educational program with a one-hour networking/interactive session

Five (5) cities chosen to participate in the national project.

The cities were chosen because of the potential collaboration of the faith based organizations, profession and community groups and colleges and universities. In these cities interested key persons were identified who became part of the planning committee for their respective cities.

The format for the program was the same in each city. The keynote presentation discussed the extent of the mental health disparities, possible causative factors, the influence of culture and a call to action. The keynote speeches were done by former Surgeon Generals of the United States. The other presentations were done by representatives from the faith based community, psychiatrists, community/consumer based organizations and elected/policy officials

Program participants completed an evaluation form that had the following questions:

What would you do differently in your practice or interaction with your respective patients or consumer groups?

What was the most beneficial part of the program?

Results: As a result of attending this Program, the primary thing I will do differently in my practice is:

- Make more connections

- Reconnect with other mental health professionals
- Make effective referrals
- I will consider more than before, the mental wellness along with the spiritual wellness of my congregants
- Encourage treatment beyond the group setting in church
- Educate the public in hopes of educating them about getting rid of stigma related to mental health issues
- Inform patients it is okay to seek help for mental illness
- Encourage community leaders
- Seek to partner and collaborate more
- Increase focus, also on cultural and spiritual
- Present ongoing clinical base in court procedures
- Look for Mental Illness more
- Personally inspired to seek more information and to make practical things happen that will be helpful to the church and community
- offer more pro bono services
- To inform my co-workers with the information presented here tonight
- To collaborate and be more resourceful
- Referral directs to mental health agencies more often
- Educating those with mental health issues
- Address mental health illness with the substance population
- Ask employer to screen for depression
- Offer resources presented tonight
- My approach to serving mentally disabled students will increase based on advocacy and education. I will seek greater skills, training, and education for myself
- Get better educated
- Educate my students and congregation about mental health
- Research the topic more and put in action what is learned
- Read the Surgeon General's Report on Mental Health
- More pro bono
- To promote advocacy
- Incorporate spirituality more and use more community resources
- Make stronger strides toward integration of mind, body, and spirit
- Educating my coworkers on being more sensitive
- Combine medication and therapy with my patients
- Volunteer and connect with agencies that address mental health issues
- Share information with students and colleagues
- Tap more into personal client stigmas around mental health
- Promotion, advocacy, and education regarding mental illness/mental health to congregation
- Improve my discussions and language when discussing mental health. I will be aware of stigma and cultural differences based on difference (sensitivity)

- The most beneficial part of this program was:
 - Networking
 - Pushing the issue of awareness
 - Presenters were great. Points well taken, prevention is key.
 - Have clergy involved
 - Keynote speaker and panel discussion
 - Content of presentations; networking
 - The panel discussion: hearing perspectives and information
 - Focus on the symptoms of the different types of mental health disorders
 - Statistics given
 - Obtaining updated information; networking

- A call to Action
- Everything/Every presentation and the panel discussion were beneficial
- The person that mentioned establishing a behavioral health ministry to confirm and define what will be a part of my purpose
- Review s/s of mental illness
- Recognition of dilemmas, need solutions also
- Dismantling mental health myths
- Increased sensitivity to cultural issues regarding mental health
- The information was insightful, although I have studied in and have been around the topic of mental health, I learned some new things.
- The keynote presenters and panel were highly resourceful and insightful and gave me opportunity to learn more about mental health
- Meeting other professional individuals
- Train ministers and ministers and health ministry leaders related to mental illness and stigma found in churches
- Panel including religious leaders
- Panel & discussion
- The diversity of the panel
- Enabled me to better serve my patients
- Networking and validation
- Sensitivity regarding race and faith issues

Conclusion: In critically analyzing the attendance/participants and their comments the intent of the initiative, the National Black Nurses Foundation determined that the intent of the initiative to bring communities together with clinicians, policy makers, as well as faith and community leaders to discuss mental health was met. Further scrutiny of the participants' comment revealed the importance of policies to enhance access to treatment and decreasing the disparities.

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G 11 - Developing Nurse Leaders Within the Community

The Parish Nursing Ministry: Enhancing Community Support in Health Promotion and Disease Prevention

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Purpose

The purpose of this presentation is to explore the ways in which a parish nursing ministry guided by transformational leadership principles may enhance community support in health promotion and disease prevention.

Target Audience

The target audience of this presentation are nurses interested in learning how transformational leadership in a parish nursing ministry may lead to enhanced community involvement in health promotion and disease prevention.

Abstract

Purpose: In a world faced by rising health care costs, alternatives are needed that will enhance community participation in health promotion and disease prevention. One alternative is a parish or faith community nursing program (American Nurses Association & Health Ministries Association, 2012). In this presentation, the leadership and activities of a Parish Nursing Ministry in a multi-cultural parish of over 60,000 individuals are described.

Methods: Evidence suggests that parish or faith based programs may impact health promotion, disease prevention, and chronic care self-management (Baig et al, 2014; Maitlen, Borkstahler, & Belcher, 2012; Shores, 2014). The director of this program employs leadership principles from "The Leadership Challenge" (Kouzes and Posner, 2012) in order to lead and develop leaders within the ministry. Kouzes and Posner's work spans three decades of researching extraordinary leadership. The five leadership practices include: 1) model the way, 2) inspire a shared vision, 3) challenge the process, 4) enable others to act, and 5) encourage the heart.

Results: Nurses, healthcare professionals, and individuals from non-healthcare fields have joined this growing ministry which is in its third year. An increasing number of youth in the parish have joined and volunteer in community health care events. The ministry has several members who opt to lead, develop, and/or facilitate new projects. Exercise booths, nutrition lessons, workshops for those facing a life transition, diabetes screening, and health in-services are examples of the activities used to promote health. An annual health fair attracts physicians and nurse practitioners who volunteer their services for private consultations. Blood pressure, blood sugar, body mass index, cholesterol, flu screening, and free flu shots are offered together with medical financial counseling, and several in-services. For many people who are unable to obtain health insurance, this health fair is the only health care they receive. A Teddy Bear hospital allows children to adopt their own bear and obtain all the health care a bear may need (i.e. dental care, exercise, immunizations, x-rays, etc.). A team of members of the ministry make prayer blankets for the homebound. First aid is provided at all large parish events. The ministry has been extended to the greater community through visits to nursing care centers, orphanages, and homes for abused women. Leaders within the ministry have recently established a Saint Vincent de Paul conference in order to financially help care for those who are the most impoverished.

Conclusion: A parish nursing ministry is one way in which members of a faith community may be inspired to participate in health promotion and disease prevention. By transforming a single parish nursing director-led ministry to one of multiple leaders, there may be a cascade of activity that could never have been achieved through traditional leadership methods.

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G 12 - The Role of the Internet in Healthcare Education

eHealth: Using Healthcare Information From the Internet in the Classroom

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Purpose

The purpose of this presentation is to share with participants how electronic health (eHealth) information obtained from the internet can be used in the classroom as a learning activity.

Target Audience

The target audience of this presentation includes registered nurses, faculty, nurse educators, nursing students, and nursing leaders.

Abstract

The current "Millennial Generation" of college students majoring in the health professions has unprecedented access to the Internet. Eight out of 10 Internet users look online for health information, making it the third most popular Web activity next to checking email and using search engines (Stellefson, Hanik, Chaney, & Tennant, 2012). The Internet continues to be widely used to facilitate research and learning for health and medical information. eHealth emerged early in the 21st century and is an all-encompassing term for the combined use of electronic information and communication technology in the health sector. With regard to healthcare, the Internet can provide valuable information on disease conditions, health assessment, treatment options, and preventative measures.

New technology and the way in which it is used is revolutionizing health care and changing the practice of every nurse. It also affects the way nursing students are learning in the classroom. Technology in education has advanced significantly from overhead projectors as the primary teaching aid in the traditional classroom (Christian, 2003). Technology plays a critical role in teaching and learning allowing students to interact and share information with the instructor and with peers. The pervasiveness of the Internet makes obtaining, processing, and understanding health information a critical competency area for nursing students. Faculty should consider incorporating learning activities that help students develop the skills, knowledge, and confidence to locate and evaluate information on the internet (Robb, & Shellenbarger, 2014).

An eHealth group assignment was created for students in an undergraduate nursing course. The purpose of the assignment was to provide students with opportunities for accessing electronic health (eHealth) information and sharing of the information or resources in the classroom. The 30 students enrolled in the course were assigned to one of eight groups. Students were required to conduct an online search and select an article that was related to the topic assigned. They were provided with the CRAAP (Currency, Relevance, Authority, Accuracy, Purpose) test to evaluate the article/information selected. The eHealth assignment required students to build an eHealth wiki page on the course management system by providing a description of the topic, overview of the article, create and attaching a word file of the article, and a link to the webpage. In addition, pictures and YouTube videos to support the report were required. The eHealth reports were presented in the classroom. At the end of the semester a 5-item questionnaire was given to evaluate the eHealth Report assignment.

Results of the questionnaire surveys were unanimously positive. Feedback from students suggested that the development of the eHealth Report wiki allowed for creativity, collaboration and teamwork. There was evidence of sharing of information. All of the students (100%) communicated that the assignment added to their skills, knowledge, and confidence in locating and evaluating information from the Internet. Ninety-seven (97%) percent of the students found the assignment to be helpful in learning about the concepts. Only 80% of the students found the online format easy to use. However, 100% of the students would recommend the eHealth assignment for future nursing students.

Using digital technologies such as wikis in the classroom and online search for healthcare information empowers students to take an active role in their learning allowing them to gain a deeper understanding

of the concepts. The Internet is a valuable tool used by students to provide them with important information on healthcare related topics that may ultimately impact their practices as Registered Nurses.

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G 12 - The Role of the Internet in Healthcare Education

Innovative Evidence-Based Practice Education: Battling Dr. Google and Nurse Jackie

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Purpose

The purpose of this presentation is to describe an innovative and accessible educational program for nurses that teaches required evidence based practice skills and overcomes common barriers to implementation of evidence-based practice.

Target Audience

The target audience of this presentation includes nurses, nurse educators, and nurse administrators who are interested in enhancing the implementation of evidence-based practice in their nursing community.

Abstract

In Canada, Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) are required to engage in evidence-based practice (EBP) as an entry to practice competency (CCNRN, 2012, CCPNR 2013). However, despite this expectation, and research findings that nurses generally have a positive attitude toward evidence-based practice (Yoder, Kirkley, McFall, Kirkey, StalBaum, & Sellers, 2014) globally there is poor uptake in the application of this process. Thiel and Ghosh (2008) conducted a cross-sectional survey of 121 practicing nurses in the Midwestern United States to determine how they accessed information and their readiness to engage in evidence-based practice. Results of this survey concluded that while 75% of nurses indicated they were familiar with evidence-based practice processes, only 24% stated they used a health database like CINAHL when they needed information. The majority of respondents (72.5%) reported using their nursing colleagues and peers as the primary source of practice information. A similar study conducted in Ireland by O'leary and Mhaolrunaigh (2011) examined the information seeking behaviours of practicing nurses, again results showed that most nurses accessed other people, especially their colleagues when seeking information and making decisions on care.

In 2014 Yoder et al. conducted a survey of 1,112 practicing nurses in the United States to determine what types of knowledge RNs working in the hospital system use in their practice and to what extent they utilize research findings. Their results showed little difference from previous studies. Only 11% of respondents stated that they did not know very much about EBP. However, when asked about how they access information in practice 75% of nurses surveyed stated they relied on personal experience as their primary source of knowledge and only 23% noted using nursing research journals. When asked about how they accessed nursing information on-line, 71% stated they used Google while less than half (45%) reported using databases like CINAHL or MEDLINE. This evidence clearly outlines a 'gap' between the expectation of EBP and the actual implementation of EBP.

With the identification of this gap, many researchers have examined the barriers that prevent nurses from engaging in EBP. The most common barriers identified by nurses include a lack of time and a lack of skill (Chang & Crowe, 2011; Hewitt-Taylor, Heaslip, & Rowe, 2012; Majid, et al., 2011; Wallin, Bostrom, & Gustavsson, 2012). In their study of 1,486 practicing nurses in Singapore, Madji et al (2011) found that nurses had limited skills in searching the literature and understanding the evidence. The majority of nurses were unable to adequately perform search strategies for given nursing topics and less than 25% were familiar with Boolean operators. In addition to the lack of literature searching skills, the nurses in this study indicated that inadequate understanding of statistical terms and research jargon limited their ability to engage in EBP. These nurses indicated that additional training in EBP skills would help them to implement EBP. Hewitt-Taylor et al. (2012) in their study of Finnish nurses noted that nurses lacked confidence in their ability to use research in practice. They suggested that interventions to support EBP implementation should focus on helping practicing nurses develop the skills required to understand what makes research usable by focusing on the process of deciding what information is needed, searching for this information, and then evaluating the utility of that information. Chang and Crow (2011) noted that

nurses had limited confidence in their ability to find, appraise, and then implement evidence into their clinical practice, but that exposure to education on EBP enhanced nurses' self-efficacy in engaging with EBP. This finding is supported by a study of 1,256 Swedish nurses that noted that the nurses with the highest levels of EBP capability beliefs used research findings in practice more than twice as often and engaged in the implementation of evidence seven times as often as those with lower capability beliefs (Wallin et al., 2012).

In order to bridge the EBP expectation/implementation gap, we collaborated to develop an accessible education program for nursing professionals that targets essential EBP skills. This program emphasizes the development of practitioner self-efficacy, critical thinking, and the utility of research in everyday practice. Aimed at nursing students (both RN and LPN) and working nurses (LPN and RN continuing education), the program consists of a series of six interactive webinars designed to increase nurses' skills in EBP and their self-efficacy for carrying out those skills in practice through a strong clinical focus using an inquiry based, guided discovery approach. This focus on clinical versus academic application of EBP skills helps demonstrate the relevance and utility of research for practice and enhances the real-world application of EBP for practicing nurses (Christie, Hamill, & Power, 2012). Topics covering information literacy and the steps of EBP, including an overview of knowledge translation strategies and implementation science are included to better equip nurses to effectively apply evidence in their daily nursing practice.

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G 12 - The Role of the Internet in Healthcare Education

Incorporating Telehealth in Advanced Practice Registered Nurse Curriculum to Impact Rural and Frontier Population Health

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Purpose

The purpose of this presentation is to inform nurse educators on methods to incorporate telehealth modalities into nursing curriculum.

Target Audience

The target audience of this presentation is nursing educators or nursing administrators at the graduate level or preceptors who train providers on the use of telehealth.

Abstract

Purpose: The purpose of this project is to increase Family Nurse Practitioner student knowledge on the utilization of telehealth modalities to impact rural and frontier population health.

Review of Literature: Patients in rural and frontier settings face challenges when seeking access to health care. Rural and Frontier dwelling patients may travel long distances to seek primary, specialty, and emergent care. Weather, road conditions, time, and money are challenges which impact the ability to seek healthcare at remote locations. Rural and frontier dwelling patients may need to consider travel expenses such as gas, motel rooms, and time from work when traveling long distances for healthcare. Healthcare providers face similar challenges when traveling to rural and frontier locations. Providers need to consider time away from their primary clinic as well as travel costs to deliver care in rural and frontier settings (Perle & Nierenberg, 2013). Telehealth provides a solution to these challenges. However, many established healthcare providers are not trained on how to conduct a visit through telehealth modalities and use of telehealth equipment. In addition, the benefits, areas of weakness for telehealth, and appropriate use of telehealth for the treatment of acute and chronic conditions are not consistently present in Advanced Practice Registered Nurse curriculum (Sabesan, Simcox, & Marr, 2011). It is important for emerging healthcare providers to have telehealth knowledge and competence to impact health outcomes, provide continuity of care, minimize disease complications, and reduce readmissions (Banburry, Roots, & Nancarrow, 2014).

Summary: Nurse practitioner faculty toured regional healthcare systems to determine the types of telehealth modalities currently being employed to deliver healthcare. Grant funding was utilized to purchase telehealth equipment for incorporation of telehealth curriculum in a family nurse practitioner program. A consultant, with experience in the development and implementation of telehealth curriculum, guided and assisted faculty in the development of telehealth curriculum for the family nurse practitioner program. The family nurse practitioner practicum curriculum is delivered over the course of three semesters, with each semester moving from straight-forward to complex health care processes. The telehealth curriculum was created to augment the established curriculum plan in the practicum courses. Practicum 1 includes an introduction to telehealth and the equipment used to deliver telehealth. Practicum 2 includes information on the rural or frontier providers accessing a hub setting to impact patient outcomes. Practicum 3 includes information for the hub provider to assist in care delivery over telehealth modalities. Content material is delivered through didactic lecture which includes discussion and presentation. Simulation activities associated with each practicum was also created to complement the didactic material. Additionally, in practicum 3, students are matched with a clinical preceptor who utilizes telehealth modalities within their current clinical practice. This allows students to apply the foundational knowledge of telehealth care and delivery they received in an academic setting into the clinical setting. Pre and post surveys that reflected telehealth competencies expected to be gained from the experiences were used to measure and monitor student outcomes. In addition, Plan-Do-Study-Act cycle of Rapid-Cycle Improvement was utilized to make changes in the curriculum based on student outcomes.

Discussion: Healthcare providers need to have foundational knowledge of telehealth modalities and feel competent and confident in utilizing this technology to provide care for rural and frontier dwelling patients. Often, failure to utilize technology is a result of not being familiar or comfortable with the equipment. On-the-job telehealth education may increase stress as the individual may feel overwhelmed with information (Hawkins, 2012). Family nurse practitioner student curriculum that integrates telehealth modalities increases confidence and competence for family nurse practitioner students as they transition into practice. This knowledge, confidence, and competence can equate into the increased use of telehealth equipment to impact rural and frontier populations, and family nurse practitioners can lead the healthcare team to embrace utilization of telehealth (Rutledge, Bordelon, Renaud, & Fowler, 2014). Family nurse practitioner students who transition into practice may be empowered to utilize telehealth modalities due to their educational preparation that integrated telehealth modalities. This telehealth education may lead to the increased use of telehealth as family nurse practitioner students transition to practice an increase in their willingness to train additional providers on this important, emerging healthcare practice.

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H 09 - Student Experiences in Nursing Education

An Accent Modification Intervention for Nursing and Allied Health Students

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Purpose

The purpose of this presentation is to share the results of an accent modification pilot program for nursing and allied health students who believed they had a foreign or regional accent that made it difficult for others to understand them.

Target Audience

The target audience of this presentation are nursing educators who teach in nursing programs where students who have audible foreign or regional accents may be enrolled.

Abstract

Purpose: The Texas Medical Center (TMC) in the United States (US), the largest medical center in the world, has a healthcare workforce of individuals from over 150 countries. There are students enrolled in a health sciences university in the TMC who have language patterns, and in particular foreign or regional accents that may be barriers to language that is intelligible to listeners in this given language community. These communication problems may lead to speakers needing to repeat themselves in order to be understood, speakers avoiding social interactions, and frustration for both the speaker and the listener. These students may need additional support for safe clinical practice and academic success (Belay, 2013; Boughton, Halliday & Brown, 2010; Crawford & Candlin, 2013; Jeong et al., 2011). The purpose of this presentation is to share the results of a pilot project to evaluate the feasibility of an accent modification program to improve communication for nursing and other allied healthcare students in a university setting.

Background: Extensive research from the Institute for Healthcare Communication (2011) indicated a strong relationship between a healthcare member's communication skills and their patients' compliance with health care recommendations, chronic care management, and preventive health behaviors. The Joint Commission (2015) noted that communication errors are a key factor in sentinel events. US federally-regulated health care organizations invest billions of dollars in translation services, computerized charting, and stream-lined processes to enhance communication. However, the Migration Policy Institute (2012) suggested the verbal communication skills of 45% of foreign-born nurses and 27% of all foreign-born healthcare workers were not proficient. Studies have indicated that foreign-born student nurses have difficulty communicating with patients, families, and other health care workers (Boughton, et al, 2010; Jeong et al, 2011). In 2013, researchers called these healthcare communication difficulties "uncharted territories" (Khurana & Huang, p.2).

Methods: A multi-disciplinary team of faculty and staff developed a tailored accent modification program. The intervention was 12 (non-credit) one-hour classes taught by a licensed speech pathologist. We hypothesized that participants who have participated in an accent modification program would have: decreased communication apprehension, improved communication competence, enhanced self-esteem, and improved spoken language skills. Data collection included pre and post participant audio-tapes and appropriate psychometric tools. In addition, post program focus groups addressed the qualitative question: What are the experiences of students who participate in an accent modification program?

Results: Nineteen graduate and undergraduate students completed the program over two semesters. A high attrition rate was noted primarily due to failure in other classes. Significant positive findings in perceived self-esteem, interpersonal communication, ability to communicate in meetings, groups, and overall communication were noted as measured before and after the program. Judging of pre and post audio-tapes showed no significant difference. Focus group results were positive. An interesting finding was that some participants indicated they understood what others were saying better.

Conclusion: An accent modification program for nursing and other allied health students is feasible and may yield positive outcomes. In order to sustain this program for students, faculty, and staff at no cost, the university has begun to offer the program to healthcare providers in the TMC. The research team is in the planning stages of taking the program to a large hospital center in order to include patient safety and satisfaction indicators.

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H 09 - Student Experiences in Nursing Education

The Lived Experiences of Nurses Caring for Dying Children: Preparing Students and Nurses for Practice

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Purpose

The purpose of this presentation is to provide insight into the totality of what nurses' experience while their pediatric patients are in the process of dying, thereby validating fellow nurses' experiences, attitudes, and actions. Knowledge gained from this study will provide reasoning and substantiate practices in nursing.

Target Audience

The target audience of this presentation is pediatric nurses who care for dying children in all types of healthcare settings, as well as nurse educators who provide curricula for either pediatric nursing students or bedside nurses.

Abstract

The purpose of this research study was to explore the lived experiences of nurses caring for children. The method for conducting this research study was from a qualitative phenomenological perspective. Nurses and health care professionals may at times have difficulty adjusting and processing when life ends and this may have the potential to interfere with self-adjustment, and in turn, patient care. Reflection on the past events and actions of the pediatric nurses enable critical discovery of strategies to benefit nurses and ultimately benefit patients. Nine female nurse participants, with between 1 and 4 year's experience were interviewed. The meaning of the context of the lived experiences of nurses caring for dying children uncovered seven essential themes of *empathy, feelings of ambivalence, inevitability, inspiration, relationship, self-preservation, and sorrow*. In identifying these seven themes it was determined that through learning about the lived experiences of nurses caring for dying children adaptation, termed as "censoring", became apparent. Recognizing "censoring" helped to understand that the nurse is an adaptive system functioning for a purposeful cause.

Nurses care for patients that are sick, patients who are in the throes of suffering, and they may also care for patients who are in the process of dying. The topic of caring for dying children becomes vital when helping nurses transition through the child's dying process because health care professionals may have difficulty adjusting and adapting when illness ends life. Many research sources provide information to help the patient during the dying process, however, there is a paucity of research that provides information for nursing students and bedside nurses to provide help for themselves during the dying process of their patients. Learning about the insights, knowledge, skills, and attitudes of nurses helps to supply knowledge and validate personal experiences. Knowledge gained from this study will provide reasoning and substantiate practices in nursing, increasing knowledge and experience sharing within the domain of pediatric death and dying. Also, lessons can be learned, translated, and transferred to nursing students, bedside nurses, and can be woven into nursing curriculum.

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H 09 - Student Experiences in Nursing Education

The Experiences of Student Nurses Caring for Mental Health Care Users With Profound Intellectual Disabilities

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Purpose

To describe and explore the experiences of fourth year nursing students in caring for mental health care users with profound intellectual disabilities in one care and rehabilitation centre in Gauteng Province, incorporating the Common Sense Model.

Target Audience

Clinicians, academics, researchers, clinical administrators and policy makers, with an aim to address health related issues that affect quality patient care of individuals with intellectual disabilities.

Abstract

Introduction: An estimated one third of the general population suffers from an intellectual disability (ID).

Individuals with an ID remain one of the most marginalized groups and they have poorer health care needs than the rest of the population (British Department of Health, 2001 cited in Read & Cartlige, 2012:23).

The intellectually disabled is defined as someone whose intellectual function and adaptive behaviour (everyday social and practical skills) differs significantly from what is normative in his or her society (American Association of Intellectual and Developmental Disabilities (AAIDD) 2011, as cited in Aldersey 2012:02). This implies the difficulty that they are exposed to, including difficulties in meeting activities of daily living and inability to work independently.

Objectives: To describe the experiences of fourth year nursing students in caring for mental health care users with profound intellectual disabilities.

To explore the meaning attached to caring for mental health care users with profound intellectual disabilities.

To recommend best practices in caring for mental health care users with profound intellectual disabilities

Methodology: A qualitative descriptive and explorative research method was used, to explore the experiences of students caring for mental health care users with profound intellectual disabilities.

Data collection was done using reflective diaries and in depth interviews. Twelve participants aged between 21-50 years participated in the study.

Results: Five themes emerged from the study, namely; emotional challenges, communication difficulties, complex nature of intellectual disabilities, burden of care and mixed feelings.

Findings of the study shed light on the reasons why students are ill prepared to work at the centres that deal with individuals suffering from profound intellectual disabilities.

Recommendations: The care centre should be made more attractive, as a means to stimulate interest and joviality among the clients and nurses alike.

More community integration and awareness programmes should be put in place to break silence, stigma and discrimination about intellectual disabilities.

A longer duration of placement of students in a unit, for example four weeks, instead of two weeks for placement should be considered. This may assist students in knowing and understanding users, minimise frustrations and promote successful communication.

Full time mentors should be made available, for assistance in offering emotional support to students and for ensuring that the centre is conducive for students to achieve their learning outcomes.

Service awards should be awarded to staff who have worked at the centre for a period of five years and more, as it is not easy to care for users with profound intellectual disabilities.

The staff should be rotated in different wards on a three-year basis, to minimise burnout and emotional drainage.

Conclusion: The study revealed that completing nurses find working with people with profound intellectual disabilities to be emotionally challenging and that negative experiences outweigh the positive experiences, resulting in their reluctance to want to work with mental health care users with profound intellectual disabilities.

Key concepts: Caring, mental health care users and profound intellectual disabilities

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H 10 - Student Related Trends in Nursing Education

Civil Use of Social Media Technology in Health Professional Education

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Purpose

The purpose of this presentation is to discuss main conceptual environments surrounding the phenomenon of online incivility and contribute to the current knowledge base by updating the literature and recommending guidelines and future directions for health professional educators.

Target Audience

The target audience of this presentation is primarily nurse educators and administrators working in academic settings and those interested in learning about the phenomenon of online incivility while engaging in discussions of future directions and long-term efforts.

Abstract

Purpose: Uncivil and discourteous use of social media technology, such as Facebook, blogs or wikis, online courses with discussion boards, chat rooms, or emails, is a global and pervasive concern among general college populations. Despite the high prevalence of online incivility, little is known about the phenomenon including its contexts, conditions, and consequences among health professional students and educators. The creation and maintenance of a civil learning environment is particularly important because incivility is likely to interfere with educators' ability to communicate with students while negatively affecting student learning processes and outcomes (Altmiller, 2012; Clark, Ahten, & Werth, 2012). The purpose of this integrative review study was to describe main conceptual environments surrounding the phenomenon of online incivility and contribute to the current knowledge base by updating the literature and recommending guidelines and future directions for health professional educators.

Methods: Publications from January 2000 to May 2015 were retrieved through CINAHL, ERIC, Embase, and PubMed (MEDLINE) databases, with the last search made in June 2015. Extensive literature searches were conducted to locate published materials related to cyberincivility in health-related disciplines (i.e. medicine, nursing, and allied health). Various key terms and their combinations were used. Hand and ancestry searches were also conducted. The framework of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analysis) statement (Moher et al., 2009) was used to guide the review process.

Results: The systematic screening process yielded 11 articles dating from November 2007 to May-June 2015. Studies involved more than 2,000 subjects ($n = 2,065$) from various health-related disciplines. Of the 11 studies, seven were undertaken in the U.S., one was conducted in the U.S. and Canada, and the other three were undertaken in Brazil, Canada, and the United Kingdom. The most frequently used research method was a non-experimental design that included surveys ($n = 9$), focus groups ($n = 1$), and mixed-methods studies ($n=1$). Various cyber environments were investigated. Of the 11 studies, two articles discussed the indirect effect of cyberincivility, such as personal risk and the possible negative perception of the student's school or profession. Five studies discussed actions that students, educators, or institutions took or felt should be taken. Consequences reported as a result of uncivil or unprofessional behavior were a broad spectrum of actions that ranged from informal warnings to dismissals.

Conclusion: Strong evidence exists that health professional students share potentially uncivil content on social media while both students and educators are experiencing incivility in online environments. Although what constitutes uncivil or unprofessional online behavior is debatable, mutual understanding as to which behaviors are acceptable and what is considered 'uncivil' in the online environment is of importance. Cyberincivility has a negative impact on students' learning processes and outcomes as well as on the quality of education. If clear policies and guidelines are not available, educators and schools

are likely to react passively, or they might over-react rather than promote a civil culture in a consistent and respectful way. Future studies need to determine the effectiveness of an academic curriculum that fosters cybercivility (Rocha & de Castro, 2014) and the positive impact of implementing policies and guidelines (Nyangeni et al., 2015). Future research also should expand on the development and evaluation of effective preventative interventions. Taken together, it is essential to create and foster civility environments in order to actively prevent cyberincivility.

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H 10 - Student Related Trends in Nursing Education

Nursing Students' Knowledge, Attitudes, and Application of Evidence-Based Practice at the University of Rwanda

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Purpose

The aim of this presentation is to describe the knowledge of, attitudes towards and application of evidenced based nursing by nursing students from the College of Medicine and Health Sciences at the University of Rwanda.

Target Audience

Nurse educators, practitioners and students who eng. with evidenced based practice

Abstract

Evidence-based practice (EBP) is an important component in improving the health care outcomes of a country's population. Despite the importance and relevance of EBP to nursing, nurses do not routinely understand and use evidence-based principles in their everyday practice. This may influence the attitudes and knowledge of students who do not become exposed to the practice of EBP during their training. Nurses, who are considered to be the backbone of the health care profession, especially in Sub-Saharan Africa, should be introduced to the basic principles of EBP during their pre-registration programmes. Moreover, EBP teaching input should be both theoretical and practical with a continuity throughout the whole nursing programme.

The aim of this study was to determine the knowledge of, attitudes towards and application of EBP by nursing students from the College of Medicine and Health Sciences at the University of Rwanda. The study design was quantitative, descriptive and non-experimental. An anonymous, self-reported questionnaire was used to collect data from third- and fourth-year nursing students from the College of Medicine and Health Sciences. Ethical approval was obtained from the Human Research Ethics Committee at the University of Cape Town's Health Sciences Faculty, and from the Directorate of Science, Technology and Research at the Rwandan Ministry of Education. Data were analysed by means of descriptive statistics.

The results indicated that most of the third- and fourth-year nursing students at the University of Rwanda had some knowledge of EBP. Thus, respondents reported some negative attitudes towards EBP; no relationship between the respondents' attitudes and their year of study was noted. Only 12% (n=10) of the respondents reported accessing evidence every day. Most respondents reported using the Internet as their primary source of evidence, with limited use of best evidence databases such Cochrane and Medline. The most common barriers to the implementation of EBP were lack of knowledge, lack of time, and the lack of examples or role modelling from lecturers, clinical instructors and nurse.

Further efforts to integrate EBP as a continuous theoretical and practical part of the nursing curriculum should be made in order to promote the effective use of evidence in practice by students at the College of Medicine and Health Sciences, University of Rwanda.

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H 10 - Student Related Trends in Nursing Education

Why Do Nursing Students Want to Participate in Education Abroad Programs?

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Purpose

The purpose of this presentation is to share nursing students' motivations for participating in an international clinical education abroad program.

Target Audience

The target audience of this presentation is nurse educators involved in education abroad activities.

Abstract

Purpose: The purpose of this study was determine nursing students' motivations for participating in a clinical education abroad program.

Background: International clinical experiences are becoming more prevalent for nursing students. There is a high demand for global health clinical placements among nursing students. Such clinical experiences offer a unique chance for nursing students to develop cultural competence and acquire additional clinical skills in a diverse setting. Typically, nurse educators and nursing programs determine objectives and outcomes for students to achieve while studying abroad. In addition, students often have their own motivating factors for choosing study abroad experiences. The objectives of students are not always taken into account when developing education abroad programs. Thus, the objectives of nursing students who want to participate in clinical education abroad programs may not match those of the nurse educators that develop such programs. A review of the nursing and related health care literature revealed very few studies that researched student motivations for participating in clinical education abroad programs. Therefore, this study was conducted to determine nursing student motivations for studying abroad.

Methods: An analysis was conducted of thirty student application essays to discover commonalities and differences in their stated reasons for wanting to participate in an international pediatric clinical rotation. Students answered the question, "Why do you want to participate in this experience?" An interpretive descriptive approach was used to analyze the student essays. The student essays were read and reread to acquire a feel for them and to identify participant's significant statements. Ongoing data analysis was done after reading each interview and a list of codes was generated and organized into themes.

Findings: Five themes were generated from the analysis of the student essays: prior study abroad experience, improved clinical skills, desire for cultural immersion, second language acquisition, and preparation for life after graduation. These five themes detailed student motivations for wanting to participate in a clinical education abroad programs.

- 1) **Prior Study Abroad Experience:** Participation in previous education abroad experiences created a desire for further international experiences. "I was fortunate enough to spend two semesters abroad. I hope that this trip will be the first of many where I can travel to other countries in need and provide health care."
- 2) **Improved Clinical Skills:** A desire improves their clinical skills and learn about other healthcare delivery systems prompted students to apply to participate for education abroad experiences. "It is not uncommon to learn best practices from others, even in resource poor conditions, that may have utility here at home."
- 3) **Desire for cultural immersion:** Students discussed wanting to experience another culture first hand. "I have never experiences true cultural immersion. It is my hope that my short time in Nicaragua will provide me with additional experience that will help me to develop into a more culturally sensitive nurse practitioner."
- 4) **Second language acquisition:** "I want to improve my Spanish speaking ability."

5) Preparation for life after graduation: Students believed that an education abroad experience would be useful for their future careers. "The clinical experience in Nicaragua will also be good preparation for my future career in which I hope to work in Latino community health in the U.S."

Conclusions: Nursing students have a variety of factors which motivated them to pursue education abroad clinical experiences. In order for these clinical experiences to be meaningful, student desires and learning objectives should be considered when planning education abroad programs. The findings from the current study can help nurse educators plan for sound education abroad experiences that incorporate student motivations. A collaborative approach which includes the students' desires is needed when developing international clinical education abroad experiences. This study will contribute to understanding factors that affect student involvement in nursing international clinical placements.

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H 11 - Using Evidence to Improve Partnerships and Outcomes

Structural Empowerment Through Shared Leadership Led to Improved Staff Satisfaction, Patient Satisfaction, and Patient Outcomes

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Wendy Foad, MS, BSN, RN, USA

Purpose

The purpose of this presentation is to share best practice on how to design empowering structures and processes through shared governance that would lead to outcomes.

Target Audience

The target audience of this presentation is nurses from all levels of care (frontline staff, managers, advanced practice providers, nurse administrators, nurse directors, and chief nursing officers).

Abstract

Abstract: Structural empowerment is one of the major components of the ANCC's Magnet Recognition Program model (ANCC, 2008). Structural empowerment in an organization with Magnet status is exemplified by nurses involved in shared governance and engaged in shared decision making on structures and processes that results to staff satisfaction (Clavelle & O'Grady, 2013). A review of the evidence has shown that structural empowerment is associated with organizational commitment (Yang, Liu, Huang, & Zhu, 2013; Yang, Liu, Chen, & Pan, 2014), improved professional practice environment, and job satisfaction (Armstrong & Laschinger, 2006; Spence Laschinger, 2008; Spence Laschinger et al., 2003; Spence Laschinger, Finegan, & Wilk, 2011; Spence Laschinger, Nosko, Wilk, & Finegan, 2014; Yang, et. al., 2013, Yang, et.al., 2014). The benefits of Shared Governance have been well documented, yet formal communication tools to ensure timely, comprehensive, and participative decision-making within this process, is often lacking. With the successful redesign of our SG structure to align with Magnet Recognition Program ® Model and the organization's Lean operating system, we developed complimentary communication structures designed to increase shared decision making capabilities of the organization. We also adapted the Lean methodology and continuous process improvement to achieve council goals based on the strategic plan. A comprehensive literature review of Lean implementation in health care have shown cost efficiency, increased productivity, patient and staff safety, and improved quality of care (D'Andreamatteo, Ianni, Lega, & Sargiacomo, 2015). This presentation details the communication development process and the associated measured outcomes.

Methods: Two workgroups comprised of nurses from all levels of care and inter-professional groups were formed. The first workgroup diagrammed the current state to identify gaps and develop countermeasures to ensure bidirectional council communication. A future state workflow was designed to define unit-based issues and referred to house-wide councils. The steering committee and Coordinating Council met to refine the process and design communication tools. An Action Request Form (ARF) was developed in addition to a routing process. Action requests were reviewed to prioritize council discussion. The second workgroup focused on measuring and monitoring outcomes based on the strategic plan to achieve the triad of clinical excellence: staff satisfaction, patient satisfaction, and patient outcomes. We used the A3 tool, a problem solving approach and continuous process improvement. Quarterly council goal monitoring using the plan-do-check-act were conducted. We also celebrated small wins to encourage, motivate, and engage the frontline staff.

Results: Between April 2014 and November 2015, 600 ARFs were submitted by the clinical staff. A thematic analysis shows that 70% of these are related to management accountability issues, and 30% are clinical practice focused. Resolution of the ARF has been achieved in 76% of submission in a mean time of 58 days after submission. RN satisfaction scores showed 100% on all Magnet job satisfaction scales. Council developed goals aligned with the strategic plan and have shown improvement on the triad

of clinical excellence such as: increased certification rates, increased patient satisfaction, and improved patient outcomes on decreasing falls, decreasing catheter-related urinary tract infection, and decrease in workplace injury.

Conclusion: Due to the success of the SG and ARF communication tools, council agendas are now action-orientated and have improved staff satisfaction, patient satisfaction, and patient outcomes. We believe this innovative workflow enhanced shared leadership and be a replicable model for other health institutions.

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H 11 - Using Evidence to Improve Partnerships and Outcomes

Collaboration to Improve Regional Clinical Outcomes: Accelerating the Implementation of Evidence-Based Practice

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Purpose

This presentation will describe a regional collaboration that is improving clinical outcomes in a regional metropolitan area by providing methods of cooperation among competing healthcare entities seeking to implement evidence based practice processes.

Target Audience

This presentation is designed for nurses at all levels who wish to improve clinical outcomes through the use of evidence based practice, and will be beneficial for direct care nurses, nursing leaders, nurse educators, and nurse researchers.

Abstract

The implementation of Evidence Based Practice is widely recognized as crucial to improving healthcare practice and outcomes; however, the challenges to achieving care truly based on solid evidence can be daunting. A regional collaboration was formed to accelerate the implementation of evidence based practice across the Dallas-Fort Worth, Texas metropolitan area. The initial focus was on the linking of nursing faculty with evidence based practice expertise to hospitals seeking to improve their staff members' use of the principles and processes of evidence based practice. From this initial focus grew an informal group of regional nursing leaders meeting periodically to discuss challenges and solutions to the implementation of evidence based practice. The collaborative group of nursing leaders next turned their focus to the development of a regional evidence based practice fellowship. This year-long fellowship, now in its eighth year, enrolls 50 – 70 nurses on an annual basis who engage in six day-long educational sessions focused on evidence based practice. The year-long fellowship culminates with a graduation day during which each participant presents their evidence based practice project in a poster format. The fellows also have the option to provide an oral presentation.

In addition to the example of the evidence based practice fellowship, this regional collaboration has also developed a focus on evidence synthesis as a strategic area of emphasis. Through affiliation with the Joanna Briggs Institute, the regional collaboration has developed expertise in evidence synthesis as a critical component in changing practice to be evidence based. The ability to not only engage in evidence synthesis, but to also provide training on evidence synthesis methodologies, has elevated the credibility of the processes used for evidence based practice in this region.

The recognition that practice changes must be evaluated has led to an initiative to evaluate the impact of the collaborative initiatives on the clinical outcomes of the region. A comprehensive evaluation process is in progress to evaluate the impact of the collaborative regional efforts.

While each of these initiatives involve individuals from various competing entities (hospitals, healthcare systems, universities, etc.), they are all housed in a Center for Evidence Based Practice and Research that is housed in a local university. The university serves as a neutral point of connection that allows competitors to interact and cooperate in ways they would not otherwise be able to accomplish. Points of difference are resolved by asking two simple questions: 1) What is best for nursing practice? 2) What is best for patient outcomes? These two simple centering questions have allowed the collaborative to move beyond points of conflict and focus on measurable clinical improvement.

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H 11 - Using Evidence to Improve Partnerships and Outcomes

Nurses Responding to Patient Symptoms Improving Outcome Trajectory for Headache Patients Treated With IV-DHE

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Purpose

To identify common issues nurses may face with regard to treatment infusions and related admissions. We present our lessons learned as solutions to these problems to assist future nurses who may face similar issues.

Target Audience

Nurses working in infusion units, inpatient units, pain departments, or neurology departments, with either pediatric or adult patients.

Abstract

Chronic pediatric headache is a disabling disorder that at times may require inpatient care (Marmura et al., 2015). Intravenous dihydroergotamine (IV-DHE) has emerged as an effective treatment for chronic headache disorders (Nagy et al., 2011). Positive outcomes were also found in a study examining the efficacy of IV-DHE in pediatric populations (Kabbouche et al., 2009). Throughout our practice offering admissions for IV-DHE to our patients, multiple problems have arisen that we addressed to improve outcomes and patient safety. A selection of these problems and solutions are as follows: (1) Patients were referred for admission without proper testing or a full evaluation (i.e., an assessment but both a neurology attending and a psychologist). We addressed this by creating an educational guide for optimal IV-DHE admission at our hospital to provide to the referring clinicians. (2) Due to prior adverse reactions, there was a need for psychology screening prior to inpatient admission but the hospital's psychology resources were limited. Our solution was to create an intake triage screening protocol to ensure patient safety. (3) We noticed a consistent side effect of nausea and/or vomiting in our patients. To address this, we added a pre-bolus of D5-½ NS to address the potential issue before it started. (4) There was a significant delay between the morning test dose (half of a full dose) and the first full dose, thus delaying the pain relief and lengthening the patient's stay. To start treatment sooner, when there were no adverse reactions to the test dose, we began to give the second half of the dose one hour after the test dose. Prior to this change we were waiting eight hours for the first dose to be given after the test dose. (5) Due to the nature of DHE on the veins (i.e., potential for irritation, infiltration, and vasoconstriction), we would often lose access to the first peripheral IV (PIV) and need to reinsert it on the inpatient unit which oftentimes would be traumatizing to the patient. To address this, we altered our standard of practice to include the insertion of two PIVs prior to treatment using numbing creams and under the optimal conditions of the infusion unit to reduce the patient's emotional trauma. These five problems and solutions are just a sample of the lessons we have learned over the course of our work that have led to an improvement in outcomes and patient safety. These changes have led to a reduction in pain such that 68% of our patients were assigned a discharge status of "Improvement," with 26.3% of all patients completely headache pain-free upon discharge. Further, these changes have increased the overall safety of our patients and minimized adverse events.

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H 12 - Health Promotion to Prevent Disease

Health Decision-Making and Care Seeking Among Village Householders in Kibona, Uganda

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Purpose

1. Understand the role of the key decision-maker concerning health related issues within the family structure; 2. Describe the first line of care and help seeking; nursing and allied health professionals, community health workers, health educators 3. Engage students in providing culturally congruent care through collaboration with Kibona community partners.

Target Audience

Nursing and allied health professionals, community health workers, health educators

Abstract

Purpose: This study examined health decision-making and care-seeking among village householders in Kibona, Uganda. Primary aims of this study were to:

1. Understand the role of the key decision-maker concerning health related issues within the family structure
2. Determine when in the course of illness that care was sought,
3. Describe the first line of care and help seeking, whether it was use of self-care remedies, traditional healers, or hospital care,
4. Actively engage students in providing culturally congruent care through collaboration with Kibona community partners.

A secondary aim of this study was to identify potential health liaisons within the villages who could help provide knowledge for informed decision-making and care-seeking, assess and/or re-direct families for needed care to prevent further complications.

This health decision-making study is significant as families continue to seek out traditional healers for invasive indigenous practices as first line care. These procedures such as *ebino* (tooth extraction) and *tea-tea* (cutting) lead to complications, morbidity and mortality. Previous assessment of hospitalized patients indicated that they presented for care in late stages of illness. Written intake histories indicated that patients had prodromal symptoms.

Methods: University approval was obtained (approval #10086). Ugandan nurses, university nursing faculty and nursing students worked collaboratively in teams to acquire community entre, and interview families. The faculty-researcher reviewed study aims and interview questions with students and community partners in advance. This activity took place in the form of group meetings for translation-backtranslation of the interview questions, and to clarify other questions, concerns, and logistical considerations. Fifty-four head-of-householders were personally interviewed prior to their health examinations. With faculty-researcher oversight, pairs of students and community partners, who served as translators, conducted the interviews.

Results: Study results indicate evolving and fluid conceptions of decision-making and care seeking. In the context of their challenging environment, resources, and present health circumstances, head-of-householders had a continuum of strategies and maintained an openness to information. Limitations of this study were: (a) time constraints which did not allow for follow-up interviews, and (b) head-of-householders who participated in this study may not have been a true representation of Kibona village. In the course of this study, student-participant encounters provided valuable experiences in culturally congruent care.

Conclusion: Implications for further study include follow-up with community partners and health liaisons, and refinement of models to guide research, education, and evidence based practice.

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H 12 - Health Promotion to Prevent Disease

Motives and Barriers to Lifestyle Physical Activity in Midlife South Asian Indian Immigrant Women

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Purpose

The purpose of this presentation is to educate nurse researchers on motives and barriers to lifestyle modification for midlife South Asian Indian immigrant women at risk for cardiovascular disease and diabetes.

Target Audience

The target audience of this presentation is the nurse researchers with their area of research in health promotion and elimination of healthcare disparities among South Asian Indian immigrants at risk for cardiovascular disease and diabetes.

Abstract

Background: Lifestyle physical activity (i.e. planned / unplanned leisure, occupational or household activities) is vital to reduce the risk of chronic illness such as cardiovascular disease, diabetes and metabolic syndrome. Such activity is crucial for South Asian Indian (SAI) women who have more than twice the risk for cardiovascular disease and diabetes than other groups. In spite of national efforts to eliminate healthcare disparities related to poor physical activity, lifestyle physical activity in SAI women is classified as low active levels measured by average daily step counts (6814). In fact, only 52% of SAI women meet recommended physical activity guidelines (≥ 150 minutes moderate-intensity per week) through leisure-time, household, and occupational activities which may explain the increased prevalence of cardiovascular disease and diabetes in this population. The proportionate mortality ratio for cardiovascular disease for SAI women is higher (1.4) than for SAI men (0.89). Similarly, the age adjusted predicted risk for coronary artery disease for SAI women is higher (0.88%) compared to White women (0.61%). Further, the prevalence rate of diabetes for SAI women is higher (14%) than that of overall Asian Americans (9%). The high prevalence of chronic illness and low physical activity in SAI women underscore the need for identifying culturally sensitive factors that could influence the lifestyle physical activity behavior of this at-risk population of minority immigrants.

Purpose: The purpose of the study was to examine the motives and barriers to lifestyle physical activity behavior in midlife South Asian Indian immigrant women at risk for cardiovascular disease and diabetes.

Methods: A qualitative approach comprising five focus groups of midlife SAI women was used in this study. Forty participants were recruited from SAI places of worship such as Christian churches, Hindu temples, Sikh gurudwaras, and a SAI community organization. Eligible participants included SAI immigrant women who were born in India, immigrated to the United States and spoke English or Hindi as their primary language. They were defined as being 40 to 65 years old and having no disability that interfered with walking. Purposeful and snowball sampling were used as potential participants were encouraged to inform other SAI immigrant women about the study. The five focus groups consisting of seven to ten participants per group were held in places of worship. Two groups were conducted in English and three in Hindi. Focus groups were divided into two age groups (40-50 age group and 51-65 age group). The focus group questions were open-ended and semi-structured. The questions were translated from English into Hindi using the committee method on translation methodology. The main question about motives to physical activity focused on asking participants' views on factors that would motivate them to be more physically active in their daily lifestyle. Similarly, the main question about barriers to physical activity focused on asking participants' views on factors they considered as barriers to be physically active in their daily lifestyle. Participants were encouraged to engage in the focus group discussion and to share their personal perspectives even if they differed from the views of other participants. Transcribed and de-identified audio taped sessions from two focus groups in Hindi and three

in English were coded independently by three researchers. The data were then analyzed using Atlas-ti software. During the coding process, participants' perspectives related to Motives and Barriers in a healthy lifestyle were categorized into themes and subthemes. Audit trails of the data that included detailed memos and ongoing meetings with researchers to confirm interpretations of the findings reinforced the rigor of the qualitative research process.

Results: The median age of the 40 participants was 50 years ($M= 51$, $SD=7.0$) and the majority immigrated from either the northern ($n=16$, 40%) or southern ($n=16$, 40%) regions of India. Time period since immigration to the United States varied from 2 to 30 or more years. Participants were predominantly married ($n=38$, 95%) with their average household size of 4.3 ($SD= 1.25$) adult and child members. Findings revealed that self-motivation was a core theme for motives promoting physical activity with three subthemes consisting of optimal physical and psychological health, emphasis on external beauty, and strong social support network. Role expectation was a core theme related to barriers to physical activity with four subthemes consisting of lack of time, lack of internal locus of control, diminished social support network, and environmental constraints.

Conclusion: Lifestyle physical activity is crucial to promote health and wellbeing among SAI women since it may reduce the risk for chronic illness such as cardiovascular disease and diabetes in this population. Understanding the motives and barriers that SAI women face related to lifestyle physical activity is a first step in devising interventions that can lead to healthier outcomes.

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H 12 - Health Promotion to Prevent Disease

Nutritional Intervention Effectiveness in Oncology Patients Receiving Active Anti-Cancer Treatment: A Systematic Review

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Purpose

The purpose of this presentation is to inform nurses on the impact they can have on the nutritional practices of oncology patients undergoing active treatment. A systematic review of the literature was performed to gauge the current state of science regarding nutritional interventions for the oncology patient undergoing active treatment.

Target Audience

The target audience of this presentation is nurses that care for patients with a cancer diagnosis, undergoing active anti-cancer treatment, and are at risk for or have malnutrition.

Abstract

Purpose: This systematic review seeks to determine if an individual or combination nutritional intervention (education and/or supplementation) would significantly impact weight maintenance in adult cancer patients undergoing active anti-cancer treatment. Active anti-cancer treatment is defined as chemotherapy, radiation therapy, or combination chemoradiotherapy. **Background:** Many aspects of nutritional intake are hindered in patients with cancer. Malnutrition related to cancer can occur either directly because of the tumor, the body's response to the tumor, or the treatment modalities utilized to inhibit the cancer's growth. The Integrated Theory of Health Behavior Change was used to guide the synthesis and implications of the review's results. The theory helps to guide the potential impacts a nutritional intervention program can have on nursing-led, evidence-based practice in treating cancer patients undergoing chemotherapy and/or radiation. Proximal goals, or short-term goals, in improving nutritional intake were defined as weight increases or negligible weight loss. Distal goals, or long-term goals, were performance status improvement and decrease hospital admissions. These goals were used to guide the synthesis of this review. **Methods:** Medline and CINAHL Plus databases were searched. After duplicates were removed, 81 articles were identified as eligible. After title, abstract, and full-text screening, seven articles were included in the final review and synthesis. The matrix method was used to extract data and analyze the articles. **Results:** Six out of the seven articles found that nutritional intervention, through intensive education, supplementation, or a combination of these measures significantly benefitted the patient in the outcomes of weight, improved performance status, and a reduction in hospital stays. **Limitations:** The types of cancers included in the seven studies were esophageal, head and neck, gastrointestinal, or lung. It is of note that esophageal, head and neck, and gastrointestinal cancers each carry their own specific challenges in weight maintenance based on location of disease and localized morbidity of disease-specific treatments. It is also important for future studies and literature reviews to include additional cancer types. Other solid and liquid cancers are also of concern when it comes to weight losses and malnutrition. Of additional note, all of the studies included in the review took place outside of the United States. The healthcare systems, nutritional programs, education and supplementation may be different than that in the United States, limiting the applicability of this review. This review did not consider unpublished materials and the search of databases was small, encompassing only two major databases. These factors limit the amount of knowledge represented in the review, thereby limiting the scope of the review. With the inclusion of unpublished materials and a more expansive search of additional databases, the inclusiveness and the validity of the review would be enhanced. **Conclusion:** Of the studies done, the results suggest that nutritional interventions, either through supplementation, intensive education, or a combination of these factors, significantly impact the proximal goal of improving weight maintenance and distal goals of improving performance status and decreasing hospital admissions. However, additional research needs to be done in the area of nutritional interventions and their effects in oncology patients undergoing active anti-cancer treatment. The role of the nurse can be utilized to deliver nutritional interventions including education and supplementation to

significantly impact proximal and distal health behavior goals of weight maintenance, performance status, and hospital admission stays.

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J 11 - LGBTQ: Leadership and Health Promotion

A Review of Primary Care Providers' Attitudes Toward Lesbian, Gay, Bisexual, Transgender, and Questioning People

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Purpose

The purpose of this presentation is to provide a synthesis of current literature describing primary care providers' (PCPs) attitudes related to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) people; to identify gaps in the literature; and to provide evidence-based recommendations for research, education, and clinical practice.

Target Audience

The target audience of this presentation is nurse clinicians, nurse researchers, nurse educators, nurse leaders, and nursing students.

Abstract

Background: Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) individuals experience health disparities at higher rates than their heterosexual counterparts, and some of these health disparities may be directly attributed to delays in seeking health care ([Clift & Kirby, 2012](#); [Institute of Medicine, 2011](#); [Kates, 2015](#)). Understanding health care providers' attitudes related to LGBTQ people is an essential part of the foundational knowledge necessary to guide future interventions to address these inequalities ([Abdessamad, Yudin, Tarasoff, Radford, & Ross, 2013](#); [Daniel & Butkus, 2015](#); [Institute of Medicine, 2011](#); [Smith & Mathews, 2007](#)). Nurse practitioners and other primary care providers (PCPs) often serve as a common portal of entry into the health care system and actual or perceived discriminatory attitudes may cause LGBTQ patients to not disclose their sexual orientation or gender identity or to delay seeking appropriate health care. When health care is postponed or avoided, this can potentially lead to suboptimal treatment or health outcomes ([Baker & Beagan, 2014](#); [Fallin-Bennett, 2015](#); [Johnson & Nemeth, 2014](#)).

Purpose: The purpose of this presentation is to provide a systematic review of current literature describing primary care providers' attitudes related to LGBTQ people.

Method: A systematic review of the literature was completed using Cumulative Index for Nursing and Allied Health Literature (CINAHL) and PubMed (Medline) databases and following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines ([Liberati et al., 2009](#)). Inclusion criteria were peer-reviewed, research articles; articles pertaining to PCPs; articles published in English; and articles published from 2005 through October 2015. All fields were searched and the key search terms used were LGBT (lesbian, gay, bisexual, transgender), attitude, and primary care provider. Seven articles were identified that were eligible for review based on inclusion and exclusion criteria.

Results: Of the seven studies included in the review, two were qualitative interviews and the remaining five utilized quantitative, self-survey designs. There was significant variability in the studies' countries of origin. All studies assessed attitudes of health care providers related to lesbian, gay, bisexual, transgender, queer, or questioning people; but there was significant heterogeneity in the studies' purposes, research questions, and the specific LGBTQ population(s) focused on. All studies used convenience samples and all samples included primary care providers, but no reviewed studies specifically included nurse practitioners or physician assistants. Most samples were small in size ([Abdessamad et al., 2013](#); [Baker & Beagan, 2014](#); [Dunjic-Kostic et al., 2012](#); [Hinchliff, Gott, & Galena, 2005](#); [Kitts, 2010](#)), but the sample sizes ranged from 22 to 247,030 participants ([Abdessamad et al., 2013](#); [Baker & Beagan, 2014](#); [Dunjic-Kostic et al., 2012](#); [Hinchliff et al., 2005](#); [Kitts, 2010](#); [Sabin, Riskind, & Nosek, 2015](#); [Smith & Mathews, 2007](#)). No consistent instrument was used to measure health care providers' attitudes related to LGBTQ people. Although all study results were indicative of overall positive

attitudes by health care providers toward sexual and gender minorities, each study also had a minority of participants that had negative attitudes toward lesbian, gay, bisexual, transgender, or questioning people. Age did not emerge as a predictor of attitudes related to LGBTQ people in this literature review ([Abdessamad et al., 2013](#); [Baker & Beagan, 2014](#); [Dunjic-Kostic et al., 2012](#); [Hinchliff et al., 2005](#); [Kitts, 2010](#); [Sabin et al., 2015](#); [Smith & Mathews, 2007](#)). Providers who identified as not being heterosexual endorsed more favorable attitudes toward LGBTQ people in all studies where this relationship was assessed and reported ([Abdessamad et al., 2013](#); [Sabin et al., 2015](#); [Smith & Mathews, 2007](#)). Knowledge related to LGBTQ people or LGBTQ health was not correlated with health care provider attitudes ([Abdessamad et al., 2013](#); [Dunjic-Kostic et al., 2012](#); [Hinchliff et al., 2005](#); [Kitts, 2010](#)).

Conclusion: *Research implications:* Currently, gaps abound in the literature describing the attitudes of PCPs regarding LGBTQ people and a reliable, valid, contemporary instrument to measure health care provider attitudes toward LGBTQ populations is lacking. Further research is needed to foster a more complete understanding of LGBTQ health, to address how PCPs' attitudes may affect LGBTQ health care, and to determine best primary care practices to eliminate LGBTQ health disparities ([Daniel & Butkus, 2015](#); [Institute of Medicine, 2011](#)). *Education implications:* Curricula for all primary care providers must include training in communication, sexual health, and LGBTQ health and social issues as an integral part of the curriculum that is normalized and required. Education on these topics should not only be didactic, but must include clinical experiential learning and reflective practice to prepare clinicians to meet the health care needs of LGBTQ people ([Daniel & Butkus, 2015](#); [Gay and Lesbian Medical Association, 2006](#); "Recommendations for promoting the health and well-being of lesbian, gay, bisexual, and transgender adolescents: a position paper of the Society for Adolescent Health and Medicine," 2013; [Stott, 2013](#); [The Joint Commission, 2011](#)). *Practice Implications:* Primary care providers must have sensitivity, knowledge, and awareness related to the health and social needs of LGBTQ people and be prepared and willing to engage in communication with their LGBTQ patients and to facilitate a trusting healthcare provider-patient relationship ([Daniel & Butkus, 2015](#); [Gay and Lesbian Medical Association, 2006](#); [Lim, Brown, & Justin Kim, 2014](#); "Recommendations for promoting the health and well-being of lesbian, gay, bisexual, and transgender adolescents: a position paper of the Society for Adolescent Health and Medicine," 2013; [Stott, 2013](#); [The Joint Commission, 2011](#)). Strategies to promote culturally sensitive care for LGBTQ people include creating a welcoming, supportive environment; facilitating disclosure of sexual orientation and gender identity; advancing effective communication; and advocating LGBTQ people in the health care system and community ([The Joint Commission, 2011](#)).

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J 11 - LGBTQ: Leadership and Health Promotion

An Integrative Review of Cardiovascular Disease in Lesbian, Gay, and Bisexual Adults

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Purpose

The purpose of this presentation is to discuss cardiovascular disease risk factors and occurrence in lesbian, gay, and bisexual adults.

Target Audience

The target audience of this presentation is researchers and clinicians interested in learning about the state of the science on cardiovascular disease disparities in lesbian, gay, and bisexual adults.

Abstract

Purpose: Social conditions and related psychosocial stressors compromise the health of lesbian, gay, and bisexual (LGB) people across the lifespan (Institute of Medicine [IOM], 2011). Indeed, homosexuality remains a criminal offense punishable by jail time and/or death in many countries therefore leading to concealment of sexual orientation and significant fear among LGB individuals (International Lesbian, Gay, Bisexual, Trans, and Intersex Association, 2015). Experiences with discrimination are associated with negative health outcomes, decreased life expectancy, and increased mortality in this population (IOM, 2011). Cardiovascular disease is the leading cause of death worldwide and research suggests that LGB individuals may have higher levels of cardiovascular disease (CVD) risk factors (including obesity, tobacco use, alcohol use, and psychosocial factors) than heterosexual adults (IOM, 2011). However, there is a dearth of literature on CVD risk and occurrence in LGB adults.

Methods: An integrative review of the literature on CVD in LGB adults. A thorough literature search of Cumulative Index to Nursing and Allied Health Literature (CINAHL), Embase, LGBT Life, PsycInfo, PubMed, Scopus, and Web of Science was performed. Studies were included if published between 1985-2015 and compared CVD risk factors and/or occurrence in LGB adults to heterosexual adults.

Results: A total of 32 potential studies were identified and the 28 meeting eligibility criteria were included in this integrative review. Only three of the included studies were conducted outside of the United States. A total of 22 studies were secondary data analyses of self-reported data. Participants were young with a mean age range of 28-41 years in 25 studies. Results related to CVD (including hypertension, diabetes, and high cholesterol) were conflicting. However, LGB adults displayed elevated risk factors for CVD. Compared to heterosexual women, lesbian and bisexual women exhibited increased body mass index, waist circumference, substance use, and poor mental health. Gay and bisexual men had increased substance use and poor mental health compared to heterosexual men. Although stress was proposed as a risk factor for CVD disparities in several studies, it was only measured in four studies. LGB individuals report higher levels of victimization and discrimination compared to heterosexuals, which may contribute to poor mental health. However, the impact of victimization and discrimination on CVD risk in LGB adults remains poorly articulated.

Conclusion: Social conditions appear to exert a negative effect on the health of LGB people. Although few differences in CVD diagnoses were found, an elevated risk for CVD in LGB adults was identified. These results can help guide nurse-led primary and secondary CVD prevention interventions in the LGB population.

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J 11 - LGBTQ: Leadership and Health Promotion

Leadership Initiatives in Promoting Patient-Centered Transgender Care

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Purpose

to identify health disparities in the transgender population and to discuss leadership initiatives Doctor of Nursing Practice-prepared Advanced Practice Nurses can deploy to promote a patient-centered environment for transgender care

Target Audience

staff working in healthcare settings including: nurses, physicians, physician assistants, pharmacists, medical assistants, social workers, laboratory technicians, radiology technicians, and organizational administrators and stakeholders.

Abstract

Federal health care agencies consider the health and welfare of transgender persons to be a health priority despite the lack of available research based knowledge in this population (Institute of Medicine, 2011). This proposed presentation examines transgender population health status in the United States and discusses the nursing leadership initiatives that can be developed and pursued in order to provide culturally competent, patient-centered transgender care.

The Center of Excellence for Transgender Health (2013) defines the term transgender as persons who identify with the opposite sex or gender and express a gender identity that does not conform to their anatomically assigned birth gender. Approximately 0.3% or close to 1 million adults in the United States identify as transgender (Gates, 2011; Gates & Herman, 2014; Grant et al., 2011).

Transgender persons face healthcare challenges with major health disparities due to their gender identity. The National Transgender Discrimination Survey (Grant et al., 2011) provides extensive data on the difficulties transgender people experience as a result of significant social stigma and systematic discrimination. The study stated that due to transgender status 19% were denied access to care, 28% postponed care due to harassment and violence in a healthcare setting; 26% percent were physically assaulted, and 10% experienced sexual violence. High rates of depression and anxiety were common with 41% reporting attempted suicide compared to 1.6% of the general population. Human immunodeficiency virus (HIV) infection rates were four times (2.64%) the rate of the general population (0.6%) and over 25% misused drugs or alcohol to cope with mistreatment. With growing evidence of health disparities and negative health outcomes in transgender populations, DNP-prepared nurse leaders are ideally suited to initiate strategies that can aid health promotion and disease prevention in this vulnerable population.

Access to health care for transgender persons is critical to obtaining mental health services, psychosocial support and managing stressors (McCann, 2015). However, despite urgent healthcare needs, 50% of transgender respondents in a large study said they had to teach their medical providers about transgender care (Grant, et al., 2011). Transgender persons, as patient are not well understood by health care providers (Lutwak et al., 2014). Further, there are a lack of evidenced-based studies to guide care and assist healthcare providers gain greater knowledge and understanding of this population's unique needs. There is also a significant lack of knowledge, skills, cultural competence, and awareness in providing transgender care. Research on nurse's attitudes concerning transgender care consistently found negative attitudes, and physicians frequently reported that they witnessed derogatory comments and discriminatory care (Dorsen, 2012; Eliason, Dibble, & Robertson, 2011). A study by Carabez et. al (2015) found that practicing nurses rarely received education or training in transgender health and many were unaware of the needs of this population. In addition, health care providers were uncomfortable working with transgender patients.

Healthcare providers can play a critical role in reducing health disparities and unequal treatment in the transgender population (Snelgrove, Jasudavicius, Rowe, Head, & Bauer, 2012). Nursing as a profession values social justice and equality which are linked to fewer health disparities and more stable health indicators (Boutain, 2005). Nursing can ideally provide organizational leadership by developing a culture wherein stable, patient-centered relationships can develop and thrive. In support of the Institute of Medicine's Report on the Future of Nursing (2011), graduate-level nurses are prepared to deliver safe and effective quality care. Furthermore, Doctor of Nurse Practice- (DNP)prepared nurses may initiate changes to promote more culturally competent, patient-centered transgender care.

DNP nurse leaders are trained in the essentials of healthcare policy advocacy which is central to nursing practice (American Association of Colleges of Nursing, 2006b). DNP nurses are prepared to provide transformational nursing leadership to facilitate the development of culturally competent, patient-centered initiatives to improve access and services for transgender persons.

The Quality and Safety Education in Nursing (QSEN) initiative identifies the competencies that graduate nurses need to provide safe, and effective quality care in all settings (American Association of Colleges of Nursing, 2012). The DNP nurse leader can effectively develop inter-professional teams to collaborate and perform transformational healthcare change by applying the QSEN competencies to create a needs assessment that identifies barriers, individual cultural characteristics and eliminate stereotypes that affect healthcare practices (Andrews & Boyle, 2008).

A DNP-led nursing initiative can provide a multi-dimensional approach to providing patient-centered transgender care. Development of system-wide competency training of nursing staffs and analyzing inherent features in the organization that pose barriers to patient-centered transgender care is a key component of the solution. Creating an organizational culture that is welcoming and developing partnerships with other community-based organizations that provide institutional care and support for transgender persons is also vital (Thornhill & Klein, 2010). These partnerships will be influential in the development of trusting, long-term relationships with transgender persons that over time will be transformational in preparing healthcare staff in delivering culturally-competent patient-centered care which empowers transgender patients.

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J 12 - Improving Patient Safety

Daily Management System Improving Quality and Promoting Patient Safety: An Evidence-Based Practice Initiative

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Purpose

The purpose of this presentation is: 1. To highlight the role of daily huddles in promoting patient safety. 2. To encourage nurses and nurse practitioners to take part in practice improvement initiatives. 3. To foster team-work and collaboration.

Target Audience

The target audience of this presentation includes nurses, nurse practitioners and all other nursing leaders who are interested in practice improvement initiatives.

Abstract

The 2015 report from the Joint Commission emphasizes the importance of expanding evidence-based initiatives to improve care quality and safety in acute care hospitals across the USA. In addition, the Institute of Medicine report also highlights the urgency for acute care hospitals to improve patient safety. This is currently being enhanced by evidence-based quality improvement initiatives which facilitate effective teamwork and collaboration among caregivers. Daily Management System (DMS), a data driven process and a subsystem of Lean/Breakthrough is one such initiative. It has been successfully implemented in most acute care facilities in New York City's Health and Hospital Corporation since 2014. The goal, of this evidence-based quality improvement initiative, is to promote high quality safe care through team building and problem solving. DMS also sustains continuous improvement, aligned with planned organizational goals. In order to achieve these goals and transform health care into highly functional systems, nursing leaders such as nurse practitioners are strategically positioned to be actively involved in quality improvement initiatives. DMS organizes collection of real-time process focused data or metric on a visual control board. This visual control board allows team members to become actively engaged and buy-in on processes. The interdisciplinary team members meet or huddle for at least ten minutes each day to review steps in the process. Front-line team members are able to see their contributions to this process in real time. The author participated in a nurse practitioner led metric process during 2014 which involved daily collection of real time data involving patients being monitored on telemetry. All data from this metric were recorded and later analyzed and reviewed with senior executive stakeholders. Root cause analysis was conducted, allowing real causes of problems encountered with the process to be identified, analyzed and fixed. New changes to system were authorized by senior executive stakeholders. These changes resulted in significant improvement in telemetry monitoring, with decreased health care cost for patients and the organization. In addition, daily huddles or briefs have eliminated silos by promoting team dynamics, and improved communication among interdisciplinary care providers. The format of daily huddles is standardized with clearly defined components consisting of metrics-goal review, daily readiness assessment, quality improvement problem and accountability reporting. In summary, DMS is a proven evidence-based quality improvement initiative, which focuses on team building, making errors visible, building quality, decreasing cost and constantly addressing problems; thereby resulting in a safer environment for patients and their families. In order to meet the standards of the Joint Commission and the Institute of Medicine in maintaining patient safety, Nurse practitioners and other nursing leaders are integral to the success of this initiative, as they are strategically positioned to lead and maintain DMS in their health care organizations.

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J 12 - Improving Patient Safety

Enhancing Patient Safety: The Infusion of Just Culture Behaviors into the Student Clinical Experience

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Purpose

The purpose of this presentation is to demonstrate how faculty learn to model just culture behaviors when interacting with students who report errors or near misses within the clinical setting; thus, enhancing safer practice.

Target Audience

The target audience of this presentation is academic nursing administration, faculty, and clinical site nurse educators.

Abstract

The role of nursing faculty is to create a learning environment where students gain the knowledge, skills, and attitudes necessary to provide safe care to patients. One strategy to enhance safer care is to infuse principles of a just culture into the curriculum of a pre-licensure nursing program. Principles of a just culture include: fostering an atmosphere of trust, encouraging error and near-miss reporting, recognizing that there are clear lines between acceptable and unacceptable behaviors, and promoting learning from errors. The American Nurses Association supports just culture initiatives for improvement of patient safety (ANA, 2010).

Faculty must model and instill in students the commitment to lifelong learning, improvement, and understanding of safe care (Caputi, 2014). Benner's (1984) seminal work on how nurses progress from novice to expert nurses remains relevant, even in the face of significantly more complex health care and systems of delivery. Faculty need to keep pace with this changing environment and prepare students to identify and solve problems for effective and safe nursing practice. Nursing faculty must be cognizant of the expectations of healthcare organizations put forth by The Joint Commission to become learning organizations in which a fair and just safety culture exists, (The Joint Commission, 2015) then ensure that graduates from their program will be prepared to function well in such an environment. However, the literature reveals few schools of nursing who have integrated a just culture into the curriculum and the process whereby this was accomplished. Therefore, a pervasive spirit of inquiry and willingness to innovate among faculty was necessary for the infusion of just culture to be successful.

Clinical faculty within a School of Nursing in a private, religiously affiliated university in the southeastern United States, were taught to promote and practice a just culture with students in the clinical setting. Curriculum modification was directed toward building a framework to include the knowledge, skills, and attitudes of a just culture. Dissemination of and instruction on these modifications was accomplished through both face-to-face and electronic educational modules.

Knowledge: Clinical faculty were provided with objectives and learning outcomes aimed at an appreciation for and comprehension of just culture. They were given access to a Clinical Café housed on the university's open-source learning platform. Narrated PowerPoint educational modules were created that defined and described the theory and concepts of a just culture (Leonard & Frankel, 2014a). Just culture policies were developed that included expectations for student reporting of errors and near-misses as well as guidance for faculty responses at the time of these occurrences.

Skills: An algorithm (Leonard & Frankel, 2014b) was utilized to guide clinical faculty in assessment and decision-making about those involved in errors or near-misses. Participants were taught to systematically follow the worksheet in formulating appropriate responses to reckless, risky, or unintentional actions. Use of the algorithm was facilitated with a "train-the-trainer" method with the authors and clinical faculty. Skill development for evaluation of student behaviors, level of intent, system influences, and judgment of culpability or possible discipline was guided by means of practice sessions that involved unfolding

scenarios in which errors and near-misses occurred. A reporting system for errors and near-misses experienced or observed by students was instituted with reassurance that students would have their identity protected, and that errors or near-misses could, with student permission, be discussed in a blame-free environment.

Attitudes: Psychological safety for each student was an essential component of just culture within the debriefing sessions held during clinical post-conference. Transparency was encouraged and commended for the purpose of a learning experience that would benefit all participants.

The expected outcome of embedding a fair and just culture within the School of Nursing is that students will gain trust as they are encouraged to openly share, by means of a reporting mechanism, in a non-punitive environment. As students matriculate through the curriculum, then graduate and go into practice, they will be more cognizant of personal, environmental, and system irregularities that potentially lead to patient harm and better recognize their responsibility in reporting so that corrections and adjustments can be made. A heightened awareness of how errors occur may lead to a safer environment for the patient.

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J 12 - Improving Patient Safety

Hardwiring Standardized Nursing Bedside Handoff to Improve Patient Safety and Satisfaction

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Purpose

The purpose of this presentation is to share one urban academic medical centers experience implementing a standardized approach to bedside nursing handoff. To demonstrate the process utilized to create an innovative electronic handoff tool. To explore how to effectively hardwire these processes, and ultimately increase patient safety and satisfaction outcomes.

Target Audience

The target audience of this presentation are nurse leaders/executives, nurse researchers, nurse informaticists, nursing faculty, nurse educators, and front-line nursing staff.

Abstract

Purpose: By shifting to the bedside and engaging patients in their care, healthcare organizations are increasingly utilizing a more patient-centered approaches to nursing handoff (Cacal & Moy, 2013). The purpose of this quality improvement project was to increase the accuracy of communication during nursing handoff (Maxson et al., 2013) by implementing a structured approach to bedside handoff (Jefferies et al., 2013) I-PASS with SAFETY with the goal of enhancing patient safety and satisfaction (Sherman et al., 2013).

Methods: Initially a three-month plan, do, study, act, (PDSA) rapid cycle improvement project was conducted on a cardiac interventional floor at an urban academic medical center (Klee et al., 2012). Unit champions were involved in creating a training video and in supporting Registered Nurse (RN) peers during implementation (Cairns et al., 2013). All RN staff received video training and attended staff meetings where evidence from current literature was reviewed. Implementation involved utilizing I-PASS, a standardized verbal handoff format (Starmer et al., 2014) with a written tool, and SAFETY, an innovative bedside handoff acronym created at this hospital to organize bedside handoff into a consistent structure with a checklist. S- Stand at the bedside, A- assess for safety (specific items on a checklist) F- falls risk or other safety concern?, E- explain the plan of care to the patient in a way they can understand, T- try to involve the patient/family in the plan, Y-time for questions. Compliance was assessed using a standardized audit tool. Nurses were surveyed for their perceptions of the new processes six months post-implementation (Friesen et al., 2013). Selected questions from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) were evaluated.

Post-pilot implementation hospital-wide of the process involved significant senior leadership support, and the addition of an electronic handoff tool to support the hardwiring of the structured handoff process (Staggers et al., 2012) I-PASS with SAFETY. Front-line nurse champions were instrumental in the development of the electronic handoff tool along with nurse informaticists, and nurse educators.

Results: RN staff and patients reported many qualitative benefits that represented a significant positive change in the unit culture. Auditing showed high levels of compliance with the standardized process for handoff. Based on unit level HCAHPS data, there was a 50% increase in the question "Staff Do Everything to Help with Pain", a 16.7% increase in the "Nurses listen carefully to you" question, an 8.3% increase in the "Nurses explain things in a way you understand" question, and an 8.3% increase in patients' "Rating the hospital a 9 or 10" during the 3-month pilot period. The fall rate, although variable, decreased 51% from 6.11 per 1,000 patient days pre-pilot to 2.97 per 1,000 patient days over a 6-month period.

Hospital wide data showed improvement in both the nurse communication domain and rate the hospital scores on HCAHPS data. Patient safety was impacted positively by hospital wide implementation. The hospital-wide falls rate declined over 2015 and sustained a > 25% decrease. Preventable adverse events are also being evaluated and reporting of these events is encouraged to support a culture of safety

(Cairns et al., 2013). Case studies are provided regularly to staff to reinforce the value of bedside handoff. Patient comments about bedside handoff are also shared with staff to support sustainment efforts.

Conclusion: The success of the pilot led to hospital-wide implementation of the standardized approach of integrating IPASS and SAFETY for nursing bedside handoff and verbal report. While pilot data showed global improvements on the unit, researchers concluded that it is important to focus post-implementation on sustainability and hardwiring of those processes that would further improve patient experience and satisfaction on the unit.

Keywords: I-PASS, bedside handoff, nursing communication, HCAHPS, quality improvement, patient safety

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L 10 - Stroke Care in the Netherlands

Geriatric Rehabilitation After Stroke: Is Condition on Admission Indicative for Discharge Destination?

Bianca Ivonne Buijck, PhD, MScN, RN, Netherlands

Purpose

to provide patient information about geriatric rehabilitation in nursing homes after a stroke.

Target Audience

nurses who are working in stroke care and rehabilitation

Abstract

Purpose: In the past decade, there has been increasing interest in stroke rehabilitation. Worldwide, every year more than 15 million people suffer a stroke. The expectation is that the number of patients with stroke will rise in the future, because of the ageing of the population. Consequently, there will be a growing demand for rehabilitation services. Therefore, the aim of this study was to investigate the condition on admission of patients after a stroke and the course of their rehabilitation in order to develop rehabilitation programs.

Methods: This study is a longitudinal, multicenter, observational study. Data were collected on patient characteristics, comorbidity (Charlson Index), ADL (Barthel Index), arm function (Frenchay Arm Test), balance (Berg Balance Scale), walking (FAC score), neuropsychiatric symptoms (Neuropsychiatric Inventory: Nursing Home), depression (Geriatric Depression Scale). All measurements were performed on admission and at discharge. A cluster-analysis was used to reveal meaningful groups.

Results: One –hundred- twenty- seven patients participated in this study. Patients improved in balance, walking abilities, and arm function. A total of 84 patients (66%) were discharged to an independent/assisted-living situation, and 43 (34%) were referred for long-term care to a nursing home. Using cluster analysis, with relevant patient characteristics (age, gender, stroke type, first stroke, localization stroke), balance, arm function, walking abilities, activities of daily living, depressive complaints and neuropsychiatric symptoms, it was possible to identify two clusters of patients: those in fair/good condition on admission and those in poor condition on admission.

Conclusion: Stroke patients referred for rehabilitation to SNFs could be clustered on the basis of their condition upon admission. Although patients in poor condition on admission were more likely to be referred to a facility for long-term care, this was certainly not the case in all patients. Rehabilitation programs that provide algorithms for multidisciplinary collaboration and evaluation on the basis of continuous monitoring of the physical and psychological condition of patients can be helpful in providing optimal individually tailored rehabilitation care.

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L 10 - Stroke Care in the Netherlands

Improving Quality in the Rotterdam Stroke Service By Using the Development Model for Integrated Care

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Purpose

The purpose of this presentation is to present an overview of the results of Development Model for Integrated Care which has been used in the Rotterdam Stroke Service to improve the quality of care.

Target Audience

The target audience of this presentation are nurses, researchers and policy makers in stroke care.

Abstract

Background In the Rotterdam Stroke Service (RSS) in the Netherlands, hospitals, nursing homes, rehabilitation centers and community care organizations collaborate to provide the best quality of care for stroke patients in the acute, rehabilitation and chronically phase. The RSS exists of eight stroke services, all operating in the Rotterdam area. The aim of the RSS is to realize a high quality of life for every stroke patient in the Rotterdam area, according to the most recent (scientific) standards. In the last decade, the professionals in the collaborating organizations initiated various activities in the field of education, practice and research, to fulfill the aims of the RSS. The results of the self-assessment instrument for integrated care offered input for those actions.

Methods A web based self-assessment instrument, derived from the Development Model for Integrated Care (DMIC) (1) was used to collect data on stroke services. This four phases model consists of nine clusters in which is described what is necessary to realize good quality of care. The development of a stroke service is represented in the four phases. The coordinators of the stroke services filled in the questionnaire together with key persons in their stroke service. The instrument consisted of 89 multiple choice questions (distributed over the nine clusters) concerning the organization of the stroke service. This self-assessment instrument was used in 2012 and 2015. The results of the DMIC questionnaire has to be shown in a specific for that purpose developed radar diagram.

Results Fifty-three out of 80 stroke services in the Netherlands and six out of eight RSS stroke services filled in the web based questionnaire both in 2012 and 2015. The Dutch stroke services each are admitting a mean of 475 patients a year. They all have a stroke service coordinator, and a collaboration with approximately seven care organizations. The stroke services in the Netherlands exist for a mean of 12 years. How older the stroke service, the higher the phase it is positioned in. The RSS started in 1997, and from then the stroke services collaborated in the RSS. The RSS stroke services all showed development from 2012 to 2015, and are now positioned in a next phase (phase three and four). There were a few points that consistently showed up in the results of the Rotterdam stroke services. A lack of: 1) political involvement, 2) involvement of patients in improving services, 3) development of specific care programs, 4) connection of databases, 5) registration of errors and mistakes.

Discussion Innovative cure and care in the RSS creates a new treatment and rehabilitation environment, resulting in an increasing area of support among professionals in the stroke service. This seems to manifest itself in better communication, better data collection and a better quality of delivered stroke care. Nevertheless, there is a lot of work to be done and new aims concerning 1) political involvement, 2) involvement of patients in improving services, 3) development of specific care programs, 4) connection of databases, 5) registration of errors and mistakes, are set for the year 2016.

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L 10 - Stroke Care in the Netherlands

Development of Stroke After-Care in the Rotterdam Stroke Service

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Purpose

to inform the audience about improvements in stroke after care in the Rotterdam care chain

Target Audience

nurses in stroke rehabilitation or home care

Abstract

Background Hospitals, rehabilitation nursing homes, rehabilitation centers and home care organizations collaborate in the Rotterdam Stroke Service in the Netherlands to provide the best quality of care for stroke patients in the chronically phase. After a stroke, patients are confronted with physical disabilities and changes in cognition and behavior. Moreover, caregivers, children and spouses are faced with multiple challenges related to this vulnerable patient group. Nowadays patients receive adequate care and support in the home environment after discharge from the hospital, rehabilitation nursing home or rehabilitation centre. The specialized care and support is offered by specialized stroke nurses who taught patients to cope with disabilities and changing roles after stroke. Better coping may lead to a decrease of complications on all life domains: less caregiver burden, fewer alcohol and medication abuse, better mobility and more social activity.

Method Eight hospitals, nine rehabilitation nursing homes, a rehabilitation hospital, diverse home care organizations and a specific network of home care professionals are collaborative partners within the RSS. From April 2012-November 2013, a taskforce had the goal to design a "stroke after care" research plan. The project was funded by the Dutch Institution ZonMW. In 2015 (after the project phase), stroke after care became "care as usual" in the RSS. Patients receive out-reached nursing support consisting of home visits. The specialized nurses collect demographic data, assess functional abilities and use standardized checklists to record a wide range of problems that patients express.

Results Data were collected in two time periods: November 2013-June 2015 (1) and June 2015-Januari 2016 (2). In the first time period, 148 patients and in the second time period, 270 patients received out-reached nursing support. Patients were on average 68 years old and 46% compared to 53% were female. Of these patients, 85% compared to 82% have had a Cerebro Vascular Accident and the remaining patients have had a Transient Ischemic Attack. The majority of the patients were discharged back home from the hospital. Patients had on average three contact moments with the nurse in the first three months after discharge. After stroke, patients reported problems concerning ADL (51% and 15% respectively), cognition (49% and 9% respectively), communication (45% and 4% respectively) and emotion (32% and 3% respectively). In the second time period there were also a few other variables measured: exhaustion (15%), IADL (6%) and social activities (6%).

Discussion/conclusion There are large differences in reported problems between the two time periods. It is unclear how those differences can be explained. Nevertheless, nurses, patients and managers are convinced that stroke after-care improves quality of care after stroke. Still, there is a major challenge for organizations to find financial recourses to offer stroke after care in the future in the Rotterdam area, because so far health care insurance does not cover the costs. However, the participants of the RSS are continuing to offer stroke after care. Meanwhile the results are promising and patients' express their gratitude, and therefore the issue may be impactful in meetings with health care insurers.

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L 11 - What Does Curriculum Development Have to Do With Nursing? Incorporating Military and Veteran Culture in Nursing Curricula: Where is Nursing Education?

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Brenda S. Elliott, PhD, RN, USA

Purpose

The purpose of this presentation is to discuss what schools of nursing have implemented to address the cultural and healthcare aspects of the military, Veteran, and their families.

Target Audience

The target audience of this presentation is Nurse Educators and Administrators who can influence curricular changes within their undergraduate nursing programs.

Abstract

Purpose: The primary purpose of this study was to describe the curricular content that addresses the cultural and healthcare aspects of the military, Veteran, and their families.

While research related to military, Veterans, and their families is growing, there is little published on how pre-licensure nursing education should be approached, specifically if and how care of this unique population should be incorporated into nursing curricula. Nurses are in a key position to care for military and Veteran service members and their families, especially after separation from the service. Currently, there are Veterans living from 6 different wars: World War II, Korea, Vietnam, Desert Storm, Iraq, and Afghanistan. Nurses and other healthcare providers are likely interacting with Veterans on a daily or weekly basis and in most cases, not even aware that they have. Through increasing awareness about the experiences of active military, Veterans, and their families, it is hoped that cultural sensitivity and compassion for their experiences and healthcare needs can be better achieved.

Methods: The study was an exploratory descriptive design framed by Purnell's Model for Cultural Competence. The investigators developed a 28-item survey to capture the six initiatives set forth in the American Association of Colleges Nursing pledge. The survey had both open- and closed-ended items that included school/college demographics; questions related to past, present, and future military/Veteran healthcare curricular elements; faculty knowledge, comfort, and preparation with teaching the content; whether their school/college had met the *Joining Forces* initiatives, and facilitators and barriers to meeting the initiatives. A total of 583 email invitations were sent to potential respondents with 123 programs responding to the survey.

Results: The findings suggest that some schools/colleges of nursing have exceeded the *Joining Forces* initiative goals, some who have implemented little, while most are in the process. Respondents shared approaches used to enhance courses and curricula. Faculty who were veterans were a strength to program enhancement. The majority felt incorporating this content was important, although lack of time and a content-laden curriculum were common barriers. Areas that programs felt they could enhance content were in special topics, community (public) health, and health assessment courses.

Conclusion: Healthcare providers need a toolkit of general cultural knowledge so that they can ask specific cultural assessment questions. Nurse educators have an ethical obligation to teach culturally sensitive care. The first goal of educating future nurses to care for this population is an area where nurse faculty have the ability and responsibility to incorporate military and Veteran specific content into their curricula. Veteran-centered care is a global issue and the preparation of new nurses is the first step in providing culturally sensitive care to this population.

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L 11 - What Does Curriculum Development Have to Do With Nursing?

Curriculum Development and Transcultural Service Learning in Post-Earthquake Haiti

Margaret Alexandre, MS, RN, USA

Purpose

The purpose of this presentation is to describe a developed elective course which incorporates Student Learning Outcomes; with a two-week service learning in post-earthquake Haiti. The nursing students had the opportunity to immerse and provide much needed services to two underserved population of rural Haiti.

Target Audience

The target audience of this presentation is directed at school administrators, educators, nursing faculty, nurses, nursing students-undergraduate and graduate levels in clinical and healthcare settings; as well as individuals interested in developing interprofessional and partnership with underserved communities.

Abstract

Haiti remains the poorest country in the Western Hemisphere. After the earthquake of January 12, 2010, Haiti is in even greater need of healthcare support. In an effort to provide our students with an opportunity to provide much needed healthcare services in two underserved areas in rural Haiti; an elective course was developed incorporating the Student Learning Outcomes; which included the need to advocate for health policies that address local and global health issues, effectively communicate with diverse client populations and disciplines using a variety of strategies and respecting client's cultural beliefs and practices, as well as the essential curriculum concepts: Communication/Collaboration, Safety/Technology, Critical Thinking/Nursing Process, Leadership/Management, Professional Accountability/ Advocacy, Legal, Moral, Ethics and Research. A two-week service learning component in Haiti, gave the nursing students the opportunity to immerse and provide needed services to an underserved population. Senior and junior level nursing students were selected. Nursing students and faculty worked along other health professionals in the Carries community; at the Mission of Grace Medical Clinic, Orphanage, Elementary School, and Senior Home. Course preparation involved: development and review of syllabus, completion of assigned readings and research on Haiti's history, culture, healthcare, social and economic issues as well as immersion in the Kreyol language. Students also attended seminars and an eight-hour orientation before travel. Emphasis was placed on communication, critical thinking, client education, cultural considerations and evidence-based clinical guidelines in nursing practice. Conferences and lectures were held to assist the students to reflect, synthesize. Overall the course provided a service learning experience where students could contribute; to delivery of health care; to underserved population on a global level; as well as to provide engaged learning that integrates theory into practice. Comparison and contrast could be made within and among the communities. While a fair comparison could not be made, inequality and inequity among the local people was undeniable. Another is the need for infrastructure (health care, education, sanitation, water, and housing). We left being more appreciative of the things we take for granted living the United States, such as clean water, shelter, and access to health care.

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L 11 - What Does Curriculum Development Have to Do With Nursing?

Nursing Curriculum Trends

Claire J. Byrne, MSN, RN, NE-BC, USA

Purpose

The purpose of this presentation is to identify the current trends in nursing curriculum with the implications and recommendations for the future. The acknowledgement of the Institute of Medicine report and the Quality and Safety Education for Nurses recommendations to overcome the challenge to provide quality, safe and affordable care.

Target Audience

The target audience of this presentation are nursing educators involved in curriculum design, nursing leaders who collaborate with the academics for the nursing clinical experience, nursing students and nursing researchers involved in current topics.

Abstract

The 21st century has found the nursing profession in transition. The shortage of nursing faculty and nursing practitioners has unsuspectingly contributed to the increasing gap between education, research and clinical practice. The 2010 Institute of Medicine (IOM) has provided a blueprint for nursing leaders, nurse educators and nurses to unite academic pedagogy with comprehensive experiential learning to best prepare nursing students for clinical practice. The shift towards population health will assist in another system challenge, which is the excessive healthcare spending. To achieve this, Quality and Safety Education for Nurses (QSEN) competencies were developed to avert the highly visible and controversial errors by utilizing client-centered collaboration based on evidence-based care and the incorporation of population health and technology to increase healthcare accessibility, decrease costs, and improve quality. Ultimately, several initiatives have created frameworks that encourage nurses to advocate for themselves and their communities. It is clear these frameworks are necessary, adaptable, and will pave the way for future safe and affordable nursing care. Included in this blueprint is the reality that nursing programs are rejecting tens of thousands of qualified applicants due to budget constraints. This is a problem for both academia and clinical work resulting in unprepared students, as well as burned-out staff and underserved patients. Implications of current trends on nursing schools will be addressed, as well as recommendations for future direction. Nursing Schools that maintain an up to date curriculum integrating the guidelines of the American Association of Colleges of Nursing (AACN) will develop progressive healthcare. Incorporation of technology into our constantly changing healthcare environment with online or hybrid learning experiences which will increase the knowledge for electronic medical records, patient portals and tele-health applications. Population health has changed the perspective of concentration from acute care and disease management to promotion of health and preventive health in the community, leading to a lessened financial burden of healthcare costs.

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L 12 - Beginning Your Career in Transition

Career Choices for Macao Nursing Students

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Purpose

The purpose of this presentation is to identify choices on future work among nursing students in Macao.

Target Audience

The target audiences of this presentation would be nursing educators, administrators, and nursing students.

Abstract

Purpose: The purpose of this presentation is to identify choices on future work among nursing students in Macao.

Methods: This study used a survey by using questionnaire to explore career choices among all nursing students in Macao. There were 484 undergraduate nursing students registered in a BSN program located in Macao during the 2014-2015 academic-year. The study included all nursing student in Macao.

Results: A total of 377 Macao nursing students were included in the study as they completed questionnaires. The return rate was 83.04%. There were 321 (85.1%) female and 56 (14.9%) male student nurses. Their mean age was 21.32 with a range from 18 to 30 years.

The first preference future nursing work arranged by participants included "Community and Public health nursing (n=66, 17.5%)" and "ER Nursing (n=66, 17.5%)". The second choice for future nursing work was "Paediatric nursing (n=57, 15.1%)" followed by "Medical & Surgical Nursing (n=53, 14.1%)". The third choice for future nursing work was "Midwifery (n=63, 13.7%)" followed by "Psychiatric nursing (n=43, 11.4%)". "Aged Care Center (n=49, 13%)" was arranged at ninth preference future nursing work by participants.

Conclusion: The finding suggested aged care center or institutes was arranged at ninth preference future nursing work from nursing students in Macao.

The findings were matched with previous studies for unpopular nursing working places at tenth or the least preferred working place (Deschodt and Milisen, 2010; Haron et al., 2013; Henderson et al., 2008; Kloster, Høie, & Skår, 2007; Shen and Xiao, 2012; Stevens, 2011) or nursing students don't have any willingness for working in GN after graduation (Flood and Clark, 2009; Neville, 2015a). Those published studies represented almost the same findings across country and periods from China (Shen and Xiao, 2012) to Europe (Kloster et al., 2007), investigator was very surprised that nursing students in Macao also represented the same findings in 2015. The explanation of this finding could be the reason in most nurses in Macao want to work in only one public hospital as the nurse position is a civil servant in Macao which would have more benefits and higher salary than private clinics or institutes. Moreover, there are no public aged center in Macao, this might be the reason in contributing nursing student rated at nine preference work place after graduation. As global ageing and Macao also facing the same situation, this result provided the comprehensive information to Macao nursing educators and administrators.

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L 12 - Beginning Your Career in Transition

Telehealth: Preparing Advanced Practice Nurses (APNs) for Transition into Clinical Practice

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Purpose

The purpose of this presentation is to describe how telehealth content was developed, implemented and evaluated as part of a Master's Family Nurse Practitioner Program to prepare APN students for the application of telehealth care within their practice sites. Specific assignment exemplars will be reviewed.

Target Audience

The target audience of this presentation are Advance Practice Nurse educators, clinicians, and administrators who desire to use telehealth care delivery modalities in clinical practice.

Abstract

Introduction: Telehealth is a successful care modality that matches quality and affordability of care to underserved rural patients, allowing for assessment and education. This has been found to improve patient outcomes, patient satisfaction, and access to care. It also allows patients to access providers in the privacy and comfort of their homes or in local clinics in a timely and effective manner that, in turn, empowers patient self-management. Additional benefits are that patients are able to access specialty providers who are outside the rural area. Few Advanced Practice Nurse (APN) programs instruct students in the use of primary care telehealth technologies. The purpose of this presentation is to describe how telehealth content is developed, implemented, and evaluated as part of the Master's Family Nurse Practitioner Program to prepare APN students for the application of telehealth care within their practice sites.

Methods: A program was developed, implemented, and evaluated as part of a Master's Family Nurse Practitioner (FNP) Program to prepare APN students for the application of telehealth within their practice sites. Immersed within the Reproductive Health course were several assignments: (1) hands-on exposure to self-management telehealth counseling for discomforts of pregnancy using standardized patients, (2) electronic patient educational toolkits for common discomforts of pregnancy and contraceptive usage, (3) video patient teaching of clinical breast exam, and (4) telehealth immersion experiences with pregnant-family home follow-up visits.

Results: The first cohort of students (N=32) integrated telephone calls, videos, face-time, and video presentations using telehealth modalities in their primary care practices to follow-up with patients in their homes to provide education, counseling and motivation for self-management of common discomforts of pregnancy. Additionally, electronic medical records were maintained and billing codes were identified. Formative and summative evaluations indicated patients and students were "highly satisfied" with telehealth encounters.

Discussion: The telehealth program's electronic information and telecommunication supports long-distance clinical healthcare and patient health-related education. Students are prepared to conduct "virtual" office visits with patients and caregivers upon completion of the incorporation of telehealth modalities in the FNP curriculum.

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M 09 - The Use of Technology to Influence Practice and Education

A New Organizational Model for Preventing Inpatient Falls Using a Computerized Control System

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Purpose

The purpose of this presentation is to describe introduction of a new organizational model for reducing rates of inpatient falls based on a computerized control system operating in three essential spheres.

Target Audience

The target audience of this presentation is decision makers when identifying the weakness and strengths of their organization's efforts to reduce patients falls during hospitalization.

Abstract

Medical administrators continue to be challenged by the goal of providing safe and qualitative care to all patients. To the constant demand for care improvement and quality assurance in accordance with high standards expectations of safe care have been added. Despite efforts, the high incidence of patient's falls in a hospital setting remains unresolved.

Systemic review of the literature on fall prevention in hospitals has found no consistent evidence regarding the effectiveness of single or multiple interventions to prevent falls. Research on the prevention of inpatient falls has largely focused on two main areas: (1) Patient risk factors related to inpatients falls and (2) Interventions (fall risk assessment, armbands, medication review and use of physical restraints) to reduce falls in hospitals. Findings nonetheless show that inpatient falls cannot be resolved by any one measure.

Purpose: To assess introduction of a new organizational model for reducing rates of inpatient falls based on a computerized control system operating in three essential spheres.

Method: The intervention was introduced in 2013 in a major medical center (1,500 beds, 120 wards, 2,500 nurses) located in Israel within the framework of the International Joint Commission for Hospital Accreditation. The intervention program was implemented in three spheres.

Sphere 1: Declaration by nursing management of policy aimed at reducing the incidence of patient falls and minimizing the harm from falls during hospitalization. The intervention focused on changing perception of this issue by increasing knowledge and awareness among all levels of the caregiving staff, from nurses' shift managers to auxiliary caregivers, by using an e-learning course and participation in dedicated seminars. These training programs followed up with computerized control reports, which received by deputy nurses.

Sphere 2: Introduction of a computerized control system to ensure that all patient fall risk factors are assessed and appropriate intervention documented according to the adopted prevention policy. The reports enabled nurses in charge as well as nursing management to identify the effective aspects of fall prevention requiring reinforcement in addition to those aspects requiring immediate intervention.

Sphere 3: Introduction of a computerized control system enabling real-time transmission of alerts and information on each fall incident documented in the patient's file. In response to the current data, the nursing management introduced a post-fall assessment procedure to be completed immediately after the incident. This data also enabled profiling patients who fell during hospitalization together with provision of immediate as well as quarterly feedback to all nurse managers regarding their meeting of the annual fall-reduction goals defined by nursing management (reduction of fall rate by at least 10% annually).

All three spheres were accompanied by deputy nurse's assigned responsibility for inpatient fall prevention, who acted under the direction and supervision of the Supervisor of Fall Prevention.

Assessment of the project's implementation indicated attainment of the goals set: During the first three quarters of 2015, there was a 20% reduction of reported falls when compared with the equivalent period in 2014.

This model for the promotion and improvement of patient care by means of a computerized control system was shown to be effective in assisting decision-making in other areas of care as well, such as prevention of bedsores and pain reduction. Pivotal aspects of the program and its implementation will be discussed further during the presentation.

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M 09 - The Use of Technology to Influence Practice and Education

A Methodology for Undertaking Scoping Reviews

Patricia McInerney, PhD, RN, RM, South Africa

Purpose

The purpose of this presentation is to describe the methodology for scoping reviews developed by the Joanna Briggs Institute.

Target Audience

The target audience for this presentation is academics, those interested in evidence-informed practice and clinicians.

Abstract

Uses of scoping reviews: Scoping reviews are useful when one wants to map the key concepts related to an area of research; to clarify definitions or identify the boundaries of a topic. For these reasons they may be undertaken as a preliminary exercise prior to a systematic review. They may also be used to identify gaps in the literature including the type of evidence that is already available within a specific field of interest.

Fundamental difference from systematic reviews: Scoping reviews have a broader scope than systematic reviews and therefore less restrictive inclusion criteria; may draw upon data from any research methodology and because they seek to provide an overview of the existing evidence, they do not require an appraisal of the evidence.

Scoping reviews include: A clearly stated title, objective/s and review question. Inclusion criteria should state the types of participants being considered in the review (P); the core concepts being studied (C) and the context (C) - the acronym PCC.

Search strategy: as with systematic reviews a comprehensive search of the literature is undertaken in order to identify both published and unpublished data. The search in a scoping review may become iterative as the researcher becomes familiar with the evidence base and so new search terms can be added.

Extraction of results: This is referred to as charting the results. An initial charting table would include the author (s), year of publication, origin/ country of origin, aims/purpose, study population and sample size (if applicable), methodology / methods, intervention type, comparator and details of both, duration of intervention, outcomes and key findings. Charting the data may become iterative and require updating the data.

Presentation of results: These may be presented as a map, tables and charts. The results can be grouped into conceptual categories. The diagrammatic presentation of the results must be accompanied by a narrative summary. The discussion must refer back to the objectives of the review. Finally, the review findings can be used to develop implications for research and in some instances for practice.

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M 09 - The Use of Technology to Influence Practice and Education

An Evidenced-Based Orientation Course for an Online MSN Program

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Purpose

Address common new graduate student needs and self-reported reasons for withdrawal through the evidence-based development of an online program orientation course which sets student expectations, develops program and learning understanding, advances technological skills, creates communication pathways, and identifies university support systems.

Target Audience

graduate nursing educators, education leaders/administrators, student advisors, healthcare leaders and administrators working with employees for more education, graduate students, academic-practice partners, and all those involved in generating a more educated and prepared nursing workforce.

Abstract

Preloading student satisfaction and success factors into an online program orientation course can strengthen the potential for student retention and success. The nursing literature is lacking in this area. Much of the information found on retention is focused on the undergraduate student in a face-to-face classroom setting. Less literature can be found on graduate level education retention and the body of knowledge regarding graduate online education retention is even more limited (Perry, Boman, Care, Edwards, & Park, 2008). Retention rates in online graduate education, not specific to nursing, vary widely, but are typically poorer than in face-to-face programs (Barry & Mathies, 2011; Patterson & McFadden, 2009). Increasing student retention and graduation is crucial for maintaining and increasing performance-based funding in educational institutions. Meeting common student needs early in the program can provide the resources and support needed for overcoming future barriers to graduation.

Cameron (2013) compiled common student needs: positive social experiences with students and faculty/advisors, course delivery system understanding, asynchronous participation understanding, requirements of e-learning, requirements of graduate and program education, and evidence of institutional commitment through excellence in advising and online resource availability and access. A reduction in overall anxiety about entering graduate education and an increased confidence in the ability to succeed are vital for students entering graduate education. Early access to peers, faculty advisors, and university resources can improve the students' sense of community and belonging and provide a strong support system. These early steps ease technology frustrations, communication difficulties, and any perceived support inadequacies.

A completely online Master of Science in Nursing (MSN) program orientation course was developed to meet the identified common student needs. The program provides early access to the MSN program's Learning Management System (LMS), access to peer support, faculty advisor, and university resources. Students were taught the basic structure of courses (including content, discussions, quizzes, and drop boxes) to ease the stress of the first few weeks of class. Graduate study requirements and expectations were explained along with the differences between online and face-to-face study. Students received guidance in balancing work, life, and study. Students were given opportunities to practice the most commonly used technologies in the program.

Ten newly admitted MSN students participated in the study. A post course phone interview was initiated with each following course completion, using a five-level Likert scale (1 being the lowest score and 5 the highest score) to assess the course and student perceived preparedness for the MSN program. Four categories of questions were used: knowledge regarding graduate online study, resources, and program expectation; proficiency with the LMS; communication access to other students and faculty advisor; and access to university resources. A final question was asked of students regarding their overall anxiety level about starting the MSN program. All students reported decreased anxiety and increased comfort with graduate online education, increased self-confidence, and feelings of support.

Students are able to focus more on the course subject matter in the first few weeks of class when they have a clearer understanding of the LMS, graduate school and online learning expectations, and resource/support availability before classes start. A positive early start adds strength for managing future barriers and frustrations of graduate education. These concepts may be applied to meet the specific requirements of other academic programs. Further research is needed to compare the retention rates of those participating in the orientation program and those who did not. The finding in this project support the importance of an orientation program to graduate nursing studies which includes setting realistic expectations, developing a sense of community and support, and practicing for proficiency in the program LMS.

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M 10 - Teaching Strategies in Nursing Education

A Systematic Review of Evidence-Based Teaching Strategies for Nurse Educators

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Purpose

The aim of the systematic review is to explore and describe the best available literature on evidence based teaching strategies that can be used by nurse educators based on the data synthesis.

Target Audience

The study population for the systematic review will include papers that are aimed at teaching strategies that are evidence based and can be utilised by nurse educators.

Abstract

Teaching strategies in nursing education is of vital importance to promote an understanding of knowledge allowing nursing students to compare existing knowledge with new knowledge and to generate a relationship between the two. Teaching strategies are used by nurse educators to teach the nursing students the theoretical content to increase their knowledge outcomes. The teaching strategies used by nurse educators should be based on sound evidence of best practices. Evidence provides nurse educators with research based proof of what works to improve the quality of patient care by implementing best evidence. A number of teaching strategies was found but no systematic reviews were found summarising the best evidence based teaching strategies.

The purpose of the study and the methodology was to identify, critically appraise and synthesise the evidence. The researcher used a systematic review methodology for the study. The PICO question is "What are the best evidence based practice teaching strategies that can be used by nurse educators"? The data bases searched included: MEDLINE, CINAHL, PubMed and Google Scholar. Manual searches were also done and searches were completed with the assistance of librarians.

A total number of n=50 studies were identified as potentially relevant to the study. The number of articles included for critical appraisal were 20. On completion of the critical appraisal n=17 articles were identified for the review. The included studies for the review were n=7 Level 1, systematic reviews and n=10 Level 2, quasi-experimental studies. Three studies were excluded after critical appraisal from two reviewers, appraisal was done independently, and consensus were reached between the two reviewers. The Joanna Briggs Institutes critical appraisal and data extraction instruments were used for the study.

The descriptive data synthesis was done of the included studies as well as a comparison of teaching strategies to determine which one to better than the other one. Although n = 4 of the teaching strategies (concept mapping, internet-based learning, evidence based interactive strategy and cultural competence) significantly increased knowledge, the overall results found that a variety of teaching strategies to be implemented to increase the knowledge of the nursing students. The different teaching strategies found were (e-learning, concept mapping, internet-based learning, web-based learning, gaming, problem-based learning, case studies, evidence based learning and cultural competence). However, more research is needed to investigate the best use of the different teaching strategies and compare the impact of a variety of teaching strategies on increasing knowledge.

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M 10 - Teaching Strategies in Nursing Education

Educational Strategies for Professional Socialisation of Student Nurses

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Purpose

The purpose of this presentation is to share educational strategies, derived from literature and a mixed methods study, which educators could apply to support student nurses in their professional socialisation

Target Audience

The target audience of this presentation will be all students, educators, nurse managers, government officials and professional nursing associations.

Abstract

Professional socialisation is a process whereby the professional values and the development of a professional identity are internalised (Dinmohammadi, Peyrovi, & Mehrdad, 2013). During this process student nurses are influenced by a variety of determinants (socialisation agents), such as the students' own value orientation and the role modelling of educators and professional nurses. This process is ultimately reflected in how professional nurses display their conduct and nursing care. Undesirable conduct, which is evident from reports of substandard care, are numerous (James & Miza, 2015; Oosthuizen, 2012). Educational strategies play a pivotal role in this process.

The quantitative evidence from a sequential mixed methods study revealed the perceptions of nurse educators regarding their role in the teaching and facilitation of professional socialisation. A questionnaire developed from themes of the qualitative phase was administered to a census of nurse educators in Gauteng, yielding a 46% (n=128) response rate. The qualitative data were obtained through purposively selecting 14 professional nurses who participated in two focus group interviews, sharing their perceptions of their role in the professional socialisation of students. Five focus group interviews were conducted with 48 student nurses (8-10 per group) to obtain their professional socialisation experiences as members of the nursing profession. Tech's method of data analysis was used to analyse the data while various methods of trustworthiness were applied.

The quantitative data were analysed using the SAS/STAT® software, Version 9.2 of the SAS System and presented by means of descriptive and inferential statistics. Content and face validity were applied, while questionnaire pre-testing and a Cronbach alpha above 0.7 were applied to establish reliability.

The qualitative data that emerged as themes being influential in the professional socialisation of students were, the professional nurse, clinical learning environment, values and beliefs of the nursing profession, the educator, gender and cultural orientation. These themes and literature informed the quantitative data collection instrument. Six, professional socialisation constructs namely, attributes of an educator, values and beliefs of the nursing profession, the clinical environment, teaching strategies and cultural awareness were found to be socialisation agents in the professional socialisation of students. All data were integrated with literature, and guidelines to support the professional socialisation of students were developed and validated.

This presentation focuses on the developed guideline which addresses the planning and implementation of educational strategies, aimed at supporting student nurses in their professional socialisation. These strategies include: reflection in the teaching and learning environment where an awareness is created about students' own feelings, attitudes and knowledge to reach a new understanding of nursing as a profession; problem-based learning whereby students are allowed to discover solutions to pre-determined problems; peer-group learning which allows students to learn from one another and find their identity within the nursing profession; the influence of the hidden curriculum in shaping students to be a professional nurse; preceptorship and mentorship in supporting students with their learning. The role of

the educator in facilitating these strategies in order to empower students, is essential for optimal professional socialisation of student nurses.

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M 10 - Teaching Strategies in Nursing Education

Effects of Combined Teaching Strategies in Evidence-Based Learning for Student Nurses and Clinical Nurses

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Purpose

The purpose of this presentation was to share the experiences and results of a two-year quasi-experimental study. It verified the effectiveness of combined teaching strategies for Evidence-Based Health Care for both the senior student nurses and clinical nurses.

Target Audience

Those who are interested in teaching the Evidence-Based Health Care in nursing school Those who are interested in teaching the Evidence-Based Health Care in clinical settings.

Abstract

This two-year quasi-experimental study was conducted during August, 2013 to July, 2015. Student nurses (SN) and clinical nurses (RN) were recruited from one university and one medical center.

Those who selected the elective course "evidence-based health care" were treated as experimental group (n=16) whereas the rest of students at the same year were treated as control group (n=71).

For clinical nurses, the willing to learn the contents of evidence-based health care was selected as criteria to be experimental group (n=29) or control group (n=77).

The experimental group received teaching and web learning and regular contacts whereas the control group received regular contacts only.

Data was collected at 6 points of times, which were: beginning of class (T0, baseline); class over (T1, 3rd month), T2(6th month), T3(9th month), T4(15th month), and T5(23th month).

Questionnaires included: computer literacy, knowledge and attitude towards science, critical thinking, Evidence-Based Practice Questionnaire, and The EBP beliefs scale.

All data were managed by SPSS-PC 18.0. Descriptive statistics and GEE analysis were performed where $p < .05$ was selected as level of significance. F test and post hoc comparison found that SN were younger than RN.

In addition, the ratio of lost follow-up was between 19.48% to 50%. The baseline comparison of outcomes showed a statistical difference existed in the computer literacy, critical thinking, and certain subscales in EBPQ.

Results of GEE found that certain outcome and the interactions between outcomes and time factors reached statistical significance when compared with the baseline, such as: In regard to the EBPQ scale, the RN control group reported less knowledge and worse behaviors than the SN control group; compared with the baseline, RN experimental group reported better knowledge and behaviors than its interaction at 6th and 23th months.

The impact of this combined teaching strategies were discussed. The impact of this combined teaching strategies were discussed. Also, the ways to reduce the dropout rate were also mentioned within text.

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M 11 - Spiritual Needs of Humans

A Measurement of Spirituality

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Purpose

The purpose of this presentation is to introduce an instrument that measures one's unified nature (spirituality) as separate from a set of dogmatic beliefs (religion).

Target Audience

The target audience of this presentation is nurse researchers in alternative medicine, nursing faculty teaching holistic assessments, and any nurse who could use a method of assessing an individual's spiritual background and beliefs.

Abstract

Purpose: To develop an instrument that measures one's unified nature (spirituality) as separate from a set of dogmatic beliefs (religion).

Methods: Empirical referents are external measures of a concept grounded in the real world and are used for instrument development in research. Clinically they assist in clearly discerning the presence of a concept (Walker & Avant, 1995). A measurement of spirituality should include statements that reflect an individual's belief system, a connectedness with others, a higher power, and the universe, as well as a feeling of self-worth, hope and purpose.

A 30-item Likert scale (strongly agreed to strongly disagree) was created using the following concepts as guides:

1. A sense of connectedness or oneness
2. Transcendence
3. A non-local presence (otherworldly)
4. Inner peace
5. Actualization
6. Forgiveness
7. Trust
8. Unconditional giving
9. Acceptance of the unchangeable.

A pilot test resulted in a reduction to 15 items, which were edited for clarity and circulated to a convenience sample of 188 individuals. Participants had a range of educational and socioeconomic backgrounds, and included both males and females.

Results: Using factor analysis to extract the underlying communality of one factor among the items in the instrument, a scree plot of eigenvalues was obtained. Absolute values less than 0.30 were suppressed, which resulted in three items being removed to strengthen the measure of one factor. The Cronbach's Alpha reliability coefficient for 12 items was 0.88, a good indication of construct reliability.

Conclusion: Spirituality, the construct of interest for this scale, is an essential philosophy of life centered on the awareness of a pervasive universal creative force that provides a sense of interconnectedness and an awareness of purpose and meaning in life as an ongoing process to transcend the physical existence in daily life (Bennington, 2003).

The existing scales in the literature that measure spirituality all include religion as part of the construct. This instrument appears to consistently measure the factors that theoretically reflect the concept of spirituality without the concept of religion or religiosity.

Additional testing on larger populations, including non-English speaking persons, would provide additional support for both the reliability of the instrument and the validity of the theoretical understanding of spirituality.

Measure of Spirituality	
<p>Directions: For each of the following statements, check the choice that best indicates the extent of your agreement or disagreement as it describes your personal experiences.</p> <p style="text-align: center;">A = Strong Agree B = Agree C = Neither Agree or Disagree D = Disagree E = Strongly Disagree</p>	
<ol style="list-style-type: none"> 1. I feel a sense of connection to something larger than myself. 2. I believe that all people are spiritual beings. 3. I believe everything in life has meaning. 4. I believe my life has a purpose. 5. My faith provides me with inner peace. 6. I forgive others who have hurt me. 7. I trust in the wisdom of the universe. 8. There is meaning and purpose in all life. 9. I feel valuable as a person. 10. I have faith in a higher creative force. 11. I believe that all things are possible. 12. I am capable of unconditional love. 13. It is possible to develop a moral code without religion. 14. Nature is a spiritual force in itself. 15. Spirituality is a part of my daily life. 	

Component Matrix	
<p>Extraction Method: Principle component analysis with one factor extracted.</p>	
Item	1 Factor
1. Sense of connection	.733
1. All people spiritual	.521
1. Everything has meaning	.691
1. My life has purpose	.769
1. Faith gives inner peace	.778
1. Forgiveness of others	.599

8. All life has purpose	.708
9. I am valuable person	.548
10. Faith in higher source	.718
11. All things are possible	.576
12. Unconditional love	.522
15. Spirituality part of daily life	.767

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O 01 - Children: A Vulnerable Population

The Influence of Professional Self-Efficacy on Recognising and Responding to Child Abuse and Neglect Presentations

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Purpose

to report results from a 1 (group) x 3 (time) pre (T1) - post (T2) and post (T3)-test study to test improvement in professional self-efficacy in paediatric EDs. This collaborative research program between the University of Sydney and Vietnam aimed to improve recognition and response to child abuse and neglect.

Target Audience

The target audience of this presentation is emergency nurses, researchers with a background in international research, or an interest in working in this field in the future, nurse educators, clinical educators, senior paediatric clinicians and training program developers.

Abstract

Purpose: Paediatric Emergency Department (ED) clinicians assess, manage and refer injury and trauma cases using their expert skills and knowledge. Through an international collaboration between Sydney Nursing School at the University of Sydney and Children's Hospital 2 in Ho Chi Minh City, Vietnam, we developed the Safe Children Vietnam clinical training program for clinicians working in the ED to improve recognition and response to child injury resulting from child abuse and neglect (CAN). One of the aims of the program was to improve professional self-efficacy associated with CAN recognition and reporting. This paper reports the findings of an intervention study of professional self-efficacy in the ED. There is scope for the clinical training program to be implemented in countries where child protection training and research capacity is identified as a priority.

Methods: A pre-intervention [T1], post-intervention [T2], and 6-month follow-up [T3] design was used to test the clinical training program. Participants were 127 clinicians from frontline service departments at a tertiary paediatric hospital in Vietnam and were recruited by the project manager (TF) from the University of Sydney. Ethics approval from the University of Sydney and the Vietnamese Authority was gained prior to commencement of the study. Clinicians provided written consent to participate following a detailed explanation and written information detailing the study. Participating clinicians were free to withdraw from the study at any time without penalty.

The Child Abuse and Neglect Response Self-Efficacy (CANRSE) measure (Lee, et al., 2012) was adapted for use in the study. CANRSE is a 44-item tool that measures professional self-efficacy associated with clinician responses to CAN presentations. CANRSE is comprised of two scales to measure both self-efficacy expectations (SE-CAN) and outcome expectations (OE-CAN). It was originally developed in English and had previously been translated for use in Taiwan with established validity and reliability. For this study, the CANRSE was translated from English to Vietnamese. Psychometric properties of the Vietnamese version were then tested using a confirmatory factor analysis and construct validity of the Vietnamese version of the tool was confirmed.

A suite of clinical training strategies was developed from a needs analysis conducted in Ho Chi Minh City, Vietnam in 2013 with clinicians from the ED. The needs analysis highlighted an urgent need for training and the development of protocols to assist in the recognition of and response to child maltreatment presentations; and an apparent conflict between the professional role (obligation to medically treat the child and discharge from hospital) and the ethical role (the need to protect the child from further harm, yet not having a framework to do this); and child maltreatment legislation in Vietnam.

The training program was developed and implemented in Vietnamese and English. It included the use of a workbook, lectures, workshops, role-plays, short film, and posters. Key components of the training

program included specific education regarding the recognition and response to abusive head trauma presentations, and the implementation of a Child Injury Screening Tool (CIST). A train the trainer model was employed to encourage sustainability of the intervention.

Achieving high-quality translation of materials was a key priority of the project. All materials, including participant information statements, consent forms, quantitative surveys, and the CIST were fully back translated to ensure consistency of content. In addition to back-translation, feedback was sought from a variety of stakeholders regarding the suitability of the materials for use in the clinical setting to ensure cultural and procedural validity.

Results: Clinicians initially reported low levels of personal confidence and professional self-efficacy in their capacity to recognise and respond to child maltreatment presentations at **T1** (baseline). Following implementation of the training program, there was a statistically significant improvement in professional self-efficacy for the recognition and response to child maltreatment presentations, as well as knowledge of abusive head trauma at **T2**. The intervention had good short-term outcomes in improving professional self-efficacy. At **T3** these improvements were no longer demonstrated. There was no further improvement and scores had retreated to pre-intervention levels, indicating the need for revision and updating of clinical training on a six monthly basis.

Conclusion: Training for clinicians working in the ED can improve professional self-efficacy for recognition and response to CAN-related child injury in the short term. This is of particular relevance in transitional countries such as Vietnam, where resources must be mindfully allocated to interventions that are effective, economically viable, and have the capacity for immediate implementation throughout the country. Regular training opportunities need to be made available to ensure the sustainability of the Safe Children Vietnam program as a tool to improve clinician recognition and response to child maltreatment. Biannual training is recommended.

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O 01 - Children: A Vulnerable Population

Memory Book Interventions With Orphaned Children in South Africa, Kenya, and India: A Global Partnership

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Purpose

The purpose of this presentation is to disseminate findings from a collaborative multi-site research study based on the exploration and comparison of the lived experiences of orphaned children in South Africa, Kenya, and India who have utilized the Memory Book Intervention for grief recovery and healing.

Target Audience

The target audience of this presentation includes nurses, other health care providers, and professional caregivers who care for children who have experienced traumatic grief. The results of the evaluative study of this innovative Memory Book intervention can support collaborative partnerships to benefit orphaned children from various global sites.

Abstract

The *Memory Book* intervention program, a psychosocial support program for orphaned and vulnerable children (OVC) (King et al., 2009), was initially developed and implemented in South Africa in 2005 by a nurse leader with a supportive volunteer base in the United States. The books were implemented to facilitate orphaned children in "telling their story" of loss and grief and to foster their sense of well-being, personal identity, and resilience (Masten, 2001). The *Memory Book* utilizes drawings and a story-telling format to help children retell their story to real or imagined audiences to support the integration of their thoughts and feelings about their individual grief response. To date, approximately 27,000 *Memory Books* have been distributed in 15 countries worldwide with 1,600 books distributed in South Africa, 300 books in Kenya, and 950 books in India, creating a collaborative global partnership for a grief recovery program for at-risk children.

Background Storytelling and drawing are primary methods implemented in the *Memory Book* program intervention. This approach is similar to photo voice methods and supports the oral cultural storytelling traditions for these countries (Fournier et al., 2014). These drawing, writing, and talking methods offer a visual participatory method that complements the African counseling method for children with limited literacy skills.

The cultural context and circumstances leading to an orphaned state for OVCs in South Africa, Kenya and India is entwined with the HIV/AIDS pandemic with abandonment due to poverty, disease or war. As the HIV/AIDS pandemic is currently in its third decade, South Africa continues to have the highest prevalence rates with 18% of persons living with HIV/AIDS. Kenya's rates rank fourth globally (5% of persons living with HIV/AIDS) while India ranks third with 6% of persons living with AIDS (UNAIDS, Gap Report, 2013). In addition to the impact of HIV/AIDS, South Africa has experienced challenges with the development of the infrastructure to support economic, health care, and educational resources in the post-apartheid era (Sheehan et al., 2015). Kenya has experienced a chaotic environment threatening the survival of its children as a result of war, while India's devastating poverty and illiteracy has been further intensified by the impact of the stigmatization of HIV/AIDS (Kumar, 2012). Traditional models for surrogate parenting by extended families have been strained by the frequent loss of one or both parents of affected children resulting in the need for alternative care models such as orphanages. Orphaned children have sustained many threats to their holistic health, including the loss of precious family memories, severed family relationships, stigmatization, and potential significant paralysis in development due to loss and grief (Wood, Theron, & Mayaba, 2012; Kumar, 2012).

Literature Review Childhood traumatic or complicated grief (CTG) is a condition in which trauma symptoms as a result of grief, interrupt children's ability to navigate the usual grieving process (Crenshaw, 2005). Multiple studies have confirmed the increased mental health risks among OVCs due to HIV/AIDS

(Cheney, 2015; Cluver, 2012; Crenshaw, 2005; Morantz & Heymann, 2010; & Thupayagale-Tshweneagae, 2012). A burden of silence threatens the impact of grief world-wide, but African children are often socially conditioned to hide and internalize their feelings enhancing the risk for pathological grief leading to withdrawal, isolation, and depression (Thupayagale-Tshweneagae, 2012). The resulting emotional suffering threatens children into adolescence and adulthood (Cheney, 2015) with potential developmental paralysis unless they are compassionately accompanied in their grief journey (Schoorman, 2003). Preservation of memories, a key component of the grief journey, offers the potential for greater insight, truthful perspectives, resilience, and even positive growth as a child matures (Scaletti & Hocking, 2010; Schoorman, 2003; Tedeschi & Calhoun).

Research on the cultural role of resilience has advanced in the past several decades (Masten, 2014); impacting how research with HIV-affected children is shifting from an emphasis on vulnerability and risks toward greater support for coping strategies through promotion of protective factors that enhance pathways to psychosocial health (Fournier et al., 2014; Skovdal & Daniel, 2012). Unger et al. (2007) identified seven factors to enhance resilience in youths across cultures, and linked positive adjustment to facilitation by social ecologies (Unger, 2012). Two of these factors, access to supportive relationships and the development of identity and positive self-concept, were supported through the *Memory Books* program intervention findings. Masten and Wright (2010) highlighted the critical role of contextual social support through the encouragement of attachment relationship and guidance for self-regulation and the promotion of problem-solving skills that lead to resilience.

Methods A qualitative phenomenological approach was implemented in a multi-site study to evaluate the *Memory Book* intervention in six children's homes in South Africa, Kenya and India. Following university institutional ethics review board approval in the United States, a convenience sample strategy was implemented. Separate focus group interviews with children (n = 65) and their caregivers (n = 6) were conducted at each children's home. Child participants ranged in age from 10 to 17 (n=41 for ages 10-13; n=25 for ages 14-17). Informed consent was obtained from administrators and caregivers of the children's homes and assent was secured with each of the child participants prior to interviews. Children were asked to share sections of their personal memory books in small groups of three to five children with encouragement to tell their story through an open-ended questioning process. Following data saturation with multiple focus groups at the identified international sites, data were analyzed based on a constant comparison method for narrative themes. Theme confirmation between the three researchers was maintained throughout the data analysis process and member checking was solicited at multiple study sites with OVCs' adult caregivers.

Results Study findings offer evidence to support the ability of children to work through loss and grief when they are assisted in preserving and telling their story through the use of *Memory Books*. Common themes offered by orphans between the six sites as a result of the intervention included support for their identity, awareness of family and significant relationships, emotional expressions, coping and hope for the future. Primary themes for all three countries included both identity and relationships, illustrating how children prize and value achievement, a sense of worth and new relationships to fill the void of biological losses. Spirituality was emphasized as a highly valued source of coping support in all three countries. Emotional expression was also common to all countries despite the non-expressive cultural norms.

Implications *Memory Books* supported the children's ability to focus on higher levels of their basic needs including love, belonging and self-identity. The books offered children a respite from their focus on survival with an opportunity for reflection. The interventions offered through *Memory Books* presented an opportunity for children to embrace and record coping strategies demonstrating how children prized dreams for their future as a means of coping and hope.

Memory Books programs assisted children to chronicle their lives through the processing of their hidden and silent emotions through storytelling and drawing. This intervention program offers an inexpensive, accessible and protective resource to enhance resilience for these children (Scaletti & Hocking, 2010; Wood et al., 2007). *Memory Books* poses options for sustained future interventions for orphaned children by nurses, care providers, and other healthcare providers through collaborative global partnerships with children's homes and other settings.

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O 01 - Children: A Vulnerable Population

Assessment of Vulnerability Status of Public School Children and Existing School Health Programmes in Nigeria

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Purpose

The purpose of this presentation is to intimate participants with current status of school health program in meeting the needs of vulnerable school Children.

Target Audience

The target audience are school and public nurses.

Abstract

Addressing health needs of vulnerable children (VC) in school has been a source of concern to relevant stakeholder today. While so much attention has been given to VC out of school and those made vulnerable by HIV/AIDS infection in Nigeria, those that are made vulnerable by other means such as poverty, disaster and family discord have been neglected. Thus, this study is designed to analyse the current situation in term of vulnerability status of school children, the public health response to their care and offers strategic suggestions for improve school health programmes.

The research followed a descriptive mixed method cross-sectional design. The VC were recruited through a multistage sampling technique from two local government areas of Osun State, Nigeria. Data on vulnerability of school children were collected using vulnerability index (VI) while key informants interview gave the public health nurses the opportunity to share their experiences on public health services for school children. The data from the key informant interview were analysed by summarising key findings in theme while data collected from OVC were analysed through descriptive and inferential statistics at 0.05 level of significance using SPSS version 16.

A total number of 2484 school children were assessed. The mean age was 13 +1.6 years. The result shows that 5.7% (n=142) were not vulnerable, 68.0% (n=1681) were vulnerable, 22.7% (n=563) were more vulnerable while 3.6% (n=90) were mostly vulnerable. The result established that a lot of children in public schools were vulnerable and there was shortage of public health manpower and services in place to meet their needs. A framework for improving school health programme to meet the needs of the vulnerable school children was developed based on interaction of the researcher with the public health nurses.

The study revealed the needs of OVC across the vulnerability indices. There is need for a viable school health programme for early identification of school children for prompt care and support. Utilising appropriate framework for service provision will assist in providing comprehensive and coordinated care.

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O 09 - Working With Vulnerable Populations

Preparing Nurses to Connect and Heal: Young Adult Burn Survivors Experiences With Social Media

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Purpose

The purpose of this presentation is to provide insight into the experience of social media by young adult burn survivors. The knowledge gained from this study informs development of nursing education programs aimed at the use of social media to support health promotion, protection, and restoration.

Target Audience

The target audience of this presentation is health care practitioners and educators interested in the use of technology and social media as a means of connectivity and accessibility for those who are socially disconnected due to any health issue.

Abstract

Purpose: The developmental need for socialization is paramount for adolescents. However, when faced with a traumatic event such as a severe burn, the ability to connect face to face can be compromised due to physical, psychological, and social factors. Social media is widely used by young adults as a means of communication and socialization. The purpose of this study was to illuminate the meaning of social media by young adult burn survivors who had burned as adolescents or earlier.

Methods: The phenomenological methodology of this study provided the framework to understand and describe the meaning of social media by young adult burn survivors without any preconceived variables. Five females and four males, aged 20-25, who sustained major burns > 25%, were interviewed.

Results: Data analysis identified the five essential themes of *identity, connectivity, social support, making meaning, and privacy*. These young adult burn survivors, having experienced the traumatic effects of a burn during adolescence, use social media as a way of expressing their identity. Connectivity and social support were expressed in terms of family, friends and other burn survivors. Globally connecting with others enabled a flow of social support and information that was motivating and encouraging. Social media facilitated an accessible exchange of information that helped young adult burn survivors make meaning out of the traumatic event that contributed to the healing process.

Conclusions: Nurses care for those who are burned during the critical, convalescent, and discharge phases of healing. The findings of this study suggest ways in which nurses can participate in helping burn survivors use social media to promote and restore health while hospitalized and after discharge. Curriculum development, informed by the knowledge gained from this study, can provide nurses and students with the tools necessary to develop patient centered interventions that will prepare and support young adult burn survivors for reentry into society with the aid of social media.

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O 09 - Working With Vulnerable Populations

United States Civilian Prisoner of War Study

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Purpose

The purpose of this presentation is to disseminate findings from the Civilian Prisoner of War Study. This phenomenological study involved recent interviews with Allied WWII POWs in the Philippines.

Target Audience

The target audience for this presentation is those interested in evidence based practice relevant to the care of individuals who have experienced traumatic events.

Abstract

Purpose: To report the lived experience of long term survivors of World War II's Santo Tomas Internment Camp with a focus on health.

Methods: A Hermeneutic Phenomenological method was used for this study. The study was approved by the Institutional Review Board at California State University East Bay (Protocol Number: CSUEB-IRB-2015-101-F). The research team coordinated with the leadership of the Bay Area Civilian Prisoners of War to recruit participants who were former internees of Santo Tomas Internment Camp during World War II. Invitations to participate in the study were sent to former internees slated to attend a 2015 event in the Philippines dedicated to celebrating the camp's February 1945 liberation. Participants were consented and provided the research team a completed demographic information form prior to having an interview scheduled. Interviews were audio-recorded and transcribed. As long term survivors of this traumatic experience they have demonstrated resilience. Interviews involved open-ended questions inquiring about the experience of the survivors in the internment camp and after liberation with a focus on health related behavior and beliefs. Generally, inquiry occurred about the health of the participants during their time in the internment camp and their health after liberation from the camp. Inquiry about health included questions soliciting information about their physiological health and their psychological well-being. Perceived coping mechanisms of the participants was also an area of inquiry. The primary investigator maintained open communication channels with members of this community to insure that interpretation of results was consistent with the lived experience associated with the Prisoner of War experience. The research team includes Dr. Daniel M. Doolan, Dr. Monika Eckfield, Professor Jacqueline Willetts, and Dr. Elizabeth Halifax.

Results: From January to April 2015, 11 recorded interviews occurred with former Allied Civilian Prisoners of War from World War II's Santo Tomas Internment Camp in Manila Philippines. They included 9 Americans, 1 Canadian, and 1 British internment camp survivors. The mean and median birth-year of these participants is 1934 and 1933 respectively. All were in the internment camp for at least 21 months with most interned for over three years. Detail associated with the participants' perceptions of health and coping as it relates to their experience as Prisoners of War will be reported.

Conclusion: Little research has occurred relevant to former civilian Prisoners of War. This Phenomenological Study is one of very few studies relevant to civilian Prisoners of War and, given that all participants are long term survivors of a World War II internment camp, the perceptions, health behaviors, and beliefs of these survivors provides information relevant to resilience research and research associated with survivors of traumatic events.

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O 09 - Working With Vulnerable Populations

Healthcare and Immigration Vulnerability: A Global Perspective

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Purpose

to create awareness of the global health issues affecting immigrants, especially undocumented immigrants. The presentation highlights the challenges faced by this vulnerable population while implicating the need for healthcare policy changes.

Target Audience

healthcare practitioners, healthcare policy makers, government entities and those identifying as a part of the vulnerable population.

Abstract

The immigration policy has become a topic of discussion in both local and global contexts. As governments debate the impact of immigration on the political and social fronts, another aspect cannot be avoided in this conversation, healthcare. A subset of immigrants faces a greater challenge; those that are not naturalized citizens of their host country. Although the reasons for their exact status include asylum seeking, refugees and illegal immigration, one commonality amongst them is that they are a part of the vulnerable population.

Vulnerable populations are diverse group of individuals with a greater risk of developing problems and poor psychological or social outcomes. Vulnerability in essence is susceptibility to experiencing worse health outcomes due to limited health resources availability.

In this article, the author analyzes the concept of none naturalized immigration and its relationship to vulnerability in the healthcare field. In addition to this correlation, factors influencing vulnerable populations such as linguistic barriers, stigmatization, discrimination and socioeconomic status are explored. By broadening the scope to research such undocumented immigrants in countries worldwide, the author illustrates how their presence impacts the host countries, particularly the countries' healthcare systems and policies.

The paper further examines the case of a recent undocumented pregnant African immigrant to the United States, the predisposing factors to vulnerability, the nursing management utilizing the nursing process model and Orem's self-care deficit theory as the theoretical framework. The implications for nursing would require advocacy for these vulnerable populations at the policy level with the goal of achieving modification of strict laws, to expand insurance coverage especially in the local community clinics and health centers.

As the population of immigrants, both legal and illegal around the world, continues to surge, it becomes imperative to make health policy changes that will benefit them, as this will affect the overall health of the global citizens.

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O 10 - Advanced Practice Nurses: Innovations in Nursing Practice

The Sexual Assault Victim: What Every Nurse Practitioner Should Know

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Purpose

The purpose of this paper is to provide nurse practitioners with the neurological explanation of the sexual assault victims' behaviours during the first week following sexual assault trauma in order to assist nurse practitioners with knowledge to influence positive clinical outcomes for the sexual assault victims as patients.

Target Audience

The target of this presentation is nurse practitioners, nurse educators, student nurse and nurse researchers.

Abstract

The behaviours and expressions portrayed by the victims of sexual assault when presenting in the health setting for the first time can be very confusing to the nurse practitioner. In some cases, such behaviours are often misinterpreted, documented with uninformed judgmental statements that potentially label the victim as a liar and can lead to maltreatment and secondary victimization of the victim of sexual assault as a patient.

This paper describes the victims' experiences and related behaviours during the first week following trauma. It further explains neurological response by tapping into the brain and body reactions to sexual assault trauma as described by Campbell et al, 2011. Implications and guidelines for caring for victims during the first week are discussed.

A grounded theory approach was used to conduct a longitudinal qualitative study of the victims of sexual violence immediately following the incident of sexual assault to the end of six months thereafter. The purpose was to discover the process of recovery from sexual assault trauma as experienced and described by the victims.

Ten women participated through a series of in-depth interviews. Strauss and Cobin's (1994) grounded theory data analysis methods were used to for data analysis and discovery of the theory of recovery from sexual assault trauma, with the following concepts: Mental paralysis, Awakening, Pragmatic Acceptance, Turning point, Reclaiming what was lost, Defining own landmarks for healing and Returning to self.

The presentation will focus on the two concepts of the theory of recovery from sexual assault trauma i.e. mental paralysis and awakening because these are the initial responses and behaviours that are often expressed by patients and observed by nurse practitioners when the victims of sexual assault first present for forensic medical care.

The purpose of this paper is to provide nurse practitioners with the neurological explanation of the sexual assault victims' behaviours during the first week following sexual assault trauma by tapping into the brain and body reactions to sexual assault trauma in order to assist nurse practitioners with knowledge to influence positive clinical outcomes for the sexual assault victims as patients.

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O 10 - Advanced Practice Nurses: Innovations in Nursing Practice

The Lived Experience of Nurse Practitioners in Independent Practice

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Purpose

The purpose of this presentation is to distribute the results from the lived experience of American nurse practitioners in independent practice.

Target Audience

The target audience of this presentation is nurses, nurse midwives and nurse practitioners.

Abstract

Purpose: The purpose of this qualitative phenomenological study was to explore the lived experience of Nurse Practitioners (NP) in independent practice.

The aim was to give NPs a voice to express their individual experience, provide an inductive description of the lived experience, and gain understanding of the essence of being an independent practitioner.

Methods: The purpose of this qualitative, phenomenological inquiry was to explore the lived experience of the nurse practitioners in independent practice. A hermeneutic phenomenological inquiry was used to reveal the experiences from data grounded in the perceptions and experiences of nurse practitioners with this practice background. This research was guided by van Manen's (1990) phenomenological approach. Selecting a method of choice is a necessity that is guided by the research question and the purpose of the study. If a matter of frequency or significance motivates the research question, then a quantitative methodology must be used. Quantitative research is associated with positivism and a focus on the scientific method. The results are associated with generalizability and the epistemological assumption in quantitative research is that knowledge is objective and can be developed deductively from hypothesis testing. Hence, while quantitative inquiry is able to answer the "what," it fails to address the "why" (Munhall, 2010). On the other hand, if the interest of the research question centers on what it is like to experience a phenomenon, then the approach must be qualitative. This is the case for this study: "What is the lived experience of a nurse practitioner in independent practice?" Therefore, the chosen method for this study is van Manen's hermeneutic phenomenology.

Results: From the experiences of the 17 NPs in independent practice, four themes were identified: questioning – dissatisfaction with traditional medical practice; self-directing – need for control; transforming – finding a niche; and achieving fulfillment. Findings were correlated using Starck's (1985) theory of meaning.

Conclusion: Nurse practitioners in this study assessed the changing health care market environment and found a way to improve personal and functional outcomes. They developed a creative process of carving out a small part of the health care market by aligning their unique skills to match the needs of a population whose health care needs were not being fulfilled. NPs in this study viewed having total control over their practice as a necessary component if they were to step out as an alternative provider of health care. Their determination and professional confidence in the desired result paid off with the result leading to a successful practice and a sense of achievement.

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O 10 - Advanced Practice Nurses: Innovations in Nursing Practice

International Collaboration and Partnership: A Pilot Program Developing Roles of Advanced Practice Nurses in Israel

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Purpose

to share the partnership creation processes to identify cultural differences, needs, and barriers; develop common language and goals for the partnership; identify stakeholders, institutional supports and barriers to recruitment, international academic validation and acceptance, and enrollment.

Target Audience

deans, educators, and academic-practice partners interested in developing or learning about international education programs.

Abstract

Purpose: Advanced practice nursing (APN), in particular nurse practitioners (NPs), have well-established roles in many countries, especially the US and Canada. They have become integral members of the health care team (Pulchini, Jelic, Gul, & Loke, 2010). Nurse practitioner education programs moved into university settings in the early 1990's and NPs earned academic graduate degrees and clinical NP licenses. The concept of nurse practitioners' health care systems in the Middle East, and in particular, Israel has been explored but remains in an early stage (Kleinpell, Scanlon, Hibbert, Ganz, East, Fraser, Wong & Beauchesne, 2014). Although the Israeli Ministry of Health have endorsed the concept of approving NP practice, implementation has been lengthy. In addition, current NP training has been modeled after the older US NP certificate programs rather than university based graduate level programs. The only NPs who have been integrated into the Israeli healthcare system to date are part of a pilot program in geriatrics and palliative care, with approximately 20 NPs respectively (Kleinpell et al., 2014).

Similar to other countries, Israel has identified a significant primary care physician shortage and the need for advanced practice nurses. There currently are no nurse practitioner education programs in the country. The Evelyn Gruss Lipper Charitable Foundation has funded full scholarships and expenses for 20 Israeli Registered Nurses to complete the online Family Nurse Practitioner Master of Science in Nursing Program offered through the Simmons College School of Nursing and Health Sciences. Scholarship Program

The purpose of this presentation is to share the partnership creation processes, to identify cultural differences, needs, and barriers; develop common language and goals for the partnership; identify stakeholders, institutional supports and barriers to recruitment, international academic validation and acceptance, and enrollment.

Methods: After a year of unsuccessful negotiations with the Israeli Ministry, the donor and Simmons identified an Israeli physician who served as a consultant within the Israeli medical system to assist with introductions and interpretations. Together we identified an Israeli HMO-the Meudedet-that was already considering APRN development with a goal to employ APRNs as nurse practitioners. Therefore, the partnership ultimately was based on this shared goal and perspective. This consultant became the cultural mediator between the two groups until a formal partnership was formed. He also linked the medical and nursing leadership to nurses within the Meuhedet, a crucial part of the program success.

We developed a template based on the processes currently successfully used in the pre- existing pilot program in geriatrics. Using the concepts of building successful international collaborations (Vosit-Steller, Morse, & Mitrea, 2011), whereby the building blocks include setting a common goal, identifying cultural differences in learning styles, developing an effective communication strategy, establishing a

collaborative plan for action, and allowing for iterative feedback, the Simmons-Meuhedet team built its partnership to support the Lipper Scholarship Program and to ultimately advance nursing and healthcare in Israel.

As per the wishes of the donor, the Israeli students study side by side with US based online students in more than 43 states. This was a challenge, as distance learning in Israel was not well accepted. The Simmons Program incorporates both synchronous and asynchronous components in every class. The literature reports many benefits of on-line education, specifically using virtual classrooms where the education/teacher is in visual contact with the students, and the students are in visual contact with each other, there are many other benefits, especially for international programs (Gemmell, Harrison, Clegg, & Reed, 2015). In global collaborations such as ours, in a virtual classroom, students learn about each other, which in turn enhances cultural understanding of each other's differences and ultimately improves cultural working skills between students (Martin, Parker & Deale, 2012). Internationalization of higher education has been found to be beneficial for the host culture and the guest culture, by enhancing discussions, enriching shared experiences, and developing shared perspectives of health. These are not found by just reading about different cultures. Voist-Steller et al. have demonstrated that direct immersion into each other's world was a more effective way to develop collaborative partnerships (Vosit-Steller, Morse, & Mitrea, 2011).

The literature reports many benefits of on-line education, especially to working mothers, including: not driving to the university, being able to take classes after the children are sleeping, and being home more (de Souza Alves, Bohomol, & Kowal Olm Cunha, 2015); all of which dovetail with Israeli family life style.

For all of the benefits, there were many challenges. First of all, there was a general mistrust of "systems" that had to be overcome. Additionally, recruitment presented several issues not previously experienced by Simmons. Several Israel students misunderstood application, admission, and grading processes. This necessitated increased personal support and assistance by all team members and an Israeli-based cultural mediator. Simmons hired an American educated FNP who lives in Israel as the director of clinical education who will not only serve as this cultural mediator but also will advise students, train preceptors, place students clinically in the Meuhedet, and "shepherd" the students throughout their program.

Results: Simmons College introduced the idea to a group of corporate administrators at the HMO resulting in an educational partnership aimed as well at NP implementation. There were issues of cultural competence, such as finding a common language and setting common goals, determining a timeline to meet the needs of both organizations, and identifying the stakeholders. The students report a high level of satisfaction with the education platform, the learning experiences, and are working on collaborative partnerships in the health care system HMO.

Conclusion: We are completing the first year's implementation of an international education partnership project joining a US University Advanced Practice Nursing (APN/NP) program with an Israeli health providers' organization (HMO) in Israel where the APN role is not yet well accepted. Upon graduation, the Meuhedet will hire all twenty FNP graduates who will in turn lead through example the transformation of primary care in Israel Building international collaborations though challenging is possible by setting mutual goals and following templates for success.

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P 06 - Mental Health Nursing: Outcomes and Education

Development and Testing of FAME: Advancing Care for Families and Their Teens with Mental Disorders

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Purpose

The purpose of this 2-phase is to (1) develop and (2) evaluate the feasibility, acceptability, and preliminary outcomes of the FAmily Management Efficacy (FAME) Intervention.

Target Audience

The target audience include clinical, academic, and administrative persons.

Abstract

Background: Family members of Adolescents with mental disorders, particularly Disruptive Behavior Disorders (DBDs) face unique challenges [1, 3]. DBDs include Oppositional Defiant Disorders and Conduct Disorders which are characterized by overt aggressive, defiant, and antisocial behaviors. In the United States of American, racial minority groups such as African Americans (AA) adolescents with DBDs and their family members are especially vulnerable to poor outcomes because of socioeconomic disadvantage [3]. They experience poor quality mental health services and often drop out of care resulting in significant mental health disparities. AA family members also report low efficacy in managing interactions not only within the family, but with child service system professionals (i.e., mental health, schools, juvenile justice, or child welfare). These interactions lead to a series of problems: High stress, poor quality of life, and poor family functioning. When it comes to these problems, there are still no published interventions (Author).

Purpose: The purpose of this 2-phase is to (1) develop and (2) evaluate the feasibility, acceptability, and preliminary outcomes of the FAmily Management Efficacy (FAME) Intervention.

Methods: This 2-phase study was guided by a community advisory board of families of teens with DBDs and the professionals who work with them. In **phase 1**, we partnered with 6-member family and 5-member professional advisory board to iteratively develop the FAME intervention. The theoretical framework for FAME intervention is based on pilot study, the literature and the Network Episode Model published in their seminal work related to mental health of children and families. Core components of the FAME intervention focuses on practicing communication/problem solving skills within a social network context where participants learn from and support one another. Repeated practice increases family members' confidence or self-efficacy in communication/problem solving skills that they can apply to other stressful family and/or child service system interactions [2]. FAME intervention is designed to improve family and child service system interactions. We propose that improvements will lessen family member stress, improve their quality of life and family functioning. In **phase 2**, we used a 2-group randomized control study design to test feasibility, acceptability, and preliminary outcomes of the FAME intervention. Subjects were recruited from a large publicly-funded community mental health center in Mid-western part of the United States of America. Sample included 24 primary caregivers (biologically or non-biologically related) of an AA adolescent aged 13-18 years diagnosed with DBDs by a mental health provider and 24 individuals identified as kin or fictive kin by the caregiver. The sample of 24 families (24 primary caregivers and 24 kin or fictive kin) were randomized to intervention (n = 12) or usual care (n = 12). For each cohort, assessment was done at baseline, within one-week post-intervention, and two months later. Assessment were completed with standardized measures and semi-structured interviews. Qualitative data are being analyzed using appropriate descriptive, univariate, and multi-level mixed-effects models. Qualitative data were audio recorded and transcribed and been translated with standard content analytic procedures.

Results: Phase 1. The FAME intervention protocol is fully manualized complete with facilitator guide and family workbook. The FAME intervention is delivered in a multi-family group format to facilitate learning and social support and to strengthen social networks among participants. The FAME intervention is delivered as six, 2-hour sessions over six weeks by a trained interventionist. Each session focuses on a

specific topic and include information sharing, participatory or experiential learning, and role playing to enhance skills building. **Phase 2.** 24 families (24 primary caregivers and 24 kin or fictive kin) were randomized to intervention (n = 12) or usual care (n = 12). **Usual care** consists of standard outpatient mental health care including individual treatment for the adolescent (therapy, case management, and/or medication) with some family involvement. No multiple family groups are offered. Data were collected and are currently being analyzed. Preliminary data analysis show that it is feasible to conduct FAME in a group format: Once engaged, participants attended at least 5 of the 6 workshop sessions. Narrative comments from qualitative interview from participants indicate that they find FAME intervention acceptable and useful to them in managing the stress of interacting with multiple child service providers because of their teens' DBDs. Final data analysis is in progress and will be complete for presentation at the congress.

Conclusion: Findings provide nurses with practical suggestions about how to collaborate or partner with families to promote mental health of all family members in order to enhance their capacity to care for teens with DBDs. Practical suggestions include enhancing family member's self-efficacy in effective use of communication and problem solving skills in their interactions within the family and child service providers to lessen stress, improve family functioning and quality of life.

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P 06 - Mental Health Nursing: Outcomes and Education

Exploring the Use of Information Technology in Processing Mental Health Information at Primary Health Care

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Purpose

The purpose of the study was to explore the use of information technology in processing mental health information at primary health care services.

Target Audience

The target audience will be professional nurses in clinical practices, nurse educators, decision making bodies

Abstract

Background: In the contemporary world, the qualities of healthcare provisions are advanced with the use of information technology (Cline, & Luiz, (2013). Evidence has shown that the use of information technology in health information processing have considerable potential for reducing inappropriate clinical practices and promote accessibility of information to the public health workers (Ranck, 2011; Reeder, Turner & Demiris, 2010). Furthermore, the use of information technology in health information processing offers healthcare provider an exceptional opportunity to improve standard of patient care, not only by accessing and exchanging relevant information on individual patients, but also access to immediate pertinent and up-to-date information for decision-making process (Black, Car, Prylari, Cresswell, et al., 2011). Health information processing includes capturing patient information or data, collating, analysing, reporting and utilizing. Mental healthcare in particular moved away from institutional care and integrated into the primary health care model of service delivery, which involves a range of services. Against this background, where different aspects of mental health care are delivered from different aspects, the need for the use of technology in processing quality patient information is crucial for patient to receive quality care (Eldessouki & Smith 2012). Although, there is District Health Information System in South Africa since 1999, little is known about the use of information technology in processing mental health information at primary health care.

Purpose: The purpose of the study was to explore the use of information technology in processing mental health information at primary health care services

Objectives:

- To explore and describe how information technology is being used to process mental health information at the integrated primary health care service
- To explore and describe the barriers in the use of information technology in processing mental health information at the integrated primary health care services

Methods: The study employed qualitative approach using semi-structured interviews. A purposive sampling technique was used to select participants for interviews. Data was collected from a total sample of (N=51) participants and interviews were recorded using audiotape recording with permission from the participants. Data was analysed using thematic content analysis.

Results: themes emerged were, paper-based recording and reporting, information recording and processing was fragmented, inaccurate and inconsistent recording of patient information. Major barriers to information processing include lack of standard information collection tool and indicators for mental health, unavailability of information infrastructure, information networking and feedback system, lack of knowledge & skills to record and process quality mental health information, and lack of information culture. The interpretation of the results highlighted that the current mental health information recording and processing were limited to collecting and reporting the head count, which was inadequate for sound decision making process or planning mental health care services. Reporting head count doesn't give the true picture of mental health problems, such as socio-demographic information, diseases profile and the

types of population affected. There were inaccuracies and inconsistencies in recording and processing the information. There were no standardised information collection tools and mental health indicators. Information collection tools used in the primary health care facilities change frequently and that created confusion to the information collectors. The information auditing system was done by the health facility managers superficially on monthly basis before the information send to the substructure office. The inconsistencies of the reported information checked by the substructure information officer using the computer. For accuracies of information, the facility manager relies on the work of information officer who have no training on information system. The unavailability of information infrastructure, such as skilled personnel, computer, software, network, standard information collection tools and validation, and feedback systems affected the quality of information processing made it difficult to improve the mental health information system. The Knowledge and skills frequently compounded by negative attitudes towards collecting and processing information, as this been considered an add up job to the health care providers.

Conclusion: The uses of technology for mental health information processing were poor at primary health care services in the Western Cape. Although paper-based information is processed, it is fragmented, not reliable and inadequate for decision making process. The lack of information infrastructure is the major barriers in processing quality mental health information. These have affected planning efficient mental health services and outcomes. The use of information technology could facilitate organized and timeously activities and improve quality patient care. Therefore, investing on the development of information infrastructure is crucial as well as capacity building, such as training and educations that allow healthcare providers to fully appreciate the benefit of quality information processing for patients' care.

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P 06 - Mental Health Nursing: Outcomes and Education

Multiple Ways of Knowing and Multiculturalism in Psychiatric Nursing: A Case Study in Nursing College, Thailand

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Purpose

The purpose of this presentation is to improve nursing education by using multiple ways of knowing in multicultural perspectives for teaching nursing students.

Target Audience

The target audience of this presentation is nursing instructors, nursing preceptors, and nursing students.

Abstract

In the past, reductionism was a framework that nurses used to take care of patients. This framework focused on the part of the body that had a problem, so it did not cover the whole person. Because there has been a paradigm shift in nursing practice, nurses now have a new holistic framework to take care of patients, which is called holism. This framework includes physical, mental, social, and spiritual aspects, which are the opposite of reductionism. A philosophical tension may occur because the two perspectives have different views.

Boromarajonani College of Nursing, Chiang Mai Thailand is located in Northern Thailand. The college provides a Bachelor of Nursing Science Program, which consists of a four-year full-time study course, which is designed to produce registered nurses who are of a strong moral character and possess a caring perspective. This program prepares student nurses to meet the society and local community needs. In 2010, the Thai Government created a new program named The Project for Developing Nurses to Solve the Problem Concerning Ethic and Religious Conflict Occurring in Thailand's Southernmost Three Provinces. The purposes of this project are to provide nurses with the skills to meet the needs of local communities and to improve the quality of life of the youth who live in these areas.

Most student nurses, who come from Southern Thailand are Muslim. They have a different culture and religion from Northern Thai people. They also have different views about how to take care of patients. Because of this tension, nursing instructors have a responsibility to deal with any potential problems and to develop the students' nursing knowledge. Especially in psychiatric nursing, students tend to take care of patients who have mental health problems. In this scenario it is appropriate to use integration between holism, reductionism, and multiculturalism to take care of patients.

Using multiple ways of knowing in multicultural perspectives is the best way to take care of patients. The purpose of this study is to examine the definitions of holism, reductionism, and multiculturalism, and explore how to integrate multiple ways of knowing and multicultural perspectives in psychiatric nursing by using a case study in Boromarajonani College of Nursing, Chiang Mai, Thailand.

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P 07 - Trends for Faculty in Nursing Education

Should We Prelab? Exploring a Time Honored Tradition in Nursing Education From the Faculty Perspective

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Purpose

The purpose of this presentation is to present the results of our work on Prelab. Prelab is the preparatory activity commonly required by schools of nursing that is poorly researched and has limited grounding in evidence based teaching pedagogy.

Target Audience

The target audience for this presentation includes nurse educators and administrators of nursing schools who strive to practice evidence based education.

Abstract

Purpose: This study continues prior work by Turner and Keeler (2015) and explores Prelab (clinical preparation activities) in nursing education from the faculty perspective. Certainly, the literature highlights mixed views on the purposes, intent, and merit of prelab among nursing educators. This study explores the relevance of prelab from the perspective of the faculty. The primary research questions are: (1) Should we prelab?; (2) What is the impact of prelab on student learning?; (3) What are the potential benefits of prelab? (3) What are the potential detriments to prelab?; and, (4) If there is a need to prelab, what is the recommended process?

Significance: The clinical setting is the learning laboratory that connects theoretical concepts with psychomotor skills. As current literature demonstrates a paucity of research on clinical preparation, the authors completed work from both the student and faculty perspective. This work reports the result on faculty perceptions of Prelab and compares this work with the results of the previously published work on student perceptions.

Methods: This descriptive study investigates prelab practices and faculty perceptions. We designed and administered a survey assessing prelab practices and attitudes of students and instructors in one pre-licensure baccalaureate program in California. The faculty survey consisted of 23 Likert-style questions as well as a final open-ended question at the end of the survey. The internal reliability of the instrument is high (Cronbach's $\alpha = .80$). This survey was distributed to students (N=541) and clinical faculty (N=94) – 298 students and 34 faculty returned the survey.

Analysis: Quantitative data was cleaned and analyzed using Stata 13. Authors assessed internal validity by correlating similar questions ($r = 0.6111$). A content analysis on the qualitative data was completed to determine underlying themes.

Results: The most common forms of patient assignment included “student assigned patient - student gathers information” (37.3 percent) and “unit staff assigned patient - student gathers information” (33.6 percent). The study explores a comparison between faculty results and student results with faculty placing more importance on Prelab and students reporting increased stress, anxiety, and diminished sleep.

Conclusions: Factors affecting faculty perception of Prelab include: timing of assignment, time spent on the assignment, stress, and anxiety.

Implications: The findings provide insight into the usefulness of Prelab from the faculty perspective and open up the dialogue between student and faculty perceptions of preparation for clinical education.

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P 07 - Trends for Faculty in Nursing Education

Towards Clinical Teaching and Learning Excellence Using a Formative Assessment Framework in the Skills Laboratory

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Purpose

The purpose of the study was to determine how a Formative Assessment Framework (FAF) impacts the quality of clinical teaching and learning. The specific objective was to evaluate the impact of FAF by determining and comparing students' competence in selected general nursing and midwifery skills between experimental and control groups.

Target Audience

The target audiences for the presentation are: • nurse educators • clinical practice nurses and midwives • nursing and midwifery leaders and managers

Abstract

Background: Nursing education institutions in Malawi adopted the use of the skills laboratory through benchmarking from the developed countries. In view of this, the skills laboratories have been operational at the Kamuzu College of Nursing for a number of years. However, upon the evaluation of teaching and learning in the skills laboratories, the findings show that demonstrations and return demonstrations are the practical necessities of clinical teaching that enrich clinical teaching experiences. The OSCE method of evaluation is in use and both students and nurse educators expressed that it is a good method of assessment. However, the OSCE is experienced with some challenges. The lack of formative assessment in the skills laboratory was considered one of the major setbacks by the students and nurse educators. As such, a formative assessment framework was developed, validated and tested through a quasi-experiment in the college-based skills laboratories.

Purpose: The purpose of the study was to determine how a Formative Assessment Framework (FAF) impacts the quality of clinical teaching and learning. The specific objective was to evaluate the impact of FAF by determining and comparing students' competence in selected general nursing and midwifery skills between experimental and control groups of students.

Design and Methods: Data were collected using a quasi-experiment conducted among junior (n=104) and senior undergraduate nursing students (n=62) using the formative assessment framework. Students' from both groups were randomly assigned to the control and experimental group. The minimum requirements for the Formative Assessment Framework included a clinical demonstration, regular supervised practice, a targeted return demonstration by the nurse educator and feedback in the skills laboratories for 6-7 weeks. Pre-testing and post-testing were conducted among the students during the first and final weeks of the intervention. Junior students were tested on two nursing procedures while senior students were tested on four midwifery procedures. However, only the results from the two nursing procedures (intravenous insulin administration, colostomy care) and two midwifery procedures (breast assessment and third stage management of labour) have been reported in this paper. Data were analysed quantitatively using the STATA software statistical packages version 13.

Results: The intervention groups performed better than the control groups. Students demonstrated mean improvement during insulin procedure (P, 0.0021), Breast assessment (P, 0.0004) and Third stage management of labour (P, 0.0001). There was no significant difference in colostomy care.

Conclusion: The use of a formative assessment framework has a significant effect on clinical teaching and learning of students. It has the capacity to prepare the students for the summative OSCE in the skills laboratories.

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P 07 - Trends for Faculty in Nursing Education

Don't Take Away My Spark: A Humane Approach in Nursing Education

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Purpose

The purpose of the presentation is to inform participants of the impact of a Body, Soul and Spirit: The Humanities in Nursing course. Findings from the research study call for a realignment of nursing curriculum to intentionally include a humane approach to support identity formation and affective development in students.

Target Audience

The target audience is all nursing educators, in particular, individuals involved in curriculum design. Also, all levels of practicing nurses and nursing administration may derive insight in mentoring student nurses.

Abstract

Purpose: Given the intense demands of the 21st century, how can nursing educators construct a nursing curriculum that seeks to prepare competent, humanistic and globally educated professional nurses? The typical nursing student enters the nursing program overflowing with aspirations to become a nurse because of an enormous desire to care for others. However, is nursing education sustaining the student nurse's initial spark of inspiration throughout the curriculum?

The negative impact of a joyless nurse who has lost the spark to care or who has not assimilated the ability to meet the emotional needs of a suffering patient is unconscionable. What educational approach might be effective in sustaining engagement in the different ways of thinking that contribute to a deeper understanding of the human condition as well as supporting identity formation and the affective development of the nursing student?

Students were invited to participate in a qualitative, research study to assess the impact of a course experience titled *Body, Mind and Spirit: The Humanities in Nursing* grounded in the phenomenological approach of Paul Colaizzi (1978). This course provided an opportunity to engage students in an examination of the complex human responses to health and illness conditions through writing, reflection and discussion of humanities learning modalities. Students engaged in an analysis of how human issues such as resilience, suffering, and human flourishing, which are encountered by nurses in their professional lives, are explored and expressed in art, history, literature, music, philosophy, and religion across the full range of cultural perspectives. Critical thinking, creativity and empathetic skill development were emphasized. The purpose of the research study was to analyze the meaning of this course experience for 31 associate degree nursing student to consider possible curricular revisions based on the findings.

Despite the tremendous contribution of scientific methodologies and evidence based practice to professional nursing, the human aspects that are so central to the quality of nursing care can be diminished (Lazenby, 2011). The consequences of this change in professional nursing include the diminishment of the creative, subtle, and qualitative aspects of nursing care (Wilby, 2011). The scholarship of *Human Caring Science* of Jean Watson has had an influential impact on the nursing profession. Watson (2012) urged nursing educators to reorient the curriculum back to its original essence; this involves what it means to truly care for another human being. Although essential, the sole focus of rigid operations, objectivism and relentless need for verification of data involved in patient care is inadequate in today's health care world. Watson pointed out what is missing; nursing educators must facilitate the development of nursing students in forming human caring-healing relationships with persons and patients to better serve humanity and global civilization. This facilitates multiple ways of thinking and knowing. Valiga (2012) asserted that nursing educators need to move away from developing only the intellect of the student where quantitative measures are the only measures of assessment. Affective

learning and qualitative assessment are also “important as is an emphasis on the many ways to look at a situation” (p. 425) which supports multiple ways of understanding.

Over the past decades, nursing, medicine and humanities scholars and literature have supported the use of humanities learning modalities as an approach to engage students in a deeper understanding of the human condition (Bleakley & Marshall, 2013, Ford & Kerr, 2014, Ozcan, Bilgin, Eracar, 2011, Peirce, 2010). Having the capacity to comprehend the significance of a person’s suffering and achievements is essential for all persons especially health professionals (Nussbaum, 1997). Emphasis on the humanities enables nurses “to think critically, to transcend local loyalties in approaching global health problems as world citizens” (Lazenby, 2012, p. E10). According to Fong (2014), the higher education experience should seek to cultivate the individual identity or soul of the student rather than only educating the mind of the students. “The wisdom of the soul is knowledge of the world filtered through the median of the heart” (p. 30). Learning activities that arouse a sense of human connection have the capacity to rouse the soul and create a powerful learning experience for students.

Since the humanities cause students to draw upon their experience and identities as human beings within a historical, social, and cultural context, they are capable of promoting a synthesis within the intellect promoting “big picture” thinking essential for 21st century nursing graduates. Appreciation of spiritual perspectives have the capacity to enrich the development of students as culturally competent respectful caregivers. (Kersey- Matusiak, 2013). According to Clouser (1990), “literature is the laboratory of the person.... we see the importance of fashioning from our own givens a certain kind of self that can survive” (p. 298). An enlightened self is essential for enduring the demands of the role of the health professional. Therefore, it is evident that the integration of the humanities can facilitate the education of humanistic nurses.

Methods: As previously described, students were invited to participate in the research study to assess the impact of the course experience, *Body, Mind and Spirit: The Humanities in Nursing*. The researchers were motivated to conduct the study due to previous anecdotal student comments regarding course value for the students. During the first day of class, prior to distributing the syllabus, students were invited to voluntarily participate in the study. An informed consent statement was included that invited students to anonymously respond to an open –ended question pre- course survey. Thirty- one surveys were completed. The survey questions focused on asking the student’s motivation for taking the course, understanding of a humanities learning modality and its’ potential value in becoming a better thinker and developing the empathy and creativity of the nurse.

On the last day of the course, the students were invited to anonymously respond to the same open ended questions post - course survey. Twenty-nine surveys were completed. In addition, focus group discussions were held 5 months after the course was completed to assess a longer term impact of the course.

Results: Data analysis involved extracting significant statements from the anonymous student surveys and focus group discussions to identify the major themes. Some of the major themes from the pre-survey aggregate data were practical motivation to take the course (“I needed an extra course”), unsure of the meaning of a humanities learning activity, and superficial or unclear awareness of value. Post survey aggregate data of the course articulated an understanding of a humanities activity, new awakened personal identity as a person and nurse, overall satisfaction of a more in depth, non-judgmental understanding of a patient experience (“looking at a patient through a 3 dimensional lens”). Major themes from the focus group discussions included an appreciation of revisiting why one became a nurse, that nursing care should not be task driven but involve creativity, the need to incorporate empathy in the curriculum. In addition, some students described the classroom environment as “therapeutic”.

The limitations of the study involve the small sample size, the participants providing socially desirable responses as well as the self-reporting nature of the study surveys. In addition, the focus group discussions were held only 5 months after the course completion so a longer term impact could be more meaningful in assessing a larger impact.

Conclusion: The research findings suggest that the course experience impacted the students in augmenting an understanding of the human condition through the lens of the humanities modalities. Students responded to the humanities activities in the course with expanded views of human

responses to life events from a holistic perspective. Furthermore, the students appreciated focusing on the emotional aspects of care; the course reawakened the inspiration to care in a way that supports nursing identity formation. Moreover, the findings affirmed that the intentional, explicit integration of the humanities in nursing education has the potential to enhance holistic critical thinking, empathy and creativity in the nursing student.

Implications for nursing education involve a reexamination of curriculum, to intentionally infuse learning from the humanities as one curricular approach to facilitate the affective development and identity formation of the student nurse. Unanticipated findings revealed the irony that is perceived by some participants as they progressed through the nursing program. Their initial desire to become a nurse had become thwarted due to the stress of nursing task completion and the need to obtain certain test scores within the nursing program. Thus, safe havens, free from multiple choice testing where there is only one right answer, are suggested. The opportunity for students to think and reflect in multiple expressive ways on the unscripted scenarios of the human condition is a successful approach to the development of a holistic nursing perspective. Clinical rotation debriefing must involve guided reflection and discussion on the caring aspects of nursing rather than occur as a consequence of a random opportunity. In addition to assimilating the requisite cognitive and psychomotor competencies, the student's spark of desire must be kept alive in every level of nursing education through insightful nursing educators who employ a humane approach to nursing education. Cultivating this holistic perspective in nursing students is key to educating competent, humanistic and globally professional nurses.

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P 09 - Teaching Strategies: Encouraging Critical Thinking

Teaching Clinical Judgment and Decision-Making: A Cognitive Processing Model for the Education of Entry-Level Nurses

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Purpose

As the profession evolves, clinical judgment has become a critical aspect of nursing. Entry-level nurses are expected to make sound clinical decisions just as their experienced colleagues. This session combines nursing and psychology research on decision-making. The speakers will propose an evidence-based framework for the instructions of nursing clinical judgement.

Target Audience

The target audience of this presentation is nursing faculty, clinical preceptors and other practitioners that are involved in the training of entry-level nurses.

Abstract

In the United States, the landscape of healthcare has seen many changes in the past few decades. As an integral part of the healthcare team, nurses face many of the challenges associated with these changes. With over three million practitioners, nursing is the largest part of the healthcare workforce in the U.S. The increase in patient acuity, aging of the population and healthcare reform have all contributed to the heightened demand for nurses in all practice levels. In the Institute of Medicine (IOM) Future of Nursing report published in 2010, the IOM cited that nurses at all levels should practice at their full scope. As clinical judgement skills are a fundamental part of the healthcare profession, this suggested that entry-level nurses are expected to make sound clinical decisions just as their more experienced colleagues.

In this proposed session, the authors will review existing models for classifying the nursing clinical judgment process and psychological research on decision-making (e.g., Benner, 2000; Harbison, 2001; Phaneuf, 2008; Saintsburg, Gibson & Pennington, 2011). Combining current nursing clinical judgment models and cognitive psychology literature on decision-making (e.g., Oppenheimer & Kelso, 2015), the authors propose an education framework for the instruction of nursing clinical judgment. In this proposed model, nursing clinical judgment is broken down by five procedural components: (1) cue recognition, (2) hypotheses generation, (3) hypotheses evaluation, (4) solution generation and taking action and (5) outcome evaluation. In addition to discussing each components of the proposed model, the authors will focus on the interactions between the clinical judgment process and contextual factors that may impact clinical judgments. These contextual factors may encompass the care environmental (e.g., resources, time constraints, distractions and task complexity), characteristics of the nurse (e.g., knowledge, experience and perceptions) and characteristics of the client (e.g., disease progression and family dynamics).

This proposed nursing clinical judgment model is useful as a pedagogical tool in training entry-level nurses to make sound clinical decisions. It also serves as a tool for understanding how nurses make decisions in the clinical setting. The authors will conclude the session by applying the model to several clinical nursing scenarios that will illustrate how the model may be used for training of entry-level nurses.

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P 09 - Teaching Strategies: Encouraging Critical Thinking

Visual Thinking Strategies: A Mixed Method Study in Bachelor of Science Nursing Students

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Purpose

The purpose of this study is to explore learning outcomes from the use of Visual Thinking Strategies with entry level baccalaureate nursing students in a pilot mixed methods study.

Target Audience

The target audience is nurse educators or nurses interested in an innovative teaching strategy that centers around the use of art to foster observational and transferable skills to nursing students and nurses.

Abstract

The development of broad cognitive skills is imperative as nurse educators prepare students for practice in a complex healthcare setting. Developing and honing these skills in creative ways can be challenging for nurse educators, especially as class sizes increase. These broad skills include interpersonal communication, critical thinking, problem solving, collaboration, tolerance of ambiguity, and information literacy, which are often referred to as transferable skills. Visual Thinking Strategies (VTS) is a teaching method that uses art to foster discussions and help students use visual evidence to support their findings. VTS has been studied in primary education, yet, until recently, has not been studied in nursing education. Only a few recent studies have been conducted with VTS in nursing. This study sought to answer the following questions: *How might nursing students use VTS in nursing and caring for patients? And, would nursing students who underwent VTS use more descriptive words in a newborn assessment than those who were not exposed to VTS?* This study investigated the use of VTS on two nursing campuses (urban and residential) in a first year nursing course of a 4 year prelicensure curriculum in a large Midwestern university in the United States. Nearly half of students were exposed to a 1 hour VTS session in the experimental group. The VTS session was facilitated by a nurse educator in the various clinical sections of the course, using 3 works of art. All students were asked to type out a newborn assessment of 5 normal newborn conditions in a Microsoft word document. Microsoft word count was used to compare the number of words in descriptions among students exposed to VTS versus those who did not experience a VTS session. The experimental group was then asked to answer, in writing, the following question: *How might you use VTS in nursing and caring for patients?* Content analysis was done on these written statements using the computer software, Dedoose. Independent t-tests were used to examine the differences between the experimental and control groups' Microsoft word count on each campus using SPSS version 23. No significant differences in *t test* analysis was noted on the urban campus, while the residential campus neared statistical significance (0.057-0.059). Differences in timing of administering the newborn assessments yielded different findings. The urban campus had a VTS session, then did the normal newborn assessment exercise 5 weeks after the VTS exposure. The residential campus did the VTS experience, then did the newborn assessment activity 2 weeks after exposure. In reflective written statements about their experiences, students identified that VTS would help them work in groups and listen better, as well as expand their ability to be open and use visual evidence for what they observed in a clinical situation. Students were able to articulate how they might transfer these skills into their clinical practice, even without having been in clinical situations at that specific time of intervention. Students also discussed how important it was to build off of others and listen to make more informed decisions and observations. This innovative teaching strategy has the potential to expand nursing students' understanding of team work and communication. It also allowed students to practice using skills that would transfer to clinical care of patients. Future studies should focus on the use of VTS in interprofessional education among healthcare teams. Also, future studies might include more exposure to VTS and more integrated use of VTS with clinical experience. VTS studies in the future

would be enhanced by having students participate in a VTS experience, then relate it to an actual clinical experience

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P 09 - Teaching Strategies: Encouraging Critical Thinking

Improving Effectiveness of Student Learning During Clinical Rotations at a Teaching Hospital in Rwanda

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Purpose

Describe the structured learning interventions provided for Rwandan nursing students based on a needs assessment identifying deficiencies in clinical supervision and guidance, as well as dissatisfaction with the clinical experience. This project is one aspect of a broader initiative attempting to implement a more efficient, cost-effective clinical model of education.

Target Audience

Clinical instructors and educators, global healthcare professionals working in cross-cultural resource-constrained settings, public health nurses, academic nursing faculty involved in clinical education.

Abstract

As in many developing countries, Rwanda suffers from a chronic shortage of skilled healthcare professionals, including clinical instructors. This shortage negatively affects the quality of the clinical experience and has a significant impact on student learning outcomes. Due to poor clinical supervision, it is often noted that students have minimal structure and a lack of consistent guidance during their clinical rotation learning process. This abstract addresses the collaborative work of Clinical Educators sponsored by the Human Resources for Health (HRH) Program and their partnerships with Rwanda colleagues at the Rwanda Military Hospital (RMH) to implement an effective and structured learning program that attends to the aforementioned educational deficiencies.

HRH, a collaborative initiative with the Rwandan Ministry of Health (MOH), will take place over a seven-year period and work with several leading US institutions to improve the quality of healthcare in Rwanda in academia, research, and practice and decrease the Rwandan healthcare system's dependence on foreign aid. Within the last four years, HRH has recruited numerous nurses to provide educational support to Rwanda's nursing personnel in the clinical sector. HRH Clinical Educators are assigned to various teaching hospitals throughout the country to conduct needs assessments, plan and implement quality improvement projects to improve clinical practice, and promote autonomy among Rwandan colleagues and long-term sustainability.

It has been noted in the literature that providing a structured learning program to nursing students contributes toward a more enjoyable experience and a decrease in anxiety (Gauder & Zauderer, 2013), thereby promoting healthy teaching-learning environments and an ability to maximize beneficial clinical exposure. The resource-sensitive characteristics of a structured learning program, including low-technology and low-cost implementation requirements (Watt et al., 2011), meet the needs of the resource-constrained setting present at RMH. The international collaborative partnerships between HRH Clinical Educators and Rwandan colleagues may aid in increasing the capacity of nursing and nursing students at RMH and fill the gaps in care as they are identified (George & Meadows-Oliver, 2013).

Structured student learning has been initiated at RMH by the Clinical Educator team to maximize student-learning outcomes. During nursing student clinical orientation at RMH, the expectations of the student learning process, as well as expected collaboration of the school-provided Clinical Instructors with RMH nurses and HRH Clinical Educators is outlined. RMH unit managers facilitate structured learning by helping the students identify a maximum of two patients per shift, using the school's objectives to guide the appropriate allocation. Throughout the day, Clinical Educators along with Clinical Instructors, whenever they are available, conduct ongoing assessments of learning and provide feedback to the students in real-time. Post-conference is conducted one to two times weekly to provide students the opportunity to present patients, clarify clinical questions, share experiences, and practice critical thinking skills.

Nursing students practicing in this environment are found to be more confident applying newly learned knowledge and skills gained during their clinical experience. Additionally, RMH evaluations completed by students at the end of their rotations highlight students' increased overall satisfaction and recommendation to continue the structured learning program.

Based on the satisfaction of both students and Clinical Instructors, this structured learning program will continue to be implemented and evolve over time. At this time, more research and evidence-based practice is necessary to effectively address the needs of nursing and midwifery students throughout Rwanda and across the spectrum of resource-limited practice settings. This project highlights just one aspect of the collaboration to establish a more efficient and cost effective clinical education model that will continue to enhance clinical skills and knowledge for all nursing students in Rwanda.

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Research Oral Presentations

A 02 - Caring for Children of All Ages

Maximizing EBP Implementation Success By Integrating RCT Recruitment and Retention Data and Lessons Learned

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Purpose

The purpose of this presentation is to describe successful implementation of evidence-based practice through the integration of data related to recruitment and retention and lessons learned during a randomized controlled trial.

Target Audience

The target audience of this presentation is groups or individuals interested in implementing evidence-based practice within a community-based setting.

Abstract

EBP can benefit from the many lessons learned from the RCT. In response to the need across the globe for female-tailored HIV interventions, the Health Improvement Project for Teens (*HIPTeens*), an evidence-based intervention, was developed and tested. *HIPTeens* is a sexual risk reduction intervention that is gender-specific and developmentally-and culturally-tailored for girls 15-19 years of age Morrison-Beedy, Jones, & Yinglin et al., 2012. Now recognized by the U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control as an evidence-based intervention addressing HIV and pregnancy, the next step in translation is to move to implementation and dissemination into the “real world” environment. Data analyzed during the course of the randomized controlled trial specifically around recruitment and retention, as well as “lessons learned” while working within underserved communities, can be extremely useful in ensuring the success in implementation within communities. Rarely, however, are such data integrated into the “next steps” of translational science for evidence-based projects and interventions.

After developing extensive recruitment and retention protocols following a 50% attrition rate in some of our pilot studies, we successfully increased study completion in a year-long RCT to 80% (Morrison-Beedy, Carey, & Crean, et al., 2010). We tracked multiple recruitment variables (e.g., length of work experience, type of recruitment site, types and number of contacts for scheduling, parental awareness of participation) across the course of the sexual risk reduction intervention trial for adolescent girls. We found significant differences in study completion rates based on the length of the recruiters’ work experience on the project and parental awareness of daughters’ participation in the project (Nelson & Morrison-Beedy, 2008). Girls recruited by more senior recruiters, and girls who made their parents aware of their study participation were more likely to complete the study. Specific contact information/options were significantly different between attendees and non-attendees; being able to leave a message at school or on a home message machine and providing an active cell phone number resulted in higher completion rates whereas direct mail and email addresses did not impact retention. Various living arrangements (with parents, alone, with boyfriend, extended family) did not directly impact retention rates although the age of the female participant did, with older girls less likely to complete the study if they lived with their sexual partner. Naming minimal collateral contacts was significantly associated with lack of project completion Nelson, & Morrison-Beedy, 2012).

The research team was not always prepared for some of the challenges faced working in an urban environment. Participants’ lives were often complicated by food and housing insecurity (Alvarez, Carmen, & Lantz, et al., 2015). Some girls in the study faced interpersonal violence issues and stalking by boyfriends. Group facilitators also had to address weapons being brought to the program. A few participants attempted to scam the recruiters in order to obtain the minimal stipends paid for attendance (Miller & Vaughn, 2015).

These data and lessons can inform EBP protocols as this intervention is moved for broad-based dissemination. Recruiters and facilitators for the EBP can identify girls at risk for attrition using the data provided from the RCT and develop protocols to address some of the issues that may impact recruitment

and retention (Seibold-Simpson & Morrison-Beedy, 2010). Spending considerable time with participants to develop detailed contact information is critical. Inquiries into competing priorities (e.g., after school activities, employment, sports) and identifying best time to schedule project groups to facilitate attendance is necessary as is encouraging notification of parents and guardians. Recruiter effectiveness can be enhanced with training that includes role plays of challenging enrollment issues and approaches needed to delve into detailed contact information. Also of importance is the ability of the recruiter to speak about the benefits of participation and developing a “partnership” between participant and the intervention team to address attendance issues using a pre-emptive approach. Ongoing supervision to ensure stability of recruitment skills over time is imperative for those implementing EBP interventions in community-based and clinical settings (Merves, Rodgers, Silver et al., 2015).

Having an effective intervention alone to move into clinical or community settings does not ensure success. The planning logistics required can be augmented with lessons learned during the research trial to maximize implementation success of the EBP project.

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A 02 - Caring for Children of All Ages

A Comparison of Innovative Oral Health Educational Programs for Caregivers of Preschool Children

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Purpose

The purpose of this presentation is to inform the nursing community of the comparison and efficacy of innovative oral health educational programs for caregivers of preschool children.

Target Audience

The target audience of this presentation is healthcare providers, educators, nursing students, and members of the dental community

Abstract

Background: Oral health care is the primary preventive method of tooth decay (caries or cavities) and infection in children below the age of five. However, poor oral health (OH) in preschool children can have several detrimental outcomes. Nonetheless, many children still suffer with multiple infectious tooth decay, unnecessary sedative extractions, and tooth loss; resulting in pain, nutritional concerns, and weight loss. These outcomes can lead to speech delays and impairments, growth and developmental delays, and eventually negative systemic effects. The gap in the literature as it relates to caregiver knowledge towards oral health for their young children and the effects that preventive oral health care can contribute to a child's healthy lifestyle are deficient.

Purpose: The purpose of this study was to explore the effects of an oral health educational program (OHEP) on knowledge and behavior-specific cognitions and effect in caregivers of preschool children; promote good OH behaviors among caregivers of preschool children; improving OH outcomes, and compare the innovative health-promoting interventions.

Methods: The first intervention was a descriptive quasi-experimental study utilizing a pre-test post-test method, with a convenience sample of 425 Head Start (HS) caregivers from seven program sites in South Florida. The HS enrolled, English speaking family, attended one of 18 oral health educational programs. Research questions addressed the relationship between the oral health educational program and prior related behavior, personal factors, behavior-specific cognitions and affect, knowledge, and intent. Caregivers completed the demographic survey and oral health behavior questionnaire, a knowledge pre-test, then viewed a 16- minute video designed by Colgate®, and completed another knowledge post-test. The second intervention was an innovative PowerPoint-style musical program, with the aim of enhancing knowledge retention in caregivers. The OHEP not only provided information on the devastating outcomes of poor OH during the preschool years, but also on preventive OH behaviors and practices. Caregivers completed a demographic questionnaire, a knowledge pre-test, viewed the OHEP, and completed the knowledge post-test. There were two additional post-tests given two weeks apart to evaluate knowledge retention.

Results: The first intervention showed that there was an overall significant effect on caregivers' prior related behaviors, $r = .43$, p (two-tailed) $< .01$; behavior-specific cognitions and affect, $r = .43$, p (two-tailed) $< .01$; intention to provide oral health care for their children, $r = .27$, p (two-tailed) $< .01$; and post-test for knowledge of oral health care ($M = 60.57$, $SE = .30$) compared to pre-test for knowledge ($M = 59.03$, $SE = .26$), $t(399) = -6.35$, $p < .01$, $r = .30$). On average, the second intervention showed that there was no significant difference between pre-educational program scores on knowledge $M = 43.52$ ($sd = 3.72$) and post-educational program scores $M = 44.05$ ($sd = 3.79$), $t(16) = -.376$, $p > .05$, $r = .71$. Additionally, the second post-educational program scores were not significant $M = 42.71$ ($sd = 3.26$), $t(13) = .485$, $p > .05$, $r = .63$ nor the third post-educational program scores $M = 44.07$ ($sd = 3.04$), $t(13) = -.770$, $p > .05$, $r = .45$.

Conclusions: Educational programs have a positive impact on caregivers to increase knowledge and intent to perform preventive oral health-promoting behaviors in this underserved population. While an oral health educational program is beneficial to its participants, as stated in the review of the literature, the results of this study suggested that this sample was already an educated one, and thus, the improvement from their high level of preexisting knowledge was not significant. Nursing practice will implement educational programs for caregivers and the opportunity to affect governmental policy that supports oral health care services for young children, as indicated by *Healthy People 2020*.

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A 02 - Caring for Children of All Ages

Principles of Non-Violence: Altering Attitudes and Behaviors of High School Students Regarding Violence and Social Justice

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Purpose

to identify the fact that violence is a public health problem and without adequate or universal interventions. The Six Principles of Non-Violence and the philosophy of the 1960s United States Civil Rights Movement can be utilized to transform attitudes on human rights and social justice.

Target Audience

nurses in all disciplines, pediatricians, school administrators, school counselors and juvenile justice workers.

Abstract

Purpose: The purpose of the study was to begin the process of empowering students to become the next generation of leaders for social change and healing, through using non-violence and social justice to dismantle racism and oppression. It is hypothesized that high school students from varying ethnic, religious, education levels and socioeconomic status will be transformed and demonstrate an increased sense of empowerment to affect change and help others; increased self-confidence and/or self-esteem; an increased belief in their capabilities to successfully engage in rigorous academic work; and a heightened understanding of America's diverse cultures and skewed history. Students were encouraged to verbalize a readiness to accept, celebrate and defend individual and group differences, while acknowledging that United States' (US) history has to be written to be inclusive of those who have been voiceless and powerless for decades. The intervention seeks to motivate students, specifically disenfranchised youth to accomplish personal success and develop a sense of civic responsibility.

Methods: A correlational research design was used, involving data analysis of a pre-and post-intervention survey. The intervention utilized to engage youth was through a seven-day classroom immersion journey into several states of the American South; a mobile classroom, interactive presentations by activist of the Civil Rights Movement; an anti-racism/social justice work shop and the development of a direct action plan to be implemented upon return to school sites.

Results: In general students who participate in the 7-day mobile classroom experience, after the introductory ninety-minute presentation, focusing on the Six Principles of Non-Violence and the lessons of the 1960's United States Civil Rights Movement identified a change in attitudes, and acknowledged to engage in behaviors which would promote social justice and human rights in their schools.

Conclusion: After being immersed in a seven-day education experience students continued to engage in behaviors which promoted social justice and human rights (e.g. decrease in racial, sexual, gender and sexual orientation slurs, discouraged verbal bullying and exclusion of others) up to twelve months after the experience.

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A 03 - Trends in Undergraduate Nursing Education

Beliefs and Value Systems at a Collision Course: A Faculty Expedition Along a Client Pathway

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Purpose

To share with the audience, the outcome of a two-day expedition embarked upon by Nunavut Arctic College (NAC) Nursing Faculty as they walked the path of their clients seeking health services outside their communities

Target Audience

Faculty, Educators, Instructors, who teach legal and ethical issues, culture, healthcare systems, health education, health disparities; Managers, Administrators, Students, Lawyers, Counselors, Client Advocates, Indigenous Staff, Clinicians, Researchers, all healthcare professionals who care for vulnerable populations.

Abstract

Purpose: Second-Year Students in the Nursing and Health Sciences Program at Nunavut Arctic College (NAC) are oriented to legal and ethical issues that they integrate into their own cultural framework as they provide healthcare services to their clients.

Methods: During a presentation on Traditional Inuit Law in February 2014, students and Faculty were challenged by shared experiences encountered by members of Inuit society as they sought health services within and outside their communities. Concepts evolving from these experiences included cultural issues impacting on client compliance, healthcare disparities, worldviews, and health education (Tilburt, 2010). This conceptual framework influenced a Faculty decision to embark on a two-day educational journey in August 2014 to a variety of key facilities, mostly at a major Hospital in Ottawa, Ontario, where Inuit clients generally access healthcare services. Faculty walked the path of clients with the goal to determine whether (a) the healthcare system and professionals maintain the knowledge and tools required to provide culturally safe and competent client care, assures client confidentiality, privacy and trust, and accords adequate and efficient escort-translator-interpreter services; (b) beliefs and values of healthcare providers and clients are in conflict, influence their worldviews, and contribute to health disparities and health education.

Results: Facilities acknowledged successes and challenges; deficiencies in human, financial and material resources; lack of inter-facility coordination and collaboration; overflow of maximum boarding home capacity; inadequate/inefficient escort-interpreter services; language barriers; client opposition to established rules and guidelines, and client anxiety and isolation.

Conclusion: Faculty recognized the need to establish and promote mutual reciprocal and culturally-specific communication practices; better coordination of healthcare services; overcome assumptions of a conflict in cultural and clinical interactions; and observe the Principles of Inuit Qaujimajatuqangit or Inuit Traditional Knowledge. The extent to which clients perceive health education as having cultural relevance for them can have a profound effect on their reception to information provided and their willingness to utilize it. Reduction and ultimately the elimination of the negative role healthcare providers play in producing health disparities requires a cultural change which, overtime, will serve to transform their worldviews toward a more self-reflective, humble, and open-minded posture (Tilburt, 2010). The outcome of this expedition was the orientation of Faculty to their own worldviews and the inculcation of these values in their students toward their own ethical foundation in providing culturally safe and competent care to their Nunavut clientele.

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A 03 - Trends in Undergraduate Nursing Education

Fostering Undergraduate Nursing Research Success With Q Methodology

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Purpose

The purpose of this presentation is to describe how Q methodology was successfully used by undergraduate nursing students conducting four different independent research projects. Projects outcomes will be shared that illustrate how this study design helped the students gain essential research skills while increasing faculty satisfaction with the mentoring process.

Target Audience

The target audience of this presentation is educators and/or researchers looking for new methods to study subjective phenomena. This presentation will be of special interest to faculty are engaged in or wanting to become engaged with undergraduate research.

Abstract

Purpose: Building capacity for nursing research begins in pre-licensure curricula. Undergraduate nursing research builds confidence and helps advance student's professional development, but finding projects that are both doable for undergraduates and meaningful can be challenging. Faculty may be reluctant to support projects that do not align with their research trajectory. Experimental studies require higher levels of Institutional Review Board approval and participant recruitment can be lengthy. Quantitative, descriptive studies require reliable instruments and frequently need large samples sizes that students may have difficulty accessing. Data analysis in qualitative studies can be very complex and require extensive faculty time commitments. Thus, finding the right study design is arguably one of the most important factors to consider when planning a successful undergraduate student research study.

Q methodology is a quantitative way to study subjectivity that correlates participants to each other rather than known variables. The process involves rank ordering levels of agreement with a set of statements about a given topic. The researcher is then able to apply statistical principles to identify groups of individuals with like beliefs. Q methodology can be used to understand phenomena that are relatively new in the literature with relatively small sample sizes. Because the data analysis is completed with a statistical program, even novice researchers are able to conduct doable and meaningful projects. The purpose of this session is to describe how Q methodology was used to promote research success in four different BSN honors student projects.

Methods: The overarching goal of our BSN departmental honors program is to develop research skills in participating undergraduate nursing students. With the guidance of a faculty mentor, students complete a literature review, create a study proposal, conduct the research, analyze the data, and prepare the findings for dissemination. Since 2013, five undergraduate nursing honors students on our campus have elected to conduct four different Q methodology studies on a wide variety of patient, nurse, and student nurse attitudes. Specifically, studies have explored patients' perceptions after an initial cancer diagnosis, coworkers' attitudes about nurse anesthetist practice, nurse's thoughts about providing skin to skin contact immediately after a Cesarean delivery, and nursing students' attitudes about patients living in poverty. Success of the honors program is measured in terms of student learning and mentee/mentor satisfaction. Well written literature reviews, generation of researchable questions, successful IRB submissions, completed projects, and dissemination of findings serve as authentic assessments of the achievement of research skills.

Results: Three of the Q methodology BSN student studies are complete, the other is the data collection stage. Students have collected statements for ordering, recruited study participants, and completed initial data analysis through a standardized three step process in a fairly independent manner. Faculty assistance has been most needed with helping students interpret the findings and understand the implications. All completed studies have led to peer reviewed publications. The literature review from one study was used to create a CEU article in a practice journal. Finding nursing students had at least three different attitudes toward poverty led to publication and helped faculty see the need for a tiered approach

to poverty education on our campus. The nurse anesthetist study highlighted the problem that nurses do not always support other nurses in expanded roles. That study has been presented at three conferences, won the campus Provost Award for Undergraduate Research, and has been accepted for publication. Other student outcomes from these research projects have included increased confidence, enhanced faculty-student relations, and improved writing skills. Faculty outcomes include renewed passion for inquiry and increased personal satisfaction with mentoring undergraduate research.

Conclusion: Q methodology solves many design challenges faced by novice researchers leading to doable and meaningful undergraduate projects. Outcomes include development of research skills for students and increased faculty satisfaction with the mentoring process.

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A 04 - Women's Health Issues: A Global Approach

Pubertal Communication Between the School Nurses and Adolescent Girls in Nigeria

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Purpose

The purpose of this presentation is to describe the communication process that exist between the school and adolescent girls on pubertal changes as well as identify the challenges encountered by school nurses in carrying out this responsibility in Nigeria to promote the sexual and reproductive health of school adolescents.

Target Audience

The target audiences of this presentation are nurses working in places where adolescents can be reached and educated particularly those in school clinics and adolescent friendly health care centers. Also it can serve as guide to upcoming researchers interested in adolescent reproductive health and school health nursing.

Abstract

Purpose: School nurses play a significant role in communicating reproductive health information to adolescent girls especially during pubertal period which could help make the period less confusing. The role of school nurses in such capacity in Nigeria has received limited attention hence, the need to investigate how school nurses were able to provide information on pubertal changes in a view to improve the knowledge of adolescent girls on pubertal changes and thus promote their sexual and reproductive health by provision of school health services.

Methods: A descriptive sequential mixed method was adopted for the study. A multistage sampling technique was employed to select 420 adolescent girls from five purposively selected private secondary schools in three local government areas of Osun State, Nigeria. All ten (10) school nurses working in the selected private secondary schools were selected for the qualitative aspect of the study. Inclusion criteria include adolescent girls aged 10-18 years schooling in the selected schools with school clinics and school nurses. A self-developed and validated questionnaire and interview guide was used for data collection. Quantitative data was analyzed using percentages, mean, standard deviation, Spearman rho correlation and chi square, while qualitative data was subjected to content and thematic analysis.

Results: There were 10 school nurses and 420 school adolescent girls, with a mean age of 31.4±6.0 and 13.6±1.7 years respectively while 88.3% of the school girls observed their first pubertal change below age 9. The result showed that communication on pubertal changes is not regular and frequent as 40.2% and 46.4% of the school adolescent girls were educated about physical body changes and menstruation once in a session by the school nurses respectively, while 16.2% of the school girls were informed about menstruation once in a month by the school nurses. Close to half of the respondents 47.6%, 42.6%, 44.3% never informed about sexual abstinence and contraception, sexually transmitted diseases and teenage pregnancy respectively. Group teaching and classroom teaching were the major methods of communication employed by the school nurses while individual method and demonstration were the least methods used. Verbal discussion was the most used medium of communication, while audio visual aids, phone messages and email least used media. The results further indicated that dysmenorrhea, body odour, vaginal itching, and concern about weight gain accounted for 65.9%, 84.8%, 81.7% and 74.5% of the adolescent girls' health challenges and reasons for visiting the school clinics respectively while 77.9% of the adolescent girls visited the school clinics for emotional counseling. The results further showed the challenges encountered by the school nurses to include time constraints, topic censorship by school authorities, non-availability of teaching visual aids and non-inclusion of pubertal education in the school curriculum. The results also showed that majority of the adolescent girls 80.7% had good knowledge of pubertal changes, 13.8% had fair knowledge while 5.5% had poor knowledge of pubertal changes. Significant association was found between the adolescent girls' knowledge of pubertal changes and

maternal educational level (p-val=0.008), paternal educational level (p-val=0.001) and grade level (p-val=0.00) while no association was found between their knowledge and age of the adolescent girls (p-val=0.385). Frequency of school nurses' communication was found to significantly influence the school adolescent girls' knowledge of pubertal changes (p-val=0.043).

Conclusion: School nurses can play a strategic role in the education of adolescents on issues relating to their reproductive and sexual health. The study concluded efforts should be made to promote school nurses' involvement in pubertal education in the schools by the full implementation of the national policy on school health in the country vis a vis provision of standard school clinics well equipped with both the needed medical staff and materials in order to promote the sexual and reproductive health of school adolescents.

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A 04 - Women's Health Issues: A Global Approach

Breast Cancer Global Research: Coping, Social Support and Health of Women With Breast Cancer

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Purpose

To discuss: global research findings on coping and social support and their impact on health of women with breast cancer; and implications of global research findings on coping and social support for nursing practice, advocacy and policy for women with breast cancer.

Target Audience

Nurse researchers, practitioners, educators, administrators, and health professionals interested in global research findings on coping and social support and their impact on health of women with breast cancer; and implications of global research findings on coping and social support for nursing practice, advocacy and policy for women with breast cancer.

Abstract

Purpose: Breast cancer is a stressful experience for women worldwide. National and international studies report poor quality of life, increased emotional distress among women with breast cancer. (Mayer, et al., 2010; Mukwato, et al., 2010; Yusuf, et al., 2013). Factors which can impact health after breast cancer include coping and social support (Doumit, et al., 2010; Drageset, et al., 2010; Kim, et al., 2010; Taleghani et al., 2006; Till, 2003). The purpose of this presentation is to discuss: global research findings on coping and social support and their impact on health of women with breast cancer; and implications of global research findings on coping and social support for nursing practice, advocacy and policy for women with breast cancer.

Breast cancer is the most common disease of women worldwide and it contributes to 23% of all newly diagnosed cases of cancer (Mukwato et al., 2010). Breast cancer is the most common cause of cancer death among women in developing countries including Cambodia, Nepal, Rwanda, Malaysia (Yusuf et al., 2013) and the second cause of cancer mortality among women in developed countries including the United States, England, Australia (Breast Cancer Global Statistics, 2015). The United States, India and China account for almost one third of global breast cancer cases. Factors contributing to reduction of breast cancer include better screening, early detection, increased awareness and improving treatment options.

Drageset, Lindstrom & Underlid (2010) studied coping with breast cancer in Norwegian women between diagnosis and surgery and found women coped by taking things step by step; pushing away; doing business as usual; enjoying life; dealing with emotions; preparing for the worst and positive focus. Women were aware of death but at the same time hopeful and optimistic. Themes related to social support were: available support; needing information, advice, care; having confidants; balancing distance and closeness with their social support network. Social networks both gave support and needed support. Other themes were feeling healthy, adapting to disease, waiting, uncertainty, informing others about breast cancer. Mukwato et al. (2010) found four predominate coping mechanisms for women with breast cancer and their family, namely, seeking social support; reliance on God; positive suggestion/attitude, and acquisition of information and education. Distress in significant others is prevalent with a breast cancer diagnosis. Neris & Yokoyama dos Anjos (2014) studied spouses of women with breast cancer who were from Brazil, Canada, USA and Iran. Spouses worried that they will not be able to support and care for their wife. Breast cancer led to changes in the marital relationship, either it became more positive or increased conflict occurred. Research indicates social support may reduce anxiety, improves ability to cope with stress, reduces emotional distress, depression, fatigue, and pain and increase feelings of control (Denewer, et al., 2011; Mayer et al., 2010; Sammarco, 2001). **Study Purpose:** To investigate coping, social support, and health of women with early stage breast cancer, and describe women's perceptions of support received from husbands/significant others.

Methods: Lazarus and Folkman's stress-appraisal-coping **theoretical framework** guided the study. Women aged 29 to 80 (n=47) having mastectomy (n=33) or lumpectomy (n=14) surgery were referred by surgeons and nurse interviewed before surgery. Instruments: Ways of Coping Revised, Resources/Social Support Scale, Profile of Mood States.

Results: African-American women had more beneficial-positive appraisals than Caucasian women ($t=2.80, p=.008$). Ways of coping used quite a bit/great deal: concentrated on what to do; prayed; accepted sympathy; talked; let out feelings; got professional help; analyzed problem, changed or grew. African-American women used more distancing than Caucasians ($t =2.27, p=.029$). Hispanic women waited, slept, drank alcohol. Helpful resources were: social supports; American Cancer Society/New Life; religion/church; cultural practices; grieving; finances; good relationships; belief in control over future. Informational and emotional support were used more often than tangible support. Most husbands/significant others were supportive. Women reported men need education on how to help them through the breast cancer experience. Lumpectomy and mastectomy patients used the same types of social support to cope, namely, informational, emotional, tangible, and integration support. Women needing chemotherapy required more emotional support than women receiving hormonal or radiation therapy. African-American women had less tension-anxiety ($t =-2.56, p=.014$), less confusion ($t =-2.27, p=.028$), more vigor ($t=4.47, p<.001$), less mood disturbance ($t=-3.22, p=.002$) than Caucasians. Hispanic women reported uncertainty/fatigue.

Conclusion: Women use a variety coping strategies/resources and support to reduce stress. African-American women use more distancing coping, had better emotional health than Caucasians. Implications focus on educating women on helpful coping strategies/resources and support since these factors can affect health. Men need support and guidance to help women through their breast cancer diagnosis and treatment. Global research findings have implications for advancing practice, advocacy and policy for prevention and treatment of breast cancer in women.

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A 04 - Women's Health Issues: A Global Approach

Spiritual Coping: A Strong Buffer Used By Women At Risk for Preterm Birth

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Purpose

Challenge nurses to provide holistic care when working with women at risk for preterm births, and, to incorporate acculturation screening to identify those most at risk.

Target Audience

Nurses who work in prenatal care settings and desire to prevent preterm births among women who are experiencing acculturation stress.

Abstract

Purpose: Nurses are taught to provide holistic care. This is vital when working with women at risk for preterm births. As Mexican women become more acculturated to the United States, their risk for poor birth outcomes increases. This has been called the Latino paradox as the movement from health to illness is also present in other health areas. The purpose of this study was to investigate the relationship between stress (state, perceived and pregnancy-related stress), stress buffers (social support, coping and optimism), acculturation, and birth outcomes (length of gestation and birth weight) of infants born to 81 Mexican and Mexican-American women.

It was hypothesized that in pregnant Mexican and Mexican-American women:

1. Pregnancy-related stress rather than state or perceived stress would penetrate all lines of defense resulting in poorer birth outcomes.
2. Perceived social support during pregnancy would strengthen the flexible line of defense thus resulting in better birth outcomes.
3. Optimism would strengthen the normal line of defense more than a subject's coping style.
4. Women with less acculturation to the Anglo culture would have stronger normal lines of defense (buffering variables) thus resulting in better birth outcomes.
5. There would be a negative relationship between stress indicators at Time 2 (third trimester) and buffering variables at Time 1 (first or second trimester), such that women who had higher levels of optimism, proactive coping and high perceived social support would have less perceived stress and pregnancy related-distress at Time 2.

Methods: An interrupted times series design was used to collect data prior to labor and delivery: second and third trimesters. Neuman's Systems Model was used as the theoretical framework as it illustrates how stress impacts health outcomes. Women were recruited from local health and community agencies. Interviews were conducted in English or Spanish as desired by the subject using standardized questionnaires: Acculturation Rating Scale for Mexican Americans – II (ARSMA-II), State-Trait Anxiety Inventory (STAI), Perceived Stress Scale (PSS-10), Prenatal Distress Questionnaire (PDQ), Interpersonal Support Evaluation List (ISEL-12), Prenatal Coping Inventory (PCI), and, Life Orientation Test-revised (LOT-R).

Results: Acculturation was negatively correlated with age ($r = -.378$, $p < 0.001$) and social support ($r = -.258$, $p = .02$). Bicultural women had the highest mean birth weight, and very Mexican-oriented women had the longest gestation. The women least integrated in either culture, e.g. marginalized (ARSMA-II), had the most stress in all categories: current stress ($r = .344$), stress over the last month ($r = .288$) and pregnancy-related stress ($r = .264$).

For all women, the third trimester of pregnancy was significantly different from the second trimester for stress, coping and social support.

Spiritual coping predicted weight ($\beta = .278$) while pregnancy distress ($\beta = -.237$) and sense of belonging ($\beta = -.258$) predicted length of gestation. Using Neuman's Systems Model, pregnancy distress was able to penetrate all lines of defense while a sense of belonging and spiritual coping strengthened them.

Conclusion: Pregnancy-related distress was able to penetrate all lines of defense and impacted the core per Neuman's Systems Model. Women who had strong spiritual coping and a sense of belonging were able to deflect stress and thus protect their core resulting in healthy birth outcomes. Nurses could thus promote healthier birth outcomes by focusing on social support and coping, especially with women who are culturally marginalized. These results add to the understanding of the Latino paradox.

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A 05 - Health Promotion During the Maternal and Perinatal Period

The Effectiveness of Facilitated Web-Mediated Postpartum Depression Education and Postpartum Discharge Instructions

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Purpose

The purpose of this presentation is to disseminate the findings of an evidence based practice project to promote postpartum depression education and postpartum patient depression screening.

Target Audience

The target audience for this presentation are representatives of health care organizations, nurses, nurse educators, and other care providers of maternal newborn patients.

Abstract

Postpartum depression is a mental health mood disorder characterized by sadness and despair in patients within twelve months following birth. At the microsystem level of care prior to the discharge of the postpartum patient, comprehensive education or screening for depressive symptoms is uncommon (Leahy-Warren, McCarthy, & Corcoran, 2012; Marsh, J. (2013). As a result, patients and relatives do not receive the education required for early depression symptom recognition. Consequently, depressive signs or symptoms often progressed in the postpartum patient without being identified, reported or treated (Abram & Curran, 2009). This background information influenced the framing of the following PICOT question: will facilitated web-based postpartum depression patient and family education in conjunction with the traditional postpartum discharge instructions, promote patients' postpartum depression symptom recognition, use a self-screening depression tool, and increase perceived general self-efficacy when compared to patients who received only the traditional postpartum discharge instructions? The purpose of the project was to support a practice that facilitated patient and family web-mediated postpartum depression education plus routine postpartum discharge instructions. Patient self-screening for depressive symptoms was also offered prior to discharge. The project was implemented on an inpatient postpartum unit at a hospital. Thirty-five postpartum patients received cell phone web-mediated postpartum depression education plus discharge instructions prior to discharge. Another group of thirty-five postpartum patients on the same unit only received discharge instructions upon discharge. Both cohorts were surveyed before and after the interventions. The general self-efficacy (GSE) assessed decision making and coping skills before and after interventions. There was no significant difference in GSE scores before and after interventions. A symptom checklist questionnaire (SCQ) was used to identify recognition of postpartum depressive symptoms. The group who received both interventions scored higher in postpartum depression symptom recognition. The Edinburgh Postpartum Depression scale was completed by all patients to screen for early indicators of postpartum depression. No significant early indicators of postpartum depression were identified during the twenty-four to ninety-six hours postpartum. Nurses and nursing organization should consider supplemental postpartum depression education utilizing a mobile device for postpartum patients prior to discharge. Nurses may also become involved in framing policies to address postpartum depression education and screening for depressive symptoms prior to the postpartum patient's discharge.

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A 05 - Health Promotion During the Maternal and Perinatal Period

Appreciative Inquiry Used in Specialist Midwifery Education to Strengthen Human Rights Based Approach

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Purpose

This presentation would take the audience on the journey to show how Appreciative Inquiry strengthened the human rights based approach to midwifery care in a specialist programme.

Target Audience

Midwifery educators, educators interested in the human based rights approach to care can gain form this presentation.

Abstract

Purpose: Advanced Midwifery and Neonatology is offered as a Post-Basic qualification and aims to equip midwives with competencies in all the roles of a specialist midwife. Roles that they are prepared for include that of a leader, change agent, manager, clinician and educator. The programme is embedded in the International Confederation of Midwives (ICM) Philosophy and Model of care in concepts like partnership and respect. The relationship and work of the midwife is based on a partnership relationship that is embedded in the human rights based approach to care. In a meta-syntheses reviewed for the Lancet Midwifery series it was confirmed that women desire respectful, clinically competent care with good communication, and the value of partnership expressed as having a sense of control, and the ability to participate in their care and make choices. The relationship should be respect their cultural and personal needs (Sakala & Newburn, 2014)

Sadly, this is not the reality in practice. Safe motherhood as a human right is the point of departure and at the end of the year they need to again find the voice for ensuring respect for human rights and the ability to change practice going back to the institutions that sent them for the course (Human rights watch, 2011).

Methods: A Technical Guide Principle of Human Right Based approach was developed as a multinational project. A two-day workshop with educators on the principles of human right based approach to kick start the process was conducted. After this workshop an Appreciative Inquiry (AI) workshop was developed and implemented with the students. The aim was to empower them to act as change agents to implement the human based rights approach and ICM Philosophy and Model of care, and translates that into everyday practice, whilst collecting qualitative data on the human rights based approach(HRBA).

AI is a strengths-based approach to change management that uses four or five steps to draw on existing strengths in an organization /group to enable them to implement change.

The workshop run over one day with guided reflection and tasks within four steps. A comprehensive workshop document was developed and every student gave written consent to take part in the workshop as well as for dissemination of information from the workshop.

Results: The first AI step was **DISCOVERY**. During this the participants who were seated in 5 groups, split in pairs of two and asked each other the questions in this phase. They collated their responses in a shared session at the tables. The questions evolved around successes based on their exposure to HBRA in Maternal Neonatal Child and Reproductive Health (MNCRH). Positive themes of the HRBA in MNCRH were identified and through a Nominal Group Technique the group reached consensus on the most important factors to address.

The second step was **DREAMING**, when the excellence that was mentioned during the discovery and invited is taken further. Participants were asked to define their contribution to an excellent midwifery team in a period four years from now. Groups made collages to portray this dreams.

The third step involves the **DESIGN** of a positive proposition of each group. These single line statements are co-created by group members and described their HBRA to care. The theoretical base of Social Constructionism where the contributions of the individual participants shapes new behavior shapes this step.

Lastly the group formulated their **DESTINY**. This is a session that will guide them how to get to this destiny. Actions and ideas that would operationalize the HBRA are written down. One participant wrote: *'I am taking accountability to bring change, to do good to the women.'* Another wrote: *'Speak up and do the right thing.'*

Conclusion: All the students reflected positively on their participation in this workshop during the course evaluations. The impact of a HBR focus on care did touch them to improve the competence of care for families seeking MNCRH care. The value of HBRA in midwifery education should be communicated and programmes should include this focus in their content. AI as qualitative research method provided both rich data but the process empowered students to take up the role of change agent.

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A 05 - Health Promotion During the Maternal and Perinatal Period

Psychosocial Educational Programme to Facilitate the Reintegration of Incarcerated Women Dumped Babies or Committed Infanticide

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Purpose

Purpose of this presentation is present the steps followed in developing A psychosocial educational programme to facilitate the reintegration of incarcerated women who had dumped babies and / or committed infanticide in Namibia

Target Audience

The target audience will be lecturer, registered nurses, community nurse and midwives who working in with women commit infanticide or babies dumping.

Abstract

Purpose: In this study, the researcher explored and described the views of women who had dumped babies and / or committed infanticide with regard to their experiences with the purpose of developing, implementing, and evaluating an educational programme to facilitate their reintegration upon release with their families and with society in general in the Oshana Region, Namibia.

Baby dumping and infanticide have become social phenomena with grave consequences that are drawing nationwide attention and condemnation in Namibia. Those women who are perpetrating these heinous acts provide numerous motives; such as fathers denying paternity, unemployment, young mothers who still want to continue with school, as well as a lack of awareness about institutional care, foster homes, and formal adoption. These young incarcerated women before and after having dumped their babies and / or committed infanticide, are psychologically and emotionally traumatised. That left them fearful to be reintegrated into the society upon releases, hence the need for a psychosocial educational programme to facilitate their reintegration

Methods: The study was qualitative, explorative, descriptive, and contextual in nature and was conducted in four phases. the ethical measures were considered in terms of applying the fundamentaethical principle of respects, beneficence and justice. Trustworthiness were described in terms of the credibility, transferability, dependability, confirmability, and authenticity of the research project

Results: Phase 1: This phase comprised a situational analysis. It was carried out to explore and describe the lived experiences of women who had dumped and / or committed infanticide. The researcher used in-depth unstructured individual interviews for data collection and focus group discussions. Data was analysed by using Tech's method of qualitative data analysis. The findings of this study identified psychological challenges, fear for reintegration, socio-economic challenges, as well as legal and ethical challenges that were encountered by women who had dumped babies and / or committed infanticide. These findings led to the development of the psychosocial educational programme to address those challenges.

Phase 2: During this phase, the conceptualisation framework guided the development of a psychosocial educational programme that facilitated the reintegration process of women who had dumped and / or committed infanticide. Dickoff, James and Wiedenbach (1968) identify the following three essential ingredients of a conceptual framework; namely, goal content, which is specified as the aim of the activity, prescription of the activity for goal realisation, and a survey list that accompanies the presentation of the prescription for the activity in terms of the goal realisation. The educational programme included the activities suggested in the survey list of Dickoff *et al.* (1968); namely, agent, recipient, context, dynamics, procedures, and terminus.

Phase 3: This phase focused on the development of a psychosocial educational programme to facilitate the reintegration process of women who had dumped their babies and / or committed infanticide. The

survey list of Dickoff *et al.* (1968) was adopted as a reasoning map in the construction of the development of a psychosocial educational programme, as well as the findings of the situational analysis of this study.

Phase 4: This phase focused on the implementation and evaluation of the psychosocial educational programme that was developed to facilitate the reintegration of incarcerated women who had dumped babies and / or committed infanticide. A three-day training workshop was held at the Oluno Correctional Facility to conduct the educational programme. The educational programme was evaluated in order to validate whether the programme interventions were likely to bring about the desired change among the participants.

Conclusion: The study contributes to the body of knowledge in public health. This study emphasises that the young women who commit heinous crimes of baby dumping and infanticide are often immature and inexperienced leading to situations that force them to make decisions that are not often the best ones. The general insight includes the realisation that most of these young women commit these crimes at the spur of the moment and the root causes are well-known. These root causes include such factors or reason as tradition because some young women fear rejection by their communities or family if they are found to have had a baby outside of marriage. The economic state of the young mothers and their male partners who are denying paternity also contribute to baby dumping cases, since they are not able to raise a baby on their own.

As a matter of fact, women who have dumped babies and / committing infanticide are subjected to physical, social and psychological wretchedness, and socio-economic destitutions. These women find themselves incarcerated as a consequence of the atrocious acts they have committed while they fear the reintegration with their families and communities as result of rejection. However, an educational programme can be effective to facilitate the reintegration of the incarcerated women with the purpose of overcoming their feelings of fear and rejection. In conclusion, the study also highlights the need for research about the challenges of male partners' responsibilities to accept paternity, since these challenges are one of the major reasons why women dump babies and / or commit infanticide.

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A 06 - Enhancing Practice Outcomes for Maternal-Child Health Decreasing Hospital Obstetrical Services in Rural New Hampshire

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Purpose

discuss whether or not decreasing access to inpatient obstetrical services in the North Country region of New Hampshire affected women's utilization of prenatal care and birth outcomes.

Target Audience

nurse administrators, maternal-child health providers, community and public health care providers, and policy makers.

Abstract

Purpose: When hospitals began closing their doors to obstetrical services in the North Country, New Hampshire, USA, there was limited access within 1830 square-miles to provide services for pregnant women. Closures were due to expenses associated with providing the specialty services, in addition to decreased reimbursement from Medicaid.

Without convenient options for care, there is concern for the health of both pregnant women and their babies. There have been no studies since these hospitals closed their obstetrical units that have examined exactly how birth outcomes were affected by decreased access to care. Examples of potential birth outcomes that could be affected include birthweight, gestational age, number of prenatal visits, and route of birth.

The purpose of this study was to examine whether or not decreasing access to inpatient obstetrical services in the North Country affected women's utilization of prenatal care and birth outcomes.

Methods: Birth data from 2005 to 2012, obtained from the New Hampshire Division of Public Health Services Bureau of Health Statistics and Data Management is used for analysis using SPSS.

Results: Comparing birth outcomes before obstetrical unit closures and after obstetrical unit closures, there was no difference in outcomes between travel distance to birth, maternal weight gain, birth weight, and gestational age, total number of prenatal visits, NICU admissions, and method of delivery. There was a difference in payor source for birth. When comparing demographic differences between women who live in the North Country and women in New Hampshire, there was significant difference in educational level, marital status, and race.

Conclusion: The potential benefits of this study are at the community and state level. Prior research has supported findings that underserved women historically are at risk for decreased access to care for several reasons, so it is not surprising to find that by further decreasing access for a population of underserved women their birth outcomes are not altered.

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A 06 - Enhancing Practice Outcomes for Maternal-Child Health

Evaluation of Syndromic Algorithms for Managing Sexually Transmitted Infections Among Pregnant Women in Kenya

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Purpose

to disseminate results on diagnostic validity of current syndromic algorithms for managing sexually transmitted infections in pregnant women in resource-limited settings.

Target Audience

global health nurse scientists, clinicians and health planners interested in improved maternal and child health outcomes in resource-limited settings.

Abstract

Purpose: Women with *Trichomonas vaginalis* (TV), *Chlamydia trachomatis* (CT) or *Neisseria gonorrhoeae* (GC) during pregnancy have increased risk for adverse obstetric outcomes. Laboratory testing for these sexually transmitted infections (STIs) is often unavailable in resource-limited settings, and pregnant women are managed using syndromic algorithms developed by the World Health Organization (WHO). These algorithms begin with a patient's report of relevant symptoms which triggers a subsequent clinical assessment of signs to inform recommended treatment that will broadly cover likely STIs. We evaluated the diagnostic validity of WHO syndromic algorithms for TV, GC and CT in a pregnant cohort in Kenya.

Methods: We used baseline data from a prospective study of peripartum HIV acquisition that enrolled HIV-uninfected pregnant women at two antenatal care clinics in Western Kenya; women with HIV infection detected at enrollment or during follow-up were excluded. All women were interviewed, underwent pelvic examinations by study clinicians and had vaginal and cervical swabs collected for TV, CT, and GC assessment. Laboratory testing for STI diagnosis included wet mount microscopy for TV and nucleic acid amplification tests (NAAT) for GC and CT. In addition, symptomatic women were treated for TV, CT and GC according to WHO and Kenyan national syndromic management guidelines for women with abnormal vaginal discharge and/or vaginal itching. Laboratory-confirmed diagnosis of TV, CT or GC not covered by syndromic treatment was treated at their subsequent study visit. The sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) of syndromic algorithms were calculated compared to laboratory diagnosis as the gold standard.

Results: Of 1279 HIV-uninfected women in the overall cohort, 1275 (99%) had complete TV, CT and GC assessment at baseline, and were included in the present analysis. Women enrolled at a median of 22 weeks' gestation (interquartile range [IQR] 18-26), median age was 22 years (IQR 19-27), and most were married (78%) and self-reported no prior STIs (94%). Prevalence of any STI was 13%. TV, GC and CT were detected in 6%, 3% and 5% of women, respectively. Overall, 20% of women with STIs reported abnormal discharge compared to 9% of women without STIs ($p<0.001$); there was no difference in report of vaginal itching among women with and without STIs (12% vs 18%, $p=0.079$). Among women with any STI, symptoms were commonly reported in women with TV (31%), and abnormal vaginal discharge was more frequently reported than vaginal itching (28% vs. 13%, $p<0.001$). Among women with CT and GC, 23% and 9% reported symptoms, respectively, and there was no difference in frequency of reported abnormal vaginal discharge and vaginal itching. On clinical exam, abnormal vaginal discharge was found in 18% of women and was found more frequently among women with STIs compared to women without STIs (35% vs 16%, $p<0.001$).

Using a gold standard of laboratory diagnosis of STI (TV, CT, or GC), syndromic diagnosis of any STI (TV, CT, or GC) per clinical exam had a sensitivity of 39% (95% confidence interval [CI] 32%-47%), specificity of 78% (95% CI: 75%-80%), PPV of 21% (95% CI: 16%-26%) and NPV of 90% (95% CI: 88%-92%). Among women who reported abnormal vaginal discharge, which represents an entry point for syndromic management, syndromic diagnosis had a sensitivity of 28% (95% CI: 19-37%), specificity of 92% (95% CI: 74-99%), PPV of 94% (95% CI: 79.2-99.2%) and NPV of 23% (95% CI 15-32%). Syndromic diagnosis also had low sensitivity for individual STIs: TV (51%, 95% CI: 39%-62%), CT (41%, 95% CI: 30%-54%) and GC (22%, 95% CI: 9%-40%). Specificity for individual STIs was similar to estimates for any STI: TV (78%, 95% CI: 75%-80%), CT, (77%, 95% CI: 74%-79%) and GC (76%, 95% CI: 73%-78%). Among 163 women with any STI, 100 (61%) would have been missed without laboratory diagnosis.

Conclusion: Among HIV-uninfected pregnant women, STIs were common and syndromic diagnosis had low sensitivity, resulting in missed opportunities for clinical intervention. Novel STI diagnostics are needed to improve maternal and infant health.

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A 06 - Enhancing Practice Outcomes for Maternal-Child Health

Parents' Experiences of Continuing Pregnancy With a Lethal Fetal Diagnosis: Goal, Stages, Tasks of Pregnancy

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Purpose

The purpose of this presentation is to convey the Significance, Methods, and Results of this longitudinal phenomenological study of 30 parents' experiences of continuing pregnancy with a known lethal fetal diagnosis, their overall goal to Have No Regrets, 5 stages of time, and 7 developmental tasks of pregnancy.

Target Audience

nurses, nurse midwives, nurse practitioners, and other health care providers who work with childbearing families who are experiencing high risk or perinatal loss situations. This is also aimed at researchers who are interested in longitudinal phenomenological methods.

Abstract

Purpose: The purpose of this study was to describe parent experiences in continuing pregnancy with a lethal fetal diagnosis. A secondary aim was to identify the revised developmental tasks of pregnancy undertaken by the parents.

Methods: Longitudinal, hermeneutic phenomenology study consistent with work of Merleau-Ponty. 16 mothers and their spouse/partners (14) who were continuing pregnancy with a known fetal diagnosis were recruited from obstetrical and perinatal centers in 4 states. Parents were interviewed jointly and separately prenatally and after the baby's birth death; 90 interviews were conducted. Transcripts of interviews and field notes were the data sources that were uploaded into Atlas.ti. All data were coded; themes were identified. Interpretive analysis was done to identify themes, relationships, and develop a framework.

Results: The overall goal for parents was to "Have No Regrets" when all was said and done. Five stages of time (Pre-diagnosis; Learning Diagnosis; Living with the Diagnosis; Birth and Death; Post Death) were identified that related to 7 developmental tasks of pregnancy (Navigating Relationships; Comprehending Implications of the Condition; Revising Goals of Pregnancy; Making the Most of Time with Baby; Preparing for Birth and Inevitable Death; Advocating for Baby with Integrity; Adjusting to Life in Absence of Baby). Parents advocated for their babies, wanted them treated as a person, and parented them prenatally. Prognostic certainty was found to be highly influential in parents' progression through developmental tasks. Although all grieved, several of the parents reported being joyous at the birth of their baby. All treasured photographs and other memorabilia of their babies.

Conclusion: Receiving a lethal fetal diagnosis mid-way in pregnancy was devastating and dramatically altered the psychosocial experience of pregnancy. Mothers and fathers shared the goals, stages and tasks of pregnancy. However, mothers' experience was much more physical and emotionally attached due to the baby being inside of them. Fathers were able to choose their involvement, were concerned about their wives' health, and they treasured their babies. Understanding the profound psychosocial tasks that parents are dealing with, and matching one's care to meet these parent needs could improve parent outcomes.

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A 07 - Tuberculosis and Smoking: How Can We Help?

Smartphone Applications to Support Tuberculosis Prevention and Treatment: Review and Evaluation

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Purpose

The purpose of this review was to identify and assess the functionalities of mobile apps focused on prevention and treatment of TB.

Target Audience

The target audience of this presentation includes health care providers managing TB control efforts, researchers interested in mobile app identification and evaluation strategies, and those involved in app development.

Abstract

Purpose: According to the World Health Organization, globally there are over 14 million active cases, 9 million newly diagnosed, and 1.5 million deaths attributable to Tuberculosis (TB) annually. (WHO, 2014) Smartphone applications (apps) have been suggested as potential tools to support TB control efforts. (Denkinger et al, 2013, Iribarren, 2014) The purpose of this review was to identify and assess the functionalities of mobile apps focused on TB prevention and treatment.

Methods: We searched 3 online mobile app stores. Apps were included if they were focused on TB and were in English, Spanish, or Portuguese. For each included app, 11 functionalities were assessed (e.g., inform, instruct, record) and searches were conducted to identify published testing results. (IMS Institute, 2015, Hale, 2015). Grey literature was also searched for apps in development.

Results: 1332 potentially relevant apps were identified, with 24 meeting our inclusion criteria. All of the apps were free to download, but 7 required login and password and were developed for specific clinics, regional sites, or research studies. Targeted users were mainly clinicians (n = 17); few (n = 4) apps were patient focused. Most apps (n=17) had a total of 4 or fewer functions out of 11 (range 1-6). The most common functionalities were *inform* and *record* (n=15). Although a number of apps were identified with various functionalities to support TB efforts, some had issues, such as incorrect spelling and grammar, inconsistent responses to data entry, problems with crashing, or links to features that had no data. Eight apps had not been updated for more than a year and may no longer be supported. Peer reviewed publications were identified for only two of the included apps. Three TB related apps were identified in the grey literature (not found in the app stores) as in progress, being launched, or tested.

Conclusion: These results suggest that current TB apps have minimal functionality, primarily target healthcare workers, and focus on information (e.g., general, guidelines, and news) or data collection (e.g., replace paper-based notification or tracking). None were developed to support patients' involvement and management in their care (e.g., follow-up alerts/reminders, side effects monitoring), or to improve interaction with their healthcare providers, which limits the potential of these apps to facilitate patient-centered care. Given the complexity and challenges faced by patients with TB, there is a need for app development targeting their needs. Involving TB patients in the design of these apps is recommended.

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A 07 - Tuberculosis and Smoking: How Can We Help?

Tobacco Use Among Nursing Students in Arkansas Using Global Health Professions Student Survey

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Purpose

The purpose was to: 1) determine feasibility of using the Global Health Professional Students Survey (GHPSS) in nursing programs in Arkansas, 2) establish prevalence of tobacco use, secondhand smoke exposure, attitudes and education about nursing's role in tobacco control in nursing programs; and 3) identify factors associated with tobacco use.

Target Audience

The target audience of this presentation is researchers, academic faculty, clinicians, students, and nurse leaders interested in health promotion and disease prevention through surveillance and tobacco control.

Abstract

Purpose: Tobacco use is the single most preventable cause of premature death and disease in the world. Yet, globally 16% of all nurses' smoke and use other tobacco products (Shafey, Ericksen, Ross, & Mackay, 2009; Ericksen, Mackay & Ross, 2012; World Health Organization, 2009). Nursing students use tobacco products worldwide, at a rate that often exceeds that of other health care professional students, with a prevalence ranging from 13% - 48%, depending upon the country (Sarna, Bialous, Sinha, Yang, & Wewers, 2010; Warren, Sinha, Lee, Lea, & Jones, 2009). When nursing students continue to use tobacco in their nursing careers, it poses three distinct problems: (a) the nurse's personal health is endangered (Sarna, Bialous, Cooley, Jun, & Feskanich, 2008); (b) the public image and role of the nurse are compromised; and (c) nurses are not working to their full potential to help themselves and others quit using tobacco products. To develop strategies to target this critical problem, it is imperative to gain a comprehensive understanding of tobacco use by this vulnerable population. However, the Global Health Professional Students Survey (GHPSS) had not previously been used in the United States to measure the prevalence and factors associated with tobacco use among nursing students (personal communication CDC Office on Smoking and Health, Dec. 13, 2011).

Therefore, the purpose of the study was to: 1) determine the feasibility of using the suggested methodology of the Global Health Professional Students Survey (GHPSS) in BSN Nursing programs in Arkansas, 2) establish a baseline of tobacco use, exposure to second hand smoke, attitudes about nursing's role and knowledge of current tobacco control measures, curriculum/training and demographic data among third year nursing students in Arkansas; and 3) identify factors associated with their tobacco use.

Methods: This descriptive, cross-section statewide study used a standardized, self-administered survey developed by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) and the Canadian Public Health Association (CPHA) with defined sampling procedures and methodology. All BSN programs in Arkansas (11) were asked to participate. All students meeting inclusion criteria were offered the survey following informed consent during a required nursing class. Descriptive statistics were performed to report demographics and prevalence. Chi square was used to determine the extent of the relationships among seven variables: gender, cigarette use, other tobacco product use, desired nursing specialty, nicotine dependence, role of nurses to advise patients to quit, and other tobacco products.

Results: School response rate was 73% (8/11) with a student response rate of 99.8% (n=516). Prevalence was 25.6% (n=132) with three mutually exclusive groups of tobacco users identified – cigarette users only (48%, n=63), other tobacco product users only (37%, n=48), and dual users (15%, n=20). Students want to be positive role models (99%; n=508) and 91% (n=471) want to advise others to quit smoking but 68% (n=352) are not being taught EBP guidelines. The standardized methodology was feasible in Arkansas with time and geography being surmountable barriers. Gender is significantly

associated with tobacco use with smokeless tobacco using males making the greatest contribution to the chi square statistic ($p=.001$). This population is not heavily dependent on nicotine at this time and it is not significantly associated with their view of the nurse's role to advise tobacco using patients to quit using cigarettes ($p=.23$) and other tobacco products ($p=.32$). Tobacco use is associated with four nursing specialties – Emergency, ($p=.022$), Community Health ($p=.012$), Oncology ($p=.001$) and Undecided ($p=.014$).

Conclusion: Nursing students want to be positive role models despite tobacco use (25.6%). They desire learning EBP guidelines of tobacco cessation but are not being taught. Tobacco use is not influencing their developing role in tobacco control at this time. This group wants to quit but is not being assisted to do so. The significance to the nursing profession is that understanding this population and their tobacco use offers the nursing community an opportunity to address tobacco use while they are open to the information which will ultimately increase the image of nursing, patient care of tobacco users and the health of our future nursing population.

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A 07 - Tuberculosis and Smoking: How Can We Help?

Cross-Cultural Adaptation of the "Smoking Cessation Counseling" Scale

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Purpose

The purpose of this presentation is demonstrate the cross-cultural adaptation and evaluation of the psychometric properties of the "Smoking Cessation Counseling" scale for the Brazilian population.

Target Audience

The target audience of this presentation is nurses of the smoking cessation counseling or nurse with focus in evidence based practice.

Abstract

Purpose: Nursing studies related to smoking show that the most frequent nursing interventions are those aimed at the smoking cessation¹. Randomized controlled trials studying the effects of nursing interventions in tobacco management are underway throughout worl¹ and many have demonstrated effectiveness in reducing smoking².

To emphasize the importance of the nurse's role in smoking cessation, studies have identified an increase of 47% on the success of smoking cessation counseling when it is initiated by nurses³.

Several instruments are available to measure the predisposition and to identify the barriers that slow the process of smoking cessation. Others evaluate satisfaction with counseling services. However, there are few instruments designed to evaluate smoking cessation practices and adherence to them by the health care providers⁴⁻⁶.

In view of this deficit, Newhouse et al. created an instrument by means of psychometric testing, the Smoking Cessation Counseling Scale (SCC) designed to assess smoking cessation counseling practices applied in nurses' clinical practice. The scale is reliable and valid in this practice, and its factor analysis can be used to investigate the impact of SCC on patients' outcomes⁷.

The authors⁷ created the instrument based on the guideline "Helping Smokers Stop: A Guide for Nurses," published in 2005 by the United States Department of Health and Human Services, which has many similarities with the National Programme for Tobacco Control in Brazil.

For health care services and nurses to know the strengths and weaknesses of their interventions and to provide effective nursing care in order to reduce smoking rates, an instrument to assess the counseling practices for smoking cessation in the clinical practice is essential and possible.

Considering the impact of nursing counseling interventions for smoking cessation as measured by Smoking Cessation Counseling Scale, we believe that this instrument can be applied in the context of the clinical practice of Brazilian nurses, thereby enabling nurses to intervene and assess the smoking cessation process smoking more accurately.

However, because the Scales was developed to be used in a population with different characteristics, the cross-cultural adaptation and the evaluation of its psychometric properties for the Brazilian nursing is required.

So the aim of this study was to execute the cross-cultural adaptation and evaluation of the psychometric properties of the SCC scale for the Brazilian population.

Methods: The adaptation process followed the following phases: translation, synthesis of translations, back-translation, the experts' committee, pretest and weighting of scores. The process of cultural adaptation consisted of two translations of SCC were carried out by two independent translators, a pure

and literal translation, and a second version, adapted to the phenomenon under study. Then carried an overview of the translations, which were submitted to two version of the back-translation in Portuguese for the original scale language, English. After this process, a committee of experts investigated the relationship between translations, assessing the semantic equivalence, idiomatic, conceptual and cultural. At the end it conducted a pre-test for verified the psychometric properties of SCC. To evaluate the psychometric properties of the Smoking Cessation Counseling scale (SCC), it was decided to follow the methodological framework of the Cronbach's Alpha coefficient.

Results: Thus it was observed that the scale is reliable and valid in this practice, and the result of the factor analysis thereof can be used to investigate the impact of SCC on the outcome of patients.

Conclusion: The scale was considered reliable and valid for the Brazilian population. Thus allowing for future work, validate the instrument for the Brazilian nursing practice, providing that nurses know the strengths and weaknesses of your intervention program, and provide effective nursing care in order to reduce smoking rates.

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B 02 - Systematic Review Impacting Nursing Practice

Systematic Review of Fatigue Management Among Parturients

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Purpose

The purpose of this presentation is to summarize intrapartum fatigue management among parturients based on quantitative research reported between 1998 and 2013.

Target Audience

The target audience of this presentation are midwives, obstetrical nurses, nursing instructors, administrative nurses etc.

Abstract

Introduction: Childbirth is the natural phenomenon which parturients need to adapt to physical, psychological and social changes and parturients have to lose much more energy for labor process. These will contribute to fatigue (Pugh & Milligan, 1993). The definition of fatigue is self-perception and self-assessment that ability of physical and psychological functioning is decreasing until occurrence of exhaustion. These caused from imbalance between energy receiving and energy consuming and physical and psychological changes are faced with stress (Herdman, 2009).

The causes of intrapartum fatigue are physical changes when entering the first stage of labor; intermittent uterine contractions (Cunningham et al., 2010), contributing to myometrial contraction, decreasing blood circulation, temporary ischemia, lead to uterine exhaustion. When occurring continuously for a long time, as a consequence, it can lead to fatigue (Pugh & Milligan, 1993). During second stage of labor, parturients attempt pushing which is consuming much more energy in order to increase sufficient intra-uterine pressure for moving fetus descending through vaginal canal. If parturient does not receive any compensated energy, it will lead to be more fatigue. For the third stage of labor is the stage of placental expulsion, it requires regularly uterine contraction for expulsion. This stage, parturients are losing some amount of blood (Lowdermilk, Perry, Cashion, & Alden, 2012) and minerals and it will lead to fatigue (Pugh & Milligan, 1993).

Fatigue framework of Pugh and Milligan (1993), three factors related fatigue comprised of physiological, psychological, and situational factors. Firstly, physiological related fatigue are normal physiological changes; contraction pattern, length of labor, and pain response. Secondly, psychological related fatigue are mental state and reaction to childbearing state. Thirdly, situational related fatigue are environment and personal characteristics.

For literatures and evidence-based practices reviews regarding fatigue management among parturients from 1998 to 2013, there were several studies related to fatigue management. Mainly, there were compared the methods of pushing and various interventions. Regarding to initial searching in order to confirm that there was no previous systemic review in the same topic conducted in Cochrane & JBI databases including checking in advanced registered system of JBI database, there was no systemic review and meta-analysis regarding fatigue management among parturients. The researcher team was interested to study because there was no research and evidence-based practice regarding this topic.

Purpose: To summarize evidence-based practices of intrapartum fatigue management based on quantitative research reported between 1998 and 2013.

Methods: The systematic review process followed guidelines developed by the Joanna Briggs Institute (JBI, 2011). The researcher conducted a search from libraries, direct-contact with primary researchers and electronic searching using available and relevant medical and nursing databases as followings: CINAHL, PubMed, ScienceDirect, Wiley online library, MIDIRS, Academic Search Elite, ProQuest Medical library, Springer Link, Blackwell synergy, Cochrane systematic reviews database, SIGLE, and Google Scholar.

Samples in this study were quantitative researches studying fatigue management in parturients including published and unpublished papers, reported in English and Thai between 1998 and 2013. These quantitative researches were selected according to PICO criteria as following: 1) Participant (P): parturients 2) Intervention (I): Fatigue management 3) Comparison/Comparator: control group 4) Outcome (O): fatigue. Moreover, the researches must be RCTs or quasi-experiment with adequate data for reviewing.

Keywords for searching were identified according to PICO criteria as following: 1) Population: parturients, intrapartum women, women during second stage of labor, early postpartum women, immediate postpartum women etc. 2) Intervention: fatigue management, fatigue management program, first stage of labor management, childbirth preparation, positioning, upright position, labor support, nursing support, social support, continuous support in labor, psychosocial support in labor, husband support, female relative support, pushing intervention, pushing technique, bearing-down effort, directed pushing, spontaneous pushing, delayed pushing, coached pushing, uncoached pushing, music therapy, massage therapy, aromatherapy etc. 3) Outcome (O): fatigue, intrapartum fatigue, early postpartum fatigue, immediate postpartum fatigue, maternal fatigue, maternal perception of fatigue, level of fatigue, maternal outcomes, labor outcomes etc.

There were three tools used including 1) Inclusion Criteria Form 2) Critical Appraisal Form: Critical appraisal tools for Randomized Control / Pseudo-randomized Trial (JBI, 2011) 3) Data Extraction Form: Extraction details for Randomized Control trial / Pseudo-randomized trial study information (JBI, 2011).

All identified studies were then reviewed by the researcher and secondary reviewer who then selected relevant studies and appraised and extracted data. These steps were conducted independently. To ensure that the qualities were controlled, the data were compared and if any item was not agreeable, the third reviewer finalized. For this study, the researcher did not have any discrepancy.

Results: The minimum criteria for appraisal data in order to reviewing inclusion were 5 out of 10 scores. The systematic search identified a total of 12 studies but 1 study was excluded due to inaccessible full-text. The remaining 11 studies included 8 randomized controlled trials and 3 quasi-experimental studies. Selected studies could not be analyzed by meta-analysis; therefore, narrative summary was used for analysis. The researchers analyzed by using descriptive statistics and synthesized methods and outcomes of fatigue management by grouping due to insufficient statistical data.

Methodological analysis of the 11 included studies included 8 studies conducted outside Thailand; 4 studies in the Stated of America, 2 studies in Taiwan, 1 study in Hong Kong, 1 study in the Stated of America and Canada (Multicenter RCT). Almost half of all studies (45.5 %) was published in 2010 – 2013. There were 8 RCTs (72.7%) and 3 quasi-experimental researches (27.3 %). There was 81.8 per cent conducted in large sample size.

In this systematic review revealed that 3 methods of fatigue management were proven to reduce intrapartum fatigue. These methods included 1) pushing methods; 2) fatigue management program comprised of nursing support, positioning and pushing; and 3) music therapy.

For pushing methods could be classified into 2 techniques. Firstly, delayed pushing technique was focused on instructing parturient to start pushing when cervix was fully dilated and she felt fully urge to push, uncontrollably. This technique was to wait until fetal head spontaneous descent without attempting to push. Secondly, spontaneous pushing was focused on which is similar to delayed pushing but there was added intervention which preventing Valsalva maneuver caused excessive pushing.

Fatigue management program during labor stage included nursing support in order to reduce causes and symptoms of fatigue. This program could manage physical and psychological factors related intrapartum fatigue.

Conclusion: Intrapartum fatigue impacts both physical and psychological health. It also impacts the fetus and neonate. Therefore, parturients who experience fatigue need effective management. In summary, evidence-based recommendations of effective fatigue management among parturients include pushing methods, fatigue management program and music therapy. Pushing methods and fatigue management program can help to reduce physical fatigue because both methods can shorten duration of second stage of labor. Furthermore, fatigue management program also has nursing support which is to help reduce

physical and psychological fatigue. For music therapy can help to reduce fatigue because parturient are relaxed and can rest during the first stage of labor contributing to reduce physical and psychological fatigue. Therefore, health professionals, especially nurses who are responsible for taking care of parturients should apply methods of fatigue management proven to reduce intrapartum fatigue as practicality. It's recommended that further research on conducting more experimental research regarding intrapartum fatigue management and replicating primary researches are needed to confirm a reliable body of knowledge. This should be done along with a meta-analysis based on available data.

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B 02 - Systematic Review Impacting Nursing Practice

A Systematic Review of Educational Practices That Improve Clinical Judgment of Students in Health Sciences

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Purpose

The purpose of this presentation is to share the results of a systematic review that answered the question – “What educational methods promote clinical judgment of students in health sciences (January 2000 – October 2013)?”

Target Audience

The target audience of this presentation is educators in health sciences

Abstract

Purpose: Competence is the ability to integrate foundational knowledge from different disciplines during the decision making process and to apply that knowledge and profession specific skills in a real life situation (Nursing Education Stakeholders (NES), 2012). The performance of the person indicates the degree to which the person was able to apply classroom knowledge in the clinical setting (Holton, Chen, & Naquin, 2003). Clinical judgment (functional knowledge) is equivalent to clinical performance as it is the culmination of critical thinking (foundational knowledge) and clinical reasoning (conditional knowledge) (Chang, Chang, Kuo, Yang, & Chou, 2011).

The ability to demonstrate sound clinical judgment is an essential skill for all nurses but especially in developing countries whose healthcare services are nurse led as these nurses are often the sole providers of healthcare in remote areas. It is therefore imperative that nurse educators use teaching and learning methods that develop the thinking processes and ability to demonstrate sound clinical judgment.

The aim of this presentation is to describe a systematic literature review on teaching and learning methods that develops clinical judgment competence in students in health sciences.

Methods: The steps of a systematic review process were used. Twenty-two data bases were searched for relevant articles. Collaborative researchers screened the abstracts and eliminated a large number based on the inclusion and exclusion criteria. Eighty-one full length articles were selected according to the inclusion and exclusion criteria. The collaborative researchers critically appraised 7 articles according to the CASP appraisal tool. Based on the appraisal of the articles only four articles were used for data extraction.

Results: Web-based, case-based and simulation-based educational strategies improved clinical judgment without alliance with another educational strategy when they adhered to the design principles of authenticity active student engagement interactive learning cooperating learning, learner-focusses education and scaffolding

Sequencing of learning opportunities that fist simulate cognitive thinking and thereafter afford the students the opportunity to practice psychomotor skills support integration of theory and practice and promotes development of clinical judgment

Conclusion: No conclusion was reached regarding the research question as only four primary studies were found. Further research is needed to answer the research question. The implication for nursing education practice is that these preliminary findings provide clear guidance on the elements that educators should adhere to when designing nursing programmes.

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B 02 - Systematic Review Impacting Nursing Practice

Communication Strategies to Accomplish Effective Health Dialogue in Chronic Diseases in Laic's: A Systematic Review

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Purpose

The purpose of this presentation is to provide researchers the opportunity to engage on the critical review, synthesis and findings of the study relating to the best available evidence of communication strategies used to accomplish effective health dialogue in adults with chronic disease in low and middle income countries.

Target Audience

The target audience of this presentation is the various role-players within the health sector that communicate with patients or co-ordinate communication with patients since the findings of the study could enable effective two-way communication.

Abstract

Introduction: Communication strategies are used to inform, influence and motivate individuals and communities about health (Healthy People 2010, 2010:1; Rensburg & Krieg, 2011:77). However, chronic diseases such as diabetes mellitus, cardiovascular disease, some cancers and respiratory conditions are reaching endemic proportions in low and middle income countries (World Health Organisation, 2011:1). Unlike high income countries that are the richest and most industrialised countries in the world, with extensive resources and infrastructure; low and middle income countries have challenges with regard to access to clean water, electricity, sanitation, lack of housing, fragmented health care systems, low education levels and poor communication systems (Henslin, 2010:248; Mills, 2014:552). Consequently, it becomes clear that these differences in infrastructure and resources, could influence the communication strategies that will be used to combat disease. It is therefore imperative that health communication strategies suit the needs of the audience in order for the audience to comply with the health recommendations (Lee, 2010:165; Rensburg & Krige, 2011:81).

Purpose: The purpose of the study was to provide a critical review and synthesis of the best available evidence of communication strategies used to accomplish effective health dialogue in adults with chronic diseases in low and middle income countries.

Review question: The following review question guided the review process: *"Which communication strategies are used during effective health dialogue with adults with chronic diseases in low and middle income countries in terms of: 1) how communication is conducted; 2) when communication is conducted; 3) what is communicated 4) where communication is conducted; and 5) by whom communication is conducted?"*

Methods: Review method: The methodology of a systematic review was used since it is the broadest type of research review (De Souza, Da Silva, & De Carvalho, 2010:103). Multiple databases and search methods were used to identify studies relevant to the review question. Research citations from 2000 to 2014 from platforms such as EBSCOhost, ProQuest, Scopex, Nexus and Google Scholar were used and search methods included reference list checking and contacting the authors of studies. The systematic search strategy identified 3464 records and followed a filtering process guided by the following inclusion criteria: adults living with chronic diseases; literature that reflect health dialogue between the patient and the healthcare provider; literature from low- and middle-income countries; literature from 1 January 2000 to 31 December 2014; and literature in English, as well as studies written in other languages with an English abstract. Eight studies were selected for critical appraisal after filtering by four reviewers that subsequently appraised the eight studies in a round table consensus discussion using standardised critical appraisal tools to determine the methodological quality of the studies.

Results: Seven studies were included in the review and due to the heterogeneity of the sample which consisted of five randomised controlled trials, one case-study and one qualitative study and consequently, a meta-analysis was not feasible.

Conclusion: *After data extraction and data analysis by thematic summaries, the synthesis process led to the formulation of the following concluding statements and recommendations related to the review question: Which effective communication strategies are used during health dialogue with adults with chronic diseases in LMICs in terms of: 1) how communication is conducted?* **Conclusion:** A variety of communication strategies such as small group targeted communication, one-on-one tailored communication, mobile cellular communication and computed communication can be used to accomplish effective health dialogue in adults with chronic disease in low and middle income countries.

Recommendation: Since healthcare providers are mostly involved in one-on-one and small-group health dialogue with adults affected by chronic diseases in low and middle income countries, a greater sensitivity needs to be created towards the benefits of tailoring such communication. This goes hand in hand with equipping these healthcare providers with the necessary skills to conduct such tailored communication. Skills training in tailored communication ideally should form part of undergraduate education, but also be included in in-service training of qualified healthcare providers.

2) *when is communication conducted?* **Conclusion:** Frequently scheduled communication strategies such as weekly, bi-weekly or monthly sessions, can be used to accomplish effective health dialogue in adults with chronic disease in low and middle income countries. **Recommendation:** Since the frequency of communication reported differs from study to study, the healthcare provider should take the information needs of the patient into consideration and plan communication sessions according to the information needs of the patients.

3) *what is communicated?* **Conclusion:** A communication strategy that provides focused and specific information to the individual or group can be used to accomplish effective health dialogue in adults with chronic disease in low and middle income countries. **Recommendation:** Since the focus of the communication was unique to each study reported, it is recommended that the healthcare providers who decides to make use of the strategy, should provide communication according to the condition and needs of the patient(s) involved. The healthcare provider should use a multi-strategy approach, for example, one-on-one communication augmented by brochures or mobile messages to re-enforce the message. A dedicated national and provincial health communication unit focusing on such a multi-strategy would strengthen healthcare providers' hands to implement such a strategy.

4) *where is communication conducted?* **Conclusion:** A communication strategy that accomplishes effective health dialogue in adults with chronic disease in low and middle income countries, takes place in a convenient and private setting, such as a private room or where the patient can access his/her mobile phone or log onto the internet. **Recommendation:** The use of private rooms within nearby community facilities need to be actively pursued by healthcare providers, especially in the light of the challenges faced by public healthcare facilities – space being one such a challenge. Involving community members when creating clinic committees could be an example of how to go about securing such facilities.

5) *by whom communication is conducted?* **Conclusion:** A communication strategy that accomplishes effective health dialogue in adults with chronic disease in low and middle income countries, is provided by trained lay persons and/or healthcare professionals as well as automated computer systems.

Recommendation: Since 'trained' volunteers and peer leaders may not always be readily available, such groups should be purposefully involved in the health activities of the health facilities. The groups may be identified from patients, non-governmental organisations, or non-profit organisations in the community. Healthcare providers should become involved in the training of these groups. Training could involve disease management, but could also include communication skills.

The comprehensive synthesis of the literature has led to the creation of new knowledge and perspectives that might be of great value in developing and using communication strategies in patients with chronic disease in low and middle income countries.

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B 03 - Advanced Skills in Obstetrics

Knowledge Transfer of Continuous Professional Development to Clinical Practice in Rwanda: Midwives' Perspective

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Purpose

The purpose of this presentation is to share research findings about the opportunities and challenges that midwives experienced while translating into practice the knowledge and skills gained from participating in a continuous professional development (CPD) education program about advanced life support in obstetrics (ALSO®)

Target Audience

The target audience of this presentation includes nursing and midwifery students, nursing and midwifery educators, midwives, nurses, physicians and hospital managers

Abstract

Purpose: The purpose of this study was to gain an in-depth understanding of midwives' experiences of applying the new knowledge and skills gained from participating in the ALSO® education course into their practice settings.

Methods: Research Questions

1. What are midwives' experiences of transferring into practice new knowledge and skills gained from completing the ALSO® education course?
2. What facilitators and barriers impact midwives' ability to implement new knowledge and skills in their practice settings?

Ethics Approvals: This study met ethics requirements in that it was approved by the Western University Health Sciences Research Ethics Board and the Rwanda National Ethics Committee. Midwives who voluntarily accepted to participate in this study signed a consent form.

Methodology and Sampling: A descriptive qualitative design was used with a purposeful sample of nine midwives who were able to speak English or Kinyarwanda, were currently working in a maternity service in the Eastern Province of Rwanda, and had completed an ALSO® course within the last 2 years.

Data Collection and Analysis: To collect data, face-to-face individual interviews were conducted using a semi-structured interview guide. All participants chose to have their interviews in Kinyarwanda, and with permission of each participant, all interviews were audio-recorded. Individual interviews lasted approximately 60 to 90 minutes. The audio-recorded interviews were then transcribed verbatim in Kinyarwanda, and then translated to English by the researcher. Inductive content analysis was used to analyse the data.

Trustworthiness: To ensure the quality of this study, trustworthiness, namely credibility, conformability, dependability and transferability were used.

Results: Five interrelated themes emerged from the data analysis: *Improved Midwifery Practice, Availability of Resources, Inter-professional Collaboration, Job (Dis) satisfaction, and Autonomy for Midwifery Practice.*

Discussion Opportunities: The findings from this study revealed that midwives who participated in an ALSO® course increased their knowledge, skills, and confidence in the management of obstetric emergencies. The study findings also suggest that team spirit and knowledge sharing among health professionals who work in maternity services improved due to involvement in the ALSO® education

program. Midwives reported improved communication and relationships between midwives and their clients after participating in the ALSO® course. The findings revealed that midwives perceived a reduction in maternal and neonatal morbidity and mortality, which had previously been attributed to health professionals' insufficient knowledge and skills regarding obstetric emergency management prior to participation in the ALSO® course.

Challenges: The findings highlighted that a shortage of midwives and other health professionals, insufficient resources, and non-conducive working environments were identified as key issues encumbering midwives' abilities to fully apply their new knowledge and skills gained from the ALSO® course into practice to improve the provision of quality care. Limited inter-professional collaboration, especially between physicians and midwives, heavy workloads, and limited autonomy for midwifery practice were found in this study as the main factors associated with non-conducive work environments, and some midwives' experiences of job dissatisfaction.

Conclusion: The findings showed that after participating in an ALSO® course, midwives applied the newly acquired knowledge and skills into practice, and perceived themselves to have increased confidence for managing obstetric emergencies. The midwives felt empowered to change practice, but often faced challenges such as non-conducive work environments, shortage of health care providers, and insufficient equipment and materials.

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B 03 - Advanced Skills in Obstetrics

Nurse Perceptions of Facilitators for and Barriers to Neonatal Resuscitation in Rural Zimbabwe

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Purpose

The purpose of this presentation is to examine facilitators and barriers to neonatal resuscitation from the contexts of nurses in a rural Zimbabwean clinic to identify potential areas for improvement that may be similar across low, moderate and high resource settings, and to identify areas for potential collaborative global partnership.

Target Audience

The target audience for this presentation include nurses and health care clinicians, neonatologists, pediatricians, primary healthcare providers, midwives, administrators, educators, students, and other stakeholders who have an interest in improving neonatal outcomes in low to moderate resource settings.

Abstract

Purpose: The purpose of this qualitative study was to examine the facilitators for and barriers to neonatal resuscitation from the contexts of nurses working in a rural clinic in Zimbabwe to identify potential areas for improvement that may be similar across low, moderate and high resource settings, and to identify areas for improvement for potential collaborative global partnership.

The rationale underlying this study was the need to develop an understanding of factors that affect neonatal resuscitation from the standpoints of healthcare providers from their specific cultural contexts for the discovery of significant issues at multiple levels of care delivery that may remain undiscovered in strictly quantitative research. Additionally, this preliminary study provided useful information regarding constructivist grounded theory (CGT) as an appropriate means of qualitative inquiry in this cultural context.

Specific Aims: Aim 1: Using semi-structured in-depth qualitative interviews with three health care providers at a rural delivery setting in Zimbabwe, identify facilitators and barriers to effective neonatal resuscitation upon delivery, and categorize themes that may be consistent with those in a different setting.

Aim 2: Using a constructivist grounded theory approach, perform initial, focused open coding with constant comparative analysis, and then theoretical coding of data employing categorizing and memo writing to identify intermediate categories from coded data and final theoretical concepts.

Aim 3: Generate theory from the perspectives of participants from their Zimbabwean contexts regarding neonatal resuscitation and collect preliminary data to determine the utility of constructivist grounded theory as a means to explore more extensive observational comparisons, and testable hypotheses for future research.

Methods: Three nurses were interviewed from a rural clinic setting in Zimbabwe.

Purposive sampling was used and participants recalled incidents in neonatal resuscitations by describing events from their perspectives.

They also shared their views about what works well in NR and areas for improvement. Participant responses were analyzed using the constant comparison method. A social ecological model was used to guide the description of the study findings.

Results: Interpersonal level factors identified were triage and decision-making skills, a sense of urgency, knowledge, practice, and organization of responsibilities.

Interpersonal factors identified were teamwork and collaboration, communication, and facilitation of the bonding process

Organizational factors included competency, levels of care, continuing education, and equipment.

Societal level factors included cultural family practices, HIV cases, and poverty.

Conclusion: The findings from this preliminary study support the use of low-moderate fidelity simulation and interactive learning methodologies as an ongoing form of education and skills maintenance. While multiple level factors affect neonatal resuscitation, maintenance of competency via regularly scheduled education and mock drills can enhance provider comfort level with infrequently encountered situations. Information gained from this study addresses a critical element of the neonatal resuscitation process, the multiple level factors affecting neonatal resuscitation as experienced by neonatal resuscitation providers from their situational and cultural contexts, while addressing the Millennium Development Goal 4 which called for a two-thirds reduction in under five mortalities by the year 2015. Additionally, constructivist grounded theory was supported as an appropriate method of qualitative inquiry when adapted to suit the cultural contexts of the setting and the participants.

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B 03 - Advanced Skills in Obstetrics

Nurses' Application of Neonatal Resuscitation Skills to Practice in Rwanda: Perceived Facilitators and Barriers

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Purpose

The purpose of this presentation is to inform the audience interested in nurses' application into practice of competences gained from continuing education about factors that facilitate or hinder that application in developing countries.

Target Audience

The target audience of this presentation could be constituted of staff nurses and midwives, nurses and midwives' administrators/managers, and educators who are interested in the application into practice of competencies acquired by nurses through continuing education in developing countries especially in Africa.

Abstract

Introduction: Rwanda is a landlocked country with an area of 26,338 square kilometers located in East Africa. The total population is 10,537,222 with a growth rate of 2.6% (National Institute of Statistics of Rwanda (NISR), 2012) and a life expectancy of 65 years at birth (World Health Organization [WHO], 2014). In Rwanda, there exists a significant shortage of health professionals (WHO, 2006) which is reflected in a current ratio of six nurses per 10,000 people (WHO, 2014).

Nurses, who constitute the foundation of the health care workforce worldwide (Wirth, 2008), contribute significantly to the provision of neonatal care and to the reduction of neonatal mortality especially in developing countries (Sousa, Dal Poz, & Boschi-Pinto, 2013). Despite an overall decline of neonatal deaths among countries, the global neonatal mortality rate (NMR) (the number of newborns who die before or at their 28th day after birth per 1000 live births per year) remains unacceptably high. Neonatal deaths are particularly excessive in developing countries where approximately 99% of global neonatal deaths, estimated at more than three million each year, occur (Blencowe & Cousens, 2013). There is a gap of NMRs between developed and developing countries. For example, in 2013 the NMRs per 1000 live births were estimated at 47 in Angola and 20 in Rwanda, compared to Denmark and Canada where the NMRs were approximately 2 and 3 per 1000 live births respectively (World Bank, 2015).

In many developing countries, newborns often die from preventable deaths due to conditions such as birth asphyxia (Kinney et al., 2010). In particular, neonatal asphyxia is the leading cause of neonatal mortality accounting for 38% of all neonatal deaths in Rwanda. The Helping Babies Breathe (HBB[®]) course, which uses the 'train the trainer' model, was introduced by the American Academy of Pediatrics (AAP) in 2010 to help reduce neonatal mortality in resource limited settings (AAP, 2010). This course equips nurses and other health professionals with basic resuscitation knowledge and skills through the use of available and inexpensive materials (Korioth, 2013). In the last few years, a number of HBB[®] courses were provided to nurses in the Eastern Province of Rwanda.

Purpose: This study was conducted in 2014 to explore nurses' experiences of translating the competencies gained from HBB[®] courses to nursing practice in hospitals of the Eastern Province in Rwanda.

Methods: This study used a qualitative descriptive design (Sandelowski, 2010). A purposive sample of 10 nurses participated in individual interviews, which were audio recorded with participants' permission. NVivo qualitative software was used for data management and categories were identified from the data through content analysis of audio-recorded transcripts.

Results: Three categories emerged from the analysis: 1) application of competencies acquired from education sessions to practice, 2) benefits of continuing professional development (CPD), and 3) facilitators and barriers to the application of competencies into practice.

Conclusion: The findings suggest that newborn care and resuscitation could be improved if nurses were enabled to apply all of the nursing expertise gained from CPD courses. Also, there is a great need to provide fundamental resuscitation materials to enable nurses to effectively utilize their competencies acquired from CPD courses. The results from this study provide insights about the need to address issues such as nurse shortages, nursing shortage is currently perceived in Rwandan district hospitals where this study was conducted, and the practice of deploying nurses to a variety of units where knowledge and skills developed through participation in CPD about maternal and newborn health might be infrequently applied. It is recommended that future studies are undertaken in Rwanda and other developing countries to explore how structural barriers might prevent nurses from fully applying their acquired competencies into practice.

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B 04 - Health Promotion for Vulnerable Populations

Where Have All the Clients Gone? To Jails and Prisons. When Will We Ever Learn?

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Purpose

The purpose is to make nurses vividly aware of the precursors to incarceration, plight of prisoners with mental health issues, and the grossly inadequate support upon release with hope of igniting interest in system change. This offering presents evidence-based practices that can help to address this ongoing, worldwide problem.

Target Audience

The target audience of this presentation is nurses around the world who seek to advance the care of the mentally ill, reduce incarceration of the mentally ill, and actively advocate for system change.

Abstract

More than 10 million people are imprisoned worldwide. Although the total number with serious mental illness (SMI) is unknown, in the United States about 804,000 people with SMI are jailed each year and 72% of this population have a co-occurring substance use disorder (Steadman, Osher, Robbins, Case, & Smith, 2009; Osterweil, 2011). Ten times more mentally ill Americans are in prisons and jails than in state hospitals. In 2012 as estimated 356,268 inmates with SMI were in prisons and jails and only 35,000 SMI were in state psychiatric hospitals (Lewis, 2014). A substantial portion of the prison population is not receiving treatment for mental health issues. This lack of treatment has the potential for affecting both recidivism and health care costs after release from prison (Gonzalez & Connell, 2014). The suicide rate in prisons is almost 15 times higher than in the general population (The National Service Framework for Mental Health, 2004). Depression was the most prevalent mental health condition as reported by 20% of inmates, followed by mania, anxiety, and PTSD. Studies have found that former offenders diagnosed with a mental condition have a 70% risk for return to prison compared with an approximate 50% return rate for those without a mental condition (University of Texas Health Science Center at Houston, 2015). The ultimate solution is to (1) maintain a functioning public mental health treatment system so that mentally ill persons do not end up in prisons and jails; (2) implement and promote jail diversion programs; and (3) provide appropriate evidence-based treatment for prison and jail inmates with serious mental illness (Torrey, 2014; Human Rights Watch, 2009).

In conclusion, it is imperative to provide adequate care and support for all individuals to reduce criminal activity that leads to incarceration and to provide that same care and support upon release from jails and prisons in order to reduce the repetitive, self-defeating cycle of recidivism. This is the right and cost saving thing to do. This offering presents the evidence-based practices that help to address this ongoing problem.

Professional Mission: Poverty, inequality, and lack of education contribute significantly to the worldwide problem of incarceration of the mentally ill. Nurses, as the largest element of health care providers in the world, must join together with other health care professionals, mental health advocates, and legislators to advocate for reform of the system for mental health care delivery for all.

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B 04 - Health Promotion for Vulnerable Populations

Healthy Communities: Research Findings to Guide Nursing Interventions By Addressing Culture, Geography and Economics

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Purpose

The purpose of this presentation is to describe completed and ongoing funded nursing research that has identified a triad of health disparities and intervention points for use in public health nursing. Health promotion, intervention points and ongoing research to reduce health disparities across several public health priorities will be discussed.

Target Audience

The target audience of this presentation is the nurse researcher or ARNP focused on public health in underserved areas and advanced practice nurses who are working in community health. Changes and challenges for nurse researchers focused on health promotion such as screenings, immunization, resources and community engagement will be discussed.

Abstract

Purpose: The World Health Organization has called for researchers to close socioeconomic-driven health-related gaps, within the next generation in order to mitigate the carryover of disparities from this generation to the next. The purpose of this presentation is to present a body of research data that provides an answer to this call by identifying culturally relevant nursing intervention points that can be tailored to the unique social and economic situation within each vulnerable community. This funded nursing research identifies how the compounding effects of culture, economy, and geographical location intersect and form a gestalt triad determining health-related disparities in vulnerable populations. This deterministic triad is unique to underserved communities, and even if two communities experience the same health disparity, each community is likely to have a discretely different composition of cultural, economic, and geographic determinants. This creates a challenge for nurse researchers, policy makers and nurse practitioners trying to develop health-related interventions that are equitable, efficacious, and practical in low resource communities. In this presentation data will support the description of the role of culture, economy, and geographic location in determining current health-related disparities in vulnerable areas and the identification of culturally relevant nursing intervention points that can be tailored to the unique social and economic situation within each vulnerable community, whether rural and urban.

Methods: Community Engagement approaches and ongoing community partnerships were developed to conduct studies focused on health promotion behaviors such as immunization and interactions with primary care services in areas with challenges of geography, economy and culture. Both Quantitative (N = 1800) and qualitative (N =40) methods were used to assess health promotion attitudes, beliefs and behaviors. Quantitative research utilized psychometrically validated surveys focused on health promotion practices in two states including six separate counties. Qualitative research including interviews and focus groups (N= 40) with parents followed quantitative descriptive research studies. Findings from 5 consecutive studies have been evaluated for correlating and contrasting findings.

Results: Quantitative and qualitative results will be shared from 5 consecutive studies. Descriptive statistical procedures, logistic regression and structural equation modeling were used in this analysis of survey data. Geographic location, economic status, ethnicity and enculturation varied as predictors of participation in health promotion activities such as immunization, screenings and annual physical exams. Religious practice did not correlate with health promotion activities or access to health care. These results varied from county to county. Qualitative data analysis was completed in several steps beginning with the digital audio recordings were transcribed and checked for accuracy. In addition, notes taken during focus groups were utilized to verify participants by their individual anonymous codes so answers to questions and any additional comments that were made were verified. Transcripts were then preliminarily analyzed by an expert in qualitative analysis and a trained graduate research assistant who were not present during data collection to ensure rigor and eliminate bias. Constant comparative analysis was completed

and this systemic approach laid a foundation for concept analysis. The results indicate that Religiosity (i.e., participation in religious social structures) was a recurring and important theme when discussing health promotion. Spirituality (i.e., subjective commitment to spiritual or religious beliefs) was found to influence the ways in which individuals perceived their control over and how they are coping with health issues. In addition, individuals described the barriers to health promotion that influenced their resolve to seek health care or maintain health promotion activities. These barriers included geography and economic challenges in their community.

Conclusion: Health disparities, along with the barriers to overcoming them, have their roots in the triad of culture, geographic location, and economic factors in vulnerable communities. These communities experience health disparities that are often worsened by limited opportunities for employment, thus propagating cultural norms that further reduce access to healthcare and opportunities for sustainable health promotion. Understanding of each individual cultural, geographic, or economic element as a triad is necessary, but not sufficient unless the compounding effects of all three elements are also accounted for in the developing nursing interventions to improve health promotion outcomes. Efforts are underway in to respond to this triad through health promotion education and interventions tailored specifically to the sociocultural, geographic, and economic determinants of each unique community's health-related disparities. Early responses to recruitment and engagement during our research studies show promise and the ability to be expanded these approaches to other communities. Similar leadership and partnerships are necessary across health promotion priorities in order to equitably close the health disparity gap. Ongoing research is being conducted to replicate these findings and verify these conclusions. These data will also be presented.

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B 04 - Health Promotion for Vulnerable Populations

Barriers to Mosquito Net Use in an Underserved, Vulnerable Population in Uganda, Africa

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Purpose

The purpose of this presentation is to disseminate evidence-based information regarding mosquito net use and culturally sensitive barriers to mosquito net use as part of comprehensive malaria prevention programs in Uganda. The goal of the presentation is to improve community integration of Malaria prevention strategies by using culturally sensitive approaches.

Target Audience

The target audience for this presentation includes nurses and international healthcare providers practicing in communities at risk for contracting malaria and other mosquito borne diseases.

Abstract

Purpose: The Purpose is to describe the findings of a pilot study that examined mosquito net use among an underserved population in Uganda, Africa. The participants were living in a community of persons who had Hanson's Disease or other stigmatizing health issues and were at risk for contracting the disease.

Background & Significance: The World Health Organization (WHO) ranked the east African country of Uganda highest in the world for malaria transmission (World Health Organization, 2013). Sleeping under mosquito nets effectively prevents malaria and the use of mosquito nets are a common component of Malaria prevention programs around the world. However, the World Health Organization determined that only 33% of surveyed Ugandan households reported sleeping under nets (2013). While several studies have reported mosquito nets, when provided are misused or redirected for other purposes (Gitonga et al., 2012, Minakawa, Dida, Sonye, Futami, & Kaneko, 2008), there is limited research describing the experience of sleeping under mosquito nets or barriers to sleeping under mosquito nets from the perspective of persons living in Uganda.

Methods: This qualitative, descriptive study explored the experience of sleeping under a mosquito net and perceived barriers to sleeping under a net for participants living in a remote area of Uganda. The study was approved by the Florida Atlantic University Institutional Review Board. In April 2015, qualitative interviews were conducted in two remote Ugandan communities identified as leper colonies located near Lake Victoria. Community residents demonstrated consequential, physical sequelae of Hanson's Disease such as missing digits and blindness. A few of the residents had other stigmatizing health issues such as being deaf-mute or visible signs of polio or elephantiasis.

Communities were selected based on researcher knowledge and input from a community chairman who granted approval for the study and presided over the communities. Two local community member guides, identified by the community chairman, accompanied the researcher during community visits. Participants were recruited by visiting hut to hut. One community health partner served as the English to Soga and Soga to English interpreter while the second partner verified the accuracy of the interpretations. The researcher, via the Soga interpreter, explained the purpose of the study and read the verbal informed consent to participants. Verbal consent was received and recorded for each participant. Face to face interviews were conducted using open-ended questions with the assistance of the Soga interpreters, recorded digitally and transcribed. Handwritten field notes were maintained.

Results: Data were analyzed using Colaizzi's phenomenological method of data analysis as interpreted by Sanders (2003). To assure methodological rigor, each analysis step was reviewed with an experienced qualitative research team. Three themes emerged: (1). protection, (2.) honoring older persons, and (3). living connected to the community. Protection emerged in the context of participants expressed understanding that family members could and should be protected against malaria. They

believed sleeping under mosquito nets offered some protection against malaria but also believed malaria was caused by wind, coldness or water. Therefore, they did not believe sleeping under mosquito nets provided complete protection against malaria. Honoring older persons and the understanding parents must be well to provide for the family and care for children explained the local practice of reserving sleeping under mosquito nets for the oldest person in the home when an insufficient number of nets were available. While not directly related to the use of mosquito nets, the theme living connected to the community emerged as participants reported shared stigmatized health conditions drew the community together.

Conclusion: The data suggests that barriers to sleeping under mosquito nets were lack of access to a sufficient number of mosquito nets and misconceptions regarding malaria transmission. The findings also revealed that in order for children to be protected by nets, there must be enough nets for the older family members. This finding is significant in light of a study conducted in the Tororo district of Uganda in which researchers reported though 67.9% of households owned at least one net, only 9.9% reported having at least one net per two occupants (Pullan et al., 2010). The results of this study can inform nurses and international health care providers as they develop culturally sensitive, effective malaria education and intervention programs and policy change regarding the wide availability of mosquito netting for all persons in developing countries. Understanding culturally sensitive barriers to mosquito net use may improve individual community integration of prevention strategies.

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B 05 - Promoting Health for Those Suffering From Depression

Prevalence of Depression and Associated Factors Among the Patients With Diabetes and Hypertension in Rwanda

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Purpose

The purpose of this presentation is to share the findings from our study with different people. We believe that by presenting orally our findings, then we will achieve the aim to communicate our recommendations made to researchers, policy makers and practitioners to different and many people at the same time.

Target Audience

The target audience of this presentation is different researchers; policy makers and health care providers.

Abstract

Purpose: Chronic non-communicable diseases are frequently becoming linked with development of depressive symptoms and disorders with major health consequences associated with this co morbidity (Gunn, Ayton, Densley et al. 2012; Al-Amer, Sobeh, Zayed and Al-domi, 2011). Global trends have shown that the co-morbidity of depression and chronic NCDs has been associated with major health consequences including high rate of mortality and morbidity, disability, reduced quality of life and increased health costs and non-adherence to treatment (Markowitz, Gonzalez, Wilkinson & Safren, 2011; Moussavi, Chatterji, Verdes, Tandon et al. 2007). It is in this context that the World Health Organization has recommended the regular screening of depression among chronically ill patients (NICE, 2009).

The current study explored the prevalence of depression among diabetic and hypertensive patients in three selected district hospitals in Rwanda. We also explored Socio-demographic factors associated with the co morbidity of depression and chronic non-communicable diseases (represented by diabetes and hypertension) in the current study.

Methods: This is a part of a larger study which aimed to adapt the Collaborative Care Model to manage the co morbidity of depression and chronic non-communicable disease to Rwandan context. This part presents the quantitative data. A descriptive cross-sectional design approach was used to explore prevalence of depression among 339 diabetic and hypertensive patients. The systematic random sampling technique was used to choose the sample. We used the Patient Health Questionnaire-9 (PHQ-9) to screen depression. Data was collected over a period of six weeks. Data was analysed using Stata13.0. Frequencies were calculated for categorical data. Bivariate logistic association was used to calculate the association between socio-demographic data and depression.

Results: The sample size was 385 and 339 have participated in the study making the response rate 88%. The findings revealed that all participants 100% (n=339) had diabetes; however, a small number of participants 6.2% (n=21) also had hypertension. The majority of participants was over 60 years 34% (n=116). More than a half of participants 56% (n=190) have been diagnosed with diabetes and/or hypertension between 1 and 5 years. The majority of participants 56.9% (n=193) were married. The high number of participants 78.5% (n=266) were not employed and the majority of participants were living with their family members 87.6% (n=297). Also the majority of participants 34.8% (n=198) never schooled.

The prevalence of depression was calculated using the PHQ-9 table of score. The results have shown that a vast majority of participants 83.8% (n=284) had depression. Among them 17.9% (n=61) had moderately severe to severe depression and the big number of participants had minimal to moderate depression 81.9% (n=223). Only 16.2% (n=55) did not have depression.

It was found that only a statistically significant association was found between age and depression ($p=0.01$). Similarly, a significant association was found between gender and depression ($p=0.02$). However, there were no significant associations found between depression and other demographic factors. These are p -values found between depression and relationship status ($p=0.49$); employment

status ($p=0.17$), who lived with the respondents ($p=0.28$); educational level ($p=0.49$); duration of diabetes/hypertension ($p=0.57$) and types of medication used ($p=0.37$).

Conclusion: A very high prevalence rate 83% ($n=284$) of depression among diabetic and hypertensive patients was found in our study. Age and gender were associated with depression. Based on the findings from this study, we recommend for routine screening in Rwanda for depression in patients with diabetes and hypertension as well as other non-communicable diseases especially for those attending district hospitals to reduce the number of the depressed or the misrecognized depressed patients and consequently offer them a better quality of life.

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B 05 - Promoting Health for Those Suffering From Depression

A Systematic Review of Screening Instruments for Depression in Antenatal Services in Low Resource Settings

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Purpose

to recommend an appropriate screening tool for depression in antenatal care in low resource settings based on a review of evidence of effective screening tools in this context.

Target Audience

clinicians involved in maternal child health or mental health care as well as managers involved in policy recommendations for best practice in antenatal care.

Abstract

Purpose: A review of screening instruments for depression for use in antenatal services in low resource settings was conducted. It is important to assess methodological quality of articles which reported psychometrics of an instrument because gives insight in quality of study designs. A good instrument should have high sensitivity and specificity which makes it effective in ruling in pregnant women with depression and ruling out those who do not have. The aim of the review was to appraise the evidence on sensitivity and specificity of screening instruments for depression and recommend a suitable tool for use in antenatal services in low resource settings.

Methods: The questions for this review were: (1) what is the methodological quality of articles for validated screening instruments for depression in antenatal in low resource settings? and (2) which instruments would be recommended for use in antenatal care services in low resource settings?

Search terms were identified relevant to databases and included "depression" AND "screening" AND "antenatal". Databases, namely ScienceDirect, CINAHL, MEDLINE, PubMed, SABINET and PsychARTICLES were searched. Searching, quality assessment using the QUADAS, selection and data abstraction was done by two reviewers. Studies were evaluated for relevancy using PICO and whether they reported sensitivity, specificity and Area Under Receivers' Operator Characteristics (AUROC) curve. Pooling of sensitivity of instruments was done using a forest plot.

Results: Eleven articles were included in the review. Their methodological quality ranged from adequate to excellent. There were variations in level of accuracy, sensitivity and specificity of Edinburgh Postnatal Depression Scale (EPDS), Beck Depression Index, Centre for Epidemiologic Studies Depression Scale, Hamilton Rating Scale for Depression, Hopkins Symptoms Checklist-25, **Kessler Psychological Distress Scale** and Self-Reporting Questionnaire 20. EPDS had highest level of accuracy (AUROC=.965) and sensitivity (1).

Conclusion: The review considered instruments for screening depression in antenatal in low resource settings. Articles which reported accuracy, sensitivity and specificity for screening instruments were assessed for methodological quality. This review suggests that EPDS can be a suitable instrument of preference for screening antenatal depression in low resource settings because its level of accuracy ranged from moderate to high in various settings. The EPDS had the high level of accuracy, sensitivity, specificity and it was validated by studies which had either good or excellent methodological quality. However, it is crucial that the instrument is validated using methodologically rigorous studies before use in a particular setting.

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B 05 - Promoting Health for Those Suffering From Depression

Social Determinants Related to Depression Outcomes

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Purpose

The purpose of this presentation is to discuss social determinants related to depression outcomes and describe a preventive illness management intervention and study results that depict the relationship between these social determinants, their effect on helping individuals manage depression over time, and potential for implementation in different cultures.

Target Audience

The target audience of this presentation includes clinical, academic, and lay individuals who are confronted with the chronic illness of recurrent depression. Depression is a leading cause of disability and burden globally (Ferrari, et al 2013) and its management is a global public health problem.

Abstract

Purpose: The World Health Organization has projected that depression will be the second leading cause of disability worldwide by 2020 (Kessler & Bromet, 2013; Murray & Lopez, 1996). Depression is a chronic, recurrent disease associated with behaviors linked to other chronic diseases. Access to health care impacts recurrence and recovery but in populations and countries where resources are scarce, interventions based on the Preventive Illness Management model that considers social determinants of mental health can help individuals manage depression over time. By understanding and identifying early symptoms as related to their depression and using an identified repertoire of self-regulation strategies, individuals can learn ways of dealing with their depression. This model and intervention can be used across cultures and countries as an important self-management strategy.

The PIM-D model is based on the premise that preventing recurrence of depression involves behavior of the individual that is influenced by social determinants that include social, personal, health system, and cultural factors. Self-management requires an individual to be motivated and able to implement the activities that influence recurrence of an episode of depression or its severity.

The Preventive Illness Management of Depression (PIM-D) Intervention was developed to help prevent or lessen the severity of a depressive episode through self-regulation by enabling individuals to: identify and monitor prodromal symptoms, judge their severity, select appropriate coping strategies, test the strategies, and evaluate their success. This study's purposes were to explore social determinants of depression and their relationship to an individual's motivation and ability to implement self-management strategies and to examine the feasibility and effectiveness of the PIM-D Intervention on depression outcomes.

Methods: PIM-D was presented to individuals (N=13) with Recurrent Major Depressive Disorder. The intervention was delivered during three 1 ½ hour group sessions via presentation, group discussion, a manual containing activities designed to teach the model, and voluntary homework assignments. Pre-intervention and six-month post-intervention questionnaires assessed depression, functioning, sense of belonging, quality of life, self-efficacy and social support. Telephone interviews were conducted at three months to determine depression (BDI II) scores, status of daily activities, and use of the intervention.

Results: Results indicate that the PIM-D intervention lowered Beck Depression Inventory (BDI) scores and decreased the number of days participants were unable to complete daily activities. Key social determinants, including personal, social, educational, and health factors were related to use of the intervention and study outcomes.

Conclusion: This study suggests that the PIM-D can be a useful intervention when used within the context of interpersonal, social, health system, and cultural factors. We need additional research on how these determinants effect individuals' utilization of strategies that help them manage their depression over time. This intervention is easily taught and does not require involvement of a mental health professional.

This could be a useful strategy for people in areas in which there are no or limited resources to help them deal with depression. Depression is a major cause of disability in the world and more strategies that do not require resources or access to care might help decrease adverse health outcomes. The way in which this PIM model and intervention could be implemented in different cultures requires more exploration.

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B 06 - Quality Outcomes in the Extreme: From Pediatrics to Geriatrics Centering Pregnancy Model: EBP for Reducing Low Birth Weight Infants

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Purpose

The purpose of this presentation is to present research findings regarding an evidence-based practice population health intervention potentially mitigating effects of low-income on women and their fetuses in an effort to identify a to prevent low birth weight (<2500 grams) infants in Lubbock County located in the southwestern United States.

Target Audience

The target audience of this presentation is nursing professionals interested in population health interventions to address low birth weight infants in low-income women.

Abstract

Objective(s): To evaluate current research and evidence addressing effects of low-income on women and their fetuses in an effort to identify a population health intervention to prevent low birth weight (<2500 grams) infants in Lubbock County located in the southwestern United States.

Background: Lubbock County documented 1,306 low birthweight births out of 29,000 live births from 2006-20012 (10.1%) with error margin 9.8-10.5 (Z=1.27) (County Health Rankings, 2015). Lubbock County's birth weights ranked in Texas' top 10 counties for low birth weights for 2015. Seven of the top 10 counties are in close proximity to Lubbock County and include; Terry, Swisher, Scurry, Fisher, Crosby, and Dawson. County Health Rankings associated teen pregnancy with both late or no prenatal care and preterm deliveries, thus increasing the likelihood of delivering low birth weight infants. Lubbock County's surrounding counties have some of the highest teen birth rates in Texas.

Methods: Electronic databases searched were The National Library of Medicine database, Cumulative Index to Nursing and Allied Health, and the Cochrane Library of systematic reviews. Literature and governmental data sources were explored to assess evidence and guidelines to gain an understanding of the population health problem. Key community informants were interviewed.

Results: Published literature linked poverty, teen pregnancy, and stress to low birth weight infants. Lack of social support predicted preterm birth, low birth weights, and infant death. Centering Pregnancy Model was identified as an evidence-based practice addressing limited social support, thus decreasing stressors and increasing resources. Gathered evidence was presented and recommended to Covenant Health's Prenatal Care Center due to their providing care primarily to low-income women in Lubbock and surrounding counties. Synthesized findings presented to clinic staff and administrators provided evidence supporting adoption of Centering Pregnancy Model in their low-income population.

Conclusions: Centering Pregnancy Model allows for positive peer influences, community building, increased motivation for change and learning, and sharing of common life experiences with the group. The strengths of Centering Pregnancy Model support improvement in birth outcomes for low-income pregnant women in Lubbock County, United States.

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B 06 - Quality Outcomes in the Extreme: From Pediatrics to Geriatrics Social Stratification, Health Beliefs and Regular Check-Ups Among Older Adults in China

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Purpose

1. To introduce a valid, reliable, and culturally relevant health beliefs measure; 2. To provide empirical evidence on how health beliefs mediate the effects of social stratification and performance of regular check-ups among Chinese elderly. 3. To provide evidence for promoting culturally appropriate prevention among aging population.

Target Audience

1. Community/public health nurses who provide secondary or tertiary preventive care 2. Nursing researchers who conduct research related to health promotion and disease prevention. 3. Policy makers with a particular focus on aging and long-term care

Abstract

Purpose: Regular check-ups are especially crucial for older adults because of high prevalence of co-occurring health issues including non-communicable diseases and function decline that happened along with the aging process (WHO, 2013). Healthy People 2020 also recommends regular check-ups for preventable and diagnosable medical conditions (Maurer & Smith, 2014).

Health beliefs have an impact on the performance of regular check-ups. In particular, deep-rooted Eastern culture belief plays an important role in the formation of health beliefs among Chinese older adults (Lee & Fan, 2014). This culture based health belief contains attitudes such as fatalism that might be salient barrier of performing regular check-ups (Lee & Fan, 2014; Zhang, Shan, & Jiang, 2014). Previous studies also indicated that social stratification (e.g., age, gender, and education) could impact Chinese adult's acceptance of regular check-ups (Kwok, Fethney, & White, 2012; Lu, et al., 2015). However, we have limited knowledge on how social stratification impacts Chinese older adults receiving regular check-ups, and what role health beliefs play in mediating the effect of social stratification on regular check-ups. The purpose of this study was 1) To explore direct and indirect relationships between social stratification and regular check-ups and 2) To test the mediating effect of health belief on the relationship between social stratification and regular check-ups.

Methods: We used the 2013 Shanghai Longitudinal Survey of Elderly Life and Opinion data that include 3418 respondents age 60+. Regular check-ups include full blood count (FBC), urine test, and stool examination. Health beliefs were measured by modified 16-item Attitudinal Index (AI) that from four domains— barriers, fatalism, necessity, and detects. Structure equation modeling was performed to examine the association among social stratification (age, gender, health insurance, education level, living condition, and financial status), health beliefs, and regular check-ups.

Results: Overall, 64.16% of the respondents performed FBC, 54.15% received urine test, and only 23.11% had stool examination regularly. Results showed that all four health belief domains were related to regular check-ups. People who are younger, have higher education and better financial status, insured, and living in urban were more likely to report positive health beliefs and perform regular check-ups. Health beliefs serve as a mediator between social stratification and performance of regular check-ups.

Conclusion: Close to half of the respondents in Shanghai did not perform regular check-ups and only approximately 20% had stool examination. Our study shows the importance of health beliefs in affecting individuals' health behaviors. It is critical to develop health education programs to improve use of preventive care services for older adults in China.

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B 06 - Quality Outcomes in the Extreme: From Pediatrics to Geriatrics

Validation of Newly Developed Quality Maternity Service Management (QMSM) Model for Primary Health Care Facilities

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Purpose

The purpose of this presentation is to create awareness of the newly developed model among conference participants and to disseminate the report of its validation to the participants.

Target Audience

The target audience of this presentation is midwife professionals, Public Health nurse, Primary Health Care stakeholders, WHO representatives.

Abstract

Purpose: Developing countries, including Nigeria, have the highest burden of maternal and neonatal deaths resulting from complications related to pregnancy and childbirth. The global report of deaths related to pregnancy and childbirth documented 600,000 maternal deaths annually. The unacceptable high rate of maternal and neonatal deaths in Nigeria has been persistently unabated. In Nigeria, the maternal mortality ratio in 2008 was recorded as 545/100,000 live births, and 576/100,000 live births in 2013. Women and children from low socioeconomic background are the vulnerable groups. The peculiarity of their vulnerability predisposes them to finding quicker and cheaper avenues to seek health care. The Primary Health Care (PHC) maternity facilities are to serve this large population of women and their babies at grassroots level. Therefore, the present quality of maternal care evident by the magnitude of severe maternal/neonatal morbidity and mortality in this region makes designing of a model that will serve as a framework for provision of quality maternity care to women and their newborns a worthwhile study. The essence of designing the QMSM model is to address the reported maternal and neonatal health issues in Nigeria. However, the validation of a new model to guide provision of maternity service at primary level is imperative before its implementation to the needy larger society. This constitutes the premise for this study.

Methods: This study utilized one of the stages of theory-generating research design - theory validation described by Chinn and Kramer (2015) to verify/validate the new Quality Maternity Service Management (QMSM) model. A total of seven (7) participants out of nine (9), who were involved and skillful in the operation of PHC services, including maternity, participated in the confirmation/validation process using a purposive sampling technique, and this provided 78% respondent rate. Voluntary purposive sampling was applied in selecting the PHC programme experts for the validation stage of the model development. The MOHs and the heads of facilities, who participated in the model validation, were selected because their administrative and decision-making roles in PHC organization. In addition, they occupy the apex of the organogram of PHC system. For the purpose of validation of the QMSM model, a semi-structured questionnaire was developed based on the model's features and the components namely: the structure, the process, the outcomes, the system of funding and the system of monitoring/supervision. The questionnaire was administered to the PHC experts for responses. Detailed description and the sketched diagram of the model were sent to the experts for studying in order for them to acquire sufficient knowledge to make significant contributions to the model. Copies of the semi-structured questionnaires were administered by two research assistants. The data collected were analyzed with the aid of SPSS version 23. Both descriptive and inferential statistics were run; the results are presented in both texts and tables. All related ethical issues were addressed during the conduct of this study. Ethical clearance was obtained from relevant institutions. Prior to the commencement of data collection, informed consent was obtained from each participant, and all ethical considerations were adhered to during the study.

Results: The experts tested whether the model was adequate, accurate and represented reality for it to be assumed effective in achieving the set goal, if applied in midwifery practice. The composition of the

experts who participated in the validation process of the model includes three (3) MOHs and four (4) CNOs. The experts rated the model on four criteria (its representation of reality, accuracy, appropriateness and applicability) using a 5-point Likert scale. On the Likert scale, the obtainable score was 20. The maximum obtained score was 16, while the minimum obtained score was 9; the mean score was 14.3 (\approx 14). Five (71.4%) experts rated the model above the mean score. Therefore, 71.4% of the experts accepted and confirmed the newly developed model as being valid. The 71.4 % confirmation/validation of the new model is unanimously considered as 'good enough' by the PHC experts, scholars and the researcher. All the experts unanimously adopted the label '*Quality Maternity Service Management (QMSM)*' model for the newly developed model.

Conclusion: The study focused on validation of model development, and was done in line with a theory-generating research process in the literature supported by McKenna & Slevin, (2008) and Chinn & Kramer (2015). The developed model was tested and approved for its appropriateness, adequacy, accuracy and whether it represents reality, for it to be assumed effective in achieving the goal if applied in midwifery practice at primary level. Lastly, the implementation of the newly developed model is strongly recommended in order to improve women's and newborn's health.

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B 07 - How Education and Technology Can Improve Outcomes

Training Module Development for the Health Promotion of Older Persons in the Philippines

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Purpose

The purpose of this presentation is to showcase the training module for health promotion of older persons in the Philippines. The training module is intended to guide nurses in creating meaningful, focused and structured activities for the older persons attending adult day care programs in Senior Centers.

Target Audience

The target audience for this presentation are nurse educators and nursing leaders interested in the health promotion of older person.

Abstract

Purpose: The study aimed to develop a training module for the health promotion of older persons in the Philippines. The training module is intended to guide nurses in creating meaningful, focused and structured activities for the older persons attending adult day care programs in Senior Centers.

Methods: The study used the mixed method design that combined qualitative and quantitative data. The quantitative part is an intervention research involving the demographic profiling, assessment & re-assessment of quality of life using the World Health Organization (WHO)-Quality of Life Tool (QOL) for community dwelling Filipino older persons, development of a training module, implementation of the module during the training of nurses, and pilot testing of the training module for the health promotion of older persons.

The study protocol was subjected for approval from the University of the Philippines Manila Research Ethics Board (UPMREB) and was given an expedited review of four months by Review Panel 2. The actions and recommendations of the Research Ethics Board were facilitated through the consensus of expert panel members. The investigator also procured permission from the partner institution, Manila Department of Social Welfare Drop-In Center for Senior Citizens. The permission to use the WHO quality of life tool in ambulatory community-dwelling Filipino older persons was sought from the author (de la Vega, 2005) who did the cultural validation of the instrument and permission was granted.

Results: The training module was derived from the needs assessment of Filipino older persons, their profiling, quality of life assessment, perception of senior citizen's center services, and literature reviews. Discussions of meaning-based nursing care were included in the module based from a previous study of the investigator.

A two-day training of nurses guided by the module included training sessions/lecture discussions, structuring programs for a nurse-managed adult day care, presentation of activity plans in the adult day care program, brainstorming of ideas, and tasking of nursing activities for the program. The nurses have written a positive feedback on the use of the training module. The study has showcased the unique contribution of nurses in addressing the health care needs of older persons and in facilitating their over-all wellness.

Conclusion: The study gave evidences to the ability of nurses to do health promotion activities for older persons based on the developed training module. Thus, the study also recommends the use of the module to prescribe guidelines in the conduct of adult day care programs and services.

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B 07 - How Education and Technology Can Improve Outcomes

A Multi-Phased Approach to Using Clinical Data to Drive Evidence-Based EMR Redesign

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Purpose

The purpose of this presentation is to demonstrate how to design improvements to optimize the utility of an electronic health record (EHR). This multi-phased LEAN methodology redesign approach of nursing documentation, data analytics, and nursing work flow demonstrates a cost effective approach to leveraging data to drive evidenced based outcomes.

Target Audience

Nurse executives and Nurse educators (CNO, CNIO, VP, director, manager, faculty) or informatics educators and researchers). Any continuing education specialists who is facilitating development and education for electronic health records, introducing new practices in informatics and utilizing data to support regulatory, practice and acuity decisions.

Abstract

We optimized our technology and use a multi-tier approach to efficiently redesigned the Nursing Electronic Medical Record to match the nurses work flow to support patient centered care. You will learn how to transform nursing practice by empowering Registered Nurses decision making and influence in the design and educational rollout leading to excellence in documentation compliance. Maximizing the use of technology to improve processes and enhance the delivery of safe quality care is fundamental to the transformation of the future of nursing. Integrated data analytics measuring nursing workflow capture real-time information from the electronic medical record to provide a patient-centered, outcomes-driven approach to allow for measurable improvements to the delivery of care. The EHR provides timely acuity data to enable nurses to adjust staffing and patient assignments to best match the needs of the patient to the competencies of the nurse to promote evidenced based patient outcomes.

Abstract: Maximizing the use of technology to improve processes and enhance the delivery of safe quality care is fundamental to the transformation of the future of nursing

Utilization of an electronic medical record (EMR) can provide an important foundation for preventing harm; predict staffing, and improving outcomes. Incentivized by the economic stimulus initiative, healthcare systems are implementing vendor-based EMR systems. Evidence suggests that nurse driven design decisions, rather than the specific EMR product or technology are the primary drivers of the quality improvement performance of these systems.

A multi-phased redesign approach demonstrates a cost effective redesign for accurate documentation, time reduction, and effective approaches to leveraging data to drive evidenced based outcomes. This evidence-based approach uses real-time data driving a patient acuity system to make care decisions. Maximizing the use of technology to improve processes and enhance the delivery of safe quality care is fundamental to the transformation of the future of nursing.

This quality improvement project examined and optimizes the utility of the current electronic medical record (EMR) to increase the efficiency, quality of documentation and nurse satisfaction with workflow redesign using LEAN methodology and Implementation science. The use of LEAN and Evidence Based Practices fostered cooperation and provided principals to empower nurses to own their practice and use real-time data for clinical decision making.

Methods: Data were collected by multiple means; observation, nursing survey, chart abstraction and application of Lean methodology.

Results: Use of real-time patient data to improve documentation, and drive an outcomes driven patient acuity to continuously monitor patient needs and staffing requirements to improve clinical efficiency and outcomes. Expected Outcomes to actual patient status provide a clinical decision making tool from admission to discharge.

Conclusions: Redesigning and aligning technology to match nurse work flow and real-time patient data demonstrated improved financial outcomes: staffing to drive patient outcomes results in improved skill matching assignments, fewer instances of overstaffing while continuous updating of patient needs facilitates the precise allocation of resources.

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B 07 - How Education and Technology Can Improve Outcomes

Web-Based Pedagogical Agents to Facilitate Critical Thinking

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Purpose

The purpose of this presentation is to provide the design and results of the mixed methods research conducted with a web-based pedagogical agent or virtual character to facilitate critical thinking through Socratic questioning about an unfolding nursing case study.

Target Audience

The target audience of this presentation are nurse educators in academic or staff professional development.

Abstract

Critical thinking is a desired outcome for higher education. Although critical thinking is described as an essential skill in nursing, not all new registered nurses meet these expectations. The goal is to provide instruction that creates optimal learning situations. A variety of strategies have been proposed to facilitate critical thinking (Chan, 2013). One approach is to have the student use critical thinking skills to solve a problem by providing conditions of instruction to trigger higher order thinking (Lunney, 2013). With the growth of online learning in nursing, various strategies are needed to vigorously involve students in the instruction and encourage critical thinking (Martyn, Terwijn, Kek & Huijser, 2014).

Animated pedagogical agents are virtual characters that facilitate learning in computer-based or Web-based environments (Veletsianos & Russell, 2014). They possess the ability to provide personalization and use specific pedagogical methods that may enhance online instruction (Kim & Baylor, 2015). Agents can promote student motivation and engagement and engender affective as well as cognitive responses that may facilitate critical thinking (Frechette & Moreno, 2015). It is assumed that a pedagogical agent provides a social presence that may assist with the learning process. Agents can have both informational usefulness as a knowledgeable teacher, and affective interaction reflected in their social presence (Veletsianos, 2012). Various methods to facilitate critical thinking have been explored with varying results (Kong, Qin, Zhou, Mou & Gao, 2014).

Purpose: The purpose of this study was to evaluate the effectiveness of a Web-based animated pedagogical agent on critical thinking among nursing students.

Methods: This mixed methods experimental study used a pretest, posttest design with a control group. The convenience sample was comprised of 50 Associate Degree Nursing students in their final semester of the program. Random assignment resulted in 21 students in the control group and 24 students in the pedagogical agent group at the study's conclusion.

Instruction consisted of a series of three patient case study modules on the following topics: shock, chest trauma, and spinal cord injury. The role of the agent in the modules: an expert and motivational advisor. A nursing case study depicted a particular patient with a certain diagnosis and relayed a series of assessment data and diagnostic results. Information was relayed in an unfolding case study format. The student needed to make some determinations and conclusions related to what was happening in the case study and decided upon the interventions for the patient in response to questions being asked. One group completed three nursing case study modules with a pedagogical agent. A second group completed the series of case studies in a course management system without the assistance of the pedagogical agent. Each module consisted of an introduction to the case study and a series of slides with questions.

The agent had animations to relay facial expressions with lip synchronization and hand movement, as appropriate for the learning module. The agents represented both a male and female nurse and were realistic in appearance, rather than a caricature. The agent provides a possible innovative tool for critical thinking through active engagement of students by asking questions and supplying feedback about a series of nursing case studies. The questions and feedback was meant to be similar to the facilitation provided by the clinical instructor discussing the student's patient.

Both groups were assessed for their critical thinking before and after the modules. Students were asked to “think-aloud” about their response to scenarios in a narrative format. Student scenario responses were coded and analyzed by 2 faculty members using a rating tool and rubric for the presence of cognitive processes, level of critical thinking, and for accuracy of nursing diagnosis, conclusions, and evaluation of patient care. Their critical thinking level was rated as *novice*, *advanced beginner* or *competent* on their responses to nursing scenarios.

Results: Both groups improved their critical thinking. There was evidence of improvement in critical thinking for both groups. 79% of the treatment (pedagogical agent) group improved their critical thinking level compared to 57% of the control group.

Chi-square analyses for each group revealed a significant difference [$p=0.001$ (treatment group) and $p=0.01$ (control group)] for improvement of the critical thinking level and correct conclusions [$p=0.01$ (treatment group) and $p=0.04$ (control group)] from pre-think-aloud to post-think-aloud scenarios responses. Only the pedagogical agent group had a significant result ($p=0.03$) of their appropriate evaluations. Neither group had a significant result for nursing diagnosis.

Conclusion: Previous research in critical thinking provides evidence of usefulness of case studies and problem based learning (Lunney, 2013). This research provided further evidence that nursing case studies facilitated critical thinking for both the web-based pedagogical agent group and the control group. The advantage of a pedagogical agent over a non-pedagogical agent environment showed promise. Previous research with pedagogical agents provides evidence that is consistent with this research. Social agency theory describes the social cues of the agent (the image and voice) that cause the learner to deeply process the content to be learned. Domagk's (2015) research specifically showed that the high appeal of the pedagogical agent's appearance and voice promoted transfer performance. It would seem that students that need more help with critical thinking ability may benefit more from the use of a pedagogical agent. A pedagogical agent may provide a social presence and verbal responses to motivate students and encourage critical thinking. The cognitive and social effects of the pedagogical agent appear to provide some support for facilitating critical thinking that warrants further study. The pedagogical agent has the ability to deliver a message that can affect the learner's motivation through both verbal and nonverbal communication thereby providing a social interface. Web-based pedagogical agents provide a potential innovative teaching practice applicable to nurse educators in the academic and professional development settings. Ultimately the nurse improves their practice and patient care by increasing their ability to make decisions based on a process of critical thinking and clinical reasoning.

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C 02 - Research to Prevent Disease and Promote Health

Validity and Reliability of Health Literacy Scale for Turkish Diabetic Patients

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Purpose

The purpose of this presentation is to raise awareness about health literacy of diabetic patients and its measurement.

Target Audience

The target audience of this presentation is health professionals working in management of chronic conditions.

Abstract

Purpose: The aim of the study was to examine the psychometric properties of Health Literacy Scale which measures health literacy in three levels (functional, communicative, critical) for Turkish Diabetic Patients.

Methods: This study was conducted as a methodological study. Health Literacy scale was developed by Ishikawa et al. (2008) to provide a better understanding of diabetic patients' perspective in disease management focusing health-promotion activities. Following approval from Ishikawa, ethical committee and institutional approvals were obtained. Turkish adaptation of scale started with language adaptation process. Scale translated from English to Turkish by three experts (one language expert, two nursing expert); and back translation was done by a language expert. After language adaptation for content validity, translated scale was evaluated by 5 experts who were nurses and doctors with research and clinical focus in community health, internal medicine nursing and health promotion and self-management in diabetes. For evaluation of Health Literacy Scale items, experts used a Likert-type content validity scale (4: perfectly appropriate, 3: appropriate 2: appropriate, but small modifications are needed, 1: not appropriate). Validation of scale continued with construct validity with 140 diabetic patients (who had diabetes diagnosis at least for one year) enrolled from diabetes outpatient clinic. Kendall W analysis, Pearson correlation, Cronbach alpha coefficient and split-half correlation coefficients used for construct validity and reliability statistical analysis.

Results: In terms of language adaptation back translation (from Turkish to English) was found equal with original scale. Content validity expert opinions for items ranged from 3.4 to 4. Health Literacy Scale was found valid and reliable for Turkish diabetes patients.

Conclusion: Low levels of health literacy is associated with important healthcare outcomes. For effective management of diabetes, it is important and crucial to engage patients in management of their chronic condition with increasing self-efficacy, autonomy and disease knowledge. The validated and reliable Health Literacy Scale will allow clinicians to be assess health literacy levels of their patients, identify patients with limited health literacy and develop strategies to improve healthcare and personal outcomes.

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C 02 - Research to Prevent Disease and Promote Health

Social-Structural Facilitators and Barriers to Social Support Provision in a Community Kitchen

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Purpose

The purpose of this presentation is to present research findings on the social-structural facilitators and barriers to social support provision in a locality development initiative for food security and health.

Target Audience

The target audience of this presentation is academics, public health practitioners, policy makers, and nurses.

Abstract

Purpose: Access to healthy food can reduce health inequities in vulnerable populations (Dahlgren & Whitehead, 2015). Social-structural conditions can be significant facilitators or barriers to food security and health for vulnerable groups (Alkon & Mares, 2012; Kneafsey et al., 2013). This presentation discusses social-structural conditions identified by participants of a local food initiative, the Family Community Kitchen, to illuminate social-structural conditions that contribute to food security and health outcomes in low-income participants. Nurses have played a critical role in the expansion of both Canadian and United States' community kitchens by forging partnerships with community kitchen support organizations and serving as advocates for local groups and community health needs in the institutions in which they work.

Methods: Case study methods were used to identify and describe social-structural conditions in the community kitchen. Data was collected throughout a three-month, longitudinal period from October 2009 to December 2009 and included: field notes, focus group audio, questionnaires, and documents. Analysis of data followed ethnographic analysis procedures. Organization of emergent data and further analysis was guided by a modified version of Berkman and Glass's (2000) conceptual framework of How Social Networks Impact Health.

Results: Ten social-structural conditions were identified by community kitchen participants including: city-wide disparities; community socio-economic conditions; project resources; and cultural conditions. Results describe themes identified.

Conclusion: These findings significantly enrich the literature on social-structural conditions as barriers and facilitators of food security and health in local development initiatives. Policy solutions that prioritize locally-developed initiatives in marginalized areas are needed. Deeper exploration and understanding into how social-structural conditions (under which local food security initiatives operate) facilitate or inhibit food security and health outcomes is recommended. Examination of social-structural conditions suggests opportunities for nursing actions: primary care and population health nurses to engage community members in the identification of structural barriers to food and health inequities.

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C 02 - Research to Prevent Disease and Promote Health

Eating Behavior in College-Students: TFEQ R-18 and Qualitative Perceptions of Cell-Phone Use for Recording Diet

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Purpose

To discuss phase one of a preliminary study investigating eating behavior in a college population using the TFEQ R-18 to measure cognitive restraint, emotional eating, and uncontrolled eating with personal characteristics and the narrative perceptions of participants regarding the review of cell phone images of diet.

Target Audience

The target audience of this presentation is nursing clinicians, nurse educators, and nursing researchers.

Abstract

Purpose: Worldwide, an estimated 600 million adults are obese and 1.9 billion are overweight (World Health Organization, 2014). The etiology of obesity and overweight is complex, reflecting a combination of bio-behavioral, environmental, and social factors. Individual variations in cognition regarding diet may be partially explained by personal tendencies toward visual food cues and the propensity to act on food cues when food is available. While advances in neuroscience are laying the foundation for a cognitive phenotype of obesity and overweight, a small body of evidence suggests a relationship between how individuals think and feel about food, personal characteristics, and the review of personal food images (Carnell, Benson, Ochner, Geliebeter, 2011; Long, et al., 2013; Doumit, et al, 2015). The purpose of this project is to report phase one of a study designed to examine the relationship of cognitive restraint, emotional eating, and uncontrolled eating behavior with personal characteristics and perceptions of personal dietary images taken using cell phones to record diet in a college-age population.

Methods: This phase of the study used a hierarchical multiple regression, correlational, mixed-methods design. The research question for this study is "What is the relationship of eating domains in the TFEQ R-18 with personal characteristics and the perception of diet after review of personalized images using cell phones?" Twenty-eight college students were recruited from a single, large public university in the southwestern U.S. After study attrition, 27 subjects completed phase one of the study. Following informed consent, subjects self-reported height, weight, and demographic data, and completed the TFEQ R-18 instrument and 30 minutes of training for three days of dietary recording using an online tracking website and personal cell phones to record digital images of diet. Phase two (neuroimaging) was completed within two to three-weeks after the three days of diet recording. A private, 15-minute debriefing session was held with each participant after his/her neuroimaging session in which narrative responses were collected exploring their perception of use of the cell phone to record and review of food images. Data were cleaned after entry into SPSS version 22 for descriptive analysis. Hierarchical multiple regression analyses were conducted investigating the relationships between the cognitive restraint (CR), emotional eating (EE), and uncontrolled eating (UE) subscales from the TFEQ R-18 with gender, age, ethnicity, BMI, and weight category. Associations between age, BMI and TFEQ R-18 subscales also were explored. Narrative responses from individual debriefing sessions were combined by question and entered into a Word Cloud to examine word frequencies and patterns, and to determine recurring themes.

Results: Sample demographics indicated fifteen (55.6%) were male and 12 (44.4%) were female. Seventeen (63%) were Caucasian, 3(1.1%) were African American, 5 (22.2%) were American Indian/Alaskan and one did not specify ethnicity. Age ranged from 19-28 with a mean age of 22.3 years. One (3.7%) was underweight, 16 (59.3%) were healthy weight, 6 (22.2%) were overweight, and 4 (14.8%) were classified as obese.

The linear mixed-effects model found that personal attributes (weight status, gender, and BMI) and ethnicity explained a significant amount of the variance in the Cognitive Restraint subscale ($F(4, 20)=3.75$, $p=.020$, $R^2=.314$, $R^2_{Adjusted}=.315$). Statistically significant correlations were found with age and specific questions the EE subscale: items 4 – “Sometimes when I start eating, I just can’t seem to stop” and item 14 – “How often do you feel hungry” ($r=.395$, $p=0.046$; $r=-.389$, $p=0.050$). No statistically significant associations were found with age or BMI and individual items in CR or UE domains or in CR, EE, or UE subscale totals. Recurring themes from the narrative analysis include “increased awareness” of food intake and “ease/easy” functionality of digital images from cell phones to record diet.

Conclusion: Narrative data obtained during the debriefing suggest visualization of personal diet heightened awareness of foods consumed. Review of digital pictures from cell phone cameras was considered an easy and functional adjunct to dietary memory. The TFEQ R-18 findings from phase one of this preliminary study are similar to those reported prior suggesting the limited relationships between subject characteristics and TFEQ R-18 domains to be sample-dependent. In this study the hierarchical multiple regression analysis suggests that the significant combined effects of demographic factors and ethnicity explain the variability in the CR subscale, thus adding to the body of evidence investigating eating behavior in this population. Prior work on the TFQE R-18 and the findings of phase one of this study suggest that the personal physiological mechanisms linked to how individuals view and feel about food remain enigmatic, emphasizing the need for continued inquiry at the biological level (phase two of this project). Limitations in phase one of this preliminary study include the small sample size and exploratory nature of the associations being explored.

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C 04 - Approaches to HIV/AIDS Care

A Structural Equation Modeling: An Alternate Technique in Predicting HIV Medical Appointment Adherence

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Purpose

The purpose of this presentation is to inform the reader on structural equation modeling (SEM) path analysis may be an alternative technique to assess the effects of multiple psychosocial factors with respect to their influence on medical appointment adherence.

Target Audience

The target audience of this presentation is clinical nurses, health care providers, other health care workers responsible for the daily clinical aspects of caring for patients with HIV/AIDS and medical appointment adherence researchers.

Abstract

Background: Currently, there are more than 33 million people living with the human immunodeficiency virus (HIV) infection or acquired immunodeficiency syndrome (AIDS), worldwide (Joint United Nations Programme on HIV/AIDS & World Health Organization, 2009). *HIV* and *AIDS* still remain the top global priorities in the medical field (U.S. Department of Health and Human Services, 2011).

Retention in HIV care plays a major role in the successful management and treatment of HIV (Bofill, Waldrop-Valverde, Metsch, Pereyra, & Kolber, 2011; Burgoyne, 2005; Hightow-Weidman, Smith, Valera, Matthews, & Lyons, 2011). Current research has demonstrated that the effectiveness of HAART is directly related to client adherence to medical appointments (Horstmann, Brown, Islam, Buck, & Agins, 2010). Researchers also reported that psychosocial factors, socioeconomic status, distance traveled to seek HIV care, and gender influences the decision for patients adhering to their HIV medical appointments.

A review of the research evidence indicates that there remains much to be understood about factors that may influence adherence to medical appointments within the context of HIV/AIDS. Interventions effective in promoting medical appointment adherence and subsequently, positive health outcomes, requires an understanding of those factors driving adherence behavior. More importantly, identification of factors influencing adherence to medical appointments amenable to intervention is essential to the development of intervention strategies that are effective in keeping HIV-infected individuals engaged in care and treatment.

Purpose: A majority of the HIV treatment facilities have access to patients' social demographic data, viral load, CD4 count, and may have some form of psychometric measurements. The study proposed that a structural equation modeling (SEM) path analysis may be an alternative technique to assess the effects of multiple psychosocial factors with respect to their influence on medical appointment adherence. The study also demonstrates the implementation of SEM in one of the prior medical appointment adherence study.

Methods: SEM is a statistical analysis technique that has the same capabilities as multiple regression analysis, with the interpretation similar to the regression method. In SEM, the relationships among the variables of interests (paths) are tested simultaneously and parse out the direct and indirect effects of variables. The SEM tests the null hypothesis of "no difference" between the hypothesized model and the data; it also tests the hypothesized relationships among study variables. The goal in SEM is to be able to accept rather than reject the null hypothesis. Acceptance of the null hypothesis of "no difference" indicates that the model fits the data and the null hypothesis is confirmed. If the null hypothesis is rejected and the model does not fit the data, the null hypothesis is rejected, and modifications of the model are needed.

Results: From a previous medical appointment adherence study that utilizing SEM, the following proposed relationships among the causal model variable were found to be consistent with the data: (1)

distance to treatment facility and depression were found to have direct positive effects on adherence to medical appointments; (2) substance abuse was found to have a direct negative effect on adherence; (3) social network had a direct positive effect on substance abuse; and (4) HIV disease progression had a direct negative effect on substance abuse. The fully trimmed model provided a good fit to the observed data, with a $\chi^2(21, N = 338) = 22.31, p = .38$; GFI = 0.99; RMSEA = 0.03, and CFI = 0.99. Thus the null hypothesis of no differences was supported for the trimmed model. However, the model only accounted for eight percent of the variance in adherence to medical appointments ($R^2 = 0.08$). Longitudinal study of the relationships among causal model variable is recommended for deeper understanding of the pattern of HIV medical appointments adherence over time.

Conclusion: This research will present an overview of the SEM process to the reader(s). It also underscores the capability of utilizing structural equation path analysis in assessing the effects of multiple psychosocial factors with respect to their influence on medical appointment adherence.

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C 04 - Approaches to HIV/AIDS Care

Developing Interdisciplinary Approach Competency Related to HIV and AIDS in Preparing South African Nurses

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Purpose

The purpose of this presentation is to share how the interdisciplinary approach core competency for HIV and AIDS had been developed for further integration in the nursing curriculum in one university in South Africa. The three related specific competencies are explained, facilitating implementation by other institutions.

Target Audience

The target audience of this presentation includes nurses and nurse educators, as well as other health care professionals that can improve the training of nurses in the development of competencies that would allow nurses to be confident and competent in working within a multidisciplinary team upon graduation

Abstract

Purpose: Worldwide, the health care delivery is provided by various health care professionals, and more so for the care of HIV and AIDS. The health priorities as stated by the South African department of health include reduction of maternal and child mortality as well as fighting against HIV and AIDS among others (Department of Health, 2010; Johnson, 2012). The 2015 UNAIDS report estimates about 6.8 million of people living with HIV in South Africa, with more than 3 million people being initiated on ART (UNAIDS, 2014a, UNAIDS, 2015). With the recent approval of Pre-exposure Prophylaxis (PrEP) for HIV in South Africa, as well as the 90-90-90 target for HIV, the number of people initiated, monitored and maintained on ART is to increase. The process of establishing how PrEP can be included in the care of those at risk of HIV infection is underway (UNAIDS, 2014b, Medicines Control Council, 2015).

As nurses form the majority of health care professionals, their role in the provision of care in the fight against HIV is undisputable. Nurses' ability to provide high quality care to those at risk or living with HIV and AIDS depend on the training received, which will provide competent nurses (Callaghan et al., 2010).

With the PHC re-engineering in South Africa, the training of nurses needs to adapt to the way care is provided, ensuring relevance and increased opportunity for student nurses to be well prepared to function on completion of their training. The holistic provision of care for people at risk or living with the HIV infection depends on coordinated care from various professions, and the training of nurses need to provide nursing students the opportunity to develop competencies in being members of a multidisciplinary team. This paper will present how the interdisciplinary approach competency related to HIV and AIDS has been developed to be integrated into the training of nurses in one university in South Africa.

Methods: The study applied Intervention research: Design and development through three distinct phases. The first phase focused on developing the HIV and AIDS related competencies, and data were collected through nominal group technique sessions and individual interviews with various stakeholders such as nurse educators, recent graduates, people living with HIV, nurses in clinical practice, as well as members of the nursing governing body. With the second phase, curriculum development workshops were conducted with nurse educators, while the third phase was conducted as a validation workshop with nurse educators, nurses in the clinical setting, recent graduates, and people living with HIV. The collected data were recorded and transcribed verbatim for data analysis. The data were analysed following the steps used in the analysis of multiple group data analysis for NGT and content analysis (Van Breda, 2005; Elo and Kyngäs, 2007). Ethical clearances were obtained from all relevant institutions, and consents were obtained from all participants. Measures such as member check and prolonged engagement were applied to ensure trustworthiness, and the researcher abided by all ethical principles (Klopper & Knobloch, 2010).

Results: A total of 112 people contributed to the study, with 12.8% of the participants being involved in more than one phase of the study. The developed interdisciplinary approach competency related to HIV

and AIDS was extracted from content analysis of the nominal group technique sessions and the interviews. The competency relates to participating and implementing the interdisciplinary approach correctly and appropriately. The participants emphasised that collaboration with other health care providers enhances the provision of effective and quality care and provides the opportunity to render holistic care for HIV and AIDS. Although nurses form the bulk of health care providers, they are not the only ones, hence the need and necessity to work with the other disciplines. This core competency comprises of three specific competencies presented below, namely community engagement, referral systems, and support systems.

The community engagement specific competency is required to provide not only the insight, but also the opportunity to participate in community activities directed towards the fight against HIV and AIDS in terms of prevention and management. This necessitates collaboration with various organizations. The aspects that are essential in the development of this competency include the understanding of community engagement and community participation, ensuring collaboration as opposed to a one-sided intervention where the implementers have little communication and agreement with the group that is being served. Collaboration in this competency involves the nurses' role and the opportunity to support the various organizations that are involved in the provision of care and management of HIV and AIDS in the community, such as assisting in training of health care workers and home-based carers, especially with the implementation of ward based PHC outreach teams. This aspect was also indicated in the competencies mentioned in the literature relating to community involvement, collaboration with other members of the multidisciplinary team and understanding the role of the multidisciplinary team (Relf et al., 2011). Participating in campaigns in the community was another activity that was mentioned, which has potential to develop this competency. In addition, nurses need to be able to create and maintain links with the various resources.

The second part of the interdisciplinary approach core competency related to HIV and AIDS include referral systems specific competency, which relates to knowledge about the referral pathways and referring patients living with HIV and AIDS that are in the nurse's care appropriately, correctly and timeously. To be timeous, one must be able to assess when the referral is needed, recognize how long the management can continue in one's own practice, and know and appreciate which service will be able to provide the best care to the patient living with HIV and AIDS in order to prevent complications and ensure a positive outcome. Similar aspects were noted in literature, as documented by Relf et al. (2011) and CANAC (2013) with regard to knowing where to refer to, to link with services and to make appropriate referrals by following the proper referral pathways. The aspect of referral systems requires nurses to be comprehensive and to give patients living with HIV and AIDS enough information so that they are able to access the services they are being referred to. One needs to follow up and establish if the patient has been able to access the services they have been referred to, as well as the outcome of that visit, an aspect that was also indicated by Knebel et al. (2008). Failure to do the follow-up may result in the patient not obtaining the required services, and the nurse will not be able to establish the effectiveness of the intervention that has been implemented in the care and management of the person living with HIV and AIDS. The timeous referral is closely linked to the ability to assess and to recognize the presenting problem. This is important because late referral may hinder the patients' outcome.

Those who provide care for HIV and AIDS are not always health care professionals; there are many organizations in the community that provide support to patients living with HIV and AIDS. Nurses need to be able to identify such organizations, the services that they offer, and link and assist patients to access such support systems, hence the third specific competency of support systems. The literature also indicates aspects that relate to support systems in the care and management of HIV and AIDS. Knebel et al. (2008) indicate a competency related to linking patients to support services and support of vulnerable groups of people affected or infected with HIV, while CANAC (2013) includes linking patients to support, with Relf et al. (2011) indicating a competency that relates to mobilizing support for patients living with HIV and AIDS.

Conclusion: The interdisciplinary approach competency related to HIV and AIDS includes nurses' involvement in community organization, referral, and support systems. Nurses need to develop the competency in community engagement during their training, and opportunities to do so are limitless. For example, De Wet et al. (2013) noted about the nurses' involvement in community, that during training,

student nurses could be participating in endeavours to provided information to patients living with HIV and AIDS.

Pruitt and Epping-Jordan (2005) indicated the need to train health care workers to attain competencies that will improve tackling the problems of the 21st century. They emphasise that effective health care for patients who experience long-term illnesses, such as HIV and AIDS, needs to be continued across the various health care settings. There should be continuous collaboration amongst the various health care providers, hence the importance of the interdisciplinary approach competency developed in this study. With this competency, nurses will be able to participate and remain engaged in the various community organizations and programmes, with the aim of providing comprehensive care and management for HIV and AIDS. This will not only address the curative aspect of health care, but also the preventative and rehabilitation aspects. With the developed specific competencies, exit level and year level outcomes were developed, and they could be integrated into the new nursing program in South Africa.

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C 05 - Ensuring Culturally Diverse Practices in Maternal-Child Health

Validation of the Chichewa Perinatal PTSD Questionnaire (PPQ) and Chichewa Child Health Worry Scale (CHWS)

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Purpose

The purpose of this presentation is to report results on the reliability and validity of Chichewa Perinatal PTSD Questionnaire and Chichewa Child Health Worry Scale for assessment of PTS symptoms and worry about child's health respectively among Malawian women in the perinatal period.

Target Audience

The target audience of this presentation are researchers interested in maternal and child health, mental health problems in perinatal period, and culturally sensitive care

Abstract

Purpose: Malawi is the country with the highest preterm birth rate in the world [18.1 per 100 live births] (World Health Organization, 2014) and preterm birth is a known risk factor for parental emotional distress in the postpartum period (Lasiuk et al., 2013; Pierrehumbert et al., 2003). Research conducted on mothers of preterm infants in other countries have also shown that depressive, anxiety, and posttraumatic stress [PTS] symptoms and maternal worry about child's health are common negative maternal emotional responses following preterm birth (Brandon et al., 2011; Davies et al., 2008; Olde, van der Hart, Kleber, & van Son, 2006). The majority of studies on PTS symptoms have been conducted in developed countries (Gondwe & Holditch-Davis, 2015). Studies on negative emotional responses following childbirth in Malawi have focused on depressive and anxiety symptoms after full-term birth (Stewart et al., 2009; Stewart, Umar, Tomenson, & Creed, 2013). Little is known about PTS symptoms and maternal worry about child's health. Stewart et al. (2009) and (Stewart et al., 2013) translated the Self-Report Questionnaire (SRQ) and Edinburgh Postnatal Depression Scale for assessing general neurotic symptoms and perinatal depression respectively into Chichewa, one of Malawi's native languages and the national language taught in schools. These questionnaires were validated among mothers in the perinatal period (Stewart et al., 2009; Stewart et al., 2013). However, Chichewa instruments specifically measuring PTS symptoms and worry about child's health following birth could not be located. The Perinatal PTSD Questionnaire (PPQ) was developed by DeMier et al. (1996) and Quinnell and Hynan (1999) and is a commonly used tools to measure postpartum PTS symptoms in English speakers (Gondwe & Holditch-Davis, 2015). The Child Health Worry Scale (CHWS) is an American-based instrument that measures how much mothers worry about infant medical problems, development, whether the infant will get sick or might die, and whether baby is eating and sleeping enough (Miles, Holditch-Davis, Burchinal, & Nelson, 1999). The purpose of the study was to translate and validate the PPQ and CHWS for assessment of PTS symptoms and worry about child's health respectively among Malawian women

Methods: Validity of the Chichewa-PPQ and Chichewa-CHWS was assessed using the Chichewa-SRQ. The study was conducted at Kamuzu College of Nursing and Queen Elizabeth Central Hospital. Prior to data collection, instruments were translated and reviewed by five bilingual speakers. The instruments were then back translated and reviewed by four nursing professors and registered nurses and expert agreement of more than 60% was achieved before collecting data. A focus group discussion about the questionnaires was conducted with eight nurses-midwives from the graduate program at Kamuzu College of Nursing. Data was collected from 30 mothers using the SRQ, PPQ, and CHWS and in-depth follow-up interviews were conducted to assess ease and clarity of the items. Reliability was assessed by item correlations and Cronbach alpha was calculated. Validity was conducted by assessing the association between the PPQ and total score of the SRQ and between the CHWS and one subscale (depressive mood and depressive thoughts) of the SRQ.

Results: The results showed high reliability of each item on the PPQ high internal consistency for the whole instrument. Item reliability for the CHWS was also high and the internal consistency of the whole instrument was high. Validity of the instruments was also high correlation between the PPQ and SRQ and between the CHWS and the SRQ subscale. Mothers and midwives found the questions easy but they both agreed that being asked about fear of infant loss was very distressing.

Conclusion: These results showed that the PPQ and CHWS measured what they were intended to and that leaving distressing questions at the end of the questionnaire is helpful to avoid influencing responses to the other questions. Findings from this study contribute to the literature on negative emotional responses in the perinatal period.

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C 05 - Ensuring Culturally Diverse Practices in Maternal-Child Health Providing Care for Women With Disabilities During the Perinatal Period

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Purpose

It is estimated that 12% of women of childbearing age in the US are disabled. Disabilities include physical, intellectual, sensory and developmental. Women with disabilities are desirous of having children and little is known about their experience before, during, and after pregnancy.

Target Audience

All healthcare providers including nurses, advanced practice nurses and midwives.

Abstract

Purpose: Women with disabilities account for approximately 12% of the childbearing population and a substantial number intend to have children and experience the role of mother. However, there are substantial barriers to achieving this goal for the majority of women with disabilities. Disabilities include physical, intellectual, sensory, and/or developmental. This presentation discusses the impact of disabilities on care during the perinatal period and how midwives and other health care providers can meet this growing and understudied need.

Methods: This evidence-based program was developed from available peer reviewed literature published in healthcare, legal and sociological journals and national and international government and non-governmental organization studies.

Findings: Greater than 1 million women of childbearing age in the U.S. report that they require assistance to complete activities of daily living Women who are disabled are greater risk for interpersonal violence (IPV), to live in poverty and to not complete their education Women with physical disabilities have lower rates of screening for breast and cervical cancer and are more likely to have unmet sexual and reproductive health care needs In fact women who are disabled are generally thought of as asexual. These ideas about women with disabilities are pervasive in society, even among health care providers. As such, providers rarely discuss sexual and reproductive health issues like contraception and pregnancy with their disabled patients. Equally, it is not uncommon for women with physical disabilities to experience negative reactions to their pregnancies from family members and health care providers. Many women with physical disabilities report receiving or finding little information about how their disability might affect their pregnancy/labor. The literature also suggests that many health care providers lack knowledge about the interaction of pregnancy, labor/birth, and disability.

Related to this, many of the participants in the reviewed studies noted that there was little communication between their perinatal care providers and those who provided them with disability-specific care (e.g., rehabilitation therapists), and, as a result, their care was very fragmented, as if their pregnancy and disability did not exist within the same body.

When providers are uneducated (or have negative attitudes about women with disabilities), care may be inadequate and lead to situations that can cause harm. For instance, treating all women with physical disabilities as “high risk” and thus in need of increased medical intervention (e.g., assuming that a woman with a spinal cord injury must have a cesarean section) might not always be appropriate.

Many health care providers lack the appropriate information and training to adequately care for women with physical disabilities during the perinatal period and the overemphasis or ignorance of disability may be problematic.

In addition to attitudinal and informational barriers, many women with physical disabilities report encountering physical accessibility barriers during the perinatal period. Many women with physical disabilities report the absence of ramps, physically inaccessible delivery rooms, narrow doorways, and inaccessible ultrasound and examination tables and delivery beds (i.e., nonadjustable) and washrooms (particularly toilets and showers) as barriers to perinatal care.

Conclusion: Recommendations to be made as a result of this review of the experience of women with disabilities during the perinatal period can be divided as follows:

Policy recommendations include assuring that accommodations for all women with disabilities be made available to access quality, cost effective care. This would include transportation with appropriate equipment, childcare, equipment for examinations that reduce the discomfort and allow for all exams to be completed efficiently and with minimal stress to the woman. Women with disabilities must have a voice at the table when laws and regulations are being considered to reflect the reality of the experience of people with disabilities.

Educational recommendations include incorporating useful and accurate information about what is known about disabilities, their impact on the perinatal period and interventions that improve health outcomes.

Research implications include further development of studies that evaluate the impact of healthcare interventions to improve health outcomes for women with disabilities, their children and families. Currently a dearth of studies exists.

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D 03 - Enhancing the Lives of Cancer Patients

Palliative Care Needs of Patients With Gynecologic Cancer

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Purpose

the purpose of the presentation is to present research data representing the palliative care needs of gynecologic cancer patients.

Target Audience

nurses, physicians and all health care professions working with cancer patients.

Abstract

Purpose: The aim of this study was to identify Turkish cancer patients' palliative care needs using the three levels of needs questionnaire (3LNQ). To achieve this aim, two research questions were investigated:

- 1- Is the 3LNQ valid and reliable to measure palliative care needs of gynecologic cancer patients living in Turkey?
- 2- What is the unmet palliative care needs of gynecologic cancer patients in Turkey?

Methods: This cross-sectional descriptive study was conducted during 2013–2014 at a training and research oncology hospital in Ankara, Turkey. The study population consisted of gynecologic cancer patients who received treatment as inpatients at the hospital's gynecological oncology clinic. A total of 134 cancer patients were included in the study at an oncology hospital between 2013–2014. A data collection form, a short-form medical outcomes health survey, and the 3LNQ were used to collect data.

Results: The mean age of participants was 59 ± 8.76 , of 69.4% were diagnosed with ovarian cancer and 52.2 % had stage-3-4 cancer. The most intense problems were with concentrating, worrying, depression, and limitations with both work and daily activities. The most frequent unmet needs were fatigue (52.2%), problems with performing physical activities (42.5%), problems with being limited in work and daily activities (42.5%), and depression (34.3%).

Conclusion: The most intense problems found among gynecologic cancer patients in the present study were those with concentrating, worrying, depression, and limitations in performing work and daily activities. The unmet needs of these patients concerned fatigue, problems with performing physical activities, problems with being limited in work and daily activities, and depression. Oncology nurses should examine the underlying reasons for fatigue and give nursing care accordingly, as well as be trained and aware of depressive symptoms as of diagnosis and deliver the required treatment as part of palliative care. It is also vital to encourage patients to undertake self-care to manage their daily activities successfully. Needs assessment is an unstable process that may nevertheless clarify suggestions for modifications in health care services. When more local data become available, patients' needs can be reassessed as changes in services occur.

Though the scale used in this study shows strong validity and reliability for Turkish patients, further studies should investigate such validity and reliability in groups of different patients. The scale can be used to evaluate the Turkish cancer patients' needs from palliative care, as well as to determine when and which patients should be referred to palliative care units.

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D 03 - Enhancing the Lives of Cancer Patients

Knowledge, Attitude and Perception on Self-Vulnerability of Prostate Cancer Among Men in Akinyele, Ibadan

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Purpose

The purpose of this presentation is to assess the knowledge, attitude and perceptions on self-vulnerability towards prostate cancer among our participants with the hope of generating data that could be useful in instituting interventions, thereby reducing mortality and morbidity.

Target Audience

The target audience of this presentation is all men from Ojo in Akinyele local government, area irrespective of their socioeconomic and educational status.

Abstract

Purpose: Prostate cancer is a major cause of morbidity and mortality among men globally and in Sub-Saharan Africa. Good knowledge, attitude and perception of vulnerability could increase surveillance, uptake of preventive measures, thereby reducing morbidity and mortality rate. Anecdotal reports indicate a worrisome prevalence among men in Akinyele Local Government Area, but little is known about knowledge, attitude and extent of vulnerability perception towards prostate cancer among them.

Objectives Hence, we investigated the knowledge, attitude and perceptions on self-vulnerability towards prostate cancer among our participants with the hope of generating data that could be useful in instituting interventions, thereby reducing mortality and morbidity.

Methods: This was a community based cross-sectional study. We utilized purposive sampling technique to select 107 men who consented and met the inclusion criteria from Ojo in Akinyele local government (Mean Age: 24.6, SD: 9.84) irrespective of their socioeconomic and educational status. Data were obtained using a structured questionnaire with 40 items and a reliability of 0.79. Analysis was done with SPSS, using descriptive statistics and Chi square at 0.05 level of significance.

Results: Knowledge levels on prostate cancer was high (79.4%) among the participants, only 15% had ever received health information from health care providers, and only one-third (37.2%) of them knew about the availability of screening methods. Level of knowledge was influenced by religion ($p=0.03$), occupation ($p=0.04$) and educational levels ($p=0.005$). Majority (77.6%), had poor attitude, while perception on levels of self-vulnerability to prostate cancer was low (14% and influenced by age ($p=0.004$) and marital status ($p=0.004$).

Conclusion: Findings indicated that there is high level of awareness among participants, with poor attitude, low knowledge on the availability of screening measures and poor health promotion attitude among health care providers. It is imperative that measures be put in place to create awareness on availability of screening facilities and self-vulnerability towards the disease, which might increase Prostate Cancer screening uptake in Akinyele LGA, Ibadan, thereby reducing morbidity and mortality.

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D 04 - Global Issues Related to Job Satisfaction and Intent to Leave Intra-Organizational Communication Satisfaction and Job Satisfaction Among Nurses

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Purpose

The purpose of this presentation is to explore the possible relationships between communication satisfaction and job satisfaction, intention to leave and burnout among Belgian nurses and the impact of job satisfaction with nurses in relation to patient safety. Extrapolation of this Belgian setting to a worldwide setting among hospital nurses.

Target Audience

The target audience of this presentation will consist of hospital nurses and hospital executives, board members and also nursing researchers.

Abstract

Purpose: In an era of resource limitation, nursing effectiveness is an important goal, hampered by shortage and high turnover rate of nurses. One critical factor impacting job satisfaction and nurses' turnover is effective internal communication. Despite an increased emphasis on communication skills, communication deficiencies remain a frequent cause of reduced patient safety.

The aim of the present study was to explore the possible relationships between communication satisfaction on the one hand, and job satisfaction, intention to leave and burn-out on the other, among nurses in Belgian hospitals.

Methods: Nurses of three Flemish hospitals were asked to participate in a multicentre study. Participants were asked to fill in the Communication Satisfaction Questionnaire (CSQ), (which was first translated into Dutch and validated by a factor analysis), the Dutch version of the scale 'Turnover intention' of the VBBA (Questionnaire on the experience and evaluation of labour) and the Dutch version of Maslach Burnout Inventory (MBI). To measure job satisfaction, a visual analogue scale was used. Data are reported as numbers (%) or as mean (\pm standard deviation, SD). Statistical tests are performed as appropriate.

Results: A total of 1455 participants filled in the questionnaires. The aggregated response rate for the three hospitals is 43.2% (1455/3371). The majority is female (87.0%), and the mean age is 40.23 years (SD \pm 10.99). Most of the participants are ward nurses (87,9%) and 64% have a bachelor degree. The other (12,1%) are nurses in management positions. The average work experience is 17.09 years (SD \pm 11.20). More than half of the participants works full-time and 22.4% 80%

Within the total group, mean job satisfaction is 7.49 (SD \pm 1.43).

A total of 103/1436 (7.2%) nurses have a score \leq 5. Dissatisfaction (score \leq 5) is associated with the type of department the nurses work in. Significantly more nurses working in outpatient departments are dissatisfied as compared to the other departments ($p = 0.012$). Secondly, more nurses working part-time are dissatisfied than full-time nurses ($p = 0.004$). Third, there is an association between job dissatisfaction and years of experience. Dissatisfied nurses have significantly more years of experience ($p = 0.026$).

Nurses are most satisfied with the extent to which their supervisor trusts them (2.59 ± 1.24) and least satisfied with information on the organization's financial standing and accomplishments and/or failures of the organization (4.09 ± 1.25 and 4.09 ± 1.20), as measured by the CSQ.

Overall, most nurses have a low turnover intention (811/1355; 59.9%), one third (451/1355; 33.3%) an average turnover intention and 6.9% (93/1355) a high turnover intention.

Among all participants, 41/1454 (2.9%) have a score on the Maslach Burnout Inventory indicative for burn-out. No significant differences could be found between the hospitals ($p = 0.148$).

Within the burnout inventory 21.9% (313/1430) of the nurses have low scores on the subscale 'Personal accomplishment'. Emotional exhaustion and depersonalization are less frequently problematic (18/1430; 12.4% and 153/1432, 10.7%, respectively).

Correlational analyses demonstrated significant associations between all dimensions of communication satisfaction and job satisfaction ($p < 0.001$). Low scores on all dimensions of communication satisfaction, except for 'relationship with employees' ($p = 0.225$), were associated with higher turnover intention ($p < 0.001$) and indications for burn-out ($p < 0.001$).

Conclusion: This is the first study to report on communication satisfaction in healthcare. Communication satisfaction is positively associated with job satisfaction and negatively with turnover intention and burn-out in Belgian hospital nurses. The findings may support the need for appropriate management interventions to enhance efficient communication in order to provide high-quality care and patient safety.

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D 04 - Global Issues Related to Job Satisfaction and Intent to Leave

Job Satisfaction, Work Environment and Intention to Leave Among Migrant Nurses in a Multi-Cultural Society

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Purpose

to explore the job satisfaction level of migrant nurses working in a multicultural society; the relationship between their job satisfaction level, work environment and the intention to leave; and examine the predictors towards intention to leave.

Target Audience

Nursing administrators Health administrators

Abstract

Purpose: Over the past decade, nursing shortage has continued to plague the healthcare industry affecting the delivery of care worldwide. Acknowledging that human resource shortage in the healthcare sector is an issue not constrained by international boundaries, the World Health Organization (WHO) has warned of serious consequences such as the decrease in quality of patient care, the time on care delivery as well as collaboration among with healthcare team members posed serious implications on patient safety (Aiken, Xue, Clark, & Sloane, 2007; Buerhaus, 2008; World Health Organisation, 2006). With several countries worldwide expressing their concerns about the future of their healthcare workforce, particularly about the growing demand for nurses (Campbell, 2014; Tregunno, Peters, Campbell, & Gordon, 2009). One way that many nations used to alleviate this shortfall was via the recruitment of migrant nurses (Aiken et al., 2007; Baumann, Blythe, & Ross, 2010; Beaton & Walsh, 2010) as well as trying to reduce their resignation rate (Ujvarine et al., 2011). The purpose of this study is to explore the job satisfaction level of migrant nurses working in a multicultural society; the relationship between their job satisfaction level, work environment and the intention to leave; the predictors towards intention to leave.

Methods: A cross-sectional, correlational design using a stratified random sampling technique based on the nationality distribution of migrant nurses registered with the Singapore Nursing Board. A total of 495 migrant nurses working in a tertiary public-funded hospital were recruited for this study achieving 90% power at a 5% level of significance (Elashoff, 2012). Outcome measures for this study includes: a demographic sheet, job satisfaction questionnaire (JSQ), and Practice Environment Scale –Nursing Work Index – Revised (PES-NWI-R). All instruments were in English language as the English literacy is a prerequisite for registration as a nurse in Singapore (Singapore Nursing Board, 2013).

Results: An overall response rate of 82.5% was obtained in this study with the migrant nurses' demographic characteristics being similar to other parts of the world. A descriptive analysis showed that migrant nurses working in the hospital were moderately satisfied with their job (mean=3.43, SD=0.43) with Indian nurses reporting the highest mean job satisfaction. A post-hoc test using Bonferroni correction indicated that the job satisfaction level of Indian migrant nurses was higher compared with the Chinese nurses (mean difference 0.269, 95% CI 0.40 to 0.50, $p < .05$). Pearson Product-moment Correlation showed that there is a negative correlation between job satisfaction and all the domains of the practice environment scale: nurse participation in hospital affairs. The mean difference was also present between the intention to leave and all domains in JSQ. Finally, according to the logistic regression analysis, the strongest predictor for intention to leave was nurse manager ability (odds ratio= 1.152, $p < .05$) followed by nursing practice environment (odds ratio= 0.876, $p < .05$) while controlling for demographic characteristics and other domains in the outcome variables in the model.

Conclusion: Overall, our results showed that the mean job satisfaction level of migrant nurses was high with the plausible explanation resulting from the initial intention to migrate was to seek out a stable job, which led to an overall improvement in their quality of life (Baumann et al., 2010; Djukic, Kovner, Budin, & Norman, 2010). However, it was interesting to note that Chinese migrant nurses reported the lowest

satisfaction with their job as compared with all other nationalities where this could be due to several plausible explanations. Firstly, Chinese migrants may see themselves as an ancient civilisation with rich historical and cultural background thus increasing their desire to maintain their own cultural perspective towards life and its changes (Yan & Berliner, 2011). Secondly, with a predominantly Chinese population in Singapore (Government of Singapore, 2014), together with the large number of pre-existing Chinese migrant nurses might have given the impression to the newly migrated Chinese nurses that they can retain their perspective here as Singapore will allow them to do so (Y. Lu, R. Samaratunge, & C.E.J. Härtel, 2011; Taras, Rowney, & Steel, 2012). Thirdly, language issue faced by Chinese migrant nurses in their work environment (Goh & Lopez, 2015), difference in cultural expectation in social life (Blythe, Baumann, Rheaume, & McIntosh, 2008), and preference of retaining their cultural belief system (Y. Lu, R. Samaratunge, & C.E.J. Härtel, 2011) will in turn affect their perspectives towards working in a new environment (Ea, Itzhaki, Ehrenfeld, & Fitzpatrick, 2010). Finally, the difficulty in receiving recognition of their nurse education obtained in their homeland (Kingma, 2007) which caused deskilling and downgrading of job roles resulting in a poorer reported job satisfaction level among the Chinese migrant nurses.

Results from our study also showed that a negative correlation was found between job satisfaction and the work environment. Our results concurred with many studies where the key reasons for lower job satisfaction were related to low promotional opportunities, unsure of job fit, and management and bureaucracy (Thomas & Lankau, 2009; Wilson, 2015). Our study also showed that there is a relationship seen between lower job satisfaction and the use of nursing informatics in the clinical area where the plausible explanation can be due to the stressors arising from the need in learning to use health care informatics in their daily work which was not available in their homeland (Liu, Lee, & Mills, 2015; Ward, 2013).

Finally, in our study, two predictors of the intention to leave were identified among the migrant nurses' population. The first identified predictor was the nurse managers' ability to lead the ward. According to the Social Exchange Theory, it is important to have healthy interactions, sharing of resources, information and support (Rodwell, Noble, Demir, & Steane, 2009) among employers and employees as it reduce the intention to leave. A recent study further showed that 39.3% of their respondents indicated that their main reasons for leaving was the lack of support from management and lack of communication with their manager (Wilson, 2015). With high quality working relationship from the presence of a good nurse manager, migrant nurses will experience group cohesion and positive social climate that promotes teamwork, resolve problems in the workplace where it benefits both the individual and the organisation (Duffield, Roche, Blay, & Stasa, 2010; Rodwell et al., 2009) by curtailing the migrant nurses' intention to leave.

The second predictor towards intention to leave among migrant nurses was the nursing practice environment that they were working in. This knowledge is unique within the field of nursing management as there is a paucity in literatures exploring the job satisfaction among migrant nurses working in different specialisation and its impact towards the intention to leave. The plausible explanation for this phenomenon might be due to the lack of choice in the specialty area where the migrant nurse can choose to work in when they came over. They eventually may not work in their area of specialisation or interest and thus limiting their opportunities for professional development (Wilson, 2015). The practice environment is important for nurses' job satisfaction and retention, as a positive work environment favourable to the migrant nurses will significantly increase their job satisfaction and lower intention to leave (Choi & Boyle, 2014; Li et al., 2012; Patrician, Shang, & Lake, 2010). With the shortage in nursing workforce among many OECD (Organisation for Economic Co-operation and Development) countries (Cohen, 2006) it is important for us to understand the benefits of maximising retention of the current healthcare workforce. Our results confirmed there is a significant relationship between some intrinsic and extrinsic job satisfaction factors and the intention to leave among this population if migrant nurses. International nursing migration will continue to increase as seeking for opportunities to pursue improved pay in the wake of economic globalization. One main contribution of this study was to identify the importance of workplace relationships in retaining migrant nurses. This information can assist healthcare administrators in implementing strategies to improve retention rates of migrant nurses in the workforce. Health-care organisations will also need to encourage open communication and provide a participative management style as part of good human resource practice. When implementing change in health-care

organisations, Human resource managers can also use results from this study and take note of the importance to develop front-line nurse managers' leadership skills required for their positions.

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D 04 - Global Issues Related to Job Satisfaction and Intent to Leave

Nursing Educator Retention: The Relationship Between Job Embeddedness and Intent to Stay Among Nursing Educators

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Purpose

To describe the concept of job embeddedness and analyze the relationship between job embeddedness and nurse educator intent to stay.

Target Audience

Educators and administrators seeking a greater understanding of factors that directly impact turnover and retention of nurse educators.

Abstract

The United States is in the midst of an increasingly worsening shortage of registered nurses, due, in part, to the nursing educator shortage. Though it has not drawn the same attention as the shortage of practicing nurses, the nursing educator shortage is significant because it directly impacts the ability to educate and graduate increased numbers of nurses. According to the American Association of Colleges of Nursing (AACN), there is a national nursing educator vacancy rate of 7.6% with the Southern region of the United States reporting as high as a 12% vacancy rate (2012). These are noteworthy statistics because a reduced number of nursing educators equates to a lessened ability to educate larger numbers of nursing students. Unfortunately, the nursing educator shortage is not a problem that will be easily fixed. As large numbers of nursing educators leave positions in academia because of retirement or other causes, an inadequate number of qualified educators exist to replace them (National League for Nursing, 2014).

As the baby-boom population reaches retirement age, voluntary turnover of nursing educators due to retirement will increase, accelerating the number of vacant positions. The National League for Nursing (2014) reports that approximately 50% of nursing educators intend to retire in the next ten years, with approximately 21% planning to retire within the next five. Additionally, other well documented factors that impact nursing educator attrition include dissatisfaction with academic positions, low job satisfaction, heavy workload, burnout, unrealistic demands and expectations, transitional difficulties from clinical practice to academia, and disparities among salaries (Berent & Anderko, 2011; McDermid, Peters, Jackson, & Daly, 2012; National League for Nursing, 2014).

Voluntary turnover of nursing educators is costly for the institution as well as the profession. When nursing educators leave their academic positions, educational institutions incur both direct and indirect costs related to hiring, salary differences, training replacement educators, educator development, and support (Betts & Sikorski, 2008). Indirect costs may include loss of productivity and overall morale—both difficult to quantify (Betts & Sikorski, 2008). In addition to the direct and indirect costs, voluntary turnover also requires an institution to recruit new nursing educators. This can be a challenging and difficult process, often adding to the duties and strain of already taxed programs (Cash et al., 2009). Most institutions would prefer to retain experienced educators rather than to go through the process of hiring, orienting, and developing new ones (Johnsrud & Rosser, 2002).

Most research focuses on aging and retirement as the leading causes of nursing educator turnover. Most non-age related research on voluntary turnover focuses on attrition due to attitudinal factors such as job dissatisfaction (Berent & Anderko, 2011; Bittner & O'Connor, 2012; McDermid et al., 2012). This study took a different approach by investigating retention through the lens of job embeddedness and intent to stay.

Examining job embeddedness is a new approach to understanding retention for nursing educators. The construct of job embeddedness, first described in the seminal work of Terence Mitchell, is unique because it focuses on non-attitudinal factors that contribute to job permanency. Embedded employees choose to remain employed despite any attitudinal issues or dissatisfiers (Mitchell, Holtom, Sablynski, &

Erez, 2001). Job embeddedness considers both on-the-job and off-the-job factors influencing employees' decisions to remain at their jobs. Mitchell et al. (2001) described embeddedness as being intertwined in a web that is often difficult to exit.

Intent to stay is the probability that a person will continue employment at the current job (Price & Mueller, 1981). Intent to stay is negatively correlated with turnover (Cowden, Cummings, & Profetto-McGrath, 2011). Persons who intend to stay demonstrate a different level of commitment and less risk for turnover. Studies of intent to stay are important because they identify changeable factors that employers can remedy to improve overall retention.

Job embeddedness has been studied within multiple disciplines including military studies, banking, healthcare (non-nursing), and practicing bedside clinical nurses. Consistently, job embeddedness is strongly correlated with higher levels of employee turnover (Dawley & Andrews, 2012; Gilmartin, 2013; Zhang, Fried, & Griffeth, 2012). The more enmeshed employees are, the more likely they are to stay in their current position. Consequently, non-embedded employees often result in voluntary turnovers (Smith, Holtom, & Mitchell, 2011; Sun, Zhao, Yang, & Fan, 2011)

Purpose: The purpose of this cross-sectional quantitative study was to determine factors that influence nursing educators' intentions to stay. Specifically, this study explored the relationship between job embeddedness and intent to stay using Mitchell's job embeddedness theory as the theoretical foundation. Prior to this study, no research studies have implicitly investigated the relationship of job embeddedness and intent to stay for nursing educators.

Methods: This study used a non-experimental, quantitative cross-sectional correlational design with an online survey to investigate job embeddedness (independent variable) and intent to stay (dependent variable) among nursing educators. A researcher-developed combined survey questionnaire, containing 48 closed-ended questions, was utilized. A pilot study was conducted to determine validity and reliability of the combined survey tool. This study used non-probability convenience sampling to select participants. All potential participants (n=1060) were sent e-mail invitations, which included a request to participate in the research, a brief description of the research, and a link to the online survey. This study collected data at a single point in time, over a period of fourteen days, through a web-based survey questionnaire. Five research questions and hypotheses guided the study.

Results: The findings suggest that job embeddedness contributes to intent to stay for nursing educators. These findings are important in light of the current and predicted nursing educator shortage. The results from this study provide support for the discussion that job embeddedness affects a nurse educator's probability of staying in a position. Overall, the findings suggest that academic administrators consider measures and interventions that improve overall job embeddedness for nursing educators.

Conclusion: This study addressed a gap in the nursing educator literature. Though job embeddedness has been studied with populations of practicing nurses and healthcare workers, research specific to job embeddedness and nursing educators is lacking. Prior to this study, no literature existed that studied the relationship between job embeddedness and intent to stay for nursing educators. The findings of this study are poised to bridge the gap in the current nursing educator literature by suggesting that nursing educators focus on job embeddedness as a component of retention programs. If job embeddedness is able to positively impact intent to stay, as the results of this study suggest, it is reasonable to assume that measures that improve job embeddedness would also enhance intent to stay and overall retention of nursing educators.

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D 05 - Patient Safety: Promoting Knowledge and Processes

Transportation of Children in Ground Ambulances: Professionals' Knowledge and Safety Measures

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Purpose

To identify the safety measures used in the transportation of children in ground ambulances, as well as the professionals' knowledge about the measures to be taken in this type of transportation.

Target Audience

Pediatrics Nurses and General Nurses from the clinical practice who are called daily to transfer children in ambulances to/from or between hospitals or other care centers.

Abstract

Background: The transport of children in ground ambulances is a rarely studied topic worldwide. The ambulance vehicle is a unique and complex environment with particular challenges for the safe, correct and effective transportation of patients. Unlike the well-developed and readily available guidelines on the safe transportation of a child in motor vehicles, there is a lack on consistent specifications for transporting children in ambulances. Nurses are called daily to transfer children to hospitals or other care centers, so safe transport practices should be a major concern.

Purpose: to know which are the safety precautions and specific measures used in the transport of children in ground ambulances by nurses and firefighters and to identify what knowledge these professionals had about safe modes of children transportation in ground ambulances.

Methods: In this context, an exploratory – descriptive study and quantitative analysis was conducted. A questionnaire was completed by 135 nurses and firefighters / ambulance crew based on 4 possible children transport scenarios proposed by the NHTSA (National Highway Traffic Safety Administration) and covered 5 different children's age groups (new born children, 1 to 12 months; 1 to 3 years old; 4 to 7 years old and 8 to 12 years old).

Results: The main results showed a variety of safety measures used by the professionals and a significant difference between their actual mode of transportation and the mode they consider to be the ideal considering security goals. In addition, findings showed that achieved scores related to what ambulance crews do in the considered scenarios reflect mostly satisfactory levels of transportation rather than optimum levels of safety, according to NHTSA recommendations.

Variables as gender, educational qualifications, occupational group and local where professionals work seem to influence the transport options. Female professionals and nurses from pediatric units appear to do a safer transportation of children in ground ambulances than other professionals.

Conclusion: Several professionals refereed unawareness of the safest transportation options for children in ambulances and did not to know the existence of specific recommendations for this type of transportation. The dispersion of the results suggests the need for investment in professional training and further regulation for this type of transportation.

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D 05 - Patient Safety: Promoting Knowledge and Processes

The Effect of Assessing Barriers and Self-Efficacy Enhancement Program on Medication Adherence

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Purpose

This study aimed to examine the effect of self-efficacy enhancement program on medication adherence in post- acute myocardial infarction patients.

Target Audience

The target audience of this presentation is clinical, academic, or nursing student who are interested in adherence concept and cardiovascular patient.

Abstract

Acute myocardial infarction is leading cause of death in developed country. After receiving acute treatment, post- acute myocardial infarction patients must adhere to specific medication regimens because they play a crucial role in treating post- acute myocardial infarction and maintaining health. Medication adherence defines as post-AMI patients continuing to take medication according to post-acute myocardial infarction patients agreed recommendations from a health care provider during they are in treatment after discharge. Effective medication adherence reduces cardiac events, morbidity, mortality, rehospitalization rates, healthcare costs, and enhances well-being among patients with acute myocardial infarction. Studies have reported that adherence to medications after hospital discharge for myocardial infarction is poor with about 12% to 20% of patients discontinue their medications six months after discharge.

Purpose: This study aimed to examine the effect of self-efficacy enhancement program on medication adherence in post- acute myocardial infarction patients.

Methods: A total 44 patients with post-acute myocardial infarction were recruited from the in-patient department, Police General Hospital. The participants were random assigned into control group and experimental group. The control group received conventional care while the experimental group attended a four-week self-efficacy enhancement program, which included motivation, skill practice, and monitoring skills. The mean self-efficacy score between groups was assessed. The pill count was used to measure medication adherence. Correlations between self-efficacy and medication adherence were examined. Data were analyzed using descriptive statistic, Pearson's correlation, and t-test.

Results: The mean score on medication adherence of the experiment group who attended the self-efficacy enhancement program was significantly greater than the control group ($t = -2.77$; $df = 21$; $p = 0.01$). The mean score of self-efficacy between the experimental and control group were 35.73 (SD= 4.11) and 35.41 (SD= 3.78). The correlations between self-efficacy and medication adherence was significantly ($r=1.00$, $p =0.00$).

Conclusion: The effectiveness of self-efficacy enhancement program was effective in improving medication adherence in Thai post-acute myocardial infarction.

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D 05 - Patient Safety: Promoting Knowledge and Processes

Medication Administration Safety in Medical and Surgical Units of the Gauteng Province

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Purpose

The purpose of this presentation is to provide an overview of the incidence and types of medication administration errors as well as medication-administration-error-related deviations from safe practice in medical and surgical units of public hospitals in the Gauteng Province of South Africa.

Target Audience

The target audience of this presentation is nurses involved in medication administration, nursing educators involved in medication administration education, nursing administrators interested in improving patient outcomes related to medication administration and nursing researchers interested in patient safety outcomes related to medication administration.

Abstract

Purpose: Andermann *et al.* (2013:553) and the WHO (2015:1) agreed that research built upon the aim of measuring harm was essential for raising awareness, increasing the knowledge base and setting research priorities for making health-care safer and reducing harm to patients. The results of the systematic review done by Nabhan *et al.* (2012:129) revealed that medication adverse events were the most prevalent preventable harm affecting patients in health-care while Speroni *et al.* (2013:19) identified medication administration and transcription errors as the most frequent types of near misses. Kim and Bates (2013:590) confirmed that medication administration errors represented one of the major concerns in patient safety.

As harm is ultimately correlated with the amount of medication errors that occur in total, the exploration of the incidence of medication errors within a specific setting is the first step in measuring the harm caused by these errors. Internationally, the incidence of medication error was found to vary considerably from setting to setting, with an incidence as low as 1.2% of administered medications and as high as 291 errors in 168 observed intravenous doses while the median medication error rate as derived from 91 international studies was found to be 19.6% of total opportunities for error (Keers *et al.*, 2013:237). However, this rate was proposed to be even higher in developing economies such as South Africa (Bates, 2010:174). Although South Africa has no current statistics available regarding the incidence of medication administration errors, 105 of 629 professional nurse misconduct cases between 2003 and 2008 were related to medication administration (South African Nursing Council [SANC], 2013:1).

For this reason, the purpose of this research was to determine the incidence and types of medication administration errors and medication-administration-error-related deviations from safe practice in medical and surgical units of public hospitals in the Gauteng Province of South Africa.

Methods: The incidence of medication administration errors was determined by direct observation. The observational method implemented in this study was naturalistic observation, as the researcher tried to be as inconspicuous and unobtrusive as possible, passively recording what occurred while not modifying the behaviour occurring ordinarily in the natural setting (Gravetter & Forzano, 2012:369). The natural setting where the observations occurred was the medical and surgical units during medication administration rounds. Specific behaviour recorded was the method of administering medications, with specific notes on the occurrence of medication administration errors and deviations from safe practice.

A check-list was adapted from the check-list used by Kim and Bates (2013:591) was used during direct observation. The original tool was structured around the five rights of medication administration (right medication, right dose, right patient, right route and right time), adherence to basic infection control

principles and recording. The checklist by Kim and Bates (2013:591) consisted of positive statements, such as “label the medication immediately after preparation”. However, the researcher chose to adapt this check-list to rather reflect the errors or deviations that did occur, thus the statements were changed to the negative, example: “Medications were not labelled immediately”. This was done to prevent confusion during analysis, as the same headings could be reflected in the report. A space for indicating the rank of the medication administrator, the amount of different medications prescribed to the specific patient and the amount of interruptions occurring during the administration to the patient was added. Furthermore, omissions were added as possible error.

Eight public hospitals within the Gauteng Province that met all the inclusion criteria were selected randomly. One medical and one surgical unit from each of these selected hospitals were sampled randomly, while all the medication administrators in the selected units on the day of data-collection were included in the study. Ten parenteral and ten enteral medication administrations were observed in each unit (n = 315). All sampled medication administrators gave informed consent to be observed and tested.

Statistical analysis in the form of frequencies of errors was performed. P values (statistical significance derived from t-tests) and effect sizes (practical significance derived from Cramer’s V and correlations) of relationships between medication errors and acuity; staffing levels; occupancy; interruptions; unit type; administration route; hospital level; and the rank of medication administrator were used to obtain insight into these relationships.

Cramer’s V was calculated to determine the effect size (practical significance) between incidence of medication errors or deviations from safe practice and type of unit, level of hospital or administration route. Correlations were calculated by means of the SAS software between incidence of medication administration errors or deviations from safe practice and patient acuity, staffing levels, percentage occupancy, interruptions and rank of medication administrator, taking into account the dependency of data on individual hospitals. Odds ratios were calculated for correlations with either practical or statistical significance, taking into account the dependency of variables within hospitals.

Results: 296 errors were identified, of which wrong-time errors (n = 127, 43%) and omissions were the most common (n = 122, 41%). A further 33 patients (11%) received a bigger or smaller dose than had been prescribed, while seven out of 315 patients (2%) received the wrong medications. Medications were administered via the incorrect route to six patients (2%), while only one wrong-patient error was observed. A statistical significant correlation with medium effect was determined between interruptions and wrong dose errors (OR = 2.56; p <0.05). Patient acuity was practically and statistically correlated with wrong dose errors (OR = 10.55; p <0.05).

Conclusions: Medication administration errors pose a great threat to patient safety in public hospitals in the Gauteng Province. Both similarities with and differences to international literature were noted, which led to the need for an intervention that is developed with this specific setting in mind.

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D 06 - Assessing Simulation as Method of Meaningful Learning

Evaluation of the Instructional Design of High-Fidelity Simulation By the Third Year Undergraduate Nursing Students

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Purpose

The purpose of this presentation is to describe the evaluation of the instructional design of high-fidelity simulation as perceived by the third year undergraduate nursing students.

Target Audience

Nurse educators who are interested in simulation as teaching and learning method

Abstract

Purpose: Simulation as a learning strategy integrates clinical skills, content knowledge, teamwork, inter-professional communication, physical assessment, nursing therapeutics and critical thinking within a non-threatening environment (Levett-Jones et al., 2011:706). In order to reach these competencies through the use of simulation, the School of Nursing at the University of the Free State has been using simulation as a teaching and learning strategy in the undergraduate and postgraduate programs since 2010. In the first four years of using simulation, it has been a growing experience through continuous efforts to address short-falls and improving each simulation scenario. However, the question arises whether the simulations we do, comply with the standards set out for quality simulation experiences on an international level.

The aspects of authenticity, scaffolding, alignment and constructivism are built into a template that the facilitators implement during the design and running of high-fidelity simulation sessions. Authenticity forms a major concern when performing simulation, despite of the increasingly sophisticated technology (Dunnington, 2014:21).

Instructional scaffolding organizes and structures scattered information and concepts to students during a simulation session to assist them in knowing where to focus their attention on a given scenario (Lin, Hou, Wu, & Chang, 2014:55).

Constructive alignment ensures the students meet the necessary outcomes and competencies set out per simulation session. Significant positive relations between the simulation design and learning outcomes have been confirmed through other studies (Ahn & Kim, 2015:711).

Constructivism is the philosophical theory of choice used at the institution. This allow individuals to construct new knowledge for themselves through interaction with their environment (Meakim et al., 2013: S5). It is a process of personal discovery, when learners learn to understand issues within a realistic setting. However, it is only through the combination of the student's interaction during the high fidelity simulation and debriefing that the aims of constructivism are met (Neill, Hons, Tesol, & Wotton, 2011:162).

Pamela Jeffries' publication "A Framework for Designing, Implementing, and Evaluating Simulations Used as Teaching Strategies in Nursing" conceptualized practices concerning the planning and running of simulations as a teaching tool (Jeffries, 2005). The framework describes the five major constructs namely: educational practices, teacher, students, simulation design characteristics and outcomes.

The aim of the study is to describe the instructional design of high-fidelity simulation from the third year nursing students' perspective in the School of Nursing regarding design characteristics and criteria of the Jeffries simulation model.

Methods: A quantitative, non-experimental, cross-sectional descriptive design was used (Grove, Burns, & Gray, 2013:24). Students completed the 20 item Simulation Design Scale (SDS) instrument which was designed by the National League for Nursing (NLN), aimed at evaluating the five design characteristics of

Jeffries' simulation model. It is a self-report instrument using 5-point Likert scales and provides the option for participants to select Not Applicable as a response (Thidemann & Söderhamn, 2013:1602).

Descriptive statistics namely frequencies and percentages for categorical data, means and medians and percentiles for continuous data were calculated. The association between the adherence and importance of design characteristics will be described by means of 95% confidence intervals for the median differences for paired data. The analysis was done by a biostatistician from the Department Biostatistics.

The population in this study included most of the third year undergraduate nursing students (30 students) in the four year Baccalaureus nursing programme at the University of the Free State.

Results: The relationship between the adherence and importance of the design characteristics are described by means of 95% confidence intervals for the median differences for paired data. The results confirm the importance of each design characteristic within high fidelity simulation session. From this study we can see that the students could identify all five design characteristics within their high fidelity scenario.

The median results indicate that the students rate the objectives and information provided to them as the most important design principle, followed shortly by problem solving. Feedback and debriefing were seen as the third most important design criteria by the students.

Conclusion: Findings of this study confirm the importance of applying design principles when planning high-fidelity simulation sessions for undergraduate nursing students. The students evaluated and rated the five design characteristics and confirmed the presence and importance of each as fundamental foundations for designing and performing high-fidelity simulation scenarios. Further research needs to determine the role these five characteristics have on attaining learning outcomes, learning transfer, the duration of the effect as well as translational impacts. Furthermore, there is a need to determine the relationship between the design characteristics in relation to the level of the learner, the level of patient care as well as systems outcomes (Groom, Henderson, & Sittner, 2014:343).

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D 06 - Assessing Simulation as Method of Meaningful Learning

Optimizing Simulation as Meaningful Learning Experiences for Postgraduate Paediatric Nursing Students

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Purpose

The purpose of this presentation is to discuss the findings of an action research process that aimed to improve simulation as a meaningful learning experience for mature students who did not exhibit the characteristics of adult learners.

Target Audience

The target audience of this presentation is nurse educators who are interested in simulation as an effective teaching and learning method and strategies on how to improve the learning experience for mature students who are not necessarily typical adult learners.

Abstract

Purpose: The use of simulation in nursing education embodies the principles of adult learning as defined by several educational theorists. Nurse educators involved in simulation-based education are usually concerned with making the learning experience as authentic as possible. However, effective education of adults through simulation requires a sound understanding of adult learning theories and best practices on how to facilitate adult learning (Zigmont, Kappus & Sudikoff, 2011). Apart from adult students being more mature than most undergraduate students, they commonly share at least four non-traditional attributes: financial independence, full-time employment, having dependents and studying part-time (Kenner & Weinerman, 2011). Professional nurses who engage in further education not only share these attributes; they also bring clinical and life experiences to the educational environment.

Closely linked to simulation is Kolb's experiential learning theory of concrete experience, reflective observation, abstract conceptualisation and active experimentation (Kolb, 1984). Ericsson's (2008) thesis, that deliberate practice activities that are clearly focused on improving some aspect of performance are necessary in order to acquire expertise, was applied throughout the study.

Most nurse educators regard students who enter postgraduate studies as adult learners that are capable of self-direction and independent learner behaviour. Contrary to our expectations, the students that registered for a postgraduate diploma in paediatric nursing were dependent learners with low self-directedness. The mismatch between the nurse educator's expectation of adult learners and mature learner conduct resulted in disappointment and even frustration for both educator and learner. Consequently, the educators had to adjust their approach to simulation as teaching and learning activity. The purpose of this presentation is to discuss the findings of an action research process that aimed to improve simulation as a meaningful learning experience for mature students who did not exhibit the characteristics of adult learners.

Methods: Action research which is predominantly a qualitative mode of inquiry was used because it allowed the researcher to combine her work as a nurse educator with the research in an ongoing fashion (Zuber-Skerrit & Fletcher, 2007) and possibly create new knowledge by answering 'how can we improve...' or 'what can we change in order to improve...' questions (McNiff & Whitehead, 2006). A recognised strength of action research is that findings are easily translated into practice while some other research approaches may leave the practical application of findings as recommendations (Hien, 2009).

The researcher viewed herself as an active member of the action research process as opposed to only being an onlooker and data gatherer. The other participants were the 15 – 20 students who enrolled for the one year, postgraduate paediatric nursing programme in both 2013 and 2014.

Qualitative data were collected by means of a self-reflective journal and field notes made by the researcher who is also the educator. To gather data from the students the researcher used the nominal group technique, focus group interviews, and audio-tapes of simulation debriefing sessions. Quantitative

data were collected when students completed a module assessment tool. Data were collected through three cycles.

Electronic software was used to analyse qualitative data in an inductive and deductive manner. A co-coder was used to promote methodological rigour. Descriptive data analysis was done on the quantitative data by the researcher and was triangulated with the qualitative data.

Results: Aspects contributing to meaningful learning are the simulation environment, cognitive processes and student performance. Each of these aspects has sub-themes that contributed to making the learning experience meaningful. Performance anxiety, unfamiliar environment, unpreparedness, responsive simulator and lack of guidance decreased the meaningfulness of the learning experience. However, some hindering aspects were also identified as contributing to the meaningfulness of the learning experience, for example the responsive simulator.

Conclusion: While striving to improve her educational practice, the nurse educator gained insight in herself and consequently changed her interaction with the students as well as her approach to simulation as a learning experience. By adapting her facilitation of the reflection on action (debriefing) process, students became more independent and exhibited self-directed learning behavior towards the end of the programme.

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D 06 - Assessing Simulation as Method of Meaningful Learning

Substitution of Clinical Experience With Simulation in Pre-Licensure Nursing Programs: A National Survey

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Purpose

The purpose of this presentation is to provide nurse educators with survey research results related to substituting traditional clinical experiences with simulation.

Target Audience

The target audience of this presentation are nurse educators, clinicians and administrators who use simulation for teaching and learning.

Abstract

Purpose: Some states allow simulation substitution of supervised clinical instruction. However, a review of the literature found that a standard substitution ratio for simulation hours to supervised clinical hours does not exist among pre-licensure nursing programs. The purpose of this study was to determine the ratios of simulation to supervised clinical instruction used in pre-licensure curricula. In addition, this study evaluated the facilitator-to-student ratios used in simulation and supervised clinical instruction. The study also investigated the rationale for substituting simulation in place of supervised clinical instruction, the person or people that made the decision(s) about substitution, and how the substitution ratio was determined.

Methods: The methodology used for this study was a descriptive electronic survey which was sent to over 1400 pre-licensure schools of nursing in the United States (US).

Results: Four hundred thirty-two (32%) educators responded to the survey, and every State in the US was represented. Schools of nursing were almost evenly split between using a standardized ratio and not using a standardized ratio when substituting simulation time for supervised clinical instruction time. There was great variability found in facilitator to student ratios for both simulation and supervised clinical instruction ranging from 1:1 ratio to 1:≥10 ratio. The most common reason cited for substituting supervised clinical instruction with simulation was faculty “value simulation as a teaching methodology”. The nursing program director most often decides if simulation will be substituted for supervised clinical instruction; however, faculty most often determine the substitution ratios.

Conclusion: This study was the first to investigate ratios, rationales, and decision makers for substituting simulation for traditional clinical experiences. The study provided an initial view of current practices related to simulation as a substitution for supervised clinical experiences. While the study provided a foundation of where schools of nursing are currently, it also uncovered additional questions and revealed areas rich for future research.

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D 07 - Cultural Disparities in Cardiovascular Disease Care

Barriers to Treating Hypertension and Preventing Potential Risk for Cardiovascular Disease Among Haitians

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Purpose

The purpose of this presentation is to explore the state of the science of hypertension in Haiti. In this presentation we will discuss content and themes found in the literature regarding prevalence, disease burden, public health challenges, and the identified barriers to effective management of HTN among this underserved population.

Target Audience

The target audience of this presentation is nurses, nurse educators, and nurse researchers.

Abstract

Purpose: Hypertension (HTN) is the greatest cause of morbidity in Haiti, where it is an identified cause of heart failure for 45% of patients, and primarily associated with more than 70% of cardiovascular disease-related hospital admissions. The literature is limited regarding HTN in Haiti, where HTN and related complications are responsible for an estimated 20% of deaths. In this review, we explored the scientific literature regarding HTN and heart failure in Haiti. Specifically, we focus on HTN as a cause of morbidity and mortality in Haiti. We also synthesize the evidence on assessment and management of HTN among Haitians, with particular attention on interventions aimed to reduce or control HTN and heart failure.

Methods: We conducted a literature search with the supervision of a medical librarian, for evidence related to hypertension and heart failure in Haiti. We obtained papers from PubMed, EMBASE, CINHALL, and LILAC databases. The original search yielded 152 citations in total, using keywords hypertension, high blood pressure or heart failure with Haiti. Boolean phrases "heart failure AND Haiti" as well as "hypertension AND Haiti" were used for advanced searches. To identify relevant papers, search limitations were set to human only, men and women ages 18 and older, and English only. The search resulted in 152 titles that included published articles, abstracts, conference proceedings, book chapters and dissertations.

Results: Eight publications were selected and synthesized for the review. No randomized control studies or systematic reviews were found. Studies reported prevalence rates for HTN among patients in rural and urban area clinics and hospitals across Haiti. Although results varied, the articles report similarities with respect to prevalence, disease burden, public health challenges, and the identified barriers to effective management of HTN among this underserved population.

Conclusion: Studies have identified several barriers to management of hypertension in Haiti but the evidence for effective and efficient interventions is sparse. Challenges include a lack of knowledge of hypertension among Haitians, low awareness of HTN as a health condition, lack of health education and resources. Findings from previous studies recommend educational strategies for future interventions. Future research is necessary to address the barriers of effective management of hypertension and the avoidance of serious complications of HTN. The literature about HTN in Haiti supports the need for culturally-appropriate, community-based HTN-management programs. Evaluation of community-based patient education programs have not been reported but are likely a fertile area for future research. The literature highlights several broad recommendations, including the development, implementation, and evaluation of community-based programs to promote health education; reliable medical follow-up for those in treatment; and management of HTN, with specific focuses on rural areas. Further scientific research is needed to explore cultural beliefs that influence understanding of HTN, culturally-relevant approaches to disease management, and improved medication adherence.

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D 07 - Cultural Disparities in Cardiovascular Disease Care

Race Matters: Disparities in Patients Presenting to the Emergency Department With Potential Acute Coronary Syndrome

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Purpose

The purpose of this presentation is to identify disparities in clinical presentation, treatment, and healthcare services utilization between Blacks and Whites presenting to the emergency department with potential acute coronary syndrome.

Target Audience

The target audience of this presentation is researchers focused on disparities in clinical presentation and healthcare. Nurses who care for diverse populations, emergency department nurses, and nurses caring for individuals with heart disease will also benefit.

Abstract

Purpose: The purpose of this study was to examine disparities in clinical presentation, treatment, and patient-reported outcomes between non-Hispanic Blacks and non-Hispanic Whites presenting to the emergency department (ED) with potential ACS. The complex relationship between race and health disparities in coronary heart disease (CHD) remains poorly understood. The presence of health disparities suggests that disadvantage, resulting in disease, is unjust and avoidable. Patterns of health disparities across the globe have been consistent; individuals with fewer resources have worse health outcomes and individuals with fewer resources are disproportionately those of color. It has been well documented that Blacks have higher numbers of risk factors for acute coronary syndrome (ACS), such as hypertension, diabetes, and smoking, compared to Whites. In addition, Blacks have among the highest incidence of hypertension (44%) in the world.

Methods: Patients in this sample (n=663) were part of a larger National Institute of Nursing Research sponsored ACS study. Individuals presenting to the ED with symptoms triggering a cardiac evaluation, ≥ 21 years old, and fluent in English or Spanish were eligible. Patients were excluded if they had an exacerbation of heart failure, were transferred from a hemodialysis facility, were referred for evaluation of a dysrhythmia, or had cognitive impairment. The validated ACS Symptom Checklist, ACS Patient Information Questionnaire, Froelicher's Health Services Utilization Questionnaire-Revised, and a medical record review form were used to measure clinical presentation, treatment, and patient-reported outcome variables at baseline and one and six months following discharge.

Results: Participants included 116 non-Hispanic Black patients (17.5%) and 547 non-Hispanic White patients (82.5%). There were no differences between Blacks and Whites in the percentage of those ruled-in versus ruled-out for ACS, type of ACS (unstable angina, non-ST elevation myocardial infarction, or ST elevation myocardial infarction), or sex. More than 80% of the sample had health insurance and rates did not differ by race (Black=80.4% & White=86.6%, $p=0.26$). Blacks with confirmed ACS were younger; had lower income; less education; more risk factors; more symptoms, and longer prehospital delay at presentation compared to Whites. Blacks experiencing palpitations, unusual fatigue, and chest pain were more than 3 times as likely as Whites to have ACS confirmed. Blacks with ACS had more clinic visits and more symptoms one month following discharge.

Conclusion: Significant disparities in socioeconomic factors, risk factors, prehospital delay times, symptoms, and healthcare utilization for Blacks and Whites following presentation to the ED for symptoms suggestive of ACS persist despite a decrease in mortality rates and a plethora of prior data on racial disparities. For every disparity identified in this study, Blacks were at a disadvantage. Identification of these racial disparities may open new lines of inquiry focused on design and testing of patient-centered interventions for those with a history of or who are at risk for ACS. Further research on differences in

clinical presentation and outcomes between Blacks and Whites with ACS is warranted to reduce disparities.

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D 07 - Cultural Disparities in Cardiovascular Disease Care

Yo Entiendo: I Understand

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Purpose

To better understand health literacy and cultural barriers faced by Spanish speaking heart failure patients.

Target Audience

Health care providers interested in health literacy and cultural barriers.

Abstract

Purpose: Low health literacy is a pervasive and widespread issue that affects virtually every aspect of health care delivery. The purpose of this qualitative study was to better understand health literacy and cultural barriers faced by Spanish speaking heart failure patients.

Methods: This qualitative study measured multiple aspects of the patient care experience in one-to-one interviews with seven (2 inpatient, 5 outpatient) Heart Failure Spanish speaking patients that received care at UCLA between 2011 and 2015. Consent was received from all participants using a Spanish speaking community health educator who was also present during six of the seven interviews. A standardized interview template was used to interview all patients. In addition, the UCLA phone interpreter service was used for one of the inpatient interviews. Using the Patient Voice Toolkit, the interview data was synthesized and three core themes emerged: cultural competency, coordination of care, and communication/interpreter services. Sub-committees were developed for each of the three core themes to follow through on the action items that were discussed.

Results: The patient interviews highlighted three themes: cultural competency, interpreter services, and care coordination. Cultural competency is an awareness of culture, folklore, customs and beliefs. The patient interviews revealed the importance of family and identifying caregivers, role of wife and children, hierarchical and patriarchal culture and especially the role of food in culture. The second theme conveyed low utilization of interpreter services by providers. In addition, inadequate assessment of learning styles and the use of teach-back methods were often not utilized by providers, which compounded the effects of low health literacy on health outcomes. Finally, there was lack of care coordination, especially in the outpatient setting. Thus, patients were confused with many providers and having limited understanding of the US health system and available outpatient resources.

Conclusion: Providing medical care in a culturally sensitive manner includes more than word for word language translation. Consideration of culture, emotions, inflection differences, intonation differences, and regional differences are just as important as words for effective communication. Moving forward, the Cultural Competency Project will evaluate current UCLA cultural and linguistic competency tools and modules as well as more detailed, layered and culturally specific tools and modules as they relate to the Spanish speaking/Latino culture.

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D 10 - Sexual Risk Factors and Behaviors

Determinants of Risky Sexual Behaviours Among Undergraduate Students of Walter Sisulu University in Eastern Cape

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Purpose

The purpose of this presentation is to describe the determinants of risky sexual behaviours among university undergraduate students in order to minimize risky sexual behaviors and improve sexual reproductive health among university undergraduate students and to raise awareness to other universities concerning such behaviours on university campuses.

Target Audience

The target audience of this presentation is everybody who works in the health profession and at a tertiary institution. All those who are interested in youth intervention programmes in institutions of higher learning and health in general.

Abstract

Background: Students in tertiary institutions are vulnerable to risky sexual behaviours and they tend to experience them. They engage in risky sexual behaviours that predispose them to risk of contracting Sexually Transmitted Infections including HIV and unplanned pregnancy.

Purpose: The aim of this study was to describe the determinants of risky sexual behaviours among Walter Sisulu University undergraduate students in order to strengthen existing intervention strategies.

Method: A cross sectional study using mixed method, Concurrent Triangulation design was used. The study was conducted at all four WSU campuses in the Eastern Cape Province. Self-administered questionnaires were administered to 1024 students and four focus group interviews were conducted to 27 participants. The data were analyzed using SPSS version 20 software package and N'VIVO 10 computer package.

Results: About 93.95% of sexually active respondents had practiced risky sexual behaviours. The mean age at first sexual intercourse was 16-17 years. 91.60% of students were heterosexual, 5.86% were homosexual and 2.54% were bisexual. Unprotected sex was reported by 39.75%, 38.38% had sexual intercourse with a stranger, alcohol use at last sexual intercourse was 10.86%, non – use of condom by homosexuals 55%, heterosexuals 39% and bisexuals 30.80%. A 66.60% considered themselves as having high probability of HIV infection because they practice risky sexual behaviours.

However, about 40.23%, ($p = 0.001$) of students had intention to abstain from sex in next 12 months, whilst majority 77.83%, ($p = 0.30$) had intention to be faithful to one sexual partner, 74.22%, ($p = 0.766$) had intention to use condom, while intention not to have sex with someone older was 56.45%, ($p < 0.01$) and intention not to have sex in exchange for money was 68.85%, ($p = 0.009$).

Conclusions: The majority of participants engaged in risky sexual behaviors and various factors were associated with these risky sexual behaviours. Interventions targeting reduction of multiple partners, alcohol or drug intake, condom use, sex with older partners, transactional sex and collaboration between academics and support services are recommended.

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D 10 - Sexual Risk Factors and Behaviors

Preliminary Results of an HIV/STI Risk Reduction Group Intervention for Hispanic Women

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Purpose

The purpose of this study is to investigate the preliminary effectiveness of an HIV/STI risk reduction group intervention (SEPA; Salud/Health, Educación/Education, Promoción/Promotion, y/and Autocuidado/Self-care) for Hispanic women.

Target Audience

This presentation is aimed at nurses and other professionals who work in the areas of: (a) HIV/STI prevention, (b) Hispanic population at different settings, (c) development and implementation of culturally-specific interventions. The importance of HIV risk reduction interventions will be discussed in the presentation.

Abstract

Purpose: Hispanics are disproportionately affected by HIV, relative to white, non-Hispanics. Disparities have persisted in the rate of new HIV infections among Hispanic women. In 2010, the rate of new HIV infections for Hispanic women was 4 times that for white women. In 2013, Hispanics accounted for 21% of the HIV infections and 12% of AIDS deaths. Although Hispanic women are disproportionately affected by HIV, they remain an understudied and underserved population. Few intervention studies have sufficiently large Hispanic sub-samples to evaluate the efficacy of interventions for Hispanics, and few interventions address the cultural context of Hispanic women. The adoption of HIV prevention behaviors is a complex process for Hispanic women. Culturally-specific interventions that address unique risk factors for HIV infection are needed for Hispanic women. Translating research into practice promote HIV risk prevention and behavioral changes in the Hispanic community. To improve minority health and to eliminate health disparities is of vital importance to overall health and well-being. The purpose of the study is to investigate the preliminary effectiveness of an HIV/STI risk reduction group intervention (SEPA; *Salud/Health, Educación/Education, Promoción/Promotion, y/and Autocuidado/Self-care*) for Hispanic women.

Methods: 320 Hispanic women between 18 and 50 years old from South Florida participated in a randomized controlled trial of SEPA compared to a delayed-intervention control group. Data was collected on HIV/STI prevention variables at two times, pre-intervention and 6 months' post-intervention follow-up, using a web-based research management software system (e-Velos). Participants were recruited through outreach at the Florida Department of Health in Miami Dade County and at public places where Hispanic women go frequently (e.g., churches, supermarkets, community organizations). Assessors were female bilingual interviewers who used a structured questionnaire. Group sessions were facilitated by agency personnel, who were trained by university staff with on-going supervision. We measured the following HIV related outcomes: HIV knowledge, number of main and other sexual partners, and consistent condom use (self-reported 100% use of condoms during vaginal sex). Generalized estimating equations (GEE) was used to test for time x intervention differences in change from pre-intervention to follow-up.

Results: GEE results showed a significant time x intervention effect on increases in HIV/STI knowledge, $B = 4.83$, $SE = 1.23$, $p = .008$, with women in SEPA increasing HIV/STI knowledge (Cohen's $d = .79$) significantly more than women in the control group ($d = .29$). There was a significant time x intervention effect on change in consistent condom use with their main sexual partner, $B = -1.04$, $SE = 0.35$, $p = .003$, such that women in SEPA less likely to consistently use condoms over time (OR = 0.64), in comparison to control women who increased consistent condom use (OR = 1.77). There

was no difference in change in the number of women with a main/regular sexual partner, $B = 0.67$, $SE = 0.52$, $p = .194$; nearly all women (88-93%) in both conditions reporting they had a main/regular partner at both times. However, there was a significant time x intervention effect on the number of sexual partners outside the main/regular relationship, $B = -2.41$, $SE = 4.78$, $p = .047$, with women SEPA having a greater reduction ($d = .30$) than controls ($d = .23$).

Conclusion: These results show mixed support for the effectiveness of SEPA over the initial six-month follow-up period. It is not clear why women in SEPA increased their knowledge about HIV/STI prevention and risk, however showed a decrease in consistent use of condoms. Though, women in SEPA significantly reduced sexual contact with extra-relationship partners, which may have led them to be less concerned about using condoms with their main/regular sexual partner. It will be interesting, for future research, to assess the behavior of their main/regular sexual partners, to evaluate the level of riskiness of inconsistent condom use with these partners. Women in both conditions will be followed for an additional six months (i.e., one-year post-baseline) to examine whether these patterns continue or change over time.

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E 02 - Building Nursing Through Mentorship

Rutgers Global Nursing Research Collaborative: Building Capacity Through Training, Mentoring, and Multi-Site Collaborative Research

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Purpose

The purpose of this presentation is to describe the process and outcomes of the inaugural workshop of the Rutgers Global Nursing Research Collaborative and to discuss the importance of creating forums for collaborative global nursing research to build nursing research and leadership capacity and answer research questions in multiple sites.

Target Audience

The target audience of this presentation is new and experienced nurse scientists who seek to learn about opportunities for collaborative nursing research within our collaborative or who wish to understand the processes of putting together such a collaborative.

Abstract

Background: While 90% of healthcare worldwide is delivered by nurses (ICN, 2012), research for and by nurses is limited (Sun & Larsen, 2015). Nurse scientists in low and middle income countries face distinct challenges in conducting research, and many lack the training, support and collaborative partners needed for successful research (LeBaron *et al.*, 2015). The purpose of the Rutgers Global Nursing Research Collaborative, which launched its inaugural workshop in September 2015, is to create opportunities for collaboration, mentoring and capacity building for our global nursing workforce.

Methods: Drawing on the strength and connections of Rutgers nursing faculty, the participants in the collaborative will work together to develop research programs in global health and nursing science. The resulting multi-site studies aim both to answer these questions and to develop the capacity of the nurse researchers implementing the research. This collaborative was inspired by the work of the University of California San Francisco's International Nursing Network for HIV/AIDS Research and designed to expand the approach to address other areas of global health research that would benefit from a nursing perspective. The principles and responsibilities outlined in the Singapore Statement on Research Integrity served as a philosophical foundation for the planning of the workshop content (Resnik *et al.*, 2011).

The inaugural workshop of the collaborative was comprised of two parts. First, we held a one-day preconference to provide the building blocks of research for new scientists. Sessions included an overview of collaborative research and the development of a research question, quantitative and qualitative methods, and the IRB process. Second, the full three-day workshop included didactic sessions on the ethics of collaborative research, examples of successful international collaborative research partnerships, and resources available through collaboration Rutgers. The bulk of the workshop was dedicated to the formation of collaborative groups based on area of research interest. These groups, which were comprised of at least one research mentor, developed a research question and the methodology of a pilot study to answer it.

Results: The inaugural workshop was attended by 33 nurse scientists from 7 countries. Groups collaborated to form research questions around four subjects: nurse willingness to embrace technology, an exercise-related intervention for pre-operative breast cancer patients, factors related to adolescent HIV disclosure, and mental health among migrant and refugee populations. The evaluation of the workshop was enthusiastic on the content and of the potential for collaborative working relationships.

We will be challenged to sustain collaboration due to constraints in funding, time and energy. Huggett (2011), recommends identifying enthusiastic people who, treating a budding research collaboration as an entrepreneurial start up, will dedicate time and energy to the collaboration without funding during the

start-up period. We have seen this enthusiasm come to fruition: at the time of writing, proposals have been submitted for the following research projects:

How do adolescents living with HIV describe their experiences with HIV disclosure in Nigeria, Kenya and the United States?

Attitudes and perceptions of nurses towards use of health information technology for patient care: a descriptive, quantitative cross-sectional study of Kenya, Nigeria, Haiti, United States of America, Philippines and China

The Effect of Enacted Support on Physical Activity (PA), Quality of Life (QOL) and Resiliency in Adult Cancer Patients and Their Caregivers (United States, Colombia, Panama)

Conclusion: The results of the inaugural workshop of the Rutgers Global Nursing Research Collaborative show great promise for sustained collaborative relationships to launch nursing research that will answer important questions identified by the members. It is anticipated that results of studies will be presented in worldwide nursing forums.

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E 02 - Building Nursing Through Mentorship

Mastery of Leadership Competencies: Leader Led Learning or Mentorship?

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Purpose

The purpose of this session is to present research findings on the relevance of mentorship to the development of leadership competencies in health services leaders in selected provinces in South Africa

Target Audience

The target audience for this presentation is health care professionals in the education and training sector and health services managers in leadership positions.

Abstract

Purpose: The objectives of this study were to identify leadership competencies required by health services leaders and determine the role of mentorship in leadership development.

Methods: A quantitative approach using an exploratory and descriptive design was used in this study.

The concepts leadership, management, leadership development, mentorship and mentorship models were explored through the literature review. A number of studies, internationally and locally, reinforced the significance of mentorship in the preparation of health care professionals for leadership positions. Models of mentorship were analysed and the common threads, that ran through all models, that were identified were guidance of mentees and demonstration of caring. This enabled the mentee reached his/her full potential and was able to utilise communication skills optimise outputs. Caring, teaching and supporting appeared to be the key concepts in all models.

A census survey was conducted to obtain the relevant data. Some researchers consider surveys to be shallow in that they do not add to the depth of scientific knowledge (Burns & Grove 2009:245). However, Polit and Beck (2006:241), rate surveys as highly flexible and applicable to many populations, and emphasise the fact that surveys can focus on a wide range of topics.

The reason that a survey was selected in this study, was to reach a population that was widely distributed geographically.

The instrument that was developed, was a modified questionnaire based on the American College of Health Care Executives' questionnaire for assessment of leadership competencies. Consent was obtained from Dr Reed L Morton of the association. The following competencies were included in the questionnaire:

- Communication and relationship management: As leaders in health services in the public sector constantly deal with internal and external stakeholders, communication is an inherent competence in the role of a leader. Success of leaders in lobbying for resources and in motivating teams to function effectively is highly dependent on competence in communication and relationship management. This was the personal observation and experience of the researcher.
 - Leadership skills and behaviour: while leadership skills are varied, Goleman (1998:94) speaks to a leader needing strategic vision.
 - Human Resources Planning: Leaders in health services are highly dependent on human resources to ensure optimal service delivery.
 - Financial Planning: As much as the public sector institutions are not profit driven, health services leaders are accountable for the finances allocated from government funding.
 - Strategic Planning: this competence is key to efficient use of resources and projections for improvement of outputs

Leaders were asked to assess themselves on the five competencies over two periods, i.e. on assumption of their positions and at the time of completing the questionnaire. Each of the competencies comprised a specific set of skills.

In addition, they were asked to complete anecdotal notes on mentorship and its significance in the preparation of health professionals for leadership.

The questionnaire tested for validity and reliability and dispatched to the sample population via email. Respondents were managers in positions of Deputy Director (level 11) and upward that were working in the Departments of Health in two provinces in South Africa

Results: Analysis of data demonstrated that experience or leader led learning assisted managers in improving technical competencies of human resources, financial and strategic planning. The number of respondents comprised a fairly small sample of managers that were exposed to mentorship and others that were not. Therefore, an independent two sample t-test was performed to identify which leadership competencies were lacking in the two groups of respondents. The results indicated that at a <5% level of significance, *communication and relationship management*, *human resource planning* and *leadership skills and behaviour* were lacking in the first year in office if the respondents had not participated in mentorship programmes prior to taking office. After two years or more in office, there was still a lack of competency in *communication and relationship management* and *leadership skills and behaviour* at a 5% level of significance.

This result reinforced the fact that experience or leader led learning resulted in acquiring expertise in technical leadership competencies. However, development of expertise in the competencies that are often regarded as “soft skills” required something more than experience.

Ten (21.73%) out of 46 of the respondents were exposed to different forms of mentorship programmes, before being appointed to their current positions. The majority (8; 80%) of these ten respondents stated that the programmes were useful and contributed to confidence in their current positions. In addition to this the majority, (28; 80%) of those that did not participate in mentorship programmes felt that they would have been better prepared for leadership positions if they had undergone leadership development through mentorship.

Conclusion: The need for capacity building of personnel in leadership positions is reiterated by various authors and researchers on the issue of leadership competencies in the health sector in Africa and South Africa in particular.

Ngatia and Kimotho (2009) quote Thabo Mbeki (2006) as saying that Africa needs to invest resources into “reconstruction of credible and competent leadership capacity”.

The authors also state that numerous government leaders consistently cite the fact that, personnel managing health systems are not adequately prepared to succeed in leadership positions. They stress the need to “re-tool and re-skill health sector leaders in order to assist them to “plan, organise and maximise the use of available resources to reach their goals and mission”, reinforcing the need for mentorship. The authors also stress the need to narrow the gap in skills and competencies in health leadership by ensuring that leadership and management training is part of the curriculum of health professionals.

It is recommended that leadership development for future leaders be embedded in succession planning, based on policy guidelines. The initiation of leadership development should begin with the curricula of health sciences courses. This supported by research that shows that health care professionals that are excellent in their field were not necessarily well prepared for leadership

Limitations of this study were that a response rate of 30% (46 out of 153) was achieved and due to the narrow geographical coverage, the findings could not be generalised. In retrospect setting up personal or face to face interviews or the utilisation of field workers to administer and collect completed questionnaires may have yielded a better response rate.

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E 02 - Building Nursing Through Mentorship

Mentoring Needs of Novice Clinical Facilitators

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Purpose

The purpose of this presentation is to discuss the mentoring needs of clinical facilitators in order to develop a mentoring programme for effective clinical facilitation.

Target Audience

Clinical facilitators, nurse educators, nurse managers

Abstract

Purpose: The effectiveness of a clinical facilitator lies in how well learning outcomes are achieved in order to fulfil the practical component of a nursing student's studies as required by the SANC through co-ordination and facilitation of learning. Gaberson and Oermann (2010:30) support this by stating that the effectiveness of clinical accompaniment is evident by the extent to which it produces planned learning outcomes. Sayers, DiGiacomo and Davidson (2011:49) acknowledge that a nurse educator's clinical competency is not enough to perform the duties he/she should carry out, and agrees that adult education principles is a required proficiency that a nurse educator should have. Clinical facilitators have to possess facilitation skills and these skills could be taught through a formal clinical facilitation course or programme. However, clinical facilitators still need mentoring notwithstanding their formal training as clinical facilitators or not. The need for a mentoring programme for clinical facilitators could therefore support the successful facilitation of students.

The role of clinical facilitators is to facilitate transfer of learning (theory-practice integration) in the clinical environment. This brings forth challenges when clinical facilitators do not have nursing education experience but are promoted from clinical practitioners/nurses to clinical facilitators with little background of teaching and clinical facilitation. A lack of mentoring programmes for novice clinical facilitators in hospitals to facilitate the transition of a registered nurse into the role of a clinical facilitator was identified.

Methods: This study attempts to determine existing mentoring initiatives, explore mentoring needs, and develop an outline for a mentoring programme for clinical facilitators. In order to address this, a qualitative explorative study was conducted using unstructured focus group interviews. Three focus group interviews were conducted. Transcribed data and field notes were analysed using the qualitative data analysis method as described by Terre Blanche, Durrheim and Painter (2012).

Results: The findings revealed the learning needs of clinical facilitators and a need for a mentor. It also highlighted the emotions related to confidence with specific feelings of powerlessness, and the clinical facilitator's view of their responsibilities. The participants agreed that they feel responsible for the outcome of the students they facilitate in clinical learning. However, the feeling of powerlessness makes the clinical facilitators experience an inability to facilitate the change they are responsible for.

Conclusion: Not being able to bring forth change and grow in students is often to the detriment of patients and quality of care. The study therefore recommends a mentoring programme for novice clinical facilitators to ensure transfer of learning through the facilitation of theory-practice integration in the clinical environment.

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E 03 - Cultural Diversity in the Care of Underserved Populations

Asymptomatic At-Risk Population: Health Fair Screening in Diverse Underserved Population

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Purpose

The purpose of this presentation is explored the Cardiovascular disease risk profile of participants attending health fair in the underserved communities in Los Angeles, California.

Target Audience

Health care professionals, nurses, physicians, policy makers, health services, social scientists, professors, and researches.

Abstract

Background: To promote healthy behaviors and provide health screenings to underserved population in Los Angeles (LA), students at Charles R Drew University participate in health fairs. Little is known about cardiovascular disease (CVD) risk profile of health fairs participants in underserved diverse communities.

PURPOSE: We explored the CVD risk profile of participants from the underserved communities in Los Angeles who attended a community health fair conducted by the Charles R Drew University.

METHODS: Survey was used to assess reasons of visit, demographics, insurance, smoking, self-perceived health, body mass index, fruit and vegetable consumption and exercise habit. Participants received screenings for blood pressure, blood glucose, and total cholesterol. Participants with abnormal findings received counseling, education and referral to their providers. Data were analyzed using SPSS Version 22.

RESULTS: Of 272 participants, 86% were female, 73% were African Americans, 39% were 50 years and older, 28% had College education, 46% had HMO and 21% reported fair/poor health. Participants visited the health fair for screening (31%) and seeking health information (31%). Of the participants, 7% were smokers, 30% were obese, 36% had borderline/hypercholesterolemia, 76% did not consume five servings of fruits and vegetables, 35% did not exercise 30 minutes or more per day for 3 days/week, 7% were diabetics, and 25% had systolic hypertension, 19% had diastolic hypertension, and 29% had both systolic and diastolic hypertension. About half (46%) had 3 to 6 risk factors for CVD disease. Male who were 40 years and older during the health fair who self-perceived their health status as fair/poor health were more likely to have higher risk factors ($p < 0.05$) compared to the other groups.

CONCLUSIONS: About half of the participants were asymptomatic at the time of screening, yet at high risk of CVD. Longitudinal follow-up of the health fair participants is imperative to improve health outcomes and knowledge about CVD.

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E 03 - Cultural Diversity in the Care of Underserved Populations

Lessons from the Homeless: Impact of Civil and Uncivil Interactions With Nurses in the U.S.

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Purpose

to report results of interviews with homeless people in the United States concerning civil and uncivil interactions with nurses. We will provide insight into the ways homeless people want to be treated by those who care for them and recommendations for development of education interventions for nurses and students.

Target Audience

nurses, advance practice nurses, nurse educators, and students.

Abstract

Purpose: The health of homeless people is poorer than that of the population in general (Bernstein, Meurer, Plumb, & Jackson, 2015; Lebrun-Harris et al., 2013; Seiler & Moss, 2012). This is true in the United States and across the world (Daiski, 2007; Irestig, Burstrom, Wessel, & Lynoe, 2010). Mortality rates for the chronically homeless are higher than expected (Hwang et al., 2010); on average, they live only 42 - 52 years (Bernstein et al., 2015). Factors leading to increased morbidity and mortality include lack of insurance, poor nutrition, violence, and inadequate living conditions (Bernstein et al., 2015; Lebrun-Harris et al., 2013; Su, Khoshnood, & Forster, 2015). Nurses' attitudes and uncivil behavior may also negatively impact this vulnerable population (Chung-Park, Hatton, Robinson, & Kleffel, 2006). The **purpose** of this study was to explore homeless people's perceptions of their interactions with nurses to ultimately help nurses understand the impact of civility and incivility on their care of the homeless. Leininger's (1991) Culture Care Diversity and Universality Theory and Sunrise Model guided this study and data analysis.

Methods: In this qualitative study, we interviewed ten homeless men and five homeless women ranging in age from 18 to 53 years. Interviews were conducted at a homeless ministry in a community of 120,000 in the Midwestern United States. The interview tool was developed by the researchers and was comprised of broad questions with open-ended prompts. We received approval from our university's institutional review board. A researcher attended numerous ministry activities over six months and invited potential participants to join the study. Those who agreed were escorted to a quiet, private counseling room. Informed consent was obtained and audiotaped interviews commenced.

Results: Three major themes emerged. In the first theme, participants emphasized that nurses should be civil in their interactions with the homeless. They wanted to be listened to and taken seriously, to be treated with compassion and empathy. They believed nurses should be attentive, treat them with respect and fairness, and not be judgmental toward them. An unexpected finding was that our participants thought nurses should enjoy what they do. The second theme revealed that homeless people relied heavily on self-care, but when they could not care for themselves, they sought treatment at emergency departments or clinics for the indigent. Most did not believe family or friends would provide assistance when they were ill or injured. In the third theme, our participants asserted that lack of finances and their homeless status prevented them from getting good health care.

Conclusion: In order to effectively care for this vulnerable population, nurses must understand the obstacles the homeless face when they need healthcare and realize that nurses' uncivil behavior poses a significant barrier to compassionate care. Our study provides insight into the ways homeless people want to be treated by those who care for them. Our findings can guide development of education interventions for nurses and students that will promote better understanding of the healthcare needs of the homeless from their own perspective.

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E 03 - Cultural Diversity in the Care of Underserved Populations

Underrepresented Health Care Students' Self-Perceptions of Stereotype Threat and Marginalization: An Interprofessional Perspective

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Purpose

The purpose of this study was to contribute inter-professional student perspectives to the body of knowledge related to promoting student success for underrepresented groups in schools of nursing and medicine.

Target Audience

The target audience of this presentation is academic or clinical nurse educators who desire to, but sometimes struggle with, meeting the needs of underrepresented minority nursing students. This session would also be of interest to nursing students, particularly those from underrepresented groups.

Abstract

Purpose: This presentation should benefit educators interested in deepening their understanding of the experiences of health professions students related stereotype threat (ST) and marginalization. The purpose of this study was to contribute student perspectives to the body of knowledge related to promoting student success for underrepresented groups in schools of nursing and medicine. By understanding the degree to which ST exists among marginalized groups and how individuals experience it educators can, not only support students, but help them reach their full academic potential. Through an examination of interprofessional student perspectives, strategies to promote retention and student success were explored.

The experience of marginalization diverts energy from learning and performing to anxiety and vigilance. In order for faculty and students to interrupt this process it is crucial to understand and find commonality in the nuanced individual student experiences of marginalization. Through a mixed methods approach student insights are shared that elucidate experiences of marginalization and the critical decisions that students must make in any given moment to succeed in academia. The students represented in this study are nursing, physician assistant and medical students with rigorous academic loads and daunting school schedules. The research team includes an interprofessional cadre of researchers. The primary investigator is a nurse educator and researcher. Co-investigators include a physician who is also a chief diversity officer, a community health nurse who is a PhD student, and a PhD student from the school of education.

Background: Diversity among students, faculty and staff can offer in schools of nursing and schools of medicine provide a robust learning environment where students' attitudes regarding to care and interest in working with underserved communities' increases (Glazer & Bankston, 2014; Saha, 2014; Scott & Zerwick, 2015). Page (2010), using a logics model to validate the need for cognitive diversity, states that diverse working groups are more productive, creative and innovative than homogeneous groups. Arguably, to optimize the benefits of cognitive diversity institutions need students to contribute their individual perspectives which are a product of their unique and nuanced identities.

All students, no matter their racial and ethnic background, experience challenges in higher education such as academic load and financial constraints. However, underrepresented minority (URM) students have additional burdens they must navigate in higher education. Orem, Semalulu, and Underwood (2013) found while studying the social and learning environments experienced by URM medical students that almost unanimously, "URM students have experienced less supportive social and less positive learning environments, have been subjected to discrimination and racial harassment, and have been more likely to perceive that their race negatively affected their medical school experience" (p.1769). Some of the struggles URM students experience relate to the many phenomena they experience such as, stereotype

threat, internalized bias, unconscious bias, imposter syndrome, micro-aggressions, and discrimination. Although these phenomena are happening at an individual and interpersonal level it is important to note that these experiences do not occur because of a character deficiency or lack of motivation on the part of the student. In fact, many of these characteristics occur in students who are very motivated and care deeply about their success (Steele, 2010). All of these experiences originate from outside messages that have become part of an individual's identity. Each of these experiences exemplify the burden URM students carry and are worthy of examination. Although this study focuses on the phenomenon of stereotype threat, because of the intersection of these phenomena the general concept of marginalization is also addressed.

Aronson, Burgess, Phelan, and Juarez (2013) defined stereotype threat as a disruptive psychological state that people experience when they feel at risk for confirming a negative stereotype associated with their social identity- their race, gender, ethnicity, social class, sexual orientation and so on. This does not mean the individual has to believe the stereotype; the individual simply needs to know that it exists. The result of stereotype threat is that at high stakes moments, like an examination, when there is the possibility of confirming a negative stereotype, hyper-vigilance and anxiety about validating that negative stereotype can make the individual vulnerable to underperformance. Research shows that stereotype threat can affect the performance of any individual from any stereotyped group for whom ability is doubted.

Stereotype threat causes vigilance and heightened arousal, impaired self-regulation, and impaired working memory all of which individually or in combination inhibit intellectual performance (Aronson et al, 2013). When an individual is experiencing vigilance and heightened arousal cognitive resources that could be used for the task are tied up in this mental state. Impaired self-regulation refers to the state of worry and negative self-talk about one's ability that, again, detracts from the task at hand and impairs working memory. Ultimately energy spent on worry, anxiety and vigilance is energy not spent on learning or performing. The long term effect of stereotype threat can create ongoing performance anxiety and dis-identification. Steele (1997) describes dis-identification as a potential coping mechanism where an individual removes themselves from a domain or identity as a way to alleviate anxiety and preserve self-esteem. For example, a nursing student or medical student who continually experiences stereotype threat may cease to see themselves as a nurse or physician and stop putting effort into this role. As students dis-identify with their view of themselves as successful students or healthcare professionals they are at risk for studying less or ultimately leaving academics.

Methods: IRB approval was obtained from University. Quantitative data were obtained through a 32 item Likert scale survey. The survey was sent to all students in the school of nursing (including nursing and physician assistant students) and the school of medicine (606 students) and the final sample size was 161 students. Chi-square tests and Fisher's exact test were used to identify associations between the primary dependent variable, risk for experiencing stereotyping, and each potential predictor (race/ethnicity, gender, first-generation college student, and socio-economic status). Qualitative data were obtained through 4 focus groups (ranging in size from 4-6 participants) and 5 individual interviews (n=24). Focus group sessions and interviews were audio-recorded and transcribed. Qualitative data were coded using thematic analysis.

Results: A key finding from the qualitative data indicated: 1) URM students were at greater risk for experiencing stereotype threat than their White counterparts. All URM students were either at moderate or high risk for experiencing stereotype threat. URM students also were more likely to state that they experience anxiety related to an awareness of negative stereotypes about the groups with which they identify. Further, that they believe their anxiety has negatively affected their performance in the academic setting.

The qualitative data revealed that students have a multi-dimensional identity experiences that are unique, nuanced and complex. The intersection of identities that include experiences of marginalization adds to the burden that students must navigate in the academic setting. Some identities that often contribute to marginalization were explicitly explored. The *centrality of identity based anxiety* emerged as something that affects a student's sense of belonging may have an impact on student success. Some students were able to or chose to activate their agency and some were not able to or chose not to. From a sociological perspective the term agency refers to an individual's ability or capacity to make decisions of their own free

will. Agency can be limited by sociological factors such as race/ethnicity, gender, social class, etc. (Barker, 2005). The *activation of agency* in this study elucidates the difficult decisions students from marginalized groups must make regarding whether to exert their agency and their unique identities in discussions, classrooms and in their overall academic programs. Student comments that led to this theme included “I am going to show you” or other statements that indicate the opposite of giving up. This can be perceived as defiance by faculty and peers. However, it may be a vital component of individual success and ultimately dismantling stereotypes of academic ability of marginalized groups. The other decision students can make is to conform to or comply with institutionalized or stereotyped expectations of social groups. This means they may choose not to speak up in class or in group discussions. This study explores the consequences of activating agency or not activating agency for the individual student as well as the academic institution.

Conclusion: The overall goal of this study was to transform our academic healthcare organization into an inclusive, empowering and equitable environment that promotes workforce diversity in the health professions, thereby promoting health equity. Students who participated in this study have contributed courageous insights about their struggles. If faculty members and academic institutions leverage these insights into best practices, we have the opportunity promote the success of students who experience marginalization and create learning environments where healthcare students have what they need to reach their full academic potential.

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E 04 - Effects of HIV/AIDS on Women

Feasibility of Ottawa Decision Support Tool to Assist HIV Positive Mothers With Infant Feeding Choice

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Purpose

to inform attendees about research on the feasibility of the use of the Ottawa decision support tool to assist HIV positive mothers in their choice of feeding mode for their infants.

Target Audience

Nursing researchers interested in the use of decision support tools, Nurses and midwives providing care to pregnant women who may be HIV positive

Abstract

Purpose: HIV positive women face a difficult choice when having to decide which feeding mode to use for their new babies. Breastmilk is the ideal infant feed and cultural acceptable. However, the HIV virus can be transmitted through breast milk although the risk is minimal when the women use antiretroviral therapy and breastfeed exclusively. The risk of mother-to-child transmission can be avoided when using a breast milk substitute but there is a risk that it cannot be used safely. The WHO (2010) guidelines acknowledge both methods. Decision support tools have been used to assist patients with their decision making regarding use of hormone replacement therapy and termination of pregnancy. This study explored and described the feasibility of the Ottawa Decision Support Tool (ODST) (Légaré et al., 2006) to assist HIV positive women in their choice of infant feeding mode.

Methods: An explorative, descriptive qualitative design was used. After obtaining ethics approval, permission from the relevant authorities and informed consent, midwives providing ante-natal care to HIV positive women and who received in-service training in the use of the ODST, participated in 3 focus group interviews. Data was analysed using the framework approach according to Smith and Frirth (2011).

Results: The following themes emerged from the data-analysis and was supported by verbatim quotations:

Theme 1: Appropriateness

1.1 Capacity building of midwives

1.2 User-friendliness

1.3 Time saving

1.4 Comprehensiveness

Theme 2: Receptiveness of professional intervention

2.1 Rapport building between midwife and client

2.2 Support and empowerment

Theme 3: Effectiveness

3.1 Values and beliefs consideration

3.2 Confidentiality maintenance

3.3 Improved adherence and responsibility

3.4 Easy decision-making

Conclusion: The overall conclusion was that the ODST is feasible to assist HIV positive mothers' infant feeding choice. Some of the recommendations from the study are that the ODST must be incorporated in

the prevention of mother to child transmission guidelines and that it should be introduced during midwifery training.

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E 04 - Effects of HIV/AIDS on Women

Self-Management in HIV-Positive Women in China: A Pilot Randomized Controlled Trial

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Purpose

The purpose of this presentation is to share the result of an intervention to assist self-management in HIV-positive women in China.

Target Audience

The target audience of this presentation is for nurses who are caring HIV-positive women and their affected family members. Also, policy makers who are working with HIV-positive population.

Abstract

Purpose: China is experiencing a rapid increase in the number of HIV infections. It is estimated that approximately 780,000 people are infected with HIV in China, 80% of whom are unaware that they are infected. The objective of this study was to conduct an intervention to assist self-management in HIV-positive women in China.

Methods: This was a pilot randomized controlled trial (RCT) with blinded assessment. Participants were randomized to intervention or treat-as-usual (TAU) arms. The study occurred at two outpatient clinics in Shanghai and Beijing, China. Participants were 33 HIV-positive women who receiving care in either clinic in Beijing or Shanghai with thirteen in the intervention arm and eighteen in the TAU arm. The nurse-delivered intervention involved three, hour-long, face-to-face sessions over 4 weeks. Intervention content included relaxation, family support, coping skills, anxiety, stress, and depression management, cognitive-behavioral management and psycho-educational classes. The primary outcome was self-reported self-efficacy, social support and quality of life.

Results: Study participants average age was 42.5 years old, range from 19-70 years old. Majority of them were Han ethnicity (80.6%), and married (64.5%). Many of them (51.6%) were still full time or part time. In addition, more than half (58.1%) of the participants did not graduate from high school. About half of them (54.8%) have enough or barely adequate income to support the family. In all cross-sectional and longitudinal analyses, at both post-intervention (4 weeks) and follow-up (13 weeks) effects were in the hypothesized directions. Despite the small sample size, most of these between-arm comparisons were marginal statistically significant.

Conclusions: Our results suggest that self-management intervention will enhance the self-management in HIV-positive Chinese women and assist them to utilize more family support to ease the disease burden. In addition, nurse interventionist can deliver a counselling intervention in a clinic setting with the potential to decrease the disease stress and increase the coping skills of the HIV-positive women. Findings warrant future trials powered for efficacy.

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E 04 - Effects of HIV/AIDS on Women

Gender-Specific HIV Prevention Intervention for Adolescent Girls: Unanticipated Evidence for Broad Sexual Risk Reduction

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Purpose

The purpose of this presentation is to describe the broader sexual health outcomes of a gender-specific, theoretically-driven HIV prevention intervention tested in a RCT with more than 700 urban adolescent girls.

Target Audience

The target audience of this presentations includes scientists, clinicians and educators interested in, or who are currently, working with adolescent girls.

Abstract

Purpose: Worldwide, more than 50% of individuals infected with HIV are women and girls (UNAIDS, 2014). Other sexual morbidities, such as STIs and unplanned pregnancy, negatively impact girls in many ways including delayed or incomplete education, limited workforce options and repeated behavioral patterns across the individual and her children (Chandra-Mouli, McCarraher, & Phillips, et al., 2014; Fallon, 2014). Despite the damage that sexual risk behaviors pose to teen girls, there are still few gender specific evidence-based interventions with documented long-term behavioral outcomes.

Methods: The Health Improvement Project for Teens (*HIPTeens*) was developed specifically to address HIV risk in sexually-active girls ages 15-19 as this age group bears the burden of STIs, HIV and unplanned pregnancies (Morrison-Beedy, Carey, & Kowalski, et al., 2005). This developmentally-tailored, culturally relevant intervention was developed through extensive formative and community-based participatory research endeavors which resulted in a manualized intervention with content and process fidelity measures. The intervention was guided by the Information-Motivation-Behavioral Skills Model (IMB) (Fisher, Williams, & Fisher, et al., 1999) and delivered by 2 trained female facilitators using motivational interviewing approaches to small groups of girls in community-based settings (Merves, Rodgers, & Silver, et al., 2015). In a two-group randomized controlled trial design, 738 urban, economically-disenfranchised diverse girls, over 60% African American, were randomized to the *HIPTeens* or the structurally-equivalent control group focused on health promotion behaviors. Intervention dosing included 4 two-hour sessions with briefer boosters at 3 and 6 months' post intervention. A focus on intervention strategies that addressed communication and negotiation skills, triggers to risk behaviors, developing a menu of behavioral options and significant role playing among peers to build resilience strategies took place across all sessions.

Using audio computer assisted self-interviews (ACASI), data were collected at pre-intervention, and 3, 6 and 12 months' post intervention on psychological and social determinants of health and behavioral outcome data. We also conducted analysis on health chart data including pregnancy tests. Behavioral data were collected using an intent-to-treat conservative Poisson regression approach for count data.

Results: Those in the intervention demonstrated long term significant behavioral risk reduction in unprotected sex, total number of sexual episodes and number of partners (Morrison-Beedy, Jones, & Yinglin, et al., 2012). Although these girls were sexually active at the time of study enrollment, an unanticipated result was a significant increase in sexual abstinence across the one-year time frame was documented as compared to those in the structurally-equivalent health promotion control group. Another unanticipated finding, given that the intervention did not focus on contraceptive options or pregnancy prevention, a documented 50% reduction in positive pregnancy tests in girls enrolled in the intervention versus those in the control condition was particularly noteworthy.

Conclusion: Given the limited available evidence-based interventions specific to sexual risk reduction in adolescent girls that have demonstrated multiple behavioral long-term outcomes, *HIPTeens* contributes to this gap in tailored, translational programs for use in diverse communities and settings. With a focus on

increasing motivation to reduce risk and skill building in broad areas of risk identification, communication, negotiation, and expanding a girl's repertoire of behavior options, this intervention ultimately resulted in a broad reach across multiple morbidities. Recognized by the CDC and U.S. Health and Human Services as an evidence-based intervention across multiple prevention platforms – HIV, STI and pregnancy - *HIPTeens* is a manualized program tested through multiple scientifically-rigorous studies and available for wide dissemination across the globe.

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E 05 - Work-Place Vs. Work-Family Balance

The Value of Relationships at Work: Examining Nurses' Workplace Social Capital in Hospital Settings

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Purpose

to share the findings of a study examining the role of nurses' workplace social capital by testing a hypothesized model linking nurses' perceptions of authentic leadership and structural empowerment to their workplace social capital, and the subsequent effects on team effectiveness and patient care quality.

Target Audience

healthcare managers, practicing nurses, and researchers interested in positive leadership, healthy work environments (including positive relationships), teamwork, and patient care quality.

Abstract

Purpose: The purpose of this study was to examine the role of nurses' workplace social capital by testing a hypothesized model linking nurses' perceptions of authentic leadership and structural empowerment to their workplace social capital, and the subsequent effects on team effectiveness and patient care quality.

Methods: A cross-sectional study was conducted using the tailored design method (Dillman, Smyth, & Christian, 2009). A sample of 1000 Registered Nurses working in hospitals across Ontario, Canada were invited to participate in the study (July-Sept 2015). A total of 249 useable surveys were returned, while 16 were returned undeliverable (26.83% response rate, excluding undelivered surveys). Of these, 33 were missing data for some variables in the model and were excluded from further analysis (final n = 214). Valid and reliable questionnaires were used to assess each of the main study variables. Descriptive statistics were conducted using SPSS (IBM, 2014, version 23.0). The hypothesized model between study variables was assessed using structural equation modeling in Mplus (Muthén & Muthén, 2012).

Results: Participants (n = 214) were mostly female (94.2%), 47.3 years old (SD 11.4), with 22.8 (SD = 12.9) years of nursing experience. Most were working full time (70.1%) in medical-surgical (48.8%), critical care (36.9%), or maternal/child (10.7%) specialty areas. Results showed that the hypothesized model was an acceptable fit for the data: $\chi^2(220) = 437.018$, $p = .000$; CFI = .921; TLI = .910; RMSEA = .068 (.059-.077); SRMR = .076 but also suggested a significant direct path between social capital and quality of care, therefore this logical path was added to the model. The modified model showed a superior fit, supporting the importance of this additional relationship in the model: $\chi^2(218) = 414.334$, $p = .000$; CFI = .929; TLI = .917; RMSEA = .065; SRMR = .066. All hypothesized relationships were significant including the new path between social capital and quality of care ($\beta = .35$). Authentic leadership had a significant positive effect on structural empowerment ($\beta = .49$), structural empowerment had a significant positive effect on social capital ($\beta = .46$), social capital had a significant positive effect on team effectiveness ($\beta = .28$), and team effectiveness had a significant positive effect on quality of care ($\beta = .22$). Authentic leadership also had a significant indirect effect on social capital through its effect on structural empowerment ($\beta = .27$).

Conclusion: The findings supported the hypothesized model linking authentic leadership and empowering working conditions to nurses' workplace social capital, which in turn had positive effects on both team effectiveness and patient care quality. Higher levels of team effectiveness were also positively related to patient care quality. Results from this study improve our understanding of social capital in nurses' work life and suggest that cultivating positive relationships at work is a good investment that creates value for patients and organizations. Authentic leadership development and structuring the work environment in ways that empower nurses to accomplish their work are strategies that managers and organizations can use to create conditions that facilitate social capital in the workplace.

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E 05 - Work-Place Vs. Work-Family Balance

Workplace Related Quality of Life: Effect of Available Recreation Facilities on Physical Activity and Nutrition

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Purpose

The purpose of this study is to determine workplace quality of life status of faculty and staff at a small private university located in the Pacific Northwest of the United States of America and the effect of current and future workplace recreation facilities on physical activity levels and nutrition status.

Target Audience

The target audience of this presentation is any faculty or staff member of a university as well as those who provide care to faculty and staff or have the ability to influence the presence and quality of workplace recreation facilities.

Abstract

Purpose: Physical inactivity, the fourth leading cause of death worldwide, is a pandemic and necessitates global action in the public health arena in many intersecting sectors (Kohl et al., 2012). Physical inactivity increases risk of non-communicable diseases (e.g. cardiovascular disease and type 2 diabetes) and was linked to 9% (5.3 million) of deaths from premature mortality worldwide in 2008 (Lee, Shiroma, Lobelo, Puska, Blair, Katzmarzyk, & Lancet Physical Activity Series Working Group, 2012). In a review of US adults' health behavior, 2008-2010, less than 53.9% of adults met the 2008 federal guidelines for physical activity (PA) for leisure-time activity (Schoenborn, Adams, & Peregoy, 2013). Workplace settings are a key area for PA promotion and program development to encourage employees to be more active (Kohl et al, 2012). Environmental settings such as workplaces can positively affect health status (Sallis, Floyd, Rodriguez, & Saelens, 2012). Kohl et al. (2012) call for a systematic approach to capacity and infrastructure building and a shift from individual to population health. Creating workplace environments that are more conducive to adopting healthy behaviors will aid in the promotion of improved quality of life, decrease stress, improved overall employee satisfaction, and favorably influence clinical outcomes (i.e. obesity, blood pressure) is imperative (Després, Almeras, & Lise, 2014). Workplace wellness programs should have the following seven components: 1) Stakeholder engagement, 2) Employee participation and involvement, 3) Organizational culture, 4) Effect on direct medical economic outcomes, 5) Effect on indirect costs, 6) Effect on humanistic outcomes, and 7) Effect on clinical outcomes (Morrison, & MacKinnon, 2008). Workplace wellness is a growing area of research and has emerged as a rich target for PA promotion for reducing presenteeism, e.g. on the job despite poor health and subpar performance, and increasing employee well-being (Brown, Gilson, Burton, & Brown, 2011). The purpose of this study is to determine workplace quality of life status of faculty and staff at a small private university located in the Pacific Northwest of the US and the effect of workplace recreation facilities on PA levels and nutrition status.

The university is at a crucial juncture with the promotion of health and wellness with the opening of a new recreation facility in August 2015. There are an approximate combined total of 1200 faculty and staff on campus, and 4,000 students. The new recreation facility has the capacity for more than 5000 individuals and emphasizes wellness and the community by having multiple-use spaces, open layout, multiple spaces for meeting and gathering, all to promote an environment of health and wellness. The recreation facility contributes to changing social norms at the university in the creation of a culture of health and wellness where the healthier choice is the easier choice. The primary problems addressed were 1) identification of indicators of work-related quality of life, 2) identification of wellness and recreation needs of the faculty and staff, and 3) identification of current usage trends of available recreation facilities.

Methods: The faculty and staff were surveyed by electronic means (e.g. Qualtrics) between February and March 2015 and again 4 months after the facility opened. Data collection was completed 4 months after the facility opened. No identifying data were collected therefore projecting the privacy of campus faculty

and staff. Participants agreed electronically to participation. Data looked at trends in work-related quality of life before and after the opening of the recreation facility. Questions included the combination of the following instruments: the Centers for Disease Control (CDC) Health-Related Quality of Life (HRQOL) which includes 14 short answer questions regarding healthy days and activity limitation (Jiang & Hesser, 2009); the short version of the International Physical Activity Questionnaire (IPAQ) which has seven short answer questions (Booth, 2000), the Automated Self-Administered 24-hour Dietary Recall (ASA24) developed by the Applied Research Cancer Control and Population Sciences; five questions regarding use of current recreation facilities; and three open-ended questions were included to determine workplace related recreational needs. The data were analyzed at baseline and at the four month follow up. Group comparisons were made before and after the opening of facility. The open-ended questions were analyzed using content analysis to identify themes.

Results: The participants in this study were very healthy with 75.1% stating their health was very good/excellent and 66.7% had no days in the past month where poor physical or mental health restricted their usual activities. In fact, 93.8% reported they felt very healthy and full of energy ($M=18.31$ days, $SD=7.41$). In both the pre and posttest, responses were equally represented by faculty and staff. More women than men participated (65.5% and 34.5% in the pretest vs 87.5% and 12.5% in the posttest respectively). Most participants were between ages of 30-49 years old (51% and 68.8%). Over 68% of participants reported doing vigorous PA in the past 7 days ($M=2.37$ days, $SD=2.16$; $M=59.09$ minutes, $SD=44.26$), a mean of 140.04 minutes of vigorous PA which is well above the recommended 75 minutes of vigorous PA. Over 68% of participants reported doing moderate PA in the past 7 days ($M=2.88$ days, $SD=2.55$; $M=52.22$ minutes, $SD=38.58$), a mean of 150.39 minutes of moderate PA which is above the recommended 150 minutes of moderate PA. Before the recreation facility opened, 75% of participants planned to use it at least once a week but afterwards, only 46.7% reported actually using it at least once a week. However, participants reported having a recreation facility on campus was very important ($M=4$ out of 5, $SD=1.41$). Participants listed having more classes (i.e. faculty/staff only), more early hours, a pool, faculty/staff only lockers, and decreased cost as essential to their use of the recreation facility.

Nutrition-related campus recreation findings included post-survey questions assessed additional factors that might impact faculty and staff health and nutrition at work. The majority of participants (~80%) indicated that in the last year, they were able to eat enough of the kinds of food they wanted; they did not have to cut the size of their meals/skip meals/eat less food than they felt they should; and they did not worry whether their food would run out. About 35 % of participants reported that they often or sometimes couldn't eat balanced meals at work and they could only sometimes feel like they could afford foods on/near campus. Almost 71% of participants reported that sometimes the kinds of food they wanted were not available on/near campus and 53% of participants reported that they only sometimes felt like they had time to eat acceptable foods. Finally, on post-test, 86% of participants reported that new recreation facility did not influence their answers to the health and nutrition questions. These results suggest that faculty and staff might not have secure availability and accessibility to the kinds of food they want on or near campus; they might have trouble eating balanced meals at work; and they might not have time to eat acceptable foods. Additionally, the recreation facility, as is, does not appear to address all aspects of health and nutrition. Pre-post group analysis revealed no significant changes in diet quality.

Conclusion: These outcomes will guide the refinement of the recreation facilities, enhance wellness opportunities, and ultimately impact the work-related quality of life and enhance preventative health efforts among faculty and staff. Further research regarding the determinants of faculty and staff wellbeing and nutritional status is recommended. The interpretation of the presented results should take into the consideration the lack of statistical differences in the groups for PA or workplace quality of life, most likely due to limited survey response (29 pretest participants, 16 posttest participants). Findings suggest areas for intervention on campuses to include offerings of nutrition classes; implementing a campus wellness challenge with participation incentives; increasing flexibility in meal options; and reducing long wait times for procuring food. Campuses can serve as role models and incubators for creating environments that promotes health and wellness and the ability for faculty and staff to role model healthy behaviors to students can be increased through improved campus environments.

These findings should be used to increase the number of components recommended by Morrison and MacKinnon (2008) as essential to successful workplace wellness programs. Currently, none of the seven components seems complete. The workplace quality of life affects overall well-being including

presenteeism. Strategies to enable faculty and staff to improve their workplace quality of life should be further explored. Knowledge gained from this research aligns with Sigma Theta Tau International priorities with the promotion of healthy communities through health promotion, disease prevention and recognition of social determinants of health that affect university faculty and staff.

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E 05 - Work-Place Vs. Work-Family Balance

A Phenomenological Study of Work-Family Balance Among Female Deans of Nursing

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Purpose

The purpose of this presentation is to present the framework, strategies findings from a qualitative phenomenological research study. The study explored the work-family balance of female nursing deans in baccalaureate nursing programs. The presentation includes discussion of the research results and associated implications for nursing education.

Target Audience

The target audience for this presentation is nurse educators, higher education administrators, nursing students and nurse researchers. The presentation will be of interest to individuals interested in qualitative phenomenological research, nursing education and issues related to work-family balance.

Abstract

Purpose: The purpose of this qualitative, interpretive, hermeneutic phenomenological research study was to explore and interpret the lived experiences and shared practices of female nursing deans in baccalaureate nursing programs as it relates to work-family balance.

Methods: Interpretation of lived experiences (phenomenology) and verbatim texts of life (hermeneutics) from in-depth interviews with participants provided a framework to explore the deans' experiences through the eyes and voices of nursing deans. After completing a pilot study interview, the snowballing technique was used to recruit 12 baccalaureate nursing deans from Ohio, Indiana, Illinois and Kentucky for the main study. One-on-one unstructured in-depth telephone interviews were conducted, recorded and transcribed verbatim. Data were analyzed using Van Manen's (1990) hermeneutic phenomenological method until data saturation was reached. Several study limitations emerged during data collection. The results may not be generalizable to the entire population of nursing deans because study participants were recruited from one geographic region, and snowballing technique was used for participant recruitment which may have resulted in recruitment of deans from a social network where the deans were acquaintances. A limitation that became apparent during data collection was that the numbers and types of programs the deans were responsible for varied.

Results: Seven themes emerged from the main study data that illuminated the lived experiences of nursing deans. The themes included (a) feeling stressed, (b) deans' cross borders between work and family, (c) sources of support for positive work-family balance, (d) specific experiences that hinder work-family balance, (e) strategies to achieve work-family balance, (f) satisfaction with the deanship position, and (g) participant recommendations for novice deans (McErlane, 2014). Study results confirmed the deanship role is stressful and the work demands are high. Despite intense job demands, deans derived satisfaction from the deanship role. Satisfaction was connected with having an ability to shape and manage borders between work and family life.

Conclusion: Results from this study of nursing deans provided valuable information that can be used to mentor new leaders and create healthy work environments where work-family balance is fostered. Results of the study could be used as a foundation for future studies of the nursing deanship within a broader global context that includes different geographic locations and cultures.

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E 06 - Quality Care of the Elderly

NP-Led Transitional Care Medical House Call Visits Reduce ER/Hospital Unplanned Readmissions of Homebound Seniors

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Purpose

Show reduction of unplanned ER/hospital readmissions of a NP-led transitional care medical house visit within seven days of discharge for homebound elderly patients.

Target Audience

Doctors (Family Practice, Geriatricians) Nurses (Nurse Practitioners, including Gerontological NPs, Clinical Nurse Specialists, Discharge Planners, Bedside Nurses, Public Health Nurses), Administrator (Hospital, Home Health, Skilled Nursing Facilities), Social Workers, Gerontologists.

Abstract

Subject Population: Elderly Medicare beneficiaries who are homebound enrolled in a Nurse Practitioner (NP)-led Transitional Care Medical House Call Program receiving a medical visit in their own homes or communities within seven days of discharge from hospital or skilled nursing facility (SNF) who are under home care.

Purpose: The purpose of this presentation is to show the results of a 90-day pilot study on the effect of a Nurse Practitioner transitional care medical house visit within seven days of discharge from the hospital of skilled nursing facility to unplanned Emergency Room (ER) visits or hospital readmissions for vulnerable homebound elderly patients in collaboration with a local home care agency. Furthermore, the pilot study was able to determine the resources needed and uncover logistical requirements for a sustainable Transitional Care Medical House Call Program.

Study Design: Using simple data collation from existing electronic health record. The data includes visits within seven days by a Nurse Practitioner and looked at the effect of a transitional care medical house visit to unplanned Emergency Room (ER) visits or hospital readmissions for vulnerable homebound elderly patients in collaboration with a local home care agency. The pilot study was to determine if a transitional care medical house call visit reduces ER/hospital unplanned readmissions. The pilot study was also able to determine the resources needed and uncover logistical requirements for a successful Transitional Care Medical House Call Program.

Instrument: A simple analysis of cases within a 90-day period of a NP-led transitional care medical house call visits as relates to rate of ER/hospital unplanned readmissions, as the intervention. Data was obtained using the Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant electronic health record (EHR).

Procedure: Signed consents were obtained prior to each visit. Data was gathered using an electronic health record. Data were extrapolated to determine if there is an indication of a reduction in unplanned readmissions as compared against Medicare benchmark. The details of each visit was also used to uncover logistical requirements for improvements to the program and for launching the program on a full-scale and wider-range basis, as well as for areas of expansion (e.g. other home care agencies, other health institutions, etc.).

Results: Between the pilot study period of September to November, 2015, 51 referrals (n=58) were made by the home care agency to Senior Care Clinic Medical House Calls for homebound (or temporarily homebound) elderly patients who are Medicare beneficiaries and who are at high risk for ER/hospital readmission (e.g. diagnoses of COPD, CHF, Diabetes, dementia, etc.). Within this period, 25 patients (43%) were visited in their homes for a medical visit within seven days after discharge from hospital or SNF. Twenty-seven (33) patients referred were not seen (57%) due mainly to patient and/or family refused the visit. Out of those that were seen, one was readmitted (4%) due to rapid decline in health condition (i.e., became unresponsive) and was sent to the Emergency Room.

In comparison with benchmark, Medicare.gov Health Compare (2013), the collaborating home care agency showed an improvement (reduction) in rates for *Measure A - How often home health patients had to be admitted to the hospital*, had a 13.5% benchmark rate and *Measure B - How often patients receiving home health care needed any urgent, unplanned care in the hospital emergency room – without being admitted to the hospital* had a 14.2% benchmark rate. Measure A and Measure B, for the purpose of this study, were averaged resulting to a benchmark readmission rate of 13.85%. The readmission rate was reduced to 4%, during the pilot study period, for those patients who were given the intervention of a transitional care medical house call visit within seven days of discharge from hospital or SNF. There was a resultant 9.58%-point reduction during this pilot study period as compared against benchmark.

Data obtained from pilot study period of October to November 2015 based on electronic health record from Senior Care Clinic Medical House Calls practice.

Demographics – age (>65yo), gender (male and female), living in Sacramento/Placer counties (rural/urban) of California, USA.

Population Need – readmissions to the ER/hospital within 30 days of discharge. Chronic care management of conditions such as DM, CHF, CKD/Dialysis, COPD.

Health, Behaviors, and Environmental Determinants – diagnoses, severity of illness, behavior, discharge instructions, availability and quality of post-discharge care, planned/follow-up surgery/readmission (excluded).

Factors that Predispose, Reinforce or Enable Behaviors – medication reconciliation, scores for hospitalization risk, fall risk, depression risk, nutritional risk, adequacy of discharge patient education, and post-discharge continuity checks.

Interventions – homebound elderly population over 65 years old under home care, transitional care medical house call visit within seven days of discharge from hospital or skilled nursing facility.

Complementary intervention – home health or home care agency providing nursing visits and oversight.

Outcomes – reduction in readmissions by 9.58% points versus benchmark, visits were reimbursed by Medicare (CPT code 99495/99496) showing financial viability and sustainability of the program. The program was supported by home care/home health. The program involved medical, nursing and community collaboration.

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E 06 - Quality Care of the Elderly

The Etiology and Experience of Falls: Community-Dwelling Older Adults' Perspectives

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Purpose

To discuss the perceived etiologies of falls and implications of falling from the perspectives of Community-Dwelling Older Adults who have experienced a fall. The presentation will share strategies to refine and strengthen fall prevention programs, and to enhance quality of life for Community-Dwelling older adults.

Target Audience

The target audience for this presentation is practicing clinicians, researchers, educators and administrators in the field of healthcare practice.

Abstract

Background: Community-dwelling older adults' falls represent a significant public health problem, and prevention is an important step to reducing healthcare costs and improving quality. According to Kochera (2002), 78% of all injuries that occurred from elderly falls happened in the community. Despite the fact that community-dwelling older adults have a higher risk for falls, there is less focus on fall prevention for this group. With the shift in the models of healthcare delivery from institutional to community settings; it is imperative that clinicians begin to understand fall prevention from community-dwelling older adults' perspectives. This study explored the perspectives of fall experience from community-dwelling older adults to gain in-depth understanding of their views and experiences.

Purpose: The purpose of the study was to gain better understanding of community-dwelling older adults' views and experience of falls to support the design of appropriate fall prevention and reduction programs.

Methods: This qualitative descriptive project utilized semi-structured questions with probes to explore the views of community-dwelling older adults who have experienced a fall within the previous 12 months of the study. Braun and Clarke's (2006) six phase process of thematic analysis (TA) was used to guide the data analysis and generation.

Results: 31 codes that were collated into seven themes described participants' perceived etiology of falls and the implication for perceived quality of life following their fall experiences.

Conclusion: This project provides firsthand evidence to strengthen fall prevention and reduction strategies for community-dwelling older adults. Clinicians in community healthcare settings should take into account community-dwelling older adults' perceived etiologies and implications of falls in designing fall prevention programs. Healthcare professionals in general should recognize older adults' awareness of the risk that the inevitable decline of aging present to their identity and dignity as individuals and a group. Their adherence to a fall prevention and reduction plan is influenced by the need to preserve their autonomy and identity as competent and independent members of society.

Significance and Implications: The study affirmed some existing evidence on the etiologies of community-dwelling older adults' falls and perceived quality of life about their experience of falls. It also offers new information about community-dwelling older adults' perception of the causes of their falls along with their perceived quality of life.

Strength and Limitations: This study advanced the dialogue for fall prevention in community-dwelling older adults and offers new evidence to strengthen fall prevention and reduction strategies for community-dwelling older adults. However, findings should be interpreted in light of the relatively small sample size. This study should be replicated using a larger sample to validate or refute the findings of this study and gain deeper understanding of community-dwelling older adults' perspectives of the etiology of falls. Older adults' perceived etiologies and experience of falls will be imperative to finding solutions to the burden that older adult falls presents to society.

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E 06 - Quality Care of the Elderly

Experiences in Clinical Decision Making for Nursing School Graduates

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Purpose

The purpose of this presentation is to explore experiences of graduates from the National School of Nursing and Obstetrics of the National Autonomous University of Mexico (UNAM) in relation to the process of clinical decision making for their social service

Target Audience

The target audience of this presentation is all personal and academics in the areas of biological and health sciences, as well as interns and students in nursing

Abstract

Purpose: The overall objective is to explore the experiences of graduates from the National School of Nursing and Obstetrics of the National Autonomous University of Mexico (UNAM) in relation to the factors that influence the process of clinical decision making during their social service

Methods: Phenomenological qualitative study was executed using a focus group of seven recent nursing school graduates. This study is semi-structured based on the process and sources of clinical decision making proposed by Dr. Andrea Marshall. From the focus group, audiovisual data was recorded transcribed and micro analyzed through open and axial coding in order to find categories and subcategories of factors involving their decision making.

Results: Two main categories emerged: The first one reveals on what the graduates base their clinical decisions. Graduates based their decisions more on information from outdated healthcare personnel and textbooks than proper consultation of scientific evidence and resources. They also fall back on unfounded practical knowledge without applying sound theory. The second category is in regards to the factors that influence the graduates process of clinical decision making. Nursing school graduate students tend to study in a linear and stagnant manner. They limit their development to simply following instructions and memorizing facts instead of developing skills such as critical thinking, nonlinear analysis, and professional management in addition to written and spoken English comprehension. These factors, along with the dissociation of theory and practice, have been found to influence and create problems in the graduates' decision making process especially in scenarios such as when having to treat a patient without a supervising figure as a facilitator.

Conclusion: It can be concluded that to make clinical decisions, graduates are based more on unfounded practical knowledge and informal opinions of others such as colleagues and/or senior staff rather than rely on up to date scientific evidence and critical thinking. This severely impacts their ability to make the kinds of competent decisions that nursing demands.

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E 07 - Randomized Controlled Trials: Do They Impact Practice?

A Randomised Controlled Trial to Investigate the Autonomic Regulation of Mother's Presence on Their Infants

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Purpose

The purpose of this presentation is twofold: firstly, to describe the methodology and measurement of autonomic regulation and physiological stability in infants and secondly to describe how infant separation from their mothers, in preparation for and immediately following surgery, affected their physiological stability.

Target Audience

The target audience of this presentation is clinical researchers in nursing practice as well as nurses' educators who teach paediatric nursing

Abstract

Purpose: To explore whether the presence of the mother provides a measurable, physiological regulatory function in infants younger than six months undergoing and recovering from clinical procedures.

Hospital care of ill infants has conventionally involved periods of maternal–infant separation especially in preparation for or recovery from clinical procedures. Extensive research in preterm and term infants exists that demonstrates the adverse effects of maternal separation. Better physiological outcomes and regulatory stability of infants have been measured during care provided with infants in skin-to-skin care compared with the same care provided in closed servo-controlled incubators. There is good evidence indicating that the presence of the mother modulates the infant's immature autonomic system in the neonatal period. This regulatory function has not yet been measured in older infants in clinical care settings.

Methods: A prospective, single blinded, randomized controlled clinical trial was designed utilising a sample of 30 infants younger than 6-months who were undergoing surgery for inguinal hernia repair. Sample power was calculated and electronic randomisation applied. Institutional research ethics board approval was granted. Subjects were recruited and randomized prior to surgery and all mothers consented to standard of care. In the research facility this meant that an infant was placed on a stretcher and accompanied into the operating theatre by a nurse and a porter. The infant, similarly accompanied, was returned to the mother after recovery room care. Mothers of infants randomised to the intervention group were invited to accompany their infants into surgery and recovery. Data included continuous monitoring of Heart Rate Variability (HRV) as core data as HRV is a validated measure of autonomic nervous system activity. Impedance-cardiography, continuous observation and postoperative pain scores, validated with the mother, were added to the data set

Results: Data was blinded during analysis. Results indicated a statistically significant increase in autonomic activity with sympathetic activation in infants without their mothers. These objectively verifiable physiological indicators of stress did not always correlate with infant behaviour.

Conclusion: While infant separation from a mother is well recognised as being stressful, previous evidence relied on observational and subjective data. In this study, objective physiological stress was present while babies seemed to be 'settled', indicating that observational and infant behavioural data may be insufficient a measure autonomic excitation or stress. Increased heart rate variability is a good objective indicator of stress and many modern vital signs monitors already have the capacity to calculate HRV.

This study is the first to measure the infants' physiological responses to maternal separation during and after a clinical intervention in this age group of infants. It is imperative that these outcomes be communicated in appropriate ways to mothers, families and clinical personnel. Physiological stability has

been the core responsibility of nurses and other clinicians, shifting practice to utilise the emerging evidence of the mother's presence will prove an interesting challenge.

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E 07 - Randomized Controlled Trials: Do They Impact Practice?

Impact of a Systematic Oral Care Program in Post-Mechanically Ventilated Intensive Care Patients

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Purpose

The purpose of this presentation is to disseminate the results of our randomized control trial on the impact of an oral care program on post mechanically ventilated patients, and to promote the development of evidence- based oral care practice guidelines in the immediate care period following extubation from mechanical ventilation.

Target Audience

The target audience for this presentation are clinical leaders and academicians in the acute care practice area.

Abstract

Background: Hospital acquired infections remain of very high priority internationally. As a result of well disseminated nursing research, evidence-based oral care protocols for mechanically ventilated patients are now considered standard of care in the ICU setting (Ames, Sulima, & Yates, 2011; El-Rabbany, et al. 2013). In contrast, no standard of oral care exists for patients who have been recently extubated despite considerable high acuity.

Purpose: The purpose of this randomized control trial was to determine the impact of a systematic oral care hygiene program on recently extubated patients including measures of oral health, rates of oral colonization of *Staphylococcus aureus* and methicillin-resistant *Staphylococcus aureus*, and patient satisfaction with them in-hospital oral care.

Methods: This was a prospective randomized control trial comparing standard oral care (control group) to an intervention protocol that included tooth brushing, tongue scraping, flossing, mouth rinse and lip care. This study took place at a large academic medical center in the Midwest USA. Subjects were recruited from four Intensive Care Units. Inclusion criteria included: 1). mechanical ventilation for 48 hours, 2). ventilation liberation criteria (PEEP \leq 8 and FIO₂ \leq 50%) or recently Extubated, 3). minimum of 3 teeth. Exclusion criteria included: 1). allergy to dental products, 2). bleeding disorder, 3) planned hospital discharge within 48 hours, 4) diagnosis of mucositis, 5). current chemotherapy, 5). presence of tracheostomy, 6). history of oral/facial surgery/trauma 7). family/care team not in favor of continued medical treatment. An oral care protocol was developed based on our previous work (Chipps, et al., 2014), and consultation with dental experts.

The intervention arm included a 4-day systematic oral hygiene program which was initiated within 24 hours post-extubation. This oral hygiene program was provided twice per day by trained Clinical Nurse Specialist and included battery operated tooth brushing, tongue scraping, flossing, mouth rinse and lip care with selected dental products. Usual care was provided by the staff using the hospital's available dental products and usual care delivery. Major outcome measures included oral cavity assessment (Revised-THROAT), the overall prevalence of methicillin-sensitive *Staphylococcus aureus* (MSSA) and methicillin-resistant *Staphylococcus aureus*(MRSA) on oral cultures, subject satisfaction with the oral care and subject's quality of life (Edmonton Symptom Assessment System). The R- Throat is an instrument which measures oral health and includes assessment of lips, gums, teeth, tongue, saliva, smell and

mouth comfort. Each category is assessed on a scale from 1 to 3 with 3 indicating the poorest health. The scale ranges from 7-21 (Dickinson, Watkins, & Leathley, 2001). MSSA and MRSA were identified from oral swabs using standard laboratory protocols in a Biosafety Level 2 laboratory. Patient satisfaction and nurse care practices with the oral care protocol were assessed using a series of standardized questions and subjects' quality of life was assessed using the Edmonton Symptom Assessment System-R (ESAS-R). This tool was originally designed to assist in the assessment of nine symptoms common in cancer patients: pain, tiredness, nausea, depression, anxiety, drowsiness, appetite, well-being and shortness of breath.

Independent Student t-tests, chi square and Fisher's exact test were used to compare the two groups on demographic characteristics, and bacteria culture results. To assess the impact of the oral hygiene protocol we used a repeated measures regression model. To assess changes in colonization of MSSA and MRSA, the number of patients colonized at the second culture was compared in both groups using a chi-square test. The number of patients who had changes in culture status was identified for those who: (1) acquired MSSA/MRSA (a baseline negative swab followed by a positive swab); (2) cleared (a positive swab followed by a negative swab); or 3) were persistently colonized (positive swab followed by a positive swab).

Results: Eight-five subjects were enrolled and 74 were randomized. The analyses were completed on 54 subjects. Both the usual care and intervention group demonstrated overall improvement in the oral cavity over the 4-day period. However, the intervention group demonstrated significantly more improvement than the usual care group with nearly a 2-point decrease on the R-THROAT compared to a 0.86-point decrease in the usual care group. ($p=.04$). All of the seven categories of the oral care assessment on the R-THROAT except smell showed improvement in the intervention group. However, the interaction of group and time demonstrated a statistically significant difference in the tongue and mouth comfort categories ($p = .02$, $p = .001$, respectively), indicating that group assignment affected the trajectory of these scores over time. There were no significant differences in overall *Staphylococcus aureus* colonization between groups. Overall, subjects in the intervention group rated their satisfaction with the oral care program and products higher than did the subjects in the usual care group. With respect to the quality of life assessment, there were no significant differences between the groups other than the symptom of drowsiness in which the intervention group reported less drowsiness ($p=.03$).

Conclusion: The immediate post-intubation period following critical illness remains a vulnerable period in the patient's care trajectory, and risks associated with hospital acquired infection still remain high. This study examined oral care in this period of a critically ill patient's care trajectory. Both groups showed overall improvement in oral health post-intubation. Using a tongue scraper was particularly effective in our study. This finding was not surprising because subjects' tongues immediately following extubation were often visibly filled with debris, and tongue scraping made an obvious difference in clearing this debris. However, the significant improvement in the intervention group suggests that consideration should be given to further development of an evidence-based oral care protocol targeted at acutely ill patients in the immediate post-intubation period.

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E 07 - Randomized Controlled Trials: Do They Impact Practice?

Randomized Controlled Trial of a Cardiac Rehabilitation of Thai Patients With Myocardial Infarction

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Purpose

The purpose of this presentation is to generate knowledge on interventional studies focused on the Asian MI population. There is limited evidence on the effect of cardiac rehabilitation involving self-efficacy enhancement and collaboration with family of patients with myocardial infarction during the first month after discharge.

Target Audience

The target audience of this presentation is nurses in cardiovascular clinical practices.

Abstract

Purpose: This study examined the effects of a self-efficacy enhancement program for the cardiac rehabilitation [SEPCR] on self-efficacy and functional status of Thai patients who had a myocardial infarction.

Methods: Study design: A two-group randomized controlled trial with a pretest/posttest design was used to determine the self-efficacy and functional status of Thai patients who have had an MI. Data were collected and analyzed at baseline (on the second day of admission) and again at four weeks after discharge. The study was designed to capture the maximal effect of the SEPCR on self-efficacy and functional status at four weeks, representing the critical time of a decline in functional status while resuming normal functioning.

Ethical considerations: Ethical approval was obtained from the research ethics committees of Mahasarakham Hospital (Approval No. 11/2556). All participants provided written informed consent. The investigation conforms to the provisions of the 1995 Declaration of Helsinki (as revised in Edinburgh 2000).

Participants: Sixty-six hospitalized patients of various ages and both genders were recruited from medical wards during June to December 2013. Eligibility criteria included: consenting patients diagnosed with either an ST-elevation MI (STEMI) or a non-ST-elevation MI (NSTEMI); patients who had received only medical therapy; patients classified as low-risk according to Stratification Algorithm for Risk of Event and patients with at least one family caregiver.

Randomization and blinding: After completing all of the baseline assessments, all eligible consenting participants were randomized to one of two interventions: usual care (control) or the SEPCR plus usual care (experimental). Randomization was performed in permuted blocks of four with a random order of the blocking number. In order to conceal randomization, numbered, sealed, opaque envelopes were prepared prior to participant recruitment by an individual not involved in this study. The researcher used the draw technique to randomly select one of the six types of blocks and then created allocations for each group of four participants until the last participant was enrolled in the study. After being assigned to the intervention, the participants in the control group were blinded to usual care, while the participants in the experimental group were blinded to the SEPCR.

Intervention: *Self-efficacy enhancement program for cardiac rehabilitation (SEPCR)*

The SEPCR was based on Bandura's social cognitive theory and was designed to enhance self-efficacy for independent exercise and activities of daily living (ADL) performance through the use of self-efficacy sources (i.e. enactive mastery experience, vicarious experience, verbal persuasion, and physiological and emotional states) and collaboration with a family member who provided support. The SEPCR consisted of three hospitalized sessions, with each lasting about 40 min. Each session began by promoting relaxation with deep breathing and self-massage. The first session addressed motivation-building activities to increase the practices of CR. Each participant was encouraged to share their symptom experience and

reinterpretation, and was provided education about MI, walking exercise, performance of daily activities, healthy eating, risk-factor modification, symptom management (i.e. chest pain and stress management), and medication administration by watching a DVD and receiving a booklet. The booklet reinforced the content of the DVD. Knowledge was assessed after completing individual education. The participant was exposed to other patients who had successfully recovered (role model) and engaged in a discussion focused on the role model's success and strength of ability, and the feasibility of the participant practicing CR. Each participant also set specific short-term and long-term goals that he or she could achieve in a week, and identified specific strategies for how to achieve goals. The second and third sessions emphasized skill training, which included a walking exercise demonstration and practice, heart rate checks and assessments of the rate of perceived exertion, and an energy conservation demonstration and practice. After three sessions, CR was monitored with an exercise and daily activity diary and three telephone counseling sessions (once a week for 3 weeks), each lasting 10–15 min. Each participant had to record and evaluate their walking exercise and performance of daily activities, related to their set goals. The researcher delivered counseling sessions which involved enquiries about experiences of symptoms, followed by the provision of symptom reinterpretation, identifying and overcoming barriers, positive reinforcement, and motivational advice. A review was carried out during the last week of home CR, in which success and progress were evaluated and subsequent goals were set.

Usual care: The participants in the control group underwent medical evaluation and engaged in two sessions of CR during hospitalization. They were trained step-by-step in the structured exercise and performance of daily activities along with the medical regimen. On the day of discharge, they received brief information (i.e. causes of MI and symptoms, medication administration, risk-factor modification) from a doctor, a nurse, and a pharmacist, and they also received a booklet.

Measurement: Functional status was measured using the Duke Activity Status Index (DASI), a self-administered 12-item measure, which comprises four major activity domains: personal care, ambulation, household tasks, sexual function and recreation. Patients were asked if they could perform each of the specified activities, to which they could give a "yes/no" answer. If a patient answered, "yes," then the item was assigned a weighted score, based on the known metabolic cost of each activity. If a patient indicated "no," not able to perform an activity, then the weighted score was zero. The potential range of the sum score is 0–58.2, with 0 = worst and 58.2 = best; higher scores indicate better functional capacity. The DASI was translated into Thai by Vibulchai *et al.* Concurrent, known-group validity has been reported. The Cronbach's alpha coefficient was 0.76

Self-efficacy was measured using the Maintain Function subscale of the Cardiac Self-Efficacy Scale (CSES), a five-item, five-point Likert scale from zero (not at all confident) to four (completely confident). All responses are added to produce raw scores (0–20); higher scores represent higher confidence levels. During its development, the Maintain Function subscale of the CSES was found to have high internal consistency and good convergent and discriminant validity. In this study, Cronbach's alpha for the Maintain Function subscale of the CSES was 0.87.

Data collection: Patients were provided with explanations regarding the study purpose, study procedures, the content of the questionnaire, the participants' rights, and the potential benefits and risks of participation in the study. Following the provision of written informed consent, clinical data were collected from the patients' medical records. The researcher asked eligible participants to complete questionnaires on self-efficacy and functional status during hospitalization. Four weeks after discharge, the participants visited the medical outpatient department where they completed the questionnaires once again. The questionnaires took 15–20 min to complete.

Statistical analysis: Descriptive and inferential statistics (independent *t*-test and chi-square test) were used to analyze the participants' baseline demographic and clinical characteristics. An independent *t*-test was performed to determine differences in the self-efficacy and functional status scores of the experimental and control groups. Statistical significance was set at $P < 0.05$.

Results: Four weeks after discharge, the experimental group was found to have significantly higher total self-efficacy and functional status scores than the control group. In addition, the experimental group exhibited significantly higher subscale scores on social activity, household tasks, occupation, and exercise self-efficacy than the control group.

Conclusion: The SEPCR based on Bandura's social cognitive theory appears to be a useful intervention for CR for Thai patients who have had an MI, and would be a useful supplement to medical care. Healthcare professionals should help patients engage in exercise habits and ADL performance as early as possible in their cardiac recovery.

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E 09 - Developing Nurses: From Student to Nurse Leader

Key Factors for Nurse Leaders: What Issues Should Be Taken into Account WHEN Developing Nurses' Rewarding

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Purpose

The purpose of this presentation is to describe the issues, what Nurse Leaders should take into account when developing reward system for Registered Nurses.

Target Audience

The target audiences of this presentation is Nurse Leaders, Researchers

Abstract

Reward strategy is a part of the human resources strategy and it is implemented as a management tool defined by organization with the help of a reward system (Armstrong 2006). Previous studies have shown the importance of developing nurses' rewarding (von Bonsdorff 2011, Eneh et al. 2012, Kvist et al. 2013, Seitovirta et al. 2014). In fact, it has been shown that rewarding has significant and beneficial effects on nurses' job satisfaction and commitment (Pasarón 2013, Morrison & Korol 2014). Nurse Leaders have an important role when design a successful reward system for nurses (Kurzman et al. 2011). Equitable and fair reward policy is realized when the views of the employee are taken into consideration (Miller et al. 2013).

Purpose: The purpose of this presentation is to describe the issues, what Nurse Leaders should take into account when developing reward system for Registered Nurses. The research question is: How would Nurse Leaders develop the reward systems according to the RNs' perceptions? The study is a part of research project of RNs' rewarding in Finland.

Methods: The participants were 30 RNs and they worked in one public special-, one primary- and in two different private health care organisations in Finland. The inclusion criteria were the following: registered nurse having been working at least three months in current organization. The data were collected in the years 2011 and 2014 by interviewing voluntary RNs of their perceptions of rewarding. The participants were two male and 28 female nurses between the ages of 27 to 63 and had from three months to 30 years of experience as RN. The data were analyzed with qualitative content analysis. Issues of trustworthiness were carefully followed: reliability, confirmability, transferability and independence of the study are demonstrated in the accurate and thorough descriptions of the different phases.

Results: Findings showed that reward system should be designed together with nursing staff. Co-operation between management and employees was presented by RNs. Nurse Leaders should ensure that there is a fair and equitable justification and yearly evaluation for rewarding. Viable reward criteria and alternative types of rewards were the suggestions to be taken into account in reward system. The criteria for rewarding should be clear and measurable. Additionally, performance-based pay criteria should be revised to be lower. RNs suggested both individual and team rewards, freedom to choose the type of reward for instance money or free time or is the getting a reward public or not public. In addition, both financial and non-financial rewards are needed in reward system according to RNs' experiences.

Conclusion: In conclusion, rewards will also be relevant to the employee herself/himself, thus the information provided by the RNs is extremely valuable.

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E 09 - Developing Nurses: From Student to Nurse Leader

Nurse Preceptors' Perceptions of Benefits, Rewards, Support and Commitment to Their Preceptor Role

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Purpose

The purpose of this presentation is to examine the relationships between preceptor's perceptions of benefits, rewards, supports and commitment to the preceptor role.

Target Audience

The target audience of this presentation is all managers, nurse educators in nursing education institutions, preceptors working in clinical practice and clinical nurses

Abstract

Purpose: The purpose of this presentation is to examine the relationships between preceptor's perceptions of benefits, rewards, supports and commitment to the preceptor role.

Methods: A non-experimental, descriptive, correlational and quantitative survey design and a non-probability purposive sampling method were applied and utilised in this study. The setting for the research is the Intensive Care Units (n=13) of four major academic hospitals in Gauteng Province. The sample comprised of 80 (n=80) Intensive Care registered nurses, employed throughout the Intensive Care Units (n=13). Data was collected by means of a self-administered checklist (Dibert & Goldenberg, 1995) and participants were asked to rate all the items independently on a 4-point Likert scale.

Data analysis determined the incidence of preceptor's perceptions of the benefits, rewards, support and commitment to the preceptor role. Preceptors perceive there are benefits for the preceptor in preceptorship.

Results: Preceptors use the preceptorship relationship to assist a student/newly qualified nurse in the transition and adaption to the new role and environment in which they are placed. It is an educational relationship between a skilled and experienced individual and a preceptee in need of support in the environment of placement. It offers a period of support and socialisation into the new role being taken by the student upon achieving their qualification.

Preceptorship is a time-limited teaching and learning strategy in the clinical environment where clinical staff act as role models. Primarily, preceptors engage in preceptorship to share knowledge, obtain recognition and achieve job satisfaction. Preceptors are highly qualified and valued staff, who undertake this role in addition to their clinical responsibilities and the risk of burnout exists if asked to assume additional obligations without appropriate rewards and support. Consequently, needs and expectations necessitate understanding so that preceptors, preceptees and clinical facilities may benefit from such programmes.

The study indicated that if preceptors perceive there to be support for them in the preceptor role, their commitment to the role of preceptorship increases. Years of experience, age and gender had no significant role in the preceptor commitment.

Conclusion: Preceptors in the intensive care environment in Gauteng are committed to their role. It is the responsibility of the education, institutions and nursing practice to provide benefit, rewards and support to sustain this role.

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E 09 - Developing Nurses: From Student to Nurse Leader

Challenges in Fostering Critical Thinking of Students in Developing Countries: Ghana as a Case Study

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Purpose

The purpose of this study was to identify challenges that hinder nurse educators from fostering critical thinking of students.

Target Audience

The target audience of this presentation is nurse educators, school administrators, nursing educational researcher and nursing education authorities whose roles have significant impact on nursing education.

Abstract

Purpose: Nurse educators are required to prepare students to address current and future health care challenges. The ability of health care professionals to think critically may directly affect patient safety (Robert & Petersen, 2013).

In Ghana, indicators have been identified that lead one to believe that critical thinking is not being exhibited by nurses in caring for their patients (Adjatey, 2013; Adofo, 2010). Students are still taught to follow the functional model of nursing care. This model supports an environment in which nursing service remains task-oriented. This is an obstacle to the development of critical thinking skills.

Other challenges in the nursing educational system may erode the attempt to develop critical thinking skills of nursing students. Some of these challenges Ghana's educational institutions must contend with include: limited educational resources; lack of infrastructure, large class sizes, and shortage of nurse educators (Bell, Rominski, Bam, Donkor, & Lori, 2013). These challenges could potentially serve as obstacles to the promotion of critical thinking skills.

Compounding the problems of the educational institutions, there is no specific educational program on critical thinking for nurse educators. Yet, the educator is an essential element for the development of critical thinking skills of the student. These authors are not aware of any published study in Ghana that identified barriers that hinder nurse educators from fostering critical thinking in students. Therefore, the purpose of this study was to identify challenges that hinder nurse educators from fostering critical thinking of students.

To accomplish the purpose of this study, the following research questions were addressed:

1. What instructional strategies do nursing faculty use to promote the development of critical thinking in students?
2. What are the barriers that hinder nursing faculty from fostering critical thinking in students?

Methods: A multi-site descriptive cross-sectional quantitative study design was used in carrying out this study. The study was univariate descriptive and no relationship was studied (Polit and Beck, 2012). Approval for the study was obtained from the University of Cape Coast Institutional Review Board. Through cluster sampling technique, 106 nurse educators from 11 publicly funded nursing schools in Ghana responded using a self-reported questionnaire. Data were analysed using the Statistical Package for the Social Sciences (SPSS) software, version 16. Descriptive statistics and factor analysis were used to answer the research questions.

Results: The teaching method most frequently used was discussion (75.5%) followed closely by lecture (69.8%). It was surprising that nurse educators reported using discussion most frequently. The authors, having been part of the nursing educational system for close to 10 years, have observed that lecture is the most frequently used teaching method interspersed with occasional question and answer periods.

Perhaps, it is these questions and answer periods that the educators considered as discussion methods. Moreover, class sizes in nursing schools in Ghana (often ranging from 50 to 300) do not allow for proper discussions to take place. Some authors have reported that lecture method was the most often used method in the classroom (Billings & Halstead, 2009; DeYoung, 2009).

The study further identified eight factors that hindered the development of critical thinking in students. These included course structure and materials; lack of institutional framework/support; students' characteristics; time limitation; faculty limitation; seeing faculty as authority that should not be challenged; encouraging inappropriate learning styles; and desire for good grades. Several authors have reported on some of the barriers to developing critical thinking that were identified in this study. Raymond and Profetto-McGrath (2005) and Shell (2001) reported inadequate time in the classroom as one of the barriers to critical thinking development. Shell (2001) reported student-related barriers as the greatest barrier perceived by nurse educators. Mangena and Chabeli (2005) reported low levels of education as background (lack of needed background) that hindered the promotion of critical thinking. Kowalczyk, Hackworth, and Case-Smith (2012) and Shell reported that students lacked interest in critical thinking activities as one of the student-related barriers. Given that these studies were carried out in more advanced countries as well as the current state of nursing education in Ghana makes one to believe that the barriers may be more profound in Ghana.

Other barriers identified by the nurse educators included (1) the educational system in Ghana (from basic to tertiary level) which promoted rote learning ("chew and pour"), (2) nursing care in Ghana being mechanical and not encouraging critical thinking, (3) large class sizes, and (4) lack of continuing professional development programs on critical thinking. The findings that there was limited support from administration and policy makers in the arena of nursing education indicated that critical thinking is not a priority in nursing education for authorities and policy makers. This is consistent to previous studies by Kowalczyk, Hackworth, and Case-Smith (2012) who presented similar hindrances to the implementation of critical thinking. In their study, hindrances included inadequate support from management, and lack of funding for tools to employ critical thinking strategies. In contrast, Raymond and Profetto-McGrath (2005) identified some constructive factors. These included prospects for faculty development, support from administration, liberty to try fresh thoughts, and mentorship. The disparity in the developmental stages of the Canada and Ghana may account for the different results.

Conclusion: Critical thinking is crucial in shaping healthcare providers, especially nurses, to respond to current complex health needs being faced by healthcare systems globally. Critical thinking skills are essential for the nurse in the 21st century in order to provide safe nursing care that enhances achievement of outcomes. Yet, Ghana's nursing educational system is faced with numerous barriers to the promotion of critical thinking that hinders good health outcomes. Nursing programs are not adequately preparing nurses with the necessary critical thinking skills required for a dynamic healthcare environment. The authors proposed that continuous professional programs in critical thinking should be instituted for nurse educators.

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G 04 - Research The Promotes Practice Outcomes

Do Nurses' Intrapersonal Characteristics Influence Work Performance and Caring Behaviors?

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Purpose

The purpose of this presentation is to present findings of a study investigating the influence of selected intrapersonal characteristics of nurses on their work performance and caring behaviors.

Target Audience

The target audience of this presentation is educators who select and socialize neophytes into the nursing profession as well as nursing service managers responsible for managing diverse nursing workforces in clinical practice.

Abstract

Purpose: Quality and safety of patient care is non-negotiable in healthcare. International studies recognize the link between nurses' work performance and the educational background of nurses as well as physical and psychosocial working environments. These links impact on the quality and safety of patient care. In addition, physical and psychosocial working environments also influence nurses' caring behaviors executed during patient care delivery. Evidence highlights that nurse caring behaviors determine a consistent proportion of patient satisfaction with aspects such as pain management. It also is a key motivational factor influencing recruitment and retention of nurses which have implications for finance and quality. However, competence is not only about technical skill but also about the underlying characteristics of practitioners which influence how they execute their competence. Less evidence is available about the influence that nurses' intrapersonal characteristics may have on their work performance and caring behaviors. The purpose therefore was to investigate the influence of selected intrapersonal characteristics of nurses on their work performance and caring behaviors.

Methods: STUDY DESIGN: Quantitative, cross-sectional survey, predictive correlation design.

POPULATION: Professional nurses working in medical-surgical units in general hospitals.

SAMPLING: Stratified sampling was done to select the province with the largest number of nurses and the district with the province with the largest number of general hospitals. Hospitals invited to participate were randomly selected providing a sample of nine hospitals. Based on the population size utilizing public and private hospital services in South Africa, the nurse sample included two nurses from public sector to one nurse from private sector. All nurses from all the medical-surgical wards participated providing a sample of 218 participants. In view of research indicating that health workers may overrate the care they provide and that patients and nurses do not necessarily agree on what caring behaviors entail, it was decided to invite patients to complete the caring behaviors inventory. Patients were randomly selected from a sampling frame of patients in the unit where participating nurses worked at the time of data collection. Inclusion criteria were that patients had to be older than 18 years, in hospital for more than 24 hours, not in any discomfort and able to speak and write English, Afrikaans, isiZulu or Sesotho, the languages most used in the province providing a sample of 116 patients.

DATA COLLECTION INSTRUMENTS: Seven validated self-report instruments were used. Nurses completed six instruments: Demographic information; Schwirians's Six Dimension Scale of Nursing Practice (6-DSNP) assessing work performance; Nurses Professional Values Scale (NPVS-R) assessing professional values; Core Self-Evaluations Scale (CSES) measuring personality; Situational Test of Emotion Management (STEM) a form of emotional intelligence; Empathy Quotient (EQ-short) to measure empathy; Kanungo Job Involvement Scale to measure job involvement. Patients were invited to complete one instrument, namely the Caring Behaviours Inventory (CBI) to indicate their perceptions of nurses

caring behaviours. The CBI was translated into Afrikaans, isiZulu and Sesotho with the forward-backward translation method.

DATA COLLECTION: Between September 2013 and March 2014 the researcher distributed and collected the nurse questionnaires. Patient questionnaires were distributed and collected by field workers who could each speak two of the identified languages.

DATA ANALYSIS: SPSS 21, AMOS and SAS were used for data analysis.

ETHICAL CONSIDERATIONS: Ethics approval was obtained from the University Ethics Committee, each of the participating hospitals and their governing authorities, nurse and patient respondents.

Results: Statically significant relationships were found between nurses' demographics and selected intrapersonal characteristics with work performance and caring behaviours. Only the professional values of nurses had an effect size indicating a practically important influence on work performance and caring behaviours. The importance of professional values (NPVS-R) as predictor for the dimensions of work performance (6-DSNP), is two to three times that of any other predictor that can be added to the equation on a 10% level of significance.

Conclusion: Demographics and intrapersonal characteristics of nurses do influence their work performance and caring behaviours. Professional values were the only predictor identified indicating that nurses with high professional values orientation have a 90% chance to positively influence their work performance and caring behaviors. This has clinical relevance for both nurse educators and nursing service managers. Professional values can be taught; therefore, it can be developed in the classroom. Professional values are furthermore influenced through experience over time indicating that in service education or continuous professional development for nurses working in clinical services should not only concentrate on updating clinical skills, but should also provide opportunities to reflect and strengthen professional values. Recommendations are provided for professional nurses, practice, education, management and research.

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G 05 - Producing Innovations in Nursing Throughout the World

An International Training Program for Future Health Disparities Researchers: Program Structure and Preliminary Results

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Purpose

The purpose of this presentation is to describe the structure and results from a health disparities research training program that supported undergraduate minority students in an international research experience.

Target Audience

The target audience of this presentation are nurse educators and faculty from universities across the globe.

Abstract

Well-trained minority health investigators from under-represented minority groups (i.e., racial and ethnic minorities, individuals from rural settings, socio-economically disadvantaged, or disabled) are in a position to make a unique impact on the science of eliminating health disparities. However, there is a shortage of minority health disparities scientists, especially among nurses, public health practitioners and other health professionals whose training places them in the front lines of addressing health disparities. The Minority Health and Health Disparities International Research Training (MHIRT) is a training program funded by the National Institute on Minority Health and Health Disparities (NIMHD) to address these gaps. The University of Miami School of Nursing and Health Studies was awarded one of these training program grants to encourage and equip undergraduate nursing, public health and health sciences students and second-degree undergraduate nursing (Accelerated BSN) students to pursue careers in health disparities research and make these students more attractive for graduate schools. The training program was strengthened by existing exchange agreements and by two existing centers of excellence at the University of Miami School of Nursing and Health Studies (UMSONHS) - The NIMHD-funded Center of Excellence for Health Disparities Research: El Centro (2P60 MD002266) and The PAHO/WHO Collaborating Centre for Nursing Human Resources Development and Patient Safety. This infrastructure provides access to an existing network of nursing schools throughout the globe with which the UMSONHS has a strong history of collaboration in research and training. We partnered with 5 institutions in 4 countries - Australian Catholic University in Australia, Andres Bello and Pontificia Universidad Católica de Chile in Chile, the Pontificia Universidad Católica Madre y Maestra in the Dominican Republic and the University of Alicante in Spain - where the UMSONHS has established student study abroad programs and training/research agreements. The program supported 10 trainees in the first year. Students participated in a 3-week Intensive Global Health Disparities Summer Research Institute, immediately followed by an 8-week research experience in the host country. Students worked closely with expert research mentors in the host country and at the UMSONHS during this time to conduct, or participate in existing global health disparities research. Projects varied in content and populations. For example, one student examined health care needs of commercial sex workers in Chile, while another looked at disparities in cardiovascular health in Australia. Upon return, students participated in a 1-week seminar where they shared their experiences with one another, presented their research and discussed opportunities for graduate studies. Various strategies were used to evaluate the program. A pre/post- test survey design was used to assess the impact the program had on professional development. Focus groups with students were also completed to obtain additional feedback. Preliminary findings indicated that double the number of students intended to pursue a PhD after having completed the program than prior to their participation. Student reported multiple benefits from the program that

spanned across research competencies, personal development and transcultural experiences. The MHIRT appears to be a promising approach to attract undergraduate minority students into research careers.

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G 05 - Producing Innovations in Nursing Throughout the World

Appreciative Inquiry: Advancing Practice of CNLs and CNSs By Developing a Visionary Professional Practice Model

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Purpose

The purpose of this action research is to translate conceptual definitions and roles of the CNL and CNS into an operational model of professional practice that clearly communicates the complex relationships of the CNL, CNS, Educator, their customers, their partners and their mission and vision as a professional practice team.

Target Audience

acute care nursing leadership as well as Clinical Nurse Leaders, Clinical Nurse Specialists, Professional Practice teams and academic program leaders working with CNL and CNS students.

Abstract

Purpose: Role clarification among Clinical Nurse Leaders (CNL) and Clinical Nurse Specialists (CNS) challenges the perceptive norms of all disciplines in an acute care setting. While the CNS role is steeped in history and familiar to frontline nurses, managers, physicians and ancillary disciplines, the CNL is a newer advanced practice role introduced in the past decade. Although it's easy to differentiate the two roles from a theoretical and conceptual perspective in which the CNL focuses on a microsystem and the CNS's scope pertains to a macrosystem, the true challenge lies in operationalization of the two roles within one organization. The purpose of this action research was to translate conceptual definitions and roles into an operational model of professional practice that clearly communicates the complex relationships of the CNL, CNS, Educator, their customers, their partners and their mission and vision as a professional practice team.

Methods: Appreciative inquiry (AI) is an action research method that focuses on positive participatory inquiry within a system. AI assumes that organizational systems and groups function similar to human systems which are social systems. As such, an organizational system could be likened to an organism that is a living, breathing entity which functions at a higher level when change is introduced in a positive manner versus a problem-centered starting point. AI was carried out with our Professional Practice Team consisting of 9 CNLs, 3 CNS's and 8 Unit Based Educators in structured stages mirroring the five "D's" of AI: 1) Define the Problem; 2) Discover; 3) Dream; 4) Design; and 5) Deliver. The Director of Professional Practice facilitated the AI process with the goal of nurturing identity clarification within the department as well as within the organization. The team met weekly with monthly retreats to allow full participation, voice and evolution of thought. Following full shared governance approval of the model by the Professional Practice team as well as the facility Practice Council, the model was rolled out to all customers, partners and invested stakeholders via town hall meetings, face-to-face education and informal in-services.

Results: The primary result of this study was a Nursing Professional Practice model that illustrates the complex relationships of a professional practice team within an acute care organization. Secondary study outcomes include: 1) role clarification of the CNL, CNS and Unit-Based Educator within the organization; 2) operational realization of how the professional practice team affects micro, macro and mesosystems; 3) creation of role boundaries via role clarification and a formalized consult process for education and quality initiatives; and 4) pride and ownership

Conclusion: AI proved to be a valuable venue for change and research into role clarification for the CNL and CNS within an acute care organization. Within the organization of interest, the CNL role had been in place for approximately one year without success in translating the role, as well as a lack of vision or

mission for professional practice as a collaborative and consultative group serving a diverse customer base. AI proved to be a catalyst for transformational change within the organization. Following rollout of the Professional Practice Model to the organization, education, quality and safety initiatives evolved into a cooperative effort among all professional disciplines. The professional climate improved with a palpable strengthening of relationships between CNLs and their partners.

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G 05 - Producing Innovations in Nursing Throughout the World

A Theoretical Conceptualisation of Nursing Practice as a Reflexive Complex System

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Purpose

The purpose of this presentation is to present a theoretical conceptualisation of nursing practice as a complex system.

Target Audience

The target audience for this presentation is: researchers, clinicians and educators with an interest in nursing practice, nursing theory, nursing knowledge and complexity science.

Abstract

Purpose: Nursing practice is fundamental to the discipline of nursing. Documenting nursing practice through empirical research is critical to support evidence-based practice, but it is not sufficient on its own to fully contribute to its development. It is of utmost importance to establish the conceptual basis of nursing practice in order to situate the findings derived from empirical research within the field of nursing disciplinary knowledge. Here we present how a study documenting a primary care nursing practice with vulnerable populations was used to inform the development of a theory of nursing practice. The purpose of this oral presentation is to present a theoretical conceptualisation of nursing practice as a complex system.

Methods: An analysis of nursing theorists' conceptualisations of nursing practice was conducted. A literature search was undertaken using online bibliographic databases (CINAHL, Medline, Pubmed) searching for theoretical and conceptual journal articles using the following keywords (1960-2011): nursing practice, nursing theory, nursing discipline, praxis, caring. Articles presenting a clear definition of nursing practice, a conceptualisation of nursing practice or key components of nursing practice were selected for analysis. One hundred and twenty-five articles were examined and thematically analysed. A complexity lens was used to inform the interpretive process in order to uncover the dynamic interconnections between the various components and processes of nursing practice. This analytical process led to the development of a preliminary model of nursing practice which was used as a conceptual foundation for the conduct of an empirical research project studying a primary care nursing practice with vulnerable populations.

A qualitative exploratory study of a nursing practice with vulnerable populations was carried out in three primary care organisations in the province of Quebec, Canada. Fifteen nurses participated in semi-structured interviews, followed by one year of participant observation of the nursing practice of two nurses. Informal interviews with clinical and community teams, as well as a document analysis, were conducted to further our understanding of the context within which this nursing practice is delivered. Thematic analysis was initiated during data collection and a systemic model was developed iteratively throughout the interpretive process of qualitative analysis using Le Moigne's systemic model development methodology (Le Moigne, 2012), which was also instrumental for the representation of the study results and further theoretical elaboration.

The combination of the findings from the analysis of nursing theorists' conceptualisations of nursing practice and those from the qualitative research led to the development of a theoretical conceptualisation of nursing practice as a complex system.

Results: Four main considerations to further theory of nursing practice were drawn from the analysis of nursing theorists' conceptualisations of nursing practice: broaden the spectrum of theories to conceptualise nursing practice, especially those derived from social sciences; differentiate and systematically document the structural, teleological and contextual dimensions of nursing practice in order to fully appreciate its relational, strategic and political facets; identify the reflexivity mechanisms inherent

to nursing practice as they are at the core of nursing practice's ability to change and generate change; consider the environment of nursing practice as being more than an external and influential component, but rather as a fundamental component of its structure, therefore integral to the way nursing practice is delivered and evolves.

The qualitative findings relating to primary care nursing practice with vulnerable populations revealed four themes: 1) a goal of autonomy articulated as a social obligation for vulnerable populations; 2) relational processes carried out to interconnect vulnerable individuals with various resources in the community; 3) a practice depicted as strategic action; 4) contradictory processes contributing to a reconfiguration of nurses' sense of professional identity. These four themes were examined from a disciplinary angle and used to further our thoughts about conceptual characteristics of nursing practice: its structure, activities, goals and aspirations, environment and transformation.

Based on the results of this empirical research and informed theoretical work, a conceptual definition of nursing practice as a complex system was developed. This definition emphasises four core characteristics: nursing practice is reflexive – it changes and generates change; nursing practice is strategic – driven by nurses' vision, goals and interests; nursing practice is informed by humanistic values, social norms and a diversity of knowledge derived from nursing and other disciplinary fields; nursing practice is structured by a social environment represented here as a network of people, resources, knowledge and values in interaction. A model was developed to visually represent this theoretical conceptualisation of nursing practice as a complex system and represents a significant contribution to nursing knowledge.

Conclusion: This work helped in identifying fundamental dimensions of the concept of practice in addition to those of the nursing metaparadigm's concepts. Future theoretical work and conceptualisations of nursing practice should examine the concept of health as generated within a dynamic social environment, the concept of person nuanced by those of social network and social space; and the humanistic values of nursing practice balanced by strategic interactions and social norms. Theory of nursing practice should rely on rigorous empirical research and collaborative processes with nurses, as well as a diversity of sources of knowledge from various disciplines to capture the complexity of nursing practice in a world of perpetual change.

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G 06 - Educating Nurses and Parents to Effect Health

Umbilical Cord Care Practices in the Volta Region of Ghana: A Cross Sectional Study

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Purpose

The purpose of this presentation is to inform participants about barriers of adhering to the standard protocols of umbilical cord of newborns in developing countries.

Target Audience

The target audience of this presentation are clinicians and academicians.

Abstract

Purpose: In developing countries such as Ghana, care of the umbilical cord is a major concern because it is one of the leading sources of neonatal sepsis (Black et al., 2010). Most women and sometimes healthcare workers including Traditional Birth Attendants (TBAs) lack the necessary knowledge and skills to care for the umbilical cords of the new newborns (Asif Padiyath, Bhat, & Ekambaram, 2010). Few studies across developing countries show that various substances including cow dung, mustard oil, ash, mud, breast milk, saliva, water, ash, mud, rat feces, turmeric, oil and shea butter are commonly applied on the umbilical wound to promote healing (Mullany et al., 2007; Soofi et al., 2012). These practices are associated with an increased risk for omphalitis which is directly associated with increased neonatal mortality. The purpose of this study was to investigate the knowledge of health workers and mothers in the Volta region of Ghana and to learn about the current practices in this community. This study was conducted in collaboration with the Volta Regional Health Directorate of Ghana Health Service

Methods: This was a cross sectional study of 102 mothers and 66 health workers in 11 health centers and hospitals in the Volta region of Ghana. Health workers in this study included nurses and midwives who provided prenatal, intra partum and postnatal care to the mothers. Survey data were collected through face-to-face semi-structured interviews. Data collected from mothers included their socio-demographic characteristics, the cord care treatment they used for the most recent child, and their sources of information regarding the treatment method. Healthcare workers were asked about their education and credentials, and their recommendations for cord care. Descriptive statistics were used to summarize the survey findings.

Results: The most commonly used practice was methylated spirit (68%). While majority of the study participants used methylated spirit (68%) the recommended practice, a significant number of mothers used non-recommended practices including shea butter (18%), toothpaste (4%), oil (2%), water (2%) and 6% used nothing. Overall 79% of the mothers surveyed received recommendation from healthcare workers on the best medical practice. Mothers residing in the southern Volta region or in urban areas and those with higher education levels were most likely to follow recommended best practices for cord care. Distrust in healthcare workers and low education levels were found to be the main barriers for adherence to the recommended practices. Health workers reported they were knowledgeable and confident in cord care practices (61%) and most (97%) supported medically recommended practices for cord care. Nurses and midwives were taught best practices of newborn cord care during their pre-licensure training.

Conclusion: More than one in five mothers are not following the recommended practices in newborn cord care. This study has public health and policy implications in addressing child mortality especially from neonatal sepsis. Public health interventions are needed to promote best practices for cord care especially in the northern Volta, in rural areas and among women with low education levels. Further studies will focus on education intervention that will inform the community on best practices in cord care.

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G 06 - Educating Nurses and Parents to Effect Health

Hand Washing Among Nurses and Midwives in Rwanda: Is It Compliance or Adherence?

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Purpose

The purpose of this presentation is to share findings from a study on hand-washing among nurses and midwives in Rwanda, with the main focus for the presenter and audience to discuss how they perceive the difference between adherence and compliance to hand-washing guidelines

Target Audience

The target audience of this presentation is anyone who is interested in our work. The presenter expects to gather nurse clinicians who are practicing hand-washing to promote infection control, and who need to understand that hand-washing adherence is more than complying with guidelines; it is making hand-washing a habitual practice

Abstract

Purpose: It is paramount that hand washing (HW) adherence among health care workers (HCWs) be increased and sustained as it has been found as one of the simplest yet most effective intervention in healthcare to prevent nosocomial infections (Karaaslan et al., 2014). According to (White et al., 2015), in order to improve their adherence, it is essential to understand the cognitive determinants of HW decisions for nurses. The cognitive determinants play a key role in promoting many elements of HW. Nonetheless, the concepts of adherence and compliance to HW guidelines are often used interchangeably as if they mean the same thing or have the same outcome. Adhering to HW practice is more than complying with HW guidelines. It is about making HW a habitual practice. **This presentation re-examines a study in which the primary aim was to determine the compliance with HW among nurses and midwives caring for newborn babies at selected health facilities and the extent to which demographic and cognitive factors predict nurses' HW compliance. It further raised the question if the findings were just compliance or adherence.**

Methods: a cross-sectional approach encompassing descriptive and quantitative methods was used to collect data from nurses and midwives (N=134) who were providing care to newborn babies. An anonymous self-administered questionnaire (Alpha coefficient for the multi-item scales ranging from .88 to .91) was used to collect data within 3 weeks. Factors such as age, education level, years after completion of basic professional studies, years of employment in the current health facility, attitudes, perceived behavioural control, intentions and HW compliance by colleagues' nurses/midwives were used as independent variables. Bivariate analysis using Pearson correlation (significant at the 0.01 level 2-tailed) was carried out to determine any relationship between independent variables and HW compliance rates, and multiple regression analysis was done to determine the most unique independent predictors to HW compliance.

Results: Of the 139 self-administered questionnaires distributed, 134 were completed and returned to the researcher giving a rate of 96.4%. respondents in the study. The majority (74.6%) of respondents reported their highest level of education as secondary certificate (A2), compared to 18.7% of the sample who had Advanced diploma (A1) and to 6.7% with degree (A0). The results showed that 64.5% of participants (n=86) did not get any formal training on HW after completion of their basic education, compared to 40.3% who experienced a HW promotional campaign in the past. Nevertheless, the results demonstrate that a mean self-reported HW compliance rate was 82.00% (SD= 13.60). A compliance rate of 80% or greater was confirmed by most of the participants in the study (79.1%). The highest reported rate of HW was HW after exposure to the newborn's body fluids (M= 89.33%; SD= 14.878), while results revealed that nurses tend to perform less HW after touching an object in the vicinity of the patient (73.43%; SD=22.81). The findings of this study from a Pearson correlation analysis indicated that self-reported HW compliance was positively correlated with attitudes ($r = 0.388$, $p < 0.01$), Perceived

behavioural control ($r = 0.261$, $p < 0.01$), Intentions ($r = 0.576$, $p < 0.01$), and HW compliance by colleagues' nurses and midwives ($r = 0.493$, $p < 0.01$). The variables related to demographic factors were not statistically associated with respondents' self-reported HW compliance. Furthermore, the model used for multiple regression revealed that the only three variables which were making a statistically significant contribution to the prediction of self-reported HW compliance were attitudes, intentions, and HW compliance by colleagues. The results indicated that intentions were found to have the strongest prediction to self-reported HW compliance ($B = .390$; $SE = .090$, $p < .0005$), HW compliance by colleagues showed a relatively strong prediction to self-reported HW compliance ($B = 2.175$; $SE = .527$, $p < .0005$) than attitudes ($B = 1.957$; $SE = .970$, $p = .046$).

Although the study found that the overall mean self-reported HW compliance among Rwanda nurses and midwives was high, and it was brought to our attention that intention to wash hands and the pressure from colleagues were the most predictors to HW. However, the authors believe that results from the study would have been different if another method of collecting data was used (for example observational approach). This belief is based on the fact that the high self-reported hand-washing compliance rates from studies that used self-administered questionnaires were not consistent with the results from observational studies, which show very low hand-washing compliance rates. For example, a study conducted by (Al-Wazzan et al., 2011) revealed a HW observed compliance rate of 33.4% among nursing staff in secondary care hospitals in Kuwait, which was contrasting with 90% compliance rate self-reported by nurses, stating they always washed their hands upon practicing patient care activities. This highlights the limitation of using a self-reported approach in such kind of studies whereby respondents tend to report inflated HW rates than they actually do; desirable behaviour is self-reported more frequently than it is observed. In looking at the outcome, further questions were raised as to what would have been the outcome if the emphasis of the study had been on adherence rather than a self-report of compliance.

Conclusion: With the limitations of this study in mind, the researcher concluded that though this study may have revealed a high self-reported HW compliance, the future of these type of studies would be to examine adherence, rather than compliance with HW. The study may have also suggested a high level of awareness; attitudes and intentions which were shown to be predictors of HW compliance among nurses and midwives, these may not translate to a habitual, consistent practice beyond mere compliance. Referring to other studies that used observational approach, although the design of the current study was not intended to compare self-reported and observed HW, the authors suggest that observational audit of HW practices be explored to provide an informed situation of HW adherence, and improve infection control in health facilities of the eastern province in Rwanda.

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G 06 - Educating Nurses and Parents to Effect Health Enhancing Responsible Reproductive Health Choices in Teenagers

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Purpose

A report of a pilot study where teenagers in two High Schools were exposed to caring for a simulated baby (doll) using Kangaroo Care in order to create awareness of responsible choices in sexual behaviour

Target Audience

Midwives and professionals involved with teenage reproductive health

Abstract

Purpose: The purpose of the pilot study was to create awareness amongst both boy and girl teenagers in what caring for a baby demands.

Methods: The pilot consisted out of three parts: one part where boys and girls were "caring" for a "baby", involvement of teachers in mathematics and language literacy and "police" who oversaw the "caring" of the "babies."

Boys and girls from two local High Schools were provided with a doll made from material, a Kangaroo wrap, a cellular phone and a journal. They were requested to "care" for the "baby" continuously for seven consecutive days. Nursing students sent text messages to the boys and girls at hoc times during this period of time. The messages were triggers for the school children to attend to the "baby." The school children had to make entries in the journal of what they have done in reaction on the text messages as well as during the rest of the time. The also had to write down how they felt about the caring process.

In the mathematics class the children had to calculate the expenses associated with taking care of a baby. To understand how teenagers, think about babies and caring, they had to write a poem or essay on this topic.

Selected school children acted as "police." They duty was to report on "child abuse" or how children were handling their "babies."

On the last day of the project a debate with the topic of "Having a baby while still at school", took place.

Results: Boys and girls overall did find the caring of a "baby" difficult, interfering with their personal life and expressed the view that they do not think it is feasible to have a baby while at school. The mathematic calculations brought them to the conclusion that having a baby is costly.

The "police" reported that some "babies" were left unattended, tucked away in suitcases/bags, they were called bad names and some were beaten.

Conclusion: The school children did experience "caring of a baby" cumbersome and a financial burden. In the debate the overall view was that it is not preferable to have a baby while still at school, hopefully leading to the children to make responsible choices about sexual behaviour.

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G 07 - Cultural Diversity in the U.S.

Trajectories of Burden for Mexican-American Caregivers

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Purpose

The purpose of this presentation is to highlight subgroups of Mexican American (MA) caregivers who experienced different trajectories of burden and the psychological and demographic factors associated with them.

Target Audience

The target audience of this presentation is health care providers and researchers who are working with families in a caregiving situation and want to understand and reduce caregiver burden.

Abstract

Purpose: This study aimed to identify subgroups of Mexican American (MA) caregivers who experienced different trajectories of burden and the psychological and demographic factors associated with them. A cohort of caregivers and care recipients were followed for up to 15 weeks. Growth mixture models were fitted to identify trajectories of caregiver burden measured by the Zarit Burden Interview (ZBI).

Methods: Participants included 116 caregivers from an NINR funded multi-site study. Caregivers ranged in age from 19 - 81 years, were 86.2% female, 58.6% were married, 62% had 12 years of education or less; and 84.5% were siblings, daughters/sons, or nieces/nephews, while 15.5% were spouses. Growth mixture models were fitted to identify trajectories of caregiver burden measured by the Zarit Burden Interview (ZBI). One way ANOVAs were conducted to look at the association between caregiver and care recipient's psychological and demographic factors and the resulting subgroups.

Results: For the sample as a whole, burden followed a curvilinear pattern with increasing burden in the beginning of the study and then decreasing back toward the starting values at the end. Within this overall pattern there were four subgroups with different trajectories: (1) an "Escalating" group that had the highest caregiver IADLs and highest vigilance, (2) a "Robust" group that had the lowest means on caregiver depression, vigilance, worry, and ADLs, (3) a "Fragile" group that had the highest caregiver ADLs, but also the highest positive aspects of caregiving and second highest well-being, and (4) an "Overwhelmed" group which had the highest means on burden, depression and worry, and the lowest means on well-being. There were no significant differences among the subgroups in terms of caregiver demographics. However, there were significant differences on the psychological measures of depression, well-being, vigilance, and worry. There were also significant differences among the subgroups based on care recipient demographics of age, income, CLOX score, IADLs and ADLs.

Conclusions: The findings highlight the substantial heterogeneity in burden trajectories of MA caregivers. Rather than treating caregivers as a homogenous group providers need to be cognizant of the caregiver's attributes and personal resources and their impact on burden. These findings have important implications for ways to enhance existing or develop new interventions designed to reduce MA caregiver burden.

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G 07 - Cultural Diversity in the U.S.

Design and Testing of New Education on Living Kidney Donation and Transplantation for Native Americans

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Purpose

The purpose of this presentation is to report results of the formative evaluation and empirical test of "Sharing Hope and Healing," a new culturally targeted educational intervention on living kidney donation and transplant for Native Americans.

Target Audience

The target audience of this presentation is nurse scientists, registered nurses, nurse practitioners, and other health team members who are interested in research and culturally competent education to improve the health of Native Americans.

Abstract

Purpose: Native Americans disproportionately experience chronic health conditions that contribute to renal disease. Prior to this research, there were no known empirically tested educational programs on living kidney donation and transplantation (LKDT) created for Native Americans who experience renal failure and who may be eligible for a kidney transplant. The study purpose was to develop and empirically test a new culturally targeted LKDT educational intervention for Native Americans receiving kidney dialysis who may be eligible for a kidney transplant.

Methods: A community based participatory research approach was used and was guided by both a community and a clinical advisory board. The conceptual basis was grounded in the Transtheoretical Model of Behavior Change and the oral tradition of storytelling. There were 3 aims. For aim 1, qualitative description was employed to elucidate the factors that influence LKDT education for the intended population. Individual interviews with five Native American participants who were receiving renal dialysis but who were not yet evaluated for renal transplant were conducted. Transcribed recordings were analyzed using the constant comparative technique. For aim 2, an educational program on LKDT was developed and evaluated. The intervention was designed based on the scientific literature, the results from aim 1, and the theoretical/cultural context of the study. Advisory boards evaluated the intervention prior to empirical testing. For aim 3, the 24-minute DVD and accompanying brochure was tested in renal dialysis centers using a delayed intervention control design. The study included 139 participants whose dialysis site ($n = 139$) was randomly assigned to the experimental group or the delayed intervention control group. Participants were 139 Native Americans, who were not ruled out as ineligible for renal transplant (70 experimental; 69 control). Pre/post-intervention measures were knowledge of LKDT and readiness to have a conversation about LKDT with family/friends. The concept of hope was also measured pre/post.

Results: Aim 1) Themes included: a cautious approach toward living kidney donation and transplant conversations, a concern for others, and expectations for culturally-sensitive education. Community advisory members confirmed the findings and conveyed an urgent need for education on renal disease and both living and deceased kidney donation and transplant. Aim 2) The intervention was evaluated favorably and the preferred method of delivery was face to face interaction with a dialysis center staff member using a DVD and accompanying print material. Messages of healing and hope were desired along with stories. Aim 3) Results of the site randomized trial identified no significant change in LKDT knowledge, more hopeful participants reported higher knowledge, and family conversations resulted from program exposure.

Conclusion: Culturally-sensitive education on kidney donation and transplantation is needed for Native Americans and interventions should include stories of community members and convey a message of hope in addition to basic education about kidney disease, the benefits of kidney transplant, and information about donor risks and benefits. This site randomized trial was a pilot study that requires replication or further testing with a different population such as family members.

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G 07 - Cultural Diversity in the U.S.

Views of Hispanic Migrant Workers on American Healthcare

Robie Victoria Hughes, DSN, RN, CNS, USA

Purpose

The purpose of this presentation is to understand the perception of Hispanic Migrant workers about the American healthcare system in Rural Appalachia.

Target Audience

The target audience for this presentation is health care personnel who are interested in understanding the health needs and barriers to care for Hispanic Migrant Workers to the American Healthcare System.

Abstract

Purpose: The purpose of this study was to increase health care professionals' understanding of the perception of Hispanic Migrant workers to the American healthcare system in Rural Appalachia.

Methods: A qualitative study of 23 Hispanic Migrant workers was approved by the Appalachian State University IRB to utilize BSN nursing students to conduct and transcribe interviews with Hispanic patients at a rural clinic within Appalachia. The interviews were incorporated into the BSN Research Class in order to provide hands-on experience in the methodology, while expanding student understanding of an ethnically different population. The rural clinic provided evening primary care appointments and open access for walk-in Hispanic migrant workers. All of the students conducting the semi-structured interviews were Caucasian. Spanish interpreters were used to translate the consent form and to facilitate communication during each of the interviews. All students were educated about qualitative research designs and interview techniques prior to the interviews. All students were supervised by doctorally prepared School of Nursing faculty experienced with qualitative research methods during rotations to rural clinical site. Data was analyzed by three faculty members using DiCicco-Bloom and Crabtree's technique as described in "Making sense of qualitative research" (2006).

Results: Several themes related to patient barriers to the American healthcare system, differences between Mexican and American healthcare practices, negative and positive aspects of American healthcare delivery, and ideas on meaning of health were identified. Common barriers included lack of transportation, inability to get off work, language barriers with physicians, and lack of financial resources for prescriptions. In addition, student and faculty feedback provided additional insight into the value of this hand-on research project in expanding awareness of new cultural experiences. Even faculty who had lived in the local area for years were unaware of some of the challenges faced by the Hispanic migrant workers.

Conclusion: The population surrounding the Nursing School is predominately Caucasian, which provides a very limited opportunity for students to work with an ethnic diverse population. The interviews were an effective method to provide hands-on experience for the nursing students in qualitative methodology. Students feedback supported an increased level of confidence in understanding Hispanic workers and their healthcare disparities within a cultural context.

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G 09 - Global Approach to Nursing Student Education

Patient Safety: An Interprofessional Education Approach

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Purpose

to share the experiences of an Interprofessional Patient Safety Education Seminar among nursing, pharmacy and medical students.

Target Audience

general nurses, nursing educators, patient safety officers

Abstract

Purpose: This presentation will discuss the use of Interprofessional Education learning activities as an excellent framework for teaching, learning and discussing teamwork and communication among professions, including its relevance to patient safety.

Methods: Students from three independent universities and disciplines (College of Nursing, College of Pharmacy, and College of Medicine) were brought together to participate in a case study educational opportunity addressing patient safety. Prior to the presentation of the case study, students were divided into small groups; each consisted of at least three nursing students, three pharmacy students, and three medical students. A faculty facilitator from one of the three disciplines worked with each group. Three Faculty Leaders, one from each discipline, presented portions of the case study scenario that was unique to their own individual discipline. The case scenario was presented in four distinct parts. After each part, the students discussed in their small groups their preliminary assessment impressions, actions that should be taken, and possible consequences resulting from inaction. After the small group discussion, the questions were discussed in the large group. Each small group had the opportunity to discuss their perspective of the scenario, including appropriate interventions. At the conclusion of the 90-minute educational activity, the students were asked to complete a 7-Point Likert Scale questionnaire. They were asked to rate their pre and post session awareness of each discipline's role and responsibilities, identify communication errors, and suggest strategies for addressing interdisciplinary conflicts. They were also asked open ended questions about each discipline's unique contribution to the team.

Results: Each discipline reported a clearer understanding of the roles of other disciplines in addressing safe and effective care of the patient. When asked to describe ways that communication between disciplines could adversely affect the patient care, the medical students identified physicians being dismissive of nursing concerns or being too busy. Nursing students commented that nurses should ask more questions from the patient to gain a better understanding of the patient's history. Pharmacy students noted that it was extremely important that the patient's medications were reconciled and that everyone was aware of the patient's prescribed and over the counter medications. The students consistently felt that this experience was useful in understanding what responsibility each discipline has and what is shared among the disciplines.

Conclusion: Patient safety is an essential part of nursing, pharmacy, and medical education. The presentation of an interactive case scenario that includes all disciplines teaches students the important role that each discipline plays in the care and safety of the patients. It should be noted that none of the represented colleges were affiliated with each other, other than a central location in a large medical center. Each college and university is independent of the others. This educational opportunity was tested as a pilot in 2014. It was brought to full scale and practice in 2015, at which time all students in their respective levels participated.

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G 09 - Global Approach to Nursing Student Education

An Assessment Tool to Measure the Supportive Roles of Preceptors

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Purpose

The purpose of this presentation is to elucidate the research process of developing a valid and reliable instrument to measure the different types of support offered while precepting nursing students during their clinical placements

Target Audience

The target audience of this presentation is all nurse educators involved in clinical courses and preceptors supporting students during clinical placements

Abstract

Purpose: According to Botma, Van Rensburg, Coetzee and Heyns's (2013) adapted version of Donovan and Darcy's (2011) systemic transfer of learning model, the preceptor plays a significant role in facilitating optimal performance of a student in clinical practice by considering students' characteristics, educational approach, transfer climate and the physical work environment. For the purpose of this presentation a preceptor is defined as a "compassionate nurse expert who develops a one-to-one time limited relationship with a novice in a clinical setting, provides support, facilitates thinking processes, and assesses competence in order to promote meta-cognition and care that is based on the best available evidence" (Botma 2014). The definition by Botma depicts a daunting task as it highlights personal and professional characteristics of compassion and expertise, and delineates the role of a preceptor as a facilitator, assessor, knowledge translator and supporter. Support is categorized in the literature as system, tangible, cognitive and emotional (Williamson, Callaghan, Whittlesea, & Heath, 2011; Botma, Hurter, & Kotze, 2013).

System support is mostly associated with the liaison and monitoring role of the preceptor while tangible support addresses orientation and showing novices the "what, where and how". Cognitive support is mainly about guiding students through the process of transferring their learning by facilitating critical thinking, clinical reasoning, clinical judgment and meta-cognition. Emotional support by the preceptors is being available, accessible and to debrief students after significant learning experiences.

Although numerous measurement instruments aim to measure the standard of precepting, none of them measures all the supportive roles (Fluit, Bolhuis, Grol, Laan, & Wensing, 2010). Therefore, the aim of the study was to develop a valid and reliable instrument that measures the four types of support rendered by preceptors to undergraduate nursing students.

Methods: A quantitative methodological study was conducted which started off with a critical analysis of 42 existing instruments. All the items were extracted and categorized according to the types of support. Items were reduced by clustering similar questions and rephrasing it as an item. Five experts on preceptorship and student support reviewed the draft instrument in order to promote face and content validity. The instrument was amended according to their recommendations and piloted. No meaningful changes were made to the piloted instrument. The instrument consisted of 73 items.

The validity of the instrument was determined by means of an exploratory factor analysis that was done on 303 questionnaires. Internal consistency or reliability was determined by means of the Cronbach Alpha coefficient.

Results: The Cronbach alpha coefficient for the questionnaire is 0.98, which indicates a very good internal consistency. According to the Eigenvalues three factors, namely system, cognitive and emotional support was identified. Items loaded onto a factor when the value was >0.5. The final questionnaire consists of 17 items that loaded onto the first factor namely cognitive support, 18 items loaded onto emotional support and 17 items loaded onto the third factor namely system support.

Conclusion: Through an exploratory factor analysis, the constructs were reduced from six to three and the items were reduced from 73 to 52. The internal consistency is very high with a Cronbach alpha value of 0.98. Factor loadings were cut-off at 0.5 which is higher than the acceptable value of 0.3.

Although this questionnaire has to be validated through confirmatory factor analyses, the newly developed instrument is promising to measure the expectations students and nursing education institutions have of preceptors.

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G 09 - Global Approach to Nursing Student Education

Global Health Competencies of Nursing Student in Philippines

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Purpose

The purpose of this presentation is to provide a picture about the Global health competencies level of the 4th year nursing students in one of the Philippines Nursing schools and summarized the global health activities performed by the faculty and students.

Target Audience

The target audience of this presentation is Nursing school teaching members who are interested in integrating the global health competencies into the nursing curricula

Abstract

Purpose: (1) to assess the global health competencies of the fourth year nursing students in the school of nursing, St. Louis University, Baguio City Philippines through the using of a self-rated assessment tool, (2) to be able to contribute additional literatures for global health from the findings of the survey and, (3) to provide informal information about a status of global health competencies among the nursing students of the School of Nursing, SLU.

Methods: Descriptive cross-sectional study

Results: Results revealed that (1) the students are moderately competent in the Global Burden of Disease category with weighted mean score of 2.6; (2) competent in four categories of GHCs specifically, Health Implications of Travel and Displacements, Globalization of Health and Health Care; Health Care in Low Resource and Health care as human right and Development Resource with weighted mean scores of 2.88, 2.85, 3.04 and 3.28 respectively; (3) Students are highly competent in Social and environmental determinants of health with weighted mean score of 3.46; the overall result implies that the student are competent in general with weighted mean score of 3.02. Majority of the students claimed the GHCs are integrated in their BSN Curriculum

Conclusion: Findings revealed that the School of Nursing, SLU, as compared to most schools of Nursing internationally, are more responsive in the students' training to become competent in meeting the challenges of global health. The researcher recommends further study that objectively measures outcomes of trainings on GHCs among students and staff in schools of Nursing in the Philippines. The result of the study can be considered as an input into the database of the WHO and United Nations Organizations as a basis for program development or further actions to improve global health competencies among the nurses and student's nurses. Furthermore, the study result can serve as a springboard for further studies that will be able to provide comprehensive coverage for the assessment of global health competencies among nurses and student nurses.

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H 03 - Educating Female Cancer Patients to Promote Health

Feminine Hygiene Product Use and the Risk of Ovarian Cancer

Sandra Cesario, PhD, MS, BSN, RNC, FAAN, USA

Purpose

to describe the findings of a study designed to explore the association between the use of feminine hygiene products (genital talc, tampons, and douching) and the risk for developing ovarian cancer.

Target Audience

all nurses caring for and educating women of all ages.

Abstract

Purpose: Ovarian cancer is a multifaceted disease with expression dependent upon accumulated risk factors over a lifetime. Until a reliable and valid general population screening test becomes available, it is essential that women are made aware of hereditary and lifestyle characteristics that increase their predisposition to ovarian cancer. Earlier detection with successful treatment is dependent on knowledge of predisposing risk and protective factors. Recent litigation against Johnson & Johnson has raised the question about the association between ovarian cancer and the use of body powder in the perineal area.

The research question addressed in this study was: Is the use of feminine hygiene products associated with increased odds of developing ovarian cancer?

This question was derived from a larger overarching study to elicit data from women who have been diagnosed with ovarian cancer, as well as women who do not have the disease, to determine if there is clustering of ovarian cancer risk factors associated with the use of genital talc, tampons, and douching.

Methods: A non-experimental, cross-sectional design utilizing online technology and snowball sampling. A priori power analysis determined minimum sample size to be 962-1188 participants for the desired level of power of .90 to .95, an α -level at .05, and a moderate effect size for the multiple logistic regression model using ROC curve analysis.

Results: 1,274 women completed the 25-minute online survey (553 women with ovarian cancer, 91 women with another cancer, 630 women with no cancer diagnosis). 80% of respondents were white women, 18 to 76 years of age ($x=58$) with at least a high school education. Crosstabulations with Pearson's Chi Square and Logistic Regressions were used to examine the association between feminine hygiene use and having ovarian cancer. Among women who reported using douches, a greater proportion had ovarian cancer (33.1%) compared to those who did not (22.4%). Douching was significantly associated with increased odds of having ovarian cancer (Odds Ratio = 1.34). Among women who reported using talcum powder on their genital area, a greater proportion indicated having ovarian cancer (54.4%) compared to those who did not (39.9%). Genital talcum use was also associated with increased likelihood of having ovarian cancer (Odds Ratio = 1.76). Frequency of tampon use was not associated with ovarian cancer.

Conclusion: The use of body powder on the genital area and douching are associated with an increased incidence of ovarian cancer. When both are used, there is additional risk of developing ovarian cancer. No association between tampon use and ovarian cancer was identified in this study. Ovarian cancer is a multifaceted disease with expression dependent upon accumulated risk factors over a lifetime. Understanding the relationships between genetic, biological, behavioral, developmental, and environmental factors is a first step in earlier detection of pathology. Recommendations for future research, public awareness campaigns, and the health care of women is contingent upon a more comprehensive model for identifying women at risk for developing ovarian cancer.

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H 03 - Educating Female Cancer Patients to Promote Health

Mexican-American Breast Cancer Survivors' Challenges with Health Care Disparities: A Mixed Method Study

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Purpose

To examine the influence of health care disparities, acculturation, optimism, and breast cancer concerns, as mediated by cultural coping strategies on the quality of life of Mexican American women five years after the end of treatment for breast cancer.

Target Audience

All healthcare professionals interested in caring for Mexican American breast cancer survivors as they struggle to overcome challenges of healthcare disparities after treatment is over for breast cancer.

Abstract

Purpose: Coping is a challenge for breast cancer survivors and may result in a poor quality of life (QOL) even more than five years after completion of treatment. The primary purpose of this mixed method study was to examine culturally specific health disparities, and the effects of acculturation, optimism, and breast cancer challenges on coping styles and to determine the effect coping styles have on the QOL of Mexican American breast cancer survivors. The secondary purpose was to identify effective strategies to decrease healthcare disparities experienced by Mexican American breast cancer survivors

Methods: A one group ex post facto design with path analysis was used to determine the direct, indirect and total effects of the causal antecedents on coping and QOL. Ninety-two subjects participated through a nonprobability, convenience sampling method. Qualitative non-structured interviews were used to gather additional data on Mexican American women's experiences living with breast cancer and identification of culturally sensitive strategies to overcome barriers. Participant's responses were recorded verbatim and subjected to content analysis and thematic coding.

Results: Path analysis revealed that women who had lower acculturation, were less optimistic about the future, experienced increased disparities and barriers to care, and had ongoing physical and psychological concerns about breast cancer. Although less optimism was associated with diminished QOL, neither active nor passive coping styles were associated with QOL for survivors. *Familismo* or the importance of family participation was a major theme in addressing on-going physical and psychological needs of Mexican American breast cancer survivors nine years after treatment. Qualitative narrative analysis revealed the major domain of Surviving the Fight, with subthemes of Adapting my Lifestyle, Maintaining Hope, and Remaining Vigilant.

Conclusion: Qualitative data confirmed the quantitative model variables as personal characteristics of acculturation and optimism strongly influencing QOL. Nurses in a variety of healthcare settings can use these findings to identify Mexican American breast cancer survivors at risk for reduced QOL and design culturally appropriate interprofessional care plans to coordinate their healthcare needs, increase post diagnostic care, and support efforts towards empowerment and autonomy.

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H 03 - Educating Female Cancer Patients to Promote Health

Colorectal Cancer Prevention in Chinese Immigrant Women: An Educational Program

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Purpose

(a) to educate Chinese immigrant women about colorectal cancer (CRC) screening services provided by the Canadian health care system; (b) to advance those women's knowledge on CRC prevention strategies, focusing on food literacy, eating habits, and physical activity

Target Audience

researchers, clinical nurses, and educators.

Abstract

Purposes: (a) to educate Chinese immigrant women about colorectal cancer (CRC) screening services provided by the Canadian health care system and (b) to advance those women's knowledge on CRC prevention strategies, focusing on food literacy, eating habits, and physical activity.

Methods: A pretest-posttest design was used to examine the efficacy of an educational program for improving participants' knowledge on healthy diet and CRC risk prevention over time. The program lasts two hours per week for six weeks. Lessons covered in the program are as follows: Week 1: Introduction to Ontario Healthcare System, Canada's Food Guide and food safety strategies, Week 2: unhealthy eating behaviours and CRC risk, Week 3: Exercise demonstrations, Week 4: CRC prevention and screening, Week 5: cooking demonstrations, and Week 6: Focus group discussion and course evaluation. Four instruments were used to collect data: Demographic data questionnaire, a food Safety Questionnaire (FSQ), Feeling about Cancer and Cancer screening, and the International Physical Activity Questionnaire (IPAQ) short form. The FSQ was adapted from a preexisting validated scale developed by Medeiros and colleagues. Questions cover food safety attitudes, beliefs, and knowledge, and self-reported practices to include high-risk food intake. Fifty participants filled out the questionnaires before and after the program. Statistical analysis with Paired sample t tests was performed using Package for the Social Sciences (SPSS) version 23.0 to compare pre- and post-test scores.

Results: Paired sample t tests revealed that there were significant differences between knowledge scores on pre- and post-test, which indicated that participants' knowledge significantly improved following the food safety educational program. Furthermore, participants' feeling about cancer and cancer screening was much positive after the educational program.

Conclusion: This study has demonstrated that an educational program on food safety resulted in improved food safety knowledge for Chinese immigrants. Participants also have a better understanding on information related to healthy eating habits and colorectal cancer prevention and screening.

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H 04 - Global Changes in Critical Care Practice and Outcomes

The Implementation of Evidence-Based Care of the Ventilated Patient in South Africa

Kimre Meintjes, BCur, RN, RM, South Africa

Purpose

The purpose of this presentation is to share with you how poor compliance to evidence based care of the mechanically ventilated patient was addressed through action research cycles.

Target Audience

The target audience of this presentation is all nurses working in critical care units and their supervisors who have to ensure best outcomes for critically ill, mechanically ventilated patients.

Abstract

Purpose: The purpose of this presentation is to share with you how poor compliance to evidence based care of the mechanically ventilated patient was addressed through action research cycles.

Methods: An explorative, descriptive and qualitative design was used to provide a full picture of the problem observed. Stringer's action research routine of LOOK, THINK and ACT was followed to reach the objectives. The researchers used two populations: Population 1 included all patients who were mechanically ventilated, through an endo-tracheal or tracheostomy tube, in the selected private health care institutions in South Africa. Population 2 included all nurses who cared for mechanically ventilated patients in the selected private health care institutions in South Africa.

Sampling for population 1 and 2 were convenient due to time constraints and the availability of mechanically ventilated patients.

The care of 12 ventilated patients was observed against an evidence based observation guideline. Thereafter an interview was done with the nurses using an interview guide. In data obtained the poor compliance to evidence based care of mechanically ventilated patients was evident. The data was then used to identify factors that influence current evidence based care of the mechanically ventilated patient. A participative action plan was formulated, implemented and evaluated to address the poor compliance to evidence based care of the mechanically ventilated patient.

Results: The researchers found that nurses are attempting to adhere to evidence based practice in most cases and with most criteria. The evidence based practice criteria that were mostly not being adhered to can be summarized as:

- The Recording of actions completed
- The Recording of the existence and absence of certain appropriate factors of taking care of a mechanically ventilated patient
- The planning and setting of appropriate goals
- Management and care of ventilation equipment and consumables
- Setting of alarms
- Knowledge of certain ventilator specific principles and factors

The importance and action of changing the patient's position regularly

Researchers found very specific factors and themes from the interviews conducted with the nursing participants. The factors that were identified were:

- Attitude and / or demotivation
- Lack of support from shift leaders
- Lack of knowledge and understanding

- Lack of team work
- Too high work load

Researchers found that an implementation plan to change or improve evidence based practice care of the mechanically ventilated patients, does make a difference to adherence to evidence based practice.

Conclusion: The researchers confirmed the lack of implementation of evidence based care of the mechanically ventilated patient and identified specific factors contributing to this behaviour. The researchers further found that implementation of a participative action plan can positively impact on adherence to evidence based care of the mechanically ventilated patient.

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H 04 - Global Changes in Critical Care Practice and Outcomes

Parents Perceptions of Stressors in the Neonatal Intensive Care Unit in One Hospital in Rwanda

Priscille Musabirema, MSN, RME, Rwanda

Purpose

The purpose of this presentation is to outline the stressors faced by parents with an infant admitted to the NICU in Rwanda.

Target Audience

The target audience of this presentation is all nurses working with pediatric patients in various clinical areas as well as nurses working in neonatal critical care units.

Abstract

Purpose: The purpose of this study was to describe and analyse parental perception of stress that resulted from having their infant admitted to an NICU in Kigali, Rwanda

Methods: A quantitative survey was used to describe and analyse parents' perceptions of stress when they had an infant admitted to an NICU. The Parental Stress Scale: Neonatal Intensive Care Unit (PSS: NICU) Miles (1993) was used to measure the level of stress that those parents experienced. Scale scores were calculated by averaging those stress responses for the items on each scale and for the total scale. Independent samples Kruskal Wallis and Mann Whitney U tests were used to examine the association between the characteristics of the parents/infants and the three general stress constructs of the PSS: NICU instrument; i.e. infant appearance and behaviour, sights and sounds in the NICU, and adjustment in parental role.

Results: The results indicated that parents experienced stress from having their infants cared for in an NICU. The most stressful events were the appearance and behaviour of the baby with a mean score of 4.02 while the subscale items related to sights and sounds were found to be the least significant source of stress for parents with a mean score of 2.51. In addition, the current study found that parents' age, educational level, occupation and infant birth weight were associated with parental stress

Conclusion: The study established that a range of factors was responsible for parental stress when a baby was cared for in NICU. Identification of these factors could enable health professionals from a hospital in Kigali, Rwanda to facilitate parents' adjusting and coping and a number of recommendations have been addressed to different level in order to handle this issue. Including; In-service education for nurses and doctors who work in a NICU can be implemented and the educational curriculum of nurses and doctors should also be interrogated in respect of these issues. In future studies, it may be appropriate to validate the usefulness of these components for Rwandan parents and further research using a qualitative approach could provide more detailed information about parental stress.

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H 05 - Obesity: A Health Epidemic

Weight Related Perceptions and Lifestyle Behaviors of Black Nurses in the United States

Doris Ezomo, MSN, MPA, CSN, RN, USA

Purpose

The general purpose of this descriptive study is to examine Weight-related perceptions and lifestyle behaviors of Black nurses (N=41) living in the United States.

Target Audience

The targeted audience of this presentation are black and minority nurses in the United States

Abstract

Purpose: The purpose of this descriptive study is to examine weight-related perceptions and lifestyle behaviors of Black nurses living in the United States.

Methods: Participants (N=41) were recruited from the graduate and undergraduate nursing program at Kean University. An Institutional Review Board (IRB) approved Consent was obtained from the participants to complete a 13-item questionnaire that assessed their weight perceptions and life style behaviors. Eligibility for this study entailed students who identified as nurses and as Black, communicated in English and were enrolled in the masters or baccalaureate degree program. Data was analyzed using Statistical Packages for Social Sciences (SPSS)software version 20 (for Mac or Windows)

Results: Of the 41 participants, 8 were men and 33 were women. The mean BMI for the Women was $M=28.64$, $SD=5.58$, and $M=26.60$, $SD=5.58$ for the Men. On average, like the general population, the women had the higher mean BMIs compared to the men. As a group 41% perceived their weight as normal. Eighty percent reported that their spouse was pleased with their weight. Seventy percent reported that their spouse did not think they needed to lose weight. There was a negative correlation ($r=-.41$, $p=.00$) between BMI and "Are you currently exercising?" In other words, those who report yes they were exercising also reported a lower BMI.

Conclusion: A total of 41 nursing students participated. Of these, eight were men and thirty-three were women. The Mean BMI for the male participants was ($M=26.60$, $SD=5.59$) and for the female participants ($M=28.64$, $SD=7.14$). Women had a higher BMI compare to the men. As a group, 41% of the sample perceived their weight as normal, however 37% had a BMI 25 or less, 34% were overweight, and 29% were obese. Separated by gender, 61% of the women had a BMI >25, and 62.5% of the men had a BMI >25. Pearson correlation statistics revealed a negative correlation ($r=-.41$, $p=.00$) between BMI and the question "Are you currently exercising?". Eighty percent reported that their spouse was pleased with their weight. Seventy percent reported that their spouse did not think they need to lose weight.

Seventy-three percent of the sample reported that they exercise 0-2 hours per week. Sixty-eight percent of the participants reported they are currently trying to lose weight or planning to losing weight, but only 14.6% are currently enrolled in a weight reduction program. Twenty-nine percent of the participants reported that they count calories and portion size while 26.8% used the food pyramid in their choices of food selection.

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H 06 - Can We Prevent the Spread of Respiratory Diseases Throughout the World?

Nurses' Experiences With the Middle East Respiratory Syndrome (MERS) in Korea

Hee Sun Kang, PhD, RN, South Korea

Ye Dong Son, MSN, RN, Korea, The Republic of

Purpose

The purpose of this presentation is to explore the work experiences of nurses during the Middle east respiratory Syndrome-Coronavirus (MERS-CoV) outbreak in Korea.

Target Audience

The target audience of this presentation is anyone involved with or interested in an infection control.

Abstract

Purpose: Since the first person with Middle East Respiratory Syndrome Coronavirus (MERS-CoV) was reported on May 20, 2015 in South Korea, 186 people, including healthcare workers, have been infected. The purpose of this study was to explore the work experiences of nurses during the *MERS-CoV* outbreak in Korea.

Methods: A qualitative descriptive study with 27 nurses was conducted using focus groups and in-depth interviews, and the data were analyzed with content analysis.

Results: Five major themes emerged: “feeling burnout with overflowing workload,” “caring for suspected or infected patients with caution,” “relying on various types or levels of personal protective equipment (PPE) and feeling uncomfortable,” “communicating with other workers constantly for new information and frequently changing guidelines,” and “vigilantly monitoring fevers for everyone and restricting unauthorized access.”

Participants reported that they experienced burnout as time went on with a heavy work volume during the outbreak. They also reported discomfort wearing PPE all day while working as well as associated safety concerns. They said they were sometimes confused and busy catching up with frequently changing guidelines. Some said that people should limit visiting hospitalized patients during the outbreak and gradually change the culture in which it is common for family and friends to make hospital visits for patients.

Conclusion: This study showed that it is important for nurse managers and administrative personnel to know that continually adding to nurses’ workloads might lead to burnout and thereby negatively affect quality of care. Further, it is important to supply the best quality PPE and ensure nurses are using different types or levels of PPE correctly to ensure their safety. Feedback should also be provided to medical companies towards a more comfortable design. Furthermore, minimizing changes to guidelines and efficiently communicating among workers could lead to less confusion during the infection outbreak. Finally, it is essential to raise awareness about infection control among healthcare workers and people in general for emergency preparedness.

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H 06 - Can We Prevent the Spread of Respiratory Diseases Throughout the World?

Associations Between Mastery, Social Support, and Daily Activities in Clients With COPD

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Purpose

The purpose of this presentation is to examine the associations of coping resources (mastery and social support) and daily activities in people with COPD.

Target Audience

The target audience of this presentation is clinical nurses and advanced practice nurses who work with clients with COPD in both in-patient settings and the community, and nurse researchers interested in actors that influence functional performance in people with COPD.

Abstract

Purpose: Chronic obstructive pulmonary disease (COPD) is a common, progressive, disabling disease that effects millions of people worldwide. COPD is costly to clients, families, healthcare providers, and health delivery systems. Declining physical function is a hallmark of COPD. The purpose of these secondary analyses was to examine associations between the coping resources of mastery and perceived social support and participation in daily activities among people with COPD.

Methods: Mastery, a sense of control, is a personal coping resource, and was measured by the Mastery Scale (Pearlin & Schooler, 1978). Perceived social support, an environmental coping resource, was measured by the Personal Resources Questionnaire 85-Part II (PRQ85-II; Weinert, 1987). Daily activities were assessed with the Functional Performance Inventory-Short Form (FPI-SF; Leidy, 1999). The instrument has six subscales (body care, maintaining the household, physical exercise, recreation, spiritual activities, and social interactions) all of which were included in these analyses. Bivariate analyses between mastery, perceived social support, and each of FPI-SF subscales were calculated. T tests compared the FPI-SF subscale scores of those with high and low mastery and high and low perceived social support (dichotomized at the median for both variables).

Results: Participants in the original study (n = 119, mean age = 68 years) were predominately male (53%) and married (60%). The mean measure of COPD severity indicated moderate pulmonary disease. In the bivariate analyses, higher mastery scores (indicating greater sense of control) were associated with greater function in the areas of body care, maintaining the household, physical exercise, recreation, and social interaction ($p < .05$ for all analyses). There was no association between mastery and spiritual activities. Greater perceived social support was associated with spiritual activities and social interaction only. T test analysis showed that those with higher mastery scores had higher scores for body care, maintaining the household, physical exercise, recreation and social activities. There was no difference in the scores for spiritual activities. Participants with higher perceived social support had higher scores on all six subscales of the FPI-SF ($p < .05$ for all analyses).

Conclusion: The activities of personal care, maintaining a household, physical exercise, recreation and social interactions were favorably influenced by participants' increased sense of mastery. In the bivariate analyses, only social interaction was associated with both mastery and perceived social support (and the association was stronger with perceived social support). The bivariate and t test analyses for perceived social support showed different patterns of statistically significant results. Personal and environmental coping resources are distinct factors to consider in the care of clients with COPD. Strategies that increase clients' sense of mastery and perception of social support may enhance their daily activities.

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H 07 - Culturally Diverse Practices in Nursing

Consumer-Centered Recruitment Approach for Midlife South Asian Indian Immigrant Women into Health Promotion Research

Manju N. Daniel, PhD, MSN, RN, USA

Mary Elaine Koren, PhD, RN, USA

Purpose

The purpose of this presentation is to educate nurse researchers on application of consumer-centered recruitment approach to attain a representative sample of midlife South Asian Indian immigrant women into a qualitative health promotion research.

Target Audience

The target audience of this presentation is the nurse researchers with their area of research in immigrant health and elimination of healthcare disparities among minority populations.

Abstract

Purpose: The purpose of this study was to explore the utilization of a culturally relevant consumer-centered approach in recruiting midlife South Asian Indian Immigrant women into a research study that focused on physical activity as a lifestyle modification for health promotion.

Methods: A descriptive study design was used to explore the utilization of a culturally relevant consumer-centered approach in recruiting midlife South Asian Indian Immigrant women into five focus groups. This was part of a larger qualitative study where data was gathered with focus group approach to determine factors that SAI women view as motives and barriers to participation in lifestyle physical activity. The subjects for this study were volunteer SAI immigrant women born in India, who immigrated to the United States directly from India, Hindi (the most commonly spoken language in India) or English-speaking, aged 40 to 65 years, had no disability that interferes with walking, had ownership of a cell phone; and had sent or received at least one text message a month, in the past 6 months. Forty midlife SAI women between 40 and 65 years of age were recruited. Participants were recruited into Hindi and English language groups. Three focus groups included women fluent in Hindi (two with age 40-50 and the other 51 and above) and two focus groups of women fluent in English (one with age 40-50 and the other 51 and above). Participants were recruited from the Chicago metropolitan area utilizing consumer-centered recruitment approach. Participants were recruited using the following techniques: community presentations, community event participation, reminder calls in participants' language of choosing, involvement of community stakeholders, snowball technique, solicitation of participants at faith and non-faith based SAI community organizations, use of bilingual recruitment team, translated material with distribution of flyers in English and Hindi, research team's adaptation to religious and cultural customs (wearing Indian clothes, covering head, removing shoes), and study purpose being in alignment with the SAI community's need. Potential participants were assured that a South Asian Indian immigrant female researcher fluent in English and Hindi, will moderate the focus groups. Purposeful and word of mouth techniques were used. The potential participants were encouraged to inform other SAI immigrant women about the study.

Results: The consumer centered recruitment approach with various cultural sensitive techniques such as involvement of South Asian Indian religious institutions and significant community stakeholders, bilingual recruitment team, translated recruitment material, event participation, and adaptation to religious and cultural customs, yielded recruitment of a diverse sample of midlife South Asian Indian Immigrant women. Fifty-seven percent (n= 23) of the participants were between 40 and 50 years of age and 43% (n= 17) between 51 and 65 years of age. The mean age of the participants was 50 years (SD=7.0). Forty percent (n=16) of the participants had immigrated from north, 40% (n=16) from south, 15% (n=6) from central, and 5% (n=2) from west regions of India. The sample included working and non-working women. Two thirds (n=26) of the participants were employed and 87.5% (n=35) had some college degree. About 62.5% (n=25) of the participants were Hindus 35% (n=14) Sikhs and 2% (n=1) Christians. Duration of immigration to the United States varied from 2 years to 30 plus years. Participants

were predominantly married (n=38; 95%) with average household size of 4.3 (SD= 1.25). More than 90 % (n=39) of the participants had yearly household income >\$50,000. Enrollment of 40 participants lasted from November 2014 to January 2015. Due to the utilization of various multiple culturally sensitive recruitment techniques, enrollment period was fairly quick. The most effective recruitment strategy was the utilization of faith based organizations, which yielded 82.5% recruitment. The second most effective recruitment strategy was social networking among participants lead by the community stakeholders, which yielded 62.5% of the recruitment. The third most effective recruitment strategy was the community presentations arranged by the community stakeholders, which yielded 37.5% of the recruitment. One other key finding was that none of these three recruitment strategies will be effective without strong support of the key community stakeholders.

Conclusion: The consumer-centered recruitment approach amongst SAI minority women is one of the initial steps in utilization of evidence based approach in addressing the health disparities in South Asian Indian immigrant minority women. Nurse practitioner researchers need to advocate networking with SAI community stakeholders at the religious intuitions as a gateway for minority SAI women at risk for cardiovascular disease and diabetes mellitus to voluntarily participate in a health promotion research focusing on lifestyle modification.

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H 07 - Culturally Diverse Practices in Nursing

Path Analysis of Relationships Between Social Support, Interpersonal Relations and Perceived Health in Urban Adolescents

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Purpose

The purpose of this presentation is to describe the use of path analysis to test the relationships between social support, resilience, stress management, positive life perspective, interpersonal relations and perceived health status with data from a convenience sample of 125 U.S urban adolescents.

Target Audience

The target audience of this presentation is any nursing faculty member, researcher or clinician.

Abstract

Purpose: The purpose of this presentation is to describe the use of path analysis to test the relationships between social support, interpersonal relations, resilience, stress management, positive life perspective, and perceived health status with data from a convenience sample of 125 U.S. urban adolescents. This study uses a theoretical framework based upon previous research on social support, interpersonal relations, and perceived health in urban adolescents (Ayres & Mahat, 2012; Ayres, Mahat & Atkins, 2013; Cohen & Wills, 1985; Esteves, Scoloveno, Mahat, Yarcheski & Scoloveno, 2013; Gage, 2015; Scoloveno, 2014; Underwood, 2011). Based upon this research positive relationships between social support and 1) interpersonal relations and 2) positive life perspective are predicted. Also, positive relationships between interpersonal relations and 1) stress management and 2) positive life perspective are predicted. In addition, we predict positive relationships between stress management and perceived health and between positive life perspective and perceived health.

Methods: A non-probability, convenience sample of 125 U.S. urban adolescents between the ages of 13 and 18 years was used for this research. Participants completed a demographic and general questionnaire and six instruments including the Multidimensional Scale of Perceived Social Support, Brief Resilience Scale, and Adolescent Lifestyle Profile Score (ALP-R2). The ALP-R2 included three subscales of Interpersonal Relations, Stress Management and Positive Life Perspective. Path analyses were performed using AMOS software (20.0.0) in order to investigate the hypothesized conceptual model. Modification indices and standard regression weights were used to develop other related models to identify a model that best fit the variance-covariance matrix for these variables.

Results: Path analyses were performed using AMOS 20.0.0. All but one of the hypothesized effects in the initial model were significant ($p < 0.05$) (Figure 1). Results showed significant positive effects of social support on both 1) interpersonal relations (standardized $r = 0.556$, $p < 0.01$) and 2) positive life perspective ($r = 0.173$, $p < 0.05$). Also results showed significant positive effects of interpersonal relations on both 1) stress management ($r = 0.564$, $p < 0.01$) and 2) positive life perspective ($r = 0.223$, $p < 0.05$). In addition, there was a significant positive effect of stress management on positive life perspective ($r = 0.430$, $p < 0.05$). Finally, there were significant effects of positive life perspective on both 1) perceived health ($r = 0.303$, $p < 0.05$) and 2) resilience ($r = 0.229$, $p < 0.05$). There was, however, a non-significant direct effect of stress management on perceived health ($r = 0.060$, $p > 0.50$). The overall lack of fit of this hypothesized model was non-significant, $\chi^2 = 6.334$, $df = 7$, $p > 0.50$.

Model 2 was developed by removing the direct effect of stress management on perceived health (Figure 2). All effects in Model 2 were significant ($p < 0.05$). Results showed significant positive effects of social support on both 1) interpersonal relations (standardized $r = 0.556$, $p < 0.01$) and 2) positive life perspective ($r = 0.173$, $p < 0.05$). Also, results showed significant positive effects of interpersonal relations on both 1) stress management ($r = 0.564$, $p < 0.01$) and 2) positive life perspective ($r = 0.223$, $p < 0.05$). In addition, there was a significant positive effect of stress management on positive life perspective ($r = 0.430$, $p < 0.05$). Finally, there were significant effects of positive life perspective on both 1) perceived health ($r =$

0.340, $p < 0.05$) and 2) resilience ($r = 0.229$, $p < 0.05$). The overall lack of fit of this hypothesized model was non-significant, $\chi^2 = 6.627$, $df = 8$, $p > 0.50$. Thus results show that Model 2 better fit the data. Based upon these results, there does not appear to be a direct relationship between stress management and perceived health. Rather the effect of stress management on perceived health is mediated by positive life perspective. Stress management increases positive life perspective which in turn increases perceived health.

Conclusion: The findings of this study increase our knowledge about how measured variables of social support and interpersonal relations have a positive effect on perceived health in urban adolescents. Results show they have a positive effect on stress management and positive life perspective. The positive effect of social support and interpersonal relations on perceived health is mediated by better stress management and a more positive life perspective. Although there were no direct effects of social support and interpersonal relations on perceived health in this sample of urban adolescents, further research is needed to examine the extent to which social support and interpersonal relations are distinct or inter-related concepts. Finally, results show that the effects of social support, interpersonal relations and stress management on resilience were significantly mediated by positive life perspective; there were no significant direct effects of each of these variables on resilience. Further research is needed to identify the antecedents of social support and interpersonal relations.

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H 07 - Culturally Diverse Practices in Nursing

Correlates Among Self-Concept, Anxiety, Depression, Anger, and Disruptive Behavior in Vulnerable Middle School Youth

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Purpose

The purpose of this presentation is to describe the correlations of the variables (self-concept, anxiety, depression, anger, and disruptive behavior) in two vulnerable middle school age populations

Target Audience

health promotion professionals in various settings (school nurses, health educators, nurses, community providers)

Abstract

Purpose: Adolescents from urban and rural environments are viewed differently when considering their vulnerability to stressors and adaptive versus maladaptive coping. Understanding the differences and similarities in the baseline variables can assist in guiding interventions. The purpose of this study was to assess the relationships among self-concept, anxiety, depression, anger, and disruptive behavior in middle school-aged students from two middle schools. At baseline, 45% of the urban middle school participants demonstrated elevated anxiety, 26% had depressive symptomatology, and 26% had below average self-concept. At baseline, 25% of the rural middle school participants demonstrated anxiety, 21% had depressive symptomatology, and 25% had below average self-concept.

Methods: A descriptive correlation design was used for this study. Students from two middle schools in the Midwest were recruited to participate (N=53).

Results: Correlations were examined at baseline among the study variables for each set of participants. Negative and significant correlations ($p=.01$) existed between the participants' self-concept and depression, self-concept and anxiety, self-concept and anger, and self-concept and disruptive behavior. As the student's self-concept decreased their anxiety, depressive symptoms, anger, and disruptive behavior increased. These same findings were found in the urban and rural student groups for the same variables. Additionally, positive and significant correlations existed between depression and anxiety, depression and anger, and anxiety and anger in both groups. This suggested that as the student's depressive symptoms increased so does the student's anxiety and anger. Furthermore, as the student's anxiety increased so does the anger.

Conclusion: The middle school years are often stressful for students, especially for youth who are from underserved areas and subject to health disparities. Understanding similarities in baseline correlations among students who are similar can guide behavior interventions to improve healthy lifestyle choices and healthy lifestyle behaviors in middle schoolers. This study underlines the similarities in vulnerable youth populations which appear dissimilar and supports the promising potential to improve mental health outcomes (e.g., anxiety, depression, and suicidal ideation), improved self-concept and decreased maladaptive coping for anger and disruptive behavior through behavior interventions for youth in real-world school settings.

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J 02 - Global Trends in Undergraduate Nursing Education

Students' Perceptions of the Operating Room as a Clinical Learning Environment

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Purpose

The purpose of this presentation is to promote awareness of the learning challenges faced by students in an operating room in a private hospital context. Recommendations are also made in order to improve learning in this valuable clinical setting.

Target Audience

The target audience for this presentation is mentors, clinical facilitators, lecturers and operating room managers

Abstract

Purpose: Students undertake their clinical placement in various clinical settings for the exposure to and acquisition of skills related to that particular context. The operating room, for example, is a context that offers the opportunity to develop critical skills related to the perioperative care of the patient. Despite the numerous studies that have been undertaken in this field, few studies that have investigated the operating room as a clinical learning environment in the South African healthcare system have been published. The aim of this study was to determine students' perceptions of the operating room as a clinical learning environment in a private hospital context.

Methods: An exploratory, interpretive and descriptive design generating qualitative data was utilized. Data was collected from nursing students undertaking their training at a private nursing education institution and private clinical learning setting. Ten nursing students participated in an open-ended questionnaire of which eight were returned, and twelve students participated in the focus group discussion

Results: From the results, four themes emerged, namely, 'interpersonal factors', 'educational factors', 'private operating room context', and 'recommendations'. This study has highlighted some of the challenges experienced by students in the private sector operating room context. The opinion that the operating room offers an opportunity to gain skills unique to this context was expressed. However, despite the potential learning opportunities, the key findings of this study reveal negative perceptions of nursing students regarding learning experiences in the operating room

Conclusion: Exploration into the specific preparatory needs of students specific to learning outcomes before operating room placement should be considered. It would also be necessary to improve collaboration between lecturers, mentors and operating room managers so that a structured teaching programme may be developed for students entering the perioperative environment. Research into the extent to which operating room skills can be transferred to other departments may also reveal the value of operating room placements for the nurturing of critical skills operating room placement should be considered. It would also be necessary to improve collaboration between lecturers, mentors and operating room managers so that a structured teaching programme may be developed for students entering the perioperative environment.

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J 02 - Global Trends in Undergraduate Nursing Education

Evaluation of "1FoCUS MODEL" of Clinical Facilitation for Nursing Students at Sir Charles Gairdner Hospital

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Purpose

The purpose of this presentation is to present the findings of the evaluation of the impact of the '1FoCUS' Model of Clinical Facilitation implemented in 2015 at Sir Charles Gairdner Hospital (SCGH) in West Australia.

Target Audience

The target audience of this presentation is nurse educators and nurse managers.

Abstract

Purpose: The aim of this project was to evaluate the impact of the One Focus Model of Clinical Facilitation implemented in 2015 at Sir Charles Gairdner Hospital (SCGH) in West Australia.

The provision of clinical placement for nursing students and the delivery of quality clinical supervision is a matter of growing concern within Australian Healthcare. There are various models for clinical education and it is a challenge to employ an appropriate model. The model needs to be innovative in order to meet the needs of the healthcare facility, be supportive to the nursing students and clinical ward staff.

At SCGH there are six universities and three institutes of technology/training that place student nurses at the hospital, each university had a different model of clinical supervision. In the new 1FoCUS Model the clinical facilitator (CF) role was undertaken by one or two RNs from the ward area. The new CF undertook clinical supervision for all of the nursing students from all of the universities allocated to their area throughout 2015

Methods: This mixed method study used a prospective, observational cohort design with a pre and post-intervention using two population based cohorts of student nurses, and nurses. Post-implementation focus groups were conducted with three key stakeholder groups: the clinical facilitators; staff development nurses (SDNs) and clinical nurse specialist (CNS) and nursing managers (NM).

Pre and post implementation data was collected from both cohorts using the Quality of Prac Experience (QPE) questionnaire. The QPE explores issues relating to the ward environment, clinical learning and achievement of learning outcomes.

Results: Comparisons of pre-intervention and post-implementation QPE scores were conducted using Student tests. All data was entered into SPSS (IBM SPSS, Version 22.0). The transcripts were subjected to thematic analysis to determine themes and patterns in the data.

Conclusion: The findings from this study will provide direction for strategies regarding the provision of student nurse clinical placement and quality nursing clinical supervision in Australia.

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J 02 - Global Trends in Undergraduate Nursing Education

Initiating an Undergraduate Public Health Nursing Leadership Program for Underrepresented Students

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Purpose

The purpose of this presentation is to describe the successful initiation of a program developed to prepare students from diverse backgrounds to become leaders in providing care for underrepresented populations and to make a difference in local communities.

Target Audience

The target audience of this presentation is public health leaders and nursing educators.

Abstract

Purpose: The “Building Nursing’s Diverse Leadership at Emory” (BUNDLE) program at the Nell Hodgson Woodruff School of Nursing (NHWSN) in Atlanta, Georgia was initiated to prepare nursing students from disadvantaged and underrepresented backgrounds to enter the public health nursing workforce as leaders who provide care to underserved populations and who can make a difference in local communities. A major focus of the BUNDLE program is to reduce the social and structural forces that act as barriers to the enrollment and retention of students from underrepresented and disadvantaged backgrounds. The objectives of the BUNDLE program are to: 1.) increase the proportion of students from underrepresented/disadvantaged backgrounds admitted to NHWSN; 2.) increase the graduation rate of NHWSN students from underrepresented/ disadvantaged backgrounds; and 3.) increase the number of culturally competent, leadership-trained NHWSN graduates working in medically underserved areas/populations in Atlanta and Georgia.

Methods: The BUNDLE program provides economic resources (scholarships and stipends) to increase financial capital, professional socialization and networking to increase social capital, and academic enrichment resources, (coaching and NCLEX preparation) to increase educational capital. Specifically, the program aims to promote leadership, scholarship, and public health awareness for enrolled scholars. In addition to receiving scholarships and monthly stipends, scholars attend monthly seminars, weekly academic enrichment sessions, public health field trips, and supplemental enrichment activities. At the individual level, all scholars complete an Individual Development Plan (IDP) that helps identify goals, strategies, and metric for success in the nursing program and into the future. Each scholar meets with his/her faculty advisor monthly. Faculty advisors review the scholars IDP, monitor academic and leadership progress, and carefully assess for psychosocial barriers that might impede the scholar’s progress.

Results: In the initial year of the BUNDLE program, participation in program activities has been at or above targeted goals while attrition has been low. Divided by categories, the participation has been as follows: Monthly Seminars: 91.67%; Supplemental Activities: 70.24%; Field Trips: 50%; Weekly Coaching Sessions: 80.88%. Subjective evaluation provided by the students has been primarily positive.

Conclusion: The initiation of this program has been a success, and has provided the basis for continuing improvements. As new cohorts are accepted to the program, the lessons learned from the initial year have provided valuable information about aspects which clearly should be continued as well as those that may need adjustment.

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J 03 - Promoting Womens Health

Psychological, Physical, and Social Survivorship Needs of Women Following Mastectomy in the Cape Metropole

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Purpose

The purpose of this presentation is to inform nurses of women's psychological, physical and social survivorship needs following mastectomy.

Target Audience

The target audience of this presentation is nurses involved in the diagnosis and treatment of patients requiring mastectomy for breast cancer.

Abstract

Background: In the researchers' clinical experience perioperative nurses may not understand the psychological, physical and social survivorship needs of women following mastectomy. Breast cancer is the most dreaded and common female malignancy in the world and the leading cause of cancer death among women in developed and economically developing countries. Psychological responses include fears of the future, recurrence of the disease, feelings of loss, concerns about body image and self-concept, which relate to role adjustment and family responses. The researcher, a professional nurse practicing in the operating theatre assisting with breast surgery, identified a need to explore the survivorship needs of women following mastectomy in order to understand the challenges patients face after surgery.

Methods: A qualitative design with a descriptive phenomenological approach was applied, underpinned by Husserl' post-positive philosophy to elicit the participant's psychological, physical and social survivorship needs following mastectomy. Seven women who had undergone mastectomy for breast cancer and who resided in the Cape Metropole were deliberately selected by means of snowball sampling to participate in individual interviews. Consent to conduct the study was obtained from the Health Research Ethical Committee at Stellenbosch University and informed consent was obtained from the participants at each interview. Anonymity and confidentiality was ensured. Interviews took place at a location of the participant's choice, were audio recorded, transcribed verbatim and member checked. The interviews were analysed thematically and the themes that emerged were emotional distress and individual coping mechanisms, concern for children and family, impact of changes to appearance and preferred support needs.

Results: Findings show that support requirements are based on the individual's psychological, physical and social needs. A need for breast cancer education and information in the survivor's mother tongue was expressed.

It is suggested that women diagnosed with breast cancer should be educated along with their families in order to enhance the transition of survivorship.

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J 03 - Promoting Womens Health

Longitudinal Study of Stress and Social Support in Married Arab Immigrant Women

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Purpose

to identify risk factors for depression in married Arab immigrant women to guide assessment and areas of intervention.

Target Audience

researchers, clinicians and social service providers, and policy makers.

Abstract

Purpose: Arab immigrant women are at risk for depression (Aroian, Uddin, & Ullah, 2015; Hassouneh & Kulwicki, 2007; Jamil et al., 2008) and knowledge of risk factors assist with identifying targets of intervention. In a previous study, we used cross-sectional data to investigate the relationship between socio-demographic risk, two classes of stress (i.e., immigration demands and daily hassles), three sources of social support (i.e., husband, family, and friends), and depression in Arab immigrant women in the U.S. (Authors, 2015). Since stress and social support are mutable and change with acculturation to the resettlement country, the present study includes three panels of longitudinal data to further explore the trajectory of depression in these women.

Methods: A sample of 388 married Arab immigrant women provided three panels of data approximately 18 months apart and completed Arabic or English language versions of a demographic and migration questionnaire, the Demands of Immigration Scale (DIS; Aroian, Tran, & Schappler-Morris, 1998), the Daily Hassles Scale (DHS; Kanner, Coyne, Schaefer & Lazarus, 1981), an adapted version of the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988) -- the MSPSS-AW (Aroian, Templin, & Ramaswamy, 2010) -- and the Center for Epidemiological Depression Scale (CES-D; Radloff, 1977). The independent variables were depression at Time 1, socio-demographic variables from Time 3, and the rate of change in stress and social support variables between Times 1, 2, and 3. Regression analysis was used to identify the explanatory variables that predict the women's Time 3 depression scores. Depression at Time 3 was regressed on rate of change over time in the stress and social support variables, depression at Time 1, and socio-demographic variables from Time 3.

Results: The regression model was significant ($F(6, 379)=45.88, p< 0.0001$) and accounted for 41.16% of the variation in Time 3 Depression scores. Depression at Time 1; changes in immigration demands, daily hassles, and friend support; ability to read English, and husband's employment status were associated with Time 3 Depression. On average, women with increased friend support and ability to read English were less depressed and women with increased immigration demands; increased daily hassles; and retired, disabled, or unemployed husbands were more depressed.

Conclusion: Study finding suggest that interventions should encourage Arab immigrant women to establish friendships and rely on friend support and assist them in managing their immigration demands and daily hassles. Resettlement programs should focus on teaching English reading skills and assisting husbands to find employment.

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J 03 - Promoting Womens Health

Improving Mammography Rates of African*American Women: Sisters Educated in Emergency Departments

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Purpose

The purpose of this presentation is to provide an overview of three successive research studies aimed at developing a targeted intervention to reduce the disparate rate of breast cancer in African American women by promoting mammography in Emergency departments, an area where medically underserved women may seek healthcare.

Target Audience

Emergency department nurses and nurse researchers.

Abstract

Purpose: The purpose of this presentation is to describe a series of studies conducted to develop an intervention to promote mammography screening among African American women while they wait for non-urgent care in Emergency departments.

Methods: Three projects were conducted to meet the overall aim of developing and piloting an intervention. The studies were formative (mixed methods), developmental, and a pilot RCT.

Results: Study 1: formative: mixed methods designed to examine cultural, social and personal factors that are barriers or benefits of mammography use among African American women who use the ED for non-urgent care. Brochures were designed based on the findings from this formative study. Study 2: Developmental: focus groups were conducted to assist in development of stage matched, culturally targeted brochures and a motivational interviewing intervention to be delivered in the ED. Study 3: Three armed pilot of an RCT designed to compare the effects of a brief motivational interview delivered by a lay health worker with those of a culturally targeted brochure and a usual care control group. 23% of the sample reported having never had a mammogram prior to the study. There were no group differences by mammography status at the 3-month interview. More than one-quarter of those retained in the study indicated that they had received a mammogram during the study.

Conclusion: These studies demonstrate how one develops an intervention from formative research to pilot. While there were no group differences in the initial pilot this lays the foundation for future work in this vulnerable population by demonstrating recruitment techniques in an innovative setting, the use of a lay health workers in a clinical setting, and targeted MI and brochure use. Further refinement of the pilot intervention that includes more intensive dosing for the intervention group is necessary to detect a significant difference. The developmental techniques demonstrated across the studies will be helpful for other health disparities researchers interested in developing targeted interventions for vulnerable populations.

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J 04 - The Effects of Magnet Designation

Establishing a Research Academy Collaborative: Benefits, Challenges, and Preliminary Outcomes

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Purpose

The purpose of this project is to discuss the conceptualization, implementation, benefits, and challenges of a Research Academy collaborative created to advance EBP, research, and quality improvement among nurses practicing in hospitals seeking recognition for nursing excellence through the American Nurses Credentialing Center (ANCC) Magnet Recognition Program.

Target Audience

The target audience of this presentation is nursing clinicians, nurse educators, and nursing researchers.

Abstract

Purpose: Internationally, recognition of the need to build nursing capacity facilitating research utilization, translation, and dissemination is growing (Beal, 2012). As interest in achieving Magnet recognition expands, attention is being drawn to the importance of advancing the research utilization skill set of practicing nurses (ANA, 2014). Yet, clinical nurses frequently express feeling intimidated by research. Registered nurses claim multiple reasons for not engaging in evidence-based practice (EBP)--including the lack of knowledge/preparation to do so (Yoder, et al., 2014). To address this problem in a southwestern state, a research director in a department of nursing in a private university, and an associate dean for research in a school of nursing at a state funded health sciences center, and Magnet leaders at two acute care hospitals collaborated to create a "Research Academy." The Research Academy initiative was intended to foster the advancement of EBP, research, and quality improvement among junior faculty and nurses practicing in hospitals on the journey to Magnet recognition. The purpose of this project is to discuss the conceptualization, implementation, benefits, and challenges and to report the preliminary outcomes of the Research Academy collaborative effort.

Methods: A descriptive design was used. Cohort 1 spanned the 2014-2015 academic year. The Research Academy (RA) curriculum plan was created and presented once a month in a 1.5-hour session. Topics pertaining to research, evidence-based practice, and quality improvement were presented by research faculty from each institution as well as two Doctor of Nursing Practice (DNP) students. Participants were expected to identify a project, conduct a literature search, and carry the project through to the point of readiness for preliminary/pilot implementation and presentation at the organizational level. An Iota Mu Sigma Theta Tau International (STTI) chapter small grant was obtained to offset the monthly costs associated with the RA.

Results: Fifteen participants were in the 2014-2015 Research Academy (RA) cohort: 4 junior academic faculty members, and 11 clinical nurses. Participants were paid up to 4 hours per month to attend the RA and work on their projects by their respective organizations. Three junior faculty dropped due to demands of current enrollment in DNP programs. Three of 11 clinical nurses remained active in the RA at the end of the 12-month period. One participated in the preliminary phases of the replication of a multi-site, national study, one is nearing completion of the preliminary work needed for breast milk study implementation, and one placed their initial idea on hold to pursue a high-visibility project that resulted in the change in 4 state laws protecting citizens from synthetic marijuana.

Conclusion: Challenges of the Research Academy collaborative in year one included the high attrition rate in the first cohort, the need for consistent clarification of participant expectations, extension of the 12-month period and additional release time for completion of some projects. However, the modest, but tangible outcomes resulted in heightened awareness, momentum, and renewed support for RA cohort 2 (27 participants, now underway). Research faculty from academic facilities may need faculty-practice or release time to successfully mentor participants. Local STTI chapters can play a role in supporting collaborative efforts to engage clinical nurses in EBP, research, and quality improvement by rendering small grant support. Innovative, multi-site academic-practice collaborative may help to overcome commonly cited barriers to clinical and junior faculty acquisition of EBP, research, and quality improvement skills.

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J 04 - The Effects of Magnet Designation

Checking the Pulse of Cultural Competency: A Comparison of PA Magnet and Non-Magnet Facilities

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Purpose

To discuss the imperative for cultural competency in healthcare, and the findings of the Pennsylvania state-wide Cultural Competence Education Awareness Survey within the context of Magnet and Non-Magnet facilities. Also, it will discuss strategies to address gaps and bolster standardized cultural competent practices for nurses in all types of organizations.

Target Audience

The target audience of this presentation is practicing clinicians, researchers, educators and administrators in the healthcare field

Abstract

Background: Cultural competency has the potential to mitigate healthcare disparities and improve outcomes through increased access and full engagement of patients and families in their care. Culturally competent clinicians appreciate the uniqueness of each patient within the context of their illness, communicate respectfully, build trust, and maintain therapeutic relationships that promote optimal health outcomes. Despite recognition of the value of cultural competence, practice varies considerably among healthcare professionals and across healthcare organizations. Factors contributing to variations in the practice of cultural competence are skills, attitudes, and knowledge, the degree of personal desire to practice, differences in the appreciation of the impact on optimizing health outcomes, and the availability and limitations of organizational resources and policies. A systematic assessment of how these factors influence cultural competence practices among nurses across the state of Pennsylvania was conducted using a 40 item survey instrument, the Cultural Competence Education and Awareness Survey (CCEAS). Analysis of the findings revealed opportunities for enhancing cultural competency in clinical practice of nurses in magnet and non-magnet hospitals. This presentation will focus on describing the demographic composition of PA nurses that participated in CCEAS, outline the strengths and opportunities for enhancing cultural competency in both magnet and non-magnet facilities, and guide appropriate interventions to address gaps and bolster standardized cultural competence practices

Purpose: The top purposes of the Cultural Competence Education and Awareness Survey (CCEAS) of Pennsylvania registered nurses are to ascertain the differences in the attitudes, knowledge and behaviors related to the cultural competency of registered nurses in magnet and non-magnet facilities in the state of Pennsylvania. In essence, the survey examined registered nurses' level of desire and interest to provide culturally competent care; the sources and availability of education and training to support cultural competency; and the extent to which cultural competency is being practiced by registered nurses in both magnet and non-magnet facilities.

Methods: Registered nurses across the state of Pennsylvania participated in the state-wide Cultural Competence Education and Awareness Survey, a 40 items online survey that collected information on demographics, desire and interest to provide culturally competent care, sources and availability of education, training, and other information that support cultural competent practices, including the extent to which culturally competent care is currently being provided in healthcare organizations across the state of Pennsylvania. Independent t-tests were conducted to determine differences between magnet and non-magnet facilities. Level of significance was set at $\alpha = 0.05$.

Results: Registered nurses in both magnet and non-magnet facilities expressed a comparable level of desire to provide culturally competent care, including topics and methods for receiving additional professional development opportunities related to cultural competency. Registered nurses in magnet facilities reported a significantly higher level of resources, educational preparation and training, as well as organizational support and infrastructures to support culturally competent practices.

Conclusion: Opportunity exists for nurses at all levels of practice and leadership to strengthen their cultural competency skills by heightening their awareness of patients' cultural uniqueness within the context of their illness and gaining new awareness and knowledge for maintaining therapeutic relationships that promote optimal health outcomes for diverse patient populations. Healthcare leaders and organizations have a role in helping to standardized the practice of culturally competent care provided by nurses in both magnet and non-magnet facilities. Further research is necessary to determine if differences exist in the extent to which culturally competent care is currently being provided in magnet and non-magnet organizations.

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J 04 - The Effects of Magnet Designation

Identifying Key Components of Professional Practice Models for Nursing: A Synthesis of the Literature

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Purpose

The purpose of this presentation is to discuss a synthesis of the literature describing development and implementation of professional practice models and highlighting three key components common in all models in addition to identifying implications for nurse leaders and researchers and providing guidance to those developing a professional practice model.

Target Audience

The target audience of this presentation is nurse leaders (especially those in Magnet designated or aspiring hospitals) clinicians, and nurse researchers with an interest in the key components of professional practice models and their development and implementation.

Abstract

Purpose: This presentation will synthesize the key components of professional practice models for nursing published in the literature. A professional practice model provides a foundation for safe, high quality care and depicts the values that underpin nursing practice. While the Magnet Recognition Program resulted in professional practice models being developed and implemented across much of the United States, more recently the value of a professional practice model to provide the best environment for quality care has resulted in a much wider attention and application. This paper will discuss the implications for nurse leaders and clinicians developing or reviewing a professional practice model. It will also provide insights into future research opportunities.

Methods: A review of English language papers published up to August 2014 was undertaken and identified 51 articles that described 38 professional practice models. A thematic analysis of the articles was undertaken to identify the common themes and key components found in all professional practice models.

Results: Three key elements of professional practice models were identified from the thematic analysis. Firstly, the importance of an underpinning theoretical foundation grounding the professional practice models in a well-established nursing concept or theory. Secondly six essential components of a model were identified. These were leadership, nurses' independent and collaborative practice, environment, nurse development and recognition, research and innovation and a focus on patient outcomes. Thirdly simple language void of jargon and easily identified by direct care nurses was critical to gain support for the model.

Conclusion: A professional practice model clarifies the key elements that must be imbedded in a nursing organization to promote nursing excellence. Numerous professional practice models have been developed by nurses for their own health services. None the less, common themes emerged to guide future model development. Key components identified in this presentation may be of interest to nurse leaders, who are beginning the journey to Magnet® recognition or are seeking to enhance nursing excellence. These elements provide clarity to guide nurse leaders' discussion with staff to shape a professional practice model that is meaningful to direct care nurses. Few of the studies reported in this presentation formally evaluated the adopted professional practice model. Future research focused on professional practice models and how they might contribute to positive patient and nurse outcomes would strengthen the evidence to guide development and implementation of the model in future.

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J 05 - Effects of HIV/AIDS: Health Promotion

Content-Analysis of Social Networks and Mobile Phone Text Messages Among HIV Patients in Tanzania

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Purpose

The purpose of the presentation is to improve understanding of HIV patients' social networks in relation to their use of mobile text messages based on content analysis of HIV patients' responses to open-ended research questions.

Target Audience

The target audience of this presentation is nurses in clinical settings, researchers, particularly in global health setting.

Abstract

Purpose: The study aimed to explore and understand HIV patients' social networks and support in relation to their use of mobile text messages (SMS). This study also presents HIV patients' perspectives on use of SMS for HIV care and management.

Mobile technology has become a promising communication and educational platform for both health care providers and patients. Mobile phone messages have been used to provide reminders to patients about medication adherence, medical appointments, and to encourage physical activities. The mobile technology appears to have more potential to improve health service delivery where health care infrastructure and human resources are limited.

Methods: A qualitative content analysis was done on a survey of 'social networks and mobile phone text message use', part of a cross-sectional research study conducted among 163 HIV-positive patients attending outpatient HIV clinics in Dar es Salaam, Tanzania in 2015. Five multiple-choice questions and four open-ended questions and answers were included. Trained research assistants administered interviews in Swahili; responses were translated and transcribed into English. The open-ended answers were coded and analyzed. Conventional content analysis methods guided analysis of one hundred interviews.

Results: The majority of participants were women (78%). The average age was 41.9 years (range, 22-77). PLWH's closest social networks were identified as immediate family members, followed by extended friends and relatives. Neighbor and community members from religious organizations, NGOs, doctors and nurses were listed as part of their social networks. Phone calls (62%) and in-person communications (49%) were the most frequently used modes of conversation within the networks. Approximately 20% of the participants reported no use of SMS due to 'vision problems', 'prefer calling', or 'not accustomed to SMS'. Seventy-three percent of participants sent none to 10 SMS over one week. Affordability, accessibility, and privacy are the top three stated reasons for preferring SMS. If SMS were cost-free, PLWH would prefer to receive text messages about health, life skills, greetings, religious messages, informational and educational contents. Specific to HIV/AIDS care, participants would like to receive SMS reminding them of clinic appointments before antiretroviral medication runs out. Participants also requested HIV health information focusing on nutrition and medication. The sense of "being supported and cared for" was the most frequently cited reason for acceptability of SMS use in relation to HIV. Four participants mentioned concerns about privacy.

Conclusion: SMS is an affordable and well-accepted mode of communication among this sample of Tanzanians living with HIV. SMS can be used to improve PLWH's knowledge about the management of their chronic health status, retention and engagement to care. Provision of informational and educational content should be tailored for individual needs for chronic disease management.

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J 05 - Effects of HIV/AIDS: Health Promotion

Assessment of the Knowledge, Utilisation and Opinions of Healthcare Workers Regarding HIV Post Prophylaxis

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Purpose

To assess the knowledge, utilisation and opinions of healthcare workers regarding HIV Post Exposure Prophylaxis

Target Audience

Academics, clinical nurses, primary health care nurses

Abstract

Purpose: The purpose was to assess the knowledge, utilisation and opinions of healthcare workers regarding HIV post-exposure prophylaxis at a selected hospital in Gauteng, one of the provinces in South Africa. Healthcare workers work in an environment where there is a constant risk of occupational exposure to HIV infection and it is extremely important for nurses to be knowledgeable about the risk of HIV infection at work. Various strategies, such as Universal precautions (UPs) and post-exposure prophylaxis (PEP) are in place to protect them from contracting blood-borne infections while performing their day-to-day activities in a medical setup. However, nurses remain at risk of being exposed to blood-borne pathogens and are reluctant to seek PEP services.

Methods: This study used a quantitative approach with a non-experimental, descriptive design to gather data from 94 nurses working in the casualty ward, maternity ward, intensive care unit (ICU) and operating theatre (OT) in the selected hospital. Population included healthcare workers working in different high care wards. The respondents were systematically selected. A self-administered questionnaire was used as the data collection instrument. Data was captured and analysed by the statistician. Quantitative data analysis methods were followed.

Results: Findings show sub-optimal knowledge and underutilisation of the PEP services. Respondents suggested how the utilisation can be improved and the findings revealed a dire need for education and continuous training regarding HIV post-exposure prophylaxis that will provide more in-depth knowledge about HIV/AIDS and the role of PEP among the healthcare workers.

Conclusion: It was concluded that there was an overall lack of knowledge as well as poor utilisation of HIV post-exposure prophylaxis services among the majority of nurses despite being informed about the programme. The healthcare workers were encouraged to utilise the services available at work.

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J 05 - Effects of HIV/AIDS: Health Promotion

My HIV Diagnosis Was a Blessing: It Saved My Life

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Purpose

The purpose of this presentation is to describe how HIV impacts the lives of HIV -infected older Black men living in the rural southeastern U.S.

Target Audience

The target audience of this presentation is nurses, public health professionals, and other healthcare providers working with older HIV-infected Black men.

Abstract

Purpose: HIV remains at epidemic levels in the rural southern United States. Blacks are the ethnic group most affected by HIV with the rate of new HIV infections being 8 times that of Whites based on population size. The largest numbers of new HIV cases have been reported in the southern U.S. where Blacks represent a disproportional number of cases. Among Black adults and adolescents, men accounted for 70% of the estimated 20,900 new HIV infections that occurred in 2010. Among these men, sex with other men was the leading cause of infection followed by injection drug use. With the advent of effective antiretroviral medications, HIV has transitioned from a fatal disease to a manageable chronic condition. While Blacks continue to have a higher risk of dying from HIV than Whites, access to care and treatment is making it possible for them to live for decades. It is estimated that in the U.S., 50% of adults living with HIV are 50 years of age or older. Yet, there is limited data regarding how well Black men are aging with the disease. The overall purpose of this study was to explore the perceptions and experiences of older Black men living in the rural southeastern United States. This paper focuses on data that describes how HIV impacted the participants' lives, how they care for themselves, and role of family in their life.

Methods: The study was conducted using a qualitative exploratory approach. Data were collected through face-to-face interviews with 35 HIV-infected Black men who were living in 5 rural or semi-rural areas in Georgia. Men were made aware of the study by staff of organizations/clinics that provided health services to individuals with HIV disease. The study inclusion criteria were being 50 years of age or older, male, Black, living with HIV for at least 5 years, and providing informed consent. Initially, the study was designed using a focus group format for data collection. Twenty-nine of the men participated in a focus group that was held in their area. Due to concerns about confidentiality, 6 men agreed to participate in the study only if they could be interviewed privately. The researchers used a pre-developed interview guide that consisted of general open-end questions with probes to encourage men to expand or more fully describe their perceptions and experiences. Interviews were conducted by a member of the research team and audio-recorded. Men were also asked to complete a short demographic questionnaire. The transcripts of the interviews were transcribed verbatim and analyzed using a constant comparative content analysis approach. The data from the focus groups were analyzed independent of the individual interviews. **Results** demonstrated that there was no difference in the descriptions of the men's experiences and perceptions between the two groups so the data were combined for the final analysis.

Results: The men in the study ranged from 49 to 66 years of age ($x = 55.6$) and had lived with HIV for a mean of 20.9 years. Nine men had less than a high school education with 16 having completed technical school or at least some college. One participant had a doctorate. Nineteen men reported an income of less than \$10,000/year. Twenty-seven men lived alone while 7 are currently married/common law and one participant lived with a same sex partner. Two of the men were fully employed and six men being employed part-time. Seventeen men were receiving social security disability. Five men reported that they had been diagnosed with AIDS.

Conclusion: Potentially quite different from what might have been expected, the majority of men reported they had what they needed and remained positive. These men were committed to going on with their lives

and living healthy. Many of the participants had a history of drug and/or alcohol abuse that they felt had resulted in their HIV infection. This supports epidemiological reports indicating that drug and alcohol use are frequent contributors to HIV infection among Black men. In many instances substance abuse is interrelated with poverty, lack of information about HIV risks, and stigma about HIV in the Black community. Despite their past destructive behavior, our results show that family support remained strong. Many men reported their belief that HIV had changed their lives for the better. The men were looking forward to living for a long time and knew they would have to deal with other age-related illnesses as they continued to age. This study provides new insight into the lives of rural Black men, and expands our understanding of how these individuals are managing their HIV disease and why many return or remain in rural communities.

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J 06 - Care of Patients Living With HIV/AIDS

Conceptualising Adolescent HIV Self-Management in a South African Context

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Purpose

to describe how adolescent HIV self-management is realized in a South African context

Target Audience

nurses, clinicians and academics interested in adolescent health and HIV.

Abstract

Background: Many adolescents are living with HIV globally and in South Africa (UNICEF 2013; De Wet et al. 2014). Challenges in clinical management of adolescents include managing HIV related problems and motivating them to adhere to a lifelong treatment regime, which are compounded by the physical and psychological changes which occur during adolescence (Mofenson & Cotton 2013). Little is known about the healthcare needs of adolescents living with HIV in low resource, high HIV burden settings. These settings have contextual specific issues such as poverty, family and community violence, altered family structures and low education levels that may impact on the health and well-being of adolescents in contexts like South Africa (Agwu & Fairlie 2013). With the advent of antiretroviral treatment (ART) access, HIV is managed as a chronic disease and elements such as self-management become an important component of care (Modi et al. 2012). Research to date has not focused on adolescent HIV self-management.

Purpose: The research objective was to explore the realisation of adolescent HIV self-management from the perspectives of adolescents, caregivers and healthcare workers in a South African context.

Methods: A qualitative interpretive phenomenological design was utilised in order to obtain a contextually sensitive understanding of adolescent HIV self-management. Adolescents aged 13 to 18 who attended ART clinics, their caregivers and health workers experienced in adolescent HIV care were the target population groups. Eighteen individual interviews and five adolescent focus groups were conducted between July and December 2015 in two facilities in the Cape Town Metropole. Interviews were conducted in Afrikaans, English or Xhosa by trained interviewers.

Results: The researcher interpreted positive self-management behaviours as remembering to take their own treatment, coming to the clinic on their own, reporting symptoms to healthcare providers and asking questions about HIV, considering various factors when deciding to disclose their status, and finding meaning e.g. through religion, joining adolescent groups and sharing experiences. Negative self-management behaviour included deliberately deciding not to take their treatment. Reasons for this included avoidance of side-effects when going out at night to parties, not believing that they are really HIV positive, low mood, feeling nauseated by the tablets and being tired of taking treatment. Very few adolescents seemed to be aware of their viral load or CD4 count as a measure of their health, yet some used a suppressed viral load as justification for not using condoms when having sexual intercourse. Although almost all the adolescents were coming to the clinic on their own, many adolescents claimed parental or family support with taking treatment. Pervasive stigma in communities and schools resulted in limited support structures, which were mainly restricted to their immediate family.

Conclusion: HIV self-management in adolescents is a complex phenomenon. Adolescents mostly make decisions around taking treatment, attending clinic appointments, reporting symptoms to healthcare workers and to whom to disclose their status.

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J 06 - Care of Patients Living With HIV/AIDS

Challenges to Providing Patient-Centered Care for Multidrug-Resistant Tuberculosis (MDR-TB) in South Africa

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Purpose

increase patient-centered care among vulnerable populations, with a focus on TB and HIV in sub-Saharan Africa.

Target Audience

clinicians and researchers working with TB and/or HIV patients.

Abstract

Purpose: The incidence of multidrug-resistant tuberculosis (MDR-TB) is on the rise globally. MDR-TB takes a minimum of 2 years to treat and the treatment regimen produces many adverse drug reactions (ADRs). The World Health Organization (WHO) has called for further research on the treatment of community-based MDR-TB patients as care is being decentralized to outpatient settings. In the WHO's TB progress report for 2015, they note there is a dearth of literature about anti-TB drug-induced mortality, morbidity and loss in quality of life, particularly in low-resource settings. This study directly addresses this gap in knowledge by examining the effect of ADRs from MDR-TB treatment on health-related quality of life (HRQOL) for patients in a low-resource, high HIV-burden population in South Africa.

Methods: A cross-sectional, observational study design was used to: 1) examine the effect of each ADR on HRQOL, controlling for patient and clinical characteristics; 2) describe concordance between patient report and clinician documentation ADRs. MDR-TB patients in the initial intensive phase of treatment were recruited using convenience sampling from an outpatient MDR-TB clinic in South Africa. Patient interviews were conducted in English or *isiZulu* and included questions on individual characteristics (age, sex, education, employment, relationship status, alcohol/smoking, stigma, and adherence) and environmental characteristics (housing status, food insecurity, social support and discrimination). ADRs and symptom bother over the past month of treatment were collected using a symptom checklist and HRQOL was collected using the EQ-5D. A medical chart data abstraction was conducted to capture MDR-TB treatment, HIV/AIDS status and treatment, co-morbidities, BMI, laboratory values, and clinician documentation of ADRs.

Results: The majority of participants ($n=121$) were co-infected with HIV (75%), female (51%), and did not have enough food to eat everyday (51%). Aim 1) All but two participants reported at least one ADR (98%) with an average of 8.6 per person. An increase in total ADRs was significantly related to a decrease in HRQOL. Of the 18 ADRs assessed, six were associated with a decrease in HRQOL in the final multivariable model: tinnitus, gastrointestinal symptoms: nausea/vomiting and diarrhea, and symptoms affecting movement: myalgia, arthralgia, and peripheral neuropathy. Aim 2) ADRs were reported much more frequently in the patient interviews ($\mu = 8.6$) compared to medical records ($\mu = 1.4$). Insomnia was most common (67 vs. 2%), followed by peripheral neuropathy (65 vs. 18%), and confusion (61 vs. 4%). Kappa scores were very low, with the highest degree of concordance found in hearing loss ($kappa = 0.23$), which was the only ADR not found to be significantly different between the two data sources ($p = 0.34$).

Conclusion: This study helps fill the knowledge gap on the effect of ADRs from MDR-TB treatment on HRQOL. The study also showed a lack of concordance between patient report and clinician documentation of ADRs. These findings indicate the need for improved documentation of ADRs to better reflect the patient experience during MDR-TB treatment. These data have important implications for country-level pharmacovigilance programs that rely on clinician documentation of ADRs for MDR-TB policy formation. For clinicians, findings reinforce the need to improve detection, documentation and management of ADRs to provide patient-centered care. Further research is needed to determine

effective ADR management techniques to improve HRQOL outcomes for patients on this lengthy and challenging treatment.

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J 06 - Care of Patients Living With HIV/AIDS

Effectiveness of Isoniazid Preventive Therapy on the Incidence of Tuberculosis in People Living With HIV/Rwanda

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Purpose

The purpose of this presentation is to inform the participants about the results of our research on the program launched in 2011 to prevent tuberculosis in people living with HIV in three health facilities in Rwanda.

Target Audience

The target audience is composed by the nurses that work in clinical settings, those in managerial role as well as teachers

Abstract

Purpose: The purpose of this study was to evaluate the effectiveness of primary Isoniazid Preventive Therapy (IPT) on the incidence of active Tuberculosis (TB), in adult People Living with Human Immuno-Deficiency Virus (PLHIV) in selected districts of Rwanda. Specifically, the study was intended to (1) compare the incidence of active TB among adult PLHIV who took Isoniazid Preventive Therapy with those who did not take Isoniazid Preventive Therapy, (2) To identify the socio-demographic and clinical factors contributing to active tuberculosis in PLHIV on Isoniazid Preventive Therapy and (3) To compare the time of tuberculosis occurrence among PLHIV who took Isoniazid Preventive Therapy with those who did not.

Methods: This was a retrospective cohort study design using medical records of People Living with Human Immuno-Deficiency Virus (PLHIV) from six health facilities in three districts of Rwanda. Among these six health facilities, three are exclusively in a pilot programme providing Isoniazid Preventive Therapy in the whole country and other three are not. The period of study extended between 1st August, 2013 and 31st January, 2014. Out of 2172 PLHIV followed backward, 1,086 were on Isoniazid Preventive Therapy and 1,086 were not. Survival analysis and Poisson regression with SPSS version 20.0 were used to compare the rates of tuberculosis and factors contributing to TB in PLHIV on Isoniazid Preventive Therapy with PLHIV not on Isoniazid Preventive Therapy.

Results: The overall tuberculosis (TB) incidence was 1.131 cases per 100 person-years (PY) [95 confidence interval (CI) 0.98-1.44]. The incidence rate of TB in patients on IPT was significantly lower than those who were not on IPT (0.56/100PY vs 2.04/100PY) and Incidence Rate Ratio (IRR) was 0.275 [95% CI 0.152-0.493]. Multivariate Cox proportional hazard model revealed 73 per cent reduction in TB risk among patients who received IPT. Among IPT completers, the risk of developing TB reduced up to 87.5 per cent (HR=0.125 P value<0.00). Being on ART, having CD4 cell count >350, HIV clinical stage 1 and 2 and high income, were factors contributing to lower incidence of TB among PLHIV on IPT. By comparing the time of TB occurrence among PLHIV who took IPT with those who did not, the present study showed that the protective effect of IPT seemed to be gradually lost over time. It did not decline as rapidly as it has been reported in patients not on IPT.

Conclusion: The use of Isoniazid Preventive Therapy in people living with HIV was associated with a low Incidence Rate of tuberculosis. The results would indicate a need to scale up the program to other health facilities.

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J 07 - Transforming Our Care to Transform Our Workforce: Determinants of Nurse and Patient Burnout

Extended Work Hours and Patient, Nurse, and Organizational Outcome

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Purpose

The purpose of this presentation is to share research issues and results of the study

Target Audience

The target audience of this presentation is nurse administrators and practice nurses

Abstract

Purpose: The purpose of this study is to examine for the first time in Thailand nurses' extended work hours and its relationship to patient, nurse, and organizational outcomes.

Methods: The method of this study used a multistage sampling 1,524 registered nurses working in 90 hospitals in all levels of hospital. They are from district hospitals, provincial hospitals, regional hospitals and university hospitals across Thailand. Sample completed a demographic form, the Nurses' Extended Work Hours Form; the Patient, Nurse, Organizational Outcomes Form; the Organizational Productivity Questionnaire; and the Maslach Burnout Inventory. Data were analyzed using descriptive statistics, Spearman's Rank Correlation, and logistics regression. Approval was obtained from the Institutional review board (IRB) committee of the Faculty of Nursing Chiang Mai University as well as all hospitals involved.

Results: Results showed that the average extended work hours of respondents was 18.82 hrs/wk. About 80% had worked two consecutive shifts. Extended work hours had a positive correlation with patient outcomes such as identification errors, pressure ulcers, communication errors and patient complaints, and with nurse outcomes of emotional exhaustion, and depersonalization. Further, we found a negative correlation between extended work hours and job satisfaction as a whole, intent to stay, and organizational productivity. Findings demonstrate that working two shifts (16 hours) more than regular work hours lead to negative outcomes for patients, nurses and the organization.

Conclusion: In conclusion long extended work hours (18.82 hrs/wk) were rated by respondents. Associations between extended work hours and outcomes for patients, nurses, and the organization were found. Our findings add to increasing international evidence that nurse' poor working conditions results in negative outcomes for the profession, patients and health systems. Policymakers need to be aware of the issues regarding nurses' extended work hours which has been found to contribute to burnout. Urgently, nurse and health administrators need to develop and implement appropriate nursing overtime policies and strategies to help reduce this phenomenon, including measures to overcome the nursing shortage.

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J 07 - Transforming Our Care to Transform Our Workforce: Determinants of Nurse and Patient Burnout

Development of Client Care Needs Assessment Tool to Support Workforce Transformation in Mental Health

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Purpose

The purpose of this presentation is to describe the process for the development of Client Care Needs Assessment Tool for inpatient mental health clients. The tool assesses clients on eight domains of the Synergy Model: Stability, Complexity, Vulnerability, Predictability, Resiliency, Participation in Care, Participation in Decision Making and Resource Availability.

Target Audience

The target audience for this presentation is leaders (Chief nurses, directors, managers) charged with interprofessional staffing decisions and staffing assignments (charge nurses). Leaders and staff in mental health and rehabilitation settings and researchers in the area of health human resource planning will find it particularly relevant.

Abstract

Purpose: The purpose of our research was to develop an evidenced-based methodology that could be applied to define how clinical services were staffed to deliver care of the highest quality and built around clients' needs. Development of the Client Care Needs Assessment Tool (CCNA) appropriate for inpatient mental health was the cornerstone of this methodology.

Commitment to evidence based care requires evidence based decision making. Staffing decisions are critical to achieving quality care. The aim of skill-mix review endeavors is to optimize efficiency and effectiveness (http://www.who.int/management/determining_skill_mix.pdf), that is have the right care by the right provider for the client at the right time. Health care environments across the globe are facing considerable fiscal challenges along with increasing patient acuity and complexity, and a changing healthcare workforce. Matching client need with the appropriate healthcare provider is imperative for providing high quality, safe and cost-effective care.

Previous work in this area has focused on RN/RPN skill mix in general hospitals and medical settings (Blasorah et. al, 2010; Kohr et al, 2012). Frameworks to guide this work include the College of Nurses of Ontario 3 factor framework (Client, Nurse, Environment) (CNO, 2012), Staff Mix Decision Making Framework developed by the Canadian Nurses Association (CNA, 2010), and the Synergy Model developed by the American Association of Critical Care Nurses to determine nursing staffing (Hardin & Kaplow, 2005). Applicability of the current approaches and particularly the client care needs assessment tool to mental health is limited. Very little work has been done in this area specific to mental health and an inter-professional team context.

Methods: The CCNA tool is based on the domains of the Synergy Model (Hardin & Kaplow, 2005) and was developed in two phases: Phase one: guided by a literature review and interprofessional panel development of indicators (Client Care Needs Assessment) for the Synergy Model domains using a modified Delphi approach and an initial pilot of the CCNA on two inpatient mental health and addiction units; and phase 2 where the indicators were refined and revised version of the Client Care Needs Assessment was piloted on additional inpatient mental health units.

Results: The final CCNA tool has 13 yes/no questions and 31 indicators grouped under 8 Synergy Model Domains of stability, complexity, vulnerability, resiliency, participation in decision-making, participation in care, resource availability.

Along with the indicators, the process of tool implementation has also evolved over the two phases. The average time required for completion now stands at 13 mins / patient as compared to 45/60 minutes in

Phase I. This can be further reduced as staff gain familiarity with the tool. Other outcomes include standard language & framework to define client need across domains in an inter-professional context; defining and measuring constructs, such as impulsivity, across mental health settings; and fostering interdisciplinary knowledge. Consistent with what has been reported by others, there is significant value in the process of assessing clients through the CCNA tool with respect to understanding and strengthening team functioning. While this was not measured objectively in our work, it could easily be quantified in subsequent application. A limitation of our work was the focus on inpatient settings in one hospital. We are now exploring opportunities for testing in outpatient settings and across other organizations.

Conclusion: Although, further testing of the psychometric properties is needed, the CCNA tool is a promising tool to assess clients in a mental health and addictions setting in a holistic manner. Explicating the needs will allow teams to better align their staff skill mix with the needs of the client population. The CCNA tool can also lead to better insights into the core competencies needed with the interprofessional team as well as facilitate decision making with respect to staff complements within the interprofessional team. The CCNA tool can be used by itself or as part of a broader initiative on workforce transformation.

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J 07 - Transforming Our Care to Transform Our Workforce: Determinants of Nurse and Patient Burnout

Risk Factors for Burnout Among Nurses and Doctors in Selected Hospitals of Botswana

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Purpose

The purpose of the presentation is to share areas of the work environment that doctors and nurses participating in the study found frustrating so as to encourage sharing of ideas.

Target Audience

The target audience of this presentation is nurses and doctors

Abstract

Purpose: The purpose of this abstract is to report on the findings of a study that was investigating collaboration of nurses and doctors in selected health facilities in **Country X**. The abstract is focused on findings on risk factors for burnout among nurses and doctors.

Methods: The setting for the study was three hospitals at varying levels of the complexity of care; and the design was a cross-sectional descriptive qualitative approach. The population was doctors and nurses working in the public sector and sampling was purposive. The study's inclusion criteria were fluency in English and practice of at least six months in **Country X**. Twenty doctors and 19 nurses were interviewed face-to-face with the aid of an interview guide.

Results: The sample had 22 females and 18 males and had age range of 27-54 years and in-country work experience ranging from one to 30 years.

Risk factors for burnout: Risk factors for burnout were identified as follows:

1. Lack of the right tools for doing the work.

The tools for doing the work include staffing, equipment, supplies such as medications, and infrastructure as much intensive care unit and operating theatre space. The respondents observed that it was not only frustrating but that it was also risky that they could not meet people's needs at a time when the society's expectations and entitlements had increased.

1.1 Staffing:

Respondents reported shortage of both nurses and doctors. A common theme was that there were two or three nurses to 50 patients. Nurses were therefore finding it difficult to meet patient needs and often had to focus their attention on most acutely ill patients. The doctors were also short-staffed with the most serious situation being for specialists and other senior medical personnel. Doctors found the workload unbearable and the strain was more felt by junior doctors who had to be everywhere and who frequently could not respond to nurses' call when there were patients to be attended to in different wards. There was also shortage of auxiliary personnel, particularly those who could run errands between the ward and department such as operating theater, laboratory and X-ray; therefore, it was uncommon that nurses and doctors would be the ones running those errands. Several doctors reported that they had no social life because they were always at work. It was reported that some nurses were using 'sick leave' as one strategy for coping with the high work load.

1.2 Non-human resources:

A chronic shortage of commodities such medications, fluid and blood giving sets and other stuff such as hand towels and laryngoscopes was reported. One of the frustrating things about medications was that patients who can afford to buy medications from their pockets were not allowed to do that. Laboratory resources were also inadequate and one could not do all the tests that she/he would like to do. Other non-human resources that were needed in some health facilities were extra operating room space,

intensive care unit and children's intensive care unit. The shortage of medications and other resources was even more challenging for formerly qualified doctors because they did not get an opportunity to put their expertise in operation but consistently had to provide sub-standard care.

1.3 Poor Work Ethic

Doctors were concerned about the work ethic that they observed especially among the young generation of nurses and to some extent among doctors; whereas nurses reported the poor work ethic among the young generation of nurses and among doctors. There was a general 'go slow attitude toward work that often resulted in delay in giving patients appropriate treatment and therefore compromised patient outcome. Doctors reported that nurses were unprofessional when interacting with them. At all levels and at all departments, people were said to be dragging their feet. The problem was compounded by a culture of the work environment in which everyone was his/her own boss, where nobody could reprimand any person and where no one could own responsibility and accountability when there were gaps in work performance.

1.4 Perceived Management Inefficiency

Respondents reported frustration with the way the health system was operating and its failure to bring the prevailing situation to order. Areas of frustrations included poor conditions of service, centralized power and decision making, laxity in taking appropriate action against non-performers, lack of objectivity in treating local and foreign doctors, and unclear job descriptions for nurses and doctors.

3.1 Conditions of service:

Both nurses and doctors were concerned about low pay and slow career progression for nurses. Nurses themselves were feeling unappreciated by colleagues such as doctors, the community, and nurse managers. Even though nurses were working under serious constraints such as high workloads, management recognized their presence only when they had done something wrong and their mistakes tended to be exaggerated. They indicated that there were no way other colleagues could respect or appreciate nurses when nursing management was treating them like trash. Doctors also reported frustrations with heavy workloads, low pay, and lack of appreciation by management.

3.2 Centralized Power and Decision Making

Participants observed that managers at hospital level were not empowered to discipline employees. Every incident of staff misconduct had to be reported to the ministry with the result that it was taking too long for any action on the matter. Patient care was therefore suffering because nobody could discipline workers on the ground.

3.3 Laxity in taking appropriate action against non-performers

Doctors were frustrated that nurses were not assisting them in their work. Many times doctors' orders were not instituted because nurses failed to communicate when, say, the medication was out-of-stock or they could not read the doctor's hand writing. They observed that the fact that nurses were not taken seriously could be one contributory factor to their 'I don't care' attitude toward work. Nothing was being done to address the situation whereas it was clear that the exclusion of nurses from the 'scarce skill' category was one of the main areas of discontent.

3.4 Lack of Objectivity in Treating Local and Foreign Doctors

Local doctors reported that they were lowly remunerated and that the system was rewarding foreign doctors better. The system was content with importing specialist doctor and was not making any effort to develop local doctors into specialist; despite the fact that many wanted to specialize. On appointment, foreign doctors were given temporary housing whereas local doctors were not. They reported that the best paid medical positions were in foreigner-staffed institutions that were in the country.

On the other hand, foreign doctors complained of the xenophobia that existed in the system; the xenophobia was felt right from immigration offices to the ministry, through the office of hospital superintendents, and to the patient's bed side. They reported that local doctors were reluctant to consider ideas from foreign doctors and that it was difficult for them to change anything in the system. They

observed that local doctors could afford to refuse to take up posting to rural areas whereas should a foreign doctor do that, he/she risked having his/her job terminated.

3.5 Unclear Job Descriptions for Nurses and Doctors

Doctor expressed concern about unclear job descriptions for nurses and doctors; and this mainly stemmed from nurses refusing to do some tasks, arguing that those tasks were not covered in their job description. Insertion of intravenous cannula was a frequent bone of contention because doctors could not understand why a nurse would call a doctor for a cannula instead of inserting it her/himself.

3.6 Attitudes and Beliefs of the Clientele

Although some families of patients were appreciative of the services provided by nurses and doctors, generally, the clientele was reported to be unappreciative. Some patients and family members believed that they could dictate the terms of treatment to doctors or that a doctor must be able to solve all their problems. Health literacy of the clientele also appeared to have an influence in how health providers and families/patients appreciated the services. A doctor reported that some patient believed in a pill and could not appreciate non-medicinal advice such as diet. A nurse reported that some patients would keep on bringing the same problem whereas they were not prepared to take advice they were given; this was reported to put one in a dilemma of whether to continue providing the same advice or to let the patient know that it was counterproductive.

Conclusion: Nurses and doctors working in Country X have a number of challenges that have a potential to expose them to burnout. It is important that such factors in the working environment are given attention in order to improve job satisfaction and job retention. Further research that will quantify burnout among doctors and nurses is needed.

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J 09 - The Use of Technology in Today's Education

Perils and Pitfalls Using Technology and Collaboration to Demystify the Dreaded Nursing Care Plan

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Purpose

The purpose of this presentation is to describe the advantages and challenges encountered in implementing a team based project for writing a nursing care plan with first semester clinical nursing students. Students utilized university approved technology to construct their initial care plan, in an adult health clinical nursing course.

Target Audience

The target audience of this presentation is clinical and didactic nursing educators.

Abstract

Purpose: The purpose of this nursing education project was to design, implement, and evaluate an innovative teaching strategy to facilitate student learning of the nursing process and critical thinking through the use of technology and collaboration, in the clinical setting.

Introduction: Historically, students were required to submit 3 independently developed 27+ page clinical paperwork assignments. This paperwork included patient history, review of systems, laboratory values, medications, physical examination, routine nursing documentation, nursing care plan, a patient teaching plan, and references. Students frequently complained that this assignment was both laborious and arduous. Grading of these assignments also required a significant amount of time for the instructors.

Traditional teaching methods in nursing education heavily relied on classroom lecture learning. Peer learning combined with traditional teaching methods may be more effective at addressing critical thinking, clinical skills, course satisfaction, and retaining knowledge (2013, Stone, Cooper and Cant).

Methods: Instructors developed the group project using the Revised Bloom's Taxonomy that included the cognitive process structure and knowledge dimensions, in order to facilitate the acquisition of critical thinking, clinical reasoning, and knowledge in the context of patient care (2002, Krathwohl; 2011, Su & Osisek).

Students in an adult health clinical nursing course, formed teams of 3-4 members. Each team worked together to develop their initial clinical paperwork, using university approved technology. This technology included social media and document sharing.

Results: Both students and faculty experienced challenges during design and implementation of the group projects. Some of the challenges included potential HIPAA/patient identifiable information, the requirement for university Information Technology approval, the use of secure document sharing, different technology platforms for students and instructors, and group dynamics.

Alternatively, students and faculty also experienced great benefits from this process. These benefits included student peer learning, decreased work load for both students and instructors, increased student satisfaction, improved grades on the assignments, and students learning to work as a team.

Conclusions: Team care plans improved the quality of the work submitted by the students and increased both student and instructor satisfaction with the assignments. Team based care plans are an effective complimentary strategy for facilitating student learning of the nursing process and critical thinking skills.

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J 09 - The Use of Technology in Today's Education

Using the TPACK model to Increase Digital Skills and Pedagogy in Graduate Nursing Education Students

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Purpose

The purpose of this presentation is to describe the effect of a four-week virtual design and delivery learning program framed by the TPACK model, on digital literacy and pedagogy skills of graduate nursing education students.

Target Audience

The target audience of this presentation is nursing educators and school administrators, nursing graduate students, and instructional designers.

Abstract

Purpose: As 21st century teaching and learning occurs in multiple and diverse environments and is directed towards multi-generational learners, educators must be skilled in the application of technology, pedagogy, and content knowledge. The current nursing faculty shortage (Nardi & Gyurko, 2013) is compounded by faculty who have had little or no exposure to technology-based pedagogies in their graduate programs or in current nursing curricula (Griffin-Sobel et al, 2010). Nurse educators are charged to transform teaching to prepare nurses for roles in technology-rich health care environments (Benner, Sutphen, Leonard, & Day, 2010). The limited preparation of educators to use digital pedagogy (Johnson, Adams-Becker, Estrada, & Freeman, 2014), has resulted in many nursing curricula with low technology integration, and graduates with insufficient preparation in information and digital literacy and pedagogy skills. Student comfort and experience with the use of technology in the classroom is growing exponentially, thus there is a significant gap in current faculty preparation to meet this need.

The purpose of this study, funded by a State University of New York Innovative Instruction Technology Grant, is to increase technology-based pedagogical skills in graduate nursing education students through implementation of an online instructional program, framed by the TPACK model. TPACK focuses on the convergence of digitally based instructional practices across three primary knowledge domains: technological, pedagogical, and content (Koehler, Mishra, & Cain, 2013). Using highly interactive strategies, tools, and methodologies, this instructional program promoted digital skills and effective contemporary teaching methodologies.

Methods: The purposive sample (n=23) were master's level students specializing in nursing education. A learning program was developed comprised of four online modules, self-paced for assignments, and with a strong component of peer-to-peer interactivity. Developed by the study team and instructional designers, each module addressed one or more of the TPACK knowledge domains. A pilot study to validate the content, teaching and learning approaches, and functionality of the learning program was conducted with experienced online nursing faculty (n=7), who completed the four modules, and then provided detailed course evaluations. The study intervention for the graduate students used a mixed method, pretest-posttest design, with the TPACK-deep Scale (Yurdakul et al, 2012) as the instrument for measurement of technology-based pedagogical competencies.

Results: There was a completion rate of 87% (n=20) for the learning program. Descriptive statistics and pretest-posttest measurement using the TPACK-deep Scale, with analysis by dependent groups t-tests comprise the quantitative results. Qualitative measures include open-ended questions from the course evaluations, evaluated using content analysis. Limitations include students' varying levels of pre-existing knowledge and skills related to technology, and differing stages of progression within the graduate program that may influence the development of TPACK skills. Complete analysis of results will be completed in February, 2016.

Conclusion: Through application and synthesis of the TPACK domains, graduate nursing education students completing this program can make more informed and educated choices about integrating technology into class design and delivery, for future use in their roles as educators. It is anticipated that educators with increased digital pedagogy skills and literacy can advance the integration of technology into nursing curricula, providing diversity of learning experiences, and will better prepare students to become information literate and function effectively (Griffin-Sobel et al, 2010) in technology-rich learning and healthcare settings.

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J 09 - The Use of Technology in Today's Education

Ghosts in the Machine: Technology, Ghost Writing and the Issues for Students and Educators

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Purpose

to alert different forms of academic misconduct especially related to new technologies and the issues nurse educators and academics face when confronted with academic cheating.

Target Audience

nurse educators, academics, students

Abstract

Purpose: The uptake of ghost writing services by students in academic settings has been receiving increasing attention in the academic landscape. This form of academic cheating as compared to plagiarism is difficult to determine and to prove, however, anecdotal evidence from academic colleagues attests that this academic misconduct is increasing. Modern technology allows the purchasing of cheap, ghost writing services even to the point of "buying your degree" and, with pressure on students who are time poor as they work whilst studying, this phenomenon is likely to proliferate. Technologies are moving more quickly that rules and policies can keep pace with whilst the assessing, evidencing and evaluating of graduate capabilities must be undertaken with care with the ethics of sign-off on student work paramount. This paper focuses on this form of unethical conduct and places it in context with the issues of managing the problem and understanding the drivers of its creation, to determine the way forward and the implications for both students and educators in higher education.

Methods: De-identified sample case notes are used to demonstrate scenarios where possible cheating behaviours have occurred with explanation of verification and investigative procedures explained and the implications discussed.

Results: Significant outcomes are presented on the impact of the academic dishonesty with ramifications for students and educators explored, highlighting the need for recognition and intervention on behalf of educators. Detection, follow-up and follow-through with transparent adherence to policy is required. Re-examining the role of the student, good student citizenship and academic integrity are discussed as well as the policy implications that may be required to address the enforcement of educational standards.

Conclusion: Ghostwriting and plagiarism have implications for institutional policy and educational practice. They also have immense effect on students and educators alike. This pervasive phenomena of academic dishonesty associated with new technologies requires consideration and action to structure good scholarly practice for teaching and learning in and for the future.

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J 10 - Doctoral Education: Building Research

Building a Program of Research

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Purpose

The purpose of this paper is to define the concept of building a program of research, use the outcomes models to help think about building a program of research, link research methodologies with a planned program of research, and then to review steps to building a program of research.

Target Audience

Junior faculty members and graduate students, particular doctoral students.

Abstract

As a doctoral student or junior faculty member, you will be challenged to develop a program of research that can be sustained over a period of time and that captures your energy and enthusiasm. The purpose of this paper is to define the concept of building a program of research, use the outcomes models to help think about building a program of research, link research methodologies with a planned program of research, and then to review steps to building a program of research.

A program of research is defined as an area of high interest and passion to the person defining it. You must be committed to the area so that your interest can be maintained over time. A program of research addresses a significant public health issue that is relevant to the health and well-being of people. A program of research is designed to build knowledge over time that can contribute to improved outcomes of health care. A program of research is grounded theoretically and linked to rigorous research methodologies.

One strategy that can be used to help you think about developing a program of research is to use the Outcomes Model for Health Care Research (Holzemer, & Reilly, 1995; Holzemer, 2000). The Outcomes Model is a heuristic or a way to think about your program of research. Before we discuss how to use the Outcomes Model, it needs to be described.

The Outcomes Model for Health Care Research builds upon earlier work by Donabedian in quality of care and has three horizontal dimensions, namely Inputs, Processes, and Outcomes (See Figure 1). This horizontal dimension represents time. The vertical dimensions include three components at a basic level, including the client or patient, the provider or interventionist, and the setting in which the program of research may take place.

We link the Outcomes model with research methodology by labeling the variables inputs, processes, and outcomes as the Z (covariates), X (independent variable), and Y (dependent variable) variables (See Figure 3). The X, Y, Z notation is not too common, but does provide a short-hand way to talk about variables. Many authors refer to dependent variables at Y variable because the outcome variables are usually plotted on the Y axis. It is also common to refer to the independent variable as the X variable. Few have labeled covariates as Z variables.

With this notation, we can begin to think about both qualitative and quantitative research methodologies. Qualitative methods usually use text as the data input and broadly speaking are interpretative in nature. One can use this notation in qualitative research but it is uncommon. You might want to conduct a qualitative study on self-care activities and you ask the question, "What is X?" What are the self-care strategies that people living with chronic diabetes use to manage their illness? This might be a type of research that would lend itself well to qualitative methodology.

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J 10 - Doctoral Education: Building Research

Evaluation of Doctor of Philosophy Nursing Programs in the U.S. and Turkey By PhD Students

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Purpose

The purpose of this presentation is to compare and contrast PhD Nursing programs in the US and Turkey

Target Audience

The target audiences of this presentation are academic, administrative and clinical staff.

Abstract

Purpose: Doctor of Philosophy in Nursing (PhD) programs in nursing prepare nurses to develop the science, steward the profession, educate the next generation of nurses, expand expertise for the purpose of conducting original research, lead to new knowledge in the field, and maintain professional integrity. To advance and promote high quality doctoral education in nursing, both national and international comparisons, collaboration, and cooperation are important. Evaluation and comparing of PhD nursing programs are becoming more important needs with the rapid increase in PhD nursing programs and PhD nursing students. Therefore, a further understanding of PhD nursing education from the PhD nursing students' perspective may be helpful for students who enrolled these programs, also for administrators and faculty who work on developing, implementing, and evaluating these programs. The aim of this descriptive research is to compare and contrast PhD Nursing programs in the US and Turkey.

Methods: This research carried out between May 2011 and January 2012. The sample size consisted of 137 nursing PhD students (68 participants from the US, and 69 participants from Turkey). The study sample consisted of Nursing PhD students in various stages of the program and recruited from Texas Woman's University (Houston and Denton campuses) in the US, and three schools of nursing (Gulhane Military Medical Academy School of Nursing, Istanbul University Florence Nightingale School of Nursing, and Dokuz Eylul University School of Nursing) in Turkey. Two questionnaires including 86 questions were prepared by researchers both in English and Turkish to assess the socio demographic characteristics, nursing PhD program, and expected outcomes of PhD nursing program. Ethical approval was given by the Institutional Review Board (IRB) of the Texas Woman's University. Data were obtained by online questionnaires using Psych data. Obtained data were analyzed with SPSS version 15.0 (SPSS Inc., Chicago, IL, USA). Descriptive statistics, such as frequency, mean, and standard deviation were used to describe the sample and main variables. Chi square test was used to determine the differences between two groups.

Results: The mean ages of PhD students in the US were 50.92 years (range 35-64 years), and the mean ages of Turkish PhD students were 31.23 years (range 26-42 years). The results of this study showed that there were statistically significant differences between the US and Turkish PhD students in terms of socio-demographic characteristics (age, age at graduation from bachelorette degree, relationship status, having children, working in other positions before becoming nurse, working setting, and annual household income) ($p < 0.05$), there were both similarities and statistical differences between the PhD program structure, admission requirements, curriculum, progression requirements, financial support, and length of completion, and there were similarities between expected outcomes of PhD program. Comparison of the expected outcomes of PhD program have shown that both the US and Turkish PhD students thought that their education helped to develop the science, steward the discipline, educate the next generation. Both the US (62.3%) and Turkish PhD (78.9%) students stated professional, academic improvement gained by PhD education. As strengths of doctoral program most of the (57.9%) Turkish PhD students reported good educational structure of the program and most of the (55.7%) US PhD students reported faculty and mentorship. As challenges of doctoral program while 26.3 % of Turkish PhD students stated need for more research publication opportunities, 21.3% of the US PhD students stated need for more variety of

courses. Finally, both the US (72.9%) and Turkish PhD (86.2%) students stated mostly improvement of nursing profession as benefits of more doctorally prepared nurses for nursing profession.

Conclusion: This study showed that both the US and Turkish PhD students thought that their PhD education helped to develop the science, steward the discipline, educate the next generation. In recent years, international collaborations are increasing rapidly in nursing. Therefore, it is important to evaluate PhD nursing programs across countries. The involvement of nursing PhD students in evaluating the PhD program is also essential in improving the quality of program. In conclusion, further studies are offered to include evaluations not only by students but also by graduates, and faculty for a comprehensive evaluation of PhD nursing programs.

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J 10 - Doctoral Education: Building Research

The Simultaneous Experiences of Being a Nurse Faculty Member and PhD Student

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Purpose

The purpose of this presentation is to enhance the knowledge of perspective doctoral students regarding the challenges and rewards of the journey towards a PhD. In addition, this presentation will provide guidance to administration in regards to supporting faculty during the doctoral degree process.

Target Audience

The target audience of this presentation is faculty members who are considering or in the process of pursuing a doctoral degree. Nursing program administrators, directors and deans will also benefit from this presentation.

Abstract

Purpose: While the nursing shortage has a global effect, in the U.S. approximately 75,000 qualified applicants were denied admission into basic nursing programs in 2011 due to insufficient nurse faculty. At a time when nursing needs academically prepared nursing faculty to teach the next generation of nurses, nursing faculty with earned doctorates has dwindled. Advanced nursing education develops nurse educators who will prepare future generations of nurses and can conduct research to advance knowledge and care including research performed as part of collaboration with other health care disciplinary experts. The demand for nursing faculty with doctoral degrees has prompted some universities to devise strategies to hasten the preparation of doctoral faculty. Nurse faculty who are not doctorally prepared are encouraged to obtain a doctorate for retention and promotion required by universities, placing them in the academic roles of faculty and student. As a result, this requirement has placed enormous stress on nurse faculty due to the increasing conflicts with navigating the roles of faculty and doctoral student simultaneously.

Methods: Hermeneutic phenomenology, the interpreting and understanding of the human experience, guided by van Manen's method to analyze the data. The participants were asked to describe their experiences as well as any rewards and challenges of being a faculty member and nursing doctoral student simultaneously. The data were analyzed for themes and structure of meanings that will eventually lead to a description of the essence of the phenomenon. The doctoral degree is considered the desired credential if one is pursuing a career in nursing education. This expectation of doctoral preparation has become an accepted standard; therefore, non-doctoral prepared faculty who enroll in a program while continuing to teach full-time experience the combined demands of faculty and doctoral student roles and life.

Results: Six related themes of role confusion, lack of time, sacrifices, painful process, in need of support, and new perspective emerged as a result of this phenomenological investigation. These themes illuminated the nurse faculty members' experiences of simultaneously being a nurse faculty member and PhD student, and Stark's (2004) middle range theory of meaning provided a framework for gaining a deeper understanding of this phenomenon.

Conclusion: The findings of this study highlighted the essence of their experiences by revealing that the obstacles, sacrifices, time constraints, and pain of pursuing a PhD, they embraced numerous positive aspects of the experience including professional and personal growth and an overwhelming sense of accomplishment. Therefore, understanding the depth of how this experience affected the nurse faculty members can be fundamental in eliciting support and understanding on the journey towards the PhD.

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K 02 - Supporting Patients' Quality of Life

Supportive Hand Feeding in Dementia: Establishing Evidence for Three Hand Feeding Techniques

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Purpose

The purpose of this presentation is to disseminate results of an experimental study comparing efficacy of three hand feeding techniques (Direct Hand, Over Hand, Under Hand) for providing feeding assistance to nursing home residents with dementia. Outcomes were time spent providing assistance, meal intake, and impact on feeding behaviors.

Target Audience

The target audience of this presentation includes those interested in: (1) improving nutritional outcomes for residents with dementia living in nursing homes, (2) learning research methods for delivering basic nursing care, and (3) learning about an innovative nursing intervention, Under Hand supportive hand feeding.

Abstract

Purpose: Providing nutritional support has been a cornerstone of nursing practice since its inception.¹ Many things have changed since 1859: life expectancy has increased, and rates of dementia have increased exponentially. Although times have changed, nursing's responsibility for basic nursing care has never been more important for persons with dementia (residents) in the nursing home (NH) setting. The establishment of an evidence-base for the complex basic care needs of this vulnerable population is critical for eradicating malnutrition.

Feeding Assistants, often certified nursing assistants (CNAs), are faced daily with challenging, "aversive" feeding behaviors (e.g., clamping mouth shut, turning head away).⁴ In fact, nearly 86% of residents in the nursing home (NH) setting will experience problems with food intake.⁵ Due to an inadequate evidence base for practice and limited training in dementia care, many CNAs rely on personal beliefs and experiences, often misinterpreting these "aversive" feeding behaviors as "resistance" and they cease attempts to feed.⁶⁻¹⁰ These factors perpetuate malnutrition; a pervasive, yet reversible problem in the long-term care setting on a global scale.

Feeding assistants may encounter a wide range of difficulties when providing supportive hand feeding to a resident. These may be issues related to dysphagia, functional/ physical limitations, or feeding behaviors that are generally reflective of the neuropsychiatric symptoms of dementia. Yet, approaches to the actual act of using a particular technique in assisting a resident to eat are often overlooked and the complexity of a meal interaction minimized. Evidence to support use of any hand feeding technique is sparse - only one scientific study has ever designated a hand feeding technique (Over Hand) for use when providing feeding assistance.¹¹

The purpose of this study was to compare the efficacy of three supportive hand feeding techniques for persons with dementia (residents) in the nursing home (NH) setting: Direct Hand (DH), Over Hand (OH), Under Hand (UH).^{8,12} The UH technique is an innovative method of providing supportive hand feeding in dementia that taps into remaining sensory ability, and provides motor cues to residents for eating. Thus,

UH was hypothesized to increase meal intake and decrease “aversive” feeding behaviors because the resident is actively engaged in a movement associated with meal intake since early childhood. Primary outcomes were time spent providing feeding assistance, percent of meal intake, and frequency of feeding behaviors.

Methods: A prospective, Latin-square experimental design was used to randomly assign a designated hand feeding technique to be used when providing feeding assistance to 30 residents. To limit sequence and carry over effect, each resident was randomly assigned to one of the three Latin-square sequences: (1) DH, OH, UH; (2) OH, UH, DH; or (3) UH, DH, OH. Working in pairs, 50 trained Research Assistants (RAs) provided 1:1 meal assistance and video-recorded the meal interactions. Assistance was provided for 3 daily meals over a two-day period per hand feeding technique, according to the sequencing of the Latin-square randomization. This method yielded 6 meals per hand technique per resident, 18 meals per resident, and a total of 540 video-recorded meal interactions. One RA recorded outcome measures in “real time”, and the RA partner coded the video-recorded interaction. An independent, second RA rater coded the video to establish inter-rater reliability (IRR). All RAs completed field notes to detail reasons for needing to change from the designated hand feeding technique when the designated technique was not promoting meal intake. Formative debriefs were held with small groups of RAs quarterly to assess fidelity issues related to study design, training process and materials, intervention delivery, and receipt of treatment.¹³ Primary study outcomes included (1) the amount of time spent providing feeding assistance, (2) percent of meal intake (based on tray weights and overall visual estimation), and (3) feeding behaviors as measured using the Edinburgh Feeding Evaluation in Dementia (EdFED) Scale. Hierarchical random coefficients regression models for repeated measures were used to evaluate hand feeding technique effects across meals on the feeding time and meal intake outcomes, with statistical significance set at 0.05.

Results: Inter-rater reliability was high for feeding time (0.91-0.97) and meal intake (0.88-0.91). No significant differences between feeding methods for the mean amount of time spent providing feeding assistance were demonstrated: DH (42.4 min; SD = 9.2), UH (44.1 min; SD = 9.3), and OH (45.2 min; SD = 9.2). Mean meal intake (% eaten) was significantly higher (with a medium effect size) for DH (67%; SD = 15.2) and UH (65%; SD = 15.0) when compared to OH (59.9%; SD = 15.1; both $p < .002$, Cohen $d = 0.52$ and 0.40 , respectively). Subjective overall percentage estimations of meal intake (customary NH practice) consistently overestimated meal intake by 10% when compared to objective tray weights. IRR for the EdFED was poor with only 0.47-0.59 agreement. Raters struggled to differentiate “refusing to open mouth” and “refusing to eat”. As designed, the EdFED is scored with 0-20 range (0 = no behaviors; 20 = high “aversive” feeding behaviors). For this study, RAs also collected frequency scores for each behavior. While our IRR was lower than previously reported for the EdFED, the mean scores for “resistive” feeding behaviors were more frequent with OH (8.3; SD = 1.8) when compared to DH (8.0; SD = 1.8, $p = 0.0412$, Cohen $d = 0.17$) and UH (7.7; SD = 1.8, $p = 0.0014$, Cohen $d = 0.33$).

During a debrief, one of the RAs made the statement, “she (the resident) got a point for turning her head away, and a point for clamping her mouth shut, but she only did those things because she wanted me to give her a sip of water”. This revelation caused a shift in our thinking from the current paradigm of viewing these feeding behaviors as “resistive,” to viewing them as *forms of communication*. Field notes indicated residents responded differently to the UH technique with active participation in the meal, and one resident stated, “something about this feels powerful”. OH elicited more statements to “let go of my hand” and pushing assistance away. Field notes also detailed rationales for needing to change techniques due to resident ability and individual preferences with the techniques

Conclusion: The findings from this study suggest a paradigm shift from viewing “aversive” feeding behaviors as negative behaviors that should be extinguished into seeing them as forms of communication. Behavior is often *the only form of control* a resident has over a meal interaction to indicate preferences when language is lost. The DH and innovative UH techniques showed modest increases in meal intake and decreases in feeding behaviors. The OH technique resulted in the opposite effects, with decreased meal intake and increased feeding behaviors. Results are reported by “designated hand feeding technique”, but field notes detailed conditions under which alternate techniques were required based on the resident’s functional ability, energy level, position, or individual preferences for the meal. These results should be interpreted in light of having a dedicated RA who did not have competing demands on their time deliver the intervention, in contrast to a setting using NH staff. Future

work is needed to determine the conditions under which each technique works best, in order to teach NH staff how and when to use each technique based on the resident's individual preferences and abilities. In a time when a medical cure does not exist and feeding tubes are not recommended in advanced dementia, this research advances the repertoire of supportive hand feeding techniques to promote meal intake in residents, and offers a nursing care intervention until death.

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K 02 - Supporting Patients' Quality of Life

Experiences of Family Members of Dying Patients Receiving Palliative Sedation

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Purpose

The purpose of this presentation is to educate nurses about the experiences over time of family members of dying patients receiving palliative sedation

Target Audience

The target audience is clinical and administrative nurses.

Abstract

Purpose: The suffering of a dying patient sometimes includes “refractory symptoms”. These symptoms are defined as severe symptoms, both physical and psychological, that cannot be treated for long periods, or their treatment leads to uncontrollable side effects^{1,2}. Palliative care is meant to improve the quality of life of all patients and their families, including dying patients, and to relieve their suffering³. The recommended treatment for a dying patient suffering from “refractory symptoms” is palliative sedation⁴.

Family members remain with the patient in his last days, are involved and are influenced by medical treatment⁵ and should understand the aim of medical care^{3,5}. The suffering of the dying patient may cause distress to these family members^{3,5,6}. According to the principles of Family Centered Care, treatment for the dying patient and family members should take into consideration the physical and psycho-social state^{3,7} and provide emotional and physical support, medical advice and education both for the patient and relatives^{3,6,7,8}.

It has been reported that the dying patient’s family are often distressed and feel fear, helplessness, and exhaustion before the initiation of the sedation treatment^{1,5}. These experiences can be the trigger to start palliative sedation in order to improve the patient's quality of life and to relieve the stress on family members who were watching the suffering of their loved one⁹. On the other hand, it is postulated that family members may feel guilt and anxiety over making the decision to initiate palliative sedation, often thought to hasten death^{6,8}.

There have been few studies that have investigated the experiences of family members of terminal patients receiving palliative sedation and none were found that investigated these experiences over time. The purpose of this study was to describe the experience of family members of patients receiving palliative sedation at the initiation of treatment and after the patient has died and to compare these experiences over time.

Methods: Design: Descriptive, comparative longitudinal study

Sample: A convenience sample of 34 family members of dying patients receiving palliative sedation therapy on an Oncology ward in Israel were included in this study.

Data collection: After receiving approval from the Institutional Ethics Review Board, family members were requested to complete the study questionnaire and to agree to complete the same questionnaire again by telephone one to four months after the death of their loved one. Thirty-eight family members were asked to participate in the study and 34 (89.5%) agreed. Of the 34 who agreed to fill out the first questionnaire (T1), 8 refused to answer the second data collection (T2) after the death of the patient (76.5% of the sample).

Instruments: The study questionnaire was based on that of Morita et al.¹⁰. The purpose of the original questionnaire was to describe the experiences of family members of patients receiving palliative sedation in Japan. The questionnaire consisted of four sections: a. demographic and background data of the family member study participant, b. Demographic and background data related to the patient receiving the palliative sedation c. the participant’s experience concerning the palliative sedation, d. experiences related to regret and satisfaction with the use of palliative sedation. Content validity of the questionnaire

was checked by two experts in palliative care. Small changes were made to increase the questionnaire's sensitivity. Reliability was checked using Cronbach's Alpha with results for T1 =.87 and for T2 =.84. The test retest reliability for the fourth part of the questionnaire between T1 and T2 was found to be $r=.70$

Analysis: Descriptive statistics were used to describe the sample and results of the questionnaire. Differences between T1 and T2 were determined using the McNemar test for a dichotomous variable, the Marginal Homogeneity test for a nominal variable, the Wilcoxon Signed Ranks test for an ordinal variable and the Paired Samples T-test for continuous variables.

Results: The average age of family member participants was 50.9 years (range 19-77; SD=15.4). Most participants were children or spouses of the patient. The average patient age was 62.27 years (range 21-89; SD=15.54), and almost all were Oncology patients excluding one with Leukemia. Most of patients were suffering from agitation, pain and dyspnea.

Most relatives felt that their loved ones were in distress or great distress before starting palliative sedation (T1:91%; n=31, T2: 92%; n=24). The vast majority of participants were either satisfied or very satisfied with the medical care and with the use of sedation medication. At T1 the vast majority reported that the beginning of the sedation was properly timed (77%; n=26,) but at T2 this fell to 62% (n=16).

Explanations about palliative sedation usually included the purpose of the sedation (T1: 88%, n=30; T2: 92%, n=24). However, occasionally this explanation did not adequately address the impact of the treatment on the patient's ability to communicate (T1: 29%, n=10; 23%, n=6), the patient's prognosis (T1: 38%, n=13; T2: 15%, n=4), nor its physical effect on the patient (T1: 38%, n=13, T2: 15%, n=4). In more than two thirds of the cases, the family perceived that the patient did not receive an explanation of the treatment (T1: 67.6% n=23; T2: 65.4% n=17). Most family members were not informed of this treatment option before the patient's status deteriorated and received an explanation of palliative sedation only on the same day that the decision to initiate treatment was made (T1: n=25, 73.5%; T2: n=19, 73.1%).

Almost all of the participants (T1:100%; T2: 88%) felt that palliative sedation was an ethical way to decrease suffering and the vast majority felt that it was very important that the patient did not suffer any longer (T1: 88% n=30, T2: 92% n=24). Almost one third thought that the treatment shortened the patient's life (T1: 32% n=11; T2: 27% n=7) and a smaller proportion feared that it killed the patient (T1: 15% n=5; T2: 19% n=5). No significant differences were found between T1 and T2.

Conclusion: The primary purpose of palliative sedation is to relieve the suffering of the dying patient. This was achieved according to the participants of this study. Family members were involved in making the decision to initiate palliative sedation but were often burdened by the consequences of their choice.

Communication was not as effective as it could have been. Family members reported that patients often did not receive an adequate explanation, particularly regarding the consequences of sedation. Further evidence of poor communication was not being prepared for the sudden change in the patient's condition and decreased ability to communicate. This is partially explained by the large percentage of participants who first discussed the use of palliative sedation on the same day it was initiated and that many had not heard of the use of palliative sedation at all before that time. It would seem that the explanation process might need more time.

One of the more important ethical questions related to palliative sedation is whether the treatment may shorten the patient's life. Some participants agreed but fewer felt that the patient died because of sedation. However, most felt that there were no other means to relieve such suffering and most family members reported that they did not have legal or ethical concerns about the use of sedation. Over time suspicions associated with the legal aspects of the therapy remained stable. Therefore, it would seem that the majority of participants in this study were not conflicted on an ethical level about their decision to administer palliative sedation.

Summary: Most of the families were satisfied with the use of palliative sedation, the relief of suffering, and the support given by staff during the initiation of treatment and 1-4 months later. The results highlight the importance of communication between caregivers and family members, and the importance of providing timely and repeated explanations of palliative sedation. In addition, treatment should be started early enough to avoid unnecessary suffering of the patient and his family. Despite some fear of

shortening the patient's life by use of sedation, all participants agreed that this is an ethical way to ease the suffering of the dying patient. More research, including qualitative and interventional studies, is needed to investigate this subject.

References

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K 02 - Supporting Patients' Quality of Life

Quality of Life of Women in Climacteric Transition in Delta State, Nigeria

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Purpose

"The purpose of this presentation is to provide additional information on the symptoms and quality of life of midlife women which will help clinicians in developing interventions such as self-management programs, health teaching aimed at improving their quality of life. It will also contribute to existing knowledge on women's health".

Target Audience

"The target audience of this presentation is midlife women, clinicians, academicians, administrators and policy makers in the health care systems".

Abstract

Purpose: The purpose of this study is to provide additional information on the symptoms and quality of life (QoL) of midlife women. This will assist administrators, policy makers and clinicians including nurses in developing and implementing interventions such as health teaching, exercise programs and active self-management programs aimed at improving midlife women's overall QoL. This study also contributed to existing knowledge on reproductive and women's health and it will serve as gateway for further research study.

Methods: This study was conducted among 405 midlife women who were selected by the use of a multistage sampling technique in six communities. Inclusion criteria include; midlife women within the age range of 45 to 60 years who are heterosexual and have been menstruating actively prior to eventual gradual cessation of menses. The study adopted a mixed method descriptive design. Three standardized instruments were used to collect data for the study. (i) A modified Menopause-Specific Quality of Life Questionnaire (MENQoL) that was used to assess climacteric/menopausal symptoms of the subjects within four domains which are: vasomotor, psychosocial, physical and sexual. (ii) A modified Utian Quality of Life (UQoL) questionnaire that was used to measure the degree of quality of life concerns of the subjects within four domains (health, emotional, occupational and sexual domains). (iii) A self-developed semi-structured interview schedule. The instruments were tested for reliability with a Cronbach alpha test, the results were 0.832 for the MENQoL and 0.937 for the UQoL. And the validity was tested using face and content criteria. Quantitative data were analyzed using statistical package for social sciences (SPSS, version 20.0) done at univariate (simple statistics of frequency distribution such as percentage, mean and standard deviation) and bivariate (inferential statistics and multiple regression) levels. While qualitative data were analyzed using content analysis and triangulation methods.

Results: The age range for onset of menopause was 40 – 60 years with mean age of 50.25±4.8 years. The most prevalent identified symptoms of climacteric transition experienced by the respondents were: (i) Vasomotor symptoms - profuse sweating during the day (67.9%), sweating at night (66.9%) and hot flushes (62.2%). (ii) Psychosocial symptoms - accomplishing less work than they used to do before (67.7%), poor memory (57 %) and feeling of being anxious or nervous (52.6%). (iii) Physical symptoms - decrease in stamina (75.1%), difficulty in sleeping (65.7%), weight gain (60.5%), and aching in the muscle and joint (59.5%). (iv) Sexual symptoms - changes in the sexual desire (71.6%), dryness in vaginal during intercourse (66.9%) and trying to avoid intimacy (53.8%). The subjects had good QoL in the occupational (84.2 ± 3.86), emotional (83.9 ± 4.88) and health (75.0 ± 6.07) domains while they had fair QoL in the sexual domain (66.3 ± 9.54). Multiple regression test shows that there is significant relationship between the highest level of education attained ($p= 0.001$, $\beta =0.271$) with the women's overall QoL. The regression also reveals that there is significant association between the symptoms of sexual domain ($p= 0.045$, $\beta =0.115$) with the women's overall QoL.

Conclusion: The study concluded that the highest level of education attained and symptoms of sexual domain had strong relationship with the women's overall QoL. Therefore, even with the moderate problems the women experienced, their overall QoL was generally good.

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K 03 - Patient Care in the Clinical Setting

A Synthesis of Family-Focused Care Research in Acute Care Settings in Africa

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Purpose

The purpose of this presentation is to provide a synthesis of a targeted area of research in family focused care within acute care settings in Africa.

Target Audience

The target audience of this presentation includes clinical, administrative and academic nurses.

Abstract

In family-focused care, health professionals are viewed as providing care from the position of an "expert" by assessing, assisting and providing recommendations for the family as a unit to follow. Much of the research work in this area has been developed in the western world and thus it is often questioned as to whether it is appropriate and transferable to a resource constrained, multi-cultural environment such as that found in many countries in Africa.

Purpose: This presentation will provide a synthesis of findings from a targeted body of research directed towards family focused care in the acute care setting within Africa. Acute care is a comprehensive system based approach to time sensitive diseases, encompassing all health system components and care delivery platforms used to diagnose, manage and treat injury and illness that may lead to death or disability without timely intervention. This term includes a range of clinical health-care functions, including emergency medicine, trauma care, pre-hospital emergency care, acute care surgery, critical care, urgent care and short-term inpatient stabilization.

Methods: A synthesis of research findings from seven collaborative research studies conducted in South Africa, Rwanda and Sweden was undertaken in order to answer the following;

- Who is the family?
- What do the families experience?
- What can nurses do to improve their experiences?

The research settings included various acute care areas (neonatal ICU, trauma/surgical ICU) and involved families and nurses within these areas.

Results: There is much confusion regarding the term "family" as it can mean different things to different people and it was for this reason that an international research collaboration between South Africa and Sweden was conducted to compare and contrast descriptions of "family" amongst Swedish and South African university nursing students (Erlingsson & Brysiewicz, 2015). This qualitative content analysis study established that families can be seen as people who are connected to one through Ties of Kinship, Love, Influence, Everyday Life, and by being Tied by Slipknots (this emphasised the fluidity and flux of families). The definitions were very similar between the two countries however there were a number of differences in that the South Africans placed much emphasis on family being someone who had the same surname, was linked by having the same ancestors and was someone who was an important resource - both physically and emotionally. Awareness of what is meant by the term family can assist nurses in their daily work through increasing understanding of the complexities surrounding this issue and encouraging cultural sensitivity and openness to patients' and families' views about who is a family member.

Family members interviewed in two qualitative studies in South Africa described their experiences of feeling invisible, avoided and neglected by the health workers within the acute care areas of the hospital. The families also appeared to have a fairly negative attitude of the health professionals, who they described as being "unfeeling" and "cold" (Brysiewicz, 2008). One of these studies using grounded theory to enhance family care during critical illness, highlighted that family focused care is a collaborative

effort between health workers and families and is characterized by partnership and trust. This study reinforced the fact that strategies to enhance family care can only be successful if strategies to support the health worker are also considered (De Beer & Brysiewicz, 2012). These studies also highlighted the fact that caring for families can be made visible using small, simple gestures that do not necessarily require a great deal of resources or finances.

In exploring the needs of family members admitted into an ICU in Rwanda, using the Critical Care Family Needs Inventory, this quantitative study found that the most important need identified was the need for assurance, followed by the need for comfort, information, proximity and lastly support. In this study three additional needs related to resource constraints present in the hospital (and common elsewhere in Africa) were also identified (Munyiginya & Brysiewicz, 2014).

Having a new-born infant hospitalised in the neonatal intensive care unit (NICU) is an unexpected and stressful event for a family and a study in Rwanda described and analysed parental perception of stress. The Parental Stress Scale: Neonatal Intensive Care Unit was the tool used and the most stressful events for parents were found to be the appearance and behaviour of the baby, as well as the sights and sounds of NICU. This study concluded that parents needed to be prepared and educated by the staff regarding these issues (Musabirema, Brysiewicz & Chipps, 2015).

Two systematic reviews, undertaken to establish the current status quo regarding in hospital interventions to address the psychosocial needs of families of critically ill patients, illustrated that research within this area is limited and reflected a paucity of interventional studies, which are methodologically rigorous, to evaluate the effectiveness of these interventions. There was some support regarding the value of providing written communication to families.

Synthesis of the data from the seven studies spanning three different countries thus highlighted the information needs (concerning a variety of issues) as well as the importance of attending to the psychological needs of the family. A family intervention has been developed which includes written and culturally appropriate information as well as the implementation of a psychological first aid (PFA) programme. PFA is a supportive response to a person following a traumatic event, such as having your loved one admitted into an acute care area of the hospital, and it takes strives to provide support to the person suffering from the event.

Conclusion: Providing family focused care within the acute care setting is challenging and addressing the needs of the family within this time constrained, and often, resource constrained environment while remaining sensitive to cultural nuances adds to the difficulties. Interventions need to be simple, time limited, cost effective as possible, culturally sensitive, informative and supportive.

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K 03 - Patient Care in the Clinical Setting

Acute Mountain Sickness in the High-Altitude Urgent Care Clinic

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Purpose

answer the question of whether or not the incidence of Acute Mountain Sickness (AMS) is being underdiagnosed in travelers who have experienced a rapid ascent in altitude and to determine if those with a history of vascular headaches are at risk for AMS.

Target Audience

healthcare providers that work in walk-in clinics, urgent care clinics, and emergency departments that are located at high-altitude (2000 m or 6562 ft).

Abstract

Purpose: Mountain sports have become more popular and adventure seekers are traveling to the top of the world in search of their passion. With more travel to higher and higher altitudes for outdoor recreation, military, and rescue operations requiring an ascent to high altitudes, with little or no time for acclimatization, it is imperative to understand the effects of altitude and low gas pressures on the human body. Health care providers are being presented with questions of prevention and treatment of high-altitude medical problems, as well as the effects of altitude on preexisting conditions. The 2012-2013 ski season at Red River and Angel Fire, New Mexico, had a cumulative diagnostic rate of acute mountain sickness of 4.3%. The existing literature as outlined in this study has shown that the diagnostic rate should at least be 20%.

Methods: The purpose of this study was to explore whether or not the incidence of AMS is being underdiagnosed in individuals who have experienced a rapid ascent in altitude and to determine if those with a history of vascular headaches are at risk for AMS. The data collection included completion of the LLS and the patient's sex, age, race, zip code of residence, time of departure from residence, time of arrival to

altitude, altitude gained, days at altitude, history of migraine headache, onset of migraine headache at altitude, history of cluster headache, onset

of cluster headache at altitude, history of altitude illness, and the onset of AMS.

Results: Two hundred and thirteen subjects (107 females and 106 males) were entered into the study. Ninety-four subjects (44.1%) were found to have an LLS score indicating AMS, with an additional 15 (7.0%) experiencing HAH. Out of the 41 subjects with a history of migraine headaches, 22 (53.66%) had positive LLS scores for AMS or signs/symptoms of HAH. In regard to those 8 with a history of cluster headaches all 8 (100%) had positive LLS scores for AMS or signs/symptoms of HAH.

Conclusion: This study showed that by using the LLS to screen for AMS during the review of systems interview process, the diagnostic rate of AMS will be increased, possibly by catching the subtle, mild cases and preventing them from progressing to more moderate and severe AMS that would be missed by a distracting injury or illness. Furthermore, the study goes on to suggest, as have other studies, which individuals with a history of vascular headaches are at risk for developing AMS. Additionally, our study has shown that those with a history of cluster headaches are more at risk than those with a history of migraine headaches.

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K 03 - Patient Care in the Clinical Setting

Intractable Peripheral Edema in Hospice: A Clinical Aromatherapy Case Study and Review of the Literature

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Purpose

The purpose of this presentation is to present a case report describing intractable peripheral edema in hospice, its potential causes, and the use of clinical aromatherapy for resolution

Target Audience

The target audience of this presentation is nurses working with patients at end-of-life, in hospice and palliative care, acute care, and intensive care settings, and those interested in complementary therapies such as clinical aromatherapy.

Abstract

Purpose: Many patients experience peripheral edema nearing end-of-life. Although peripheral edema is directly related to numerous hospice admitting diagnoses and co-morbid conditions, it may also be related to medication administered for palliation. Unfortunately, current pharmacological approaches to reduce acute, chronic, and neuropathic pain (i.e.: morphine and gabapentin) also have adverse effects which include peripheral edema. At times, peripheral edema is intractable to both pharmacological (i.e.: bumetanide, furosemide, and metolazone) and non-pharmacological (elevation, fluid and sodium restrictions) approaches. Aromatherapy is often understood as aroma from essential oils eliciting psychological or physiological responses via the limbic system in the brain, but when applied topically, essential oils elicit physiological changes at and/or near the site of application. Essential oils of *Cupressus sempervirens* (Cypress), *Foeniculum vulgare* (Fennel), *Lavendula angustifolia* (Lavender), and *Zingiber officinale* (Ginger) will be studied. While the efficacy to reduce peripheral edema using the primary constituents of these essential oils (i.e., monoterpene alcohols, esters, ketones, oxides, monoterpenes, sesquiterpene alcohols, sesquiterpenes, and phenylpropanoids,) has been previously investigated, the holistic use of these essential oils has not been well studied. The purpose of this project was to present a clinical aromatherapy case study and review the literature as a foundation for future research investigating the effectiveness of clinical aromatherapy in reducing peripheral edema in end-of-life patients unresponsive to standard pharmacological and non-pharmacological approaches.

Methods: The case study was conducted over a three-week period, following guidelines of the National Association for Holistic Aromatherapy, by a registered nurse and certified clinical aromatherapy practitioner. PubMed, CINAHL, OvidMedline, and ProQuest databases were searched for peer-reviewed journal articles in English with the following keywords: aromatherapy, cypress, end-of-life, essential oil, fennel, gabapentinoids, ginger, hospice, opioids, and peripheral edema.

Results: The case study demonstrated efficacy of the clinical aromatherapy blend in reducing upper and lower bilateral peripheral edema over the course of three weeks. However, the literature review found insufficient evidence-based knowledge on the use of clinical aromatherapy for reduction in peripheral edema in patients at end-of-life. No studies were found assessing holistic essential oil efficacy in reducing peripheral edema. There were, however, a small number of efficacious studies found utilizing chemical constituents within essential oils for this purpose.

Conclusion: The possible peripheral edema reducing capacity of essential oils has yet to be explored beyond clinical aromatherapy case studies. Clinical aromatherapy has the potential to diminish adverse effects of pharmacological approaches to pain management at end-of-life, thus warranting further research.

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K 04 - Developing Assessment and Screening Tools

Development of a Screening Tool Differentiating Patient Symptoms in Cushing's, Polycystic Ovarian and Metabolic Syndromes

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Purpose

to describe the development and analysis of a screening tool to facilitate early identification of patients with a higher likelihood of Cushing's syndrome based on patient reported symptoms.

Target Audience

nurses in clinical practice in primary care or endocrine practice settings.

Abstract

Background: The first point of contact and gate-keeping for referrals to specialty care in many medical systems, is through a primary care practitioner. However, the difficulty in identifying patients with Cushing's syndrome in a primary care setting often leads to a significant delay or in missed diagnosis for this disease.

Hypercortisolism, including Cushing's syndrome (CS) and disease (CD) is considered rare, with an estimated incidence of 0.2–5.0 per million people per year and a prevalence of 39–79 per million in various populations. Women have a higher prevalence than men 3:1 with a median age of 41.4 years at diagnosis ([Lacroix, Feelders, Stratakis, & Nieman, 2015](#)). Cushing's disease (CD) represents 80% of the cases of Cushing's syndrome and is caused by an ACTH-secreting pituitary adenoma with an estimated prevalence of 2.4 cases per million inhabitants (Acebes, Martino, Masuet, Montanya, & Soler, 2007). CS confers a significant mortality and morbidity risk and lower quality of life (QoL) from multiple comorbidities such as cardiovascular disease, diabetes and osteoporosis. Early diagnosis is paramount to ameliorate these factors (Nieman, 2015). The associated delay in diagnosis has been estimated to be between 6 months and 10 years and not only contributes to morbidity and mortality, but also likely results in an underestimation of prevalence (De, Evans, Scanlon, & Davies 2003).

Presenting symptoms are similar to diseases such as metabolic syndrome and polycystic ovarian disease (Brzana et al., 2014). Hence, patients report frustration and humiliation in a medical system where they have often sought multiple consultations prior to diagnosis. Once CS is suspected, patients are usually referred to an endocrinologist for a full workup and formal diagnosis. However, informed by the internet, many patients self-diagnose and request a specialty referral based on symptomology. In the time provided in a typical medical consultation both patients may have difficulty succinctly presenting key symptoms. Coupled with the provider lack of time and knowledge regarding this rare disease associating symptoms with more uncommon diagnoses may be an insurmountable challenge. Thus, identification of symptoms most commonly described by CS patients may provide a guide to primary care providers that specialty referral and work up is indeed warranted.

Aim: To identify sentinel patient reported symptoms and/or functional limitations that have a high specificity for CS and can differentiate CS patients from those with metabolic syndrome (MS) or PCOS. Secondly to develop a valid and reliable screening tool and scoring guide for use in primary care settings indicating the need for specialty referral.

Method: A prospectively administered questionnaire was completed by 139 patients (42 male/97 Female) presenting with symptoms of pituitary dysfunction or with pituitary tumors at a single institution pituitary center from 2011-2015. Patients with unstable co-morbidities and /or a severe life stressor within 12 months of presentation were excluded. All subjects completed a 205 item questionnaire evaluating their presenting symptoms and perceived dysfunction and associated severity on a 6 point Likert scale from: not symptomatic (0); to most severe (5). The questionnaire was developed using modified scales, such as the Beck Depression Inventory, Eysneck Personality scale, Epworth Sleepiness Scale, Krupp Fatigue Severity Scale, Functional Assessment Rating Scale and symptoms of pituitary diseases derived

from review of literature and patient interviews. All patients completed the questionnaire prior to disease work up and diagnosis confirmation.

Item reliability analysis was performed using SPSS 18 and poorly discriminating items were removed. Patients were then separated by diagnosis. Only those patients with biochemically and pathology confirmed CD (14) and non-function pituitary adenomas (NFA) (52) were included in the final analysis to select screening tool items. The remaining items were re-examined using independent T test. Items were selected that demonstrated a significant difference ($p < 0.05$) between the 2 diagnostic groups that were CS specific. Collectively they formed the Cushing's Syndrome Screening Tool (CSST).

The tool was re-examined for item reliability, sensitivity and specificity. To evaluate the sensitivity and specificity of the tool, the respondent pool was re-examined and responses divided into 3 groups: Group 1 with confirmed Cushing's syndrome or disease; Group 2 patients meeting criteria for metabolic syndrome (MS); Group 3 patients with a diagnosis of PCOS; Group 4 comprised of healthy controls was solicited from the community.

Metabolic syndrome was defined by most commonly agreed upon criteria as any three of five risk factors: Hyperglycemia fasting glucose $> 100\text{mg/dL}$; obesity BMI ≥ 30.00 ; elevated triglycerides $>150\text{ mg/dL}$; HDL $<40\text{-}50\text{mg/dL}$; or hypertension (Alberti et al., 2009)

Polycystic ovarian disease was defined as an endocrine disorder involving infertility, hyperandrogenism, and insulin resistance in women with or without the presence of polycystic ovaries on imaging (Legro et al., 2013; Dunaif et al., 1992).

ANOVA with Tamhane's post hoc analysis and ROC analysis were performed to evaluate a significant difference between groups and to establish the tool sensitivity and specificity using PSAW 18. This study was approved by the OHSU Internal Review Board.

Results: After item analysis, a total of 56 items were retained to achieve a Cronbach's alpha of .97 for the primary instrument. Independent T test revealed 10 questions demonstrating a significant difference between CS and other diagnostic groups and specificity for CS. Cronbach's alpha for this screening tool was .95.

The screening tool was applied to 56 subjects: Group 1, 14 CS (3Male/11Female); Group 2, 10 MS (3Male /7Female); Group 3, 11 PCOS (11Females); Group 4 21 Controls (8 Males/13 Females). Mean age was similar for the control group and patients with CS (40 vs 42years), but patients with PCOS were significantly younger than those with CS ($p=0.05$) and MS ($p=0.004$). Gender distribution was only different between controls and patients with PCOS (all females) as expected ($P=0.01$). BMI was only different between controls and those with MS ($p=0.000$). Also as expected patients with MS had significantly more hyperlipidemia, diabetes mellitus and hypertension ($p=>0.001$) than all other groups. The mean severity scores of a possible of 50 were: Gr1 (CS), 38.07 (range 14-58); Gr 2 (MS), 15.1 (range 5-25); Gr3 (PCOS), 13.27 (range 7-20); Gr 4 Controls, 3.67 (range 0-10). Mean total scores for patients with confirmed CS were significantly higher than for all other groups ($p=>0.001$). There was no significant difference for mean total scores between patients with MS and PCOS using this tool. All control patients scored < 10 .

The sensitivity of the tool for CS was 85.7% when the specificity was 97% (AUC= 0.965). At a mean severity score of >30 , the positive predictive value of this tool for CS was .99 with the negative predictive value of .93.

Conclusion: Although further validation with larger a population of patients with CS is required, the Cushing Syndrome Screening Tool demonstrates high item reliability, sensitivity and specificity for CS. As a clinical tool, it may be useful for differentiating patient with Cushing's syndrome from those with both metabolic syndrome and polycystic ovarian disease. This allows for the identification and referral of patients who may benefit from further evaluation for CS or CD.

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K 04 - Developing Assessment and Screening Tools

Developing a Clinical Leadership Competency Assessment Tool for Registered Nurses, Thailand

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Purpose

The purpose of this presentation is to develop the Clinical Leadership Competency Assessment Tool for registered nurses in Thailand.

Target Audience

The target audience of this presentation is clinical and administrative nurses for utilizing this tool in assessing clinical leadership competencies.

Abstract

Background: Thai nursing and midwifery council stated that leadership is one of core competencies required of registered nurses. All clinical nurses have primarily responsibility for coordinating and providing patient care which need to be good clinical leaders. The majority of leadership skills are developed through training the nurses over time in order to gain their abilities to inspire, encourage, and empower to provide quality nursing care. To identify clinical leadership competency among nurses, it is needed to use the reliable assessment tool. However, there is no existing assessment tools appropriate for Thai registered nurses. This paper focuses on how the Clinical Leadership Competency Assessment Tool was established, and represents the first phase of two phases in the tool development process.

Purpose: This study aimed to develop the Clinical Leadership Competency Assessment Tool for registered nurses in Thailand.

Methods: A developmental research design was used for establishing the Clinical Leadership Competency Assessment Tool. The assessment tools consisted of five steps: reviewing the clinical leadership competency concept, generating the item pools, examining the content validity, examining the clarity and reliability, and examining the reliable data.

Results: The concept of clinical leadership competencies was based on the Clinical Nursing Leadership Competency Model. The initial draft of the Clinical Leadership Competency Assessment Tool was generated as a 7-point rating scale. This tool was comprised of 5 dimensions, including 104 items. The 104 items were reviewed and suggested by 6 experts that the 102 items were revised. The Content Validity Index of the revised 102 items was 0.89. The face validity and feasibility of the tool was considered by 30 registered nurses working at Lum Phun hospital. All nurses were asked about the clarity, readability, and propriety of each item and overall dimension. There was no revision of the tool. Then, this tool was examined by 206 registered nurses who worked at Chiang Kam and Lum Phun hospital. The findings showed that the alpha coefficient of the overall scale was 0.97, and the 5 dimensions had the alpha coefficient within the range of 0.85 to 0.97.

Conclusion: This study illustrated that the first Clinical Leadership Competency Assessment Tool is valid and reliable. However, this tool needs to be examined for constructing validity and reliability of the items. The findings will be beneficial to clinical nurses for understanding how to develop their own leadership competencies and administrative nurses for assessing clinical leadership competencies among their staffs.

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K 05 - Grounded Theory in Nursing

Emancipatory Nursing Praxis: A Theory of Social Justice in Nursing

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Purpose

The purpose of this session is to report the findings of an international, grounded theory study from which a middle-range theory of social justice, specific to nursing practice, was developed.

Target Audience

The target audience of this presentation is registered nurses, globally, who are interested in social justice engagement as a professional role and practice responsibility.

Abstract

Purpose: The purpose of this international qualitative, constructivist grounded theory study was to generate a middle-range theory of social justice specific to the discipline of nursing. The primary research question was, "What are the critical factors shaping nurse professionals' perceptions and attitudes about their role in social justice?" Related questions included, "How do nurse professionals come to know and practice social justice?" and, "What processes do nurse professionals use to identify the contexts in which they will engage in social justice?"

Methods: The methods employed in the study were consistent with the constructivist, grounded theory methodology articulated by Charmaz (2014). Semi-structured, individual interviews were conducted to collect data from English-speaking nurses internationally who self-identified as engaging in social justice. Data segments from the interviews were coded, categorized, and analyzed for conceptual relationships. Theoretical sampling was used to develop and saturate the conceptual categories and themes identified from the interviews. The conceptual relationships were developed into a substantive theory to explain the role of nurse professionals' engagement in social justice. A focus group of seven nurse experts in social justice was used to confirm the conceptual categories and the theory.

Results: Emancipatory Nursing Praxis was the basic social process co-constructed from the voices of nurses internationally who engaged in social justice. The implementing processes—becoming, awakening, engaging, and transforming— comprised the non-linear, non-hierarchical social process that concomitantly determined Emancipatory Nursing Praxis. Two conditional contexts, relational and reflexive, framed and influenced the process. The theoretical framework provides an in-depth understanding of nurse engagement in social justice.

Conclusion: Four major interpretive conclusions emerged from the study findings: (a) this study was primarily informed by the voice of White, middle-class privilege; (b) there was a notable absence of professional nursing education and organizational support in the development of the nurse's role in social justice; (c) Emancipatory Nursing Praxis emerged as a transformative learning theory characterized by reflection-in action, and paradigmatically grounded in the critical philosophical tradition; and, (d) the advocacy role in nursing practice is expanded to include the social justice role of ally.

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K 05 - Grounded Theory in Nursing

A Grounded Theory of Directors' of Nursing Perceptions on Caring

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Purpose

to share a substantive grounded theory which has been co-constructed which has explored the perceptions of Directors' of Nursing in NHS acute Trusts in England, regarding caring practices. This was in the context following catastrophic failings of care and neglect in caring in an NHS hospital but has broad relevance

Target Audience

at many levels. Researchers/academics interested in constructivist grounded theory development. Clinical nurses to understand more about professional judgement, the role of kindness in care at the clinical level. executive or aspiring nurse leaders who work in challenging operational scenarios. Policy makers to learn more about the interface with nurse leadership

Abstract

Purpose: This study explores the perceptions of Directors of Nursing from NHS acute Trusts in England, on caring practices. The aspiration of the NHS is to deliver good care to patients and their families. However, recent inquiries into poor care have created a searching debate regarding standards of nursing care, leadership, culture and practice. Directors of Nursing play a significant role in influencing care, as they are charged with responsibilities relating to providing assurance of standards of care within NHS Trusts. However, little is known about the perceptions of Directors of Nursing in NHS acute Trusts, on caring practices.

Methods: The study aimed to construct a grounded theory of the perceptions of Directors of Nursing from NHS acute Trusts, on caring practices. The study also sought to understand the social, political, professional and organisational challenges facing Directors of Nursing. Twelve Directors of Nursing from NHS acute Trusts in England were interviewed between July 2013 and January 2014 using semi-structured questions. A constructivist grounded theory approach was adopted to support the co-construction of the theory by exploring how the participants construct their worlds or reality. In the constructivist grounded theory approach, underlines that the researcher is not neutral in the research process, as data are co-constructed between the researcher and the participants. I believe it is important to make my identity as the researcher visible, so as to create a transparent co-construction of data in this research study.

Results: Through the co-construction approach, a theory of 'Directors of Nursing Perceptions on Caring: Post Francis Paradoxes' revealed that the participants are working within a paradoxical NHS system in response to findings from the Mid Staffordshire NHS Foundation Trust inquiry. The theory is supported by three categories of: 'trusting my senses'; 'avoiding becoming collateral damage'; and 'being in a different place'.

The three paradoxes that emerged were: the need to produce reliable high-quality assurance about standards of care in the NHS which detracted from and impacted on the Directors of Nursing roles in supporting internal assurances processes. Secondly, external monitoring standards did not capture the 'real' warning signals of care failings as intended. Thirdly, the reliance on intuitive skills to give assurances of caring practices was considered necessary to support the demanding monitoring and assurance processes. This study captures a challenge, as perceived by Directors of Nursing, regarding how external regulatory demands can be accommodated alongside the internal organisational requirements to lead the improvement agenda of patient care standards. Directors of Nursing need then to balance the competing priorities in their roles whilst supporting and leading a nursing workforce to deliver ethical caring practices.

Conclusion: The study confirms that experienced senior nurses such as Directors of Nursing relied on their skills of intuition when assessing the quality and standards of caring practices on the ward. However,

this research would suggest that there is also a reliance on intuition when seeking reassurance about caring practices more broadly on the wards. This was particularly so when the Directors of Nursing attended and observed the nursing staff on the wards to seek assurances about the standards of nursing care, by observing staff's interactions with patients. Senses were relied upon as well as intuitive feelings and instincts about good or uncaring practices. Notably, there appeared to be more reliance on instincts than on measurable ward clinical metrics. In a hierarchy of ranges of information about standards of care on the wards, 'intuition' was seemingly the default position adopted by the Directors of Nursing.

It is suggested that there are several distinct contributions that this research offers. Firstly, it notes the creation of paradoxes in the post-Francis era, because of the contradictory impact of additional regulation and monitoring on the role of Directors of Nursing, whereby the intention is through regulation to create and safeguard the quality of care and try and prevent future failing. The contradiction has arisen in that there was an increased insatiable requirement for documentary evidence to be presented to the numerous regulatory parties. This is contested as having the effect of over-burdening the role of Directors of Nursing, which has impacted on their operational and strategic roles of leading improvements to patient care. This positivist approach to monitoring and regulating care is opposed to the interpretative approach of intuition applied by the Directors of Nursing.

A second contribution is the Directors of Nursing's identification of a continuum of kindness in their staff, which is perceived as an indicator of staff more likely to be kind to the patients. This is important in understanding more about what influence the Directors of Nursing can have on caring practices at the ward level if kindness is nurtured and supported to flourish. Equally, they can make an impact by putting in support mechanisms and monitoring staff that are perceived to be demonstrating less kind behaviours, to help prevent uncaring behaviours from developing.

Finally, this research proposes that the Directors of Nursing experience feelings of anxiety about the security of their own roles, in anticipation that caring practices might fall below standards in the organisation. The research also suggests that the Directors of Nursing use their skills and relationships at the Trust Board to try and mitigate against this perilous situation by securing additional investment in the nursing workforce.

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K 05 - Grounded Theory in Nursing

Using Grounded Theory to Explain "Different and Better" Nursing Practice

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Purpose

The purpose of this presentation is to illustrate how Grounded Theory methodology was used to construct an explanation of 'different and better' nursing practice and outline the theory that emerged through applying this methodology.

Target Audience

The target audience of this presentation comprises colleagues who are interested in engaging with a way of understanding how people come to recognise 'different and better' nursing practice as encountered in critical care nursing spaces.

Abstract

Purpose: People sharing stories of their encounters with nurses in critical care environments revealed that a few nurses were perceived to have distinctive qualities that influenced a care encounter in a positive way. The care encounters with these nurses were spoken of as being somehow 'different and better' with these particular nurses described as being able to connect with people in a manner that transcended the combination of knowledge and competence alone. My intention in this study was to explore the nature of 'different and better' nursing practice with people who had engaged with critical care nurses in order to articulate an explanation of how people come to recognise this 'different and better' nursing practice.

Methods: Constructivist Grounded Theory methodology was used as the most appropriate way of articulating an explanation of 'different and better' nursing practice. Purposive and theoretical sampling processes resulted in ten participants drawn from patients' significant others, nurses and medical colleagues in critical care environments. Data generation began with participants contributing through in-depth unstructured individual interviews and creating naïve sketches. A focused literature review conducted once the categories had formed from the participants' contributions provided a mesh through which the emergent grounded theory became assimilated and situated. The data set was analysed using method processes of concurrent data collection and analysis, with coding through constant comparative analysis. Memo-writing, theoretical sampling, theoretical sensitivity and theoretical saturation were applied to enable the core category to emerge from but remain grounded in the participants' data.

Results: An inductively derived explanation was formed and shaped to produce a substantive grounded theory articulating how 'better and different' nursing is recognised from the point of view of those who use the nursing ability of critical care nurses. The core concern 'being at ease' develops through four categories, namely 'knowing self', 'skilled being', 'connecting with intention' and 'anchoring'.

Conclusion: 'Being at ease' speaks to a personal feeling of composure and strength that a person develops as a consequence of a trusting partnership created with a nurse; within this space a person feels able to retain their own identity, assert their power and feel in control of their life despite the chaotic or unbearable situation playing out around them. *Being at Ease* adds to our practice narrative through this explanation of how tacit qualities of 'different and better' nursing is located as discrete elements within the complex nature of specialist clinical practice.

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K 06 - Improving Quality Outcomes for Patients

Assessment of Quality Care of Elderly in Igando Ikotun Lcda of Lagos State, Nigeria

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Purpose

The purpose of this presentation is to assess quality of care received by the elderly in Igando-Ikotun Local Council Development Area of Lagos State, Nigeria.

Target Audience

The target audience of this presentation are the elderly and their care givers were ever they may be.

Abstract

Purpose: The purpose of this presentation is to assess quality of care received by the elderly in Igando-Ikotun Local Council Development Area of Lagos State, Nigeria.

Methods: A simple random sampling technique was used in selecting the respondent, thus giving all the eligible elders an equal chance of being part of the study. The formula $n = \frac{N}{1+n/N}$ was used to calculate the sample size, where n = population of the elderly in the Igando Ikotun LCDA, N = population of elderly in Alimosho Local Government Area, i.e. $175/(1+175/3850) = 120$. respondents. Permission to conduct the study among the elderly were obtained from the Lagos State Health Research and Ethic committee. Individual consents were granted by each respondent before the questionnaires were given to them.

Results: The result revealed that the respondents have a poor knowledge of quality care. Only 17(50%) of the men and 35(41.2%) of the female had good knowledge of quality care for the elderly. However, findings show a good practice of quality care for the elderly as 25(73%) of the men and 36(42.4%) of the female indicated receiving quality care from their care givers. In addition, 30(88.2%) of the men and 68(80%) of the female respondent had a positive attitude toward quality care, but were not satisfied with the care they received from care givers. They admitted the care givers believe that they were old and about to die and should not be given adequate care.

According to Adebowale, Atte and Ayeni. (2012) globally, the population of elderly is increasing and their well-being is becoming a public health concern. In Nigeria, poverty is widespread and elderly persons are at higher risk.

In Nigeria especially in Akwa Ibom State, the findings from a study of 300 elderly men and women by Akpan and Umobong (2013), made them to conclude that there is a high prevalence of elderly abuse.

Similarly, Asogwa and Igbokwe (2010) found a low prevalence of physical abuse (7.8%) in their Enugu State study but reported a moderate prevalence of inadequate food. However, there was high prevalence of denial of freedom of interaction (88%) and verbal abuse (73%) such as "Agadi" and "Usebo" (worthless and Witch/Wizard). They attribute the low incidence of physical abuse to the fear of attracting curses because it is a taboo to hit an elderly person.

Conclusion: The weakening of the family institution that takes care of the elderly in Africa as a whole and Nigeria in particular should be revived. The elders should be educated on their rights and the content of quality care they should receive from care givers.

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K 06 - Improving Quality Outcomes for Patients

Improving the Quality of Refugee Health: A Community Speaks

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Purpose

The purpose of this presentation is to increase awareness on the readjustment and health care challenges that resettled refugees' experiences post the resettlement program prescribed by the government; to educate on the importance of community needs assessment and engaging the community in program development.

Target Audience

The target audience of this presentation is health care professionals with passion in public health, policy and program development.

Abstract

Recent United Nations High Commission for Refugees (UNHCR) data has shown an increase in the number of refugees worldwide, based on the latest 2013 report the number reached an unprecedented 50 million, by the end of 2014 the number reached to almost 60 million. In fiscal year 2015, the United States (US) State Department reported that US hosted 69,933 refugees. The increasing number of refugees, structural divergence, and a stagnant budget for 20 years makes it difficult to address and close the gap that impact resettlement - more so the health care needs of refugees.

The United States (US) like other developed countries are called to assist or increase logistical assistance and acceptance of refugees for resettlement. This is an effort that is not new to the US. The challenge the country faces is the process involved in resettlement including the accountability to ensure that policy and program meets the current needs.

The US refugee resettlement package is a six-month transition program that includes health care, education, housing, allowance for food/personal needs, and workforce development training. The goal of the program is for the refugees to be independent six months after resettlement, but as the case with most refugees this goal is not met because of the various social determinants especially in health.

A community needs assessment using the MAPP framework was conducted among refugees who have resettled in the US during the last 4th months to 4 years within a targeted ZIP Code. The result of the refugee health needs assessment indicates the importance of addressing health knowledge and service gaps six months after the resettlement program ends.

The refugee survey response provided the opportunity for the organization to design and plan to implement a culture centered health service program with the component of education and case management. As a community-based participatory program, the refugees will be part of the ongoing evaluation and process improvement.

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K 06 - Improving Quality Outcomes for Patients

Impact of the Fuld Fellowship Program on Patient Safety Competence and Systems Thinking

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Purpose

The purpose of this presentation is to describe the success of an innovative patient safety and quality improvement education program on Bachelor of Science in Nursing students' patient safety knowledge and systems thinking.

Target Audience

The target audience of this presentation is healthcare professionals who are involved and/or interested in delivering quality improvement and patient safety education to students and healthcare professionals.

Abstract

Purpose: The growing complexity of healthcare worldwide is driving a need for nurse leaders with patient safety and quality improvement competencies. However, patient safety and quality improvement content has historically been omitted from nursing education, and its integration into curricula has proved to be a challenge. The lack of faculty prepared to teach such courses, the limited time available, and increase of instruction done through simulation are all factors that complicate the incorporation of this much-needed content into Baccalaureate nursing education. The Fuld Fellows Leadership Program is an innovative curriculum designed to provide nursing students with a solid foundation in the science of safety and quality improvement and leadership skills. The purpose of this paper is to describe how students involved in this innovative curriculum improved in their systems thinking and patient safety competence compared to their colleagues who were not in the Fuld Fellows Program.

Methods: The Fuld Fellows Leadership Program consists of 4 courses taken throughout the Baccalaureate curriculum, a 6-month mentored, service-learning project with leaders across Johns Hopkins Health System, and a 3-day interprofessional intersession course. Cohorts I through V have completed the program as of August 2015 and cohorts VI through VIII are ongoing. Using a quasi-experimental design, the Fuld Fellows in cohorts III through V were compared to their colleagues not involved in the program on outcomes of patient safety competence and systems thinking. This evaluation occurred at the time of their graduation from the Baccalaureate program. System thinking was measured using the Systems Thinking Scale (STS), a 20-item instrument that evaluates participants' systems thinking in quality improvement work. The STS measures items on a 5-point Likert-type scale and are scored 0 to 4; the total score can range from 0 to 80 and is created by calculating the sum of responses for each item. Patient safety competence was evaluated using the Health Professional Education in Patient Safety Survey (H-PEPSS). H-PEPSS measures self-reported patient safety competence through focusing on six domains of safety competencies: culture of safety, working in teams with other healthcare providers, effective communication, managing risk, optimizing human and environmental factors, and recognizing and responding to adverse events to measure patient safety learning. H-PEPSS consists of 16 items measured using a 5-point Likert type scale. Pre-Post change scores were calculated and mean change scores for Fuld Fellows and non-Fuld Fellows were compared using t-tests. The Fuld Fellows and non-Fuld Fellows' post-program STS scores were compared using t-tests. End-of-program focus groups were conducted for each of the Fuld cohorts to evaluate the success of the Fellowship.

Results: Both the Fuld Fellows (n=36) and non-Fuld Fellows (n=37) who participated in the evaluation reported a significant increase (p<0.00) across all six domains of safety competencies. The Fuld Fellows reported a significantly higher (p<0.05) mean change score in comparison to the non-Fuld Fellows in five

of the six domains of safety competencies: effective communication, working in teams with other healthcare providers, optimizing human and environmental factors, and culture of safety. The Fuld Fellows reported a higher, insignificant mean change score in the domain of recognizing and responding to adverse events. The Fuld Fellows reported a mean STS score of 70.73 ± 5.96 ; this score was significantly higher ($p < 0.00$) than the non-Fuld Fellows reported mean STS score of 61.63 ± 7.43 . In the focus groups, the Fuld Fellows emphasized the value of exposure to patient safety and quality improvement education and hands-on projects. One Fellow stated: "I believe I will be more aware of quality improvement and safety issues and this will make me a leader in the workforce." Fuld Fellows gave feedback that they were excited to apply their knowledge as they embarked on their nursing careers and planned to be involved in patient safety and quality improvement projects in their future workplaces.

Conclusion: The Fuld Fellowship program effectively introduces Baccalaureate nursing students to essential patient safety and quality improvement concepts. Though all students in the Baccalaureate nursing program reported increased patient safety competence, the Fuld Fellows reported higher levels of systems thinking and greater improvement in patient safety competence after participation in the program than the Baccalaureate students who did not take part in the program. This program can strengthen nursing education by offering an academic model and innovative curriculum for building competencies in quality and safety that can be adapted at other institutions.

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K 07 - Issues in Undergraduate Nursing Education

Perceptions of Students and Preceptors Regarding Primary Health Care Clinical Placements in Lesotho

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Purpose

The purpose of this presentation is to provide evidence based information that proves that placement of students at PHC settings is valuable for both the students and the preceptors

Target Audience

The Target Audience of this presentation is the Nursing and Midwifery educators, nursing and midwifery students and clinical preceptors

Abstract

Background: As a practice discipline, nursing education has a mandate to collaborate with the clinical setting to prepare nursing students to function and practice independently, competently and confidently in different healthcare settings, including Primary Health Care (PHC). In Lesotho in particular, PHC is the main access point for people to access health care services, and nurses and midwives provide the majority of care at this level. However, nursing and midwifery students are not receiving adequate exposure to PHC settings during their pre-service education.

Since 2010, Jhpiego Lesotho has been working with the nurses' training institutions, to support PHC clinical placements for nursing and midwifery students as well as to train and mentor clinical nursing and midwifery staff on preceptorship skills to support students while on clinical placements through support from the United States Agency for International Development (USAID) At baseline a pre-service assessment revealed that a large group of student nurses and midwives were placed predominantly in hospitals for clinical rotations; however, upon graduating they were often deployed to PHC sites where the skills needed differ significantly from those they acquired during their training.

Between May 1st 2011 and April 30th 2014, more than 500 nursing and midwifery students from four nursing training colleges were placed for 2-4 weeks in more than 35 rural PHC centres for clinical rotations, and more than 180 preceptors received preceptorship training. Student and preceptor perceptions of PHC clinical placements were assessed through qualitative interviews in a larger study. The objectives of the study were to:

- Describe the effects PHC clinical placements have on students, and preceptors' perceptions of PHC;
- Describe whether PHC clinical placements increase students' likelihood of accepting deployment at a PHC clinic post-graduation; and
- Determine whether the PHC clinical rotations increase exposure to country-relevant clinical experiences compared to hospital settings.

Methods: The study employed qualitative method where seven focus group discussions (FGDs) were held with student and preceptors; four FGDs were held with the students, one with trained preceptors, one with the preceptors that were not yet trained and the final FGDs was done with nurse educators. All the FGDs were audio recorded in English and later transcribed. Data analysis followed the general principles of grounded theory where codes that surfaced from the data were grouped into categories and the emerging themes were then identified. This was done until theme saturation was reached.

Results: Analysis of data yielded eleven (11) categories, twenty-seven (27) themes and thirty (33) sub-themes (refer to table 1.1). Both students and preceptors perceived PHC clinical placements as appropriate settings that provide students with rich learning environments which enable them to develop

both personally and professionally. ***“I think we learned a lot from that experience because it was like, if the patient comes, you have to greet them, everyone you meet you greet because it is their norm. You learn a lot to interact with people from the rural areas; how do they do their things. Not how you are used to doing things. The service you are offering them they were so appreciated and it was so good [showing a gesture of appreciation] (2nd year nursing student).***

“...they (students) get to understand the different cultures... that in this country we have different cultures but we just never knew that there are people of this kind. ... I never understood why our Prime Minister would say that Lesotho is poverty stricken, until, I got to the rural areas. That’s where I noticed, okay, there are still people who are living solely on World Food Program projects! At least they get to understand what’s going on down here; they get to understand what’s going on in the rural areas of the same country.” (Non-trained preceptor)

Most students – 71% (N= 34) indicated they would accept deployment at PHC settings post-graduation. ***“I would like to work in the health centers because they make us grow professionally, personally and professionally, because there are many challenges and you are on your own there, unlike in the hospitals where their doctors and maybe other health care workers, where, like in the hospitals you rely on doctors mainly, it most cases you rely doctors but in the health centers you are on your own.”*** (3rd year nursing student)

Preceptors also expressed that PHC clinical placements were valuable to them as they enforced them to keep abreast with new developments in nursing and midwifery as well as to practice the facilitation skills they were trained on.

Conclusion: Given the priority of decentralized health care services, the geographic distribution of the people of Lesotho and the disease burden, there is a need to ensure that nurses and midwives graduating from nursing education institutions are trained to manage the health care priorities within the district health system structure in Lesotho. Both students and preceptors perceive PHC clinical placements as appropriate settings for acquisition of a variety of skills suitable for the nurses/midwives in Lesotho.

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K 07 - Issues in Undergraduate Nursing Education

Nursing Students' Perceptions and Attitudes Towards Evidence-Based Practice, Research and Graduate Education in Nursing

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Purpose

To present nursing students' perceptions about graduate education, and their attitudes towards evidence-based practice, nursing research, and graduate education in nursing.

Target Audience

Nurses, nurse educators, and other health professionals who are interested in understanding the perception of future generation of nurses about evidence-based practice, nursing research, and graduate education in nursing.

Abstract

Purpose: Part of the roles of nurses identified in "The Future of Nursing: Leading Change, Advancing Health" report released in 2010 by the Institute of Medicine (IOM) and Robert Wood Johnson Foundation (RWJF) is to research and evaluate more effective ways of caring for patients to meet the changing health needs of the U.S. population. Evidence-based practice in nursing has been found to improve health outcomes. To support efforts to improve health care for all Americans by having a well-trained health professional, the IOM and RWJF "Future of Nursing" report also recommends having at least 10% of baccalaureate program graduates enter master's or doctoral degree programs within five years of graduation. The nursing profession needs doctorally prepared researchers and practitioners to ensure delivery of cost-effective high-quality care to improve health outcomes in United States. This study examined nursing students' plans for graduate education, and their perception of the importance of evidence-based practice, research, and graduate education in nursing to the promotion of the future of nursing profession.

Methods: A convenience sample of male and female college-aged undergraduate students participated in the study. These were juniors (third year) and seniors (fourth year) in a four-year baccalaureate nursing program in a non-research intensive nursing school. Ninety-four students completed an online survey sent via an e-mail. Data were analyzed using STATA 13 to conduct univariate analyses such as frequencies, means, and percentages.

Results: Fifty-two percent were senior nursing students; the mean age was 21 years (range from 20 to 29 years). Five percent were male, 15% in the school honors program and 11% were Sigma Theta Tau members. 88.3% were White, 6.4% Asian, 3% Hispanic, and 2% African American. Most of the students (70.8% and 78.7%) agreed or strongly agreed that to ensure delivery of cost-effective high-quality care to improve health outcomes in United States the nursing profession needs doctorally prepared researchers and doctorally prepared nurse practitioners respectively. Slightly less than a third (29%) were definite that they will pursue graduate study in nursing and 59% were undecided. Among those who were undecided and those who indicated that they will definitely pursue graduate study (n=80), 48% are considering doctor of nursing practice (DNP), none wants to pursue PhD in nursing. Only 8% indicated that they will likely pursue a combined degree (PhD/DNP). Over 90% agreed or strongly agreed that nursing profession will have to continue to generate new ideas based on a critical evaluation of existing knowledge. Majority (85.4%) agreed or strongly agreed that conducting original research in nursing is important to promote the future of nursing as a profession, 93.3% also agreed or strongly agreed that professional nursing practice should be grounded in the translation of current evidence into nursing practice.

Conclusion: None of the students in this baccalaureate nursing education program considered a research-focused doctoral degree (PhD) as a possible future graduate education. Nurse educators need to introduce ideas about graduate education and the importance of research-focused doctoral degree early in the training of the next generation of nurses.

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K 09 - Medical Conditions Experienced By Pediatric Patients

Inner Strength in Adolescents and Emerging Adults (AEA) With and Without a Chronic Health Condition

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Purpose

The purpose of this presentation is to describe the evidence of inner strength in parents of adolescents and emerging adults (AEA) with and without a chronic health condition (CHC).

Target Audience

The target audience for this presentation is nursing professionals in diverse clinical, education, administrative and research settings to advance health outcomes for adolescents and young adults worldwide.

Abstract

Purpose: The purpose of this study was to describe the evidence of inner strength and quality of life (QOL) in adolescents and emerging adults (AEA) with and without a chronic health condition (CHC) and their parents.

Research and advancement of nursing interventions for adolescents is needed due to the increased population of AEA surviving chronic health conditions worldwide (Ridosh, Braun, Roux, Sawin, & Bellin, 2011). Inner strength and QOL have been studied in adult populations with chronic health conditions but studies are limited in adolescent populations (Dingley & Roux, 2014). Adolescents with CHC are a vulnerable population that should be targeted for improved practice outcomes and revised global policies (Ridosh, 2014; Sawin, Brei, Buran, & Fastenau, 2002)

Methods: This research is a component of a large mixed method, multi-site study in the United States on improving health outcomes for families with adolescents living with spina bifida (SB). The larger study investigated adaptation in families with adolescents and emerging adults with and without spina bifida (SB). Families (N=198), (parent and AEA) completed telephone interviews with quality of life and demographic survey and interview questions (e.g. age, gender, socio-economic status, race and ethnicity). Participants included AEA with SB (54%) and without (46%). Descriptive statistics and content analysis was conducted.

Results: The AEA mean age for the group with SB was 15.1 years ($\sigma = 2.9$) and comparison was 15.4 ($\sigma = 2.6$). The parents were primarily female (94%), well-educated either attending or completed college/vocational training (23%), and married (74%). Demographic characteristics by subsample were similar except for income. Female parents were usually the ones interviewed (SB group 94%/comparison 93%). Race and ethnicity of the group with SB was 4% Hispanic, 5% Black, 4% other races, and 91% Caucasian. Comparison group race and ethnicity was slightly more diverse 2% Hispanic, 17% Black, 3% other races, and 80% Caucasian. Combined family income was significantly lower for families with AEA with SB, 18% earned less than \$20,000 and 50% earned greater than \$50,000. In the comparison group 4% earned less than \$20,000 and 73% earned greater than \$50,000. Chi-square statistic showed no significant difference between groups (SB vs comparison) in age of AEA, parent interviewed, race/ethnicity, or gender of AEA in study. There was a significant difference between groups in scores for family income, $X^2(207) = 16.67, p < .001$.

The content analysis addressing QOL interviews of AEA with CHC identified happiness as the key component of QOL. The AEA without CHC more frequently reported QOL being defined by friendship and getting along. Key concepts of QOL differed between individual and family members for the parent group but not the AEA. Parents of those with a CHC focused on happiness, being able to do meaningful activities, and enjoying life. Parents of AEA without a CHC reported greater need for friendship and increased family time more frequently than parents who had an AEA with condition. Differences were not

seen in terms of togetherness, enjoyment, support, finances, independence or employment in parent perceptions. Components of Inner Strength were noted in parent reports of meaningful activities and connectedness. Meaningful activities for parents living with an AEA with CHC were most important to them while good relationships were more frequently reported by parents without a CHC. When activities were discussed, participants described the desire for physical activities such as sports and exercise.

Conclusion: Study results can assist providers to focus on enhancing family strengths important to parents and adolescents. Findings highlight the clinical significance of comprehensive interprofessional teams to promote meaningful activities for AEA with CHC and to advance the development of good relationships for all AEA. Future cost-effective, quality healthcare innovations should include strategies for the health and QOL of families and adolescents worldwide (Healthy People 2020; Ridosh, 2014; Sawin, Bellin, Roux, Buran, & Brei, 2009).

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K 09 - Medical Conditions Experienced By Pediatric Patients

Quality of Life in Children and Adolescents With Congenital Heart Disease

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Purpose

The purpose of this presentation is to show some results about the quality of life in children and adolescents with congenital heart disease, measured by an international measure instrument, after its translation to Portuguese.

Target Audience

The target audience of this presentation is formed by pediatric nurses, researchers and pediatric teachers, who intend to know and analyze some data about quality of life in children and adolescents with this chronic condition. It is currently well treated but can affect the quality of life and wellbeing.

Abstract

Purpose: The Quality of life is currently a major topic discussed in our society. The World Health Organization (WHO) has been developing a unifying and transcultural definition of QOL. They considered it as *'the individual's perception of his or her position in life, within the cultural context and value system he or she lives in, and in relation to his or her goals, expectations, parameters and social relations. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships and their relationship to salient features of their environment'* (WHOQOL, 1997, p. 1).

Congenital heart disease is the most prevalent congenital disease in Portugal. Despite the advances in cardiac treatment and an early correct diagnosis that could increase the survival of children with congenital heart disease, this condition influences the quality of life of children, adolescents and their parents.

Knowing the perception of quality of life could help healthcare professionals, nurses in particular, providing suited care to the needs of these families, establishing priorities in their interventions, sensing predictors of a poor quality of life, promoting adherence to treatment and boosting compliance with treatment, and fostering greater satisfaction for these children, adolescents and their parents

As part of broader research and with the awareness that the chronic conditions could impact the quality of life and considering that all advances on treating congenital cardiac diseases we have defined this main objective:

To determine the quality of life in children and adolescents with congenital heart disease (CHD) and the perception of their parents, as well as factors that influence it.

Methods: It is a quantitative, descriptive and correlational research. The data collection tool was a questionnaire, which consisted of four parts: socio-demographic and educational characteristics, clinical characteristics, and quality of life, obtained using the Pediatric Cardiac Quality of Life Inventory – PCQLI - (Marino, Tomlinson, Wernovsky, Drotar, Newburger, Mahony et al., 2010) translated into Portuguese. Data collection took place between February and July 2014, in compliance with ethical research guidelines. The sample comprised 59 children, 59 parents of children, 80 adolescents and 80 parents of adolescents.

Results: The results indicated that children, adolescents, and their parents have high level of perceived health. The results are similar in all groups: children and parents and adolescents and parents. In the group of children, we observed the classification of "Good" in 66.10%, followed by the "Very Good" at 18.65% and "fair" in 15.25% of cases. The parents of the children responded in about half the cases that the health of their children was "good" (50.85%), "very good" in 30.51% "fair" in 11.86% and "Excellent" in 6.78%. In turn, the group of adolescents can be seen that 46.25% rate their health as "good", 32.50% as "very good", 16.25% as "Average" and 5% as "Excellent". Parents of teenagers classify the health of their

children mostly as "good" in 42.50%, 31.25% as "very good", 20% as "fair" and 6.25% as "excellent". To point out that none of the respondents pointed out the option of a health status "Bad".

About the quality of life, in general the results indicated that children, adolescents and their parents have high levels of quality of life, and that perceptions of parents and children are similar. Only in the children's group (8 to 12 years old), was no influence of socio-demographic, school or clinical variables on quality of life observed. For adolescents (13 to 18 years old), school, special education, school retention, the age of diagnosis of congenital heart disease, cardiac catheterization and surgical intervention influenced their quality of life. Perception of quality of life of parents of children and of adolescents was influenced by socio-demographic and clinical variables. The results partly agree with the literature in this field.

About the influence of some variables:

- The perception of quality of life expressed by children and adolescents with congenital heart disease and parents are related, with statistical significance.
- There were no statistically significant relationships between the quality of life of children and adolescents and their age, gender or socioeconomic status.
- Adolescents differ statistically significant between their quality of life and their education, the frequency of special education and the existence of grade retention.
The severity of heart disease, the number of cardiac catheterizations or surgery and the presence of other health disorders are unrelated to the quality of life of children and adolescents.
- Adolescents revealed that the level of quality of life is influenced by the age of diagnosis of CHD by cardiac catheterization and surgery.
- For parents of children and adolescents gender and their education don't influence their perception of quality of life. Only the socioeconomic status of parents of teens has statistically significant difference to quality of life.
- Parents of children and adolescents do not show statistically significant relationship between the perceived level of quality of life and severity of disease, age at diagnosis, the number of surgical interventions and the existence of other health disorders.
- There is a relationship of statistical significance between cardiac catheterization and the perceived quality of life by parents of adolescents; between the number of cardiac catheterizations and the perception of quality of life of parents of children; and between performing surgery and the perception of parents of children and adolescents.

Conclusion: To analyze the quality of life of children and adolescents with CHD must be a key focus of attention in caring for this population, allowing the identification of individual differences, interests, preferences, and prevent potential problems. The knowledge acquired along with clinical experience contributes to improve the quality of life of children and families, facilitating their growth, psycho-emotional development and social integration.

Nevertheless, the reading and interpretation of these results must be prudent and cautious, there are limitations to this research, including: the use of a range of specific quality of life for the Congenital heart disease in children, adolescents, and parents but whose validation process could not be completed in this study; the low prevalence of severe conditions in our sample; the absence of national studies to enable comparison with the results obtained.

We intend to continue the process of validation of instrument and enlarge the research to Lisbon and Oporto, other major centers where the cardiac conditions can be treated.

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K 09 - Medical Conditions Experienced By Pediatric Patients

Balancing Needs: Pediatric Nurses' Experiences With Exposure to the Traumatic Events of Children

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Purpose

The purpose of this presentation is to disseminate the findings of a qualitative research study investigating the experiences of pediatric nurses' exposure to and participation in the traumatic events of children and to discuss strategies for preventing further traumatization and to improve nurses' mental well-being and job satisfaction.

Target Audience

The target audience of this presentation is clinicians, health care educators, and administrative personnel as the presentation will discuss the personal, academic, and professional needs identified by nurses as being necessary to limit the negative consequences of work-related stress associated with repeated exposure to traumatic events.

Abstract

Purpose: Pediatric nurses care for some of the most vulnerable and innocent members of society. Many children and families experiencing serious pediatric illness and injury are left traumatized by their healthcare experience. In these situations, nurses often must meet the needs of multiple individuals simultaneously. This repeated witnessing of patient suffering and selflessly giving of oneself can lead to emotional exhaustion in nurses. Nurses' perceptions of being unable to provide quality patient care can increase nurse turnover and their desire to leave the nursing profession. Most of the literature focuses on the experiences of oncology and intensive care nurses. However, it is believed that all pediatric nurses are exposed to the traumatic events of children and that the definition of trauma is unique to each individual. Therefore, the purpose of this study was to describe and find meaning in the experiences of pediatric nurses who are exposed to and participate in the suffering and traumatic events of children.

Methods: A qualitative, interpretive description design was used to examine the experiences of nurses in witnessing and participating in the suffering and traumatic experiences of their patients. A maximum variation, purposive sampling techniques was used to recruit 17 participants with a wide range of years of experience and from a variety of pediatric specialties and settings. Participants were recruited through snowballing. The researcher interviewed each participant using a semi-structured interview guide. Constant comparative data analysis was utilized to analyze and interpret the data.

Results: Although the participants represented a diverse group in regards to their years of experience as a pediatric nurse, their education level, and their pediatric specialty and practice setting; their answers to the research questions were relatively similar. The analysis of the descriptions of traumatic experiences revealed that in the realm of pediatric nursing, traumatic experiences not only involve the child, but also the parents/family of the child and the healthcare providers. The experiences of each of these groups influenced the experiences of the other groups. Analysis of the interview data revealed an overarching theme of *Balancing the Needs of the Child, Parent, and Nurse*. Four themes were identified: *Defining Traumatic Experiences, Managing the Burden of Professional Responsibility and Other Conflicting Emotions, Preventing Further Traumatization, and Making a Difference*. Three of these themes included several subthemes. From the theme *Defining Traumatic Experiences*, three subthemes emerged: bearing witness to the pain, coping with unexpected events and self-doubt, and feeling powerless to make it better. The theme *Preventing Further Traumatization* included the subthemes: meeting the needs of parents, being strong for the child and parent, and protecting oneself from trauma. The *Making a Difference* theme included the subthemes: making difficult situations a little better, fulfilling the nurse's emotional needs, reframing the nurse's worldview, and growing professionally as a nurse. All participants attributed making a difference not only in the lives of the children and their parents, but also in the lives of the nurses as the meaning associated with their exposure to and participation in the traumatic experiences of their patients. The participants who reported feeling like they made a difference also

reported that despite the stress, they had no desire to leave their current jobs or the profession. However, the two participants who reported no longer feeling like they made a difference also discussed their plans for leaving the profession in the near future. Additional findings included the difficult nature of talking about experiences and the associated emotions and that experience could be helpful or detrimental in coping with work-related emotional stress.

Conclusion: The results of this study have significance for advancing nursing science, research, education, practice, and administration. This research adds to the body of knowledge regarding the role of the pediatric registered nurse in caring for children who have experienced traumatic events and the consequences, both positive and negative, of assuming this practice role. A preliminary model *Balancing Needs: Pediatric Nurses' Experiences with Exposure to the Traumatic Events of Children* depicting the inter-relationship among factors that affect nurses' reactions to traumatic events was developed. The findings of this study have implications for both pre-licensure education and continuing professional education. Many participants reported feeling ill-prepared and not having adequate knowledge to have difficult conversations with patients and their parents. Educational needs and strategies are identified to better prepare nurses for their role in caring for traumatized children and to assist nurses in creating meaning from their experiences. Finally, the findings provide evidence for approaches to improve nurses' work environments, self-care, job satisfaction, and nurse retention and recruitment. Professional boundaries, opportunities to informally vent, and support from nursing colleagues, leadership, and management are a few of the strategies identified by pediatric nurses as being important for preventing negative consequences associated with the exposure to the traumatic events of children.

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K 10 - Perinatal Mental Health Related Issues

Psychological Effects of Termination of Pregnancy (TOP) By Choice on Adolescents

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Purpose

The purpose of this presentation is to raise awareness of the public regarding the psychological effects of the termination of pregnancy by choice on adolescents.

Target Audience

The target audience of this presentation is attendants of the Sigma Theta Tau 27th international nursing research congress

Abstract

Introduction: The question of whether termination of pregnancy causes psychological harm or not continues to be debated today. In South Africa, the number of terminated pregnancies is increasing at the rate at which pregnancies are occurring (Tlale 2010:29). With this finding, it is worrying to note that adolescent abortion by choice has been linked to a number of physical and psychological problems. This study focused on adolescents 18 to 21 years of age.

Purpose: The purpose of this research was to explore and describe how the termination of pregnancy by choice affects adolescents psychologically.

Methods: Strategy- Phenomenological research strategy was used. The lived experiences about termination of pregnancy as told by participants were described.

Design- A qualitative design was used because it was appropriate for the exploration of the psychological experiences of adolescents regarding the termination of their pregnancies. In addition, it was appropriate because the phenomenon under study was deeply rooted in the participants' personal knowledge or understanding of themselves. Qualitative research used was descriptive and explorative.

Setting-Interviews were conducted in an office at one academic hospital in Tshwane municipality, in the Gauteng Province. Potential participants were traced from the records of the hospital Termination of Pregnancy (TOP) clinic.

Population-Inclusion criteria: adolescents aged 18 to 21, who underwent termination by choice at a TOP clinic and should be able to consent by themselves.

-Exclusion criteria: mentally disabled adolescents and adolescents who were victims of rape.

Sampling Methods-Non-probability sampling, purposive sampling as well as snowball sampling methods were used.

Data gathering- In-depth, face-to-face, one-on-one interviews were used. These interviews were tape-recorded. A "grand tour" question that was asked was " Tell me what your feelings are one year after termination of pregnancy". When necessary, field notes were taken.

Data collection process- Data were collected during the months of July to November 2014. Nursing personnel at the TOP clinic assisted with the selection of participants from clinic records, following the eligible criteria. The clinic manager contacted participants telephonically, requested their participation in the study and if they agreed, made appointments with them to report for interview at a designated office. Arrangements were made to reimburse participants their transport money.

Although the interviews were unstructured, the following format, as suggested by Greef (2005:295) as cited by Botma (2010:207), was followed:

- introductory pleasantries
- explaining the purpose of the research

- explaining the approximate time required
- emphasis of confidentiality of information
- tape-recording and taking notes during the interview
- signed voluntary consent is confirmed
- remind the participant that she is free to withdraw at any time

For guidance, a list of questions as stated in the interview guide were used. Permission to tape-record the interviews was requested from participants.

Data analysis- The method followed in analysing data was the interpretive analysis of Terre Blanche, Durrheim and Kelly (2006:231) as cited by Botma, Greeff, Mulaudzi and Wright (2010:226). The following basic steps were followed: familiarisation and immersion, where the transcripts of taped interviews were read many times in order to know the data thoroughly.

- development of themes, where the main and the sub-themes were identified whilst reading the text
- coding, which involved coding and linking data to identify themes
- elaboration, where similar sections of the text were combined
- interpretation and checking, where the analysed text was interpreted.

Trustworthiness of data: Trustworthiness of data was assessed using the criteria of credibility, transferability, dependability and confirmability (Botma, Greeff, Mulaudzi and Wright, 2010:226)

Ethical considerations: Principles of ethical conduct adhered to were:

- permission from the Department of Health to do research through one of the hospitals
- consent obtained from participants before the start of the interview
- principle of beneficence was adhered to
- right to privacy confidentiality and anonymity
- the right of the participants to refusal and withdrawal from the study

Results: Biographical data of participants - Age: Of the six participants, two were between 18 and 19 years old and four were between 20 and 21 years old. **Ethnicity:** Five participants were Black and one was Coloured. **Marital status:** Five were single and one was married. **Education:** Two had secondary education and four were still studying at tertiary institutions. **Vocation:** Four were unemployed and two were in regular employment. **Religious background:** All six participants were Christians. Religiosity affects disclosure of pregnancy and TOP as well as dictating a belief system and codes of behaviour. For members belonging to religious groups, religiosity may serve as a stressor if they were to abort (Hlalele,2008:23). **Number of children:** One participant had no children, Four had between one to two children and one had three children, Number of previous abortions: Four participants never had an abortion and two have had one. **Duration of the pregnancy that was terminated:** .9 weeks = 1 participant, 9.5 weeks = 1 participant, 11 weeks = 3 participants, unsure = 1 participant. **Mental health before termination of pregnancy:** Four participants stated that they did not feel satisfied with their lives, one stated that her life was not worth living and one expressed that she did not feel close to another person. **Mental health problems:** The study revealed that adolescents experienced mental health problems after termination of pregnancy. In agreement, Rausset, Brulfert, Se'journe, Goutaudier&Chabrol (2011) reiterate that women experience symptoms similar to those of Post-Traumatic Stress Disorder. Mental health problems that tally with Weiten's (2013:582) are as follows:

Guilt: All participants expressed feelings of guilt for murdering their "babies". As all participants are Christians, feelings of guilt could stem from the belief that abortion is murder and therefore sinful. Hlalele (2008) contends that religion remains the social attribute that largely underpins patterns of living and

therefore dictates a belief system and codes of behaviour. Religious constructs may influence the way that adolescents react to TOP.

Confusion: All participants had conflicting emotions about TOP, as supported by the following statements that verbalised relief as well as regret about TOP: "I feel proud although it's a shame to do it" and "I am happy that is over but I also feel sad that I had to terminate this pregnancy" (Sebola 2015:52).

Sadness: Five out of six participants stated that they were saddened particularly by seeing the "baby" and by the way the foetus was disposed after the procedure. The guilt of destroying a life was accompanied by sadness and crying.

Shame: Five participants expressed feelings of shame and this prevented them from disclosing to parents about their TOP. Shame has also been proved to be a strong precursor to low self-esteem and consequently depression (Seloilwe & Thupayagale-Tshweneagae 2009:457).

Avoidance: Five participants said that they avoid thinking about the experience of TOP. A study by Coleman (2006:903) affirms that high-risk depression scores were low among those groups who were most likely to report an abortion. Women who disclose abortion are less likely to experience depression than those who conceal it.

Depression and anxiety: Four participants reported that they were either depressed or anxious after TOP. The procedure of TOP, grieving and the sense of loss, guilt about TOP, lack of support from family may all contribute to anxiety or depression. Nolen-Hoeksema & Hilt (2009:386) in their study on gender differences in depression noted that prevalence of depression is about twice as high in women as it is in men. This means that women are by nature vulnerable to depression or anxiety even outside of pregnancy.

Anger: Four expressed anger at themselves, to boyfriends or to friends who advised them to terminate. This self-blame may lead to guilt, helplessness and sadness.

Numbness: Three participants stated that they did not feel any emotions about TOP. "I was unable to express my emotions" and "I was not feeling anything" were statements that alluded to numbness.

Flashbacks: Three participants stated that time and again they re-experience TOP in their minds.

Sleeplessness: This was experienced by two participants and could be caused by thinking about the procedure or by guilt feelings. Nolen-Hoeksema (2001) as cited by Weiten (2013:89) writes that women have a greater

tendency than men to ruminate about setbacks and problems. This tendency may cause sleeplessness and subsequent depression.

Survivor guilt: experienced by two participants who said they felt guilty of having another child or they wanted to replace the aborted child.

Recommendations:

- Pre- and post-counselling should pay attention to emotional and spiritual impact of TOP as well as the reality of grief after the procedure
- During pre-counselling the counsellor should enquire about any pressure placed on the adolescent to abort
- Professionals working with adolescent girls need to be made aware of these symptoms so that where a need arises they will be enlightened enough to intervene or to refer
- More qualitative research on the topic needs to be undertaken so that findings may be published to raise awareness

Conclusion: This study revealed that adolescents do experience mental ill-health after choosing to terminate their pregnancies. All participants felt guilty because abortion is murder. It is recommended that during pre-counselling women should be made aware of the emotional and the spiritual effects of termination of pregnancy

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K 10 - Perinatal Mental Health Related Issues

Factors Related to Postpartum Depression Among First Time Mothers and Fathers

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Purpose

The purpose of this presentation is to explain and discuss about postpartum depression and factors affecting that found among the first time mothers and fathers in Thailand.

Target Audience

The target audience of this presentation is nurse-midwife.

Abstract

Introduction: Being a first time mother or father is an important transition in life that affects mental health and may lead to postpartum depression. Postpartum depression is a deviation of emotional, thinking and perception that cause changes of physical and psychological of mother or father. It represented by fatigue, headache, blues, changes in appetite and use of drugs or alcohol. Postpartum depression is increasing worldwide, both in Europe and Asia. Postpartum depression affected to father, mother and child such as decrease functional of father, difficulties in adaptation to mother's and father's role, and decrease interaction with their child.

Purpose: The purpose of this descriptive correlational research study was to explore stress, social support and postpartum depression among first time mothers and fathers.

Methods: The subjects were 116 fathers and mothers of children aged 6-8 weeks. Data were collected at Maharaj Nakorn Chiang Mai Hospital and Chiang Mai Health Promotion Hospital, Thailand during June to September, 2014. The research instruments used were The Edinburgh Postnatal Depression Scale (EPDS): Thai version translated by Pitanupong et al. (2007), The Perceived Stress Scale-10 (PSS-10): Thai version translated by Wongpakaran & Wongpakaran (2010), the Social Support Questionnaire for Father developed by Supakorn Chaina (Chaina, 2013), and the Social Support Questionnaire for Postpartum Mother developed by Nalinee Sithiboonma (Nalinee, 2015). Data were analyzed using descriptive statistics, and Spearman's Rank Correlation.

Results: Results of the study revealed that first time mothers and fathers had postpartum depression 48.28% and 24.14%, respectively. There was a statistically significant moderate positive correlation between stress and postpartum depression for both the first time mothers and fathers ($r = .493, p < .01$; $r = .543, p < .01$), and low negative correlation between social support and postpartum depression in both the first time mothers and fathers ($r = -.235, p < .05$; $r = -.278, p < .01$).

Conclusion: The findings from this study can be used as baseline data to plan for nursing intervention to prevent postpartum depression in the first time mothers and fathers.

Abstract summary: This study revealed postpartum depression and factors affecting among first time mothers and fathers in Thailand

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K 10 - Perinatal Mental Health Related Issues

Common Perinatal Mental Disorders in Rwanda: A Challenge for Nursing Education and Practice

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Purpose

The purpose of this presentation is to re-examine challenges related to the occurrence of Common Perinatal Mental Disorders that pose to nursing research, education and practice. It is also an opportunity to share with the audience on how this issue can be addressed

Target Audience

The target audience of this presentation is all participants interested in maternal mental health or have worked on the same topic. CPMDs are unknown thus, it is an opportunity to discuss on how the problem can be addressed by nurses and midwives and make it a priority for concerned domains.

Abstract

Purpose: Common perinatal mental disorders (CPMDs) in women (depression and anxiety) are recognized as a significant public health concern globally but often undiagnosed and thus untreated (WHO, 2008; Rahaman, Fisher, Bower & et al. 2013). Because of elevated risk factors, in African countries CPMDs may be more prevalent and occur in over 20% of new mothers (Sawyer, Ayers & Smith, 2010). However, Clarke, King and Prost (2013) demonstrated that CPMDs can be reduced in mothers in low and middle income countries (LMICs) through the simple provision of health promotion interventions. Our study was aimed at determining the occurrence and factors of CPMDs in a selected district hospital of Eastern Province/Rwanda. Therefore, the presentation will be describing the occurrence and factors of CPMDs in Rwanda, the implications or challenges that may pose to nursing research, education and practice.

Methods: A descriptive quantitative cross-sectional survey was conducted with a systematically selected sample of 165 mothers, all in the perinatal period (in the 2nd trimester of pregnancy up to first year postnatally). Demographic data and factors associated with CPMDs were determined using a structured questionnaire. Screening tools included the Zungu Self-rating anxiety scale (SAS) and the Edinburgh Postnatal Depression Scale (EPDS). The Cronbach alpha values were 0.87 and 0.89 for SAS and EPDS respectively.

Results: More than a third of respondents (38.2%) were aged 25-29 years and almost half were married (44.8%). Most were unemployed (77%) and had only primary education (60.6%). Approximately 37% of the respondents had perinatal anxiety (PNA; SAS > 45) while 50.3% had possible perinatal depression (PND; EPDS ≥ 10). In logistic regression, a poor relationship with husband/partner was the only predictor of PNA (Odd Ratio= 0.44, C.I. = 0.211-0.905). A logistic regression of determinants of PND found a young age (Odds Ratio: 131.97, C.I. = .003-.261), having four or more children (Odds Ratio = .028, C.I. = .003-.261), and a poor relationship with one's partner predicted PND (Odds Ratio: .089, C.I. = .030-.266).

Conclusion: The study found that CPMDs are prevalent and predicted by social factors. A poor relationship with husband and young age were found to be the strongest determinants of CPMDs suggesting that social and health promotion interventions may be the most successful strategy to prevent the onset of CPMDs.

This study further points to a number of challenges that will need to be addressed in the areas of research, education and practice. With the study, questions can be asked if these pose further challenges to nurses, and if so what are the challenges? Are nurses aware of this issue? Is there any attention put to the assessment of CPMD in the undergraduate curriculum? Are the nurses prepared to handle this problem in their practice?

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K 11 - Practice Outcomes: Variations in Methodology

Impact of Instructional Methodology of the WHO/UNICEF Breastfeeding Training on Nurse Outcomes

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Purpose

The purpose of this study was to evaluate the impact of instructional methodology (classroom versus computer-based) on the maternal–child nurse’s breastfeeding knowledge gain and perception of breastfeeding support for nurses that participated in the 20-hour WHO/UNICEF breastfeeding training.

Target Audience

Maternal-child nurses nurse educators nurse leaders’ hospital administrators

Abstract

Purpose: Nurses are the largest group of healthcare professionals that support breastfeeding and lactating mothers in maternity facilities. Yet, the most effective instructional methodology to deliver the 20-hour WHO/UNICEF breastfeeding training for maternal-child nurses is still not determined. Breastfeeding knowledge gain and perception of breastfeeding support are two key modifiable outcomes of breastfeeding training that are commonly identified in the nursing literature. The purpose of this study was to evaluate the impact of instructional methodology (classroom versus computer-based) on the maternal–child nurse’s breastfeeding knowledge gain and perception of breastfeeding support for nurses that participated in the 20-hour WHO/UNICEF breastfeeding training.

Methods: A secondary analysis was conducted on a sample of 521 cases of attendance by three types of maternal–child nurses- labor and delivery, postpartum, and neonatal- at a metropolitan hospital. The 20-hour training was offered in five 4-hour sessions with the option of computer-based or classroom instruction for each session. Commercial breastfeeding knowledge tests had been administered pre- and post each session. A perception of breastfeeding support questionnaire, the Iowa infant feeding attitude scale, and demographic information had been collected at the end of each session.

Results: Instructional methodology significantly impacted breastfeeding knowledge gain for one content-specific breastfeeding session. Type of maternal-child nurse was significantly different in terms of breastfeeding knowledge gain and perception of breastfeeding support. The best predictor of perception of breastfeeding support was not instructional methodology, but infant feeding attitude. Type of maternal-child nurse significantly impacted breastfeeding knowledge gain and perception of breastfeeding support.

Conclusion: This study has created the first amount of evidence and filled a gap in the literature. The findings will have implications for nursing education, research, and practice. Particularly, these findings have significant applications in choice of instructional methodology for breastfeeding education in the acute care setting, as well as continuing breastfeeding education post the 20-hour training.

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K 11 - Practice Outcomes: Variations in Methodology

HIV Task Shifting From Physicians to Nurses in Nigeria: Correlates of Self-Efficacy and Job Satisfaction

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Purpose

To discuss the findings from a survey of Nigerian nurses in HIV Task Sharing roles which examined the relationships among their demographic factors, Setting Characteristic, Self-Efficacy and Job Satisfaction. The study identified nurse outcomes which require health systems, nursing practice and educational changes to support African nurses in expanded roles.

Target Audience

Nurses in Clinical Practice; Nurse Administrators and Educators, Health Systems Managers; Government and Non-Government Organization personnel and HIV Program Implementers and International Donor Agencies

Abstract

Purpose: With 25% of the global disease burden and 3% of the world's health workforce, the African region has the worst health worker shortage. According to the Joint United Nations Program on HIV & AIDS (UNAIDS), Sub-Saharan Africa accounted for 24.7 out of 35 Million people living with HIV globally and 70% of all new HIV infections in 2013. Task shifting (or sharing), a human resource strategy to maximize contributions of available health workers has improved access to HIV treatment in sub-Saharan Africa. However, it also led to nurses acquiring roles previously performed by physicians. The UNAIDS and World Health Organization (WHO) recommend institutionalizing task sharing to strengthen the health systems in order to achieve treatment goals in Africa by 2020. Although numerous patient outcome studies support task sharing between physician and nurses, there is limited research on nurse-related outcomes. This study examined the correlations among nurse demographic factors, setting characteristics, self-efficacy and job satisfaction among Nigerian nurses performing HIV task sharing roles. This study examined the correlations among nurse demographics, setting characteristics, self-efficacy and job satisfaction among Nigerian nurses in HIV task sharing roles.

Methods: A pilot study using a focus group of ten expert nurses was first conducted to ascertain the content validity and contextual appropriateness of the study instruments in Nigeria. In the main study, 508 nurses performing HIV task sharing roles in 8 of 36 states in Nigeria were surveyed. A total of 399 (out of 454) returned surveys from tertiary (26%), secondary (46%) and primary (28%) health facilities met criteria for analyses.

Results: The mean age of participants and years in nursing practice were 42 (SD = 9.1) and 17 (SD = 9.2). About 86% worked in Government owned facilities, 76% were females; 70% were Registered Nurse/Midwives; and 82% had previous HIV nursing experience. Over 95% received training and mentoring for HIV task sharing. Self-Efficacy for task sharing had a statistically significant correlation with female gender but negatively correlated with years in nursing practice. Job Satisfaction had statistically significant correlations with years in nursing practice; dual licensure as Registered Nurse/Midwife; working in tertiary hospital; older age; male gender; duration of training and being mentored. However, longer HIV nursing experience and working in secondary and primary health centers were found to increase the likelihood for job dissatisfaction among nurses in task sharing roles.

Conclusion: Implementing task sharing in spite of nursing shortage in Africa amplified stressful working conditions for nurses in these roles. Although over 95% of nurses in this study received the WHO recommended training and mentoring, they still faced systems related challenges which negatively affected their job satisfaction. Similar to other studies in the literature, these negative effects have critical implications for burnout, retention and quality service delivery. System Specific strategies are needed to support nurses in expanded roles such as ensuring complementary staffing mix; continuing education and skills update; certification; updated policies, guidelines, training for nursing educators, curriculum and

scope of practice which reflect current professional practice and patient care needs. Sustaining task sharing gains, also requires measures to ensure nurses and other health workers in expanded roles receive commensurate compensation.

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K 12 - What Do Perceptions Have To Do With Outcomes?

An Evaluation of Perceived Quality of Care Between Insured and Uninsured Patients in Ghana's Hospitals

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Purpose

The purpose of this presentation is to assess fairness in patient care in Ghana's hospitals, following the implementation of the Ghana national health insurance scheme about a decade ago, by comparing perceptions of quality of care between insured and uninsured patients.

Target Audience

The target audience of this presentation are nurse managers, frontline nurses working at out-patient departments or on the wards, and any other healthcare provider with direct patient contact.

Abstract

Purpose: The introduction of social health insurance in Ghana in 2003 has resulted in tremendous increase in utilization of health services. However, concerns are being raised by various stakeholders about the quality of patient care. Some of the concerns include long waiting times, verbal abuse of patients by health care providers, poor physical examination by doctors and discrimination against insured patients. The study compares perceptions of quality of care between insured and uninsured out-patients in Ghana's hospitals to establish whether both categories of patients are treated equally (fairly) or indeed, insured patients are discriminated against in terms of quality of care in hospitals.

Methods: A cross-sectional survey of 818 out-patients was conducted in 17 general hospitals from three regions of Ghana. These are the Upper East, Brong Ahafo and Central Regions. Convenience sampling was employed to select the patients in exit interviews. Descriptive statistics including frequency distributions, means and standard deviations were used to describe socio-economic and demographic characteristics of respondents. Factor analysis was used to determine distinct quality of care constructs; t-test statistic was used to test for differences in quality perceptions between the insured and uninsured patients; and regression analysis was used to test the effect of health insurance status on quality of care.

Results: Overall, there was no significant difference in perceptions of quality between insured and uninsured patients. However, there was a significant difference between insured and uninsured patients in respect of financial access to care. The major quality of care concern affecting all patients was the problem of inadequate resources, especially lack of doctors, lack of drugs and other basic supplies and equipment to work with.

Conclusion: It was concluded that insured patients are generally not discriminated against, contrary to prevailing anecdotal and empirical evidence. On the contrary quality of care is a concern of both insured and uninsured patients. Therefore, health care providers and policy makers must adopt measures aimed at improving quality of care for all categories of patients.

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K 12 - What Do Perceptions Have To Do With Outcomes?

Perceptions and Self-Perceived Knowledge of Evidence-Based Health Care Amongst Registered Nurses in the Western Cape

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Purpose

Our aim was to describe registered nurses and midwives' perceptions and self-perceived knowledge of evidence-based health care. Currently, there is no published study that assesses practising registered nurses' understanding, perception and self-perceived knowledge of evidence-based health care in the South African context

Target Audience

Registered nurses (RN) this included all nurses who had completed the two-year bridging course, RNs who had completed the 4-year undergraduate degree/diploma in nursing, these nurse would have a dual qualification of being a midwife as well as a registered nurse, working in the Cape Winelands

Abstract

Purpose: Evidence-based health care is a problem-solving approach that integrates the best research evidence with clinician expertise and patient preferences and values. Delivering evidence-based health care, in the context of a caring and supportive organizational culture, results in high-quality care and optimal patient outcomes. It is important that registered nurses know the steps involved in making evidence-informed decisions in a healthcare environment. Currently, there is no published study that assesses practicing registered nurses' understanding, perception and self-perceived knowledge of evidence-based health care in the South African context. Our aim was to describe registered nurses and midwives' perceptions and self-perceived knowledge of evidence-based health care

Methods: A descriptive cross-sectional study was conducted, using a validated paper-based questionnaire. The questionnaire comprised two sections. The first section consisted of questions related to registered nurses and midwives' demographical data, educational level and understanding of evidence-based health care. The second section assessed the participants' attitude and behaviour on evidence-based health care. Lastly, the barriers to and suggestions for improvement of practicing evidence-based health care were explored

Results: Overall, the response rate was 52% (125/240). Most registered nurses and midwives reported that they had heard about the term evidence-based health care as part of their post-basic studies. Registered nurses and midwives were confident in their ability to perform the steps of evidence-based health care. The majority had a positive attitude towards it, although they said that they did not engage in the steps of evidence-based health care on a regular basis. Identified barriers included resistance to change amongst older nurses, lack of evidence-based health care knowledge and lack of role models. Suggestions to improve the practice of evidence-based health care focused on training all nurses through in-service training, attending of conferences and other courses

Conclusion: Registered nurses and midwives lacked evidence-based health care knowledge and skills, and they did not engage in evidence-based health care on a regular basis. There is a need to improve training in evidence-based health care for all registered nurses and midwives. Strategies to increase evidence-informed decision-making should include all healthcare professionals at all levels – managers, doctors and other members of the multidisciplinary team.

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K 12 - What Do Perceptions Have To Do With Outcomes?

Perceptions of the Recognition and Under-Documentation of Postoperative Delirium By Stakeholder Providers: A Situational Analysis

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Purpose

to bring an awareness of the deleterious effect of postoperative delirium. A common complication of major surgery, which is frequently undiagnosed and, therefore, untreated and undocumented. To encourage providers to be more diligent in using the available screening instruments to aid early recognition of this syndrome.

Target Audience

All health-care providers and academics.

Abstract

Purpose: The purpose of this study is to explore the recognition, and under-documentation of postoperative delirium from the perspective of the stakeholder providers involved in perioperative care.

The medical record provides a trail or verification of all treatments procedures and responses of the patient, as well as the accountability of the healthcare provider. It also presents the occurrence and care history in an accurate time frame from admission to discharge. Even so, the incidence of postoperative delirium is frequently under-documented in the medical records and perspectives, and decision making of providers do not appear in the record.

Postoperative delirium is a predictor of functional decline and institutionalization among the elderly surgical patients. Increased post-operative complications, health service utilization, and mortality are also attendant to postoperative delirium ([Abelha, 2013](#); [Quinlan, 2011](#); [Rudolph, 2011](#)). Although postoperative delirium is a common complication of major surgical cases, as many as 80% of cases may go undiagnosed or untreated. Studies that explored the recognition rate of postoperative delirium among nurses and physicians suggest it is between 20%- 50%., and both retrospective and prospective studies show that administrative databases underestimate its occurrence ([Ely, 2004](#); [Voyer, 2008](#)).

Problem: During the last 15 years, several studies have reported discrepancies between actual and documented cases of postoperative delirium. One study reported that even with a conclusive diagnosis of delirium using diagnostic instruments at the bedside, for three consecutive days, no formal diagnosis or clinical indications were documented in the medical records of the patients, for those days ([Millisen, 2002](#)). More recently, 25 cases of delirium identified at the bedside by a specialist team, of those, near one-third did not have their diagnosis reflected in the medical records. Only nine of the 25 reported cases had a delirium diagnosis explicitly documented by the physician ([Hope, 2014](#)).

Simultaneously, during the same 15 years, validated instruments to facilitate the early diagnosis of postoperative delirium, such as the Confusion Assessment Method (CAM, &CAM-ICU) and the Intensive Care Delirium Screening Checklist (ICDSC) became easily accessible for use at the bedside. Today there are 11 screening tools available ([Wong, 2010](#)). However, studies have reported that they have not been adopted in routine clinical practice ([Andrews, 2015](#); [Bergeron, 2001](#); [Marcantonio, 2013](#)). The perspective of providers concerning recognition of POD and use of its screening tools remains less described.

The Gap: This qualitative study explored the provider stakeholder's perspective concerning the prevention, recognition, documentation, and treatment of postoperative delirium. The long-term goal of this inquiry is to understand the facilitators and barriers to the documentation of postoperative delirium to identify where Veterans in the perioperative period may be missed. Under- documentation has significant implications for early recognition, intervention and treatment, and consequently important clinical implications for patient care and desired outcomes. Less considered, providers are often less cognizant of the role of postoperative delirium in association with post-discharge worsening of quality of life, change in

mental status, sleep disturbance, cognitive decline, institutionalization, and increased mortality. While postoperative delirium remains under-represented in the electronic medical record, it will not receive the attention required to foster interest and research into its prevention and early intervention. The perspectives of stakeholder providers in the US Department of Veteran Affairs (VA) health system could deliver essential initial exploratory information for proposing interventions to improve documentation.

Methods: The qualitative approach of situational analysis as a form of grounded theory was used to frame this study to permit the voices of providers across the perioperative service spectrum to produce data. The purposive sample consisted of two stakeholders from each of six departments in the community of practice involved in elective surgery: primary care, specialty clinic, anesthesia, surgery, mental health and Intensive Care Surgical Unit nurses. Four pragmatic, open-ended, semi-structured questions, focusing on the “how” and “why” of documentation and perceptions of postoperative delirium were used to interview each participant separately. This format permitted the conversation to go in directions that positioned the experiences of each participant as central to the answers provided. Data collection began after approval was received from the IRB and the Veteran Affairs Research and Development Committee. The twelve digitally recorded interviews were stored securely in a password-protected, firewalled server, transcribed by VA-approved personnel and then analyzed by the team.

Data Analysis: The data was analyzed using the process of situational analysis to code transcriptions line-by-line to produce messy maps of perceptions across the community of practice. This form of grounded theory, like its predecessors, is dependent on established ideas of theoretical sensitivity and sampling, constant comparative methods, coding, memoing and diagramming. Coded concepts were diagrammed and developed into maps that are the basis for higher-level analysis. The three types of maps produced are situational maps, social worlds/arenas maps and positional maps. Based on the situation of concern, broad categories were drawn out from the maps and a relational analysis used to ask questions of the categories performed and the answers documented ([Charmaz, 2006](#); [Clarke, 2005](#)). The themes that emerged from the data analysis are fundamental to gaining a better understanding of the factors that influence the under-documentation of postoperative delirium affected by predisposing factors that emerged from the interviews.

Results: The following themes emerged as the most commonly mapped from described perioperative situations.

“Territory vs. Power.” Although the nurses are in charge of the territory in which the patient resides, they have constrained power over the identification of relevant conditions or treatments for the patients in that space. ICU nurses expressed a feeling of an undervaluing of their assessment skills, as the physicians do not respond to their report of changes in patient’s mental status as an observed situation. Physicians come and go spending brief moments at the bedside while postoperative delirium characteristically fluctuates between lucidity and disorientation.

Lack of standardization of nomenclature. The language used to describe postoperative delirium within situations contributes to the difficulty of identifying the syndrome. If the diagnosis is considered sundowner syndrome, then treatment might be delayed. As an attribution given to older people who become confused as the situational day ends, sundowner has no urgency. For the patient with a previous history of mental health disorders, they may, in fact, be withdrawing from psychotropic drugs not resumed after surgery, a situation named and noticed too late. These variations lay bare the need for more meticulous assessment and risk stratification; that is basic to instruments such as the Comprehensive Geriatric Assessment tool.

Lack of a definitive biomedical identifier. The physicians note that there is a lack of a definitive measure or lab test for identifying postoperative delirium when suspected or identified in a situation, to recognize the phenomenon within its place and time. There is no staging as in cancer or a value such as an A1C that reveals diabetes. Some nurses report that they are very much aware of the subtle change that accompanies the decline into postoperative delirium. However, the nurses admit they do not use the instruments for early recognition of delirium, even though they are readily available.

Truthfulness: In reflecting on situations of assessment, providers often described patients with substance use as seldom truthful about their use. Nurses and physicians described themselves as only aware once the substance withdrawal is in full bloom. Alcohol withdrawal becomes a default diagnosis. Treatment

begins only after all other possibilities are ruled out. However, the dilemma is that withdrawal is best treated early, especially alcohol withdrawal since it can be fatal. Consequently, the absence of important components of social history in the medical history may lead to a delay in appropriate care.

Lack of knowledge: Across perioperative situations, when providers did not screen, predict or diagnose postoperative delirium, the condition went under-documented. Their responses suggest a lack of understanding of the consequences of the syndrome both by nurses and physicians who do not see beyond their territory, resulting in negligible communication about postoperative delirium across the services.

Conclusion: As a situation arising in the process of recovery from major surgery, the occurrence of postoperative delirium is complicated by the ability of providers across the perioperative spectrum to isolate it. In mapping its appearance, the event requires prevention or separation of the occurrence apart from the routine events of recovery for identification or documentation. The patient, however, may not escape the deleterious consequences of postoperative delirium in the situation of their recovery and potentially long after. Findings suggest a variety of ways to encourage stakeholders to screen for modifiable risk factors and use the tools available to identify postoperative delirium. Without adopting evidence-based procedures or a set of guidelines, critical care clinicians are left without a standardized means of identifying and documenting delirium, while their colleagues across the perioperative spectrum are left outside the domain with a need for education for prevention. Post-operative delirium becomes a syndrome without a home in need of intervention but without interdisciplinary ownership within the community of practice.

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L 02 - Evidence-Based Curriculum in Nursing Education

Curriculum Development for Maternal, Newborn, Child Health: International Collaboration to Enhance Nursing Education in Rwanda

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Purpose

This presentation reports on an established Canada-Rwanda collaboration between nursing faculty at Western University (London, Canada) and College of Medicine and Health Sciences, University of Rwanda (Kigali, Rwanda) along with decision-makers in the health sector on a capacity building project to address maternal, newborn, and child health in Rwanda.

Target Audience

The target audience of this presentation is those interested in international collaboration related to maternal, newborn, child health.

Abstract

Purpose: This presentation reports on an established Canada-Rwanda collaboration between nursing faculty at Western University (London, Ontario, Canada) and the College of Medicine and Health Sciences, School of Nursing and Midwifery, University of Rwanda (Kigali, Rwanda) along with decision-makers in the health and education sectors on a capacity building project to address maternal, newborn, and child health in Rwanda (MNCHR). Specifically, we discuss a Canadian government funded multi-phase project aimed at enhancing nursing neonatal and pediatric resources in Rwanda.

Methods: A collaboration between Canada and Rwanda was established in 2006 to enhance nursing capacity in Rwanda. This collaboration led to the implementation of the first baccalaureate nursing program in Rwanda. Based, in part, on this successful partnership, the Canadian government funded the Maternal, Newborn, and Child Health in Rwanda project (2011-2014) to support enhancements to neonatal and pediatric nursing curriculum and practice (Western University, 2013)). Extensive consultation was conducted with Rwandan partners in the health and education sector to identify strategies that strengthen health systems to improve appropriate health service access and delivery at the local level. A key set of strategies focused on ensuring nurses had the necessary competencies to provide care to children. A needs assessment using the pediatric competencies developed by the Pediatric Nursing Certification Board (2013) was conducted to identify service delivery issues and education capacity to understand the pediatric nursing competencies required to meet population health needs in Rwanda. Curriculum revision, program development, and pediatric specialty education for nursing instructors was supported by Western University and the British Columbia Institute of Technology School of Health Sciences Specialty Nursing (Vancouver, British Columbia, Canada).

Results: The needs assessment identified significant gaps in health service delivery of advanced pediatric nursing including gaps in faculty capacity for teaching pediatric nursing and the need for a post-basic education specialty focused on pediatric nursing. Nurse educators identified specific areas for enhancement of pediatric competencies in their capacity to teach advanced pediatric nursing. A pediatric nursing curriculum was developed in collaboration with Canadian-Rwanda experts. The curriculum was positively reviewed by an international expert. Subsequently, five nurse instructors in the School of Nursing (University of Rwanda) were supported to begin course work by distance to enhance their pediatric nursing knowledge and skills, and five nurse educators were supported to attain their graduate degree with a focus on education leadership and pediatric nursing. In this presentation we will share insights regarding the strengths and learnings from this Canada-Rwanda collaboration and how these will inform future pediatric curriculum development work with partners in Burundi.

Conclusion: This successful international collaboration has been extended through funding from the Canadian government to include a partnership with Burundi (2016-2019) where support will focus on strengthening programs in pediatric nursing to ensure a cadre of competent nurses to meet the needs of the population.

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L 02 - Evidence-Based Curriculum in Nursing Education

Developing an Evidence-Based Caring Science Course

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Purpose

The purpose of this presentation is to explore teaching strategies designed to model caring science practices in face-to-face and online learning environments.

Target Audience

The target audience for this presentation is educators and health professions leaders who are interested in evidence-based curricular guidelines and project models that incorporate learning from experiences, innovative teaching modalities, and instructional design.

Abstract

Purpose: The purpose of this project was to explore teaching strategies designed to create authentic presence and engage students in online learning through integration of a caring science framework. To humanize an online course caring science and Nodding's four ingredients of a caring curriculum will be reviewed: modeling, practice, authentic dialogue and confirmation/affirmation. Infusing online education with four ingredients amplifies student connection and engagement beyond levels they normally experience in an online environment. Together, online education best practices, caring science, presence and engagement, encourages students to remain open to what is emerging by allowing for vulnerability and humanity that supports recovery. Participants will explore persistent, intentional openness that supports authentic presence and creates a healing environment by forming a safe space for students to explore where they have been, where they are, and where they want to go in their practice.

Methods: The development phase of the project included: course mapping, identification of research-based learning activities, integration of quality norms, and evaluation strategies congruent with a caring science curriculum. The instructor created a mind map to visually represent the course description, theoretical orientation, readings, and learning activities. The course emphasized learning through engagement, understanding, action, reflection, judgment, and commitment. The reflective learning approach to knowledge growth incorporated the following learning activities: online dialogue and discussions, 5-minute video segments, written reflective papers, and a written commitment to change assignment. Evaluation modeled Nodding's four components of a caring curriculum including: modeling, practice, authentic dialogue and confirmation/affirmation.

Results: Student feedback through video and written evaluation suggested the online course balanced structure and freedom, captured quality norms for online learning, critical reflection, and the spirit of the content. Courses created in this way can challenge and authentically engage students in learning.

Conclusion: Both students and instructors benefit when courses are developed with intention-- where maps and frameworks guide course development, quality norms support instructional design, and reflective pedagogies and learning activities support presence and engagement.

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L 02 - Evidence-Based Curriculum in Nursing Education

Best Clinical Nursing Education Practices in Sub-Saharan Africa: An Integrative Literature Review

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Purpose

The purpose of this presentation is to critique the available evidence on clinical nursing education practices in Sub-Saharan Africa and to describe the best clinical nursing education practices in Sub-Saharan Africa to guide practice.

Target Audience

The target audience of this presentation are nurse educators (academics and clinicians), clinical nursing staff and nurse administrators.

Abstract

Purpose: The purpose of the study is to evaluate available evidence on clinical nursing education practices in Sub-Saharan Africa and to describe the best clinical nursing education practices in Sub-Saharan Africa to inform practice in the sub region.

Methods: Ganong (1987) framework of integrated literature review was used to review articles published from January 2004 to May 2015 in Science Direct, EBSCO host, PubMed, Wiley Online Library and Google Scholar. Articles were included if they were published in English, on clinical nursing education practices, on pre-registration nursing education and on Sub-Saharan Africa. Author and setting, journal and year, design, population and sample, data collection and analysis method, focus of clinical nursing education, findings and recommendations were extracted from the included articles using Sparbel and Anderson's (2000) data collection tool.

After scanning the titles of 261 975 articles pulled out by various key search words, 204 abstracts were read and 119 full articles retrieved for evaluation. 42 (16 quantitative, 17 qualitative, 3 mixed methods and 6 programme evaluation reports) peer reviewed articles were finally included in the study through the consensus of three authors. A five staged thematic analysis (data reduction, data display, data comparison, drawing of conclusions and verification) was used to analyse the data in this study.

Results: Majority (85.7 %) of the articles included in this study are from Southern Africa, 11.9% from East Africa and 2.4% from West Africa. *Curationis* recorded the most publications (47.6%) of articles included in this study). Out of the one hundred and sixteen (116) authors that appeared on the articles included in this study, majority (90) came from Sub-Saharan Africa whereas 26 were from institutions outside Sub-Saharan Africa. Out of the 35 multi-authored articles, fourteen (14) were authored from the same institution whereas thirteen (13) articles were published by authors from two different institutions, two (2) articles each were published by authors from three and four different institutions whereas four (4) articles were published by authors from more than four institutions.

The following best clinical nursing education themes were identified and described: *Having a well-developed clinical education programme in place; synergy between Nursing Education Institutions (NEI) and clinical facility; roles of institutions, clinical instructors and students in clinical teaching and learning and Continuous Professional Development of clinical instructors.*

From the findings of the study, best clinical nursing education practices in Sub-Saharan Africa were described in three phases: *before, during and after clinical placement* in addition to the effective *communication, consultation and collaborative practices before, during and after clinical placement.*

Conclusion: As very important as these practices are to clinical nursing education in SSA, the researchers hold the view that they may not be very responsive to the peculiar health needs of Sub-Saharan Africa as they are universal and not unique to Sub-Saharan Africa. This is as a result of the

Eurocentric nature of Clinical nursing education research publications in Sub-Saharan Africa are Eurocentric and are not effectively meeting the peculiar health needs of Sub-Saharan Africa.

We therefore recommend that nursing education institutions within Sub-Saharan Africa appraise and inculcate the findings from this study into their clinical nursing education programmes while evaluating the programmes and products on how responsive they are to the peculiar health needs of the sub-region. Further studies should be conducted on how nursing education curriculum could be designed to meet the peculiar health needs of Sub-Saharan Africa. The eastern and western parts of Sub-Saharan Africa need to conduct and publish more works on clinical nursing education within their sub-regions. < style="text-align: justify;">As very important as these practices are to clinical nursing education in SSA, the researcher holds the view that they may not be very responsive to the peculiar health needs of Sub-Saharan Africa as they are universal and not unique to Sub-Saharan Africa. Clinical nursing education research publications in Sub-Saharan Africa are Eurocentric and are not effectively meeting the peculiar health needs of Sub-Saharan Africa.

We therefore recommend that nursing education institutions within Sub-Saharan Africa appraise and inculcate the findings from this study into their clinical nursing education programmes while evaluating the programmes and products on how responsive they are to the peculiar health needs of the sub-region. Further studies should be conducted on how nursing education curriculum could be designed to meet the peculiar health needs of Sub-Saharan Africa. The eastern and western parts of Sub-Saharan Africa need to conduct and publish more works on clinical nursing education within their sub-regions.

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L 03 - Using Simulation in Nursing Education

Prevalence and Use of Simulation in Undergraduate Nursing Education Institutions in South Africa

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Purpose

The purpose of this presentation is to assess the prevalence, uses and practices of simulation, as a teaching methodology in undergraduate nursing curricula in South Africa.

Target Audience

Clinical nurse educators, clinical facilitators academic nursing educators, undergraduate program administrators

Abstract

Purpose: The purpose of this presentation is to assess the prevalence, uses and practices of simulation as a teaching methodology in undergraduate nursing curricula in South Africa.

Methods: A survey of the prevalence and practices of simulation in South Africa was carried out as part of a situational analysis for the development of a simulation programme. The validated 2010 Simulation in Nursing Education Survey (Hayden, 2010) was used with permission from the original authors.

The researcher received ethics approval from the relevant university's Human Ethics Research Committee to conduct the study, prior to contacting potential participants.

The population selected to participate in this study were educators situated at either a University or Nursing College that offers an undergraduate four-year degree or diploma. The survey consisted of 28 questions, with both mixed Likert scale and open-ended questions being used. A total of 138 surveys were emailed to educators. Data was collected from December 2013 to December 2014, using SurveyMonkey®.

Results: Fifty-one participants responded, reflecting a 36.95% response rate. Completed surveys were returned from 8 of the 9 provinces in South Africa, University = 34; College= 17. Low response rates could be due to the necessity for internet access, adequate computer literacy of respondents. In resource restricted areas in South Africa these issues may have made a significant contribution to coverage bias in this study. Alternative measures were put in place in an attempt to negate these anticipated difficulties. The measures included:

- All selected Nursing Colleges and Universities were sent a letter via email by the researcher informing them of the study, and a copy of the survey.
- The researcher was present at as many nursing functions and conferences as possible, in order to promote the study, and to ask interested nurse educators for their current email addresses as well of those of any potential contacts who might be interested in participating in the study.
- All contacts were sent follow-up emails and a copy of the survey.
- Where possible, emails were sent to both work and home email addresses.

Prevalence measures:

- Non-manikin simulation - role playing was used by 90.91% of respondents followed by 54.55% who use standardised patients in their teaching. Computer-based simulation tools such as CD-ROMs and internet-based virtual programmes were only used by 43.18% and 20.45% of educators respectively.
- High fidelity and medium fidelity simulators are most commonly used in midwifery (36.11% and 50.00% respectively)
- Debriefing is not routinely performed after simulation experiences in South African Nursing Education Institutions. Of the participants who replied to the question, 43.59% debrief students while 56.41% do not accommodate debriefing.

- Simulation is most commonly not graded (61.90%) and when it is graded, 26.32% of educators give an objective graded score and 28.95% give a pass/fail grade.
- 95.23% of respondents stated that they should be using more simulation with only 4.77% stating that they were using just the right amount of simulation in their programme,
- The percentage of simulation hours substituted for clinical hours ranged from 1% to 30% with the average being 15.2%.
- The biggest barrier to not using simulation was a lack of training in both simulation techniques and debriefing (75.00%)

Conclusion: It is not surprising that the midwifery curriculum has the highest use of simulation, as exposure to clinical emergencies may be infrequent. Therefore, simulation-based learning has an essential role to play in the curriculum, to help a nurse gain the necessary confidence and knowledge needed to respond to a given emergency.

But the overall results of this study indicate that South African Nursing education Institutions are not using simulation in undergraduate nursing courses optimally, this may be due to limited access to high-fidelity simulator by educators as they are often expensive to buy and maintain but also, high-fidelity simulation is a relatively new technology in nursing education and nurse educators might not have been sufficiently trained in the methodology to feel comfortable using the technology, thus reinforcing the need to expand context specific, hands-on simulation training programmes to both universities and colleges wanting to use simulation.

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L 03 - Using Simulation in Nursing Education

Simulation, Video Reflection and Standardized Patient Actors to Enhance Communication Skills in Undergraduate Nursing Students

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Purpose

To share the results of a research study completed with undergraduate nursing students participating in simulations with standardized patient actors. Different methods of debriefing and reflection practices were implemented to determine if the simulations had an impact on their communication skills overtime and whether reflection practices affected those scores.

Target Audience

The target audience of this presentation are nursing educators, researchers interested in simulation best practices for education.

Abstract

Purpose: The goal of this presentation is to share the development process and results of a research study completed with undergraduate nursing students participating in simulations with standardized patient actors. In this research study, different methods of debriefing and reflection practices were implemented to determine if the simulations had an impact on their communication skills overtime and whether reflection practices affected those scores.

Methods: The purpose of the research study is to conduct a randomized controlled trial of undergraduate students completing a series of four maternal child simulations. The students were randomized into the control group, where the students do not view a video recording of their simulations; and the intervention group where students view a video recording of their simulations. Both groups of students will use a validated tool, Macy's Communication Scale, to rate their communication skills after each simulation. The standardized patients will also rate the students on the same Communication Scale. Data analysis includes changes in students' performance over the four simulations; correlation between students' ratings and standardized patient ratings on the Macy's Communication Scale. Comparisons on both of these measures will be compared between the intervention and control groups to identify the impact of viewing video recordings of simulations on changes in communication skills.

Results: Full collection of the data will be complete in May 2016 and the results will be available for this presentation. We have heard very promising feedback regarding students' perceptions of their simulation experiences. They have felt that this has been a very valuable experience to receive individual feedback on their communication styles.

Conclusion: At the core of all professional nurse's practice is the ability to communicate effectively with the patient and family. These communication skills must be based on the patient centered mental model which puts the patient and family at the center of collaborative decision making (Cronenwett et al, 2007). Communicating therapeutically is a skill that takes practice, reflection and feedback to develop (Webster, 2013). Simulation is an educational technique that has been used to provide effective, consistent, replicable, and purposeful training for undergraduate nursing students (Hayden et al., 2014). Reflective practice assists the student in knowledge attainment and the development of clinical reasoning skills (Tanner, 2006) and critical thinking (Naber & Wyatt, 2014). Reviewing video recording of simulations followed by reflection exercise has demonstrated mixed effectiveness in improved outcomes (Sawyer et al., 2012), but may have a role in knowledge retention and an accelerated rate of skill implementation (Chronister & Brown, 2012). This research will help contribute to the body of knowledge on how to conduct simulation-based education and enhance communication skills for undergraduate students. Enhanced communication skills may increase professional role transition in practice as well as enhanced patient-centered care.

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L 03 - Using Simulation in Nursing Education

Discrete Self-Rated and Actual Competence of Safe Medication Administration Among Senior Baccalaureate Nursing Students

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Purpose

The purpose of this presentation is to address inconsistent scores between self-rated and actual competence of safe medication administration among senior nursing students. A simulation scenario might be the method used to assess medication administration process and to identify weak areas for education.

Target Audience

The target audience of this presentation is nursing educators.

Abstract

Purpose: To assess senior baccalaureate nursing students' self-rated competence of safe medication administration and their actual competence to do so by using simulation scenario.

Methods: This is a cross-sectional, descriptive study.

A self-rated questionnaire of safe medication administration was developed. Participants were asked to rate levels of their knowledge, confidence, competence, and experience in safe medication administration by 5-point Likert scale (0 is none, and 5 is always) before the simulation scenario. The higher points the participants give, the higher levels of confidence the participants think that they have.

A simulation scenario was developed to assess participants' competence in applying the six rights (right patient, right medication, right dose, right time, right route, and right reason) at the medication administration phase. Participants were expected to identify nine errors, including: 1). Use two-identifiers to identify patients (right patient); 2). Identify patient's name is different from the prescription (right patient); 3). Identify patients' medication allergy (right medication); 4). Identify medications are different from the prescription (right medication); 5). Identify the patient receiving wrong intravenous solution (right medication); 6). Identify inappropriate medication dose (right dose); 7). Identify ordered medication is not compatible with the intravenous solution (right medication); 8). Find medication dose are different from the prescription (right dose); and 9). Find no reason for the medication use (right reason). One point was given to each error identified. Descriptive statistics, and Pearson correlational statistics were used.

Participants and setting: 27 senior nursing students at their last semester before graduation were enrolled. Those students were from a simulation-based course in a university in northern Taiwan. The students have completed their required clinical practicums, including medical-surgical nursing, maternity and women health, pediatric nursing, critical care, psychiatric nursing, and community health. Their competence of medication safety was surveyed and evaluated at the time they entered this course.

Results: The average age of the participants was 23.11 (SD=0.577). Seven students (25.9%) are male. Their average self-rated scores in safe medication administration were: 4.67 (SD=0.480) in knowledge, 4.48 (SD=0.509) in confidence, 4.56 (SD=0.506) in competence, and 4.67 (SD=0.480) in experience.

The average actual safe medication administration score was 2.11 (SD=1.188, total score=9). Twenty-two (81.5%) participants used two-identifiers to identify patients before medication administration; 7 (25.9%) participants identified patient's name is different from the prescription; no participant identified patients' medication allergy; 6 (22.2%) participants identified medications were different from the prescription; 3 (11.1%) participants identified the patient receiving wrong intravenous solution; 1 (3.7%) identified inappropriate medication dose; 5 (18.5%) participants identified ordered medication is not compatible with the intravenous solution; 11 (40.7%) participants identified medication dose are different from the prescription; and 1 (3.7%) participants identified no reason for the medication use. There was no

statistically significant correlation between self-rated and actual competence score ($r=0.132$, $p=0.512$). The scores of self-rated and actual competence were inconsistent.

Conclusion: Despite students' high self-rated knowledge, confidence, competence, and experience score, their actual performance score was low. Discrete safe medication administration competence is challenging for nursing educators to rate the students' performance without the use of direct assessments. Simulation scenario could be used to measure one's own performance and to give information regarding areas needed for additional training for clinical practice.

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L 04 - Development and Revisions of Nursing Curriculum

How Challenged and Overwhelmed Faculty Become Supported and Empowered in Curriculum Development, Evaluation and Revision

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Purpose

to share perceptions of nurse faculty via a descriptive theory detailing how nurse faculty become challenged and overwhelmed, and the model of understanding Supported and Empowered that supports faculty's growth and competence in curriculum development, evaluation and revision. An additional purpose is to share strategies faculty revealed.

Target Audience

Nurse faculty, educators, nurse leaders, and administrators

Abstract

Purpose: To discover the perceptions of faculty related to their preparedness and confidence in developing, evaluating, and revising nursing curriculum and to use faculty's constructions to develop a theory (challenged and overwhelmed) and model of understanding (Supported and Empowered) to support faculty's growth and competence in curriculum development, evaluation and revision

Methods: Constructivist Grounded Theory explored and compared the perceptions and processes of nursing faculty regarding their preparedness and confidence in developing, evaluating, and revising curriculum and the processes used for preparation. The Excellence in Nursing Education Model (NLN, 2006) assisted in providing a framework to characterize well-prepared faculty that included competence in curriculum design, implementation and evaluation. Using the model did not disrupt theoretical sensitivity, as it was used to clarify the constituents of the excellent educator, and the need for expertise in curriculum evaluation, revision and development; hence, the NLN Excellence in Nursing Education Model did not cloud the emerging concepts, and their relationships, but instead facilitated emergence by clarifying what characteristics of excellence were lacking.

Results: Experiences with curriculum and outcome development were categorized, compared, and interpreted. Data analysis was done using the technique developed by Charmaz (2014) using phase one, and phase two coding, focused coding, and theoretical coding. Initially, repeated review of the recorded semi-structured interviews was needed. Participants were provided their transcribed data to verify accurate transcription occurred. A word frequency analysis provided a broad picture of the data. Then in focused coding the researcher chooses the most significant codes to characterize the participant's voice. Theoretical coding was then needed to conceptualize how codes related to one another, and to tell a coherent analytic story by theorizing relationships between codes, postulating connections between categories formed from the focused coding as a hypothesis to be integrated into theory.

Original constructivist grounded theory research conducted on 15 faculty members in Vermont from four colleges resulted in seven themes. The first theme was low confidence. The second was poor support and communication. The third theme was knowledge related to curriculum alignment and outcomes, or the "big picture." The fourth theme was the need for mentorship. The fifth theme was faculty development and education. The sixth was overloaded and inadequate time. The last was suggested strategies shared by educators for other educators and administrators.

These themes were used to develop a middle range descriptive theory *Challenged and Overwhelmed: A Theory of Understanding How Faculty Challenges Lead to Becoming Overwhelmed with Curriculum Development, Evaluation and Revision*. The concepts: lack of confidence, overload and inadequate time, lack of knowledge and development, poor support and communication, and the need for mentorship experienced by the educator who becomes challenged and overwhelmed are examined and understanding is clarified regarding what educators are facing in academia and the resulting sense of an onslaught of challenges that can become overwhelming.

It is apparent that each of these five areas where critical needs are lacking, separately are difficult and can cause distress, but the combination of all five factors leads to an educator becoming more likely to be overwhelmed by the multitude of challenges. Together the understanding gained from faculty descriptors and the recommended strategies of faculty were used to develop a model of understanding: *Supported and Empowered: A Model of Understanding to Support Faculty's Growth and Competence in Curriculum Development, Evaluation and Revision*. The model depicts how the five strategy areas: education, mentoring, practice, time, and collaboration and feedback act to fortify the challenges affecting the educator. The experienced educators shared strategies that enabled them to learn their role, and provided tips for other educators and nurse leaders. Overload and inadequate time, low confidence, the need for mentoring, and lack of knowledge related to curriculum, and poor support and communication can become collaborative support and communication, knowledge related to curriculum, paired mentoring, designated time, and increasing confidence when recommended strategies are applied.

United States national nursing accreditation organizations mandate that nurse faculty must, in addition to teaching and scholarship duties, contribute to, develop, and evaluate nursing curriculum (ACEN, 2015; CCNE 2013); however, faculty may be unprepared to develop or evaluate curriculum, as this is not a part of usual nurse clinical practice (Anderson, 2009). Many faculties are recruited from higher paying hospital roles, where they may have excellent clinical skills, but little or no experience developing nurse curriculum or new courses. Education regarding curriculum received by nurse faculty is inconsistent. Guttman, Parietti, Reineke, and Mahoney (2011) recognized the need to enhance traditional Masters curriculum that lacked preparation in curriculum development, evaluation and learning outcomes measurement, with enhanced coursework that included these features to better prepare faculty for education roles. The DNP focuses on clinical practice, rather than curriculum development (UNMC, 2013).

Faculty are often hired for clinical expertise, rather than their educational preparation (Anderson, 2009; Hewitt, & Lewallen, 2010). Gilbert and Womack (2012) confirm that most faculty entering academia were clinical practice experts, but only novices at education. It is difficult to learn the role of curriculum evaluator without guidance, and new instructors often must learn the new skill in addition to new teaching roles, scholarship and other college service obligations. This can lead to stress (Weidman, 2013). Faculty may be unprepared to evaluate, develop or revise curriculum, as this is not usual nurse clinical practice, and educational preparation is inconsistent.

Conclusion: The findings of the study have important implications for nurse education, administrators, and educators. It is concerning that experienced faculty are struggling and lack confidence in an area that is critically important for being an excellent educator and academic leader. The majority of educators were unaware that developing, evaluating, or revising curriculum would be part of their role when hired. Nearly seventy-five percent of faculty did not believe they saw the big picture or understood how their course fit with the curriculum when they first developed courses, and most felt inadequately prepared. Strategies to support educators in curriculum development, evaluation, and revision, a theory, and a model of understanding to support faculty's growth and competence in curriculum development, evaluation and revision will help fashion excellent academic educators and academic leaders.

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L 04 - Development and Revisions of Nursing Curriculum

Learning for Practice: A Key to Quality BSN Curriculum Benchmarks

Evelyn Baxter Chilemba, PhD, RN/RM, Malawi

Purpose

The purpose of this presentation is to discuss the need to teach for quality to promote learning for practice settings

Target Audience

The target audience for this presentation are nurse educators and clinical nurse practitioners, nurse consultants and policy makers

Abstract

Purpose: The study sought to determine the quality of the KCN BSN curriculum through the analysis of the curriculum benchmarks.

The stakeholder observations of and concerns about the Kamuzu College of Nursing (KCN) graduate nurses' low levels of clinical performance in practice settings reflects on the quality of curriculum benchmarks. Thus, may be the BSN curriculum benchmarks fail to inform frameworks for the teaching and learning for practice among the student nurses. Learning for practice is a process that results from deep learning when concrete learning experiences lead to new learning experiences in clinical areas. Deep learning relates to student-centeredness in curriculum benchmarks in an effort to promote focus on learner interest, learning responsibility, the use of diverse teaching strategies and learning styles, self-directedness and self-assessment

Methods: A curriculum evaluation survey in a two-phased, cross sectional, sequential explanatory mixed research design was used to evaluate the BSN curriculum benchmarks through a curriculum rubric. A total of 21 subjects' syllabi that had nursing content were purposively selected from 35 subject syllabi of the BSN curriculum. Quality components were evaluated on a rating scale 1 to 3. The curriculum rubric comprised a high content validity index as the mean I-CVI was 0.78 and the S-CVIWAS 0.96. Eight (n=8) nursing experts out of the ten who were invited to participate completed the evaluation rubrics. All the responses were quantified on Excel, and then entered into SPSS version 16.0 where descriptive statistics were run for frequencies, mean and standard deviation.

Results: The curriculum evaluation portrays that quality standards of the processes and tools on the KCN BSN curriculum are partially met in the teaching and learning processes. Major benchmarks are not fully met to influence quality learning 62.5% of the participants indicated the curriculum partially provided for students' self-assessments and 25% were of the opinion that the curriculum does not provide for self-assessment. Despite having outcomes linked to assessment strategies and the curriculum taking into account the regulatory hallmarks the partial standards imparts on deep learning in the BSN programme to influence learning for practice.

Conclusion: The partial standards on curriculum benchmarks are factors that may impact on learning for practice as expected professional outcomes. There is need to change the way teaching tasks are deployed at KCN. The BSN curriculum's benchmarks should specifically focus on student-centeredness and guided by an integrative teaching function to yield effective learning results. Furthermore, there is need to review the BSN curriculum benchmarks to facilitate the integration of Socratic and facilitative teaching strategies and approaches to promote deep learning for practice.

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L 04 - Development and Revisions of Nursing Curriculum

The Preferable Future for Nursing Curriculum

Denise Korniewicz, PhD, RN, FAAN, USA

Purpose

The purpose of this presentation is to help transition nurse educators into redefining nursing curricula to meet the competencies of the future global nurse workforce.

Target Audience

The target audience of this presentation is nurse educators, chief nursing officers, clinical nurses and public health policy professionals.

Abstract

Purpose: Nursing education continues to be reinventing the same traditional nursing curriculum of the past. Although today we call it “concept based nursing curriculum” the content continues to be the same. The focus of this presentation is to help transition nurse educators into redefining nursing curricula to meet the competencies of the future nurse workforce. What we have done in the past will not meet the workforce needs of the future since the skills of the future are not skills that are being taught in today’s nursing programs.

Methods: A comprehensive review of literature was conducted to determine the content, courses and teaching strategies that were used to develop nursing curricula during the past 50 years. A simple checklist was created to review the research and descriptive manuscripts that were published to determine nursing curricula content trends. The checklist included terms used for courses, content, data provided as well as any analysis or results.

Results: Over 100 manuscripts associated were reviewed with less than 20% providing data or analysis. Thus, research projects associated with nursing curricula and change in the content or courses remains scant. However, several general themes related to nursing education were evident and provided a framework for nurse educators to consider for changing nursing curricula to meet the needs of the future healthcare delivery systems.

Conclusion: Nurse Educators need to embrace change and develop nursing curricula that is progressive and meets the needs of the ever changing health workforce. Specific examples include: co-creating inter-professional clinical teaching learning models, enhancing clinical simulation as a substitute for clinical practice, developing consumer based clinical application patient education models, and enhancing active learning strategies that engage students and faculty as team members.

Nurse Educators need to embrace change and develop nursing curricula that is progressive and meets the needs of the ever changing health workforce. Specific examples include: co-creating inter-professional clinical teaching learning models, enhancing clinical simulation as a substitute for clinical practice, developing consumer based clinical application patient education models, and enhancing active learning strategies that engage students and faculty as team members.

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L 05 - Job Outcomes and Dissatisfaction in Nursing

Impact of Nursing Practice Environment on Job Outcomes and Safety Climate: Testing a Model

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Daniela Fernanda dos Santos Alves, PhD, MSc, RN, Brazil

Edinêis de Brito Guirardello, PhD, RN, Brazil

Purpose

The purpose of this presentation is to describe the results of a survey on nurses' work environment and discuss strategies in order to improve job outcomes and safety climate in healthcare organizations.

Target Audience

The target audience of this presentation are nurses' managers, researchers, postgraduate and graduate students.

Abstract

Purpose: To test the theoretical model of the effect of nursing practice environment on safety climate, job satisfaction, intention to remain at job and in the nursing profession, and burnout.

Methods: Cross-sectional study of explanatory scope, with a probabilistic sample of 465 nurses from the state of São Paulo, Brazil. The inclusion criteria were nurses who exercised direct assistance activities for patients and with experience of six or more months in the institution. The instruments used for the study were the subscales job satisfaction and safety climate of the Brazilian version of the Safety Attitudes Questionnaire - Short Form 2006, the Brazilian version of the Nursing Work Index Revised and the Maslach Burnout Inventory. Data collection was carried out electronically via the SurveyMonkey® software. For the multivariate analysis, we used Structural Equation Modeling, by applying the Partial Least Squares Path Modeling (PLS-PM) approach, using the SmartPLS® software version 3.0.

Results: Initially, we performed the measurement model, considering the measures related to convergent and discriminant validity. Five items were excluded five items from the proposed model, which showed adequate levels of composite reliability ($\rho = 0.81$ to 0.93) for all latent variables in the model. Subsequently, in the structural model, the path coefficients between included variables of nursing practice environment and outcome variables were significant ($p < 0.001$). The included constructs contributed to the model adjustment ($Q^2 > 0$), with size of effect moderate to high ($f^2 = 0.207$ a 0.596). The adjusted model explained 35.7% of burnout, 42.3% of the safety climate, 42.6% of job satisfaction, 22.3% of the intention to remain in job and 16.7% of the intention to stay in the profession.

Conclusion: The improved model required minor adjustments and makes it possible to conclude that the nursing practice environment influences job satisfaction, intention to remain in employment and in nursing, the safety climate, and burnout.

Implications for practice: The evaluation of the characteristics of nursing practice environment and the safety climate from the perspective of nurses can provide essential information for planning strategic actions in health care services, and the development of public policies for managing human resources in the health care field.

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L 05 - Job Outcomes and Dissatisfaction in Nursing

Nurse Practice Environment and Burnout as Predictors of Safety Climate, Teamwork Climate and Job Satisfaction

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Gisele Hespanhol Dorigan, MSc, RN, Brazil

Purpose

The purpose of this session is to present the results of a study that analyses the effects of nursing practice environment and burnout in the safety climate, teamwork climate and job satisfaction.

Target Audience

The target audiences of this presentation are nurse manager, researchers, and graduate students.

Abstract

Purpose: Analyze the effects of nursing work environment and burnout in the safety climate, teamwork climate and job satisfaction from the perspective of the nursing professionals.

Methods: A cross sectional study with a convenience sample of 580 professional nurses from three teaching hospital in São Paulo State, Brazil. It was proposed a theoretical model with the dimensions of the nurse practice environment, burnout and outcome variables (safety climate, teamwork climate and job satisfaction). The measures used were Nursing Work Index-Revised, Maslach Burnout Inventory, and the Safety Attitude Questionnaire-Short Form 2006 (subscales: safety climate, teamwork climate and job satisfaction). For data analysis, the Structural Equation Modelling through the Partial Least Squares (PLS-PM) approach was used.

Results: At first it was considered the measures related to the convergent and discriminant validities, and to ensure the model fit fourteen variables were excluded. In the evaluation of the structural model it was found that all constructs contributed to the accuracy of the model ($Q^2 > 0$). The outcome variables in the model showed Pearson` coefficient values (R^2) ranging from medium to large effect. The adjusted model explained 28% of safety climate, 33% of teamwork climate and 23% of job satisfaction variables. Another indicator that demonstrates the quality of the adjusted model is the observed effect size for the variables that constitute the theoretical model, in which the values of the size effect varied from moderate to large effect ($f^2 = 0.19$ to 0.51). All the relations among the variables in the model were significant ($p < 0.0001$). The path coefficients indicate that increasing the nursing work environment by one, the job satisfaction increases by 0.21, the safety climate increases by 0.52 and the teamwork climate increases by 0.48. In the other hand, if the burnout decrease by one, the teamwork climate increases by 15% and the job satisfaction increases by 33%. The path coefficient between burnout and safety climate was not significant.

Conclusion: The perception of nurse professionals in relation to nursing practice work environment and burnout were predictors of safety climate, teamwork climate and job satisfaction. The final model was fitted to explain the effect of the nurse work environment and burnout in the outcome variables.

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L 05 - Job Outcomes and Dissatisfaction in Nursing

The Impact of Nursing Practice Environment on Job Dissatisfaction, Burnout, and Intention to Leave

Apiradee Nantsupawat, PhD, RN, Thailand

Purpose

The purpose of this presentation is to describe how the nursing practice environment affects job dissatisfaction, burnout, and intention to leave

Target Audience

The target audience of the presentation is nurses.

Abstract

Background: The shortage of nurses is a significant problem for healthcare systems. Nursing shortages have led to concerns following warnings and evidence of shortcomings in patient safety, quality of care, and welfare of nurses. Improving nursing practice environments has been suggested to reduce nurse turnover and improve nurse retention. To enhance strategies for solving the issues related to nursing shortages it is essential to better understand the effects of the nursing practice environment and how they relate to nurses' job satisfaction, intent to quit their current job, and nurses' burnout that contributes to turnover.

Purpose: To describe how the nursing practice environment affects job dissatisfaction, burnout, and intention to leave

Methods: A cross-sectional survey was used with linked nurse data. The 1,351 registered nurses working in 45 inpatient units in five university hospitals across Thailand completed questionnaires: The Practice Environment Scale of the Nursing Work Index, job dissatisfaction, intention to leave, and Maslach Burnout Inventory. Logistic regression models were used to determine whether the nursing practice environment was predictive of nurses' reported job outcomes, with controls for nurse and organizational characteristics.

Results: Around 17%, 10%, and 51% of nurses reporting job dissatisfaction, intention to leave, and high emotional exhaustion, respectively. The PES-NWI subscale with the highest mean scores was Nurse Foundations for Quality of Care. The PES-NWI subscale with the lowest mean scores was the Staffing Resources and Adequacy. Our model presented that nurses working in hospital with a better work environment was associated with significantly lower odds of job dissatisfaction, intention to leave, and high emotional exhaustion, controlling for individual and unit characteristics.

Conclusion: The nursing practice environment is a significant feature contributing to nurse retention for Thai university hospitals. Improving nursing practice environment with a causing decrease in job dissatisfaction, intention to leave, and burnout might be a financial strategy to retain nurses in health care system. Addressing this challenge would require coordinated action from policymakers and health managers.

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L 06 - Implementing Procedures and Changing Outcomes

Nursing Care in Peripheral Intravenous Catheter: Impact on Microbiological Profile

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Nádia Osório, PhD, MSN, RN, Portugal

Purpose

The purpose of this presentation is to characterize the strategies adopted in nursing care in handling (insertion, maintenance and removal) of peripheral intravenous catheters, and to understand what is the care impact on the microbiological profile at the skin and at the peripheral intravenous catheters.

Target Audience

The target audience of this presentation are Nurses and General Nurses from the clinical practice, nursing students and nursing professors.

Abstract

Purpose: The peripheral intravenous cannulation is the most common form of administration of intravenous therapy used in hospitals, being nurses the professional responsible for this procedure. Thus, we intend to characterize the nursing care in the handling (insertion, maintenance and removal) of peripheral venous catheters (PIC) and to understand which was the nursing care impact in the microbiological profile in the PIC and in the skin of the patients.

Methods: This is a descriptive - correlational, cross-sectional research of a quantitative study. Data collection was made between September 17 to December 21, 2012, in surgical units of a central hospital in central of Portugal, with a total of 1080 grids filled with 411 users, and the collection of 335 catheters and 335 swabs from insertion site. Data were analyzed with SPSS Statistics.

Results: The microbiological results from 335 samples were analyzed, 62,7% had at least one colony forming unit. Of the 86 positive cannulas 100 microorganisms were isolated: 89 identified a total of 15 different species (the most common being *Staphylococcus epidermidis*, *Staphylococcus haemolyticus*, *Staphylococcus aureus*), 9 were not relevant for the study and second identification was not obtained. It was found however that the nursing care provided to the patient with peripheral venous catheters, only the amount of time in situ influences colonization with risk of infection.

Conclusion: The results are significant for the institution, for the units concerned and to nursing care knowledge. It shows that in addition to the nursing care other variables may influence the occurrence of colonization with risk of infection. Although there is no standardization in practice among nurses and the results related to the time in situ of the catheters, can justify a greater investment in continuing training for health professionals to thus be able to act, prevention of complications, the reduction of costs associated with care, treatment of complications and well -being of the wearer, the decreased risk. The lack of uniformity in the practices among nurses and the results for the time in situ of the cannula justify greater investment in ongoing training for health professionals to be able to act in the prevention and treatment of complications, reducing the costs associated with the care and the welfare of the patient by reducing the risk. This study shows the need to replicate the study in other medical fields, to tailor care to the characteristics of its population.

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L 06 - Implementing Procedures and Changing Outcomes

Indwelling Catheter Care: Areas for Improvement

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Purpose

The purpose of this presentation is to present an in-depth analysis of perioperative staff nurses' attitude and indwelling catheter care experience in a tertiary public hospital in New Zealand and identify areas of practice that can be further improved in the light of existing evidence

Target Audience

The target audience of this presentation are staff nurses, nurse educators, nurse managers, quality improvement advisers and infection control practitioners who are keen to gain insight into perioperative staff nurses' attitude and indwelling catheter care experience

Abstract

Objectives:

1. To describe perioperative nurses' current attitude and indwelling catheter management practices
2. To analyse and identify areas of indwelling catheter care practice that require improvement in the light of existing evidence-based guidelines

Research Question: What areas of indwelling catheter care experience of perioperative nurses in a tertiary public hospital require improvement in the light of existing evidence-based guidelines?

Design: A qualitative research design using focus group discussions was utilised to answer the research question. The focus group discussions explored the perioperative staff nurses' attitude and indwelling catheter care experience and facilitated the identification of areas of practice that can be further improved in the light of existing evidence.

Setting: Two perioperative wards of a public tertiary hospital located in Auckland, New Zealand

Participants: A convenience sample of staff nurses (n=13) from two perioperative wards were invited to participate in the focus group discussions. Study participation was voluntary, with utmost respect for human dignity and autonomy.

Methods: A qualitative approach utilising focused group discussions was done to gain insight into the nurses' attitude and indwelling catheter care experience. Thirteen (n = 13) nurses participated in the focus groups. Two focus groups were formed to facilitate the management of interviews. Seven nurses participated in the first focus group, whereas six participated in the second. The focus group discussions were organised on different dates to accommodate as many participants as possible without compromising patient care or safety. An interview prompt sheet was utilised as a guide in the focus group discussions which took approximately 45 minutes to complete. The proceedings were audio-recorded, transcribed and made accessible only to the researcher with due respect to confidentiality of information.

Results: The results of the two focus groups discussions were combined and four key themes were established, namely: preparation for catheter management, Nursing skills and knowledge, current clinical practice and catheter management resources.

The focus groups revealed that the nurses did not always feel confident towards indwelling catheter management due to their lack of preparation or catheter care training. There was evidence of diversity in training and feelings of not being prepared properly during their undergraduate training due to the teaching method utilised, the time allotted for the training, the focus of the training itself and the lack of opportunity to practice catheter management skills to prevent CAUTI. These relate to feelings of insufficiency with regard to catheter care knowledge and lack of confidence with regard to catheter management skills. Diversity and deficiency in undergraduate education can be one of the reasons why nurses' practices vary thereby affecting the quality of patient care. Despite these challenges, nurses cope with the task by being resourceful and by asking colleagues for support. There are also recommendations

to standardise in-service training programmes and organisational policies and procedures; and, to revisit undergraduate nursing programmes to emphasise infection prevention and control.

The findings also suggest that nurses perceive catheter management as task-oriented, with the decision to insert, re-insert and remove a catheter being heavily reliant on doctors. There is, however, a growing recognition among nurses that they also make important patient care decisions. The existence of organisational protocols such as those related to catheter removal empowers nurses to make important nursing decisions. Revisiting organisational protocols also help nurses feel more confident in performing procedures. Nurses want to advocate for their patients' safety, thus increased confidence and empowerment facilitates nurses' assertion of evidence-based practices to minimise risks and improve their patient's condition. Finally, nurses also expressed awareness of the importance of catheter care documentation. However, there is an apparent discrepancy in what the nurses expressed as recognition of the importance of documentation and actual documentation of patient care as evidenced by variability in actual documentation and failure to relate assessment findings with the patient's health status. Standardised documentation of patient assessment and catheter status is recommended to improve the quality of documentation in relation to nursing assessment.

Current clinical practice is characterised by collaborative care. While nurses were perceived to be mainly responsible for catheter insertion, maintenance and removal, doctors also need support in terms of recognising the unnecessary presence of a patient's catheter. Nurses expressed that cognitively able patients play a role in catheter care. This makes patient care in the current research setting unique because of nurses' perception of patient involvement. Nurses perceive that they are responsible for educating and empowering patients to actively participate in their care. Catheter care also involves advocating for the patient's interests. Nurses feel vulnerable and fear going against their patient's preference when faced with circumstances that require ethical decision-making. Nurses are aware that in patient centred care, the patient's moral, cultural and religious values need to be considered. Thus, nurses overcome this feeling of concern by maintaining an open communication with the patient. Nurses also identified their gender as a barrier to catheter care due to unwritten, agreed rules of behaviour that guide clinical practice. To remove this barrier without compromising patient preference, a standardised organisational policy on catheterisation has been recommended. Nurses also reported clinical practises that puts patient's safety at risk and indicated poor knowledge and hence clinical practice. A multi-pronged approach in educating and addressing practice discrepancies has been recommended to improve nurses' knowledge and practise. Overall, clinical practice related to catheter care requires nursing skills, decision-making, critical thinking and a complete grasp of ethical principles.

Finally, with regard to catheter management resources, nurses are aware that organisational policies on catheter management are available intranet, although some have concerns with locating it. Ease of access to policies and consistency with day to day workflow can potentially enhance nursing care. Support from colleagues also proves to be valuable when nurses cannot access policies. The nurses also reported that the existence of policies on catheter removal helped standardise the process itself and guided nurses in their decisions. For those who found the organisational policy not suitable for various types of patients, their expertise in the use of the nursing process and collaborative care helped them arrive at important decisions and interventions. Decision-support tools were recommended to be utilised as these facilitate decisions regarding deviations from specific organisational guidelines. While organisational policies facilitate decisions and nursing care, these do not replace nurses' knowledge and skills in providing quality patient care.

Conclusion: There are various areas in catheter care that can be improved further. These include: diversity in catheter care practise of which some may be of concern to patient safety; variability in actual documentation of care and failure to relate assessment findings with the patient's health status; heavy reliance on doctors for the decision to insert, re-insert and remove a catheter; gender as a barrier to catheter care due to unwritten, agreed rules of behaviour that guide clinical practice; and difficulty in accessing organisational policies. Nurses have identified recommendations to address these concerns. These include: standardisation of in-service training programmes and organisational policies and procedures without compromising patient preference; standardisation of documentation of patient assessment and catheter status; empowerment of nurses through evidence-based protocols; multi-pronged approach in the delivery of in-service education; creation of policies that are consistent with day

to day workflow and are easy to access; and utilisation of decision-support tools that address deviations from specific organisational guidelines.

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L 07 - How Students Learn By Studying Other Cultures

The Lived Experience of Orthodox Jewish Nursing Students: A Descriptive Phenomenological Study

Toby Bressler, PhD, MPA, BSN, RN, OCN, USA

Purpose

To understand the lived experience of observant Jewish nursing students. Lessons learned may be translatable to other racial, ethnic and religious minority groups. The aim of this presentation is to educate colleagues about a student population. Experiences of one ethnic minority group may apply to other minority groups.

Target Audience

The target audience would be educators, students, school administrators and the global nursing community who could learn and benefit from the cultural awareness and approach in the retention, graduation and success of ethnically diverse nursing students within academia and the clinical setting.

Abstract

Purpose: As borders become more fluid, demographic shifts create a social imperative that requires nurses from diverse cultural groups to provide quality health care. With expanding cultural diversity in the United States (U.S. Census Bureau, 2009), the Institute of Medicine (2009) recommends that the nursing workforce increase its diversity to better meet the current and future health needs of the public while providing culturally relevant care. Despite attempts in recent decades to improve to the demographic composition of the nursing workforce in the United States, the nursing workforce has remained predominantly homogeneous. It is essential to increase the diversity of the nursing profession to match the patients who are being cared for in our healthcare system (IOM, 2015; Sullivan Commission, 2007). Understanding the experience of observant Jewish nursing students (OJNS) is important due to increasing nursing workforce diversity, and to validate cultural awareness and sensitivity of transcultural nursing. The purpose of this research study was to understand the experience of OJNS. A phenomenology approach guided by Husserl's philosophical perspective was used to capture the essences of the participant's experiences. Findings from this study research may also be translatable to other racial, ethnic and religious minority groups and might inform curricula design and interventions pertinent to developing greater awareness, sensitivity, and understanding of religious and culturally diverse nursing students in order to maximize the recruitment and retention of diverse ethnic minorities in nursing education. Experiences of one ethnic minority group may apply to other minority groups within the nursing student population.

Methods: Husserl's theoretical framework provided the foundation for this study. Data was analyzed using methods of Husserl and Fu. NVIVO was used to organize, manage and augment data analysis.

A convenient purposive sampling of junior and senior baccalaureate students in the Northeastern region of the United States, consisted of eight female nursing students who had all self-identified as observant Jews. The criteria of being an observant Jew was observance of the Sabbath and holidays, adherence to the dietary laws of kashrut (kosher) and observance of the principles of modesty (skirts that cover the knees and shirts or loose fitting blouses that cover the elbows and the neck). Participants were 20 to 39 years of age.

Results: Seven themes synthesized from the data were: 1) Nursing and *Mitzvot* (commandment or charitable act) the ultimate *chesed* (acts of loving kindness) 2) External differences reflecting inner values 3) Concealing or revealing; obligations responding to cultural curiosity 4) Cultural immersion and the awareness of the other 5) Blurred lines; accepted social norms and expected social graces 6) Supportive nurturance and the teachers role 7) Wanting to make a good impression *Kiddush Hashem* (sanctifying G-d's name)

Conclusion: Findings from this study illuminated the interaction between students' motivation to become a nurse, their academic experience and faith-based and cultural values. Modest dress as an external

difference that reflected inner differences and values, appreciation of inner strength and their devotion to personal/academic growth emerged.

Understanding the experience of these students is important due to increasing nursing workforce diversity, validating cultural awareness and sensitivity and transcultural nursing. These findings may be used to influence educational program development for Orthodox Jewish nursing students and other religious minority groups. Findings from this study might inform curricula design and interventions pertinent to developing greater awareness, sensitivity, and understanding of religious and culturally diverse nursing students in order to maximize the recruitment and retention of diverse ethnic minorities in nursing education.

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L 07 - How Students Learn By Studying Other Cultures

Exploratory Study on Teaching Strategies for Internationally Educated Nurse (IEN) Learners in Canada

Patricia Bradley, PhD, MEd, RN, Canada

Purpose

The purpose of this presentation is to share preliminary results of "IEN success" project on perception and teaching practices for diverse learners, using Gay's model of culturally responsive teaching. Results provide better understanding about preparedness of teachers and propose intervention to improve teaching and measure effectiveness of the model.

Target Audience

The target audience of this presentation is educators, healthcare practitioners, researchers and policy makers.

Abstract

Purpose: To share preliminary results of the Internationally Educated Nurses (IEN) project (funded by Ontario Ministry of Citizenship and Immigration, and International Trade, 2014-2017) on teacher and student perceptions and teaching practices with diverse learners.

Diversity is the nature of being human. Students are similar and different from one another in a variety of ways. Teachers must be prepared to teach a diverse group of students. Teaching diverse learners is a co-learning process (Robson 2007) where teachers must take into account different experiences and academic needs of a wide range of students in their teaching plan.

Literature on teaching diverse learners indicates that when teachers use knowledge about the social, cultural, and language student backgrounds then academic learner achievement can increase (Banks et al 2005, Alder 2000, Ginsberg et al 2000, Gay 2010, and Gay 2013). Gay's model of culturally responsive teaching focuses on culture as an essence of education, reflecting on curriculum, instruction, administration, and strategies of teaching and learning (Gay 2010, 2013). Culture defines how we think, behave, teach, and learn. It is therefore important for teachers to know their student experiences and backgrounds to make learning encounters more relevant and effective to them. At the same time, teachers need to become more conscious of themselves as a cultural beings and cultural actors in the process of teaching, and interacting with students (Gay 2010, 2013). This paper explores Gay's model and the study's results of faculty and diverse student perceptions of teaching and learning practices.

Methods: This paper utilizes both quantitative and qualitative methods to explore different aspects of teaching experience and learning needs. Quantitative data include questionnaires for faculty and students. Qualitative data include vignettes- short videos to illustrate acceptable/best practices of a registered nurse in some selected sensitive situations.

Results: The preliminary results are based on a current sample of IEN students from 5 universities and colleges of Ontario, Canada. Even though data collection is not completed yet, the initial results have provided better understanding about the level of preparedness of the nursing faculty to teach diverse learners. In response some immediate interventions to improve teaching and measuring effectiveness of the culturally-responsive teaching model has been implemented and being measured.

Conclusion: Continuous faculty professional development is needed to update teachers/educators with research findings, evidence-based practice, healthcare environment, and characteristics of learners for learner focused teaching and learning.

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L 07 - How Students Learn By Studying Other Cultures

Mwende Kabotu: Going With Cultural Humility for International Nursing Student Experiences

Wanda Thuma-McDermond, PhD, MS, BSN, BA, RN, USA

Purpose

The purpose of this presentation is to share the efficacy of going with cultural humility in international nursing student experiences so as to promote social justice and decrease healthcare disparities.

Target Audience

The target audience of this presentation is nursing professors and tutors interested in international nursing student experiences.

Abstract

Purpose: The purpose of this presentation is to present the efficacy of going with cultural humility in international experiences for nursing students. Cultural humility may be one way to decrease disparities by increasing awareness of social justice. Disparities in health care suggest a need for greater social justice in national and international health care systems. Nurses are uniquely involved with disparities since the nursing profession has emphasized social justice not only as a moral value but also as the foundation for social action. Social justice, however, may be difficult to conceptualize, especially for nursing students. Since cultural humility has been identified as an important aspect for decreasing disparities, it may be a vehicle or tool students could use for the social action necessary for social justice.

A thesis research project focusing on nursing students' perceptions of cultural competence and social justice was completed. The implications of the research have guided further international experiences to focus on the efficacy of cultural humility.

Methods: A focused ethnographic design was selected for a study involving American and Zambian nursing students. Interview and focus group data were collected in two phases. The first phase concentrated on ten American students' perceptions while in Zambia, Africa during January 2008. The data included information on the students' definitions and examples of social justice and cultural competence, along with their journaling and summary papers. The second phase included Zambian nursing students' and tutors' perceptions, obtained again through focus groups for the students and interviews with the tutors during June 2008.

Results: Emergent themes were identified. The American students' perceptions and themes suggested that a change in view, like the twist of a kaleidoscope, along with self-awareness, aids understanding cultural sensitivity and competence, which in turn aids implementation of social justice. The Zambian students' perspectives suggested that professional competence is practicing "as a nurse" which incorporates cultural competence and social justice.

Conclusions: Implications from the study included the addition of cultural humility as a concept when discussing cultural competence and social justice. Therefore, continuing international experiences for nursing students have focused on going with cultural humility so as to decrease ethnocentrism and disparities.

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L 09 - Improving Outcomes Through Research and Collaboration

Building Regional Sustainable Nursing and Midwifery Research Networks to Improve Health Outcomes

Jennifer Dohm, DNP, CNM, FAAN, USA

Elaine Larson, PhD, MA, BSN, RN, USA

Ana Maria Kelly, PhD, BSN, RN, USA

Purpose

The purpose is to address the global health disparities and provide universal coverage at the primary care level through development of robust nursing and midwifery research at the clinical level in countries and regions with minimal human resources for health and huge disease burden.

Target Audience

The target audience of this presentation is for nurse and midwifery academicians, public / global health officials, and nurse and midwifery researchers.

Abstract

Purpose: With the global demand for nurses and midwives with expanded scopes of practice to provide primary care as the key to achieving Universal Health Coverage, there is increased need for evidence-based practice. Nurses and midwives have made advances in expanding their practices at the educational and clinical levels. This is exemplified by their major contributions to tackling the HIV pandemic in Sub Saharan African countries through nurse-initiated and managed antiretroviral treatment (NIMART) – a model that enables nurses and midwives at the frontline clinical levels to have the knowledge and skills to be first providers. Parallel to this has been the implementation of competency-based nursing and midwifery education to increase the quantity, quality and relevance of new graduates. This project focuses on the gap in nursing and midwifery clinical research outcomes regionally, a critical area to validate outcomes of care provided, and ways to develop research expertise to collect and critically analyze data and identify priorities for improved clinical practice.

Methods: In the first year, in collaboration with Columbia Global Centers Africa, the Forum of University Nursing Deans of South Africa (FUNDISA), the University of Malawi, Kamuzu College of Nursing, and the University of Nairobi School of Nursing Sciences, the Columbia University School of Nursing conducted an environmental scan (including a scoping review of all indexed published research in African countries by nurses and midwives regarding clinical practice and a grey literature search of un-indexed journals, sources identified by clinical nurse research experts from southeastern African countries, and information found through universities within the region), a Delphi survey to establish clinical nursing and midwifery research priorities, and a network analysis of participants (to determine what networks exist formally and informally amongst nurses/midwives involved in clinical research). This culminated in a Summit meeting of over 30 regional experts to achieve consensus on a regional research agenda and a mentorship plan to connect academicians with clinician to expand and deepen clinical research outcomes.

In the second year, as the mentorship plan is implemented, the same model has been adapted for Middle Eastern countries, in collaboration with Columbia Global Centers Middle East. Methods include establishment of a core collaborator group of nursing and midwifery research experts from Jordan, Lebanon, Egypt, and Saudi Arabia that is currently conducting an environmental scan of over twenty Mediterranean East and Northern African countries to identify current research areas and gaps. A Delphi survey will then be conducted to prioritize critical areas, with a Summit in July 2016 to achieve consensus and plan mentorship.

Results: Clinical research priorities for nurses and midwives have been identified in Southern and Eastern African countries, with a thriving network led by regional core collaborators in place that is implementing a mentorship component. This model is being adapted by the core collaborator group based in Jordan, currently conducting the network analysis with the objective of strengthening and expanding current clinical research.

Conclusion: Robust networks of nursing and midwifery clinical researchers in two regions open the door to improved clinical practice and outcomes in areas that bear inequitable burden of disease.

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L 09 - Improving Outcomes Through Research and Collaboration

Palliative and Supportive Care in Turkey: Literature Review and Current Status of Research

Imatullah Akyar, PhD, MsN, RN, Turkey

Purpose

The purpose of presentation is to examine the current literature on palliative and supportive care in Turkey, discuss current status and future research areas.

Target Audience

The target audience of this presentation policy makers, health care professionals.

Abstract

Purpose: The aim of this study was to examine the current literature on palliative and supportive care in Turkey, discuss current status and future research areas.

Methods: This study was conducted as a literature review. Literature review focused on palliative and supportive care studies done in Turkey. PubMed and Turkish National databases through Turkish Academic Network and Information Center were searched in 12-16 October 2015 with keywords "Turkey/Turkish", "palliative care", "supportive care". All hits including palliative and supportive care papers from Turkey written either in English or Turkish were included whereas letters to the editor, commentaries, conference abstracts were excluded. Following database searches papers' title and abstracts reviewed for relevance and eligibility. Included articles were analyzed for type, design, population, and aim. Number and percentages were used for presenting the related data.

Results: Literature search identified 224 hits. Of the 224 titles and abstracts identified through and 32 satisfied inclusion criteria. Of the 32 paper 14 was review papers and 18 were research papers. Additionally, national databases search resulted with 6 dissertations. First publication was done in 1996 as a review study focusing on palliative care and cancer; there were scarce number of papers till 2005. The research papers were conducted as descriptive studies, mostly with health care professionals and cancer patients with the aim of determining the views and expectations of sample group as well as symptoms and symptom control issues. Review papers' earlier focus was palliative care and cancer, current status of palliative care in Turkey, and focus shifted to chronic diseases and palliative care. Of the 6 dissertations five were for master's degree, one was for PhD, and five of them were done by nursing profession and one health care administration.

Conclusion: Palliative care in Turkey is still on development phase, status can be stated as generalized palliative care provision. Research on that area is limited to descriptive studies and general topics. More community based action and intervention research on chronic conditions, developing models, caregivers and children is needed to direct the policies, education and system infrastructure of country.

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L 09 - Improving Outcomes Through Research and Collaboration

Making a Match: Impact of RN Education, Certification, and Experience on Quality Outcomes and Safety

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Purpose

The purpose of this presentation is to examine the relationship of education, national nurse certification and years of RN experience on nurse reported adverse events, hospital quality and safety.

Target Audience

The target audience of this presentation are Registered Nurses with clinical or administrative focus.

Abstract

Registered Nurses (RN) comprise the largest health care professional group in the United States estimated at 3 million licensed RNs (AACN, 2015). As many as 1.3 million RNs work in the acute care setting as frontline clinicians having direct influence on safe, efficacious care provided to patients. Despite the large RN workforce and pivotal position in patient care, there remains a need to quantify the RN contribution to quality care outcomes. Education, national nurse certification, and years of experience are variables that are thought to contribute to the nurse's ability to provide quality outcomes and may help to quantify the RN impact on patient care outcomes.

Purpose: The purpose of this presentation is to examine the relationship of education, national nurse certification, and years of RN experience to nurse reported adverse events, hospital quality, and safety.

Methods: The presentation focuses on the results of a secondary analysis consisted of selected survey data from a cross-sectional survey conducted in Florida. The current study included data reported by 6515 direct care hospital nurses who rated frequency of adverse patient events, provided an overall grade on patient safety for their assigned work unit, their perceptions of quality of care, ability of patients to manage their care upon discharge, and management's response to patient safety concerns. Spearman correlation coefficient and logistic regression provided the statistical analysis for data review.

Results: The RNs in this study averaged 44.1 years of age, were white, and female with 14.4 years of experience ranging from 1 to 50 years of experience. Certified nurses represented 25 percent of this study's sample which is slightly higher than national average (17.1 percent). The educational level of the RN consisted of Diploma Degree (9.5 %); Associate Degree (51.8 %); Baccalaureate degree (36.1%), and Masters (2.6%). The study found a significant relationship across all levels of nurse education with the majority of outcomes. For example, Diploma nurses had higher odds for reporting use of restraints (8 hours or more and vest or limb) and health care associated urinary tract infections and were less confident that their managers would help to resolve problems around their patient's care. Associate Degree (ADN) nurses were less confident in their management to resolve reported patient problems. Additionally, they reported that based on the actions of their management, they were not confident that patient safety was a top priority in their institution. BSN prepared nurses reported greater frequencies of incidents in the use of physical restraints (8 hours or longer and vest or limb) and medication as restraints involving their patients. While Master prepared nurses (MSN) were less confident in their patients' ability to manage their care when discharged and also in their management's ability to resolve nurse reported patient care problems. With regards to national nurse certification, this study found only one difference between certified and non-certified nurses in nurse reported outcomes. Certified nurses reported more use of restraints (8 hours or more) than non-certified nurses. In addition, certified nurses with 5 or more years of experience reported more incidents of use of restraints (8 hours or more) than non-certified nurses with the same experience. Significant relationships were found between years of experience and nurse reported select adverse events: pressure ulcer develop, patient falls with injury, use of physical restraints (vest/limb), use of physical restraints (8 hours or more), and urinary tract infections, and central line associated blood stream infections, such that, as years of experience increased, nurse reporting of select adverse events decreased. As years of experience increased, nurses reported increased quality of care in their work setting and an overall grade of patient safety on their unit/practice setting increased. In

contrast, as years of RN experience increased, the level of confidence that the manager would act to resolve problems reported by the nurse decreased.

Conclusion: Interestingly, the nurse characteristics of years of experience, certification, and level of education affected a different perspective in care based on the nurse reported outcomes. Years of experience had an effect on reported incidents of adverse events affecting physiological outcomes (pressure ulcer development, falls with injury, urinary tract infections, and central line associated blood stream infections). Certification had an effect on nurse reported outcomes affecting patient safety (use of restraints). Lastly, level of education, specifically Diploma educated nurses, had an effect on reporting concerns for quality of nursing care and ability of patients to manage their care upon discharge. The study confirmed the need for further research to better understand how demographic characteristics may influence a nurse's perspective in reporting, providing, and/or evaluating patient care. The continued nurse shortage forces administrators to examine the workplace environment with respect to experience, education, and certification. This presentation meets all the Congress objectives with the focus of presenting evidence based practice and research to promote positive clinical outcomes.

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M 03 - Diabetes Knowledge and Practices for Patients and Healthcare Workers

Knowledge and Practice of Self-Management Among Patients With Type 2 Diabetes in Benin City, Nigeria

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Purpose

The purpose of this presentation is to communicate to professional colleagues' research on knowledge and self-management among patients with Type 2 diabetes. To stimulate and motivate colleagues to action in planning programs to improve patients' self-management. To obtain scholarly feedback on presentation which would be used in re-working for publication.

Target Audience

The target audience of this presentation is professional nurses who are lecturers, bedside nurses, ward managers, public health nurses and nurses who are interested in the topic.

Abstract

Introduction: Diabetes is a chronic metabolic disease that requires lifelong medical management, health education and self-management. The positive health outcomes of Type 2 diabetes are tied to patients' knowledge of the disease through health education, self-management of the disease and using the health resources of the nations. Through self-management there can be improvement in the glycaemic control and quality of life of patients with Type 2 diabetes. Activities include practices such as dietary modification, performing increased physical activity, foot care, adherence to prescribed drugs, monitoring of blood glucose level, regular clinic visiting, managing stress, rest, psychological management and continuous monitoring of their health

Purpose: The aim of the study is to describe the knowledge and practice of self-management of patients with Type 2 diabetes which could affect their ability to successfully achieve glycaemic control, desirable health outcomes and prevent or delay complications.

Methods: A qualitative research which utilised purposive sampling approach in selecting participants who were out patients with type 2 diabetes from two health care institutions in Benin- City, Edo State. It involved the use of semi structured face to face interviews with the participants who were 30 patients with Type 2 diabetes attending consultant outpatient clinics in the health institutions which are government owned tertiary and secondary health care institutions during the period of January to April 2014.

Results: Analysis of data revealed a gap in knowledge and self-management of Type 2 diabetes among the patients. Patients with Type 2 diabetes know and understand diabetes as a sickness superficially and tacitly but they find the self-management of Type 2 diabetes both challenging and expensive. There was poor self-management practice especially poor self-monitoring of blood glucose and diet.

Recommendations: The result can assist health care professionals especially public health nurses in tailoring health education aimed at improving control of type 2 diabetes as well as preparing programmes that are aimed to impact on the patients 'knowledge and self-management of Type 2 diabetes.

Conclusion: The burden of Type 2 diabetes is enormous for the affected, the family and the society. Health education for self-management by nurses plays a critical role in the management of patients with Type 2 diabetes.

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M 03 - Diabetes Knowledge and Practices for Patients and Healthcare Workers

Diabetes-Related Knowledge, Attitude and Practices of Patients With Diabetes in the Free State, South-Africa

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Purpose

The purpose of the present study was to assess the diabetes-related knowledge, attitude and practices of adults with type 2 diabetes mellitus in the Free State, South Africa

Target Audience

Clinicians, health providers, academia, managers

Abstract

Purpose: Type 2 Diabetes Mellitus (T2DM) is a growing public health problem worldwide (International Diabetes Federation, 2013:11) and is linked to overweight and obesity (Xu *et al.*, 2010:4). Many patients with T2DM in South Africa are overweight or obese due to rapid urbanisation in South Africans over the past 20 years. The urbanisation has resulted in a nutrition transition, characterised by a transition from healthier traditional diets to a more Western unhealthy diet and sedentary lifestyle. Thus, before considering any intervention it was imperative to assess present diabetes-related knowledge, attitude and practices (KAP) of patients with T2DM.

Many models have been developed over the years to explain practices or behaviour, but the Theory of Planned Behaviour is considered to be one of the most effective and influential theories for the prediction of different types of behaviour and has been widely used to understand the barriers in health-related behaviour (Ajzen *et al.*, 2011:102).

According to the Theory of Planned Behaviour, patients with T2DM have certain beliefs which influence their behaviour or practice eventually (Ajzen *et al.*, 2011:102).

Three groups of beliefs are identified, namely behavioural, normative and control beliefs (Ajzen *et al.*, 2011:102). Firstly, *Behavioural* beliefs depict the link between a specific T2DM-related behaviour and a consequence that leads from this behaviour.

Secondly, *Normative* beliefs reflect the link between a specific T2DM-related behaviour and an expectation the patient may have due to the enacted behaviour. Flowing from the normative beliefs are subjective norms. The subjective norm not only provides a link between the specific T2DM-related behaviour, but now the probability is linked to the expectations of peers, family members and other important people in the patient's life. Thirdly, *Control* beliefs describe factors the patient perceives could either support or hinder him or her in being in control of T2DM-related issues.

Lastly, the patients' perceived behavioural control reflects the link between a specific T2DM-related behaviour and the patient's perception of his or her ability to accomplish the specific behaviour.

In line with the KAP survey, specific attention is further given to the *attitude* of the patient as an element playing a role in the actual T2DM-related behaviour/practice of the patient. Patients' attitudes towards T2DM-related issues as well as their subjective norms and perceived behavioural control of such issues all strengthen or weaken the patients' intention to perform a specific T2DM-related behaviour.

The researcher regarded Ajzen's reference to behaviour as equal to what the KAP survey refers to as *Practice*. Therefore, patients' T2DM-related behaviour will depend on their intention to act out behaviour as well as the actual behavioural control the patient has in the long run over performing such behaviour.

Emphasis should therefore be placed on knowledge that guides the behaviour of interest or beliefs about the behaviour. Once the behavioural, normative and control beliefs have been identified in the population

of interest, knowledge on the beliefs that are contradictory to the behaviour can be addressed and the supportive beliefs that lead to the formation of new beliefs and desired behaviour can be strengthened (Ajzen *et al.*, 2011:116).

Behaviour modification through health promotion is essential to address the burden of T2DM. Behaviours related to healthy eating habits, exercise, regular blood sugar monitoring and medication adherence are especially important (Smalls *et al.*, 2012: 385).

The purpose of this study was to determine current diabetes-related KAP of adults with T2DM in the Free State. This descriptive study, together with 3 other studies, forms part of a bigger study with the title: "Health dialogue with adult patients with chronic disease in the Free State: Towards a model for low and middle income countries".

Methods: This research study was designed as a quantitative descriptive observational study.

The population of this study included adult patients above 18 years with T2DM visiting 10 Community Health Centres and 12 Primary Health Care clinics in the five districts in Free State. Within the selected facilities convenience sampling took place of the adult patients with T2DM.

An adapted SA-Diabetes KAP questionnaire was used to gather information about the demographics and associated factors, quality of life and KAP.

The questionnaires were piloted with a sample of 5 adult patients with T2DM in Mangaung Metro district. Ethical approval was obtained from the University of Free State.

Results: Two hundred and fifty-five questionnaires were completed in 22 public health facilities. The majority of participants were Black Africans (92%, n- 235), which is a reflection of the national distribution where the majority of the citizens are black (80%). Only 8.6% completed high school and 10% were illiterate, which can be attributed to the inequalities in education in South Africa during *apartheid*.

The mean age of participants was 57 years and the mean age of diagnosis of was 48 years, which is the trend in low and middle income countries due to growing populations and lifestyles. In high-income countries these challenges emerged over decades and their health systems were able to adapt to the new demands (Checkley *et al.*, 2014:3). The predominance of females (75%; n-193) was attributed to glucose intolerance that is associated with higher visceral fat in females.

An overwhelming 87% of participants were either overweight or obese. This is higher than in high-income countries (Al-Amoudi & Alrasheedi, 2013:1121). The majority of the participants (67% of males and 98% of females) in the present study had a waist circumference above the cut-off points which is associated with an increased risk of developing T2DM in both sexes (Erasmus *et al.*, 2012:844). It was therefore not surprising that the majority (61%; n-155) were diagnosed with T2DM following metabolic syndrome related symptoms and another 11% (n-29) with other health related symptoms.

Although it is a common assumption that improvements in knowledge, attitude and practices would be the answer to the diabetic epidemic, researchers agree that a positive relationship between KAP, does not always translate to behaviour change (Gautam *et al.*, 2015:5).

Participants in the present study had poor knowledge of T2DM. Only half of the participants knew the normal range of blood sugar although almost 90% knew the common signs of high blood sugar and two thirds were knowledgeable about complications associated with diabetes. Participants were ignorant about food groups, which is a cause for major concern as health eating is a pivotal aspect of treatment. Diet recommendations are often incompatible with patients' lifestyle and culture and they are therefore reluctant to adhere, hence affecting their behavioural beliefs (Wermelink *et al.*, 2014:8).

The attitude of the participants in the present study was mostly negative which concurs with studies in high income countries (Al-Maskari *et al.*, 2013:6). The majority (81%, n-206) of participants felt that they would be quite a different person if they did not have diabetes. A further 71% (n-181) felt that diabetes was the worst thing that ever happened to them and 79% (n-201) felt embarrassed about having diabetes.

Poor practices were reported in the present study mainly due to low levels of physical exercise and poor eating habits. This concurs with a study in a high income country (Saaddine *et al.*, 2006:468).

Ajzen's TPB is supported in the participants' knowledge and practice of physical exercise. The majority (96%; n=245) of the participants were knowledgeable about the benefits of physical exercise, while only 31% (n=78) reported to exercise every day in the past week. The poor practices are also reflected in the high rates of overweight and obesity which can be attributed to a lack of physical activity and a sedentary lifestyle.

In the present study a statistically significant correlation was found between knowledge and attitudes, indicating that better knowledge about diabetes could be associated with a more positive attitude towards diabetes.

The various educational groups differed significantly in terms of their knowledge and attitude scores, but not, interestingly, in their practice scores. These results support Ajzen's TPB that knowledge is not sufficient to produce the desired behaviour (Ajzen *et al.*, 2011:102).

Conclusion: Diabetes-related KAP of participants in this study population was found to be poor. Patients with T2DM in the Free State require sufficient knowledge, attitude and practices. The TPB could be applied to the majority of variables in this study, but not all. Beliefs influencing behaviour related to healthy eating habits and regular exercise should be further researched to address the burden of T2DM in the Free State.

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M 03 - Diabetes Knowledge and Practices for Patients and Healthcare Workers

Diabetes-Related Knowledge, Attitude(s) and Practices of Health Workers Working With Diabetes in the Free State

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Purpose

The purpose of the present study was to assess the diabetes-related Knowledge, Attitude and Practices of Health Care Workers working with type 2 diabetes patients in the Free State, South Africa

Target Audience

The target audience is clinicians, health providers and managers

Abstract

Purpose: According to the International Diabetes Federation, 382 million people had been diagnosed with Diabetes Mellitus by the end of 2013 and 592 million are still to be diagnosed by the end of 2035, with a further 175 million of these adults being undiagnosed (International Diabetes Federation,2013:30). As diabetes is a lifestyle disease that is influenced by lifestyle choices, the Theory of Planned behaviour (TPB) was used to explain why certain behaviours take place. The theory is used to explain health care workers' behaviour. "A patient cannot be taught to catch a fish by a person who cannot catch fish themselves, or who is not interested in fishing." Knowing the knowledge, attitudes and practices of these health care workers will be of great use, since the outcome of the survey will be used to develop a health dialogue model for patients with diabetes in the Free State public health sector.

This specific theory is often used internationally when health related behaviour is explained (Ajzen, Joyce, Sheikh & Cole, 2011: 103; Gherman, Schnur, Montgomery, Sassu, Veresui & David, 2011: 406). The TPB was used to describe the knowledge, attitude and practices (KAP) of health-care workers working with Type 2 Diabetes Mellitus patients. The determinants forming part of the knowledge component of the KAP survey are behavioural beliefs, normative beliefs, subjective norms, control beliefs and perceived behavioural control (Ajzen *et al.*, 2011:101-103).

The first determinant behavioural beliefs refer to an individual's belief about consequences of a particular behaviour. The second determinant within the knowledge component is normative beliefs. Normative beliefs are created by members of society and they influence a person's own belief system. The third determinant is control beliefs which influences perceived behavioural control referring to the person's ability to perform the behaviour or not. However, the individual may be in a position to control some of these influences, referred to as perceived behaviour control beliefs (Ajzen *et al.*, 2011:101-103).

In the study, the researcher grouped the following determinants to represent practice within the KAP survey, namely intention, actual behaviour control and behaviour. According to the TPB, a person's intention is influenced by the strength of his attitude towards that behaviour. The stronger one's attitude is towards something, the stronger it will influence the person's intention to perform the specific behaviour in the end (Ajzen *et al.*, 2011:101-103). Practice is closely linked with control beliefs and perceived control beliefs.

The TPB, further states that intention influences actual behavioural control, which in turn influences behaviour (Ajzen *et al.*, 2011:102-103). Control beliefs influence perceived behavioural control, which refers to the individual's assessment of his or her ability to perform the particular behaviour.

A study by Gherman *et al.* (2011:406) cited that the aim of Health Care workers (HCW's) should be to strengthen patients' behavioural, normative and control beliefs. This will enable HCW's to increase their own knowledge regarding diabetes, which could consequently influence the patients' adherence towards treatment.

Methods: A descriptive, cross-sectional quantitative design was used. The design was used to observe, count and classify phenomena. Data was collected by the researcher from a representative of the sample at the primary health clinics (PHC's) and Community health centres (CHC's) on a specified day.

The population consisted of HCW's working in 10 CHC's and 42 PHC's in the Free State. The population of the study included three (3) prominent groups of health care workers namely the nurse manager (NM), professional nurse (PN) and the community health care worker (CHCW) providing care to type 2 diabetes mellitus (T2DM) adult patients at CHC's and PHC's in the Free State public health sector. The population groups consisted of Nurse Managers (N=6), Professional Nurses (N=104) and Community Health Care Workers (N=260). All identified health care workers in the CHC's in the five districts in the Free State and PHC clinics in one district, Mangaung Metro, were included in the population. The type of selection performed was two professional nurses and five CHCW's per site. The sample from CHCs and PHCs for the study included NM (n=6), PN (n=42) and CHCW's (n=105). Convenience sampling took place.

A questionnaire was used to gather information about the HCW's. A literature searches for existing instruments used in KAP surveys on patients with diabetes was done. Consultation of existing validated instruments from studies where the conceptual and as far as possible the operational definitions correspond with the planned study was identified (Dinesh, Izham, Vijay, Pranaya & Subish, 2012: 245-252; Makwero, 2011: 1; Bradley, 1994: 24).

Permission to conduct this study was obtained from the Faculty of Health Sciences Ethical Committee University of the Free State. Written permission was obtained from the Department of Health in the Free State to do the research.

Data collection process

A pilot study was conducted at the Gabriel Dichabe Clinic in the Mangaung District. After completion of the pilot study an appointment was made with the provincial nurse manager and the nurse managers responsible for chronic diseases in the districts, to interview them regarding the data collection plan that would be followed.

Results: Due to the questionnaires being completed by the researcher, the response rate was very high with Nurse Managers (n=6), Professional Nurses (n =54) and Community Health Care Workers (n=46). The results will be explained according to demographics, knowledge, attitude and practice.

Demographics: A significant percentage of the nurse managers had a diploma 33, 33% (n=2), whereas more than half of the professional nurses had a diploma 74, 07% (n=40). The majority nurse managers 66.67% (n=4) had managed to obtain a degree, but only 24.07% (n=13) of the professional nurses had a degree. Only 1.85% (n=1) of the professional nurses had completed a master's degree. More than half of the Community Health Care Workers (58.70%; n=27) managed to complete grade 12.

Knowledge: All the nurse managers, and 96.30% (n=52) of the professional nurses knew that poorly controlled diabetes mellitus can result in a greater chance of complications and that a substantial decrease in body mass index will lower a patients' risk profile. A similar study conducted by the heart and stroke foundation of South Africa (2015:2) states that continuous uncontrolled diabetes can damage body parts of an individual.

Polyphagia and polyuria were indicated by all nurse managers as symptoms that would give a high index of susceptibility for diabetes, compared to professional nurses, where only 57.69% (n=30) indicated polyphagia and 94.44% (n=51) indicated polyuria.

Only 21.74% (n=10) of the CHCW's were knowledgeable about the normal range of blood glucose, whereas 15.22% (n=7) did not know and 60.87% (n=28) indicated that they were unsure.

Attitude: All nurse managers felt that most people find it difficult to adjust to having diabetes whereas 90.74%, (n=49) of professional nurses and two thirds of CHCW's 76.09% (n=35) felt that most people find it difficult to adjust to one's lifestyle.

Of the nurse managers, 66.67% (n=4) disagreed about feeling embarrassed about having diabetes, compared to 74.07% (n=40) of professional nurses. Of the CHCW's, 78.26% (n=36) agreed to tell people that they had diabetes. The study shows that HCW's have a negative attitude towards diabetes.

Two-thirds of the nurse managers 66.67% (n=4) disagreed with the statement that one needed to be more sympathetic in the treatment of patients diagnosed with diabetes, compared to almost half 46.30% (n=25) of the professional nurses, who disagreed with the statement. More than half of the CHCW's 54.35% (n=25) agreed with the statement that one needed to be more sympathetic in the treatment of patients diagnosed with diabetes.

A study conducted in India regarding the attitude of health care workers involved in the management of diabetes by Kumar, Gupta & Kumar (2014:92-95) evidenced increasing age and more exposure to formal education as being the most important determinants of HCW's attitude toward diabetes.

Practice: Very few nurse managers, only 16.67%;(n=1) indicated that a patient above 45 years should be screened for diabetes, the majority 66.67%; (n=4) indicated that patients with a family history of diabetes should be screened, whereas only 46.30% (n=25) of the professional nurses indicated that the above-mentioned group was screened for diabetes and 81.48%; (n=44) of the professional nurses indicated that patients with a family history of diabetes should be screened at the PHC's and CHC's.

In this study all the CHCW's advised patients above 45 years and had a family history of diabetes to go for diabetes testing.

The American Diabetes Association (2014:1) evidenced that patients presenting with overweight and a body mass index of above 25kg/m² should be screened for diabetes.

Conclusion: HCW's knowledge, attitude and practice of T2DM is poor and needs attention in order to improve the quality of the patient's life at the CHC's and PHC's.

Recommendations: Knowledge: The Provincial Department of Health should provide updated training according to Primary Care 101 guidelines for nurse managers and professional nurses.

CHCW's should be trained by the Regional Training Centre according to the Quality Council for Trades and Occupations Curriculum and Assessment Policy for CHCW's.

Attitude: Positive attitudes regarding caring of DM patients should be created by means of knowledge amongst HCW's as it influences the care provided.

Practice: Files completed by HCW's should be audited by nurse managers to identify and address gaps.

CHCW's should increase primary prevention awareness of chronic diseases in the community.

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M 04 - Nursing and Holistic Care

Hope Beyond the Aging Lines: Exploring the Lived Experiences of Elderly in the Philippines

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Purpose

The purpose of this presentation is to educate nurses, professionals, and concerned citizens to get involve in establishing projects, advocacy, and activities that would provide sustainable development for the elderly all over the world.

Target Audience

The target audience of this presentation are nurses, medical and various professionals, government and non-government agencies, and concerned individuals that would be willing to open their hearts and minds in the vision of the proponent's advocacy in spreading human caring for elderly all over the world.

Abstract

Purpose: In the Philippines, the Elderly group is one of the most vulnerable sectors of the society. The phenomenon of aging has grown bigger and bigger each year. In fact, approximately millions of population is continuously added in every country all over the world. The Philippines has been one of the ASEAN countries that shares the same situation. The government and non-government agencies must inexorably exert efforts in dealing with this situation especially when it comes to the demands of healthcare, housing, and social security. In addition, Elderly have various needs and requirements from society and government, and frequently have differing values as well, such as for property and pension rights. Likewise, sustaining and developing their cognitive, psychomotor, communication, and interpersonal aspects to attain their sustainable self.

"In humans, ageing represents the accumulation of changes in a human being over time, encompassing physical, psychological, and social change". This statement denotes that aging is a normal phenomenon among human beings that should be treated as normal as possible. However, reality doesn't position this into actions. Majority of the elderly when they reached 65 years of age were directed into elderly institutions because no one would like to take care of them. Some were abused and some were living in the streets. Most of the elderly believed that they have no space in the society due to lack of care, respect, and love. The big questions are, what would be their future in this world full of uncertainties? As a nurse and as a citizen of the country, what can we do for them to achieve a dignified life? What project and activities can we initiate to walk all the talks we plan for the elderly sector? These are few of the questions we have in mind that we need to actualize to eradicate the problems of the elderly around the world is facing.

Methods: The study used a descriptive phenomenological design in gathering the narratives of the lived experiences of the Filipino Elderly. Six (6) elderly was chosen based from the criteria set by the researcher. Informed consent was obtained and utilized as well as maintaining the anonymity of the co-researchers for ethical considerations. Observation, semi-structured interviews, field notes, use of qualitative documents, and audio-visual recordings were used in data gathering procedure. Furthermore, Qualitative Content Data Analysis of Collaizi was used to interpret and analyze the rich contextual descriptions of the co-researchers to arrive with the emergent themes. Validation of the results were communicated with the co-researchers.

Results: The themes emerged from the narrative data depicted the lived experiences of the elderly in the Philippine representing the various sectors of the group population. Four (4) emergent themes were drawn from the qualitative content data analysis. The emergent themes characterized the issues and underlying events the elderly sector is facing through up to present time. The first theme "*The World of Ageism*" pertains to the immense discriminations of people. Second theme "*The Trauma of Abuse*" tells the burden and misery of the elderly due to any kind of violence, cruelty, and maltreatment. The third emergent theme "*The Rise Above Challenges*" depicts the perseverance and dedication of the elderly people to move on with their lives despite of the major struggles they were experiencing. Lastly, the fourth

and last theme “*The Future of Elderly*” entails the active participation and involvement of people in building what can be done for the old age generation - to maximize their potentials as a person despite of the minimal time they have to live.

Conclusion: The generated emergent themes, which reflected the lived experiences of the Filipino elderly, implicate the importance of Social Responsibility (educate, act, and advocate) and active volunteerism in providing better life in lieu of the different views of aging pertaining to sociology and mental health: *aging as maturity, aging as decline, aging as a life-cycle event, aging as generation, and aging as survival*. The researcher believed that caring for this vulnerable sector should be a commitment. Assessing and evaluating all their needs has given birth to an advocacy for elderly. **HOPE** (*Holistic Outlook for Pinoy Elderly*) is a holistic intercession that focuses on the capacity of the Filipino elderly to have sustainable and dignified life they deserve in response to their socio-economic, cultural, physical, spiritual, and health needs. United Nations Fund for Population Activities highlighted in their summative report that every country all over the world should “*Develop a new rights-based culture of aging and a change of mindset and societal attitudes towards ageing and older persons, from welfare recipients to active, contributing members of society.*” This advocacy for elderly aims to achieve the traditional meanings of successful aging which are free from physical and cognitive disabilities and high social and productive engagement. The researcher incorporated the context of nursing in the social development as nurses have the heart, mind, and skills to be the “change agents” for a better and healthier world. Thus, proving the true essence of elderly care nursing and it is all about “*human caring*”.

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M 04 - Nursing and Holistic Care

HALO: Health and Liver Optimization, Partners in Care

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Purpose

The purpose of the presentation is to disseminate knowledge regarding a unique model of care for chronic disease management. The concept was developed by a collaborative team- providers and patients to improve health outcomes of those affected by liver disease and effectiveness of the patient care model will be shared.

Target Audience

The target audience of this presentation is clinicians, educators, and researchers interested in chronic disease management.

Abstract

Purpose: The purpose of the presentation is to disseminate knowledge and effectiveness of a unique model of patient care in chronic disease management. The Health and Liver Optimization (HALO) model of care provides an individual collaborative program with identified target goals for every patient who walks through the clinic doors, regardless of their condition.

One of the greatest challenges facing the U.S. health care system is improving the care for patients with chronic illnesses. Forty-eight percent of all Americans and eighty-seven percent of senior citizens insured through Medicare have at least one chronic condition. The Medicare statistics have identified two or more chronic conditions in 63% or more in individuals over the age of 65 (2010). Traditional chronic disease management focuses on a single condition and does not meet the need of patients with multi-comorbidities. The client must seek multiple specialists to meet their health care needs.

Liver disease is chronic in nature and may progress to cirrhosis with complications of end organ failure. Increasing rates of non-alcoholic fatty liver and viral hepatitis are being diagnosed with many of these patients showing evidence of advanced fibrosis and cirrhosis. The liver, a major organ for metabolism and clearance, is affected thus influencing multiple systems of function. Long term care of the individual with a chronic liver disease will include management of other associated chronic illnesses, such as diabetes, obesity, chronic renal disease, cardiac disease, and hepatic complications.

Care management is a holistic approach to the partnership between the patient/client and the provider. As the patient with liver disease becomes more complex, careful monitoring and education becomes apparent. Often this can be managed before it becomes overt, as the subtle changes are identified earlier with the partnership between client and provider.

Methods: This collaborative care model was developed at Southern California Liver Centers, where we treat patients as partners in their own care bringing our unique perspective and experience with liver disease to our patients to optimize their health and wellness. The original concept of HALO was developed in partnership with experienced hepatology physicians, nurse practitioners and staff, primary care providers, the patients and a marketing team. Focus groups were conducted to identify themes and care needs of patients with long term chronic liver diseases. Health and wellness aspects and specific chronic care needs based on results of the focus groups were developed by a collaborative team and incorporated into the patient care model. The model of care was implemented in a large community based Gastroenterology and Hepatology practice in Southern California. Effectiveness of the model was evaluated by repeat focus groups and several long term patient health outcomes.

Results: To address the multiple needs of the patients and address gaps in care, Southern California Liver and GI Centers developed a team approach to care management. This community based clinic providing care to the patient with chronic liver disease developed a patient centered model of care entitled, Health and Liver Optimization (HALO). Findings from the patient focus groups included the

themes of caring, safe environment, guardian angels, and knowledge empowerment. Patients identified a need for a long term partnership with their health care providers in order to support the life style changes many of them needed to make. This partnership between the client and the provider is developed early in the care and optimized throughout the course of the patient's liver disease. The patient's quality of life, chronic illness care, and family are addressed at visits, goals are established and "routine" tests are performed and maintenance of disease is managed. After implementation of the patient care model, patient satisfaction scores improved as well as several long term health outcomes. Individuals are currently being followed long term for disease management under this new model of care.

Conclusion: The Health and Liver Optimization (HALO) patient centered model of care provides an effective collaborative chronic disease management approach. Patients are empowered to make decisions in their health and wellness journey with guidance from experienced healthcare providers partnered with them to impact their long term outcomes. Southern California Liver and GI Centers developed and adopted this new approach with effective utilization of the model for the care of the patient with liver disease.

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M 05 - Working With Our Military

The Sound Mind Warrior Study: Using Sound Technology to Combat Stress in Military Service Members

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Purpose

The purpose of this presentation is to discuss the results of the "Sound Mind Warrior Study", a military study that assessed the efficacy of Binaural Beat Technology (a sound technology that affects brainwave activity) on cardiovascular stress response.

Target Audience

The target audience for this presentation is persons who are interested in low cost, portable, innovative, complementary and alternative interventions that can help decrease stress.

Abstract

Purpose: Binaural Beat Technology (BBT), also known as Brain Entrainment Technology; is an auditory-neurophysiologic technique which uses auditory tones (often embedded in music, nature sounds or white noise) dichotically via stereo headphones to manipulate brainwave activity. Although this technology is widely marketed to the general public, only a hand full of studies have shown its efficacy. The Sound Mind Warrior Study was a double-blinded, randomized, repeated measure study that assessed the effect of BBT (in the theta brainwave frequency) on the cardiovascular (CV) stress response in a group of military service members with complaint of post-deployment stress.

Methods: A sample of 74 United States military service members (age 22-61), with complaint of post-deployment stress, was randomly placed into two groups (music with BBT and music without BBT). Each group was exposed to their respective intervention for a minimum of 30 minutes at bedtime, three times a week, for a total of four weeks. Participants underwent pre and post 20-minute CV stress tests using the Biocom Technologies heart rate variability (HRV) monitor to assess the effect of the technology.

Results: Using a 2x2 mixed Analysis of Variance, a statistical significant difference ($F(1, 63) = 7.56, p = .008$ ($\eta^2 = .107$) was found in the low frequency HRV measures, whereas the Music with BBT group showed a decrease while the Music Only group showed an increase (Pre = 77.83, Post = 75.33 vs Pre = 66.42, Post = 74.41). A statistical significant difference was also found in the high frequency HRV measures ($F(1, 63) = 7.56, p = .008$ ($\eta^2 = .107$) whereas the Music with BBT group showed an increase while the Music Only group showed a decrease (Pre = 22.17, Post = 24.67 vs Pre = 33.58, Post = 25.94). Finally, the Music Only group showed a significant decrease ($F(1, 57) = 4.39, p = .041$ ($\eta^2 = .072$) in Total Power HRV measures when compared to the Music with BBT group (Pre = 2098.90; Post = 985.26 vs Pre = 1249.75; Post = 1223.07).

Conclusion: When placed under an acute stressor after using music embedded with BBT, participants showed a decrease in sympathetic response and an increased in parasympathetic response. Those who used music alone had the opposite effect. In other words, those who did not use the technology exhibited more cardiovascular signs of chronic stress exposure.

Significance to Nursing:

BBT does not require a doctor's order nor does it need to be administered by an advance practice provider. It can be an independent nurse initiated action at the bedside or in an outpatient setting. However, given that it is freely available to the general public and not regulated, warrants more research and scrutiny.

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M 05 - Working With Our Military

Dog Tags: Homeless Veterans and Their Pets/Animal Companions

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Purpose

The purpose of this presentation is to examine the construction of self-worth among homeless veterans by assessing the value of animal companionship. Through the use of qualitative interviews conducted with homeless veteran pet guardians, coping strategies, views, and concerns through which marginalized people survive may be experienced.

Target Audience

The target audience of this presentation is community and public health care professionals working with culturally diverse populations, and nurse educators teaching community and public health courses.

Abstract

Purpose: Overall, military veterans, who are at increased risk for homelessness and are over-represented when it come to the general population, comprise 10% of the United States (US) population. However, they account for 16% of the homeless adult population. Typically, homeless veterans served during the Vietnam era and are older and disabled, reporting a myriad of health concerns, including physical and psychological problems, post-traumatic stress disorder (PTSD), and alcohol or drug dependencies. There are many challenges that affect physical, mental, and emotional health status and quality of life, such as separation from or death of family members and friends; decreased social supports; depression; and becoming dependent on others because of illnesses (Molinari, Brown, Frahm, Schinka, & Casey, 2013). Companion animals play a significant role in effecting change or providing stability to the homeless. The purpose of this study was to examine the construction of self-worth among homeless veterans by assessing the value of pet/animal companionship. Through the use of qualitative interviews conducted with homeless veteran pet guardians, coping strategies, views, and concerns through which marginalized people survive may be experienced.

Methods: After applying for and receiving permission from Institutional Review Boards (IRB), acute and chronic homeless veterans were interviewed to understand the role and impact pets/animal companions have on decision-making and mental/physical health. It was thought that homeless veterans would demonstrate high scores on a standardized pet attachment survey, indicating high levels of attachment for their pets/animal companions. Additionally, it was believed that homeless veterans with pets/animal companions have difficulty finding housing and refuse opportunities for placement if pets/animal companions were not allowed, impacting the decision-making process of whether or not to exit homelessness if terminating the human/animal relationship was required. Participants were approached and surveyed at veterinary clinics offering free food and veterinary care for animals of homeless people, and in parks where the homeless congregate. Participation was voluntary. A mixed methods study included a questionnaire that asked about demographic information, duration and frequency of homelessness, numbers of pets, and pet ownership patterns. A qualitative open-ended probes included questions, such as, "Tell me about the role your pet/animal companion plays in your overall well-being" or "What concerns do you have about your pet/animal companion?"

Results: Data analysis was conducted by transcribing interviews and searching line-by-line for themes. Each interview was analyzed and compared to previous interviews to reveal repeated themes and categories. Once all interviews were transcribed, compared, and analyzed, and no new concepts were observed, data saturation was felt to be achieved, and a central concept was identified. Homeless veterans have a strong, unyielding bond with their pet/animal companions that over-rides personal needs. Interviews revealed that the homeless claim companion animals save their lives, help to overcome adversity, play key roles to facing a better future, and become the impetus for wanting to move out of homelessness, thus encouraging responsibility. Further, animal companions provide unconditional love and decrease lapses into unsafe behavior, such as that associated with drugs and alcohol.

Conclusion: Homeless veterans are denied housing because of their unwillingness to separate from their pets/animal companions and strict regulations against having pets/animal companions in shelters and rental units. Homeless veterans are frequently accompanied by pets/animal companions. The role these pets/animal companions play in establishing and maintaining self-esteem and emotional stability is documented, yet the motivation to find homes if it means parting with the pet/animal companion continues to be ignored. A potential strategy to improve homeless veterans' self-worth might include co-habitation shelters for the homeless and their pet/animal companions that provide food, shelter, and healthcare.

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M 05 - Working With Our Military

Military Nursing: The Morphing of Two Professions

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Purpose

To explore contradictions and challenges brought about by the issue of duality as experienced by students and nurse educators of the SAMHS Nursing College. The findings will form part of a model to guide nurse educators and professional nurses in the professional socialisation of student nurses in a military environment.

Target Audience

All nurses, nurse managers and nurse educators. The findings and recommendations of this study will be transferrable to all health care professionals, not only in the SAMHS but in all other Armed Forces worldwide where nurses and other health care professionals are expected to perform military service.

Abstract

Purpose: The South African Military Health Service (SAMHS) Nursing College is responsible for the education and training of student nurses in order to provide the South African National Defense Force with competent professional nurses to care for its members, their dependents as well as for operationally deployed soldiers. These students undergo six months of basic military training and six months of officer's training prior to commencing with their nursing training. The SAMHS Nursing College currently offers a 4-year diploma course leading to registration as a general nurse, community nurse, psychiatric nurse and midwife. The theoretical as well as most of the clinical component of the nursing training take place within a military environment.

When members join the Defense Force, they leave behind a civilian culture and adopt a military culture with its own unique ethos, rules and regulations. Military nursing students are expected to adopt a third culture, that of the statutory profession which requires of them to uphold its own standards and values (Naidoo 2015).

The purpose of this presentation is to explore contradictions and challenges brought about by the issue of duality as experienced by students and nurse educators of the SAMHS Nursing College. The findings will form part of a model to guide nurse educators and professional nurses in the professional socialisation of student nurses in a military environment.

Methods: The findings that will be discussed in this presentation formed part of a constructivist grounded theory study that was done to explore the nature of the hidden curriculum within a military teaching and learning environment and to determine its significance and influence on the professional socialisation of student nurses. Data were collected by means of focus groups with students as well as nurse educators of the SAMHS Nursing College.

Results: Findings revealed that the contextual environment in which these students are trained, imply that they are being socialised into two professions simultaneously, that of becoming a professional soldier as well as a professional nurse. The participants focused on issues related to these two professions to the extent that duality emerged as a prominent theme during data analysis.

Significant is the fact that more contradictory than augmenting accounts were revealed during the interviews. It became evident that the dual expectations by virtue of being a military nurse leads to professional ambivalence between being a nurse or a soldier, a carer or combatant, and creates various challenges for nursing students and nurse educators alike.

Conclusion: The culture and climate of the military fosters an expectation that all uniformed members of the military should live and perform as a soldier. For the military nurse, this expectation provides pressure to incorporate the professional nurse identity into the identity of a soldier. These professional identities

differ from each other in so many ways that one has to question whether serving in both professions at the same time is conducive to the professional socialisation of military student nurses (Chamberlin 2013)?

One has to recognise that the phenomenon of duality amongst military nurses may be dictated by circumstances for example during training, conflict or peace time. To curb the confusion caused by the contradictions found during the study, students and nurse educators should utilise established medical ethical guidelines and human rights laws as moral and legal compasses and apply these in for example roleplay activities where students can learn to clarify their roles and act accordingly.

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M 06 - Student Experiences in Simulation

Make it Happen: Simulation Experiences for Distance Students Through the Use of Mobile Robots

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Purpose

The purpose of this presentation is to introduce a means to bring human patient simulation experiences to distance undergraduate nursing students via the use of mobile remote/robotic presence and to address the opportunities for learning.

Target Audience

The target audience of this presentation is faculty in any and all levels of nursing education who have the need to assist distance students, recognize the value of simulation, and have a willingness to be innovative and implement change.

Abstract

Purpose: Online learning has taken a firm hold in several areas and levels of nursing education. However, there are educational elements that still seem to be strictly a campus-based opportunity, notably the use of high-fidelity human patient simulation (HFHPS). Commonplace in undergraduate nursing programs, “simulation replicates key aspects of a clinical situation to facilitate student learning . . . to promote critical thinking and self-efficacy” (Richardson, Goldsamt, Simmons, Gilmartin, & Jeffries, 2014, p. 309). Therefore, someday, somehow this learning strategy should become an equal opportunity for face-to-face and distance students alike.

A resolution to this problem aligns with a directive from the NLN Vision (2012) priority for research in nursing education to study “the use and cost-effectiveness of technologies (e.g., online, simulation, telehealth) to expand capacity in nursing education” (NLN Board, 2012, p. 3). As a fully online undergraduate nursing program with a direct tie to a brick and mortar campus and simulation lab, the missing component was telepresence. Thus, a mobile remote presence (MRP) would provide the link between distance students, distance faculty, and the campus simulation lab. An MRP is “characterized by a video conferencing system mounted on a mobile robotic base” (Kristoffersson, Coradeschi, & Loutfi, 2013, p. 1). Thus, the MRP allows the user (distant student) to move about in the robot’s environment, the campus simulation lab. As such, the MRP allows for flexibility, mobility and an engaging, immersive operator experience (Lewis, Drury, & Beltz, 2014).

Methods: In order to begin this process, a simplistic mobile robot was identified as the optimal tool to “bring” the distance student into the simulated environment. The pilot user (distance student), embodied in the MRP, is allowed a full immersion experience to engage with local users; those “situated at the same physical location as the robot [who] . . . are free to move around while interacting with the pilot user” (Kristoffersson et al., 2013, p. 2). The chosen robot was selected for its cost, capability, and ease of use and care on both sides of the equation (use by distance students/faculty and care by the simulation lab staff). Simplistic in design, essentially a Segway type base and a mounted iPad, the robot was quite suitable to roam around the simulation center.

To prepare distance students for their high-acuity, fully online course, there was a desire to 1) observe and assess their clinical preparedness, 2) offer high-acuity simulation experiences, 3) offer simulated teaching on high-acuity patient care technologies, and 4) offer intensive care unit (ICU) field trips. Thus, the MRP offered a solution to this problem by providing the direct connection between the distance students, distance faculty, and the available resources at the campus based simulation lab.

The use of telepresence robots has increased in the medical arena to allow distanced physicians/providers to be placed at the *point of need* instantaneously (Grifantini, 2015). Thus, it was not much of a stretch to imagine telepresence robots bringing distance students to the *point of learning*, the simulation lab. Although, this process seems to run effectively and efficiently in the patient care setting, it was necessary to determine how well the MRP would be received by the local users. Likewise, it was

imperative to determine centrality of presence from the distance student perspective. Both, endocentric presence, “a state of immersion (sensory-perceptual envelopment) and involvement (focus/attention/action) in the simulated situation” and exocentric presence, “a dominant state of being in and interacting with the natural environment where the meaning of the simulated environment is perceived strongly as artificial” (Dunnington, 2014, pp. 160-161) were assessed.

Results: Both modes of presence were beneficial to learning. Endocentric presence occurred when the distance student, via MRP, was an active participant in a simulation “enacting the self as if in a role in the real patient care situation represented by the simulation” (Dunnington, 2014, p. 160). Likewise, exocentric presence became more of an observational experience. According to Kaplan, Abraham, and Gary (2012), “observational experiences during simulation may provide a valuable learning opportunity for undergraduate nursing students” (pp. 12-13).

Learning through observation via an exocentric presence deemed a meaningful opportunity and a request was made of the mobile robot manufacturer to create a means to have more than one student on the robot simultaneously. This request was granted through the use of a cost effective software subscription that allowed up to five participants on a robot at one time. As such, only one student had the opportunity to be the operator (pilot) while four others could “ride” along (co-pilots). The face of the pilot was visible on the iPad robot component although the voices of all co-pilots could be heard if and when they spoke amongst themselves or to others physically present in the simulation lab. Thus, this capability made it possible for the pilot to be present and participatory (endocentric presence) in a simulation while the co-pilots observed as immersed in the pilot’s perspective. As such, co-pilots enter into bicentricity “characterized by a salience of presence in which either endocentricity or exocentricity was dominant” (Dunnington, 2014, p. 162).

Components of a simulation experience also include access to the patient chart and information, orientation to a simulation area, conversation with other participating students, and debriefing. All of these elements were easily addressed for the distance student and distance faculty via email (patient chart), by operating the MRP, and by interacting with the simulation environment, local students, and co-pilots. In a study by Kelly, Hager, and Gallagher (2014), students ranked facilitated debriefing and post simulation reflection as the top two simulation components for applying clinical judgement while actual participation in the simulation was ranked fifth. Through the use of MRP, students are easily able to participate in the two highest ranked components of simulation. Based on feedback from pilots and co-pilots, presence and participation in a simulation was also ranked very high but this is likely due to the novelty of the situation and less of a sound reflection on the process of a simulated patient event.

Conclusion: Through this pilot study, distance students were able to 1) participate in an actual simulation with campus based students, 2) take an ICU field trip, and 3) learn about ICU technologies through demonstration. Through these experiences there was an immense amount of learning, laughter, and pleasant surprises. Many learning needs were addressed and new ideas were conjured for future implementation of simulation for distance students via MRP. The interaction of the MRP with live simulation lab based students required the development of basic robot etiquette, or robotiquette. Likewise, dysfunctional aspects of the robot were identified as embodied health concerns to be addressed and minimized; these included transition ataxia, robotic internet attack, and virtual vertigo. Although this effort was directed towards the enhancement of distance learning, there was a great interest among local users to be given opportunities to “work with the robot.” Certainly, this dual perspective will be addressed going forward.

As the integration of the MRP into land-based simulation evolves, a shift continues in the way distance faculty and distance students are perceived by others and themselves. More importantly, the array of learning opportunities available for the distance nursing student via MRP are only limited by creativity and a willingness to implement change.

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M 06 - Student Experiences in Simulation

Incorporating Safety Challenges in Undergraduate Nursing Simulation Experiences

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Purpose

The purpose of this presentation is to demonstrate how safety challenges can be incorporated in simulation experiences. The presentation will include simulation case development, implementation, and evaluation as well as important aspects for feedback and debriefing after the experiences.

Target Audience

The target audience for this presentation includes nurses, academic nurse educators, hospital based education specialists, simulation educators, simulation lab coordinators and anyone using simulation for education.

Abstract

Purpose: The purpose of this presentation is to demonstrate how safety challenges can be incorporated in simulation experiences. The presentation will include simulation case development, implementation, and evaluation as well as important aspects for feedback and debriefing after the experiences.

Methods: Undergraduate nursing students participate in several different simulation activities throughout the curriculum. These simulation experiences include Human Patient Simulator experiences, Standardized Patient Simulation experiences and Hybrid Simulation experiences. In the middle of the curriculum during a Simulation Day the nursing students participated in a Standardized Patient Simulation experience that included a variety of safety challenges. The safety challenges included the following: 1) incorrect name on patient identification band (first name incorrect but last name correct); 2) allergy band on patient with noted allergy to adhesive tape (student asked to do dressing change during the scenario and see if correct tape selected); and 3) prevention of patient fall (patient with dizziness in chair with bare feet who has to be assisted back to bed and note if the student puts the anti-slip stockings on the patient prior to assisting back to bed). A safety challenge was also included in the Hybrid Simulation experiences. These safety challenges included the following: 1) Patient with a DNR order, who was doing well and waiting for the discharge orders to go home, begins choking while eating lunch – what do the nursing student's do? Do the students help the patient who is choking and clear the airway or do they do nothing because the patient is a DNR?; and 2) Teenage child, 17-year-old, who initially came in unconscious after a car accident, lost a lot of blood during surgery, and now in the medical surgical unit, receiving a unit of blood. The parents come to see the child, the mother is a Catholic and the father is a Jehovah Witness. The father flips out when he sees the blood transfusion and demands the transfusion be stopped. The mother wants the transfusion continued because the daughter need the blood. The daughter who is now awake, was raised a Jehovah Witness but states she is ok with receiving the blood transfusion. What does the nurse do?

Results: During each of the standardized patient simulation experiences it was noted if the student identified the safety issue at the beginning of the scenario, the middle of the scenario, the end of the scenario or not at all. Findings in regards to the incorrect first name on the patient identification band safety scenario demonstrated that the majority of the time when checking the identification band, if the first name was not correct, but the first name started with the same first initial as the correct name, the student did not identify the error. The findings in regard to the patient with an allergy to adhesive tape safety scenario, when the student went to complete the dressing change the majority of students did not know the difference between adhesive tape and paper tape. In the prevention of patient fall safety scenario, when assisting the patient from the chair to the bed approximately 50% of the students noticed the anti-slip booties on the counter in the patient room and placed the booties on the patient prior to assisting the patient back to bed.

During each of the Hybrid Simulation experiences it was noted how the nursing student handled the safety situation. Findings in regard to the choking patient with a DNR order demonstrated more than 95% of the time that the nursing students did nothing because the patient had a DNR and let the patient choke until respiratory arrest and death! Even when a family member was included in the scenario at the bedside, the family member would ask the student, "Why are you just standing there?" "Why are you not helping my father?" The students would respond stating "He has a DNR so we cannot help him" or "He has a DNR – this is what he wanted". The findings in regards to the patient with the blood transfusion were mixed. In some cases, the students did not stop the transfusion and tried calling security to remove the arguing parents from the room. In other cases, the students stopped the transfusion and called the physician.

Conclusion: During the feedback session with the standardized patient and in the debriefing session with the faculty the safety issue was presented to the students and discussed. The safety scenarios were an eye-opening experience for the students and the feedback from the students was very positive. The simulation scenarios also helped identify specific areas where additional education was needed in the curriculum. The incorporation of safety issues in standardized patient simulation experiences and hybrid simulation experiences can provide excellent learning situations for nursing students and can help to promote the importance of attention to specific details to ensure patient safety in a safe learning environment.

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M 06 - Student Experiences in Simulation

Learn, Yes! Serve, Yes?: Arab Muslim Male Student Nurses' Experiences in Learning Maternity Through Simulation

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Purpose

Provide wisdom and insights on how Arab Muslim Male Student Nurses learn maternity in nursing through simulation. Synthesize enablers, barriers, impact and prospects of using simulation in learning maternity among Arab Muslim Male Student Nurses Gain reflections, further directions and opportunities in using simulation as an alternative learning method in nursing

Target Audience

Nursing educators, simulation experts and socio-cultural experts.

Abstract

Purpose: Culture, religion, gender and other socio-demographic factors greatly contribute in the competency acquisition of learners in nursing education. However, less number of investigation is conducted to determine the learning experiences of male nurses as a Muslim in an Arab country. The research inquired on the experiences of Arab Muslim male student nurses in learning maternity nursing through simulation. The study, utilizing a qualitative paradigm, iteratively explored the key players in their learning process, the enablers and barriers encountered, the impact of the simulation experience and the prospect of using simulation as an adjunct learning methodology for such a special group of learners.

Methods: Utilizing, the case-study research tradition, the in-depth investigation gathered significant experiences from 15 Arab Muslim male nursing students through series of interview, focus-group discussions, review of their records, faculty reports validating their experiences and their responses to standardized inventories measuring their confidence, satisfaction and learning maternity in a simulated environment. Using the Stage Model of Qualitative Content Analysis (Berg, 2004), the triangulated data yielded significant themes that were member-checked, peer-reviewed while upholding ethical standards and trustworthiness requirements.

Results: (1) The study yielded three main intentions: (a) intention to teach (b) intention to learn and (c) intention to serve. The Arab Muslim male nursing students recognized the efforts of their college and faculty's (a) **intention to teach** essential concepts of maternity nursing through a simulated environment. Though there are evidence of ambivalence and hesitations, the students showed their willingness and intense (b) **intention to learn** maternity. Despite religious and cultural limitations, the students shared their (c) **intention to serve** women (mostly only those related by blood) in their pregnancy and delivery in urgent circumstances or if no other help is available coming from female nurses. (2) It was identified that the key players in their learning process involves their (a) **personal**, (b) **educational** and (c) **socio-cultural systems**. (3) The said key players can either (a) inhibit (**barrier**) or (b) facilitate (**enabler**) the achievement of learning maternity among the male students. (4) They shared that in order to maximize learning through simulation aspects of (a) **technicality**, (b) **realism** and (c) **relatedness** should be adequately addressed by the teaching institution. (5) However, even with the identified limitations, the male students have achieved (a) **academic success**, (b) **increased confidence** and (c) **satisfaction** in learning maternity through simulation. (6) It was mentioned by the informants that using simulation has the positive prospects in the transfer of learning in their (a) **personal**, (b) **educational** and (c) **professional directions**.

Conclusion: The use of simulation, as an adjunct learning strategy, has proven its effectiveness and efficiency in learning nursing, particularly maternity. Nursing educators must gain transcultural nursing education competencies (i.e. cultural awareness, appreciation and accommodation) as to facilitate

academic success and transfer of learning even in a very restricting environment. Further investigations are needed to make sure that equity in learning is achieved especially among Arab Muslim male nursing students.

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M 07 - Practice Outcomes in Cancer Care

Clinical Outcomes Associated With Increased Symptom Cluster Severity in Patients Undergoing Surgery for Pancreatic Cancer

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Purpose

to present a portion of findings from a nested, prospective, longitudinal, exploratory study that examined the relationship between symptom clusters and the clinical outcomes of quality of life and survival over time in patients with stage II pancreatic cancer undergoing surgery alone or in combination with adjuvant therapy.

Target Audience

academically and clinically oriented nursing professionals that have an interest in pancreatic cancer, symptom clusters, clinical outcomes, and quantitative research methods.

Abstract

Purpose: Pancreatic cancer (PC) is a devastating disease that is associated with a poor prognosis for the majority of affected individuals. PC is the fourth leading cause of cancer-related death in the United States, with an estimated 48,960 new cases and 40,560 deaths predicted to occur in 2015 (Siegel, Miller, & Jemal, 2015). While the body of research about symptom clusters (SCs) in many cancer types is rapidly growing, research focused on this phenomenon in postoperative PC patients is rather limited. Prior research has documented that postoperative PC patients experience multiple symptoms and that these symptoms may have a negative influence on quality of life (QoL) (Yeo et al., 2012). To date, no longitudinal studies have explored the relationship between SCs and clinical outcomes in postoperative PC patients. The purposes of this study were to explore patients' perceptions of symptoms to identify the: 1) presence of and changes in symptom clusters; 2) factors that influence patients' perceptions of the symptom clusters; and 3) the impact of symptom clusters on QoL and survival over time after surgery alone or in combination with adjuvant chemotherapy or chemoradiation therapy for stage II PC. This presentation will focus on the third aim of this study, which was to explore the relationship between 16 SCs and clinical outcomes (QoL and survival) in patients with stage II PC prior to surgery and at 3, 6, and 9 months after surgery alone or in combination with adjuvant therapy.

Methods: This nested, prospective, longitudinal, exploratory study was conducted within a randomized, double-blind, placebo-controlled clinical trial (parent study). The purpose of the parent study was to evaluate the safety and effectiveness of an intraoperative celiac nerve block (ethanol celiac plexus neurolysis) in patients undergoing surgery for pancreas or periampullary cancers, between 2008 to 2013 (Lavu et al., 2015). One hundred and forty-three patients undergoing surgery for stage II PC were identified through the parent study located at a National Cancer Institute (NCI)-designated cancer center in the northeastern United States. The Theory of Unpleasant Symptoms (Lenz & Pugh, 2008) served as the theoretical framework for this study. Symptom and QoL data were measured by the Functional Assessment in Cancer Therapy: Hepatobiliary Cancer Tool (Heffernan et al., 2002) preoperatively and at 3, 6, and 9 months postoperatively. Deaths were confirmed through the Social Security's Online Death Index, online news reports (obituaries), or through family reports. Survival data were collected from the date of surgery until last follow-up or time of death, which ranged from 3 months to 60 months. Statistical methods included simple linear regression, Cox proportional hazards regression, and Kaplan-Meier survival analyses.

Results: The mean age of patients in this study was 67.3 ± 10.4 years (44.0 – 86.0). Most patients were White (90.2%), male (57.3%), and married or living with their partner (75%). All patients had Stage IIa or IIb PC using the American Joint Committee on Cancer (AJCC) 7th edition Tumor-Node-Metastasis Cancer Staging System (AJCC, 2009) and underwent surgical resection, most often a pylorus-preserving pancreaticoduodenectomy (pylorus sparing Whipple procedure) (64.0%) or pancreaticoduodenectomy (classic Whipple procedure) (21.7%). Eighty-two percent of patients also received adjuvant chemotherapy or chemoradiation therapy or had neoadjuvant therapy (7%). The overall questionnaire response rates for this study were 100% (n=143) preoperatively and 76% (n=109) at 3 months, 64% (n=92) at 6 months, and 62% (n=89) at 9 months postoperatively.

Significant relationships were found between increased severity of 13 of 16 SCs identified and decreased QoL (all p-values <0.05), which included 3 SCs at preoperative baseline (Pain-Gastrointestinal SC, Mood SC, and Fatigue-Nutritional Problems SC); and 3 SCs at 3 months (Mood-Pain-Anorexia-Fatigue SC, Insomnia-Digestive Problems SC, and Nutritional Problems SC); 4 SCs at 6 months (Mood-Pain-Insomnia SC, Bowel-Digestive Problems SC, Fatigue-Anorexia-Nutritional Problems SC, and Pain-Itching SC); and 3 SCs at 9 months postoperatively (Mood-Insomnia-Pain-Nausea SC, Digestive-Weight Loss-Bowel Problems SC, and Fatigue-Pain-Nutritional Problems SC).

Only 2 of the 16 SCs identified in this study were associated with survival, which included the Insomnia-Digestive Problems SC and Nutritional Problems SC at 3 months postoperatively. More specifically, at three months postoperatively, PC patients who reported high severity of the Insomnia-Digestive SC (loss of bowel control, trouble digesting food, and trouble sleeping) were found to have a 60% higher hazard of dying (HR 1.60, 95% CI [1.08, 2.36], $p < 0.05$) and PC patients who reported high severity of the Nutritional Problems SC (weight loss, change in taste, dry mouth, and itching) were at a 53% higher hazard of dying (HR 1.53, 95% CI [1.06, 2.22], $p < 0.05$) when compared to PC patients who experienced a low severity of these SCs. Furthermore, postoperative PC patients who experienced increased severity of the Insomnia-Digestive Problems SC at 3 months postoperatively demonstrated poorer median survival (14.3 months, 95% CI [11.2, 17.3]) when compared to survival of postsurgical PC patients who experienced lower severity of this SC (22.5 months, 95% CI [16.3, 30.0], $p < 0.05$). Similarly, postoperative PC patients who experienced increased severity of the Nutritional Problems SC at 3 months postoperatively demonstrated poorer median survival (14.4 months, 95% CI [12.2, 18.7]) than postsurgical PC patients who experienced lower severity of this SC (19.8 month, 95% CI [15.5, 28.8], $p < 0.05$). These exploratory outcome data must be cautiously interpreted as there was no adjustment for the presence of other potentially influential factors.

Conclusion: Findings suggest that 13 SCs identified over time were associated with decreased QoL and that 2 of these SCs when present at 3 months postoperatively were potentially associated with reduced survival. The clinical outcomes examined in this study provided support of the detrimental effects that increased severity of SCs may have on postoperative patients with PC. The findings from this study may be used by oncology nursing professionals to provide anticipatory guidance and help inform the assessment of SCs in patients with PC. Furthermore, these findings underscore the important role that SC assessments may have in identifying those patients who have an increased risk for poor clinical outcomes. While causality cannot be determined between the SCs and clinical outcomes in this exploratory study, these potentially important associations deserve further investigation with a more targeted and detailed analysis involving a larger cohort. As such, this study provides a framework for further investigation into the role that adverse symptoms and symptoms clusters play in QoL and survival in this population.

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M 07 - Practice Outcomes in Cancer Care

Anesthetic Management: Can We Influence Outcomes for Cancer Patients?

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Purpose

The purpose of this presentation is to inform the clinician of available evidence regarding anesthetic choices and their influence on outcomes for cancer patients.

Target Audience

The target audience of this presentation is nurses providing care to cancer patients during the perioperative period requiring anesthesia.

Abstract

Cancer continues to be a major cause of morbidity and mortality throughout the world. According to the World Health Organization (WHO), in the year 2012 there were approximately 14 million new cases of cancer with 8.2 million deaths attributed to cancer (WHO, 2015). This number is expected to increase by almost seventy percent in the next two decades. It is estimated one in seven deaths are caused by cancer, and in high income countries it is the second leading cause of death, while in low-middle income countries it is the third leading cause of death (American Cancer Society, 2015) Many cancers could be prevented secondary to quitting smoking, reduction of alcohol consumption, avoiding excessive sun exposure, and controlling infections with better procedures, vaccinations and treatments. Despite this, millions of patients will still require treatment and many of them will require anesthesia at some point during this treatment. It is our duty to provide patients with safe anesthetic management and contribute to their long-term outcomes.

The last several years much attention has been given to anesthetic management and its effects on cancer. We know that surgery itself can modulate the innate immune response and may have negative effects on cancer, specifically cancer recurrence and metastasis. During surgical manipulation, micrometastasis are released into the circulation and the protective function of the primary tumor is removed. The probability that these micrometastasis grow and develop depends largely on their ability to proliferate, vascularize, and colonize another organ (Snyder & Greenberg, 2010). Suppression of cell-mediated immunity (CMI) is a known complication from surgery and depends primarily on the amount of tissue damage, anesthetic drugs utilized, blood loss and transfusion, pain, hypothermia, nociception, and perioperative anxiety and stress (Ben-Eliyahu, 2003 and Snyder & Greenberg, 2010). Whether or not these effects negate the benefit from surgery is still inconclusive. Research is continually being conducted considering perioperative factors that may contribute to modulation of immune function, and what health care providers can do to improve patient care.

Several anesthetic drugs have been evaluated to review their potential impact on morbidity and mortality, and cancer recurrence. It is proposed opioids may contribute to cancer growth directly via promotion of angiogenesis and inhibition of cellular immunity (Byrne, Levins & Buggy, 2015). Reducing surgical stress response and amount of opioids administered could contribute to preservation of immune function and reduction of cancer recurrence. Use of multi-modal analgesia such as regional anesthesia, non-steroidal anti-inflammatory (NSAID), and acetaminophen may help reduce amount of opioids consumed. Additionally, there is growing evidence suggesting use of regional analgesia may increase patients' time to cancer recurrence and reduce rate of metastasis. While many of these studies are retrospective in nature and conflicting results have been found, the benefit may prove to be specific to cancer type. Currently there are several randomized controlled trials underway and we anxiously await these results. As we continue to provide care to the growing number of patients with cancer, it is imperative to individualize anesthesia for each patient based on their co-morbidities and procedure performed, and make adjustments accordingly with strength of evidence in the literature.

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O 02 - Keeping Nurses in the Profession: At All Levels

Nurses' Extended Work Hours and Patient, Nurse, and Organizational Outcomes in General Hospitals, Thailand

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Purpose

The purpose of this presentation is to examine the relationship between nurses' extended work hours and patient, nurse, and organizational outcomes in general hospitals, Thailand.

Target Audience

The target audience of this presentation are nurse managers and staff nurse

Abstract

Nursing shortage has affected the increasing of nurse workloads which may impact working error as well as patient, nurse, and organizational outcomes. The purpose of this study was to describe nurses' extended work hours and to examine the relationship between nurses' extended work hours and patient, nurse, and organizational outcomes in general hospitals, Thailand. The sample included 506 nurses who have worked more than 40 hours per week in 24 general hospitals, Thailand. The research instruments consisted of 5 parts as follows: a demographic form; the Nurses' Extended Work Hours Form; the Patient, Nurse, Organizational Outcomes Form; the Organizational Productivity Questionnaire; and the Maslach Burnout Inventory. The reliabilities of the Organizational Productivity Questionnaire and the Maslach Burnout Inventory were .95 and .82, .71, and .84 for emotional exhaustion, depersonalization, and personal accomplishment, respectively. Data were analyzed using descriptive statistics and spearman correlation. The results of study showed that, on average, the sample worked 58.74 hours per week (SD=12.33). About 80.33 percent of the sample had the chance of working two continuous shifts. The emotional exhaustion and depersonalization were at a high level (= 30.37, 10.08), while personal accomplishment was at a low level (= 45.30). It indicated high burnout among the sample. Extended work hours were positively related to patient identification error, the occurrence of pressure ulcer, patient complaints, emotional exhaustion, and depersonalization ($r = 0.145, p = .001$; $r = 0.150, p = .001$; $r = 0.103, p = .026$; $r = 0.097, p = .029$; $r = 0.105, p = .018$, respectively). Nurses' extended work hours were negatively related to nurses' health condition during the first year of working, nurses' health condition after the first year of working, adequacy of rest and sleeping, the balance between work and life ($r = -0.087, p = .050$; $r = -0.114, p = .010$; $r = -0.155, p = .000$; $r = -0.125, p = .005$, respectively). Nurse managers can apply the results of this study as evidence to improve nurse workforce and human resource policy.

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O 02 - Keeping Nurses in the Profession: At All Levels

Keeping Nursing Faculty Healthy

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Purpose

To discuss the importance of keeping nursing faculty healthy and in teaching positions. Common barriers to nursing faculty wellness will be identified. Recommendations to increase nursing faculty participation in wellness activities will be provided.

Target Audience

Nurse educators and others that want to improve the health of nurses in general.

Abstract

Purpose: We are currently experiencing a worldwide shortage of nurses. Nurses are at the front line of most health care systems. A shortage of nurses will have a negative impact on the health of citizens across the globe. At a time when we need more nurses than ever, we are experiencing a nursing faculty shortage. Education of new nurses is an issue in both developed and developing countries. It is important, therefore, to keep nursing faculty healthy and teaching for as long as possible.

The purpose of the study was to investigate the lived experience of nursing faculty who have access to employee wellness programs. The study explored whether nursing faculty participate in employee wellness programs, examine their reasons for participation or lack of participation, and investigate factors that might motivate them to increase their participation in such programs.

Methods: The study was conducted using a phenomenological approach with purposive sampling. Azjen's Theory of Planned Behavior and Pender's Health Belief Model were used as key theoretical foundations. Semi structured interviews with 13 nursing faculty from 2 nursing education programs were completed. All faculty participants were from Alaska and taught in rural and urban areas. Moustakas' thematic analytic approach was used to analyze the data.

Results: Six composite themes were identified: Wellness activities, benefits, personal relevance, modeling, outside influences, and types of experiences. Results indicated that nursing faculty believe employee wellness programs are beneficial, but want them to be personally relevant. Nursing faculty valued socialization as an important benefit. Outside influences, such as job demands and convenience, impacted nursing faculty participation in employee wellness programs.

Conclusion: Social change can be affected through the improvement of nursing faculty wellness. Having healthier nursing faculty will allow them to stay active in the academic workforce longer. Given the nursing faculty shortage, it is important to keep as many nursing faculty as possible. Making the programs convenient and meaningful for nursing faculty may increase their participation. Faculty wellness program participation also gives nursing faculty the opportunity to model healthy behaviors for nursing students and other faculty and staff on campus. If nursing students have good role models for health, they may work to improve their own health. Having healthy nurses who stay in the workforce is important for reducing the nursing shortage. Furthermore, healthy nurses can be good role models for those they serve, leading to improved health for patients.

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O 02 - Keeping Nurses in the Profession: At All Levels

Educating Nurses on Shift Work Risks and Risk Reduction Strategies

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Purpose

The purpose of this presentation is to share the development, implementation, and impact of an educational intervention to improve nurses' appreciation of shift work risks and adaptation strategies.

Target Audience

The target audience for this presentation is clinical nurses exposed to shift work hazards, those who employ nurses subject to shift work, and those with impact on public policy addressing occupational risks of shift work.

Abstract

Background: Continuous attendance over the ill and injured is at the very heart of nursing, and shiftwork in nursing is therefore prevalent worldwide. A substantial body of evidence links shiftwork with increased risk of illness, injuries, and accidents (Matheson, O'Brien, & Reid, 2014; National Institute of Occupational Safety and Health, 2015). Health impairments linked to shiftwork include cardiovascular disease, diabetes, cancer, and other ailments (Gan et al., 2015; Koh, 2010; Lin et al., 2015). Occupational injuries are also heightened in shift workers, specifically including nurses (DeCastro et al., 2010). Extensive evidence also supports psychosocial harm to shift workers, including low quality of life scores (Perrucci et al., 2007; Shao, Chou, Yeh, & Tzeng, 2010). Shiftwork hazards unfortunately extend to an increased risk of errors, including nursing medication errors (Suzuki, Ohida, Kaneita, Yokoyama & Uchiyama, 2005). As early as 1992 Gold found a high incidence of nurses falling asleep during work hours, and this finding has subsequently been replicated in the literature (Muecke, 2005) with obvious implications for patient safety. In a 2004 report for the Institute of Medicine, Rogers summarized the literature indicating risks to patients in terms of procedural and medication errors resulting from diminished attentiveness, cognitive decline, delayed reaction times, impaired memory, loss of physical strength, and other problems associated with shift work and fatigue.

A number of strategies have been advanced to reduce risks of shift work. Primary among these interventions is alteration of sleep behaviors and efforts to improve circadian rhythm adaptation (Matheson, O'Brien, & Reid, 2014). Shift workers underestimate the importance of adequate quantity and quality of sleep, and consistently sleep less than daytime workers (Tucker, Folkard, Ansiau & Marquie, 2010). Increasing awareness of needs for rest has been shown to have a positive impact in countering fatigue among nurses (Scott, Hofmeister, Rogness & Rogers, 2010). In addition to securing adequate sleep, useful interventions may include dietary modifications, controlled light exposure, timing of exercise, naps, and judicious use of medications (Neil-Sztramko, Pahwa, Demers, & Gotay, 2014). Workplace adjustments have also been found to be important. Creating a workplace culture which promotes safety includes policies which support best scheduling practices, periodic fatigue assessments, no-blame reporting, and frequent breaks (Caruso, 2015).

Nurses may lack awareness of the hazards of shift work, and training to facilitate behaviors thought to mitigate risk. Worker education regarding risks has been recommended to foster improved adaptation practices (Caruso, 2015). Shao, Chou, Yeh, & Tzeng, (2010) concluded their recent study of 435 nurses with a recommendation for provision of shift work educational programs to undergraduate and working nurses. Suzuki et al. (2005) also concluded their study of occupational errors and accidents in shift working nurses with a recommendation for provision of sleep hygiene advice and other health promotion measures. Best practices for improving awareness of risks for nurses are not known. No reports have been located regarding use of a self-directed multimedia educational module to inform nurses of shift work hazard. Learning via an online platform has been shown to be effective across other broad areas of study (Bell & Federman, 2013).

Purpose: The proposed presentation provides evidence of the need for interventions to better educate nurses about shift work risk and risk reduction. A web-based multimedia educational module was

designed, implemented, and evaluated. The primary objective of the study was to determine whether this educational program would impact nurses' knowledge of shift work and perception of shift work risks. Additionally, the study sought to determine whether the information presented would influence nurses' intention to change behavior to reduce risk.

Methods: A multimedia online educational module was created by the researcher. The program was interactive, self-directed and required less than one hour to complete. A single group convenience sample of 39 hospital based registered nurses participated in a brief assessment of knowledge before and after completion of the program. Participants were also asked to rate their perception of shift work risk. Likelihood of behavior change associated with risk reduction was assessed pre and post intervention.

Results: A paired-samples t-test was conducted to compare pre and post intervention knowledge of shift work risks. There was a significant difference in the scores pre-intervention and post intervention with $t(38) = 4.61$ ($p < 0.0001$). Additional paired samples t-tests were conducted to compare pre and post intervention perception of risk. These analyses indicated that the nurses' perception of risk differed significantly after completing the educational module. A final set of paired samples t-tests compared pre and post intervention scores on the nurses' likelihood of behavioral change, with a significant difference demonstrated post intervention.

Conclusion: Paired samples t-test analysis demonstrated significant increase in participants' knowledge of shift work hazard post intervention. Perception of risk and likelihood of behavior change were significantly increased from pre to post intervention. The findings of this study indicate that completion of a short online educational presentation allowed nurses to increase knowledge of hazards associated with shift work. Moreover, nurses demonstrated enhanced awareness of risk and increased likelihood of behavioral change.

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O 03 - Outcomes in the Clinical Setting

The Implementation of the Surgical Pause in Selected Private Healthcare Institutions in Gauteng

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Purpose

The purpose of this presentation is to share with you how poor compliance to the implementation of the surgical pause was addressed through the action research cycles to ensure patient safety.

Target Audience

The target audience of this presentation is all medical clinicians in operating theatres and their supervisors who have to ensure patient safety during the intra-operative phase.

Abstract

Purpose: The purpose of this presentation is to share with you how poor compliance to the implementation of the surgical pause was addressed through the action research cycles to ensure patient safety.

Methods: Quantitative research was used to evidence of the number of correctly implemented surgical pause checklists by the surgical teams. Qualitative research was used to discover and understand the reasons why surgical pause was not implemented (Brink, van der Walt and van Rensburg, 2012).

Stringer's action research routine of LOOK, THINK and ACT was followed to reach the objectives (Bless, Higson-Smith and Sithole, 2013). The population included all surgical teams in the selected private health care institution in South Africa.

Non-probability convenience sampling was utilized due to time constraints and the availability of surgical procedures.

The implementation of the surgical pause was observed for 37 surgical teams. The reasons for not implementing the surgical pause were assessed using an open-ended questionnaire. From the data obtained a participative action plan was formulated, implemented and evaluated to address the poor compliance to the implementation of the surgical pause. Recommendations were made for practice, education and future research.

Results: All the steps of the surgical pause are not implemented; therefore, the implementation of the surgical pause is not compliant with the specific criteria.

The majority of the thirty-three participants of the research study said that the following is the major factors that influence surgical pause compliance: Time and workload (19), Habit and forget (11), Lack of knowledge (8) and Intimidation of surgeons (6).

After the implementation of the participative action plan adherence to the implementation of the surgical pause significantly improve.

Conclusion: Wrong site surgery can be a shocking experience for the patient and have a destructive impact on the surgical team. Implementation of the surgical pause is vital for patient safety. Implementation of a participative action plan to improve adherence to the implementation of the surgical pause significantly improve is effective.

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O 03 - Outcomes in the Clinical Setting

Determination of Self-Care Ability Level of Patients With Open Heart Surgery After Discharge

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Purpose

This descriptive study aimed to determinate the self-care ability level of patients with open-heart surgery after discharge.

Target Audience

All health care professionals and educators working with surgery related problems and patient discharge planning.

Abstract

Purpose: This descriptive study aimed to determinate the self-care ability level of patients with open-heart surgery after discharge.

Methods: The study of was carried out in university hospital's cardiovascular surgery clinic in Ankara/Turkey between 01.04.2014- 30.07.2014. 97 patients with open-heart surgery volunteered to take part in the study. Data was collected with three forms. The first one was included questions related with socio-demographic characteristic and level of daily living activities of patients, second form was included questions related with problems encountered after discharge and third form was self-care agency scale (min35-max140, high scores indicate better self-care ability). Data was collected from patients after one month later from the discharge when they came to hospital for follow up appointment. Patients were informed about the study on discharge and informed again on their follow up appointment once more. After appointment researchers interviewed each patient in a private room on the outpatient clinic with face-to-face. Data was analyzed with percentage, Mann-Whitney U test and Kruskal-Wallis H-test.

Results: The mean age of patients was 60 ± 13.9 ; 58.8% of them were male, 93.8% of them married, 74.2% of them living in the province, 67% of them unemployed and 49.5% of them living with spouse. It was found that a month after open-heart surgery 50% of patients become dependent on housework, cleaning, shopping, transportation, food preparation and needed assistance with washing and dressing. Respiratory distress, weakness and fatigue, sleep problems, anxiety about activity, emotional changes such as easily cry /offense, constipation, loss of appetite were found the most encountered problems. Taking drugs (90%), resting and avoidance of activity (80%) and seeking the medical supervision were the most preferred approaches to handle the problems. The average self-care agency scale score of patients was found as $102.03 \pm 18:21$ which indicate that their self-care level was above intermediate level. Statistically significant relationship was found between self-care agency scale score and education, income, employment status, living place ($p < 0.05$).

Conclusion: Patients encountered at least one problem related with activities of daily living and become dependent on others. Their patients' self-care level was found above intermediate and they stated that they do not know how to deal with the problems after discharge.

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O 03 - Outcomes in the Clinical Setting

The Pervasive Role of Religion/Spirituality in Pakistani Women's Self-Management of Recurrent Depression

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Bonnie M. Hagerty, PhD, RN, USA

Purpose

The purpose of this presentation is to describe the findings related to religion/spirituality in Pakistani women and discuss the implications for nursing practice across cultures

Target Audience

The target audience of this presentation is practice nurses and educators interested in learning about self-management strategies particularly religious/spiritual strategies and nursing implications across cultures

Abstract

Background: Understanding self-management of chronic illness including Major Depressive Disorder (MDD) has become a prominent effort for researchers and clinicals. Much of the literature on self-management is derived from research focused on Western culture. Less is known about how people self-manage their MDD in other cultures. Hence, a qualitative study was designed to understand how women in Pakistan, a South Asian country, self-manage their recurrent MDD.

There is no nation-wide epidemiological research done yet to determine the prevalence of depression among Pakistani women. Nonetheless, based regional research depression among Pakistani women appears to be high. One study conducted in Pakistan also revealed a more than double the prevalence of depression in women compared to men.

Considering how little is known about Pakistani women's mental health in general and how they self-manage their MDD in particular, it is timely and imperative to generate knowledge that enhance understanding of how Pakistani women live their day-to-day lives with recurrent MDD including use of strategies and their effectiveness.

Religion/spirituality is central in the lives of Pakistanis. However, the role of religion/spirituality in how Pakistani women deal with recurrent MDD is yet to be empirically explicated. Currently, little is known about what Pakistani women do to manage their MDD. A review of literature related to self-management strategies revealed that studies were not conducted from the perspective of self-management. For example, the study that explored Pakistani women's experiences of depression and coping revealed that women use a variety of coping strategies such as talking to someone, being strong for the children, keeping busy, religious coping, positive self-talking, downward comparing, and using antidepressants. Though such research study provided some information on coping activities Pakistani women used for their depression, they were not queried from the perspective of self-management and the women were not residing in Pakistan.

Purpose: A qualitative, descriptive study was conducted to understand the strategies Pakistani women use to self-manage their recurrent MDD including: (i) Pakistani women's experience of depression, (ii) factors that influence self-management strategies (SMS), and (iii) SMS and their perceived effectiveness.

Methods: Using purposeful sampling, 10 Pakistani women who had had two or more episodes of major depression were recruited through flyers posted in the outpatient psychiatric clinic of a private university hospital and by referrals from psychiatrists to the primary researcher. Data were collected through semi-structured interviews using an interview guide.

The primary investigator, fluent in English and Urdu, translated all the interviews into English and then back translated three randomly selected interviews. To avoid biased interpretations, two independent bilingual Pakistani colleagues currently residing abroad translated one interview each.

Content analysis was used to analyze data that aimed at describing Pakistani women's experience of depression, factors influencing strategies, and SMS for their recurrent depression.

Results: Three major themes emerged from the qualitative analysis: a) experience of depression, b) influence of religious/spiritual perspective, within the cultural context, on the selection of strategies, and c) specific religious/spiritual SMS and their perceived effectiveness.

The experience of depression was influenced by each individual woman's religion/spirituality. Women viewed their experience of depression through the lens of religion/spirituality which created positive and negative perspectives. Positive insights were framed as a gift from God and renewed faith in God and Islam. As a gift from God, depression instilled the understanding and perspective that anyone could have depression and they developed empathy for others. As a renewed faith in God and Islam, they embraced more strongly religious rites and rituals. The negative insights revealed that all women shared their experience of going through depression as painful. They viewed depression as the worst of all illnesses mainly because of its insidious and hidden course and presentation.

The second theme was the influence of religion/spirituality within the cultural context, on the selection of SMS. Faith in God was the strongest influence on their selection of religious/spiritual strategies for coping with depression believing that God had the power to solve all of their problems and was the source of courage and strength.

The third theme was specific religious/spiritual SMS used to manage their depression and their perceived effectiveness. These included having faith in God and ways of connecting with God. Faith in God was viewed as a source of healing, contentment and ease, source of help, and a sense of hope. The connection to God occurred through performing prayers, reciting the holy Qur'an, talking to God, and performing a Pilgrimage. Women described that the perceived effectiveness of these strategies changed over time in terms of their usefulness and thus were not constant.

Conclusion: These findings provide valuable insights into the importance of religion/spirituality in how Pakistani women self-manage their depression. These results constitute evidence that should be the basis for practice when caring for patients from an Islamic culture. Religion and spirituality are the critical lenses through which Islamic women understand their illness and make decisions about how to manage their depression. Self-management occurs within a cultural context. The norms of the culture influence the options that women have in order to self-manage. Pakistan and many South Asian and Middle Eastern countries are homogenous with respect to religion. In Western culture, there is more heterogeneity in religious beliefs and spiritual practices. Although these concepts are relevant in Western culture, it is critical for nurses, in order to provide culturally sensitive care, to understand the unique religious and spiritual perspectives that influence how women understand and manage their depression.

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O 04 - Perspectives on Doctoral Nursing Education

Translating the Evidence: Analyzing DNP Capstones as Exemplars of Excellence in Clinical Outcomes

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Purpose

The purpose of this presentation is to discuss selected exemplars of DNP scholarly projects that exemplify the translation of knowledge to excellent clinical practice based upon the Essentials of Doctoral Education for Advanced Nursing Practice

Target Audience

The target audience of this presentation is faculty in post-master's DNP and BSN-DNP programs, graduate students in nursing, health care providers in community-based practices, and faculty and students examining innovation in health care outcomes

Abstract

Purpose: The purpose of this presentation is to enable the participant to identify and use creative strategies in doctoral education in analyzing clinical outcomes through using exemplars: completed DNP capstone projects.

Methods: The method used is content analysis of selected exemplars of excellence in completed DNP projects that addressed quality improvement in clinical outcomes, using the American Association of Colleges of Nursing DNP Essentials as the benchmark.

Results: Eight completed DNP capstones are analyzed using the 8 DNP Essentials as defined by the American Association of Colleges of Nursing. Key components of the Essentials were applied to each capstone to determine translation of evidence, impact on quality improvement and clinical outcomes, failures and barriers in implementation as well as successful implementation, and specific clinical lessons learned from each capstone. Topical areas of capstones included burnout as a barrier to practice; compassion fatigue among military and emergency room nurses in emergent situations; micro-costing of community-based care; equity in reimbursement for advanced practice nurses; group visits to modify diabetes outcomes and to change hypertension profiles; rural community-based education to decrease neonatal hypothermia; use the clinical case narrative as an educational strategy; clinical and graduate student clinical practice outcomes after high-fidelity simulation

Conclusion: Content analysis of completed DNP capstone projects from the perspective of impact on clinical outcomes and population-based health provided a rich tapestry of data on nursing leadership and identified impacts on health care delivery, advocacy and quality improvement. This analysis adds to the body of literature on the impact of the DNP degree upon clinical practice. Eight selected completed capstones exemplified various elements identified in the Essentials that provided leadership for change in clinical practice, promoted interdisciplinary collaboration, contributed to promoting advocacy and policy changes, or have enhanced quality improvement in health care systems. This project enabled the selected DNP graduates to have an opportunity to critically examine their work related to translating the evidence and impact on clinical outcomes.

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O 04 - Perspectives on Doctoral Nursing Education

Effect of DNP and MSN Evidence-Based Practice (EBP) Courses on Nursing Students' Use of EBP

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Purpose

The purpose of this presentation is to describe the study conducted to evaluate the effect of DNP and MSN EBP courses on nursing students' attitudes, perceived support from their professional network, self-efficacy, knowledge and implementation of EBP at an independent, private research university in the southeastern United States.

Target Audience

The target audiences of this presentation are faculty in graduate and undergraduate nursing programs who teach EBP courses, nursing students enrolled in graduate programs and advanced practice nurses who implement EBP in the practice setting.

Abstract

Traditional nursing research courses at the MSN level have recently been restructured to incorporate more focus on evidence based practice (EBP). Doctorate of Nursing Practice (DNP) curricula have been revised to incorporate more content on EBP (Moore & Watters, 2013). One of the challenges is to better understand the learning needs of these students as advanced practice nurses and subsequently develop learning activities to enhance their knowledge and skills with respect to EBP (Melnyk, Fineout-Overholt, Gallagher-Ford, & Kaplan, 2012). Students' attitudes towards EBP, perceived support from their professional network, or level of understanding and prior utilization of EBP are rarely evaluated before these courses begin. The only type of appraisal that these courses typically receive is from student evaluations at the end of the course, and those evaluations seldom assess students' confidence in conducting EBP (i.e., self-efficacy).

Ajzen's Theory of Planned Behavior (TPB) states that purposeful behavior is a function of a person's attitudes toward the behavior, subjective norms (what other people want the person to do) and perceived behavioral control (a construct similar to self-efficacy) (Ajzen, 1991). Knowledge about the behavior helps form the attitudes toward and perceptions related to the behavior. That theory is the conceptual framework for this study.

Purpose: To evaluate the effect of DNP and MSN level EBP courses on nursing students' attitudes, perceived support from their professional network, self-efficacy, knowledge and implementation of EBP at an independent, private research university in the southeastern United States.

Research Hypotheses:

H1. Implementation of EBP in the clinical setting is a function of the student's attitudes toward EBP perceived support from their professional network and their self-efficacy regarding conducting EBP.

H2. DNP students will have higher baseline pre-course scores than the MSN students on all of the TPB-related subscales and the knowledge test because of their greater number of years of experience in nursing.

H3. All students (DNP, MSN) will achieve higher scores on these variables post-course compared to baseline scores.

H4. Pre- to post-course change scores will be similar in both the DNP and MSN students.

Methods: An EBP instrument based on the TPB was administered to 190 MSN and 37 DNP students using RED-Cap (Research Electronic Data Capture) both before and after the intervention, the EBP course. Individual student results from the pretest were linked to their posttest (for 126 students) by using

their mother's maiden name and birthday/month. Once the surveys were linked, the identifiers were deleted.

The instrument consists of four subscales--attitudes towards EBP (6 items), professional network support for EBP (5 items), self-efficacy for conducting EBP (9 items), and behavioral performance of EBP (8 items)—along with an EBP knowledge test (7 items) and a demographic information section. Individual items for the four subscales were developed independently by two co-authors after a review of relevant literature related to EBP research instruments. The co-authors independently assigned items to one of the TPB's four domains: attitude toward the behavior; subjective norms; perceived behavioral control; or behavioral performance. Consensus was used to resolve any differences of opinion. A methodological expert in instrument development and three EBP context experts reviewed the drafts of the instrument. The questions were further revised in 2012 based on the initial validation of the instrument by students registered in the DNP, MSN and pre-specialty nursing programs at one university.

Results: One hundred and twenty-six students completed both the pretest and posttest for a 56% response rate. Eighty-six percent of those students were female. Their ages ranged from 22 to 57 years ($M=32.19$; $SD=8.54$). The majority of the MSN students (53%) were staff nurses, and 29% worked full time. Forty-two percent of the DNP students were nurse practitioners and the majority of them (79%) worked full time. The BSN was the highest degree in nursing for approximately two thirds of the MSN students (65%), and nearly all of the DNP students (96%) had an MSN degree. Approximately one third of the students (37%) were employed in a Magnet facility. The majority of students (53%) had attended a continuing education program on EBP; whereas only 19% had an academic course on EBP within the past five years.

Cronbach's alpha for each of the four subscales (pretest; posttest) was acceptable: attitudes (0.65; 0.81), network support (0.70; 0.70), self-efficacy (0.83; 0.81) and behavior (0.86; 0.85).

H1. Students' attitudes toward EBP, perceived support for EBP from their professional network, and self-efficacy for conducting EBP accounted for 23% of the variance in reported behavioral implementation of EBP in the clinical setting post-EBP course. Knowledge about EBP did not contribute unique variance to explaining the post-course behavior of EBP.

H2. There were no significant differences between the MSN and DNP students in baseline (pre-course) scores on any of the subscales except behavior, with the DNP students reporting they performed more EBP behaviors (2.45 on a 5-point scale where 5=4 or more times per week on average) in the clinical setting than the MSN students ($M = 2.06$; $p = 0.008$). Between group differences in reported EBP behavior were insignificant post-EBP course.

H3. Overall student scores on three of the four subscales of the EBP instrument (attitudes, self-efficacy and behavior) significantly increased pre-to-post EBP course ($p = <0.001$). The self-efficacy subscale demonstrated the greatest pre- to post-course change scores. The mean score increased from 3.40 to 4.04 on the Likert response scale (1=strongly disagree; 5=strongly agree). Network support and knowledge scores also increased pre- to post-course, but not significantly.

H4. When the DNP and MSN students were split into separate subgroups, change scores on two subscales (attitudes, self-efficacy) remained significant in both groups. There was a significant positive change in EBP behavior only for the MSN students. The MSN students' mean score increased from 2.04 to 2.52 on the 5-point Likert response scale. Knowledge scores increased significantly for the DNP students, but not for the MSN students. The DNP students' knowledge mean scores increased from 5.00 on the pre-EBP course to 5.70 on the post-EBP course out of a possible score of 7 correct answers.

Conclusion: This study examined the effect of DNP and MSN EBP courses on students' attitudes, perceived support, self-efficacy, knowledge and implementation of evidence-based practice at an independent, private research university in southeastern United States using an instrument based on the TPB. The results of the study demonstrate EBP courses can improve EBP behaviors in the clinical setting, especially in MSN students, by increasing their positive attitudes and self-efficacy regarding behavioral performance. Baseline EBP knowledge scores were similar in both MSN and DNP students, but knowledge increased significantly in DNP students when exposed to a rigorous academic course in EBP and critical appraisal of research evidence.

The EBP courses seemed to have the greatest impact on both the MSN and DNP students' attitudes toward systematic reviews/meta-analyses and the importance of research study designs. The courses also influenced students' ability to write researchable questions, conduct comprehensive literature reviews and critically appraise research studies. The frequency of retrieving relevant evidence after formulating a PICO question also increased significantly after taking the EBP courses.

A pretest course evaluation can help faculty determine the learning needs of MSN and DNP students in order to develop appropriate learning activities to support their acquisition of the essential knowledge and skills to use EBP in the clinical setting, while administering the same instrument after the course can help faculty evaluate the effectiveness of the teaching in accomplishing course objectives. As a result, healthcare professionals including advanced practice nurses will be better prepared to facilitate and promote the implementation of EBP to support high quality of care and improved health outcomes (Frenk et al., 2010; Ramos-Morcillo et al., 2015).

Further studies should continue to examine the effectiveness of educational interventions including DNP and MSN EBP courses on students' attitudes, perceived support, self-efficacy, knowledge and implementation of EBP in different populations of nursing students (Upton, Upton, & Scurlock-Evans, 2014).

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O 04 - Perspectives on Doctoral Nursing Education

Perspectives on Doctoral Education

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Purpose

The purpose of this presentation is to share the findings of a survey conducted by the Georgia Nursing Leadership Coalition (GNLC) about current and recent students in Georgia-based doctoral programs. The baseline data were obtained as part of a plan to develop strategies to recruit and retain more doctoral students.

Target Audience

Nursing educators, doctoral students, nurses interested in pursuing doctoral education, all nurses, administrators, academic deans,

Abstract

Purpose: Georgia's action coalition, the Georgia Nursing Leadership Coalition (GNLC) plans to increase the number of nurses with doctorates in keeping with the IOM Future of Nursing recommendations (2010). To understand more about this population and obtain data that will help faculty and administrators design programs and offerings to encourage more nurses to enroll in doctoral work as well as develop effective retention strategies and on time graduation dates, the GNLC surveyed current and recent students in Georgia-based doctoral programs in 2014. The purpose of this presentation is to share the findings about current and recent students in Georgia-based doctoral programs and the baseline data obtained as part of a plan to develop strategies to recruit and retain more doctoral students.

Increasing the number of nurses with doctoral degrees is one of the recommendations of the IOM's *Future of Nursing* report: less than 1% of the U.S. nursing workforce has a doctoral (PhD) degree. The GNLC wanted to understand students' perspectives regarding selecting and completing nursing doctoral programs in Georgia-based schools in order to determine best practices for recruiting and retaining students. In March of 2014, the GNLC conducted an online survey of students currently and recently enrolled in Georgia's brick-and-mortar nursing doctoral programs in nursing in Georgia. The findings are being disseminated to all doctoral programs in nursing and it is hoped that this information and the strategies developed will help increase the number of nurses with doctoral degrees.

According to the American Association of Colleges of Nursing, the number of research-focused doctoral programs increased from 124 in 2010 to 133 in 2013 (7% growth), while the number of DNP programs increased from 153 to 241 in the same period (58% growth) (AACN, 2014). Georgia's doctoral programs increased more during the same time frame: the number of research-focused doctoral programs increased from 5 to 6 (20% growth), and the number of DNP programs increased from 3 to 7 (133% growth). Enrollments grew accordingly. Nationally, the number of students enrolled in DNP programs grew from 7,037 to 14,699 (108%) and the number of students enrolled in DNP and DNS programs grew from 4,611 to 5,124 (11%). In the same time frame, enrollments in Georgia in in DNP programs grew from 69 to 141 (104%) while enrollments in research-focused programs increased from 86 to 109 (27%) (although this includes EdD programs as well).

Methods: The GNLC co-leads received a State Implementation Program (SIP) Grant in February 2013 by the Robert Wood Johnson Foundation. The GNLC staff conducted an online survey in March, 2014, of students currently and recently enrolled in doctoral programs in nursing in Georgia brick-and-mortar schools. The survey was developed by the GNLC with review and feedback from the Georgia Health Policy Center and the Robert Wood Johnson Foundation.

The Doctoral Steering Committee also determined that inclusion criteria for "recent graduates" was students who graduated in the five years prior to this study, so any time after December of 2008. An email was sent to all Deans and Directors of doctoral programs in nursing three weeks prior to opening the survey to explain the goal of the project, who the target populations were, what the timeline was, and

request their help in disseminating the survey via emails. The survey was distributed by the schools to their students and graduates in March, 2014. Schools were sent an email for them to distribute to students and recent graduates with a description of the project and a link to the survey on March 10. Reminder emails were sent the Monday of each week that the survey was open as well as on the last day. As a means to ensure that the survey had been disseminated by all the programs, the Principal Investigator (PI) checked the survey results periodically to see if students from all programs had submitted responses. If certain schools had no responses, the PI then contacted that Dean/Director to find out what was happening. To incentivize Deans/Directors to be diligent about disseminating the survey and encouraging responses, the PI also sent out two emails reporting the number of students for each program that had responded. For participants, incentives of \$10 iTunes gift cards were offered to the first ten people who completed the survey and there were also four drawings for \$25 iTunes gift cards.

The survey responses were collected by Survey Monkey®. The PI, who has experience in qualitative research methods, used content analysis to analyze open-ended responses.

Results: In the fall of 2013, there were 271 students enrolled in doctoral programs in Georgia schools: 141 DNP students and 130 PhD (or DNS or EdD students). A total of 190 students and graduates completed the survey: 151 current students and 38 graduates (and one respondent currently on leave). The response rate for current students was therefore 56%. Between 2007 and 2013, these schools graduated 186 doctoral students: 135 DNP students and 51 PhD (or DNS) students. Therefore, the response rate for possible graduates was 20%. (However, understanding of the instructions for this may have been inconsistent. Schools were asked to distribute the survey to students who graduated after December of 2008, yet six respondents graduated in 2007. Thus, it is unclear which schools may have contacted graduates outside of the stated inclusion criteria.) Given these response rates and data collection issues, the results cannot be generalized beyond Georgia.

Response rate by current doctoral students was 55% (20% for recent graduates). 53% were enrolled in DNP programs and 47% in research programs. Part time attendance increased by 17% and enrollment in online programs increased by 32% between the recent graduate group and the current students. Georgia has met its goal of doubling the number of nurses enrolled in doctoral study by 2014 rather than 2020. Going from enrollment of 155 to 334 in 2010 to 2014 respectively. Number of males have increased from .07% in 2010 to 14% in 2014. Diversity or lack thereof in doctoral programs remains a concern. In research program, African American and Hispanic enrollment remain flat with 40% growing in numbers of African Americans and 60% increase in Caucasian students. In practice doctorates, 800% Asian, zero in 2010 to 8 in 2014, African American increased 105%, Hispanic 67% and Caucasian 191%.

Not representative of the state. Two hundred sixty-one percent growth total in numbers of graduations with Georgia mirroring the national trend in nurses choosing the DNP. Georgia had a 354% increase from 2010 to 2014 and 150% increase in graduations from research doctorates.

Georgia doctoral students are older with the modal age being 50 and next most frequent age category being 55 years old. Sixty-one percent attend school online and 62% pursue their studies full time with a wide variation in full and part time study between PhD students and DNP student with 76% of PhD students studying full time and 52.6% of DNP students going full time.

Respondents indicated factors that were important in several aspects of their doctoral education, including selection of a program, staying in a program and future plans to remain in the state.

PhD students are borrowing a great deal more money to go to school than DNP students with 33.3% of the PhD student borrowing more than \$7,500 per semester vs 3% of DNP students.

Doctoral students indicated personal goal/satisfaction was the most rewarding aspect of doctoral education and balancing work/life/career was the most difficult. Thirty-seven percent stated they had seriously considered quitting school and the top three reasons were difficulty balancing responsibilities, difficulty with faculty, disillusioned with the program. The top three reasons they stayed in the program was personal motivation or they did not like to quit, already invested time, money and effort, and faculty/mentor support.

Best way to support doctoral students fall into three main categories: finances and strategies were to increase amount of scholarships, develop repayment plans, and options so they are able to maintain

benefits at job. Second category was scheduling. Classes need to be flexible for work and work must be flexible to attend school. Both need to adapt and be flexible for this to work. Lastly, support is needed through mentoring and from faculty.

Conclusions: There is very little research if any that examines the perspectives of a statewide cohort of students in nursing doctoral programs. There has been real change over time in enrollment and graduation trends in doctoral education within the state of Georgia. Percent of students enrolling in research doctoral programs and practice doctoral programs has changed. More students are choosing the practice doctorates. Gender diversity has increased overall, particularly in research programs with more males choosing doctoral education. Racial and ethnic diversity has decreased overall however.

Reasons why and when students choose different types of doctoral programs was presented offering insight into how various strategies can be developed to assist students choose the right program and remain in the program until graduation. This information can be helpful in workforce planning as well as targeting recruitment and developing retention strategies.

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O 05 - Trends in Graduate Nursing Education

Effects of students' incivility on nurse educators in a South African School of nursing

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Purpose

The purpose of this presentation is to present the actual or perceived effects of student incivility on the lives of nurse educators' in a South African School of nursing.

Target Audience

The target audience of this presentation is nurse educators' or nurse administrators who may need insight into uncivil behavior among student nurses in nursing schools and the effects it has on nurse educators.

Abstract

Background: The phenomenon of incivility is becoming more common in society and nursing academia is also not unaffected (Sprunk, LaSala, & Wilson, 2014). Student incivility towards educators, according to Clark (2013), is referred to as "rude or disruptive behavior that negatively impacts faculty levels of well-being, sense of self-worth, and commitment to teaching". Students' behavior becomes a concern for nursing faculty as nursing is a profession (White, 2011) and starts with education in the classroom and the clinical setting (Rosenkoetter, & Milstead, 2010) that needs to prepare students to become professional nurses. The responsibility accompanied with preparing students entering the profession of nursing therefore is not an easy process and can result into threats for the educator in the role of acting as a "gatekeeper" for the profession as students' frustrations in a professional nursing program may transpire into uncivil behavior (Gazza, 2009). Other researchers like DalPrezzo and Jett (2010) are also of the opinion that student incivility is a common cause of hurt for nursing faculty.

Purpose: The purpose of this paper is to present the actual or perceived effects of student incivility on the lives of nurse educators' in a South African School of nursing.

Methods: A qualitative descriptive design using a phenomenological approach was used in the study. A purposive sample of 11 nurse educators provided the data in individual face-to-face interviews until data saturation was reached. These were educators who had experienced the effect that students' incivility had on their lives.

Results: The researcher mostly drew on the work of Streubert and Carpenter (2007) for analyses. Data analysed indicated that the educators had varying but often similar perspectives of how students' incivility affected their lives. Nurse educators cited tiredness, lack of energy, frustration, feelings of worry, lack of motivation, feeling disrespected, lack of morale, powerlessness and lack of job satisfaction as the effects of student incivility on their lives, with three resultant themes of physical effects, emotional effects and work related effects.

Conclusion: The implications of the findings for the education and training of nurses were discussed, as well as the implications for the nurse educators' personal and professional lives. Recommendations made included developing measures to reduce or eliminate incivility among nursing students, perhaps through implementation of policies in the nursing school; providing emotional support for nurse educators who deal with incidents of uncivil behaviour and to establish structures where nurse educators can share their experiences of uncivil encounters with students in the classroom setting and what worked and what did not work in dealing with such behavior.

Clinical relevance: Nursing school administrators may gain a better insight into nurse educators' experiences with student incivility in the classroom setting and how it affects their work and personal lives.

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O 05 - Trends in Graduate Nursing Education

Motivations and Barriers for Saudi Nurses to Pursue a Doctoral Degree

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Purpose

The purpose of this presentation is to report the findings of an international study into the motivations and barriers experienced by Saudi Arabian nurses that influence the decision to pursue a PhD degree in nursing.

Target Audience

The target audience of this presentation is policy makers involved in developing nursing PhD programs, academic leaders and nursing PhD program directors, and students who are considering national or international PhD studies.

Abstract

Purpose: A shortage of Saudi PhD prepared nursing school faculty and a limited number of advanced degree programs in Saudi Arabia are preventing the education of sufficient nurses to meet growing healthcare demands and prepare nurses for faculty roles. The purpose of this study was to identify motivation and barrier factors that may influence the decision of a nurse to seek further education at the doctorate level.

Methods: A mixed method design was used for this study based upon the Chain-of-Response Model (Cross, 1981). A questionnaire was distributed to four groups of nurses using email and social media methods. Respondents included nurses who were working in either clinical practice and academia and who had either made the decision to study for a PhD or were currently undecided. A total of 161 responses were obtained from nurses either working or studying in Saudi Arabia or internationally. The analysis strategy included descriptive statistics, ANOVA, ANCOVA, and factor analysis methods. Qualitative data analysis involved creating codes and themes to create categories of responses that could be compared with the quantitative data.

Results: There was a statistically significant difference between the decided and undecided groups of nurses, based upon institutional or family barriers. There was no statistically significant difference between the motivation scores of the four groups or gender. Further analysis indicated, however, that institutional barriers were more important to female nurses in making the decision to seek a PhD. The length of time in practice or experience did not statistically impact the decision to pursue a doctoral degree, nor was it associated with motivation or barrier scores. Analysis of the qualitative data identified important motivation and barriers factors including prior success in study or work, the need to advance nursing knowledge, personal and work aspirations, and a belief in the importance of improving professional nursing and care outcomes. Support from family members, work colleagues and fellow students were important in deciding to study for a PhD.

Conclusion: This study identified motivation and barrier factors that were important to Saudi Arabian nursing students considering international study for a PhD. Findings from this study may inform students from other nations who are considering overseas education. Results from this study can be used to reform policy and practice aimed at increasing the number of PhD prepared nursing faculty necessary to grow the Saudi nursing workforce and develop its nursing research infrastructure.

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O 05 - Trends in Graduate Nursing Education

Effect of Education Module on Knowledge of Student Registered Nurse Anesthetists Regarding Surgical Site Infection

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Purpose

The purpose of this presentation is to demonstrate that advanced practice nursing education must provide active learning opportunities that integrate the best current evidence with clinical expertise to produce practitioners who deliver patient-centered evidence-based care by implementing timely and appropriate antibiotic use, maintenance of normothermia, and proper hand hygiene practices.

Target Audience

The target audience of this presentation is all advanced practice nursing students, including student registered nurse anesthetists, advanced practice nurses, and nurse academicians.

Abstract

Purpose: The Student Registered Nurse Anesthetist is accountable for prophylactic antibiotic administration and maintenance of normothermia during the intraoperative period. CMS is closely monitoring guideline compliance and incidence of SSIs. Moreover, CMS is using performance outcomes as a benchmark of quality and patient safety. Guideline compliance at community-based hospitals in South Florida mirrors rates of adherence to evidence-based guidelines seen nationwide (Medicare.gov, n.d.). Bridging the gap between research utilization and nursing practice involves a learning process that draws upon attitudes, beliefs, and behaviors (Matthews-Maich, Ploeg, Jack, & Dobbins, 2010). In order to implement clinical practice guidelines to their fullest extent an understanding of the interdependence of practitioner attitudes, beliefs and behaviors must occur. Educational interventions to foster practitioner uptake and utilization of the evidence should occur during the pre-certification phase of development in order to ensure the greatest impact on anesthesia provider practice and adherence to evidence-based guidelines. In 2003 nursing faculty were challenged by the Institute of Medicine's report Health Professions Education to transform learning experiences that give rise to professional identity so that each graduate would be educated to deliver patient-centered care that emphasizes evidence-based practice (Cronenwett et al., 2009). Use of research evidence has long been identified as the key to providing quality care yet a definitive blueprint for how to retain and implement the evidence remains elusive. The problem, providing impactful learning experiences during the pre-certification training phase is of significance because it is a means to providing quality anesthesia care upon completing requirements for advanced practice. Three nurse anesthesia University-based educational programs exist locally where more than 300 student registered nurse anesthetists (SRNAs) are enrolled annually preparing for careers in advanced nursing practice. Students enrolled in Florida International University's Anesthesiology Nursing Program will be the focus of this study.

Methods: A Quasi-Experiment using a pretest-posttest design was conducted using a convenient sample of SRNAs enrolled at Florida International University. Qualtrics, an online survey software product, was used to create and deliver the pretest and posttest surveys to all participants. SRNAs were given a pretest survey that assessed baseline knowledge of evidence-based prevention of surgical site infections. In addition, the survey measured self-directed learning (SDL) abilities and safety attitudes of all participants via a Self-Directed Learning Instrument (SDLI) and Safety Attitudes Questionnaire (SAQ) embedded within the survey. Thereafter, an educational module created by the researcher, regarding SSI and practice guidelines, was made available for student perusal. Qualtrics launched the posttest survey twenty-four hours after the dissemination of the education module. A survey was utilized as the pretest and posttest to measure the knowledge base of SRNAs regarding evidence-based prevention of surgical site infection. The survey was composed of 17 multiple-choice style questions that measured knowledge of SSI, diagnosing criteria, risk factors, and epidemiology. Clinical scenarios were utilized to measure SRNAs ability to synthesize information and make clinical decisions in accordance with EB guidelines for antibiotic selection, administration, and thermoregulation. Additionally, the surveys incorporated the SDLI and SAQ

Results: This study examined the effects of an education curriculum on the knowledge of SRNAs regarding evidence-based prevention of SSIs during advanced practice nursing education. There were 98 SRNAs enrolled in the FIU Anesthesiology Nursing Program, all of who were eligible to participate in this study. Forty-two respondents initiated the pretest survey and thirty-four answered all questions reflecting an 81% pretest completion rate for all who initiated an attempt. Similarly, twenty-six respondents initiated the posttest and eighteen answered all of the questions reflecting a 69.2% posttest completion rate for all who initiated an attempt.

Multiple choice question performance was scored and reported as a percent of correctness on a 100-point scale for the pretest and posttest group. Incomplete pretest and posttest surveys were excluded. The knowledge pretest had a mean of 72.3 and a median score of 71. The posttest mean was 70.9 and the median was 71. The one-way ANOVA was used to compare differences in pretest and posttest group average performance. This analysis produced no statistically significant result ($F_0 = 0, p < 1$). In addition, knowledge questions were grouped in accordance with the five learning objectives of the education module.

1. Define the diagnosing criteria, risk factors, and epidemiology of surgical site infection
2. Examine the clinical consequences of surgical site infection and impact on healthcare costs
3. Identify the Surgical Care Improvement Project performance measures that target postoperative infection prevention.
4. Illustrate the appropriate antibiotic timing and dosing for general, gynecologic, orthopedic and colorectal surgeries.
5. Describe intraoperative thermoregulation and its impact on surgical site infection

One-way ANOVA was calculated for learning objectives # 1, 2, 4, and 5. An independent t-test was calculated for learning objective #3. All comparative analysis of the learning objectives' comparative statistics yielded statistical significance. Results are displayed in Tables 2-6.

The SDLI pretest and posttest means were $X = 3.99$ and $X = 4.32$ respectively (see Table 7). The highest mean score of the four SDLI domains ($X = 4.32$) was in planning and implementation, and the lowest mean score ($X = 3.91$) was in self-monitoring, as shown in Table 9. Safety attitudes and climate were measured using the Safety Attitudes Questionnaire. Descriptive statistics were reported for each item. Eleven items were utilized in this study that specifically measured the safety climate domain. The pretest response rate was 34.7% (34 out of 98 potential respondents) and the posttest response rate was 18.4% (18 out of 98 eligible respondents) as indicated in Table 10. The 5-point Likert scale was used for all items however, Q22_4 and Q22_11 were reversed scored (Sexton, et al., 2006). Mean scores above 3.0 were considered positive. A one-way ANOVA ($F_0 = 1.31, p < .2$) comparing the pretest and posttest group mean safety attitude scores revealed no statistically significant result (see Table 11).

Conclusion: This study was based on several assumptions:

1. In order to provide evidenced-based care advance practice nurses must bridge the gap between research utilization and clinical practice.
2. Bridging the gap involves a learning process that draws upon attitudes, beliefs, and behaviors of nurses that are interdependent.
3. Educational experiences during the advanced practice-training phase will foster practitioner utilization of the evidence to ensure maximal impact on practice and adherence to EB guidelines.

The IOM's report *Health Professions Education* challenged nursing educators to develop learning experiences that give rise to practitioners that deliver evidence-based care. While the learning experience in this study provided no significant impact on SRNA knowledge of evidence-based prevention of SSI, transforming education opportunities during advanced practice is of primary concern (Cronenwett et al., 2009). As reflected by recent literature a promising learning opportunity may be that of Manning and Frisby (2011), who combined an evidence-based review with use of student-created educational video and targeted Doctor of Nursing Practice students. This learning format allowed students to analyze, synthesize, and evaluate information and at the same time offered them a creative

role in their learning process (Manning & Frisby, 2011). Accordingly, the video production component allowed students to be responsible for planning and evaluating the learning process, a key precept of andragogy and Adult Learning Theory (Knowles, 2005). Also Bridges, Nair, Ma, Shanks & Hatala (2012) found that self-directed learners retained information longer possibly because they possessed a confidence and competence not observed in instructor-led learners.

The results of this study suggest that SRNAs are self-directed learners with entrenched safety attitudes and behaviors. Moreover, this study demonstrates that advanced practice nursing education must provide active learning opportunities that integrate the best current evidence with clinical expertise to produce practitioners who deliver patient-centered evidence-based care. Further research is warranted to elucidate the appropriate educational methods to foster advanced practice nursing students' evidence-based knowledge, thereby bridging the gap between research utilization and nursing practice.

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O 06 - Teaching With Technology

Can an Interprofessional “Virtual Clinic” Teach Culturally Appropriate Interviewing Techniques?

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Purpose

The purpose of this presentation is to discuss innovative ways of teaching interview skills and interprofessional care of frail elders from a Korean-immigrant culture.

Target Audience

The target audience of this presentation are providers of care for elders with complex health issues, nurse educators, and researchers interested in interprofessional practice.

Abstract

Purpose: Nurse educators must embrace opportunities to prepare students for future practice which will be interprofessional, evidence based, and highly technical. Use of online gaming for education purposes has been shown to be acceptable to students and there has been a call for research to demonstrate more robust outcomes assessment (Miller & Jensen, 2014). The purpose of this presentation is to discuss innovative ways of teaching interview skills and interprofessional care of a Korean-immigrant elderly with multiple chronic health issues and complex needs. This presentation will illustrate the use of a virtual clinic when teaching culturally appropriate interviewing techniques for use with eight disciplines and the data available for analysis from this activity. Utility and limitation of this type of data collection will be discussed.

Methods: Data generated by the users (n=89) of an online educational game were analyzed using descriptive statistics. Nurse practitioner (NP=11), physical therapy (PT=22), pharmacy (Pharm=17), communication sciences (SLP=16), exercise science (ES=10), and nutrition students (RD=7) were required to participate in the virtual clinic. Medical (MD=3) and social work (SW=3) students volunteered (n=89). Eleven video conferences were held for these students to discuss the case of Mrs. Kim, a Korean elder whom they met and interviewed in the virtual clinic. A post conference survey utilized open-ended questions to provide qualitative data that further described the student experience.

Results: The 89 student participants conducted and finished 191 interviews in the virtual clinic with a Korean elder with multiple medical problems in preparation for a team video conference. Some students visited the virtual clinic multiple times to prepare for the video conference. There was evidence that three students did not complete the assignment and physical therapy and exercise science had the highest number of users. The median time spent for all students was 16 minutes (range by discipline: 11.2 to 100.1 minutes). Median minutes by discipline were: RD (100.1), Pharm (21.2), NP (20.6), EX (18.0), MD (13.8), SLP (13.4), SW (12.4), and PT (11.2). On average, all students asked 68% of the interview questions correctly. By discipline, the average correct answers to the five sets of interview questions were: RD/SLP (82%), SW (75%), NP/MD (65%), Pharm (63%), and PT/EX (62%). The most frequent reasons for incorrectly asked interview questions was: the use of a closed question (75 times), asking two questions at once (20 times) and culturally inappropriate questions that were too demanding (16 times) or made an assumption (8 times). A qualitative analysis found student appreciated practicing interview techniques in a place that was “free of judgement”. Some expressed frustrations about the interview questions posed or the pace of speech of the Korean elder; while others appreciated the feedback on open ended questioning and viewing the interviews of other disciplines.

Conclusion: From the data, it appears that most students spent less than 30 minutes in the interview and did receive feedback on culturally appropriate interviewing technique. The cultural learning made possible by this virtual clinic included many interview questions and Mrs. Kim’s answers that highlighted the Korean culture that is not common to the study setting. With the virtual clinic as a preparation for the

interprofessional video conference, the students were able to bring unique information from their interview to share with others. Evaluation data from online educational gaming is plentiful but can be challenging to analyze. "Gamers" use terms such as sessions, users, visits, time stamps, and total nodes which need to be translated into meaningful evaluation for educators. This requires patience and communication between game creators and educators. The process might be appropriate for one-time game evaluations rather than after each use by faculty.

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O 06 - Teaching With Technology

Teaching Interprofessional Practice Utilizing Video Conferencing and Virtual Environment

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Purpose

The purpose of this presentation is to explain how interprofessional care of a frail elder can be taught using a virtual environment and video conferencing.

Target Audience

The target audience of this presentation are academics, clinicians and students.

Abstract

Purpose: The purpose of this study was to explore student experiences in utilizing the virtual environment and videoconferencing in interprofessional education and practice through qualitative analysis. The goal of this presentation is to present these findings, discuss interprofessional education, and lessons learned including issues of applicability.

Methods: A virtual environment and video conferencing was used for teaching interprofessional practice (IPP) when caring for the elderly with students from eight healthcare professions. Students from nursing, physical therapy, speech and language therapy, social work, nutrition, medicine, exercise science, and pharmacy collaboratively developed a plan of care for a frail elder. The virtual environment was a clinic where students used avatars to interview a frail elder and family. After completing the interviews, interprofessional video conferences (90 minutes in length) were conducted. In previous reports, quantitative analysis revealed that more than 60% of students strongly agreed on the value of the experience.

Following the video conference students completed an evaluation survey that was developed using Interprofessional Competency Domains (Interprofessional Education Collaborative Expert Panel, 2011) and included 14 Likert-scaled, five open-ended, and demographic questions. The survey was reviewed by a panel of experts to assure content validity. No reliability testing was done. A qualitative analysis was performed on students' comments from the 5 open ended questions. The questions asked were: was the virtual clinic valuable, what went well, what could be improved, how could it be structured differently, and was the videoconference valuable. All students answered each open-ended question therefore the questions themselves provided an organizing structure (Patton, 1990), from which analytical files were created (Glesne, 1999). For example, the first question 'was the virtual clinic interview a valuable experience? Why or why not?' became an analytical file. The data were then coded and categorized into themes (Glesne, 1999), and organized into realist tales (VanMaanen, 1988). Trustworthiness is a term used in qualitative research to address validity and reliability of the findings (Glesne & Peshkin, 1992). Or in other words, can the reader trust the analysis to be true. To address bias, direct quotes (realist tales) are used throughout so the reader can judge for themselves the truth of the data. The analysis was shared with the second author and consensus was reached on the coding.

Results: Participants (n=75) were predominantly female (77%) and white/Caucasian (83%) and students in eight health care professional programs. Two of the five open ended questions asked whether the virtual clinic and the videoconference were valuable, yes/no, with a request for comments. For both questions respectively 52/53 out of respondents said yes, 4/5 said no, and 10/11 said yes and no. The categories and codes resulting from questions about what went well, what could be improved and how might it be structured differently were the same and so collapsed into 3 themes: technology, interprofessional practice, and set-up. Technology included an appreciation of its use in practice, especially videoconferencing. Common frustrations in the technology included lack of speed, inadequate internet service, and hardware/software issues. Interprofessional practice included learning about other professions, collaborative teaming, and gaining broader insights. The set-up theme included use of meetings roles and agendas for the videoconference, the importance of the facilitator role, planning and

preparation for the experience, and the sequencing of the whole experience. Issues related to set-up included ensuring that at videoconferences there is 1 student per discipline (some participated in groups or even a whole class of students). Some still preferred face to face, but these were a small number: 5/68 respondents.

These same themes emerged for the question relating to the value of the virtual clinic interview. Two additional themes emerged from that question as well: Diversity/person-centered care and experience gained. The virtual interview offered students choices in questions, and they chose incorrectly the rationale popped up. When they chose correctly the patient answered the question and the interview proceeded. The students appreciated being able to learn interview skills. Because the virtual patient was a Korean elder, faculty was able to embed knowledge and skills in culturally responsive care into the entire experience. Many students valued this aspect of the virtual clinic experience.

For the question related to the value of the videoconference, the same three themes also emerged from the data. A third theme, dynamic learning, emerged as well. Dynamic learning encompassed a learning of the power of interprofessional practice, a determination to use it in their future practice and a great appreciation for the skill building experience.

Conclusion: The overwhelming majority of students felt the virtual clinic and videoconferencing was a valuable experience. They felt like they gained skill in interprofessional practice, learned more about what other professions bring to a team, and valued the interprofessional discussion which focused on patient-centered goals rather than discipline specific goals. Most recognized the usefulness of the technology, although there were technology glitches and limitations mentioned. Specifically, participants wanted a visual aid that accompanied the interprofessional discussion, such as a note taking visual on the videoconferencing platform that all participants could see while the conversation was occurring. The value of the virtual clinic interview was mentioned in that IPP students gained skill in patient/family-centered and culturally responsive interviewing. Students saw the importance of videoconferencing in their future practices, and gained skill in how to use this technology as a member of an interprofessional team. Significance to nursing and other health professionals' pre-service education cannot be overstated. Interprofessional practice is an essential element to addressing complex health needs and education must instill this (Health Professions Network Nursing and Midwifery Office within the Department of Human Resources for Health, 2010). It is extremely important for students to gain knowledge and skill in interprofessional collaboration before they are thrust into situations for which they are not prepared.

Further research involving IPP educational pedagogy and the use of distance technologies is needed. Faculty acceptance for using this technology and solving technology related problems should also be explored.

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O 06 - Teaching With Technology

Diversity Training: The Effectiveness of Gaming in Raising Cultural Awareness Among Students of Health Professions

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Purpose

Purpose of this presentation is to demonstrate the importance of effective cultural competency training in light of persistent disparities in healthcare. The traditional didactic approach and token testing by multiple-choice questions has been ineffective. Patient-centered care obligates healthcare educators and leaders to invest in ethical and effectual practice.

Target Audience

The target audiences of this presentation are healthcare educators and leaders interested in pursuing best practices in nurturing cultural awareness to deliver cultural congruent care to impact patient outcomes.

Abstract

Purpose: The Pew Research Center (2015) estimates that by 2050, one in five Americans will be foreign born and 82% of the nation's population growth from 2005 to 2050 will be among new immigrants and their descendants. Despite these increases, inequities and disparities in healthcare continue to persist, particularly among ethnic minority populations (Center for Disease Control, 2013). Cultural competency has been the emphasis in healthcare for more than a decade. There is, however, a paucity of literature examining the effectiveness of education and training programs given the persisting cultural gaps in our systems. The current gap in provider and patient cultural congruence is growing, but how effectively we train students to work with diverse populations in healthcare settings continue to warrant attention.

Creative solutions to diversity training have led us to employ BaFa' BaFa', a gaming tool to develop cultural awareness among healthcare trainees. Gaming in cultural awareness training, a form of low fidelity simulation has been used for decades in business, foreign affairs, and the military (Chin, Dukes, & Gamson, 2009; Hofstede, de Caluwé, & Peters, 2010). Existing literature shows that group interactive gaming entails the use of cognitive, social, sensory, and emotional aspects of a person in the learning process, making a simulated situation real or a lived experience (Hofstede, et al., 2010; Raybourn, 2011; Roberts & Roberts, 2014). Gaming is most effective when used as part of larger training program that includes reading of literature, and most importantly, the utilization of guided debriefing or reflection on the simulated experience. The purpose of this paper is to present the results of a qualitative study on the effectiveness of experiential learning, in the form of gaming in raising cultural awareness among students of health professions.

Methods: Participants included 34 graduate nursing students and 11 doctoral clinical psychology students from a private Jesuit university in the San Francisco Bay Area. Students were asked to participate in the BaFa' BaFa' exercise and following completion were asked to write a brief reflection of their experiences during the exercise: What did they learn about culture from the exercise, and how did the learning make them feel. The writing reflections were analyzed and coded using a thematic analysis framework which assists in identifying, organizing and understanding the data rather than focusing on counts or frequencies (Braun & Clark, 2006; Taylor & Bogdan, 1998). Two trained members of the research team coded each written reflection using NVivo software. A third member of the team reviewed coding of reflections that had discrepancies.

Procedure. BaFa' BaFa' is an interactive game that calls for participants to be divided into two tribes. The participants do not know about their tribal affiliation until the game begins. Each tribe must learn rules of a given culture and do not know the cultural rules of the other tribe. Upon learning and "living" the

culture, participants from each tribe are given the opportunity to visit the other tribe for a short period of time, thus experiencing the other's culture. The visits are akin to interactions in real life when people from different cultures meet for the first time without prior awareness of any cultures (or cultural rules) beyond the person's own.

Results: Students had a wide range of reactions to the exercise and four main themes emerged from the data: awareness of cultural differences with a sub-theme of self-awareness; cultural humility with a sub-theme of empathy; insider-outsider; and recognizing the importance of culture. The significant commonality is such that awareness is raised when cultural differences are made apparent, and students shared their reflections on how cultural humility can be developed from the experience of being an insider or outsider.

Conclusion: In order to decrease health disparities and deliver quality healthcare to diverse populations, we need to move away from the traditional didactic approach to teaching culture and assume competency by taking a multiple-choice test. Healthcare as an industry must invest in creative programs that may impact student's learning and assist in developing cultural awareness and humility in the next generation of healthcare professionals. The study on using gaming to develop critical cultural awareness supports the importance of involving cognitive, social, sensory, and emotional aspects of a person in learning. Debriefing provided the opportunity to reflect, allowing the student to critically process the meaning of culture and its impact on a person, perceptions of health and healthcare, provider-provider relations, and most importantly, provider-patient relations.

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O 07 - Living With HIV/AIDS: Psychological Considerations

Co-Construction of Consent and Counselling During Provider Initiated Counselling and Testing (PITC) in Nairobi Kenya

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Purpose

The purpose of this presentation is to illuminate the realities of the implementation and translation of PITC policy guidelines about consent and counselling. It shows that diversion from recommendations is not necessarily a blatant disregard of policies but rather an attempt to adapt policies to the prevailing practice environment.

Target Audience

The target population of this presentation is [HIV] policy makers, nurses and other providers involved in the implementation of PITC and researchers.

Abstract

Purpose: The global policy focus of today's HIV efforts and strategies is to reverse the spread of HIV/AIDS and provide care, treatment and support. A key component of this strategy is to increase individual HIV status awareness through expansion of HIV testing and counselling (HTC). However, the numbers tested still remain and evidence suggests that there are significant missed opportunities for HIV testing in clinical settings. One key strategy to expand HTC in clinical settings has been to implement a policy of 'provider initiated counselling and testing' (PITC) in which all patients accessing health facilities for treatment are routinely offered a HIV test.

The introduction of PITC has brought with it a 'dilution' of the previously lengthy and stringent testing process by doing away with signed informed consent and extensive pre and post-test counselling. The previous process was recognised as a barrier to public health gains of HIV testing expansion, particularly as it differentiated an HIV test from other routine medical tests resulting in a sense of HIV exceptionalism. In its place, the PITC policy recommends an opt-out approach and replaces the extensive pre-test counselling with an information giving session placing more emphasis on post-test counselling in cases where the result is positive. This change has given rise to debates about the potential for PITC to infringe patients' rights to informed consent and counselling especially in developing countries.

Emerging evidence from the exploration of the PITC process within antenatal settings in the Sub Saharan Africa has revealed some of the complexities of implementing PITC guidelines in different cultural and healthcare contexts. These studies suggest that information giving and consent are difficult to apply in contexts characterized by healthcare worker dominance, lack of sufficient resources and time constraints. This study aims to specifically investigate how patients [and counsellors] co-construct informed consent and perform counselling during the PITC consultation. Thus it examined 'real time' patient-counselor interaction within hospital outpatient and inpatient settings in Kenya; to explore the patient's experience of a routine HIV test and to evaluate how sociocultural norms influence the PITC process in this context.

Methods: In order to explore the context of the routine testing consultation and the way the interaction played out, a qualitative research approach was adopted, utilizing multiple data collection methods (interviews, observations and audio recording of consultations). The study was carried out in two government run health facilities in Kenya's capital, Nairobi. The intention was to follow patients through the PITC process, i.e. before testing, during the HIV test and (whenever possible) after the HIV test. To get a broader picture of the events during the routine HIV testing consultation, additional interviews were conducted with 5 nurse-counsellors whose consultations had been observed. Ethical approval was obtained from the Kenya National Research Council, Kenya Medical Research Institute and the Aga Khan University Ethics Committee. The data were analysed using Charmaz's constructivist grounded theory approach which allowed for a systematic yet flexible approach to analysis. This method facilitated

immersion and engagement with the data, and provided a means of managing the different data sets in the study and undertaking a process of constant comparison within and between data sets.

Results: Results from the study suggest that HIV remains a highly stigmatised illness in Kenyan society and is associated with death and perceived lack of morality. This is still the case in spite of years of health promotion and high profile media campaigns raising awareness about HIV and the availability and effectiveness of treatment. The context of stigma shaped the consultation so that both patients and counsellors worked together to help patients to maintain a 'moral face'. Patients tended to withhold information on risky sexual behaviour whilst the counsellors avoided inquiring into this domain. The PITC consultation was characterised by a counsellor dominated approach to communication and health promotion. Counsellor inputs were generic, highly scripted and didactic rather than patient-centred. As a result, the counsellors' style of communication allowed little space for personalised risk assessment or for patients to ask questions or to express concerns. Further on, the findings suggest that informed consent requiring explicit refusal of the test offer was difficult to achieve in an environment where the HIV test was not framed as a choice and patients came to the health facility expecting to be told what to do. Nevertheless, in spite of the obvious lack of explicit informed consent and the counsellor dominated interaction, post-test interviews revealed that patients were satisfied with the nature of the interaction.

Conclusion: The study concludes that there is a considerable distance between the policy recommendations and their implementation on the ground due to the complexity of real world practice. This distance does not necessarily constitute a disregard for the guideline recommendations but, rather, is an attempt to adapt to the prevailing environment. Lay constructions about HIV (HIV stigma) and the existing norms of patient-provider interaction that are characterised by a passive patient and a dominant health care provider shape the way the consultation unfolds. PITC training programs and manuals need to include skills and strategies that can support counsellors to navigate the consultation and provide quality care within this prevailing context.

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O 07 - Living With HIV/AIDS: Psychological Considerations

Mother-to-Child Transmission of HIV: Evidence to Support Prioritising of Male Partner Involvement in PMTCT Programmes

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Purpose

The purpose of this presentation is to report on findings from a case-control study that sought to determine whether non-involvement of male partners by PMTCT programmes had an overall effect on Mother-to-child transmission rates.

Target Audience

The target audience for this presentation is health services managers, clinicians and specifically HIV and Aids practitioners.

Abstract

Purpose: Universal access to antiretroviral treatment through Prevention of Mother-to-Child transmission (PMTCT) programs has resulted in significant decline in Mother to Child transmission (MTCT) rates from an annual figure of 400,000 in 2009 to 240,000 in 2013 (UNAIDS, 2014). However, in Sub-Sahara Africa, the risk of a mother infecting her infant during pregnancy, delivery, or breastfeeding remains high (Kellerman et al., 2013; Maman, 2011). This high risk is partly due to pregnant and breast-feeding women not fully utilising PMTCT interventions (Villar-Loubet et al., 2013). One social factor contributing to non-optimal use of PMTCT services is non-involvement of the male partner (Aluisio et al., 2011). Several studies have demonstrated the benefits of male partner involvement on uptake of PMTCT interventions, including increased uptake of antiretroviral drugs for PMTCT, early initiation of HAART and enhanced uptake of infant prophylaxis (Aluisio et al., 2011; Kibera, 2011; Madiba & Letsoalo, 2013; Medley, Garcia-Moreno, McGill, & Maman, 2004; Stirratt et al., 2006). The impact on outcomes, key being infant HIV acquisition, have not been extensively investigated, and the few that have investigated have given conflicting results (Farquhar et al., 2004; Jasseron et al., 2013; Medley et al., 2004; Roxby et al., 2013). Moreover, PMCTC programmes have constantly been criticised for failing to actively and adequately involve the male partner (Aluisio et al., 2011; Farquhar et al., 2004). We therefore sought to evaluate the level of involvement of male partners among pregnant HIV positive women and the impact of their involvement (or lack of) on MTCT rates.

Methods: This presentation reports on a matched case-control study conducted among HIV-positive women and their infants receiving HIV care and treatment at six referral hospitals in a rural County in Kenya. Cases were infants with positive 6-week HIV test while controls were infants who were HIV negative. For every case identified by review of facility-based HIV cohort register, four controls from the same facility were included by random sampling from a cohort of HIV exposed infants with a negative 6-week status. We collected data on male partner involvement along four constructs: Antenatal clinic accompaniment by the male partner, awareness of partner's HIV status by the woman, disclosure of woman's HIV status to the partner, and HIV couple testing, by administering a self-filled questionnaire.

Results: Thirty-six cases and 144 controls were included in the analysis. Only 16.7% (n=30) of participants had disclosed their HIV status to their partners, the rate being lower among cases [7.6% (n=11) vs 52.8% (n=19)]. On the other hand, 60% (n=109) of the women were aware of the HIV status of their male partners, cases being less aware than controls [cases-36.8% (n=14), controls-66.9% (n=95)]. Seventy-five percent were tested as a couple (cases-71.1%, controls-76.1%). Overall 18.3% (n=33) of women were accompanied by their partners to the clinic (cases-10.5% (n=4); controls-20.4% (n=29)). Three of the four constructs were significantly associated with MTCT [(disclosure of HIV status to partner; OR=13.5 (95% CI 5.5-33.2), p<0.001]; [antenatal clinic accompaniment, OR=0.30 (0.1-0.5), p=0.001]; [awareness of partner's status- OR=0.12 (0.1-0.90), p=0.001].

Conclusion: From the study, non-disclosure of HIV status to a male partner contributed to a higher risk of HIV acquisition by the infant, while awareness of male partner HIV status and involvement of the male

partner during antenatal follow up were both associated with reduced risk of infant HIV acquisition. These findings are possibly because in many rural African areas where PMTCT are offered, men are still the primary decision-makers (Kalembo, Zgambo, Mulaga, Yukai, & Ahmed, 2013), and their involvement is crucial in optimising uptake and utilisation of PMTCT services. Many reports point to the beneficial effect of male partner support in antenatal HIV services on prevention of paediatric infections (Medley et al., 2004; Morfaw et al., 2013). This support results in improved attendance to antenatal clinic, use and adherence to maternal and infant ARVs, adherence to infant feeding method selected, and increased follow up among HIV exposed infants (Jasseron et al., 2013; Msuya et al., 2008; Roxby et al., 2013; Varga, Sherman, & Jones, 2006). Male partner involvement also improves uptake of appropriate infant feeding options as it encourages exclusive breastfeeding by releasing pressure from the mother on early initiation of mixed feeding usually advocated for by the extended family in an African setup (Madiba & Letsoalo, 2013). Additionally, a woman receiving her partner's support is more likely to deliver at a health facility where they are likely to receive appropriate measures to lower the risk of MTCT (Kibera, 2011; Turan & Nyblade, 2013). Finally, men involvement allows for shared responsibility for preventing HIV transmission to the unborn child, and adoption of safer sex practices (Medley et al., 2004). Ultimately, all these positive outcomes contribute to a lower vertical HIV transmission (Aluisio et al., 2011; Villar-Loubet et al., 2013).

This study reiterates the direct impact of male partner involvement on MTCT. Given the potential for PMTCT interventions to eliminate MTCT, and the evidence emanating from this study suggesting an important association among various aspects of male partner involvement and infant HIV acquisition, which hitherto was unclear, a re-examination of policies on male-partner engagement which serves the dual purpose of increasing awareness of HIV status and enhanced disclosure, ought to be prioritised. We propose that all PMTCT programmes re-evaluate their strategies at improving male involvement with the aim of addressing barriers to male engagement.

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O 07 - Living With HIV/AIDS: Psychological Considerations

Facilitators and Barriers to Reproductive Health Information Among Women and Men Affected By HIV

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Purpose

To report on facilitators and barriers to accessing reproductive health information and treatment among women and men affected by HIV. Understanding the patients' perspective can assist health care providers tailor health care encounters to deliver accessible quality care.

Target Audience

all health care providers including nurses and advance practice nurses who practice with patients with or at risk for HIV.

Abstract

Purpose: To examine and explore factors which facilitate accessing reproductive health information and treatment (RHI/T) for women and men living with HIV and the barriers that exist when attempting to access reproductive health information and treatment.

Methods: This qualitative grounded theory study utilized face to face interviews with 8 men and 6 women who identified as wanting to have biological children, had been diagnosed with HIV, and/or had a partner living with HIV. The study took place in the U.S. over 8 months in 2014-2015. Interviews were audio recorded and transcribed verbatim by the PI. Charmaz's constructivist perspective of Grounded Theory was used as the framework for data analysis and interpretation.

Results: Individuals living with HIV (have the disease, have a partner with the disease, or both have the disease) desire biological children. The primary concern was to have a healthy baby and not transmit the infection to the baby. The secondary concern was to protect the partner from infection. Having a biological child meant doing something positive with one's life, leaving behind a sense of "self" after death, and to right some of what had been wrong in their life. Facilitators to accessing RHI/T were good relationships with HCPs, family and the HIV support community. The internet was also described as a facilitator although participants felt information from the internet needed a source of validation. Barriers to RHI/T were the health care system which is described by participants as inconsistent and specialized. Family can also be a barrier in the lack of understanding and support for desiring children.

Conclusion: Findings suggest that barriers to accessing reproductive health care exist at many levels. Health care providers may not be asking patients with HIV about reproductive intention, care is often shared amongst many providers including HIV specialists, Ob/Gyn providers, primary care providers and each may assume that another provider is providing reproductive health care. There are missed opportunities for sharing information due to brief appointment times that are focused on managing HIV. Patients may inadvertently contribute by having an expectation that the HCP will broach the subject. They may also have sensed a negative attitude about wanting children so they are reluctant to initiate the conversation. Facilitators can be in the form of support groups that often have HCP or health educators share information in a group setting, the ability to access information using the internet and relationships with HCPs. Nursing and interprofessional interventions to improve the accessibility of reproductive health information are increasingly important. These interventions may be in the form of asking patients to develop a reproductive life plan (RLP) and to use that plan as the starting point for discussing reproductive intention. Developing and utilizing an individual reproductive life plan may impact both the rates of unintended pregnancies and utilization of preconception care. Further studies should be conducted to evaluate the acceptance of RLPs amongst this community.

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P 01 - Professional Development and Life Long Learning

Re-Designing the Leadership Development of Academic Healthcare Leaders in a Higher Education Context

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Purpose

The purpose of this presentation is to indicate the scenario of universities that are in a highly competitive environment that need a partnership with strong academic leadership in a healthcare faculty.

Target Audience

Healthcare professionals in leadership positions, heads of departments in higher education and training settings and all nurses in leadership positions in charge of healthcare units

Abstract

Purpose: Universities are in a highly competitive environment needing strong academic leadership. Changes in technology, student demographics, funding or government regulations will affect higher education institutions, and the need for certain leadership skills and traits will endure (Kelly, 2015). However, academic leaders are appointed in positions from previous acting as only academics that could pose challenges. The need for a more proactive approach is needed to identifying leadership competencies and developing leadership throughout universities. It is also known that new models of leadership are needed for the higher education sector. Heads as senior academics should work closely with their deans to establish powerful partnerships that can bring change in universities (Brown & Denton, 2009). This study investigated the experiences of academic leaders on being appointed as heads of departments in a higher education context.

Methods: A qualitative descriptive design was followed. Twelve unstructured individual interviews were conducted with heads of departments and a dean and two vice deans in one of the 5 faculties of a higher education institution, the Faculty of Community and Health Sciences. These heads were from the departments of physiotherapy, nursing, sociology, natural medicine, psychology, human ecology, sport and recreation. The participants were 5% male and 95% females. Interviews were conducted over a period of one month. Open coding was conducted and two themes emerged which focused on the varied skills needed for academic leadership positions and how leadership skills should be developed among senior academics.

Results: The findings indicated that development of senior academics in leadership should be undertaken by a knowledgeable professional in formal or informal settings, that encourage mentorship and more regular group meetings, while addressing the core role of a leader appose to that of a manager. An academic leader should be developed through a structured process for a new position, thus a need for a formal academic leadership development programmes. For this certain resources for leadership development and a focus on incorporating steps of establishing a partnership agreement should be identified. It was found that leaders should for example collaborate through interdisciplinary events. Implications of these findings for a faculty of health sciences and suggestions for leadership succession in future are also discussed.

Conclusion: Effective leadership development can build the skills needed to lead other people, in departments and higher education organizations more successfully. Leaders need to update their skills continually.

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P 01 - Professional Development and Life Long Learning

The Sociocultural Factors That Influenced the Professional Development of Black South African Nurses

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Purpose

The purpose of this presentation is to illustrate the social and cultural challenges black South African nurses historically had to overcome in order to join and practice in a profession which is dominated by a western health view. The presentation confirms the need for culturally sensitive education and management strategies.

Target Audience

The target audience group is educators and nursing managers.

Abstract

Purpose: The purpose of this presentation is to illustrate the social and cultural challenges black South African nurses historically had to overcome in order to join and practice in a profession which is dominated by a Western health view. The presentation confirms the need for culturally sensitive education and management strategies.

Methods: A qualitative study that explored nursing literature by means of historical inquiry was conducted in order to identify the economic, social, political and cultural factors that influenced the professional development of black South African nurses in the period 1908–1994. For the purpose of this presentation, the focus will be on the sociocultural factors identified in the study. The researcher used *a priori* periods to guide data collection and assist with the writing of the narrative:

- 1908–1944: Nursing under control of the medical councils
- 1945–1970s: Statutory independence for nursing and the influence of political apartheid ideology
- 1970s–1994: South Africa's, as well as the South African nursing profession's, striving towards democracy and unity

Results: On 7 January 1908 the first black South African woman, Cecilia Makiwane registered as a professional nurse after writing and passing the entry examination (Sahistoryorgza, 2015). Her registration heralded the start of professional nursing by black persons in South Africa and Africa. By 1990, two thirds of the approximately 150 000 professional nurses registered with the South African Nursing Council (SANC) were coloured and black persons (Breier, Wildschut & Mgqolozana, 2009). This rapid increase in numbers prompted the question: What factors historically influenced the professional development of black nurses in South Africa?

Historically, especially during the first two *a priori* periods, cultural taboos and traditional African beliefs greatly influenced the entry into nursing. Young novice nurses were expected to study anatomy and physiology in the classroom and, in practice, come into contact with blood. From an African perspective, these biological concepts of Western health care were difficult to accept and contributed to a high attrition rate.

The Western-styled health environment, with its emphasis on independent decision-making, contributed to the high dropout rate that was evident as late as the 1970s–1994. In traditional African culture, the male elders in the community were the decision-makers and it was culturally unacceptable for young females to fulfil this role. Yet, in the Western health care setting, young professional nurses were required to make independent nursing diagnoses and plan appropriate nursing care for their patients. This difference between African and professional nursing practice placed young black nurses in situational conflict and created the notion that black nurses were reluctant to make patient related decisions.

In the last *a priori* period, black women were readily able to enter the workplace (even as married women) and pursue a professional career. However, culturally they were still expected to perform most of the domestic duties, with little or no assistance from their husbands. The burden of full-time nursing and domestic duties was a heavy one.

Historically, the development of professional black nursing in South Africa chronicles the courageous struggles of men and women in the face of overcoming overwhelming odds. Culturally, they had to adapt to a Western dominated health view, with its focus on science. Socially, they had to adapt to being regarded as the elitist middle class in the black community, but marginalised black persons in the white-dominated work place. This marginalised position was due to the system of so-called separate development which dominated life in South Africa during the entire period discussed in this dissertation – first evident in the days of being a union under British domination; then formalised during the days of political apartheid.

Conclusion: The value of historical inquiry lies in its ability to inform the current generation of nurses about their past and therefore history has the potential to guide future decisions. Considering the sociocultural factors that influenced the professional development of black South African nurses it is recommended that cultural diversity training should be offered to South African nurses and that clinical practice develop protocols to accommodate a fusion of Western and traditional African religious and cultural practices at the bedside.

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P 01 - Professional Development and Life Long Learning

The Professional Nurse as Role Model in the Clinical Learning Environment

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Purpose

The purpose of the presentation is to discuss the importance of the professional nurse as role model in the clinical learning environment in preparing the students during their professional development process.

Target Audience

Nurse Educators, Clinical Training Specialists, Professional Nurses

Abstract

Purpose: Role modelling is described as being “teaching by example and learning by imitation” (Murray & Main 2005:30). Skillful role models could enable students to discover knowledge embedded in clinical practice where they can work with and observe a role model that enables them through a process of reflection, to internalise the role models’ behaviour and build on previous knowledge and experiences. Role models who portray a positive attitude and are approachable therefore play a vital role in supporting students in the clinical learning environment. Important learning, including the teaching of concepts, theory, critical thinking skills and research happens in the classroom but is best integrated with the skills learned in the clinical setting where integration of theory and practice takes place. However, professional nurses as key role players in the development of student nurses underestimate the impact they have as role models on the learning and professional development of student nurses. Patients expect to be cared for by nurses who are not only competent but also behave professionally, therefore student nurses must be supported to develop professional qualities. This presentation focuses on a study that is conducted in a private healthcare institution that is also registered as an educational institution for nurse training. The perceptions of student nurses regarding the professional nurses as role models in their professional development in the clinical learning environment were explored and described.

Methods: An exploratory-descriptive qualitative approach was followed. The population constituted for this study are the final year students of the programme: Diploma in General Nursing, R683 of the South African Nursing Council. Nonprobability, purposive sampling was done to select the participants. The study was conducted at two campuses of the private nursing education institution situated in one of the nine provinces in South Africa. Two World Café focus group discussions were conducted to collect the data. A total of thirty participants formed part of each discussion. After two sessions of the World Café discussions during which 60 students participated, data saturation was achieved.

Results: Four major themes were identified, namely professionalism of role models, student support, culture of learning and role models as knowledge and skills resources. The participants also regarded the behaviour of the role models as exemplary to how they should act as future role models.

Professionalism – student nurses all agreed that the positive behaviour/attitude, the professional role and professional attire of professional nurses are important during placement in the clinical setting. It is evident in this study that role models are central importance to the success of professionalism education where professional nurses must lead by example and that professionalism education and evaluation must be top down. Professionalism can be taught in theory but is applied and imitated in practice by the behaviours of role models.

Student support – professional nurses play an important role as clinical supervisors and mentors to support and guide students in achieving their clinical objectives. Important aspects identified by the participants to ensure student support were the warmth and rapport demonstrated by unit staff, support provided in gaining access to learning experiences and the willingness of the professional nurses to engage in a teaching relationship. Student nurses also identified the importance to be part of the nursing team in the unit where they are appreciated and respected as a team member.

Culture of learning – students regards the positive attitude of a professional nurse a factor that can promote a culture of learning. The clinical environment is beyond dispute considered an important part of nursing education and consists of many elements that can be divided into an academic and clinical environment. Both these aspects are important to create and ensure a culture of learning. The professional nurse is seen to be both teacher, providing clinical information and facilitating the link between theory and practice and as a liaison between the students and the unit staff. In a positive clinical learning environment students experience good co-operation between staff members and where student nurses are regarded as younger colleagues.

Role models are valuable resources in any clinical health setting, however given the sophistication of skills and attributes associated with ideal role models it is evident that many professional nurses will only provide partial opportunities to imitate their behaviours as role models to student nurses.

Conclusion: Student nurses will continue to practice the behaviours imitated by role models they believe to be important. Therefore it is important that professional nurses are aware of the key role that their behaviour plays in the process of socialising students into the profession. A conducive learning environment for clinical practice is vital in the clinical development of students. Forming role models of tomorrow is largely dependent on the present practices of professional nurses in the clinical learning environment.

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P 02 - Disease Management: Barriers, Quality of Life and Outcomes

Symptoms and Health-Related Quality of Life in Idiopathic and Associated Pulmonary Arterial Hypertension

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Purpose

The purpose of this presentation is to describe similarities and differences between symptom severity and health-related quality of life in patients with idiopathic pulmonary arterial hypertension (PAH) and associated PAH.

Target Audience

The target audience is researchers and clinicians interested in symptom management in chronic illness.

Abstract

Introduction: Pulmonary arterial hypertension (PAH) is a chronic illness affecting primarily young and middle age women. Elevated pulmonary pressures lead to right heart failure and premature death. Patients with PAH report multiple symptoms (e.g. dyspnea, fatigue) that can be severe and impair health-related quality of life (HRQOL). PAH etiology is varied with approximately half being idiopathic PAH. Associated PAH includes those with PAH caused by other disorders such as: connective tissue disease, congenital heart disease, portopulmonary hypertension and anorexigens.

Purpose: The purpose of this study was to determine if there were differences between symptom severity and HRQOL in patients with idiopathic PAH and associated PAH.

Methods: This was a secondary analysis of an existing data set of patients with PAH. The convenience sample included 191 patients with PAH (n=104 idiopathic PAH; n=87 associated PAH). Subjects completed a socio-demographic and clinical data form, the Pulmonary Arterial Hypertension Symptom Scale (PAHSS) (dyspnea on exertion, fatigue, difficulty sleeping, chest pain, dizziness, syncope, palpitations, dyspnea at rest, dyspnea lying down, awoken at night dyspneic, swelling ankles/feet, cough, hoarseness, abdominal swelling, nausea, loss of appetite and Raynaud's phenomenon; scores range 0-10), and the Medical Outcomes Survey Short Form 36 (SF-36) (scores range 0-100). Descriptive statistics described the sample. Independent t-tests and chi square determined differences among continuous and categorical variables for the two groups.

Results: Eighty-two with idiopathic PAH were female and 22 male; in contrast, 80 with associated PAH were female and 7 were male (p=0.007). The mean age was 51.8 + 16.6 year for idiopathic PAH and 54.8 + 13.0 for associated PAH (p=0.176). There were no significant differences between the groups on marital status, employment status, functional class, oxygen use or medications. There were no significant differences between symptom severity on the PAHSS. Dyspnea on exertion (idiopathic PAH 5.0 + 2.5; associated PAH 5.0 + 2.0, p=0.798) and fatigue (idiopathic PAH 6.3 + 2.7; associated PAH 6.1 + 2.8, p=0.671) were the most severe symptoms reported on the PAHSS. On the SF-36 subscales there were differences between General Health (idiopathic PAH 40.6 + 22.9; associated PAH 32.7 + 18.3, p=0.009) and Emotional (idiopathic PAH 69.1 + 20.5; associated PAH 75.2 + 17.2, p=0.029).

Conclusions: Symptom severity is similar for patients with idiopathic and associated PAH. Those with associated PAH were experiencing worse General Health but better Emotional health than idiopathic PAH. The varied disease states in associated PAH may partially explain the worse reported General Health. This is important for clinicians to understand that there may be differences among the PAH etiologies in order to assess, treat appropriately and improve HRQOL.

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P 02 - Disease Management: Barriers, Quality of Life and Outcomes

Facilitators and Barriers to Diabetes Education in Hmong Immigrants Living in the United States

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Purpose

The purpose of this presentation is to identify barriers and facilitators related to the diabetes education experience of Hmong Americans with type 2 diabetes, living in central California in the United States of America.

Target Audience

The target audience of this presentation are practicing nurses, diabetes educators, nursing faculty, nursing students and other health care providers interested in diabetes care of ethnic minorities.

Abstract

Purpose: Diabetes is a complex chronic disease with an increasing disparity in glycemic control and outcomes for racial and ethnic minorities. Hmong Americans are at high risk for developing diabetes and evidence suggests that the prevalence of diabetes in this population is increasing. There is no study that addresses diabetes education in the Hmong Americans.

Because of the chronic nature of diabetes, diabetic education is essential to increase quality of life and positive outcomes for all people living with the disease. To be successful, diabetes education must be tailored to meet the needs of a specific ethnic minority group. The purpose of this study is to explore barriers and facilitators related to the diabetes education experience of Hmong Americans with type 2 diabetes, living in central California in the United States.

Methods: This qualitative study used an analytic method that employed both an inductive and deductive approach to identify themes in participants' explanations of their diabetic education experience. In the inductive approach, the *Grounded Theory* was used to formulate constructions of knowledge from the experiences and meanings attached to diabetes education by the research participants. Themes were identified that emerged from descriptions of their diabetes education experience. Using the deductive approach, the *Framework for the Study of Access to Medical Care (FSAMC)* was used in the deductive approach. Selected apriori constructs applied to this study are health policy, characteristics of the health delivery system, characteristics of the population at risk, utilization of health services and consumer satisfaction. These constructs were utilized to operationalize access to health care among Hmong Americans with diabetes. Specifically, to this study, the coding categories included consumer satisfaction (sub-constructs: cost and quality) and health care delivery system (sub-constructs: resource and organization). A Hmong community partner was used to assist in recruitment of the participants. Using a convenience sample, two focus group interviews were conducted among 16 Hmong participants with type II diabetes living in Fresno, California. Focus groups interviews were used for data collection. Two Hmong interpreters facilitated the focus group procedures. Two Hmong individuals independently translated the transcripts directly from Hmong to English and two investigators reviewed and coded the transcripts to confirm the findings.

Results: The results of this study are conceptualized into a framework that identifies three major points in the diabetes education experience of a population of Hmong Americans with diabetes: health care access, health care experience, and output. The points in the model are (1) the *health care access* category, this is the input into the system from two a priori constructs of the FSAMC framework, consumer satisfaction (sub constructs are cost and quality) and the health care delivery system (sub constructs are resources and organization). The deductive approach affirmed the relevance of apriori elements of the FSAMC (2) the *health care experience* category describes the diabetes education experience of the Hmong and is divided into three perceived barriers (language barrier, self-management barrier, stressors) and two perceived facilitators (focused culturally specific education and peer support group). The intervention target in this model addressed the perceived barriers and facilitators which leads to (3) the

output category that reflects the end products of the health care experience and health policy regarding access to care.

The barriers and facilitators are exemplified in the following quotes from participants:

Language barrier- *"If a lot of English is spoken at one time, then it's hard to understand. Yes, I just know the easy (English) words to get by."*

"Yes, for me, my doctor has given me a pamphlet in English about diabetes. But I cannot read it, I have it at home in a paper bag."

Self-management barrier- *"The reason I do not take medications prescribed by the doctor is because some does help you and some may just attack your system and causes other health concerns like kidney failure and blurred vision." "I don't take the medication my doctor prescribed for me much. Maybe just two in one day just to help relieve the symptoms."*

Stressors- *"There won't be a medication that can help you heal from it, so those medicines are what you will have to take for the rest of your life." "If they can't find anything to help cure diabetes, then for sure, our lives would be "poor."*

The facilitators to diabetes education is exemplified in the quotes below:

Culturally specific education- *"There should be a program focused on diabetes education and offered in Hmong too, so that we can understand it better. "I would like you (researcher) to take pictures of fruits, grains, or any foods, that way I see it, because I cannot read it. This is better than a paper in English that I cannot read." -*

Peer support-. *"We need to meet in a group with the same health condition that comes together to help encourage each other and to give advice about what they have done to help themselves fight diabetes. It's like learning from each other and using each other's ideas."*

Conclusion: This is the first study to address diabetes education in Hmong Americans. Because of the complexity of diabetes, education is key to management and good outcomes. In promoting positive health outcomes for Hmong Americans with diabetes, the barriers and facilitators of diabetes education must be used to build health policies that will improve access to care. When barriers and facilitators to diabetes education are addressed, it is hoped that Hmong Americans will have better health outcomes, increase in self-management skills, decreased complications, better disease management, and improved receipt of preventative services.

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P 02 - Disease Management: Barriers, Quality of Life and Outcomes

The Association of Perceived Stress to Physical and Affective Health Outcomes in Sickle Cell Disease

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Purpose

The purpose of this descriptive comparative study was to examine the relationship between perceived stress and physical (fatigue); and affective (anger, anxiety, and depression) symptoms in adult patients with sickle cell disease.

Target Audience

The target audience of this presentation is: Researchers, Clinicians, patients with sickle cell disease and their family

Abstract

Purpose: Pain is a major complication of sickle cell disease (SCD). Stress is known to trigger acute pain crisis or intensify chronic pain in patients with SCD.^{1,2} There is insufficient evidence about the effects of stress on fatigue, a ubiquitous symptom of SCD or on affective (anger, anxiety, and depression) symptoms in adults with SCD. Because SCD is marked by repeated ischemic attacks and chronic inflammation, which predisposes patients to the differential expressions of genes implicated in stress responses,³ the SCD population is prime for understanding the relationship of stress with physical and affective health outcomes. Guided by the hypothalamic-pituitary-adrenal (HPA) axis theory, the purpose of this descriptive comparative study was to examine the relationship between perceived stress and physical (fatigue); and affective (anger, anxiety, and depression) symptoms in adult patients with SCD. The HPA axis theory states that the stress could induce stress responses and the release of neurotransmitters and hormones (e.g., cortisol, norepinephrine, and epinephrine) that can adversely affect health outcomes, and has been implicated as part of SCD symptomology.⁴ We hypothesize that patients with SCD who report high perceived stress would be more likely to also report increased fatigue, anger, anxiety, and depression symptoms compared to patients with SCD who report low perceived stress.

Methods: Patients (N=54, mean age 36.3±10.9 years [ranged from 22-74 years], 96% African-American, 57% female) who were recruited between March 2015-December 2015 completed a demographic questionnaire, the Perceived Stress Questionnaire, and the PROMIS measures (anger, anxiety, and depression). Data were analyzed using the statistical software R.

Results: We found the mean scores for the study variables to be: perceived stress (0.37±0.18); fatigue (56.5±9.4); anger (51.1±12.4); anxiety (52.9±9.1); and depression (51.6±10.0). As reported in the Table, our comparative analysis results showed statistically significant differences between Low Perceived Stress (PSI≤0.35, n=27) and High Perceived Stress (PSI>0.35, n=27) groups on fatigue, anger, anxiety, and depression.

Study Variables	Low Stress (PSI≤0.35, n=27)	High Stress (PSI>0.35, n=27)	p Value
Fatigue (10-90)	52.4 (8.6)	60.5 (8.6)	.001
Anger (10-90)	44.5 (10.5)	57.7 (10.6)	<.001

Anxiety (10-90)	47.9 (7.2)	57.9 (8.2)	<.001
Depression (10-90)	45.7 (8.1)	57.5 (8.2)	<.001

Conclusions: Findings provide preliminary evidence of the relationship between perceived stress; and fatigue, anger, anxiety, and depression in patients with SCD. Findings support the HPA axis theory and indicate that stress is associated with negative health outcomes in patients with SCD. Results from future studies will confirm current findings and provide extra evidence to decipher the influence of perceived stress on physical and affective symptoms in patients with SCD. This evidence would be pertinent for informing future cognitive-behavioral intervention studies to decrease fatigue, anger, anxiety, and depression in patients with SCD who report stress.

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P 03 - Practice Outcomes for Mental Health Issues

Relationship Between Illness Perceptions and Stigma in Patients With Schizophrenia in Community

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Purpose

The purpose of this presentation is to examine the relationship between schizophrenia patients' illness perception and their perceived stigma.

Target Audience

The target audience of this presentation are clinical nurses, nursing students, nursing and healthcare faculty, healthcare policy maker, and academics.

Abstract

Background: Despite the benefits of maintenance treatment with antipsychotic drugs for patients with schizophrenia, non-adherence impedes the treatment effect and results in reduced functioning and increased relapses, hospitalization, and healthcare costs. Nonadherence has been studied from biomedical and behavioral perspectives; however, patients' subjective perceptions of their illnesses and treatments and their association with health outcomes have been increasingly highlighted for knowledge development (Kucukarslan, 2012). Illness perception has been supported its mediated effect on patients' adherence to antipsychotics in Western studies (Rungruangsiripan, Sitthimongkol, Maneesriwongul, Talley, & Vorapongsathorn, 2011). Furthermore, stigma has been reported to have a negative impact on adherence (Vrbová et. al, 2014; Yilmaz & Okanli, 2015). Therefore, in this study, the relationship between illness perception and stigma were examined.

Purpose: This study aimed to investigate the relationships between the illness perception of patients with schizophrenia and their stigma.

Methods: A cross-sectional research design was used to examine the relationship between schizophrenia patients' illness perception and stigma. The Institutional Review Board (IRB) of the hospital approved the study protocol and written informed consent was obtained from each participant. Based on the inclusion criteria, 240 patients with schizophrenia were purposively recruited into this study. Patients' illness perception and perceived stigma were assessed with self-rated Illness Perception Questionnaires-Revised (IPQ-R) and Perceived Psychiatric Stigma Scale (PPSS). The data were analyzed by Pearson correlation and multiple regression.

Results: Most patients were male, unmarried, unemployed, graduated from junior high school with 9 educational years, and onset during adulthood. Their mean age was 47.07 ± 11.88 and mean illness years was 19.14 ± 12.02 . There was significant positive relationship between IPQR-identity, timeline, consequence, timeline cyclical, emotional representation, and stigma; while illness coherence was negatively associated with stigma. The results indicated that patients' IPQR could significantly predict their sigma. Regarding to illness perception, consequence and emotional representation could positively predict sigma.

Conclusion: The results provided empirical knowledge about illness perceptions and stigma in patients with schizophrenia, which could equip professionals with their subjective interpretations and concerns about their illness and treatments in terms of how to assist them to decide in favor of treatments preference and to develop sensitive interventions to increase that adherence. Future research is suggested to further examine the relationships among treatment adherence, illness perception, and stigma to understand the influence of patients' subjective perception concerning about their illness on adherent behaviors.

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P 03 - Practice Outcomes for Mental Health Issues

Experiences of Professional Nurses in Caring for Psychiatric Patients With Dual Diagnosis

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Purpose

To share the findings of the study with Psychiatric nurses and those interested in knowing about Psychiatric patients with dual diagnosis and what is involved in caring for such patients.

Target Audience

Psychiatric nurses, nursing students interested in specializing in Psychiatric nursing care and any other nurses interested in dual diagnosis in psychiatric nursing.

Abstract

Purpose: Dual diagnosis is a serious concern in the whole world and very little is known about the care of psychiatric patients with dual diagnosis (Phillips, McKeown & Sandford, 2010). Dual diagnosis implies that psychiatric disorders occur at the same time, or one follows the other and eventually, it is difficult to tell which occurred first (Fortinash & Worret, 2012). The purpose of this study was to explore and describe the experiences of professional nurses in caring for psychiatric patients with dual diagnosis in order to make recommendations that could assist them in improving care for psychiatric patients with dual diagnosis in a psychiatric hospital in the North West Province of South Africa.

Methods: The target population of this study consisted of professional nurses caring for psychiatric patients with dual diagnosis in a psychiatric hospital in the North West Province of South Africa. A non-probability sampling approach was used and participants were selected purposively based on the selection criteria. The sample size was determined by data saturation. A qualitative, exploratory, descriptive and contextual design was used in this study. Unstructured interviews were conducted with professional nurses caring for psychiatric patients with dual diagnosis. A tape recorder was used to record the interviews and these were transcribed verbatim. Data were analysed qualitatively using Tesch's (*in* Creswell, 2009) method of content analysis. Trustworthiness was ensured through credibility, dependability, transferability and conformability.

Results: Emerging themes were examined in line with the objectives of the study and confirmed through literature control. After the data were analysed, three major categories were identified from the twelve unstructured individual interviews with professional nurses. The findings of this study revealed that professional nurses had negative experiences namely, feeling unsafe, difficulty in caring for these patients, lacking information and fear associated with caring. Positive experiences included that caring for patients with dual diagnosis is not complicated, that substances are not accessible in the hospital situation, that they can be controlled in hospital, that there are programmes designed to care for them and that there is treatment for psychiatric patients with dual diagnosis; they also had suggestions to make regarding caring for patients with dual diagnosis including that in-services training and workshops should be conducted, that there should be halfway houses for them, that management should support them, that there must be collaboration within the Multidisciplinary team members, provision of safe environment as well as provision of more professional nurses. The recommendations were made for nursing practice, nursing education and nursing research.

Conclusion: It was concluded that professional nurses caring for psychiatric patients with dual diagnosis experience both negative and positive experiences. However, they also suggested strategies that could be implemented to improve the care of these patients in order to mitigate their negative experiences in caring for Psychiatric patients with dual diagnosis.

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P 03 - Practice Outcomes for Mental Health Issues

Challenges Experienced By Caregivers of Family Members With a Mental Illness in a Rural Community

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Purpose

The purpose of this presentation is to present the findings of a research study that explored and described the challenges caregivers experience in caring for a mentally ill family member in a selected rural community in Limpopo, South Africa.

Target Audience

The target audience of this presentation is clinicians providing support to caregivers of family members with a mental illness and, academics who are to educate clinicians in how to provide support to caregivers in their caring for a family member with a mental illness.

Abstract

Purpose: In South Africa, as in countries such as the United Kingdom (Rugkasa, Canvin, Sinclair, Sulman & Burns, 2014) and the United States of America (Harvey, Burns, Fiander, Huxley, Manley & Fahy, 2002), due to deinstitutionalization of persons with mental illness, family members became the primary caregivers. The care provided is extraordinary, uncompensated care that is physically, emotionally, socially and financially demanding. The lack of support of the caregiver is often the key determinant of whether the care recipient can remain at home or must again be institutionalized (Blum & Sherman, 2010). The caregivers of these mentally ill persons' balance caregiving with other demands such as child rearing and securing the family's livelihood. Reliance upon poorly prepared caregivers for day-to-day symptom management and other health related risks compromises the quality of life of mentally ill persons and contributes to increased levels of caregiver burden and emotional distress (Washington, Meadows, Elliott & Koopman, 2011). Caregivers have to balance their caregiving with other demands, and are often not able to take the mentally ill family member back to the clinic for their follow up visits to obtain their medication. As a result, the mentally ill person relapses and is then readmitted to the psychiatric hospital.

Although research has been conducted globally on the challenges caregivers experience in taking care of mentally ill persons at home (Monyaluoe, Mvandaba, du Plessis, & Koen 2014; Papastavrou, Charalambous, Tsangaris & Karayiannis, 2010), little is known about the challenges these caregivers in the selected community, experience in taking care of their mentally ill family members. The purpose of this presentation is to present the findings of a research study that explored and described the challenges caregivers experience in caring for a mentally ill family member in a selected rural community in Limpopo, South Africa.

Methods: A qualitative descriptive design was used to conduct the study. Thirteen caregivers of family members with a mental illness in a rural community were selected purposively. Data was collected with semi-structured interviews, informal observations and field notes. The semi-structured interviews were conducted either at the caregivers' homes or at the local clinic. Interviews were transcribed verbatim and the data was analysed in accordance with Tesch's method of open coding.

Results: Three themes were identified: Effects on family as a unit, burdensome responsibility on caregivers, and resources in the community. The main findings of the research included: caregivers overburdened by day-to-day care of family member; caregivers are socially isolated due to care giving responsibilities and stigma attached to mental illness; financial strain, escalated feelings of hopelessness and being a failure; caregivers experienced increased emotional strain as a result of aggressive behaviour and substance abuse of mentally ill family member; caregivers suffered due to a lack of professional support, social support, and community resources.

Conclusion: The objective of exploring the challenges caregivers experience in caring for a mentally ill family member in a selected rural community in Limpopo, South Africa was met and recommendations were formulated to assist psychiatric nursing practitioners in supporting these caregivers.

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P 04 - Health Promotion in the Diabetic Patient

Racial Variation of Regular Foot Examination Among Diabetics in California

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Purpose

The purpose of this presentation is to report the findings of the racial variation and determinants of having foot examined among adult diabetics in California using the guidelines by American Diabetes Association (ADA).

Target Audience

The target audience of this presentation are: Health care professional, advanced practice nurses, social and behavioral scientists.

Abstract

Purpose: This study aims to examine the racial variation and determinants of having foot examined among adult diabetics in California using the guidelines by American Diabetes Association (ADA).

Rationale/Conceptual Basis/Background: Diabetic foot is one of the common diabetes-associated complications. Regular annual foot examination is an inexpensive tool used for early detection and prevention of complications.

Methods: We analyzed data from the 2005-2012 California Health Interview Survey (CHIS) which is a cross-sectional survey using telephone interview of random sample of California adults (un-weighted sample of 17,671 diabetic adults). We examined the relationship between having foot examined last year and demographics, insurance, health status, diabetes duration, and had hemoglobin A1c last year. The data were analyzed using the survey module in STATA 14 taking into consideration the sample design and the sample weight.

Results: Of 17,671 diabetics, 30% did not have their foot examined within one year [30% in Hispanics, 39% in Asian, 26% in others, 20 in Blacks and 28 in White, $p < 0.05$]. In the multivariate model, foot examination within one year was associated with race/ethnicity, age, gender, education, insurance, diabetes duration, had co-morbidity, had HbA1c checked last year, and self-perceived health status ($p < 0.05$). Elderly males who are Asian or Hispanic with no insurance, and perceived their health as fair/poor have higher adjusted odds of not having their foot examined within one-year relative to the other groups ($p < 0.05$).

Implications: Uninsured elderly Asians or Hispanics diabetics had higher odds of not having foot examined in a year. With high percentages of diabetics diagnosed annually, there is a need for evidence based, culturally informed campaigns and interventions to increase awareness around diabetic screenings among these vulnerable populations. Nurses and healthcare providers must be vigilant in identifying and managing the diabetic foot for the vulnerable population by providing adequate and convenient awareness, education, and follow-up care.

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P 04 - Health Promotion in the Diabetic Patient

Optimizing Diabetes Self-Management Outcomes in Low-Income Ethnic Minority Patients in the United States

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Purpose

The purpose of this presentation is to present a unique diabetes self-management program designed to improve outcomes in low-income ethnic minority women and men residing in Raleigh, North Carolina, United States.

Target Audience

The target audience of this presentation is any health care provider who works with patients with type 2 diabetes mellitus.

Abstract

Purpose: In 2013, approximately 382 million people over the age of 20 years were diagnosed with type 2 diabetes, and it is estimated that by 2035 that number will increase to 592 million worldwide (1). The majority of patients diagnosed with type 2 diabetes do not receive consistent medical care and education about the disease process and do not maintain good glycemic control (2,3). Poor glycemic control leads to microvascular and macrovascular complications (2). The purpose of this randomized controlled pilot study was to develop and test an interdisciplinary approach to diabetes self-management in a community-based health center serving underserved and uninsured minority patients.

Methods: The primary outcome was glycated hemoglobin from baseline to 15 months. Secondary outcomes included lipids and blood pressure and diabetes self-management. A randomized repeated measures design was used with 40 patients in the experimental group and 40 patients in the control group. The patients in the experimental group were provided with a diabetes group visit which consisted of individualized sessions with a physician or nurse practitioner to review medications and conduct a medical examination and group sessions to deliver diabetes self-management education. The control group received usual care. All 5 classes were delivered to each patient in the experimental group in the same order every 3 months for 15 months. Classes included understanding foot care, blood glucose monitoring, blood pressure and cholesterol, nutrition and exercise, and complications of diabetes. Data collected included clinical data and questionnaires every 3 months for 15 months. Data analysis was completed using ANOVA comparing Time 1 (baseline) data and Time 5 (15 month) data.

Results: The patients ranged in age from 32 to 65 years (mean \pm SD years, 51.4 ± 8.5). A total of 89.3% were women and 10.7% men. The sample was 77.4% non-Hispanic Black, 17.9% non-Hispanic White, 2.4% bilingual Hispanic, 1.2% Asian Pacific, and 1.2% American Indian. A total of 54.2% had finished high school; 25.2% had finished 4 years of college; and 3.6% had finished graduate school. At the completion of Time 5 data, the experimental group retained 35 patients (88% retention rate), and the control group retained 33 patients (83% retention rate). The experimental group significantly decreased glycated hemoglobin ($F = 12.8$; $p = .001$) and triglycerides ($F = 11.0$; $p = .002$), increased high-density lipoprotein ($F = 4.8$; $p = .033$), and decreased resting heart rate ($F = 4.9$; $p = .031$) compared to the control group patients. The patients in the experimental group felt their general health ($F = 11.4$; $p = .001$) was significantly better than the control group. In addition, the patients in the experimental group felt that they could do significantly more stretching and strengthening exercises each week ($F = 10.4$; $p = .002$) and felt significantly more confident ($F = 4.7$; $p = .034$) that they could exercise 15 to 20 minutes, 4-5 times a week. The patients in the experimental group also felt significantly more confident ($F = 4.9$; $p = 0.03$) that they could do something to prevent their blood sugar from dropping when they exercised.

Conclusion: Diabetes group visits imbedded in a community health center improved metabolic control, high-density lipoproteins, triglycerides and some diabetes self-management behaviors.

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P 04 - Health Promotion in the Diabetic Patient

Perceptions of Patients Regarding Diabetes-Related Health Communication Strategies in the Free State, South Africa

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Purpose

The purpose of this presentation is to: exhibit a project that explored the perceptions of patients diagnosed with diabetes mellitus regarding health communication strategies used in the Free State province in South Africa

Target Audience

The target audience of this presentation are clinical nurses providing primary health care to patients with diabetes mellitus in low and middle income countries and nurse researchers interested in health communication.

Abstract

BACKGROUND: Lifestyle disorders such as a type two diabetes mellitus are on the rise globally. By the year 2030, 552 million people globally will have some form of diabetes mellitus (IDF, 2012: online). The prevalence of type two diabetes mellitus seems to be on the rise in the developing world as well, where many cases remain undiagnosed. One contributing factor to such increase in prevalence of type two diabetes mellitus is poor lifestyle practices (Wabe, Angamo & Hussain, 2011: 422).

Patients diagnosed with diabetes mellitus are expected to make life-long changes related to their health that are aimed at improving overall disease outcomes and avert long-term health complications. The operationalization of these life-long changes are manifest in self- management, although such patients need to be empowered to make decisions. One strategy of empowering such patients with diabetes mellitus to make life-long changes is through providing health information.

Health information is provided through various health communication strategies. Such strategies include patient-provider interactions, grouped sessions and the use of media both electronic and print (Wright, Spark & O' Hair, 2013:91). These communication strategies maybe under the control of health care workers such as nurses and to some extent transeed through to the community. The appropriateness of the communication techniques is based on contextual underpinnings which may include; the purpose of the communication and the targeted audience incorporating the setting in which this information is being conveyed. It is the hope of the health care worker that health messages conveyed through these various communication strategies are able to enhance the decision making ability of patients.

Perceptions are an overall interpretation of a phenomenon by an individual (Bruner, 1957:52) and are built up on and based on experience of a particular event. They affect how individuals carry on with their lives and essentially all the decisions they make are based on their interpretation of their world. In the context of diabetes mellitus education, the perceptions of patients regarding how health information is communicated to them is essential for any interventions related to diabetes education and care (Murphy, Casey, Dinnen, Lawton & Brown, 2012:1284). The perceptions of patients with diabetes in the Free State province in South Africa regarding health communication strategies were being unknown. South Africa is a made up of a diverse multicultural and multi-lingual society comprising eleven official languages. The Free State, a province in South Africa, has an above national average prevalence of diabetes mellitus. The majority of the population in this province is black and they are in the low income bracket. Patients access their health care through public health structures namely Community Health Centres (CHC's) and Primary Health Clinic (PHC's).

This study was one of the initial studies carried out to support the development of a health dialogue model for patients with diabetes within low and middle income countries.

Purpose: The study explored the perceptions of patients with diabetes mellitus regarding health communication strategies in the Free State, South Africa

Methods: The perceptions of patients were determined through a descriptive, exploratory, qualitative research design. Data was generated through semi-structured individual interviews from 34 men and women above the age of 18, with at least a year of being medically diagnosed with type two diabetes mellitus. The study participants were purposively selected incorporating the opinion of the professional nurses in charge of the data collection sites. Data was generated in the languages preferred by the participants namely to Afrikaans, English, Sotho and Xhosa.

Data was collected from 16 sites within the Free State province. These data collection sites were limited to CHC's and PHC's within the various districts of the province, because the majority of the patients received their diabetes related health information within these sites.

The data generated from the interview was transcribed and translated from either Sesotho or Afrikaans, or Xhosa to English. Analysis incorporated Creswell's steps of qualitative data analysis. ATLAS.ti electronic software was used as a platform for data analysis (Friese, 2014).

Results: Two themes emerged; Guidance and Self-management. The theme Guidance was divided into five categories; motive, content, source, technique and evaluation. The theme Self-management was divided into two categories; influencing factors and lifestyle modifications. The category influencing factors was further divided into two sub-categories; intrapersonal factors and interpersonal factors while the category lifestyle modification was further divided into two sub-categories; nutrition and outcomes.

Discussion: Health specific signs and symptoms pressed patients with diabetes to seek guidance from the health delivery systems however, they struggled to link their specific signs and symptoms with diabetes mellitus. Health information was provided through direct and in-direct sources. Some of the direct sources included other patients with diabetes mellitus, health care workers and family members diagnosed with diabetes. In-direct sources included the media in the form of electronic and print however, due to the personal nature of some of the symptoms related to diabetes mellitus for example erectile dysfunction, some of the in-direct sources of health information were deemed as not ideal for dissemination of health information

Patients received information limited to nutrition and lifestyle modifications. This information reflected on what food to eat and also how to care for their feet. The personality of the health care worker was essential in the transmission and understanding of the health messages communicated. Some of the health care workers were upfront and stern and thus were interpreted as 'meaning business' while on the other hand some health care workers reflected empathy.

The appropriateness of the language provided by the health care workers enhanced understanding of the health message. In South Africa, there are eleven official languages, it is not always guaranteed that a patient will be matched with a health worker who speaks their native language. However, patients in this study revealed that a health care worker speaking their native language made it easy for them to comprehend health information. Conversely, the ability to question health information sources was limited. This limitation was associated with inherent cultural practices where questioning is interpreted as a sign of disrespect and that elders or authorities are always right (Valchev, 2012: 25).

Positive experiences seemed to reinforce self-management, while negative influences inclusive of thoughts seemed to harmfully influence self-management of patients with diabetes and one such negative influence resulted in suicidal ideation. Family support particularly from family members diagnosed with diabetes mellitus also influenced self-management, inclusive of other patients with diabetes and the religion of the patient. Patients were able to understand and change their nutrition and adjust to the requirements associated with diabetes mellitus although there were challenges associated with the expense of food appropriate for diabetes and also the blunt taste of such foods. Finally, patients reflected improved disease outcomes.

Recommendations: A standardised screening tool should be crafted to assess potential diabetes patients, thus enhancing a linkage between some signs and symptoms to diabetes mellitus to enhance early diagnosis. The health department of the province should develop contextually appropriate diabetes health information applications for smartphones to increase sources of diabetes health information.

Research can be engaged in evaluating the health literacy of patients with diabetes in the Free State, such a study will enhance tailor making of health information related health interventions for such communities. There is need for early identification of patients that are not coping with the diagnosis of diabetes mellitus for immediate interventions to avoid adverse ideation. While communities around a clinic may involve a local food vendor to provide diabetes mellitus appropriate food for patients diagnosed with diabetes to increase availability

Conclusion: Patients with diabetes appreciated the supportive role various health communication strategies play in their illness-wellness continuum. Addressing identified needs regarding diabetes-related health communication strategies and strengthening positive outcomes of current health communication strategies in the Free State could enhance the impact of health communication strategies in this province. Findings of this study will further inform the development of a health dialogue model for patients with diabetes in the Free State.

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P 05 - Childhood Obesity: Understanding the Cause and Cultural Impact

A Food Label Literacy Intervention Tool to Fight Childhood Obesity Among Vulnerable Populations

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Purpose

The purpose of this presentation is to share a globally adaptive research study on the use of a food label literacy tool which teaches adults and children to make healthy food choices, detect marketing deceptions; and assist in preventing childhood obesity and its comorbidities.

Target Audience

The target audience of this presentation are clinical and academic nurses tasked with identifying and developing programs to be meet the needs of vulnerable populations

Abstract

Purpose: This research was conducted by a school nurse in a school setting who recognized childhood obesity as an epidemic globally and specifically in the United States (Burke & Wang, 2011) and set out to identify and conduct research with a Food Label Literacy Intervention Tool. This was done to advocate for a vulnerable population of poor, minority students who grow up to be chronically ill adults. At least one fourth of all the children globally (Abela, Bagnasco, Arpesella, Vandoni, & Sasso, 2014), and approximately one third of all children and adolescents within the United States are obese or overweight (Nihiser, Merlo, & Lee, 2013). As a result of obesity children have a shorter life expectancy (Long, Mareno, Shabo, & Wilson, 2012), obesity and overweight is considered the second most preventable cause of death (Burke & Wang, 2011). These facts compelled the researcher to conduct the initial research study and to follow up by sharing the findings with an international body of nursing researchers by promoting healthy communities through health promotion, disease prevention and recognition of social, economic, and political determinants. Obese children are likely to become obese adults (Abela, et al., 2014) and will suffer from co-morbidities such as hypertension, type 2 diabetes mellitus, hyperlipidemia, coronary artery disease, and degenerative joint disease (McPhee & Papadakis, 2011). Childhood obesity may be due in part, to parents' inability to make healthy food choices for their children.

Methods: This study utilized the *Nutrition Detectives*[™] Program, developed by Yale researchers, Dr. David Katz and Dr. Catherine Katz. The program was originally developed to be used to train students to read labels and as a result would accommodate parents with a low-literacy level. The curriculum was set up in five mini-sessions. To accommodate the parents' schedules these mini-sessions were condensed into two 45-minute sessions. During the first week parents signed the consent forms, filled out the sociodemographic questionnaire, took the pre-test, and were taught mini-lessons one and two which covered (a) The link between food choices and health, (b) The struggles of eating well in the modern world, and (c) Instruction on how to determine what nutritious foods to choose. During week two parents were introduced to five clues for interpreting food labels, which covered mini-lessons three through five which included the five clues to reading a food label: (1) Don't be fooled by the big letters on the front of the package. Look for the itty bitty letters on the food label instead, (2) The first ingredient is always the biggest, (3) Avoid partially hydrogenated oil and high fructose corn syrup, (4) Avoid foods with a long ingredient list, and (5) Fiber is your friend, so look out for whole grain imposters. On the third week parents signed in and took the posttest.

Data analysis was conducted using SPSS version 20 (SPSS, 2012). Descriptive statistics were used to assess the sociodemographic data: percentages were used for categorical variables, while means and standard deviations (sds) were used for continuous variables. Since the sample size was small and the assumption of normal distribution was not met, non-parametric tests were used.

The Mann Whitney was used to assess the pre- and posttest food label literacy test results and was also used to test the difference in the pretest scores between the (a) two language groups (English and

Spanish), (b) household incomes, (<\$25,000 and \$25,000 and higher), and (c) education level (< high school diploma and those with a high school diploma). The Kruskal-Wallis was used to test any difference in the pre- and posttest based on time lived in the United States, which was broken into three groups: (a) 10 years or less, (b) more than 10 years, and (c) entire life. Data was collected from 33 participants.

A Food Label Literacy and Nutrition Knowledge (FLLANK) (Katz et al., 2011) 10-question pre- and posttest on food label literacy was administered. Descriptive statistics were conducted for all sociodemographic data.

Results: The Mann-Whitney test was used to detect changes in Food Label Literacy skills, differences between language groups, education level, and income levels. The Kruskal-Wallis test was used to assess difference in knowledge based on time lived in the United States. The mean age of those completing the program was 38.8 +/- 9.3 years. Women comprised 91% of the sample; Spanish was preferred by 70%; 61% had at least a high school education; and 39% reported an income of less than \$25,000 which placed them below the United States federal poverty guidelines. Over 80% of participants had no previous nutrition or Food Label Literacy classes. On the 10-question pretest the mean score was 5.36 +/- 3.029. The mean post-test score was 8.45 +/- 1.395, $p < 0.01\%$. The Mann Whitney of $U=80.5$ was significant at $p=0.05$, leading to the conclusion that respondents making more than \$25,000 scored significantly better than those earning less than \$25,000. Post-intervention results revealed that the lower income group had a mean of 8.23(+/-1.48), and the higher income group had a mean score of 8.86 (+/- 1.069). The Mann Whitney comparing the two scores yields a U of 4.5, $p=0.39$, concluding that post-intervention there was no difference between participants from higher income groups than those from lower income groups. The education level was divided into two groups: no high school and high school. The mean pretest scores for those who did not complete high school were 4.3 (+/-3.21) and 6.70 (+/- 2.42) for those who completed high school. The Mann Whitney of 164.50 and a $p = 0.007$ reveals that those with a high school diploma scored significantly better on the pretest than those without a high school diploma. The posttest a mean was 8.08 (+/- 1.25) for those with less than high school, and 8.70 (+/- 1.45) for those with a high a high school diploma. The Mann Whitney result of a $U = 90.00$ and $p = 0.147$ indicates that post-intervention there was no significant difference between participants with and without a high school diploma.

Conclusion: The initial findings of this research study indicate the *Nutrition Detectives*TM Program can be utilized as evidence based practice (EBP) because it was successful in helping Hispanic parents of elementary school children improve healthy food choices and demonstrates the capacity development for research by nurses as a method for reducing obesity and co-morbidities for children. This literacy intervention program has begun to close the gap in the categories of education, socioeconomic status, language preference, and time lived in the United States. It is the researcher's recommendation for this *Nutrition Detectives*TM Program to be utilized globally among other vulnerable populations to educate parents and students to make healthy food choices which may reduce childhood obesity and co-morbidities.

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P 05 - Childhood Obesity: Understanding the Cause and Cultural Impact

Cultural Hair Practice and Physical Inactivity Among Urban African-American Adolescent Girls in the U.S

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Patricia Ann Richardson, MS ED, BA, USA

Purpose

The purpose of this presentation is to discuss the health consequences of obesity and cultural hair care practices as perceived barrier to physical activity among African American adolescent girls.

Target Audience

All nurses who are interested in understanding how cultural differences and aesthetic practices affect health outcomes among urban adolescent African American girls.

Abstract

Purpose: Minority children in the United States (U.S.) are disproportionately affected by overweight and obesity. According to the Youth at Risk of Decreased Physical Activity Survey, minority preadolescent and adolescent girls of low socioeconomic status are at increased risk for obesity due to insufficient physical activity. The purpose of this mixed methods study was to determine the physical activity levels of Adolescent females in an urban school environment and their perceived barriers to exercise.

In the U.S. there has been a decrease in the overall obesity rates among children, however obesity among adolescents, children age 12-19 years old, is still the highest among child groups. Indicating that as children age they are continuing to gain weight (CDC, 2015). According to the 2013 National Health and Nutrition Examination Survey, between 2011 and 2014 African American adolescent girls have the highest prevalence of obesity (22%) when compared to their Hispanic female (18%) and non-Hispanic white female counterparts (13%), based on a body mass index (BMI) of 30 or greater (Frieden, Jaffe & Cona, 2013). African American women and adolescent girls are at risk for overweight and obesity, and African American adolescent girls are less physically active than their peers, thus potentiating the risk of overweight and obesity. Obesity is a complex, multifactorial disorder that can result in serious morbidity and mortality if left untreated. Children who are overweight or obese are at risk for a myriad of health problems such as hypertension, high cholesterol, metabolic and cardiovascular disease, and joint problems (Freedman, Mei, Srinivasan, Berenson, & Dietz, 2007).

Poor diet and a sedentary lifestyle are associated with obesity among all groups in the U. S. but particularly in African Americans. Despite the fact that regular physical activity can help reduce risks for obesity and related comorbid conditions, most youth in the United States do not meet the daily recommended physical activity guidelines (USDHHS, 2008). African American female adolescents are not only less physically active than their peers but they attend physical education class less than their peers (Gathers & Mahon, 2014). Quality, affordable physical activity programs such as organized sports and commercial gym memberships are often unaffordable for many low-income families. Schools are often the only place where urban adolescent girls can participate in structured, daily physical activity through physical education classes.

Methods: The sample was comprised of 56 adolescent girls 14 to 17 years old from two New York City public high schools. Students were asked to complete author developed demographic surveys and guided interviews were conducted using a phenomenological approach. The interview content was coded and analyzed. Descriptive statistics were used to describe the sample

Results: Eighty-four percent of the girls were minorities (55% African American, 29% Hispanic), 5% were Caucasian and 11% identified as other. In this sample 75% of the girls reported that they did not participate in physical education. The reasons they gave were sweating and ruining their hair (55% and 39%). Of those who attended physical education class 44% reported that they are "not active" during the class. Again there were concerns about their hair.

Conclusion: The majority of the girls in this sample stated that they avoided physical activity and sweating (a sign that the heart rate is sufficiently elevated for health benefit) because of concerns about sweating and their hair. In this sample we found that hair and aesthetics is very important in the African American community, especially for females. Dermatologically, African American hair and the hair of some Hispanics is curlier, more dry and can be difficult to manage. The scalp and hair of African Americans does not allow for frequent daily washing with soaps and shampoo due to conditions such as atopic dermatitis, folliculitis, and over drying of the skin and hair which can cause breakage and other damage (Hall, Francis, Whitt-Glover, Loftin-Bell, Swett, & McMichael, 2013). If hair maintenance is perceived as a major barrier to exercise among a high risk group of individuals, health researchers must explore ways to ameliorate the concerns and encourage at risk minority populations to participate in daily exercise that is beneficial to health promotion. We plan to continue to build on this work and develop an interdisciplinary team that includes dermatology, African American hair care specialists, nutrition and exercise physiology to address the concerning issue of inactivity in minority urban adolescent girls.

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P 05 - Childhood Obesity: Understanding the Cause and Cultural Impact

Recruitment and Retention in Studying Childhood Obesity in Saudi Arabia

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Purpose

The purpose of this presentation is to present recruitment issues in a community-based participatory research.

Target Audience

The target audience of this presentation would be interested researchers in international populations with diverse backgrounds using and community-based participatory research. In addition, researchers interested in studying a new topic in a new population may learn creative ways to solve recruitment issues.

Abstract

Purpose: The purpose of this presentation is to examine recruitment and retention issues encountered during a mixed methods study on childhood feeding and growth in Saudi Arabia. The study is to focus on Saudi mothers' perspective on childhood obesity. The presentation addresses culturally-based recruiting challenges and recommends strategies for conducting community-based research in Saudi Arabia. Recruitment of mothers from the school system and/or the community has not been well documented in the Saudi literature.

Methods: Dissemination information about the study:

- The initial plan was to disseminate flyers to mothers through the school system. Out of the 600 flyers distributed in schools only 6 mothers responded and expressed interest in the study.
- The second plan was to distribute flyers with the local newspaper, but due to security reasons currently in Saudi Arabia this plan was modified to word of mouth. This resulted in recruiting 2 mothers.

Accessing Participants

- The initial plan was to meet mothers at the preschools when dropping off and picking up their children in the morning and afternoon this method resulted in a low recruitment because mothers were rarely bringing children to school.
- Therefore, principals of schools proposed meeting mothers through presenting a health awareness lecture in the school. This resulted in having more mothers attending and participating. Moreover, other school supervisors proposed adding the PI in WhatsApp group messaging mobile application.

Results: The results and lessons learned presented include examples of modified methods in recruitment that increased mother's participation in this study.

Active engagement was needed to bring unique strategies suitable for each school, whereas passive strategies resulted in low recruitment. Strategies that facilitated recruitment included cooperation from the school system, parental involvement (via adding the PI to WhatsApp group messaging for direct access parents), scheduling the health awareness lecture along with school events (such as, parent meeting, activity day etc.).

For example, one school proposed adding the PI in a group messaging mobile application, WhatsApp. The PI was able to introduce the study aims and recruited 13 mothers through WhatsApp.

Nurse researchers are in a unique position to provide health lectures and to talk about their research with the local community to enhance recruitment.

When the PI was able to schedule the health lecture on the same day of parent's meeting that resulted in the highest attendees and participants. Where, one school had 70 attendees and 35 mothers joined the study. When the health lecture was on a regular school day, less attendee was present (n=4) but many others submitted the consent forms and joined the study (n=30). This high number maybe due to school teachers distributing the flyers through their WhatsApp school groups so that mother's learned ahead of time about the study.

Conclusion: In conclusion, the revised strategies used for this study found to be successful evidenced by recruiting 142 mothers and their preschool-age children and are ready for analysis. Creative problem-solving, persistence and engagement in the local community facilitated the recruitment procedure in Saudi Arabia. The PI found that understanding the target population was key to successful recruitment.

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Evidence-Based Practice Poster Presentations

EBP PST 1 - Evidence-Based Practice Poster Session 1

Building a Transformational Nurse Manager Workforce Through Interactive Competencies

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Purpose

The purpose of this session is to provide a replicable leadership development program through interactive simulation bundles to improve unit quality, financial metrics and nurse manager performance from novice to expert using a multi-pronged approach that is sustainable and improves leadership readiness.

Target Audience

Nurse executives and Nurse educators (CNO, VP, director, manager, faculty) or newly appointed nurse leaders. Any continuing education specialists who is facilitating succession planning, introducing new practices in leadership and developing leadership competency standards.

Abstract

Among nursing leadership roles, the nurse manager role has been identified as critical for the provision of high-performing, evidence-based, and efficient care in the patient care delivery setting. The nurse manager has 24-hour/7-day accountability for the performance of a defined unit or area. Excellence in horizontal and vertical communication is imperative. The nurse manager leads by example to create and manage change in the practice environment and is therefore the most influential communicator and change agent for clinical providers.

Nurse Managers are accountable for the clinical microsystem environment and must create learning and care delivery environment that is open and respectful. They must facilitate communication and sharing of expertise to promote quality of care, a culture of safety, improved patient satisfaction, and an effective practice environment. The American Nurses Association (ANA) identified communication as Standard 11 of the Standards of Professional Practice. It is a requirement for all registered nurses to communicate effectively in a variety of ways (American Nurses Association [ANA], 2010). Eight defined competencies guide the professional practice. Standard 12 defines additional communication competencies such as communicating effectively with the health-care consumer and colleagues, modeling expert practices, providing direction to enhance effectiveness, and influencing decision making (ANA, 2010). Additionally, the promotion of internal talent to positions of nursing leadership has been found to be an effective and positive practice that motivates clinical bedside nurses to pursue such leadership roles at this hospital and in other hospitals mentioned in the literature.

Aim: This session aims to provide an innovative teaching approach for leadership development to improve the nurse manager's daily communication in staff interactions by validating an interactive simulation bundle communication competency and creating a daily communications toolkit that can provide critical data to prepare nurses for their day-to-day work. Currently nurse manager development to improve standard leadership competency and unit metrics in defined work practices is lacking. Nurse Managers working in an acute care hospital were selected from a subset of inpatient nurse managers for the initial project and has been replicated at all levels of leadership development.

This project used a multi-pronged approach to improve the nurse manager's daily communication with staff through (1) core nurse leader curriculum, (2) validation of an effective communication competency, and (3) creation of a daily communication toolkit that would standardize and enhance the communication of critical data to nurses and reduce the existing gap regarding the provision of critical information as they prepare for their work day.

Methods: Data were collected by multiple means: observation, nursing survey, pretest/posttest competency assessment, monitoring of standard communication practices as standard work, and the use of selected core communication competency tools. Data focused on nurse managers, leadership course participation, simulation bundle participation, and unit data metrics, including the development of a unit specific vision statement, huddle participation, and problem identifications.

Results: Each unit consistently held 100% manager-led daily huddles that included all designated metrics for the unit. Incremental overtime was reduced by project evaluations, validating that the participants found the project valuable.

Conclusion: Results suggest that nurse managers in *in situ* simulations, coupled with reflection and standard communication tools, can communicate more effectively. Improved self-reported nurse manager competency embedded daily standard work practices and these nurse managers were influential role models for staff creating an environment to best support learning and improvement activities. Improved staff satisfaction was demonstrated through nursing satisfaction survey.

Keywords: nurse manager competencies, complex adaptive systems, leadership practices, succession planning, simulation, transformational leadership, innovative competencies, empowerment, appreciative inquiry, communication.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

Partners in Care: Nursing's Influence in an Emergency Medicine Residency Program

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Purpose

The purpose of this presentation is to describe an innovative, interprofessional approach to incorporating nursing presence into core areas within an emergency medicine residency training program.

Target Audience

The target audience of this presentation includes nurse educators, clinical nurse specialists, nursing administrators, medical residency directors.

Abstract

Emergency Medicine (EM) as a specialty has embraced the model of interprofessional care teams in clinical settings. In addition to clinical training, EM program directors are required to ensure that residents are integrated into interdisciplinary quality improvement programs during their training, as well as to collect data for milestones regarding team management and collaborative care of the ED patient. The CLER environment has emphasized institutional focus on interdisciplinary training and feedback. To achieve these aims, residency and nursing leadership partnered to develop an innovative, interprofessional approach to incorporating nursing presence into core areas within EM residency training. An interested member of the nursing leadership developed a liaison role between the nursing team and the residency program. Opportunities for enhanced collaboration between the groups were identified and interventions were introduced in a step-wise fashion over the next 2 years. Innovative methods were employed to build a collaborative mindset that would support trainees into their future practice. Intended to meet several objectives spanning multiple needs, these innovative methods have met with wide spread acceptance and positive reviews. Post interview surveys from applicants have frequently listed "nursing interviewers" as one of the things most liked about the day, and qualitative comments from nurse partner program surveys have been universally positive. A total of 101 nursing staff generated 635 electronic evaluations over the 27 months the program has been active, many with detailed and constructive comments for the residents that have served as the impetus for remediation. Nursing presence has been a constant at M&M since the development of a nursing champion, with active participation from both leadership and nursing staff involved in the case. Overall, our multifaceted approach has improved interprofessional relationships in all areas and bolstered the level of clinical care our teams provide. We believe that programs across Graduate Medical Education should find similar opportunities for inclusion of nursing staff to foster these outcomes.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

The Effects of the Empowerment Education Program in Older Adults With Total Hip Replacement Surgery

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Purpose

The purpose of this presentation is to share the quite effective empowerment education program for older adults with total hip replacement surgery.

Target Audience

The target audience of this presentation is clinical practice nurses in orthopedics, discharge planners, and continuity care clinicians. Also, the nursing faculty in this field are the target audience.

Abstract

Background: Degenerative arthritis is not only a common disease, but also a serious chronic illness that impact the quality of life of older adults. While joint degenerate continually and hip has been damaged by arthritis, it will lead to severe hip pain, joint stiffness, and difficult to perform ADL. Therefore, hip replacement surgery should be considered, and effectively nursing care should be provided to improve their recovery.

Objects: To exam the effectiveness of the empowerment education program on primary (ADL, mobility and self-care ability) and secondary outcomes (depression, quality of life, and self-efficacy) for older adults with total hip replacement surgery.

Methods: The empowerment education program implements Freire's 3-stage methodology of listening, dialogue, and action problem-posing process which include: participation of both patients/family and nurses; the value of patients' experience as contributing to knowledge about self-care after surgery; critical thinking with patients' asking their own questions of themselves; and group dialogue to explore root causes and motivate patients to engage in creative action that address problems in their own. A randomized control trial was conducted in two hospitals in northern Taiwan. There were 108 participants randomly assigned to either empowerment education (EE) or the control group. The outcomes were collected at one month (T2), and at 3 months (T3), after the interventions.

Results: After the interventions, the EE group participants demonstrated significantly better self-care ability ($p < .001$), QOL ($p < .01$) and self-efficacy ($p < .01$), and lower depressive inclination ($p < .05$) than those in the control group. Also, participants in both groups were significantly improved over time on ADL and mobility ($p < .001$).

Conclusions: This EE intervention was quite effective in enhancing participants' outcomes. However, the mean age of the participants was 65.42 years old, and 41.9% of them were over 65. Involving both elderly adults and their caregivers in participating this program is recommended for better impact.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

Screening for Behavioral Health Conditions in an International Clinical Placement

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Purpose

The purpose of this presentation is to discuss a clinical project describing a mental health screening initiative conducted by nurse practitioner students in a pediatric clinic located in an elementary school in Managua, Nicaragua.

Target Audience

The target audiences of this presentation are nurses who work in pediatrics, mental health and those that accompany students on international clinical rotations.

Abstract

Background: This clinical project describes a mental health screening initiative conducted by nurse practitioner students in a pediatric clinic located in an elementary school in Managua, Nicaragua. Pediatric and family nurse practitioner students from the United States spend one week in Nicaragua each year in this school setting conducting well-child visits. The previous year during the clinic, a needs assessment was conducted and parents and teachers noted that the behavioral health of the school children was a concern. To address this unmet need, it was decided that behavioral health screenings would be provided (during this current clinic) to parents who were waiting to be seen for their child's well child visit.

Details of practice innovation: Students provided well child visits to Nicaraguan school-children at an elementary school in Managua, Nicaragua. While waiting for their well-child visits to begin, parents completed a behavioral health screening tool. Validated behavioral health screens are recommended for use at well-child visits. Therefore, the Pediatric Symptom Checklist (PSC) Spanish Pictorial Version was administered to parents to be filled out before their child's well child visit. The pictorial version of the PSC was used to account for the high levels of illiteracy in Nicaragua. The PSC is a 35 item parent report instrument. The items are rated as: "Never", "Sometimes", or "Often" present and scored 0, 1, and 2, respectively. Item scores are summed so that the total score is calculated by adding together the score for each of the 35 items, with a possible range of scores from 0-70. A cut-off score of 24 was used.

Outcomes: A total of 52 Nicaraguan school children were screened for behavioral health issues. The average score of the PSC was 18.87 (SD=9.43). Fourteen of the 52 (27%) school children had a positive PSC screen. Of those 14 school children with a positive screen, seven were male and seven were female. The range of scores for the positive screens was 26-54. The average score of the 14 children with a positive screen was 30.57 (SD=7.37). Those with a positive screen were referred for mental health services provided by a Nicaraguan psychologist in the school setting.

Implications: The behavioral health screening tool was well accepted by parents accompanying their children for well-child visits. Screening by parents improved detection of behavioral health problems and fostered conversations with the student nurse practitioners. Because the screenings were conducted pre-visit, it helped the nurse practitioner students with problem identification as well as with setting an agenda for the visit, engaging the family about their concerns, and balancing their attention between physical and behavioral health concerns. Understanding how childhood behavioral health problems can be identified and addressed during pediatric well child visits is important for student growth and development. Behavioral health screenings by nurse practitioner students provided increased clinical attention to children's mental health problems.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

Health Promotion Lifestyle Program in Improving Health for Subjects With High-Risk of Mental Illness

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Purpose

The purpose of this presentation is to describe the effect of the health promotion lifestyle program in improving physical and psychological health to preventing mental disability for young adults at high-risk status of mental illness.

Target Audience

The target audiences of this presentation are nursing professional in all area, especially for clinical nurses and health providers in schools.

Abstract

Background and Aims: The health promotion and illness prevention is a major issue in World Health Organization and the major policy in Taiwan. Early finding for people with high-risk mental status plays the important role in mental health promotion. In evidence data, before specific psychotic symptoms appear, individuals may experience a period of nonspecific prodromal symptoms and growing functional impairment. Early interventions may alter the natural course of mental diseases and improve treatment outcomes. This study aimed to understand the effects of the health promotion lifestyle program in reducing physical and psychological symptoms and improving general quality of life to preventing mental disability for young adults at high-risk status of mental illness.

Study methods: The clinical trial experimental design was used for this study. Participants were randomly assigned into experimental and control groups. Four scales and objective physical assessments were used for evaluating study outcomes. Data of pre- and post-tests were analyzed by pair-t-test. The effects of program were evaluated by independent t-test on measures after the intervention program for two groups.

Study Outcomes: A total of 1657 young adults were approached, including undergraduate students in two universities and clients in two clinics. Among them, 126 young adults meet the screen criteria and agreed to participate this study and signed inform consent. We interviewed all 116 potential participants and evaluated their mental status. Finally, we recruited 60 study participants for this study. Therefore, 49 study subjects completed pre-test, including 19 males (38.8%) and 30 females (31.2%). The results showed no significant differences among two groups in pre-test. After intervention program, the results of paired test showed 4 study variables had been improved in experimental group, including hip circumstance ($t=2.76$, $p<.05$), state anxiety ($t=4.38$, $p<.001$), trait anxiety ($t=2.36$, $p<.05$), and quality of life ($t=2.53$, $p<.05$). There was no significant improvement found in study variables for subjects in control group. However, there were 2 subjects in control group on set during this period. The results of post-test for two groups showed that 4 study variables were significant differences, including trait anxiety ($t=2.68$, $p<.05$), health promotion lifestyles ($t=2.18$, $p<.05$), environmental section of quality of life ($t=2.14$, $p<.05$), and total quality of life ($t=3.10$, $p<.01$).

Implication for nursing: This study results can provide the short-term evidence of the outcomes during early finding and early prevention process in improving health for young adults at high-risk status of mental illness. The outcomes can provide evidence knowledge of health promotion lifestyle program in improving general physical and psychological health for young adults with high-risk status of mental illness.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

An Intervention to Increase Number of Certified Nurses in an Adult Emergency Medicine Department

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Purpose

The purpose of this presentation is to describe the outcome of an intervention to promote certification among nurses in the Emergency Department while reducing the cost of institutional support for the certification.

Target Audience

The target audience for this presentation are clinical nurses, nurse educators, and nursing administrators.

Abstract

Background: In the evolving health care marketplace, competition between health care organizations is driven by accreditation requirements, patient driven outcomes, and controlling costs. Nursing specialty certification has been shown to have a positive impact on patient clinical outcomes and contributes to staff development and a sense of accomplishment. Evidence-based literature has revealed that specialty certification fosters empowerment, improves confidence and clinical competency in nurses. In varied inpatient settings, specialty certification among nurses has been associated with lower fall rates, improved symptom management, improved pressure ulcer management, and reduced central line associated bacterial site infection rates. Perceived barriers for achieving specialty certification for nurses include cost and lack of institutional support and limited access to preparatory materials for certification exams. In addressing these barriers, we developed a cohort-based intervention to promote nursing specialty certification among nurses in an adult emergency department (ED). The cost of the preparatory course for the certification exam is \$250 per person which was paid by the hospital. The cost of the preparatory course for a group is \$500 per cohort of 20 nurses. The ED at Johns Hopkins Hospital has a staff of 110 nurses with 13% (85) of nurses certified prior to the intervention. The purpose of this study was to describe the effect of an intervention to promote certification among nurses in the ED while reducing the cost of institutional support for the certification.

Methods: A descriptive design was used to determine the association between an educational intervention and the percentage of certification among nursing staff in the adult ED and the cost of the certification. Hypothesis: A cohort support intervention to promote certification will be more effective than individualized support in promoting certification in nurses in the adult ED setting and reducing institutional cost of support for certification. Our program provided 40 ED nurses access to preparatory materials at no cost to them. A cohort of 20 nurses interested in certification was created to prepare for the certification examination. We purchased access to the self-paced online exam review module. This increased the certification among nurses in

Findings: Following the intervention there was an increase in the number of nurses who were certified as ED nurses from 13% to 40%, reducing the costs from \$250 per nurse to \$500 per cohort of 20. This resulted in a 90% reduction in cost per nurse for preparing ED nurses for the certification exam.

Discussion: The cost savings impact of this intervention was valuable to the unit. However, even more valuable was the increase in certified ED nurses and the expected positive impact on patient outcomes.

Implications for Staff Education and Practice: A cohort intervention to promote certification is an effective and cost savings approach to the promotion of certification. Further study should examine nurses who chose not to participate in the intervention to determine if other approaches may be more effective for selected groups. Enhanced support of ED nurses will result in higher specialty certification.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

The Employment Status of Total Laryngectomy Patients in Japan and Its Association With Their QOL

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Purpose

The purpose of this study is to examine whether those who underwent total laryngectomy are working or not from before surgery to 12 months after discharge from hospital for clarifying its association with their QOL and the change of their QOL.

Target Audience

The target audience of this study is clinical nurses.

Abstract

Purpose: The purpose of this study is to examine whether those who underwent total laryngectomy are working or not from before surgery to 12 months after discharge from hospital for clarifying its association with their QOL and the change of their QOL.

Methods: Sixty-four patients who underwent total laryngectomy in 3 hospitals in the Kyushu area agreed to participate in the research. Subjects were 26 patients who completed all questionnaire items before surgery and 3, 6, 12 months after discharge from hospital. They were asked about age, sex, QOL, and employment status. Information on their diagnosis and disease stage was collected from their medical record. SF-36v2 was used in the analysis of the QOL data. SF-36v2 is a comprehensive QOL scale composed of 8 items: physical functioning (PF), role physical (RP), bodily pain (BP), social functioning (SF), general health perception (GH), vitality (VT), role emotional (RE), and mental health (MH). We also collected descriptive statistics of basic attributes. Norm-Based Scoring (NBS) was used for calculating descriptive statistics of QOL scale scores. Analysis of covariance was conducted with QOL as a dependent variable, and a period and employment status as independent variables ($p < 0.05$). This research was approved by Research Ethics Committees in an institution to which authors belong and in those hospitals surveyed.

Results: Subjects' average age and sex were 67.3 (ranging from 46-82 years) and 23 males (88.5%) and 3 females (11.5%). The diagnosis showed 2 larynx cancer (38.5%), 11 hypopharynx cancer (42.3%), and 5 oropharyngeal cancers (19.2%). Disease stages were 2 for stage I disease (7.7%), 3 for stage II disease (11.5%), 9 for stage III disease (34.6%) and 12 for stage IV disease (46.2%). Employment status was 15 employed (57.7%), 10 unemployed (38.5%), and 1 non-answer (3.8%) before surgery; 9 employed (34.6%), 11 unemployed (42.3%), and 6 non-answer (23.1%) 3 months after discharge from hospital; 10 employed (38.5%) and 16 unemployed (61.5%) 6 months after discharge from hospital; and 8 employed (30.8%), 17 unemployed (65.4%), and 1 non-answer (3.8%) 12 months after discharge from hospital. There was no statistically significant difference of QOL between the employed and the unemployed before surgery, 3 and 6 months after discharge from hospital on PF_N, PR_N, BP_N, GH_N, VT_N, SF_N, RE_N, and MH_N. There were statistically significant differences between the employed and the unemployed on following items. PF_N and SF_N were 30.8 ± 5.3 and 34.5 ± 4.1 (least square means \pm S.E) for the employed and 41.5 ± 3.4 and 46.0 ± 3.1 for the unemployed. SF_N of the employed was 44.1 ± 3.1 before surgery and 29.8 ± 3.8 3 months after discharge from hospital. RP_N of the unemployed was 42.1 ± 4.7 before surgery, 24.2 ± 4.4 3 months after discharge from hospital, and 41.5 ± 3.4 12 months after discharge from hospital. NH_N of the unemployed was 34.4 ± 3.8 before surgery and 51.0 ± 3.0 12 months after discharge from hospital.

Conclusion: Total laryngectomy surgery brings about a variety of physical problems such as the loss of vocal function, the change of breathing route by the placement of tracheostomy tubes, the increase of accompanying cough and phlegm, and the changes of swallowing function and physical appearance (Armstrong et al., 2001). It is considered that these physical problems lead to unemployment by causing the loss or restriction of human relations and social contribution. Kotake and others (2006) revealed the problems of the breakdown of social life such as the staying at home without getting in touch with family members which laryngectomy patients face. It is also clarified that the breakdown of social life causes psychological trauma and mental disorder with high frequency (Bussian et al., 2010). These physical, psychological, and social problems lead to the impairment of QOL among those who underwent laryngectomy in a significant way. This research also showed that PF_N and SF_N among the unemployed were statistically significantly high 12 months after discharge from hospital. This research also showed that PF_N and SF_N among the unemployed were statistically significantly high 12 months after discharge from hospital. There was a significant difference between SF_N of the employed before surgery and 3 months after discharge from hospital, a period soon after the return to work after surgery. It has been clarified that writing and electrolarynx speech were most used as a communication method during this period (Kotake et al., 2012). Yet, these communication tools are not considered to be effective in creating working relationship with other workers. There was a significant difference between RP_N of the unemployed before surgery and 3 months after discharge from hospital, and between 3 months and 12 months after discharge from hospital. Around 3 months after discharge from hospital they start to reconstruct their lives without support from medical professionals. This lack of support is considered to lead to a drop of RP among patients who continue to stay home without working outside. MH_N was the lowest before surgery and improved gradually. It is expected that the unemployed tend to be housebound, therefore, medical professionals must provide sustained support since before surgery. There are few longitudinal data on this subject, therefore, we need to continue to study the process in a sustained research project.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

A Model to Assist Psychiatric Nurse Practitioners to Facilitate Self-Empowerment of Women Living With BPD

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Purpose

The purpose of this presentation is to present the implementation phase of the research which is still ongoing of a model to assist psychiatric nurse practitioners to facilitate self-empowerment of women living with borderline personality disorder.

Target Audience

The target audience of this presentation is psychiatric nurse practitioners and nursing academics specializing in psychiatric nursing.

Abstract

Borderline personality disorder (BPD) is characterised by a pervasive instability in emotions, interpersonal relationships and identity as well as a severe and harmful dysregulated behaviour. A model was developed to assist psychiatric nurse practitioners to facilitate self-empowerment of women living with borderline personality disorder. The purpose of the model was to serve as a frame of reference for psychiatric nurse practitioners to facilitate self-empowerment of women living with borderline personality disorder. The assumptions of the model were based on the Theory of Health Promotion in Nursing and Constructivist Theory.

The facilitation of self-empowerment by the psychiatric nurse practitioner is assisting the progress of a woman living with borderline personality disorder through a dynamic, interactive process by creating a positive environment and mobilising resources in order to promote mental health in women living with borderline personality disorder. Self-empowerment is achieved when the woman living with borderline personality disorder knows what is best for her and takes charge of her own life and taking an active role in creating the future of her own dreams feeling secure, connected and develops a sense of meaning and coherence.

The model was implemented in a specific context which was a psychotherapy unit. The psychiatric nurse practitioner walks along the path with the woman living with borderline personality disorder. Psychiatric nurse practitioners working in a psychotherapy unit were workshopped on how to implement the model. The researcher provided support and supervision to the psychiatric nurse practitioners throughout the implementation phase of the study.

The model has three phases namely relationship phase, working phase and termination phase. In the relationship phase, a positive environment was created and resources were mobilised. The resource identified is psychotherapy. In the working phase, the psychiatric nurse practitioner ensured that the woman living with borderline personality disorder knows what is best for herself, takes charge of own life, takes an active role in creating the future of her own dreams, feels secure and connected and develops a sense of meaning and coherence. In the termination phase the psychiatric nurse practitioner ensured that the woman living with borderline personality disorder is self-empowered. A phenomenological approach was used where in-depth interviews were conducted to evaluate the implementation of the model. The model was evaluated after six months by asking the psychiatric nurse practitioners the central question "How was it for you to implement the model?"

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EBP PST 1 - Evidence-Based Practice Poster Session 1

Changes in the Participation Status of Laryngectomized Patients in a Self-Help Group After Hospital Discharge

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Purpose

The purpose of this research is to elucidate the participation of laryngectomized patients in a self-help group during the first year after hospital discharge.

Target Audience

The target audience of this study is clinical nurses, especially clinical nurses who usually nurse laryngectomized patients.

Abstract

Objectives: To elucidate the participation of laryngectomized patients in a self-help group during the first year after hospital discharge.

Methods: Forty-seven patients (39 men [83.0%] and 8 women [17.0%]) aged 64.2 (range, 46-82) years who underwent total laryngectomy for cancer in or near the larynx and consented to participate in the study responded to a questionnaire survey regarding registration and participation in a self-help group. The questionnaire was administered before and 3, 6, and 12 months after hospital discharge. Survey items were basic attributes (age at surgery and sex), self-help group registration and participation status, and reasons for not participating the group. The questionnaire sheet for the pre-discharge survey was handed to each patient and collected from the patient before discharge. For the postdischarge survey, questionnaire sheets were distributed and returned by mail. Basic attributes in the data were analyzed using descriptive statistics. Registration, participation status, and reasons for nonparticipation in each patient were chronologically listed to look for any changes in participation status and associated factors. This study was approved by the Ethics Committees of Juntendo University and the affiliated hospital. The participants were informed in writing that their participation in the study is voluntary, that they would not be treated unfairly due to their refusal to participate in the study, and that completing the consent form or returning the survey form would be considered as agreement to participate in the study.

Results: Mean age at surgery was 64.2 years. About participation status of the self-help group, 27 patients (57.4%) became the member by the end of first year after hospital discharge, and only 9 patients were registered before discharge. Most patients who were not registered before discharge gave it by the reason of "thinking of joining the self-help group after discharge" or "because of poor physical condition". Seventeen patients (36.2%) registered with the self-help group by the end of the first year after discharge. On the other hand, 3 patients (6.4%) who were registered before discharge resigned because of "no need to join the group" during the 3-month period after discharge.

2 patients (4.3%) completed their registration during the 3–6-month period. One of the latter could not register before the end of the 3-month period because the self-help group was closed for summer vacation. Another patient was waiting and contemplating the time to register at postdischarge month 3, was a member of the self-help group at postdischarge month 6, but was no longer a member at postdischarge month 12 because of poor physical condition.

The remaining 4 patients (8.5%) registered with the self-help group between 6–12 months after discharge, because they had all postponed the registration due to poor physical condition, noting that they were "waiting for the recovery of physical strength" or "feeling that the recovery of the throat was not

sufficient.” During this period, one patient (2.1%) who was registered before discharge resigned because he doesn’t advance esophageal speech method.

Twenty patients (42.5%) never attended the self-help group during the first year after discharge. Of these patients, 1 (2.1%) noted “no need to join the group because I live alone and don’t have opportunities to talk to others” and “it’s just not in my nature,” indicating a lack of necessity. Another 6 patients (12.7%) pointed out the long distance of the commute to the meeting place as the reason for nonparticipation. On the other hand, 11 patients (23.4%) mentioned before discharge that they were “thinking of joining the self-help group after discharge as soon as they regain physical strength,” showing their intention to join the group, but they had not felt fully recovered and thus had not yet registered with the group. Furthermore, there was the patient who cannot participate to the self-help group by economic reasons or because he was busy with his work.

Discussion: In these patients who underwent total laryngectomy, participation status in the self-help group during the first year after discharge strongly depended on their physical recovery, regardless of the time during the year. The reason for not yet feeling fully recovered despite the passage of time after the surgery and the stabilized incision site may involve eating and swallowing difficulties, which take up all their physical strength, and the adverse effects of postoperative chemotherapy. To support laryngectomized patients who are willing to join the self-help group, it is important to develop a continuous support system that meets the physical needs of individual laryngectomized patients, and a way of the activity of the self-help group that meets the lifestyle and the economic conditions after discharge. Although acquisition of esophageal speech is the major activity provided by self-help groups in Japan, the findings in this study suggest that the content and methods of the current activities should be reviewed to meet the wide range of needs that laryngectomized patients develop after hospital discharge.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

Efficacy of Low Microbial Diet in Immunocompromised Adult Bone Marrow Transplant Patients

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Purpose

The purpose of this review is to decipher the effectiveness of “Low Microbial Diet” in immunocompromised adult bone marrow transplant patients. It will also identify the controversial efficacy and validity of the diet by reviewing any evidence based literature that supports claims for use and effectiveness.

Target Audience

The target audience of this presentation are Health Care Professionals who are practicing in the field of Adult Bone Marrow Transplant Population.

Abstract

A Low Microbial Diet has been introduced to patients who are immunocompromised in an effort to reduce the risk of sepsis. There has been a continued discrepancy among Medical Institutions in practicing the use of Low Microbial Diets also known as Neutropenic Diet. It is a controversy because every hospital delivers care differently guided by their individual research and belief. Although this dietary practice seems reasonable and prudent, there is still a lack in evidence and literature to support the practice making it weak and questionable. The purpose of this review is to decipher the effectiveness of “Low Microbial Diet” in immunocompromised adult bone marrow transplant patients. It will also identify the controversial efficacy and validity of the diet by reviewing any evidence based literature that supports claims for use and effectiveness. A literature search was undertaken using the Cochrane Database of Systematic Reviews, and Pubmed, from 2006 to 2011, to reveal any changes or attempt to evaluate the validity of Low Microbial Diet in the Blood and Marrow Transplant population. Up to this day, there are few studies gathered about how Low Microbial Diet effects immunocompromised patients. The studies that have been conducted may have the same subject matter of Low Microbial Diet but focus on different cancer populations. Periods of immunocompromised state were inconsistent in adult blood and marrow transplant patients which can pose another barrier in knowing the truth behind Low Microbial Diets’ efficacy. Moreover, there is still scant evidence on the effectiveness of diet to adult blood and marrow transplant patients. Because of this review, liberalization of the Low Microbial Diet has been instituted at Stanford’s Department of Blood and Marrow Transplant in early 2012. Food choice offerings not only became of greater variety but less labor intensive and also more acceptable. Since implementation, there are only 3 unrelated lactobacillus infections to date at Stanford’s Department of Blood and Marrow Transplant.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

Relationship Between Middle School Students' Social Skills and Their Characteristics in Child and Adolescent Psychiatry

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Purpose

The purpose of this presentation is to discuss the relationship between middle school students' basic communication skills and family structure or school refusal in outpatient child and adolescent psychiatry.

Target Audience

The target audience of this presentation is psychiatric nurses.

Abstract

Introduction: In child and adolescent psychiatry, children were visited suffering from various difficulties of daily life. 45% of patients came to a child and adolescent psychiatry in Japan because of interpersonal troubles. It indicated nearly half children in child and adolescent psychiatry had interpersonal troubles.

Social skills are based on intelligence, personality, language, nonverbal behavior and cognition. These are also used in interpersonal communication. Many patients in child and adolescent psychiatry had interpersonal problems, for that reason, it was considered that those patients had low social skills. It was pointed out that patients must raise social skills, so some patients took social skills trainings in child and adolescent psychiatry.

Basic communication skills are not needed in a particular scene or situation but these are involved in overall interpersonal relations. The patients have many interpersonal troubles in various situations, so that those social skills are investigated by basic communication skills.

Social skills are learned from family members' behavior (e.g. mother, father, senior sibling, junior sibling and grandparents). These are strengthened from breeding and learning of socially desirable behavior. It was pointed out that students who have low social skills are bad interpersonal relation, so they tend to make troubles such as getting bullied, quarrel and school refusal.

It was pointed that middle school students have developmental themes that are independence from parents and establishment of their identity. When it is revealed that relationship between middle school students' social skills and family structure or school refusal in child and adolescent psychiatry, nurses get one of the evidence for considering intervention in the patients.

Purpose: The purpose of this study is to clarify the relationship between middle school students' basic communication skills and family structure or school refusal in outpatient child and adolescent psychiatry.

Methods: Subjects: 227 subjects visited child and adolescent psychiatry were recruited in the present study. It was recruited from 3 hospitals in Japan. Inclusion criteria were as follows: 1) middle school student; 2) not intellectual disability.

Measurement Instrument: Social skills assessment: A basic communication skills scale for middle school students is an appropriate instrument to assess middle school students' social skills involved in overall interpersonal relations, which is a self-administered questionnaire. There are 24 items and 4 subscales: behavioral expression (the skill that people convey their own feelings and thought properly; 8 items), emotional regulation (the skill to deal with when their emotions is disturbed; 7 items), cognitive decoding (the skill that suitably receive the feelings and thoughts of others; 4 items) and cognitive monitoring (the skill that is thinking about their current feelings and thoughts and considering to stand in another's position; 5 items). An item score ranges is from 1 (No) to 3 (Yes). The high score indicated high skills.

Demographic: Demographic information (age, gender, grade, family structure and diagnosis) was investigated from medical record in hospitals. School refusal was investigated by asking participants.

Analyses: The Mann-Whitney U test and Kruskal-Wallis test were used to detect difference in family structure and school refusal in the basic communication skills scale. The Statistical Package for Social Sciences (SPSS) version 22, at the 95% confidence level was used.

Ethical consideration: This study was approved by University of Tsukuba Faculty of Medicine, Ethics Committee. Written informed consent that the aim and method of this study was obtained from participants and their parents or guardian caregivers before the initiation of any research procedures.

Results” This study was involved 188 outpatients (participation rate=82.8%) (boy n=96, girl n=92) (7th-grade n=43, 8th-grade n=53, 9th-grade n=92) (attending school n=145, school refusal n=43) who were 13.7(+/-0.9) years old. Living with one parent were 44, with two parents were 139 and with no parent were 5. Living with grandparents were 36 and with no grandparents were 152. 17 participants had junior and senior siblings, 77 had junior sibling, 41 had senior sibling and 53 had no sibling.

There were no statistically significant differences between the number of parent, living with grandparents or not, sibling structure in the basic communication skills scale and all of its subscale. Scores from attending school in the basic communication skills, total score (median=48.0) was greater than those from school refusal (median=45.0, U=2336.5, p=.013). Behavioral expression score from attending school (median=15.0) was greater than those from school refusal (median=12.0, U=2433.0, p=.028). Emotional regulation from attending school (median=13.0) was greater than those from school refusal (median=10.0, U=2492.0, p=.045). No significant differences between attending school and school refusal in cognitive decoding score and cognitive monitoring score.

Discussion: There were no statistically significant differences among family structure in the basic communication skills. Whereas that the basic communication skills score from attending school was greater than those from school refusal. The results indicated that social skills in middle school students had a greater relevance to the relationship with others outside the family than the relationship with family member. It was considered that nurses will need to be involved in patients in child and adolescent psychiatry to create patients' interpersonal relations with others outside the family member and prompt in order to communicate. Nurses have to be aware that it can be made the target of middle school students' interpersonal relationship, and should construct the interpersonal relationship and communication with patients in child and adolescent psychiatry.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

United States, Africa, Caribbean Collaboration: Strengths and Opportunities for Global Cancer Research

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Camille Ragin, PhD, USA

Purpose

to share information on our collaborative efforts and engage others about our efforts to 1) continue to build knowledge, capacity and infrastructure, through training, mentorship and community engagement and 2) advance the science of cancer prevention and control in populations of African ancestry through sustained partnerships and translational research.

Target Audience

All research congress attendees, across disciplines and including health providers, consumers, researchers and healthcare advocates globally concerned about the cancer burden.

Abstract

World-wide there is a disproportionate burden of cancer among populations of African ancestry. Cancer in the United States continues to be a major public health issue. President Obama has declared cancer to be a major priority. While cancer is a major health issue in the U.S. there is evidence of significant disparities among African Americans. Additionally, developing nations in Africa and the Caribbean continue to face this public health challenge despite current efforts and advances in health policy, research and advocacy. The World Health Organization (WHO) estimates that by 2030 the incidence of cancer in Africa and the Caribbean will increase by 87% and 66% respectively, in contrast to increases by 55% and 26% in the US and Europe. The African-Caribbean Cancer Consortium (AC3) is a designated National Cancer Institute, Epidemiology and Genomics Research (EGRP) Consortium and was conceived to address the growing burden of cancer risk in populations of African ancestry. Our initiatives have established an integrative framework designed to investigate lifestyle, genetic and environmental factors related to cancer incidence and mortality. This framework consists of three intricate networks of cancer investigators from the US, Caribbean and Africa. The AC3 membership represents 17 institutions in 12 states in the US, 13 countries in the Caribbean and 3 Countries in Africa. Since our launch in 2007, the trans-disciplinary collaborative initiatives have amassed 9 conferences and symposia, 14 presentations and 54 peer reviewed publications. Despite challenges of limited resources, the AC3 member networks has established sustained and trusting relationships and regular communications that have demonstrated feasibility and promoted successful partnerships. Our priorities are to 1) continue to build knowledge, capacity and infrastructure, through training, mentorship and community engagement and 2) advance the science of cancer prevention and control in populations of African ancestry through sustained partnerships and translational research. We anticipate that these trans-disciplinary initiatives will reduce the disparate and appreciable cancer burden in populations of African ancestry.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

Strengthening Nursing Leadership and Community Health in Rural Namibia: Partnerships for Continuing Professional Development

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Saara Johanna Tuwilika Haufiku, BSN, RN, RM, RPN, RCN, Namibia

Christine S. Gordon, RN, RM, Namibia

Purpose

The purpose of this session is to share emergent processes and outcomes of an education and practice-based project designed to strengthen nursing leadership, community health outcomes, and transcultural relationships in rural Namibia through a series of continuing professional development programmes for nurses serving outlying communities.

Target Audience

The target audience of this presentation includes nurses serving rural communities, graduate nursing students, nursing faculty, nurse leaders serving in Ministries of Health, persons serving in Health Professions Councils and/or Boards of Nursing, and anyone interested in continuing professional development and developmental evaluative approach.

Abstract

Even though health care infrastructures are well developed in Namibia, shortages of health care providers continue to limit delivery of services. Serving rural populations presents particular practice challenges as roughly two-thirds of the 2.3 million Namibian people still live in remote rural regions of the country (National Planning Commission, 2013). In 2010 a law was passed in the Namibian Parliament mandating that all registered nurses, and all health care professionals, in Namibia must earn 30 continuing education units (CEUs) annually to maintain their registration with the Health Professions Councils of Namibia (HPCNA), (HPCNA, 2015). Fulfilling this requirement is particularly difficult for nurses assigned to rural clinics. Educational programmes approved for CEUs (continuing education units) by the HPCNA Continuing Professional Development (CPD) Desk are offered in larger urban areas or in the district hospitals hundreds of kilometers from the remote clinics. While baccalaureate prepared nurses have had educational content related to population-focused health care and leadership, enrolled nurses have completed a programme of training that focuses on the care of individuals in structured settings. Nevertheless, even a broad-based baccalaureate nursing education cannot not prepare graduates for all the complexities of rural practice. Indeed, most student clinical experiences take place in large urban areas where there are resources available and a network of supportive colleagues. As such, CPD offerings for nurses in rural areas must be focused on knowledge, skills, and attitudes that are relevant when one is working alone in relatively unstructured settings and caring for both individuals and entire communities. Improvisation, critical thinking, developmental evaluation (Patton, 2011), and implementation of population-focused interventions are equally as important as competent health assessment skills and knowledge of basic pharmacotherapies. Indeed, findings and recommendations of the *Assessment of the National Quality Management Systems* (Baobab Research & Training Institute, 2014) stated that "leadership at the facility level is needed to create an environment where staff respect each other and more importantly where all staff respect patients" (p. 51). One of the recommendations of this assessment was to integrate a *culture of quality care* into the pre-service training of health professionals and reinforce a *culture of quality care* through "in-service training and on job training of staff" (p. 50). It is a culture of quality care that this CPD programme seeks to uplift by strengthening nursing leadership and community health in rural Namibia. Continuing professional development is also consistent with Guidelines for Implementing Culturally Competent Care (Douglas et al, 2014). The CPD programme represents a partnership among the Health Professions Councils of NA, the Ministry of Health's Quality Assurance Unit, and rural nurses. Additionally, graduate nursing students from a Lutheran College in Minneapolis, MN, have participated in the programme, learning about health and nursing leadership in rural Africa. The program began humbly in 2011 and preliminary outcomes indicate

key aims of the programme are being realized. This poster will highlight emergent processes and outcomes of the programme to date and plans for future development.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

Use of a Risk Assessment Tool in the Prevention and Management of Violence in Hospitals

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Purpose

The purpose of this presentation is to examine whether a violence risk assessment tool is effective in identifying violent patients as they are admitted to hospitals and to discuss the implication of the use of a violence risk assessment tool to the nursing practice.

Target Audience

The target audience of this presentation is healthcare leaders and management, healthcare providers, nurses, nursing assistants, hospital employees who have direct patient care.

Abstract

The purpose of this presentation is to examine whether a violence risk assessment tool is effective in identifying violent patients as they are admitted to hospitals. Workplace violence is a serious problem that affects all healthcare professionals. The fatal work injuries reported in the United States (U.S.) for 2013 was 4,585 (CFOI, 2015). In the United States, the overall fatal work injury rate for 2012 was 3.4 fatal injuries per 100,000 full-time equivalent (FTE) workers, compared to the total fatal rate of 3.3 for 2013. Although the numbers showed slight decrease in the number of fatal assaults, workplace violence is still a prevailing concern. Although serious assaults and homicides attract more media attention, the majority of workplace violence consists of non-fatal assaults. The Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses (SOII) reported an estimated 154,460 nonfatal occupational injuries and illnesses involving days away from work during the 2003 to 2012 time period (NIOSH, 2014). Based on the report provided, hospitals and nursing and residential care facilities comprised nearly three-quarters of the nonfatal occupational injuries (NIOSH, 2012). Nurses, aides, and patient care technicians suffer the most non-fatal assaults resulting in injury. Due to the growing incidence of assault and injury among healthcare workers, healthcare organizations are mandated to develop violence prevention programs and are urged to increase reporting of violent incidents. Healthcare organizations have adopted workplace prevention programs but still fail to protect healthcare workers from injury. Additional measures are needed to cope up with the increasing incidence of workplace violence specifically related to assaults and injuries caused by patients in healthcare settings. Research shows that the use of a violence risk assessment tool has been proven effective in attempts to prevent workplace violence. This presentation will (a) review two articles that examine the effectiveness of using a specially designed violence risk assessment tool to identify violent patients admitted to the hospital, (b) examine patient initiated violence in the workplace, (c) explore the use of a workplace violence risk assessment tool to identify patients with propensity for violence in hospitals, and (d) discuss the implication of the use of a violence risk assessment tool to the nursing practice.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

The Emerging Role of the Patient Blood Management Nurse

MaryAnn O'Brien, MSN, RN, CCRN, CNE, USA

Purpose

The purpose of this presentation is to explore the emerging role of the Patient Blood Management nurse. In this presentation, the unique nature of the role of the Patient Blood Management nurse will be defined in detail.

Target Audience

Nurses working in any inpatient or outpatient specialty where the potential for anemia is present.

Abstract

Traditionally nurses in medical institutions have been responsible for the basic tasks related to blood transfusion including monitoring, safety and documentation. The practice of transfusion and nursing roles associated with administration and documentation of transfusions have been changing, becoming more complex over the past 20 years. Mounting evidence shows significant potential for adverse events and complications associated with blood transfusion. Evidence of the clinical and economic disadvantages of blood transfusion have prompted recommendations for restriction of transfusions and movement toward alternatives including optimization of the patient's own blood. The phrase, Patient Blood Management (PBM) refers to an evidence-based approach to optimizing the care of patients who might need transfusion or optimization of hemoglobin. A focus on improved patient outcomes and economic and operational pressures are prompting key industry thinkers to examine appropriate blood usage with new interest. The Patient Blood Management nurse plays an important role in implementation and execution of the multidisciplinary and multimodal techniques involved in Patient Blood Management. The Patient Blood Management nurse is familiar with best practices in transfusion medicine and can identify and use evidenced based practice to assist in finding the optimal balance between the lifesaving potential of transfusion and the use of safe alternatives where possible. Early detection and treatment of anemia and minimizing blood loss are key strategies. Patient Blood Management is becoming a global standard of care having been embedded in institutions around the world; due to the global focus networking of Patient Blood Management nurses is highly encouraged and recommended. The purpose of this presentation is to explore the emerging role of the Patient Blood Management nurse. In this presentation, the unique nature of the role of the Patient Blood Management nurse will be defined in detail. Upon completion of the presentation, the learner will recognize and internalize the value of the role of the PBM nurse and have the ability to create or modify a role for a PBM nurse in their institution.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

Effectiveness of Educational Nursing Home Visits in Older Adults

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Karin Wolf-Ostermann, PhD, Germany

Purpose

The purpose of this presentation is show the benefit of educational nursing home visits on quality of life, functional status, and care dependency seems questionable

Target Audience

The target audience of this presentation is that nurses should implement education within everyday care, rather than performing particular interventions or intervention programs.

Abstract

Purpose: The loss of physical functional status is a major risk factor for loss of independence, hospital stays, and for admittance into long-term nursing home care in vulnerable elderly populations. Facilitating and maintain functional ability and quality of life is and will increasingly become a major task of nursing. Home visits may have positive effects on functional ability and quality of life in elderly people. The aim of this study was to determine the effectiveness of educational home visits on the functional status, quality of life, and care dependency in older adults with mobility impairments.

Methods: We performed a randomized controlled trial. The study was conducted in the living environments of the 123 participants with functional impairments from Hamburg, Germany. The intervention group received an additional nursing consultation intervention on mobility and quality of life. The control group received the usual care. Data were collected from August 2011 to December 2012 at baseline, 6 months and 12 months of follow-up. The main outcomes were functional status (Barthel Index), quality of life (WHOQOL-BREF), and care dependency (Care Dependency Scale). Data were analyzed using descriptive statistics and generalized linear models.

Results: In total, 113 participants (57 in the intervention and 56 in the control group) were included in the study. The intervention had no effect on functional status, quality of life, and care dependency.

Conclusions: The intervention did not show the benefits that we assumed. Further studies on the effects of educational nursing interventions should be performed using different concepts and rigorous research methods. The intervention examined cannot be recommended for nursing practitioners. However, nursing education should be part of nursing practice and may be integrated in everyday care.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

Effect of CNPG for Preventing and Reducing Nipple Crack in Postpartum Mothers at Ramathibodi Hospital

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Purpose

This quasi-experimental research aims to compare the scores of nipple pain and the level of cracked nipple between the control group and the experiment group.

Target Audience

Registered nurses

Abstract

Painful and cracked nipples are most common problems associated with breastfeeding. It has been insufficient to demonstrably minimize these common reasons for the failure to initiate or continue successful breastfeeding. This quasi-experimental research aims to compare the scores of nipple pain and the level of cracked nipple between the control group and the experiment group. The purposive sampling was recruited from the postpartum women who had normal delivery, no contraindication for breastfeeding in the obstetric ward at Ramathibodi Hospital during December 2014 - January 2015. All participants were equally classified into 2 groups. The first 35 postpartum women were assigned to the control group and cared by the conventional nursing intervention, while the rest 35 postpartum women were assigned to the experimental group and cared by the Clinical Nursing Practice Guideline (CNPG) for preventing and reducing nipple crack in addition to the conventional nursing intervention. Measuring tools consisted of 1) The clinical nursing practice guideline for preventing and reducing nipple crack. The content validity was examined by three experts; and 2) Pain assessment using the Numerical Rating Scale (NRS). 3) The level of nipple crack was observed by the check list form. Data were analyzed by descriptive statistic, Mann-Whitney test, and Fisher's Extract Test. Results demonstrated that there was no significantly different in characteristic between experiment and control groups. At day1 and day 2 after delivery, the experiment group had significantly lower nipple pain scores than the control group ($P = .001$). However, there was no significantly different level of nipple crack between the control and the experiment groups. The results of this study support that the CNPG is certainly helpful for preventing and reducing nipple pain and nipple crack. It should be further developed this CNPG for preventing and reducing nipple crack to promote continuity breastfeeding in other settings of Thailand.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

Mother's View About the Preparation for Children Undergoing Proton Beam Therapy

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Purpose

The purpose of this presentation is to clarify about mother's view about the preparation for children undergoing proton beam therapy and discuss about suggestions for preparation program.

Target Audience

The target audience of this presentation is Pediatric Nurses

Abstract

Background: Proton beam therapy is one of the radiation therapy in pediatric cancer treatment. Proton beam therapy is expected to reduce the late complications. But the facility is few, it is often require changing hospital for treatment. So the family often get an adverse impact (Houtrow, Yock, Delahaye, & Kuhlthau, 2012). There are many that mothers feel a sense of confusion in the relationship with the new medical staff.

Radiotherapy itself is a noninvasive treatment, but it can be stressful and challenging for the children. Children are exposed to an unknown large radiation equipment and the new medical staff such as radiologists. Additionally, the children have to remain alone in the treatment room during treatment. These factors can cause the children stress and anxiety, so anesthesia is often used in radiation therapy for children's safety.

However, the preparation programs for children to receive radiation therapy has been studied in some countries, and preparation program has been shown that it is possible to reduce the amount of anesthetic. So we have created a program with reference to previous research, and carried out for the children to receive proton therapy in Japan. Through this program we were able to reduce the amount of sedatives. But we do not know about how the children and parents evaluate and feel to the care (Mizumoto et al., 2015).

Although the radiotherapy treatment process involves interactions with the most advanced skills in pediatric oncology care, few studies have investigated the child's and the parents' view of this particular procedure. And the preparation program for proton beam therapy have to be based on the characteristics on the family of children receiving proton therapy as described above. There is a need to continue to improve the preparation program.

Purpose: The purpose of this study is to clarify about mother's view about the preparation for children undergoing proton beam therapy and discuss about suggestions for preparation program.

Method: Subject: Our study's subjects were mothers of the children (3~6years) received a preparation program about proton beam therapy.

Target facility: Our study's target facility is the proton therapy center in Japan

At the center nurses and radiologists care the children using the preparation program. The preparation program starts at 1~2 days before the CT scanning for the proton beam therapy and continue during treatment. First they explain to the children about treatment using picture book or pamphlet. Next they invite the children to facility for become familiar with the treatment room and staff before starting the treatment. Then the children practice to stay a treatment bed with mothers, and little by little they practice to stay alone using favorite DVD or music for their relaxation. Nurses and radiologists play with the children every time after practice and we give them the stickers of the reward.

Data collection and analyses: We have created a questionnaire of our own on the preparation program. Questionnaire is intended to ask the view of mothers for the preparation, it provided the freedom described column for each of the process. The results carried out content analysis, we found codes, subcategories, and categories.

Ethical considerations: Our study obtained organization of the ethics committee's proposal. We explained the purpose and method of this study, the participation is free, keeping anonymous in document. Participants signed on consent form.

Result: 22 mothers participated in our study. Their children are 10 males and 12 females, 3-6 years old. 15 of the children could receive proton beam therapy without sedation.

As whole effect of the preparation program, we found 4 categories such as [The preparation was bringing out the hidden forces in the children] [The preparation lead to the growth of the child] [The preparation reduced parental anxiety not only children] [Mothers worries about the burden of the children].

Mothers wanted the intervention to suit the characteristics of the children. For example, explanation in plain language, gradually advance intervention, and to provide rich distraction so as not to increase the fears. Mothers evaluated that such interventions lead to bring out the forces of children, and by children facing the initiative in treatment, they were able to have the confidence. Also mothers had to take advantage of as an opportunity to mother itself to the medical staff and involved questions and deepen the understanding of the treatment through the preparation. Finally, it was clarifying that while mothers felt the benefits of the preparation, mother suffered that it might be a burden to children.

Discussion: Effects of preparation for children as to reduce the anxiety and to increase understanding has been evaluated in the preparation of proton beam therapy, too. Not only assessment of medical staff, it would lead to better care than by providing the opportunity to share the mothers and information about the characteristics of the child.

In addition, although this time to investigate the evaluation of interventions to children, that the mother deepens their understanding of the treatment through the preparation. They utilized the preparation as an opportunity to build a trust relationship with medical staff and questions about treatment. The psychological situation of mother has been shown to affect children. Proton beam therapy is unknown of treatment even for the mother. In addition, given the background that will require changing hospital, it can be predicted that the mother of anxiety is high. Intervention for mothers as well as children is also suggested that there is a need to consider the future.

When taking into account such as the burden of children by practice, mothers worries that whether it is a good thing to be treated with a sedative. Until now, the evaluation of reduction of sedatives have been made by the intervention. But actually assessment of the psychological aspects such as whether a fear and emotional behavior of children has not been made. We have to evaluate the assessment in the future.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

Provider Collaboration to Improve Pediatric Oral Health Care

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Purpose

The purpose of this presentation is to highlight the importance of collaboration between health care providers in diagnosing and treating dental caries in the pediatric population as well as identifying potential barriers to this collaborative process.

Target Audience

The target audience of this presentation includes health care providers and educators in various professions to include dentistry, medicine, nursing, and pharmacy and public health officials.

Abstract

There have been studies in the last 20 years that have shown a connection between oral health care and chronic diseases. Tooth decay in the pediatric setting can be seen as a window into the overall health of the child and future health implications. Prevention of tooth decay in such a vulnerable population includes public health teaching and reinforcement to parents and caregivers to decrease oral health risk factors. Bacteria in the mouth can increase with poor oral care and can lead to tooth decay and infections. These infections and the inflammation processes involved has been shown to affect cardiac disease, diabetes, adverse pregnancy outcomes, HIV/AIDS, osteoporosis, Alzheimer and immune system disorders (Mayo Clinic, 2013). Primary care settings are the perfect setting to incorporate oral health education and prevention as these providers have an opportunity to promote dental health at each well child visit as well as monitor for caries. Open communication with the child's dental provider is important as well. All of these steps allow for an inter-professional collaboration to improve oral health, and overall health, in the pediatric population. The collaboration needed for health promotion and disease prevention cannot be underemphasized. The Centers for Disease Control and Prevention (2013) discusses the National Call to Action to Promote Oral Health action goals that would "(1) change perceptions about oral health; (2) overcome barriers by replicating effective programs and proven efforts; (3) build the science base and accelerate science transfer; (4) increase oral health workforce, diversity, capacity and flexibility; and (5) increase collaborations" (Centers for Disease Control and Prevention, [CDC], 2013, para. 5). Research must continue to study the links between oral health care and general health care. In the meantime, the focus should be on early detection and prevention of dental decay which can include parent teaching at each provider visit.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

Dementia as Leading Co-Morbidity in Homebound Seniors

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Purpose

This retrospective look showed Dementia as the most common co-morbid condition that predisposes elderly patients to be homebound. The purpose of this study was to assess trends in cases of house calls made by the nurse practitioner in a house calls private practice in the year 2014.

Target Audience

The target audience for this presentation are health care professionals involved in the care of the older adult.

Abstract

Background: A curious twenty-first century phenomenon is happening in the US. Physicians and Nurse Practitioners are reviving the house call practice. Medical House Call Programs offers homebound elderly residents medical treatment in their own homes. The United States is currently faced with the challenge of how and where to care for its aging population. Nurse practitioner (NP) home-based care is a potential solution to meet this challenge. Current research indicates that care provision by advanced practice nurses reduces cost, decreases length of stay and readmission to hospitals, and improves patient quality of life. Advanced practice nurses are able to fill the provider gap for aged patients.

Aim / Goal: This retrospective look at the practice showed Dementia as the most common co-morbid condition that predisposes elderly patients to be homebound. The purpose of this study was to assess trends in the number of cases per identified diagnosis of house calls made by the nurse practitioner in a house calls private practice from its inception in the year 2014.

Implementation: A simple analysis of cases seen from the period of inception of a nurse practitioner house call practice for a total of nine months in 2014. Data obtained using the electronic health record (EHR) used by the practice.

Results: Dementia constitutes the highest share in the distribution of diagnoses at 62%, Hypertension 29%, Diabetes 22%, Hyperlipidemia 15% and Kidney Disease 7%.

Clinical Relevance / Conclusion: There is a resurgence of medical house call services by a combination of physicians and emerging practices by nurse practitioners. House calls by a Nurse Practitioner opens up opportunities to address some of the challenges that dementia and co-morbidities present. Further exploration at how this practice model can lessen ER visits or hospital readmissions is recommended. The project will start tracking readmission rates starting September 2015 to December 31, 2015 and will highlight results of the three-month pilot.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

Application of High Fidelity Simulation as a Teaching Strategy: Impact on Learning Outcomes

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Purpose

The purpose of this presentation is to compare the application of high-fidelity simulation and lecture as teaching strategy on students' learning outcomes.

Target Audience

The target audiences of this presentation are all graduate and post graduate nursing and medical students, and all health care providers. Moreover, the target audiences are all scholars, colleges, institutes, universities administrators in the nursing and health field.

Abstract

Background: Varied instructional approaches are used to connect the learner to understand the information that must be learned through different methods. Simulation is an instructional method that has an imitation or experience that reflects real-life situations. The use of high fidelity simulation in the last decade has progressed beyond tasks to consist of collaboration, skills of critical thinking, and the increase of multidisciplinary groups in the healthcare. The use of Human Patient Simulators (HPS) allows practice of skills in a safe environment. In 1958, the school of nursing education was established in Saudi Arabia as one-year training program of nursing assistant in the Health Institute through the cooperation of Ministry of Health and World Health Organization (WHO). In Saudi Arabia, advanced simulation technology is still a new standard practice in many medical and nursing education programs.

Design/Methodology: An integrated literature review was conducted to compare the effect of high-fidelity simulation versus lecture on nursing and medical students -learning experience- in term of knowledge, self-confidence, and learning outcomes from applying different teaching methods. Ten studies published between 2002 and 2012 were included in this review with a total of 785 nursing and medical students.

Findings: The findings indicate that simulation had a significantly positive outcome on both medical and nursing students' knowledge, self-confidence, and performance. However, there were some studies shown that the same effect on learning outcomes when applying different teaching methods.

Implications: This review suggests that nursing education, combined lecture with high-fidelity simulation as teaching method in order to increase student knowledge and confidence. More significantly it will help to reduced attrition and increased interest in clinical activities. High-fidelity simulation can be used to supplement a shortage of faculty in the clinical and academia settings in Saudi Arabia where a faculty shortage exists. Future research and collaboration between organizations are also suggested to define the best practice once applying high-fidelity simulation to distance education

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EBP PST 1 - Evidence-Based Practice Poster Session 1

Using Cognitive Rehearsal to Address Incivility in Nursing Education

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Purpose

to examine incivility in nursing from a student's perspective and to discuss possible interventions to address it.

Target Audience

the nursing student, clinical and class room instructor.

Abstract

Background/Significance: Nurse-to-nurse incivility is a global issue and is considered by working nurses to be the most common and most disturbing type of workplace aggression (Vessey, Demarco, & Difazio, 2010; Almost, Doran, McGilliss Hall, & Spence Laschinger, 2010). Incivility is a term used to describe rude, disruptive, intimidating, and undesirable behaviors that are directed toward another person (Stokowski, 2011). Similar terms that related to uncivil behavior include lateral violence, horizontal violence and bullying. Despite the professional expectation that nurses should show caring behavior towards patients and co-workers, uncivil behavior persists (Eggerstone, 2011; Griffin, 2004; Johnson, 2009). Eighty-eight percent of nurses admit knowing a coworker who engages in nurse-to-nurse incivility (Maxfield, Grenny, McMillan, Patterson, & Switzler, 2005). Student nurses are exposed to incivility in their academic programs from other students, faculty, and staff nurses in the clinical area. There is a need to provide nursing students with skills on how to engage in civil ways that support nurse-to-nurse collegial relationships (Berry, Gillespie, Gates, & Schafer, 2012; Randle, 2003). Learning how to engage in a civil manner by treating one another with respect is a prerequisite to communicating effectively, building community and creating high-functioning teams. These skills greatly improve the chances of student nurses being successful in the nursing program and of newly graduated nurses being successful at their jobs. The academic environment is an ideal place for nursing students to gain the skills to engage in civil collegial relationships with the guidance of nurse educators. Role play has been shown as a strategy that assists students in gaining self-confidence in how to address incivility in the workplace. This study uses the educational strategy of role play to help nurses learn how to recognize and address nurse-to-nurse incivility.

Statement of the Problem: Despite the expectation that nurses exhibit caring and professional behavior towards patients and coworkers, incivility still persists. According to a The Joint Commission Report (2008), "uncivil, disruptive and intimidating behavior in health care can lead to medical errors, poor patient care and satisfaction, preventable adverse patient outcomes and increased costs of care." It also causes qualified clinicians, administrators and managers to seek new positions in collegial and safe environments. According to Robertson (2010), there is an abundance of evidenced based knowledge about the prevalence and impact of incivility in nursing, however research regarding strategies to address the problem is inconspicuously lacking.

The question this study seeks to address is: In senior nursing students, how does the use of a workshop addressing nurse-to-nurse incivility through role play and cognitive rehearsal affect student perception of incivility and how to address it?

Methodology: This study used a descriptive qualitative design which is appropriate for this study as it purposed to obtain data about the perceptions of the workshop and role play experiences.

The intervention for this capstone was developed following a model proposed by Griffin (2004). Institutional IRB approval was received from the Capstone University and the host University. Students were consented prior to the implementation of the project. Demographic information regarding, gender, age, college status was collected and students were asked if incivility had been encountered in the nursing classroom or clinical setting.

Students then listened to didactics about the definition of incivility, prevalence and impact. Additionally, they were introduced to the concept of cognitive rehearsal and evidenced based findings to support the effectiveness of this strategy in addressing nurse to nurse incivility. Cue cards developed by Griffin (2004) which addressed the ten most common types of incivility and appropriate responses were distributed. Nursing actors followed the didactics with a role play demonstrating common acts of nurse to nurse incivility. Students were then given the opportunity to practice addressing incivility using the cue cards. Nursing actors then repeated the role play and included examples of how to effectively use cognitive rehearsal to address incivility.

Data Collection and Analysis: Data collection was done through written surveys with open ended questions given to students following the workshop and role play. Analysis of data will be completed using constant comparative analysis. The survey questions were:

1. What is your understanding of the definition of nurse- to- nurse incivility?
2. What were your feelings of observing a nurse being treated uncivilly in the role play?
3. What were your personal feelings of being treated uncivilly in the role play?
4. Describe your experience of using cognitive rehearsal to respond to being treated uncivilly?
5. Describe your confidence about using the cognitive rehearsal approach to address uncivil behavior in the future?
6. What more do you want to know about how to address nurse-to-nurse incivility?

Summary of Results: Ten senior nursing students from a university located in the northeast region of the United States were surveyed in this study. Ninety percent of the participants were females and 10% male. Ages ranged from 22- 44 years of age. Ninety percent of the students surveyed had experienced incivility while matriculating through the nursing program. One hundred percent of the students stated that they felt confident in using cognitive rehearsal to address uncivil behavior in nursing in the future. Five survey questions are currently being analyzed to identify themes and subthemes related to student perceptions about nurse-to-nurse incivility following a role play using cognitive rehearsal.

Recommendations: Nurse to nurse incivility creates barriers to learning and affects all involved both physiologically and psychologically, Clark& Kenaley, (2013). The nursing school environment is an excellent forum and opportunity to address nurse to nurse incivility. Zero tolerance policies for incivility should be developed for the university setting and incivility education should be incorporated into the nursing curriculum.

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EBP PST 1 - Evidence-Based Practice Poster Session 1

Equitable Obstetrical Care for the Lesbian, Gay, Bisexual, and Transgender Community

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Purpose

Disseminate the findings of the study that indicate many gaps in the obstetrics didactic and clinical curriculum, textbooks, and lecture notes of nursing schools. A critical finding was the number of faculty and obstetrical students lacked knowledge on LGBT issues. The results highlighted number of critical needs for faculty development.

Target Audience

Nursing Administrators, state boards of nursing within various states, state education departments, national certifying and licensing organizations, accreditation bodies, nursing editors and scholars, nursing educators, and the Association of Women's Health Obstetric and Neonatal Nurses

Abstract

Research has indicated that Lesbian, Gay, Bisexual and Transgender (LGBT) patients are not always satisfied with their health-care experiences due to the limited training received by the nursing professionals caring for them. The purpose of this study, using critical-theory principles, was to examine how the LGBT population was represented and portrayed in mainstream obstetrical-nursing courses, curricula, textbook, and syllabi. The guiding research question was based on the exploration of how nursing schools in a metropolitan city incorporate LGBT health-care topics in their obstetrical-nursing education. A qualitative, intrinsic case study research method was employed. A purposeful, criterion sample of faculty at a community nursing school in a large urban city was recruited via social media and the school newspaper for the study. Data were collected via 30 document reviews and 10 unstructured interviews with open-ended questions. The data were analyzed by theme analysis and constant comparison. Emergent findings showed that LGBT content was minimal or absent entirely in obstetrical nursing curricula in associate degree nursing schools. The findings of this study indicate many gaps in the obstetrics didactic and clinical curriculum, textbooks, and lecture notes of nursing schools that offer associate-degree programs. A critical finding was the number of faculty and obstetrical students who lack knowledge on LGBT issues including sexual orientation and sexual identification. The results highlighted a number of critical needs for faculty development including how to infuse LGBT content, such as transgender individuals and gender identity, into lesson plans. Related gaps reflect the lower degree of attention to gender identity, as envisaged by obstetrical LGBT patients. Recommendations included quality professional development. As a result of this recommendation, a workshop was developed to train obstetrical faculty. The project will be evaluated using Kirkpatrick's 4-level models of training criteria. The training program will be a conduit between research and practice by demonstrating diverse ways to understand the LGBT population. This study supports positive social change by empowering future obstetric nurses to reject any practice that will repress, marginalize, and control their patients.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

The Patient Navigator Program to Reduce AMI and HF Readmissions

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Purpose

Reduce avoidable hospital readmissions by making hospitalizations less stressful and the recovery period more supportive by implementing evidence-based quality improvement strategies.

Target Audience

Health care providers interested in evidence-based guidelines and decreasing hospital readmissions.

Abstract

Background: Hospital readmissions across the country are high, and heart failure patients make up a majority of those readmitted. The heart failure and myocardial infarction readmission rate for Medicare patients averaged 24.4% and 19.5% nationally. Nearly 1 in 5 patients hospitalized with heart attack and 1 in 4 patients hospitalized with heart failure is readmitted within 30 days of discharge.

Purpose: A Patient Navigator Program seeks to reduce avoidable hospital readmissions by making hospitalizations less stressful and the recovery period more supportive by implementing evidence-based quality improvement strategies.

Description: The Patient Navigator Program was developed in response to data that suggest readmissions can be prevented by: improving early follow-up, medication management and empowering patients to take an active part in their recovery. The support of a well-trained “navigator” team can be effective in improving patients’ transitions from hospital to home. In our hospital, we have developed and applied patient-centered solutions that address functional disabilities, stressors, and other challenges confronting heart attack and heart failure patients—both during their hospital stay and post-discharge—that increases these patients’ risk of readmission. Our multidisciplinary team consists of Physicians, Nurses, Pharmacists, Nutritionists, Case Managers, Social Worker, Physical Therapist, and Administrators who liaise with patients through the physiological, psychological, and logistical challenges. A LACE risk stratification score is used to target bundled interventions such as Pharmacist and Nutritionist 1:1 teaching, Case Managers who order Home Health services and Community Care Transitions Program (CCTP), and a specialized team who schedules follow-up appointment(s) prior to discharge. Our hospital is part of a cohort of 14 other hospitals that is working to set standards for reducing readmissions and serve as a national infrastructure for transitions of care.

Conclusion: There are numerous factors that cause hospital readmissions. By implementing evidence-based quality improvement strategies with a multidisciplinary team based approach, we hope to reduce readmissions in the AMI and HF patient population and serve as a national infrastructure for transitions of care.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

“Mozwane” or “Party in Motion””: A Driver for HIV Infection Among Adolescents in Botswana

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Purpose

The purpose of this presentation is to share qualitative findings on Botswana adolescent' perspectives of an emerging concept "Mozwane", or "Party motion", that drives their risky sexual behaviors and predisposes them to HIV, pregnancy and sexually transmitted infections, in order to inform adolescent sexual risk reduction interventions.

Target Audience

Adolescents, health planners and managers, health care providers especially in HIV and AIDS prevention and care adolescent health, school teachers, social workers, parents, and any persons who have interest adolescent health

Abstract

Introduction: Adolescents have low rates of HIV infection but are at high risk of adverse sexual health outcomes because of early engagement in unsafe sexual behaviors. The concept of “*Mozwane*” or “party in motion” has been identified by adolescents in Gaborone, Botswana as one of the drivers of adolescent sexuality problems. We explored the concept further to inform a proposed adolescent HIV, sexually transmitted infections (STI) and pregnancy prevention intervention.

Methods: This was part of a larger cross-sectional qualitative study, conducted between December 2011 and January 2012, on adolescents' sexual behavior, to inform an adolescent HIV, sexually transmitted infections (STI) and pregnancy prevention intervention. Forty adolescents selected through purposive sampling from high schools in Gaborone participated in a focus group discussion. The discussions for this part of the study focused on the understanding “*Mozwane*”, examples of its usage, the associated antecedents and consequences and what it meant in the context of HIV, STI and pregnancy prevention. Adolescents and parents/guardians gave written informed consent. Approval was obtained from the Ministry of Health Research and Development Committee, Ministry of Education and Skills Development, and University of Botswana Research and Development office.

Results: The participants were aged between 15 and 18 years. They explained that “*Mozwane*” is a common activity among adolescents. It involves collecting contributions to hire transport (a minibuses or combis) on weekends to look for fun parties around the city, without the knowledge of parents. They also use the contributions to purchase alcohol. During travel they'd have moving parties, drink, take drugs, and exchange sex, with the combi driver also participating. They agreed that this increased their risk for HIV, STIs and pregnancy.

Discussion and conclusion: The results documented additional sexuality risks of adolescents and the need for focused education for adolescents and parents. There is need for further countrywide research on the concept and risk perception of adolescents related to this behavior.

Key words: “*Mozwane*”, “party in motion”, adolescents, sexuality risks, weekend parties.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Using Technology to Improve Quality: A HAPU Project

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Purpose

Introduce technology that will improve measurement of quality Use technology to track outcomes

Target Audience

Quality and Safety nurses

Abstract

Purpose and/or Objectives: We have leveraged technology in the data collection for NDNQI and quality improvement projects surrounding pressure ulcer prevention, documentation, and education. The electronic medical record (EMR) has aided with data collection for the determination of the prevalence of hospital acquired pressure ulcers with the use of the EMR technology.

Background and Significance: Pressure ulcer prevalence and incidence rates are highest in those receiving palliative/ hospice care, spinal cord injuries, critical care and for long term care.

It is important to distinguish pressure ulcers that are present on admission from those pressure ulcers that have been hospital acquired. HAPU are a measure of nursing quality and are reportable to multiple sources in comparing quality and safety.

Early identification of individuals at risk and early interventions are essential for maintaining goals for prevention and management.

Methods: We established a process in the EMR, to have a best practice act (BPA) added to the EMR admission process in order to identify patients who were admitted with pressure ulcers. Before the BPA was instituted as a mandatory field, the data collected from this field showed 5-pressure ulcers/week-- present on admission. Once the mandatory BPA was instituted the reported pressure ulcers present on admission was 35-50 pressure ulcers/week. We reviewed the choices for documentation in the EMR and defined the information to be collected from EMR. The data collection points were set for computer extraction for every patient for the designated NDNQI data collection date. The set data collection points (documentation) were extracted: a) skin assessment, b) pressure ulcer risk assessment, c) risk assessment scale and scores, and d) all of the defined interventions that were documented according to set parameters.

Measurement tools and research data collection was used to involve staff in siloed areas. Staff were involved in data collection and deciding new interventions. All measured data outcomes were shared with staff using photos and graphs.

Results/Outcomes:

- Early identification of patients with pressure ulcers present on admission
- Efficient data collection (work hours and associated RN pay) as compared to manual abstraction of the data
- Data abstracted was more reliable and accurate
- We had immediate access to the outcome data
- We were able to perform "just-in-time" education to units to improve the documentation and quality of care

Conclusion: The measurement of the HAPU prevalence and incidence allows organizations to monitor patient outcomes for comparison over time and between institutions. Using the EMR for data collection (NDNQI, CaINOC surveys) enhances the reliability and accuracy of the measurement of the risk and the interventions associated with the prevention of pressure ulcers.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Developing a Cultural Competence Assessment Instrument for Unit Managers in Public Sector Hospitals in Gauteng

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Purpose

The purpose of this presentation is give an overview of this study and to disseminate the results of phase 1 of my ongoing PhD study.

Target Audience

Unit managers, nurse educators and nurses.

Abstract

South Africa is a culturally diverse nation composed of different nationalities and cultures. The management or lack thereof, of this cultural diversity and its impact on the work environment and patient outcomes are important issues in nursing in the midst of changing health care systems and patient needs. Nurses are ethically and legally bound to care for patients from all nationalities and cultures irrespective of their age, gender, race and sexual orientation. This means that these nurses have to render culturally sensitive nursing care and cater for the diverse needs of their patients. It is the role of the unit manager to enable frontline nurses to be culturally competent to ensure patients receive good quality nursing care and that nurses have a healthy work environment.

The purpose of the study is to develop a cultural competence assessment instrument to identify and manage cultural competence in nursing units in Public sector hospitals in Gauteng. This is a mixed method study using the exploratory sequential research design. The instrument development variant of the exploratory sequential design will be used. This variant will be used as a cultural competence assessment instrument will be developed during this study. This study will be based on a model by Campinha-Bacote (1998) called "The Process of Cultural Competence in the Delivery of Healthcare Services". It will be conducted in four phases linked to the four objectives of the study. A combination of qualitative and quantitative data collection and analysis methods will be used in this study. Ethical considerations, trustworthiness and validity will be taken into account.

Phase one data were collected using semi-structured interviews with 21 patients. The data were analysed using Tesch's eight steps of data analysis and Atla-ti version 7 was also utilised for data analysis and management. The research framework was used as a template during data analysis and identification of themes. The results of phase one of the study confirmed that most of the patients thought that culture is an important concept for patients and that their cultural needs should be catered for by nurses during their hospital stay. Various cultural needs of patients were identified. This included the patients' perceptions of the role of nurses and unit managers in ensuring cultural competence in nursing units of public sector hospitals in the Gauteng Province of South Africa.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Professional Development Support: What the Supported Newly Qualified Professional Nurses Have to Say?

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Purpose

The purpose of this presentation is to make nurse leaders aware of the need for professional development support of the newly qualified professional nurses to enhance their transition from student to professional.

Target Audience

researchers, nurse managers, experienced professional nurses and newly qualified professional nurses

Abstract

Background: Newly qualified professional nurses, like other health professionals in South Africa, have an obligation to serve the remunerated community service in designated public health institutions for one year before obtaining final registration with the South African Nursing Council (SANC).

The objectives of community service, amongst others, are (1) to service public health institutions, especially in the rural areas with human resources and (2) to give the newly qualified health professionals an opportunity to enhance their clinical skills. They have to be guided and supported by those that they find in practice, in case of nurses, those will be the experienced professional nurses.

There is no formal induction and professional development support guidelines at national level, a few provinces have developed provincial guidelines and their implementation is still a challenge. The Human Resource (HR) department and staff development departments are tasked with the responsibility of inducting the newly qualified professional nurses in some health institutions, while in some provinces operational nurse managers have to provide the support and guidance or delegate the task to the experienced professional nurses in the unit. In some instances, the newly qualified professional nurses receive no induction, orientation or any form of professional development support. They are expected to get off to a flying start.

Design and methodology: the presentation is part of a main study conducted by the researcher in 2014-2015. The design of the main study is a mixed methods design of concurrent triangulation approach. In this part of the study, the newly qualified professional nurses participated in a survey, responding to a self-administered questionnaire. Section C of the questionnaire consisted of three open ended questions where the respondents were asked to air their views in writing.

Sampling: The population were the newly qualified professional nurses in South Africa, who completed community service between June 2014 and June 2015. The sampling used for the survey was a systematic probability sampling. The researcher used the RaoSoft Survey Tools computer program to calculate the sample size. A total of three hundred and fifty (350) newly qualified professional nurses were invited to participate in the survey

Data analysis: One hundred and twelve (112) questionnaires had responses to section C. The written views from the questionnaire were analysed for content qualitatively and the data yielded eighteen (18) codes, four (4) subthemes and two (2) themes.

The chosen theme is: Induction and professional development support experienced by the newly qualified professional nurses during community service

The subtheme for the presentation is: **Positive** aspects experienced by the newly qualified professional nurses in relation to induction and professional development support

Findings: despite the challenges in induction and professional development support during community service, there were newly qualified professional nurses who were supported and reported positively on that support.

Positive aspects include: appreciation of the warm welcome received; induction and orientation; feeling at ease; feelings of independence, growth and development; boosted confidence and enhancement of clinical competence; respect for the newly qualified professional nurse as a person; happy to have a choice of allocation areas; attendance of in-service training and short courses relevant to place of allocation; informal mentorship and leadership development activities.

Conclusion: Well supported newly qualified professional nurses take less time to be integrated into practice than unsupported newly qualified professional nurses. They feel as part of the experienced nursing personnel and they are easy to work with, as they have enhanced clinical competence and the confidence to practice as professionals. They feel at ease as they are guided through-out their transition from student to professional. they also reported having a positive attitude towards their work.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Effectiveness of Music Listening on Patients With Total Knee Replacement During CPM Rehabilitation

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Purpose

This study investigated the effects of music listening on the anxiety, heart rate variability (HRV), and range of motion of joints in patients who were implementation of continuous passive motion (CPM).

Target Audience

The target audience of this presentation is group of clinical nursing, particularly for orthopedics nursing.

Abstract

Aims: This study investigated the effects of music listening on the anxiety, heart rate variability (HRV), and range of motion of joints in patients who were implementation of continuous passive motion (CPM).

Methods: An experimental design was adopted, and the participants were patients who received total knee replacement (TKR) surgery (experimental group = 49 patients; control group = 42 patients). The experimental group began listening to music 10 min before receiving CPM at 10 AM until the end of CPM (25 min in total) on the first and second days after the surgery, whereas the control group was required to rest in bed.

Results: (1) the experimental group exhibited significantly lower anxiety levels than the control group did ($p < .05$); (2) the experimental group had significantly higher increase in angles for each CPM implementation compared with the control group ($p < .05$), and the active flexion angles of the experimental group were higher than those of the control group ($p < .05$) at discharge; and (3) the low frequency/high frequency power (LH/HF) ratio, normalized low frequency (nLH), and normalized high frequency (nHF) HRV of the two groups differed statistically significantly, indicating that compared with the control group, the experimental group had superior parasympathetic nervous regulation.

Conclusions: Music listening can effectively lower patient anxiety levels and enhances the range of motion of joints during postoperative rehabilitation. Therefore, this study suggested that music be included as one of the routine practices for postoperative rehabilitation of orthopedic surgeries.

Keywords: total knee replacement, music listening, anxiety, range of motion

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Responding to Orphaned and Vulnerable Children (OVC) in Botswana: A Literature Review

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Purpose

The Purpose of this presentation is to analyse a comprehensive review of published and non-published materials on how Botswana government responded to the needs and challenges of orphans and other vulnerable children (OVC).

Target Audience

The target audience of this presentation is the government of Botswana Administrators, policy makers, researchers, clinicians, social and community development officers, volunteers, community health workers, community home-based care workers, non-governmental organisations and international agencies. The audience will also include scholars, Private sectors, interested parties' civil society, business people and sponsors

Abstract

This paper analyses a comprehensive review of published and non-published materials on how Botswana government responded to the needs and challenges of orphans and other vulnerable children (OVC). Programmes and their interventions are examined. The response includes policies and their guidelines, laws, regulations and resources to cater for all OVCs in the country. These policies and legal frameworks have been guided by international charters, conventions and declaration which the government of Botswana embraced such as ICD, Maputo Plan convention on the right of the child and MDGs. The magnitude of OVCs in Botswana is immense and the majority of deaths are due to HIV and AIDS followed by road traffic accidents. In Botswana OVCs include orphans, street children, those with disabilities, the abused, abandoned, destitute children and those living with HIV and AIDS, out of school children and those subjected to child labour from marginalized tribal groups. Orphans are defined as children aged below 18 years, who have lost one or both biological parents. This review provided opportunity for authors to understand the government's strategies in addressing orphans' challenges, their benefits and cost incurred. In Botswana, there are several legal documents in place, these include, the national policy on OVC, children's Act of 2009 and the affiliation proceeding Act. In addition, there are guideline developed to guide the implementation of several policies and these include, development of children in need of care regulations of 2005 and national guidelines: care of orphans and vulnerable children, 2008 and short-term plan of action (1999), which was reviewed in 2004 as well as the destitute policy (2002). In 1999, 21209 children were orphans and an estimate of 200 000 was projected for 2010. Various caring methods for OVC as well as the challenges faced by their caregivers are explained.

In conclusion there is a clear evidence that there is an increase number of OVCs in Botswana This increase is a great challenge to families, communities, government and civil society organization, and stakeholders. The government together with NGOs, CBOs, FBOs, Private sectors and the business community have embarked on various strategies as guided by government policies and laws to help improve the quality of life of OVCs.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

A Structured and Collaborative Clinical Teaching Training Program for Nursing Preceptors in Uganda

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Purpose

The purpose of this presentation is to describe a survey of preceptor's training needs at a national referral hospital in Kampala, Uganda; the design and first phase implementation of a structured and collaborative clinical teaching training program to enhance preceptorship skills.

Target Audience

The target audience of this presentation is nurse educators, practice coordinators and clinical preceptors.

Abstract

Nursing as a practice is an outcome of clinical teaching and learning which is facilitated by preceptors. During the process of providing clinical services to patients, nurses precept nursing students (service and education). In Uganda, there is no formal training program for nursing preceptors which equip them to conduct clinical teaching. However, it is an occupational requirement that preceptors teach nursing students allocated to their wards to perform nursing skills. The only tutor training college in the country does not offer preceptor training programmes. The college trains very few clinical instructors who are based at the educational institutions; thus untrained preceptors in clinical teaching take on the responsibility for clinical teaching for the many nursing students in their wards and clinical units. The clinical teaching and preceptorship models that emanate from better-resourced high-income countries may not be suitable for the Ugandan context.

The aim of the study was to describe the current clinical teaching practices and student satisfaction thereof, and then design, implement and evaluate a Structured and Collaborative Clinical Teaching Training Program (SCCTTP) for clinical teaching of pre-registration nursing students at a National Teaching and Referral Hospital in Kampala, Uganda.

This study comprised three sequential phases: Phase one - a descriptive cross-sectional survey of preceptors' clinical teaching practices. The survey results in relation to the competences and preceptorship techniques, including clinical teaching skills, clinical supervision skills, assessment in the work place, formed the basis for the design of the Structured and Collaborative Clinical Teaching Training Program (SCCTTP) (phase two). Relevant literature was incorporated and local training needs and guidelines on preceptorship preparation were considered. In phase three, the preceptors were and a pre and post-test intervention design was used to evaluate the effect of the training.

Ethical approval was obtained from the Faculty of Health Sciences Human Research Ethics Committee, University of Cape Town and the relevant authorities of Mulago National Teaching and Referral Hospital, Kampala. The initial results of the study will be presented.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Assessment of Family Levels of Functioning Among Civil Servants in Federal Capital Territory Abuja

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Purpose

to share the findings of family functioning among civil servants in a cosmopolitan Capital City. To depict relationship between family communication and satisfaction of family members. So that Nurses will take such findings into consideration when planning for the health promotion of families

Target Audience

Community/ Public/ Family health nurses who are interested in Family assessment or / and family health.

Abstract

INTRODUCTION: The family is a social institution responsible for child upbringing, emotional and economic support for its members. Industrialization has however gone a long way in undermining the traditional structure of the family bringing about lack of role identity of men, changing role in women, peer group and mass media influence on children. All these according to Adebayo and Ogunleye (2010) have resulted in serious family conflicts and dysfunction. A dimension of the dysfunction of the family brought about by industrialization has reduced family cohesion, flexibility, communication patterns and satisfaction within the family, Adebayo and Ogunleye (2010). This study assessed levels of family functioning among civil servants in Federal Capital Territory Administration (FCTA) in terms of level of cohesion, flexibility, styles of communication and family satisfaction.

METHODS: The study is a descriptive cross sectional survey. The calculated sample size was 164, 15% of this was added for attrition and non- response rate hence total sample was 189. Multistage sampling technique was used in the selection of civil servants in Federal Capital Territory Administration (FCTA), four stage process was used:

Stage 1- Purposive selection of Health and Human Services Secretariat (HHSS) from the seven secretariats in FCTA. HHSS was selected by the researcher because it is one of the two biggest secretariats out of seven. Health and Human Services Secretariat (HHSS) consists of:

- i. HHSS headquarters which is the policy and programme formulation arm of HHSS
- ii. Hospital Management Board (HMB) which is responsible for service implementation, programme and services at secondary health facilities
- iii. Primary health care development Board (PHCDB) which is responsible for service implementation and delivery at primary health care facilities

Stage 2: Random selection of three departments each from HHSS headquarters (Nursing services, pharmaceutical and public health departments), HMB (Medical services, Medical diagnostics and pharmaceutical services department) and PHCDB (Departments of School Health Services, National programme on immunization and Health Education)

Stage 3: From each of the selected department 21 civil servants was randomly selected for the study using their nominal roll as a sample frame

Stage 4: Systematic random sampling was used to determine the selection of the unit of study

Sample interval was determined by the formula: $n = \text{Population size in the nine departments}$

Estimated sample size = $1703 / 189 = 9.03$

Numbers were assigned to every individual on the nominal roll then random number four was the starting point after which every 9th person on the list was selected till a total of 189 civil servants were selected. Procedure for data collection

After obtaining Ethical approval from the Federal Capital Territory Health Research Committee. Permission was sought from Directors and Heads of department of different unit, self- introduction and detailed explanation of the study was done by the researcher to individual participants. With the assistance of two trained research assistants, questionnaires were administered to the selected participants from nominal roll in their various offices. The questionnaire was retrieved back within two to three days. The process of data collection lasted for eight weeks.

(One hundred and sixty-six civil servants working in Federal capital territory administration were assessed using questionnaire adapted from standardized Family Adaptability and Cohesion Evaluation Scales (FACES IV). Data was processed using descriptive and inferential statistics. Pearson correlation test was used in testing for significant relationships between family communication and satisfaction at 5% level of significance.

RESULTS: Respondents consist of seventy-two males (43.4%) and ninety-four females (56.6%), categorized into four age groups: 21years to 30years; 31years to 40years; 41years to 50years; and 51years to 60 years. Mean age=34 SD= 9.123. Minimum age was 21 years and maximum age 59years. Income level of participants per month was also categorized into five groups. Sixty-one (36.7%) are single; eighty-five (51.2%) are in their first marriage; five (3.0%) are married but not in their first marriage; seven (4.2%) are living together or cohabiting; four (2.4%) claim to be in “live in partnership”; two (1.2%) are widowed and two (1.2%) are separated. Eighty-four (50.6%) of the participants responded to scales based on their Family of Origin, that is they provided information about the family they originated from. The remaining eighty-two (49.4%) of the participants provided information about their Family of Procreation, that is, the family they formed. Of the one hundred and sixty-six participants surveyed, forty-one (24.7%) are living alone; seventy-two (43.4%) are living with partners and children; twenty (12%) are living with parents; twelve (7.2%) are living with others; twelve (7.2%) are living with partner while nine (5.4%) are living with children. Findings showed that 103 (62.1%) families are “connected”, 133 (80.1%) families are “Flexible” 85% of respondents reported very high levels of family communication and over 56.02% of respondents reported high levels of family satisfaction. There was significant positive strong correlation between family communication and family satisfaction ($r = .676, p < .01$).

Implication of findings to Community Health and Family Health Nursing practice.

Families in the capital city perceived to be stressful has demonstrated high level of family cohesion and flexibility, positive relationship between communications and overall family satisfaction, the community health nurse is required to use her knowledge and competencies to take the lead role in assessing assets and needs of communities and populations and to propose solutions in partnership with other stakeholders. Community- or population-focused solutions can have widespread influence on health and illness patterns of multiple levels of clients including individuals, families, groups, neighborhoods, communities, and the broader population.

The work of the Family Health Nurse is an interactive activity, in which nurse and family are partners. It is important for the nurse to put the knowledge that family is a crucial aspect in the quality of life for individuals as families are neither all good nor all bad; therefore, nurses need to view family behavior on a continuum of need for intervention when the family comes in contact with the health care system. That is the nurse assess the family system as a whole, as part of the whole society, and as an interaction system.

Assessment of family functioning help the community health Nurse to understand the nature of relationships within the family, that is family, cohesion, adaptability, communication and satisfaction. Family problem areas are identified and family strengths are emphasized as the building blocks for interventions. This will enable the nurse to offer guidance, provide information, and assist in the planning process for understanding family members' behavior

Recommendations:

1. As the findings of this study has shown high level of family functioning, it is recommended that the family health nurse will continue to help families to modify their level of functioning to deal effectively with situational stress and developmental changes across the family life cycle.

2. Family health nursing a branch of community health Nursing has received attention only in aspect of structure of family and family planning, it is necessary for a comprehensive discourse of the family and family health needs to occur in all core content within nursing curricula in Nigeria.

CONCLUSION: The family is the basic unit of the society one of whose major role is the inculcation of positive values. Healthy families promote the emotional, physical and social welfare of individual family members'. A family system works when its members feel good about the family, their needs are being met, and the development of relationships flows smoothly (Olson, 2000). A healthy, happy family also benefits the whole society. Among the children of strong families there is less crime, less divorce and less emotional problems (Ilongo 2009), They tend to go on and have strong, healthy families of their own, having learned from their folk's example. A happy marriage seems to set the tone in the house. It spills over from the family to the community and a healthy family will be reaching out to help others. Based on the findings of this study recommendations were made. There is need for further research studies that will involve more population addressing family functions in a different Nigerian society.

The families studied have demonstrated high level of cohesion, flexibility and positive relationship between family satisfaction and family communication in a stressful capital city.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Building Leadership Skills in Nursing Students Through Technological Pedagogical Learning

Dianne McAdams-Jones, EdD, MSN, BSN, RN, GNE, USA

Purpose

The purpose of this presentation is to share evidenced based teaching and learning techniques that build confidence, offer interventions and strategies that help maximize student nurse confidence in relation to experiential learning theory.

Target Audience

The target audience of this presentation are nursing educators and nursing students

Abstract

As nursing students enter that final semester of education they often express a sense of gloom and fear in leaving the comfort zone of learning; yet the time to graduate is upon them where they will soon assume an independent role void of the safety net provided by their institution of higher learning. These students often report feeling inadequate with a lack of confidence to fulfil the expectations which come with the inherent responsibilities of professional nursing. With the understanding that teaching is a complex, often poorly structured domain, a project our nursing program implemented afforded the nursing students on all levels an opportunity to teach, learn and implement the use of pedagogical technology.

This program emerged on the foundation of experiential learning (Kolb and Fry, 1975) offered the students training in the operation of human patient simulators and in the implementation (running) of a scenario using the human patient simulators. Once faculty completed their semester learning tools associated with use of human patient simulators, the students in this program were given an opportunity to elect one or several of the scenarios with which they would study. This study encompassed a commitment to enhance the design of the scenario along with manage the human patient simulator associated with that scenario. In assuming this role, the student was exposed to the pathology surrounding the problems/nursing diagnoses evolving from the scenario, the care planning, implementation of care and evaluation of care (debriefing) (CMS, 2015).

The National League for Nursing (NLN) is firmly seated in faculty use of evolving technology to advance the health of the nation. Our students, as the future nurses in our nation will track patient progress cueing the licensed provider of patient readiness for the next level of care or discharge from the health care facility (NLN, 2015).

Nursing is a 'hands on' profession; this program provided an independent learning space where the students were assisted in their understanding of teaching, understanding of learning and a subsequent understanding of teaching and learning with the use of simulation technology. Once the students immersed themselves in writing simple programs to teach basic nursing skills e.g. assessment, SBAR (situation, background, assessment, recommendation) they felt more confident to utilize these skills in the delivery of nursing care to their patients. The students self-reported this confidence afforded them more ease in leading their health care teams during their last semester of clinicals. A comprehensive and diverse knowledge base teamed with experience can provide a foundation of strong leadership skills.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Effect of Informational Support on Uncertainty of Fathers of Preterm Infants Hospitalized in NICU

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Purpose

The purpose of this presentation is to share the study results of the research titled the effect of informational support on uncertainty of fathers of preterm infants hospitalized in NICU, hoping to give some evidence and suggestion to the healthcare team of NICU.

Target Audience

The target audience of this presentation is the group of health providers working in the NICU and the team of the members who give support to the families of the preterm infants.

Abstract

Objective to explore the effect of informational support on uncertainty of fathers of preterm infants hospitalized in NICU.

Method 64 fathers of preterm infants hospitalized in the NICU of a teaching general hospital in the capital city of China were included. They were assigned to intervention group and control group. 32 fathers in the intervention group received informational support except the routine care, which including four methods (feedback of the nursing planning, informational support by We-chat, growing and developing dairies of preterm infants, meeting with parents). 32 fathers in the control group received the routine care, such as health education provided by the healthcare members of NICU at limited time, giving encouragement to fathers, helping fathers prepared to taking care of the preterm infants. The levels of uncertainty of both groups were rated with Parents' Perception of Uncertainty Scale (PPUS) at four time points: the time of transferring into NICU, being discharged from NICU, 1 week and 2 weeks after accepting informational support.

Results Both on 2 weeks after informational support and at the time of preterm infants being discharged from NICU, PPUS score of intervention group was significantly lower than control group ($t=3.212, P=0.002$; $t=2.541, P=0.032$). But there were no change on 1 week after informational support in both groups ($t=0.272, P=0.787$).

Conclusion Informational support could relieve uncertainty in fathers of preterm infants on 2 weeks after informational support; informational could reduce the level of uncertainty of fathers at the time of preterm infants being discharged from NICU; there was no significant difference of the level of the uncertainty between the intervention group and the control group on 1 week. It's important for the healthcare providers to give support to the fathers of preterm infants during the period of hospitalization, and informational support is identified an effective way to release the feeling of negative emotions of preterm infants' fathers, such as uncertainty.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Can a Technology-Mediated Platform Assist Nurses to Disseminate Critical Thinking Skills?

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Purpose

To use technology to assist nurse researchers and clinical research nurses to share critical thinking skills with their colleagues

Target Audience

Clinical research nurses and nurse researchers

Abstract

Recognising the lack of support and resources for conducting clinical trials in low and middle-income countries, Global Health Trials was set up in 2008 as an online platform to facilitate a global community of practice for clinical trialists (<https://globalhealthtrials.tghn.org/>). The success of this initial community, and related low-cost high impact face-to-face interactions on the ground, highlighted the need for other networks, including a dedicated resource for nurses. As such the Global Research Nurses' Network (<https://globalresearchnurses.tghn.org/>) was launched in 2012 funded by The Burdett Trust for Nursing. Its remit is to focus on the needs of both nurse researchers (i.e. nurses conducting their own research to answer locally relevant nursing questions or within units as research nursing managers) and clinical research nurses (i.e. nurses performing a nurse role within clinical research teams). In order to understand these two roles better, including how they intersect, we conducted a quick 6 question survey with a 10% sample of members in September 2015: 1) Which country are you from? 2) Are you a clinical research nurse?, 3) Are you a nurse researcher?, 4) Are you using the Global Research Nurse Network?, 5) Have you heard of the Global Research Nurse Network?, 6) What information or resource would you like to see on the Global Research Nurse Network?. 92 respondents from 69 countries participated, of whom 64 % self-identified as nurse researchers, 51.1 % as clinical research nurses and 8% as other. 71% of respondents were currently using the Global Research Nurse Network and 12% self-reported as not having heard of the network. 78% of respondents were able to describe what information or resource they would like to see on the website. The information nurses wanted on the website included topics such as more articles on current practices in nursing, a global nursing framework and opportunities for nurses to advance their careers in medical research. This survey has informed the direction of the Global Research Nurses' Network going forward (e.g., "educational innovation" research content has been identified as a theme for a month in 2016). The cutting-edge digital technology of the Global Research Nurses' Network is expected to assist clinical research nurses and nurse researchers by providing topic specific open access resources, eLearning courses and discussion areas. The research remit of the Global Research Nurse Network, allows for a focus on critical thinking skills. It is proposed that critical thinking nuggets be embedded into the website resources; as a skills development aid. This community of practice, with its themed structure could facilitate these nurses in disseminating critical thinking skills within their units or institutions. The success of this dissemination will be evaluated in subsequent survey with members.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Student-Friendly Health Information Portals

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Purpose

The purpose of this presentation is to disseminate the value of user-friendly online health information portals as an intervention to increase knowledge and impact healthy behaviors among university students.

Target Audience

The target audience of this presentation is the healthcare provider who utilizes, or is interested in utilizing, online modalities and interventions for health promotion and disease prevention.

Abstract

Studies show that health information portals that include online information and interventions are successful at increasing health promotion and disease prevention activities among university students. A literature search finds the major themes related to the use of online resources are internet use, importance to user, access motivates action, interactive components, and the internet/portal as an adjunct to other healthcare resources (Cugelman, Thelwall, & Dawes, 2011; Davies, Morriss, & Glazebrook, 2014; Fraeyman, Van Royen, Vriesacker, De Mey, & Van Hal, 2012; Kattelman et al., 2014; Lau et al., 2012; Percheski & Hargittai, 2011; Skar, Sniehott, Molloy, Prestwich, & Araugo-Soares, 2011). Use of the internet has risen as availability has increased. Students tend to use the internet as one of the main sources to obtain health related information (Percheski & Hargittai, 2011). Portals and web-based interventions are most successful if the content is geared to the user and considered personally related to the user's goals. Development of online interventions are found to be most efficacious if they are related to consequences of behavior, help in personal goal achievement, skill set learning, and normative pressure (Cugelman et al., 2011). These findings are similar to those by other authors which showed that alignment of health goals is important in implementation of web-based interventions.

Knowing the health concerns of the population of interest is important in designing portals. Areas showing the greatest health concerns for students include tobacco use/abuse, alcohol and illicit drug use/abuse, sexual health and behaviors, dietary patterns, mental health, and physical activity (Kattelman et al., 2014; Skar et al., 2011). Students report these healthcare concerns motivate them and/or are a part of their goals for change in health promotion and disease prevention activities. Thus the use of portals is one way that nurses can reach and potentially impact a greater number of individuals. This impact is population-based with a larger number of individuals able to access healthcare, point-of-care service without travel and transportation restrictions, and cost effective in manpower hours for the healthcare field. The literature is in agreement that online interventions have a place in the delivery of the healthcare needs of a changing society and are cost-effective in doing so (Clayton, Chin, Blackburn, & Echeverria, 2010; Cugelman et al., 2011; Davies et al., 2014; Fraeyman et al., 2012; Lau et al., 2012; Skar et al., 2011; Soleimanpour, Geirerstanger, Kaller, McCarter, & Brindis, 2010).

Portals encourage students to access care through self-help behaviors. Self-help behavior is an acquired skill, and online interventions can provide empowerment and increase decision-making capabilities. Studies show that through online information students are more willing to take steps to access healthcare or seek out information from healthcare providers (Kattelman et al., 2014; Lau et al., 2012). The ability to use technology in web-based health applications and personalize the interactions is an advantage of portals.

Interactive components are shown to increase student motivation and participation in healthcare endeavors online (Cugelman et al., 2011; Davies, et al., 2014). Examples of interactive components are online streaming graphics, videos, interactive activities, and music. Other interactive interventions include fully automated chat rooms, "ask the expert" online services, and role model videos that relate to individual characteristics gleaned from the interactive components of the website.

Recommendations are made that online interventions should be used but in combination with other healthcare resources (Cugelman et al., 2011; Kattelman et al., 2014; Percheski & Hargittai, 2011). In a technologically advancing world, the loss of face-to-face evaluation and communication is not considered to be in the best interest of those seeking healthcare. Both online intervention and traditional avenues of care can work together for positive outcomes (Cugelman et al., 2011; Kattelman et al., 2014). More studies will need to search the avenues of long-term change interventions and adherence within the online environment. With the recent advances in technology and delivery of interventions using technology longitudinal studies will add to the discussion.

The modalities of online delivery are varied but show consensus in what constitutes a successful intervention. These include the identified five key themes mentioned above and this constitutes the guide for development of the portal in conjunction with the health concerns of the target population. Agreement is reached by the majority that online interventions can effect change and encourage empowerment of health related actions with university students. In order to institute valid and reliable online health resources it is recommended that The National Libraries of Medicine (2014) online evaluation criteria be used. The criteria include accuracy, authority, bias/objectivity, currency/timeliness, and coverage. To institute a portal a search for health information took place. After evaluation of the available information using the criteria mentioned Microsoft Word was used to develop each individual page along with Uniform Resource Locators (URLs) to guide the development within the web-based portal. The literature review guided the development in order to make the portal of importance to the student population. Interactive components and graphic design that was part of the literature review recommended "best practices" for development were also used. Links to valid and reliable outside resources that were more in-depth were also included to enhance the availability of health information.

The project manager (author) worked with the webmaster to upload and deploy the portal page-by-page. Prior to going "live," representatives from the administrative team, faculty, staff, and students trialed the site and provided feedback. The individuals trialing the site provided positive and supportive responses with minor revisions recommended. These revisions were made based upon the feedback and the portal went "live" following fall break 2015. Marketing occurred to garner interest in the portal. Emails, ecards, flyers, business cards with quick response codes (QRCS), scrolling screen applications throughout campus, classroom visits, and presentations to faculty senate were used.

Institutional Review Board (IRB) approval was obtained prior to initiation of the project. Influenza and influenza vaccination portal webpages were added in order to determine an increase in knowledge based upon the portal. An Influenza Survey obtained and modified for use with permission from the Centers for Disease Control and Prevention (CDC, 2012), was used for demographic and influenza knowledge and activity information. The survey has been used in data extraction and publication for numerous years thus providing a valid, reliable, sensitive, and precise instrument. The post-survey used the test-retest method and further questions, beyond influenza and vaccination, were added regarding the online information and portal. The questions regarding online interventions were found in public domain (University of Virginia, 2015) and have been used in two previous research studies. Quasi-experimental design will be used to measure influenza vaccination uptake from pre to post portal intervention, along with knowledge increase/decrease in the ability to correctly answer questions regarding influenza and vaccination. Responses on use of the portal and its value in changed behavior and actions will be rated using the post-survey Likert scale data.

In addition, tracking of the number of "views" (times accessed) of each informative page and the influenza portal took place and continue to be tallied on a weekly basis with the assistance of the webmaster. These numbers in comparison to overall access to the entire university website will be compared to determine interest and use of the portal for sustainability. This evidence-implementation project is ongoing with a target completion date of April 2016. To date the pre-survey has been administered and the post-survey is in the process of being administered. The qualitative feedback within the surveys and from personal interactions with the students, faculty, and staff at the university show a positive response to the health information portal. The current number of "views" of the portal webpages has shown that they are some of the most viewed, upwards of 70% per day, within the university website.

This project shows that technology, in the form of online portals, can be used as an adjunct to nursing practice in the promotion of health and prevention of disease. Lessons learned are that online health

information has a place in helping nurses teach and disseminate information on healthy behaviors. Healthcare providers who work with and have interaction with students can assist by educating on reliable information. Translational evidence-based methods could use the constructs discussed as a way to develop resources for many different populations based upon their needs. The increasing use of social media is a strong force that should be used for the delivery of health information that benefits all people. The value of real time access to health advice can promote self-efficacy and the resulting improvement in health outcomes will have far-reaching implications to nursing and the quality of care provided.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Online Teaching of Undergraduate Student Nurses: An Integrated Review

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Purpose

The purpose of this presentation is to reflect on the effectiveness of online teaching and assessment of nursing students. The presentation aims to reflect on best practices of online teaching and assessment to enhance the quality of nursing education within the context of the nurse educator shortage.

Target Audience

The target audience of this presentation is educators for undergraduate nursing students in a blended learning environment.

Abstract

Students are demanding accessibility and affordability of education (Fees must fall campaign 2015). Limited resources and shortages of nurse educators reshapes the landscape of education to utilise resources more effectively. Globalization and the technological explosion lead to the restructuring of programmes. Generation Y students apply for the undergraduate nursing programmes. Generation Y has a collaborative learning style based on social networking and digital connectivity (Tsang 2011).

As the global demand for well-trained nurses increases, it opens a window of opportunity for nurses to emigrate. Developed countries are technologically advanced and nurses need to be prepared to use technology in practice. Emigration of nurses increases the burden on those left behind. More nurses need to be trained to address these shortages (Kotze 2012). However, the shortages of nurse educators and increase student numbers results in challenges in providing quality nursing education (Holley & Taylor 2009). The pressure on educational institutions may result in a blended learning approach to accommodate larger student numbers with limited teaching resources (Billings and Halstead 2012). Online learning and assessments can be used to enhance the quality of teaching and the technological competencies of student nurses.

The integrated review was utilised to systematically collect, classify and analyse the body of literature (IEEE, 2014) on online learning and assessment of undergraduate nursing students. The following search engines were used: Africa-wide information 2009-2015; CINAHL Plus 2009-2015, EBSCOhost 2009-2015; ERIC 2009- 2015, Health Source: Nursing 2009-2015; MEDLINE; Education Source 2009-2015; PsychInfo 2009-2015; Academic Search Premier 2009- 2015.

A thematic analysis was done and themes and categories identified. Themes identified included opportunities and challenges of online learning and assessment mostly from the students' perspective. The opportunities included networking with peers and collaborative learning; professional development; clinical learning; opportunities for feedback; reinforcing and revision of information; overcoming geographic barriers; flexibility and self-directed learning. Challenges referred to time demands; increased workload; avoidance of 'difficult' areas in subject content; 'flick through' subject content at a high speed.

The questions remain if the students retain the information learned and how does online learning facilitates critical thinking? It is not certain if deep learning or surface learning is utilised by the student nurses and these aspects need to be explored in future research.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Evaluation of the Antiretroviral Therapy Program in the Primary Health Care Settings in Lesotho

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Purpose

The purpose of this presentation is to provide a summary on an evaluation of the antiretroviral therapy program in Primary Health care settings of Lesotho. The focus of the evaluation was on implementation processes of the program by registered nurses/ midwives/ nurse clinicians.

Target Audience

The target audience of this presentation are registered nurses/ midwives/ nurse clinicians, laboratory equipment donors, employers in mining sector-household-factories, Ministry of Health Lesotho and SA,

Abstract

Purpose: The purpose of this study was to evaluate the antiretroviral therapy program in the Primary Health Care setting in Lesotho.

Objectives: There were five objectives for this quantitative aspect of the study.

1. Describe ART services offered in PHC settings of Lesotho
2. Determine successes and challenges in the implementation of the ART program in PHC settings of Lesotho
3. Determine if staffing patterns have an effect on number of ART services offered; number of days ART services are offered; time spent by patients seeking ART services at the facility; time taken by a patient to consult a registered nurse midwife/clinicians; Job satisfaction; Efficiency; adequacy and accessibility of ART services
4. Determine if challenges faced have an effect on number of ART services offered; number of days ART services are offered; time spent by patients seeking ART services at the facility; time taken by a patient to consult a registered nurse midwife/clinician; Job satisfaction; Efficiency; adequacy and accessibility of ART services
5. Describe perceptions of registered nurses/ midwives/ nurse clinicians on ART program

There were two objectives for the qualitative aspect of the study.

1. Explore and describe experiences and views of registered nurse midwives/clinicians on the ART program in the PHC Settings
2. Explore and describe experiences and views of patients on the ART program in the PHC Settings

The final objective was to develop an evaluation tool that can be used to assess the ART program in PHC settings of Lesotho.

Research Design: A convergent parallel mixed methods design was used to collect the data. Both quantitative and qualitative data was collected and will be analysed during the same phase of the research process. Quantitative data assisted the researcher to describe the antiretroviral therapy program currently being implemented whereas the qualitative data was used to describe the experiences of both health care providers and patients on the program. The researcher believes both sets of data combined enhanced greater understanding of the ART program in the primary health care setting of Lesotho and its evaluation thereof. The mixed methods design allowed the researcher to address a range confirmatory and exploratory questions and for stronger inferences. Use of both quantitative and qualitative data sets allowed a combination of inductive and deductive reasoning and enhanced greater confidence in the results obtained

Research Participants: Two groups of respondents participated in the study. The first group was composed of registered nurses/midwives/ nurse clinicians who provide amongst other services, HIV/AIDS services and were willing and available to participate in the study. The second group was composed of adults aged 18 years and older who were HIV/AIDS positive, could speak either Sesotho and/or English and were available at the time of the study.

Significance of the study: This study will generate new information on the ART program, its successes and challenges in Lesotho. The study will benefit;

1. Policy makers to improve the processes involved in the antiretroviral program; Implementing partners currently assisting in the propagation of the ART program to be able to understand the actual impact their assistance has during the provision of services;
2. Patients to be able to receive faster and more effective services;
3. Health care workers, especially registered nurses/ midwives/ nurse clinicians, to be able to plan execution of the antiretroviral therapy program in their health clinics effectively.
4. The researcher believes the evaluation tool used to assess the ART program can be used to inform planning at each health clinic in each district and eventually the nation as a whole. This study is therefore exploratory to potential subsequent studies that focus on implementation strategies such as the use of electronic patient record and accessibility of services regardless of place of origin that could result in a more effective and efficient program.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Perceptions of Second Year Bridging Students Regarding Mentoring at Private Nursing Colleges in Eastern CAPE

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Purpose

The purpose of the presentation is to describe the perceptions of second year bridging course student nurses regarding mentoring by registered nurses at a private nursing college in Eastern Cape.

Target Audience

The target audience of this presentation is Learning Center Managers, Nurse Educators, Nurse managers, Clinical Training Specialists, Preceptors, anyone in training of any kind

Abstract

Aim of study: The aim of this study was to describe the perceptions of second-year Bridging Course Students at Private Nursing Colleges in the Eastern Cape, so as to contribute to strengthening the current teaching and learning strategies.

Objective: To determine and describe the perceptions of second-year Bridging Course Student Nurses regarding mentoring by professional nurses at Private Nursing Colleges in Eastern Cape.

Design: Quantitative, descriptive research design

Sampling: Non-probability stratified sampling method

Method: Simple stratified sampling method

Results: This study has revealed that mentoring at Private Nursing Colleges in Eastern Cape provides majority of students with the ability to perform their clinical and co-ordination competencies but, lacks severely in management competencies. Professional nurses omit certain prescribed competencies when training students. Differing practices also seem to exist in the same organisation. Discussion:

Mentoring role of the registered nurses was fairly well done and it is evident in the student's ability to perform their clinical and co-ordination competencies.

Mentoring role of unit manager lacked in many areas and this is evident in the students' inability to perform certain management competencies. This competency is a vital component when differentiating the registered nurse from the enrolled nurse. Hence, there seems to be a large gap in the training.

Recommendations:

- **Practice**
 - The need for mentoring needs to be highlighted, so as to improve the standards of nursing practice.
 - Mentoring needs to be part of the joint performance management discussions, so as to incorporate the importance of this in practice.
 - All professional nurses should attend a mentoring course as part of their individual development plan. This would help to have a positive impact on service delivery.
- **Education**
 - Formal student mentoring programmes should be set up and adhered to, so as to ensure that all involved follow the same process.
 - Mentoring relationships should be encouraged and monitored.
- **Research**

- Investigate why competencies were omitted in the students' training. Develop a mentoring practice model.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Reducing Time on the Ventilator Using the ABCDEF Bundle

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Purpose

The purpose of this presentation is to describe implementation of a bundle of interventions that reduce time on the ventilator for patients in the intensive care unit (ICU). The evidence-based bundle components target: Airway, Breathing, Coordination, Delirium, Exercise/Early mobility and Family involvement (ABCDEF).

Target Audience

The target audience of this presentation is any nurse with an interest in collaborative best practice in the intensive care unit (ICU).

Abstract

Teamwork is essential to improve patient care outcomes. This presentation will focus on a multidisciplinary initiative involving an internationally recognized bundle of interventions that reduce time on the ventilator for patients in the intensive care unit (ICU). The evidence-based bundle components target: Airway, Breathing, Coordination, Delirium, Exercise/Early mobility and Family involvement (ABCDEF). Airway strategies include a change to sub-glottic endotracheal tubes that reduce ventilator-associated pneumonia (VAP). Breathing strategies include reducing levels of sedation and scheduled spontaneous breathing trials to improve time to extubation. Coordination is by the bedside nurse so that an alert patient can pass a spontaneous breathing trial prior to extubation. Delirium prevention is a hallmark of this initiative. Patients who have less delirium have shorter lengths of stay and improved cognitive outcomes after ICU. Exercise and early mobility while on the ventilator only happen when patients are alert and delirium-free. Screening for delirium increased from 16% to 100% over a 1-year period. Family support was encouraged.

Multidisciplinary team strategies for enabling change over a one-year period were planned. The team audited current practice, provided staff education for all of the ABCDEF components, achieved administrative support for purchase of new equipment and increased support from Physical Therapy to help with early mobility. The improved outcomes were publicized to all disciplines to maintain momentum, specifically to: nurses, respiratory therapists, rehabilitation specialists, pharmacists, physicians, administrators.

The team followed the principles of the Comprehensive Unit Safety Program (CUSP) to enact a permanent change in culture at the bedside. The status quo was having patients sedated and non-responsive. As a result of the ABCDEF initiative many more ventilated patients are alert, interactive and mobile. A strong motivator for this team was the realization that shorter lengths of stay in the ICU and freedom from delirium are both associated with improved patient outcomes post-ICU.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Exploring the Perceived Acceptability of End-Users for an Innovative Technology-Enabled Model of Palliative Home Care

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Purpose

The purpose of this presentation is to inform Registered Nurses of a new and innovative technology-enabled model of palliative home care and highlight the importance of understanding and exploring end-user's perceived acceptability.

Target Audience

The target audience of this presentation are community health care providers, and healthcare providers exploring various avenues to utilize and integrate technology to improve quality of care delivery within the community setting.

Abstract

Background: Older adults constitute the fastest growing population segment globally. The longevity of older adults has contributed to the increased prevalence of chronic conditions and complex health care needs (Canadian Institute for Health Information, 2011). Care required by older adults and at the end-of-life places a significant strain and demand on the Canadian health care system (Fowler & Hammer, 2013). In response to the complex health conditions of older adults at the end-of-life coupled with the challenges in recruiting and retaining healthcare providers in Ontario, Canada, a new and innovative model of palliative home care, eShift, has been developed. The eShift model of palliative home care links unregulated health care providers Care Technicians, providing home care to a remotely-situated directing registered nurse, through a smart phone application using real-time communication and documentation technology. The directing registered nurses' monitors and directs appropriate, safe, and effective care provided in collaboration with the care technician in real-time using technology that supports communication about and documentation of care processes, enhancing quality of care delivery for older adults and their family member caregivers. The eShift model has proved to be an effective approach to providing older adults and family member caregivers with quality care. The model optimizes registered nurses with specialized knowledge and skill to meet home care needs; however, there has been little opportunity to explore the perceived acceptability of the end-users (family member caregivers, regulated and unregulated health care providers) of this technology-enabled service delivery model.

Purpose: Having an understanding of end-users' perceived acceptability is imperative to understand factors that influence the intention to use and uptake and in turn, explain the success and or failure (Duplaga, 2015; Or & Karsh, 2006) of the new and innovative service delivery model. The overall purpose of this study is to examine and explore the acceptability of informal caregivers, regulated and unregulated in using the eShift model of palliative home care.

Methods: A mixed method, convergent (parallel) design will be used. Quantitative and qualitative data will be collected simultaneously. Quantitative data will be collected using an adapted Treatment Acceptability and Preference (TAP) questionnaire. Descriptive qualitative methods will be used to explore and understand the perceived acceptability of end-users in using eShift. Qualitative data will be collected through semi-structured interviews. Semi-structured interview questions will explore end-users' perception of the ease of use, short and long term effectiveness, convenience, benefits and challenges of eShift.

Potential Results: The eShift model of palliative home care will be perceived to be acceptable by end-users in receiving and providing palliative care within the home care sector. The eShift model of home care will promote a patient-centered approach and meets the needs of older adults and their informal caregivers for end-of-life care within the home care sector. This poster will present preliminary results of the study and provide details of this new model of palliative home care.

Conclusion: Findings have the potential to inform scale up and spread of the innovative eShift model of home care as broader implementation moves forward. More specifically, the findings will inform nurse researchers, home care and industry partners of the needs, perceived acceptability and preference of the end-users. This in turn, will guide them in modifying and tailoring the model of home care to end-users. It will also transform the delivery of healthcare delivery for community-dwelling older adults living at the end-of-life and their family caregivers.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Delta Theta Builds a Consortium to Engage Other Chapters in Global Health Activities

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Purpose

The purpose of the presentation is to analyze the value of the Delta Theta consortium on global health activities.

Target Audience

The target audience of this presentation is nursing leadership.

Abstract

The Delta Theta Chapter at the University of Texas at Arlington College of Nursing and Health Innovation has built a consortium of chapters that have engaged in global health activities since 1999. Six chapters in the North Texas area first collaborated together to sponsor a project in India under the leadership of Delta Theta. Consortium projects have taken place in two other countries, Uganda and Haiti. The consortium's strategic plan is to be involved internationally with nursing education projects. This abstract highlights the consortium's past, present and future activities and discusses how Delta Theta has engaged other chapters.

For all global projects, the activities with international partners must be built on trust and mutual respect. By listening to the needs of both partners, nursing knowledge is shared and activities developed. The consortium's first project was with the Rebakah Ann Naylor School of Nursing (RANSON) in southern India. This area has limited opportunity for the education of nursing students. The consortium provides funds to purchase two new uniforms for graduates to use during their mandatory two years of return service. Additionally, funds are granted for a graduation reception. The consortium has funded an International Council of Nurses (ICN) Mobile Library in the Bangalore Baptist Hospital for the staff and the new graduates. On an annual basis a consortium member attends graduation and offers a continuing nursing education class for the faculty and students. Students graduating in 2016 will be the first baccalaureate class. The consortium will place an ICN Mobile Library on the campus.

Since 2007, projects in Uganda have been conducted with the Makerere University School of Nursing, northeast of the capitol city of Kampala. Projects include curriculum and research workshops, joint research projects and funds for library resources. There is a collaborative effort to continue these projects. The Eta Gamma chapter has joined Delta Theta to provide meals for the workshops in Uganda and purchase small gifts for the nurses who attend.

The 2010 earthquake in Haiti opened the door for the consortium to provide activities with the Haiti National School of Nursing (HNSON) in Port-au-Prince. This state nursing school waives tuition to its students, but students are expected to pay for expensive ancillary items, which is out of reach for the average student. An ICN mobile library was placed in the only building left standing at the school. The consortium developed and registered a Non-Governmental Organization with 501(c)(3) status to establish a scholarship fund for nursing students. The consortium has worked with nursing leadership of the school to select recipients and disburse funds according to their needs, sometimes under emergency circumstances. Beta Beta-Dallas joined Delta Theta to provide funds for graduation expenses. To honor the collaborative nature of the partnership, the Dean of the HNSON was inducted into one of the consortium's chapters in spring 2015.

The members of the consortium have developed strong collaborative relationships with nurse leaders in each country that will lead to new joint projects in the future. Many thanks to the six chapters in the

consortium: Delta Theta, Beta Beta-Dallas, Eta Gamma, Beta Alpha, Tau Chi, and Xi Iota for combining their strength to make a difference in nursing education globally.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Interpersonal Functioning of the People With Schizophrenia: Associations With Theory of Mind and Working Memory

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Purpose

The purpose of this presentation is to discuss the association between theory of mind and working memory in the interpersonal functioning of the people with schizophrenia.

Target Audience

The target audience of this presentation is psychiatric nurses.

Abstract

Introduction: It is necessary to receive an information such as a surrounding and an expression of the speaker, intention, feelings appropriately and to respond in accord with the context of the conversation in order to interchange with others smoothly. Receiving an information in the interpersonal scene is affected by Theory of Mind (ToM) which is an important cognitive function to understand and inference of mental states (beliefs, thoughts, and intention) of self and others (Pos et al, 2015). If we obtain it, we are able to explain and predict behavior of others. Understanding of other person's mental states requires explicit representation of wrongness of one's own mental states (Wimmer & Perner, 1983). In addition, person needs to memorize it temporarily.

Brüne (2003) suggested that ToM is affected by Working memory which is a system to maintain an information temporarily and handle it. People have occasion to keep particular pieces of critical information briefly in mind, storing them until the opportunity to use them arrives. In the communication scene, not only do we need to keep certain bits of information accessible in mind, but also we need to perform cognitive processing. These short-term mental storage and manipulation operations are collectively called Working memory.

The person with schizophrenia tends to misunderstand meaning of the behavior of others, and have obstacle to answer that others expect correctly. By such these characteristics, they have various difficulty for interpersonal interchange that is related to every scene of daily life. Skantze et al (1992) reported their Quality of Life about relationships with family, friends, and person of the opposite sex decreased. The goal of psychiatric treatment is not only to control symptoms but also to increase QOL and to support their lives which they want to. In order to self-actualization of them, we need to reveal features of their interpersonal functioning and to improve it.

Objective: The objective of this study is to investigate associations with Theory of Mind and Working memory in the interpersonal functioning of the person with schizophrenia.

Methods: Subjects: A total of 155 patients had a DSM-5 or ICD-10 diagnosis of schizophrenia. There are 79 males and 76 females. Exclusion criteria included dementia and current or past central nervous system disease or history of head injury, current substance abuse, a history of substance dependence or impaired general cognitive functioning.

Materials: Interpersonal functioning assessment

Interpersonal functioning was assessed with Life Assessment Scale for the Mentally Ill (LASMI). It is able to evaluate the obstacle in the social life of the mental patient objectively and comprehensively. In this study, subjects were assessed with subscale "Interpersonal relations" which was constructed in 'Conversation' (7domains), 'Group activity (3domains)', and 'Relationship (4domains)'.

Theory of Mind: Subjects were given one first-order and one second-order false belief tests of Theory of Mind. Tasks were read aloud and cards drawn the picture on were displayed in front of subjects. Memory control questions were asked throughout each task to check that subjects could remember key facts to

check that subjects could remember key facts about the story. The 'test question' in each task was the measure of representational understanding.

The first-order false belief task (FB1) was "The Ann and Sally story" in which the subject must recognize that a story character has a false belief about the location of an object. The second-order false belief task (FB2) was "Ice-cream van's story", where the subject must attribute a story character's false belief about another character's belief.

Working memory: To assess Working memory, Trail Making Test B was used. TMT-B is a timed test that requires to quickly combine encircled numbers and characters in ascending order.

Analysis: The Mann-Whitney U test was used to detect difference between correct and incorrect answer in false belief tests in relation to LASMI-I and TMT-B. In order to investigate the relationship between LASMI-I and TMT-B, Spearman's correlation test was used. We used the Statistical Package for Social Sciences (SPSS) version 22, at the 95% confidence level.

Ethical considerations: This study was approved by port facilities and University of Tsukuba Faculty of Medicine, Ethics Committee. Written informed consent was obtained from participants, before the initiation of any research procedures.

Results: Schizophrenic subjects were 53 inpatients and 102 outpatients (79 males and 76 female). The mean age was 45.98 years (SD=12.76), the mean onset age was 25.64 years (SD=8.53), and the mean disease duration was 19.66 years (SD=12.23). All subjects were taking neuroleptics and the mean chlorpromazine-equivalent dose was 711.75mg (SD=661.97).

107 subjects gave correct answers on FB1, and 42 subjects gave correct answers on FB2. They had more errors FB2 than FB1 ($p=.02$). In the case of FB1, significant differences were not accepted between correct answered subjects and incorrect answered subjects by score of LASMI-I. In the case of FB2, significant differences were found by LASMI-I overall score ($p=.01$) and 'Conversation' score ($p=.01$), and 'Group activity' score ($p=.03$). From this, interpersonal functioning of schizophrenic subjects who answered correctly were better than subjects who answered incorrectly. Subjects who answered correctly in FB2 had a shorter time of TMT-B required than subjects who answered incorrectly ($p<.01$). No significant differences were found in FB1 ($p=.21$). Subjects who answered correctly in FB2 seemed that they had better functioning of Working memory than subjects who answered incorrectly.

LASMI-I 'Conversation' score ($r=.30$) were significantly correlated with TMT-B time ($p<.01$). TMT-B were significantly correlated with 'Clarity of conversation' ($r=.34$) and 'Understanding' ($r=.38$), these were domains of 'Conversation' of LASMI-I. As the subjects had a good function of the working memory, an interpersonal functioning was good.

Discussion: It was confirmed that ToM and Working memory were related to the interpersonal functioning of the person with schizophrenia. It was thought that ToM influenced interpersonal functioning; brightness and the initiative of the conversation, circumstantial judgement and understanding, appropriate reply and claim, furthermore autogenous relationships with associates, friends, and the opposite sex. It was suggested that it was necessary to intervene in that understanding with more than of second-order was promoted, because the understanding with more than of second-order promotes the understanding of a social concept and interpersonal relationships and the feelings between the characters such as a novel or a drama. The understanding with more than of second-order needs to maintain much information more than understanding of first-order, and to handle. It was thought intervention is necessary that promote the understanding of complicated Theory of Mind and raise a function of Working memory in order to improve the interpersonal function of the person with schizophrenia.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Lifesaving Partnership With Nonprofit Organizations: A Case Study

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Purpose

The purpose of this project is to assess the process of establishing, implementing, and evaluating a lifesaving partnership between an international organization and nonprofit organizations.

Target Audience

The target audience of this presentation are nurse educators, nurse leaders, nurse researchers, nursing students, all clinicians, and/or anyone who is interested and engaged in the improvement of global healthcare.

Abstract

The purpose of this project is to assess the process of establishing, implementing, and evaluating a lifesaving partnership between an international organization and nonprofit organizations. The partnership is between Worldwide Community First Responder, Inc. (WCFR) and nonprofit organizations in the USA and Haiti. The nonprofit organizations include: Haitian American Nurses Association, Sigma Theta Tau International, and Volunteer New York. In order to facilitate an in-depth examination of the project impact, a case study methodology was employed. Communities worldwide have benefited from the services that WCFR has provided through lifesaving partnership. A reflection of WCFR lifesaving partnership shows that the partnership impacts education by providing education to community members worldwide about fatal health conditions and preventative measures. The partnership also impacts training by providing worldwide community-based first response and first aid training. The services that WCFR provides can serve as a source of research for faculty and students. The projects engage faculty and students at Faculté des Sciences Infirmières de Léogâne (FSIL), a nursing school in Haiti. Faculty and students respond directly to community needs by conducting community health assessments through surveys; analyzing data collected and recommending interventions to improve community health. Additionally, faculty guide students in assessing communities risk and vulnerability for disasters; and developing disaster preparedness plans including first response and first aid training. These opportunities help students practice critical thinking, and problem-solving skills necessary for professional life. Moreover, the projects engage participants in promoting healthy lifestyles in their community, and making their community safer, better prepared, and more resilient to disasters. Through the projects, WCFR seeks to empower individuals in their communities and save lives. The lifesaving partnership between WCFR and nonprofit organizations has proven to be beneficial for all stakeholders. WCFR research findings and initiatives are impacting nursing practice, education, training, research and health globally. Although these projects were initiated in the United States and Haiti, they can be utilized for further interventions to prevent deaths through education and training in other parts of the world.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

The Effect of the Program Which Improves Self-Acceptance in the Person With Mental Illness

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Purpose

The purpose of this presentation is to discuss about our new approach based on recovery model.

Target Audience

The target audience of this presentation is psychiatric nurses

Abstract

Background: In psychiatric rehabilitation, it is important that persons with mental illness understand themselves and rebuild their lives (Deegan 1998, Anthony 1993). To achieve this goal, the approach which is focus on recovery model is useful. According to perspective of recovery, person could look at themselves beyond their illness deeply and realize their possibility, therefore they could be release from "Illness" and "Disability", and finally they could get their well-being (Charles & Richard 2014). Deegan (1998) described that "Recovery" refers to the lived or real life experience of persons as they accept and overcome the challenge of the disability. Indeed, he insisted accepting what people cannot do or be leads to the beginning to discover who they can be and what they can do. His insistence means that the person with mental illness had better to accept their illness as a part of the self. And also, Charles and Richard (2014) described strength model which is based on recovery model. According what Charles and Richard (2014) explained, people should discover their strength and use their strength effectively to develop their new meaning and purpose of their lives. Especially, the most necessary is to discover their strength which related to recovery from mental illness. Because, people who notice their strength could make their goal based on their lives, not based on illness or disability. As a result, this process of discover their strength could help to promote their quality of life.

There are some approaches which is focused on recovery model, e.g. strength assessment, care management, team approach (Charles & Richard 2014). But there are a few reports of concrete approach focused on recovery model. Especially there are not reports about nursing approach which is focused on recovery model. Most reports of nursing approach for the person with mental illness are about approaches to promote understanding their illness or symptom, e.g. cognitive behavioral therapy, psychoeducational program. Actually these approaches make the person with mental illness chance to look into themselves about their illness effectively, but these approaches could not make them accept themselves beyond illness. Therefore, we made new approach which includes perspective of "recovery". Aim of this new approach was that the people with mental illness can improves Self-Acceptance through thinking various topics about health and notice their strength. And finally they can get sense of the self which have possibility, hope and desire. So, we named this program "Smile program".

Aim: The purpose of this study was to clarify how the program which improves Self-Acceptance affects the person with mental illness.

Method: Subject: Our study's Subjects were patients with mental illness in a psychiatry hospital.

Contents of program: The number of participants in one group is 4-5 people. The program is performed once a week and consisted of 12 sessions. The themes of each session are comprised of "What is your Strength?" "The reason to drink liquor" "The people who support you" "Think about our health-good appetite, sound sleep and regular motion-" "Physical and Psychology connection" "Sleep and health" "Medicine and health" "What is it mean to drink liquor for you?" "The effect of relaxing" "The effect of laughing" "How to enjoy living your town" "Enjoy your new life". Each session is consisted lecture and worksheet.

Procedure: First, we recruited subjects that their doctors and nurses decided patient's condition could stand our study, and then we ask to consent with each subject. We investigated Demographic information

from medical record (age, sex, diagnosis, chlorpromazine equivalent) in hospitals. Subjects were asked to answer 3 scales at one week ago of the program start and one week later of the program end.

Scale: The Recovery Assessment Scale (RAS). Total items of the RAS are 24 items with 5-point Likert response ranging from 1 (strongly disagree) to 5 (strongly agree). The RAS consists of 4 factors. Factors of the RAS are *Personal Confidence*, *Willingness to ask for Help*, *No Domination by Symptoms*, *Goal and Success Orientation and Hope*, and *Reliance on Others*. Higher total scores are indicative of the further process of recovery (Corrigan et al., 2004). The reliability and validity of 24 items RAS have been confirmed in the US and Japan (Corrigan et al., 2004; Chiba et al., 2010).

Psychological well-being Scale. Psychological well-being Scale was based on concept of psychological well-being which Ryff insisted and developed by Nishida (2000). Total items of Psychological Well-being Scale Nishida (2000) developed is 43 items. But according other report which used this scale, construct validity of 19 items have been confirmed as a result of factor analysis (Sawada et al., 2004). Therefore, our study uses 19 items version with 5-point Likert response ranging from 1 (strongly disagree) to 5 (strongly agree). This scale consists of 4 factors consists of 4 factors. Factors of the scale are Personal Growth, Self-Acceptance, Purpose in Life, Autonomy. Higher total scores are indicative of high standard of Psychological well-being.

Insight Scale (IS). The IS was developed by Markova and Berrios (1992 & 2003). The IS focus on patients' awareness and expression of subjective experience. The reliability and validity of a Japanese version of the IS have been confirmed (Ohmori & Mori 2011). Total items of the IS are 29 items. Higher total scores indicate patients aware toward their illness.

Ethical considerations: Our study obtained organization of the Ethics Committee's proposal. We explained the purpose and method of this study, the participation is free, keeping anonymous in document. Participants signed on Consent form.

Result: 19 patients participated in our study (16 Schizophrenia, 1 Bipolar disorder, 1 schizoaffective disorder, 1 Substance-related disorder). Participants were 15 males and 4 females and the average age was 39.78 (SD=9.5) years old. Scales of Cronbach's alpha coefficient were 0.86, 0.92, and 0.87 for the RAS, Psychological well-being Scale and The IS. There is not related to age and sex, but the scores of *Reliance on Others* and *Willingness to ask for Help* which are factors of the RAS were different between male and female. The scores of *Reliance on Others* and *Willingness to ask for Help* female answered were higher than the scores male answered. Therefore, we analyzed the data of male in our study.

As a result of Wilcoxon signed-rank test, there is no difference between before program start and after program finished about Psychological Well-being Scale. However, *Reliance on Others* which is a factor of the RAS was significant difference between before and after the program ($p=0.045$). The score before program start (Me=13.00, IQR=4.00) was higher than the one after program finished (Me=15.00, IQR=3.00). And also, total score of IS was significant difference between before and after the program ($p=0.039$). Total score of IS before program start (Me=13.00, IQR=11.00) was higher than the one after program finished (Me=15.00, IQR=12.00).

Discussion: Our findings suggest that our new approach cloud promote process of recovery in the people with mental illness. Especially, the factor as *Reliance on Others* will be improved. One of our program is thinking about "The people who support you". In this session, participants might be conscious to their family and friends and awarded themselves as they live as being supported by many important people. Besides that, the score of the IS was improved. Deegan (1998) insisted recovery is marked by an ever-deepening acceptance of their limitation. It means that it is important process that people with disability aware themselves deeply and notice "What I cannot do" and "What I can do" in their recovery. Our result as score of the IS was improved suggests that participants aware toward themselves through the program and it might help to accept the self beyond the limits of disability. But in our study we analyzed only the data of male. So, this is limit to generalize our result. And also, there were difference between male and female about how to answer the RAS. Therefore, next study need to increase the number of the participants.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Implementing Culturally Competent Care into Nursing Practice: How Do We Do It?

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Purpose

This presentation will explore some of the evidence-based tools used to provide culturally competent care in the healthcare setting, and determine their effectiveness. It will also challenge attendees to evaluate practices in their workplace, with the goal of implementing practices that lead to optimum patient and care provider outcomes.

Target Audience

The collaborative healthcare teams would be the general focus, with an emphasis on nurses. This is mainly due to the nurse's role in coordinating the majority of patient care at the bedside.

Abstract

In order to provide effective, culturally competent nursing care, nurses must first possess the knowledge of what the recipient perceives effective and culturally competent care is. In addition, nurses must have the mental capacity to implement this type of care at every opportunity possible, with the goal of obtaining optimal patient outcomes. However, it's possible that attempting to provide culturally competent nursing care to such a diverse population could impose a mental strain on nurses in their attempts to meet such a large demand. This may also result in some perceived care needs not being met by providers, and may or may not lead to poor outcomes in areas such as communication, planning, assessments, as well as other areas (Easterby, *et. Al.*, (2012). Easterby, *et. al.* (2012) also states that poor communication in any form puts clients and staff at risk for feeling vulnerable and frustrated during their interactions.

According to Kuriakose (2011) communication is the number one key to providing culturally competent care to a diverse population, with enthusiasm, respect for other cultures, and sensitivity toward their needs following close behind. With the multi-tasking role nurses already have inherent in their jobs, how effective are nurses implementing this additional cognitive task in the work environment? Easterby suggested a way to ensure that nurses are gleaned these important skills, is to embed them in nursing curriculum along with a global clinical project to see the skills in action (2012). Kuriakose (2011) suggested that this skill set would be inherited more effectively if patients were able to provide detailed information about their needs. The best practices need to be explored so that optimal patient outcomes are experienced.

Ultimate patient outcomes should be the priority with every patient care experience. If this goal is not met the practices should be explored to determine how best to meet goals. All healthcare providers across the spectrum should make this a priority when providing care in every environment.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Phase II: Implementation of the Dyad Model in a Children's Hospital

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Purpose

The purpose of this presentation is to share the lived experience and research outcomes of the study implementing the Dyad Model of Leadership in four units of a Children's Hospital.

Target Audience

The target audience of this presentation is nurses in leadership positions desiring to develop high reliability units through implementation and sustained practice of a variety of characteristics designed to promote relationship building, increased leadership skills, and understanding of the Dyad Model of Leadership

Abstract

Introduction: The Dyad Model of Leadership (DML) consists of a qualified physician and a qualified non-physician manager leading a service line or unit in unison. The children's hospital nursing leadership team held the belief that leadership models utilizing the DML would be an effective approach to aligning the hospital's leadership vision. The DML engages the physician in areas previously left to the nurse leader. The dyad style of leadership promotes staff to be engaged and empowered in a continuous improvement environment.

Background and Significance: The DML is supported in the literature for increased employee engagement, decreased stress to the nurse leader, and an increased voice of the patient in adult care settings (Brueggemann & Zismer, 2010). Literature supported leadership education and extensive leadership training for the physician. Educated physician leaders were then utilized in the executive role. There is limited evidence of DML implementation consisting of a nurse leader and medical director dyad with Pediatric patients. Pediatric patients are not always capable of speaking for themselves. Therefore, leaders must be able to lead a staff capable of providing care for the unique population.

Literature Review: The literature supported the concept of physicians as leaders. McAlearney et al. (2005) indicated the current changes in health care required physician leaders be created. Physician leaders are impactful for resource utilization, delivering and influencing medical care and changes in medical practice. Literature was lacking studies including the nurse leader and medical director dyad in the pediatric setting, indicating the need for further research in this area.

Planning: Since the literature revealed limited support of a team approach to provide a favorable work environment for employees, but also to provide quality care of the pediatric population. Therefore, research of Dyad Model of Leadership implementation began. During Phase I the pre-education survey revealed a low understanding of the DML by Medical Directors and a fair understanding by the Nurse Managers. Following results of Employee Satisfaction surveys, nursing leadership was concerned with the high percentage of "partially engaged" employees and decided to take action.

Summary of Phase I: All Phase I data was pre education/implementation. The researcher created a survey tool to measure pre and post understanding of the expectations and effectiveness of the implementation of the DML. Of the four units, the survey was completed by each unit's Nurse Manager and Medical Director. Data was entered into SPSS version 23 and frequency distributions and tables were created. The results revealed: a standard deviation range from a low of .37 (one physician result) to a high of 1.49 (one nurse manager) the range of the mean ran from 3.2 to 4.8. The median and the mode results were exactly the same for each participant response to the survey questions. The initial results for the Avatar Solutions Analysis (2015) standardized assessment of employee engagement revealed

approximately one third of all units are actively engaged. The actively disengaged ranged from a low 4.6% in the PICU to a high level of 8.6% disengagement in the NICU. Most concerning to nursing leadership was the percentage of partially engaged employees. The partially engaged employees ranged from a low of 54.3% in the PMSU to a high level of 59.6% in the PED. This pre-implementation data alone held limited value. The data will be of greater significance when comparison to post implementation data is available for analysis to provide results needed and answer the research question. Still, the pre-implementation data was an important step for the completion of the study and should be reported along with Phase II data analysis.

Description of Phase II: The educational intervention focused on relationship building, understanding DML and how to effectively function as a dyad leadership team, increase leadership skills, and understand High Reliability Unit principles and application. Four hour educational sessions were provided quarterly. The initial sessions were planned for the Medical Director and Nurse Manager of each unit in the Children's hospital. Following the education sessions of the dyad leadership groups, each unit completed a post education survey. Results of Phase II will be presented at Research Congress July 2016.

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EBP PST 2 - Evidence-Based Practice Poster Session 2

Patient and Family Education in Pediatric Oncology: A Systematic Review

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Purpose

The purpose of this systematic review is to identify the current state of knowledge and develop recommendation statements regarding effective delivery of education among newly diagnosed pediatric oncology patients and their families.

Target Audience

The target audience of this presentation are clinicians who provide education to newly diagnosed patients and/or their family members.

Abstract

A diagnosis of cancer is an extremely stressful experience for the pediatric patient and family; yet, essential education must be delivered to the patient and family during this emotional time. Nurses have a responsibility to provide education to patients and parents, but best methods for education have not been identified (Landier, Leonard, & Ruccione, 2013). The aim of this evidence-based review is to determine the current state of knowledge and develop recommendation statements regarding effective delivery of patient/family education with newly diagnosed pediatric oncology patients. Six areas of interest were explored for this review, and included educational methods, timing, location, content, influencing factors, and interventions.

A literature search was conducted in MEDLINE, CINAHL, and The Cochrane Library databases, using key words and MeSH terms pertinent to the topic. Searches included no publication date limits but were limited to the English language. Due to the limited results within pediatric oncology, the search was expanded to other diseases or conditions that required the parent or patient to learn new information and/or skills. These diseases or conditions included diabetes, sickle cell disease, human immunodeficiency virus, epilepsy, hemophilia, newly placed tracheostomy or central line, chronic diseases requiring hospitalization, traumatic brain injury, traumatic injury, and premature or newborn infants. Removal of duplicates resulted in 2779 unique articles. Using the inclusion criteria of empirical evidence evaluating the outcome of education, knowledge level, communication technique among newly diagnosed pediatric patients, their parents, their siblings, and/or their healthcare providers, a total of 83 articles were selected for inclusion in the review.

Preferences for educational delivery methods among patients newly diagnosed with cancer and their family included written materials, verbal discussions, audio recordings, and use of the Internet. No evidence provided a specific time period for the delivery of education; however, parents expect to receive cancer diagnosis information during the initial meeting with the oncologist but often become overwhelmed and need time to process the information (Auburn & Gott, 2014). No evidence was identified regarding the most effective or preferred location to receive education. Educational content considered important among patients with cancer and their family members ranged from cancer-specific information to psychosocial topics. Age and educational level influenced patient/family preferences regarding the amount and type of information provided (Zebrack et al., 2013). Several other factors influenced receipt of education among parents including information delivery, emotions, language barriers, relationship with healthcare providers, the child's condition, and social issues. Only web-based programs and structured teaching tools have been evaluated with pediatric oncology patients and their families for education delivery.

From this body of evidence, ten recommendation statements were developed for children newly diagnosed with cancer and their family members. Recommendations include: (a) methods such as written, short verbal discussion, and audio recordings, should be used to provide education; (b) parents need time to process the diagnosis before teaching can begin; (c) medical information should include prognosis, etiology, procedures, treatment and side effects, and for adolescents and young adults, sexuality and fertility information; (d) psychosocial information should include adjustment, interacting and communicating with friends, impact on family members, getting back to school, and making job or career plans; (e) healthcare providers should utilize anticipatory educative content; (f) education and developmental level should be considered when delivering educational information to the pediatric oncology patient; (g) educational information should be provided by consistent healthcare providers, using vocabulary that the recipient understands, providing consistent information, and allowing time to answer questions; (h) parents' emotional state, language barriers, cultural issues, and social issues should be considered when providing education to parents; (i) structured teaching tools should be used to provide education and discharge instructions; and (j) siblings of children newly diagnosed with cancer should receive age-appropriate, interactive education. Incorporating these recommendations into practice may enhance the quality of education delivered by healthcare providers and received by patients and families. Optimal educational practices can improve the quality of life among patients and parents (Slone, Self, Friedman, & Heiman, 2014).

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Research Poster Presentations

RSC PST 1 - Research Poster Session 1

Adverse Health Outcomes and Health Concerns Among Survivors of Various Childhood Cancers: Perspectives From Mothers

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Purpose

This study was to estimate incidence of adverse health events and examine differences in adverse health events among childhood cancer survivors, and to understand the concerns of mothers after their child has completed cancer treatment.

Target Audience

nurses, pediatric oncology nurses, and community nurses

Abstract

Purpose: (1) Estimate incidence of adverse health events, (2) Examine differences in adverse health events among childhood cancer survivors, and (3) Understand the concerns of mothers after their child has completed cancer treatment.

Methods: A descriptive, mixed methods survey was used.

Results: Data were collected by a well-trained research assistant between September 2011 and February 2013 at two medical hospitals in Taiwan. Four instruments were used in this study. A total of 201 potential participants were recruited from pediatric hematology and oncology clinics. Inclusion criteria were a willingness of the cancer survivors' mothers to participate, and an ability to communicate in Mandarin or Taiwanese. A total of mothers with mean age 43.6 years and their children who were childhood cancer survivors (age 7–24 years) were recruited. Of the survivors, 12.4% experienced five or more adverse health events and 95% of them were at school. The incidence of adverse health events of altered body image, fatigue and neurocognitive problems were 31.54, 14.77 and 12.53%, respectively. Among survivors, significant differences in adverse health events of pain, endocrine problems and altered body image issues were identified. Survivors receiving radiotherapy, bone marrow transplants or completing treatment after 6–10 years experienced significantly more adverse health events. Pain ($H [5] = 11.98, p = 0.04$), endocrine issues ($H [5] = 11.76, p = 0.04$), and altered body image ($H [5] = 14.34, p = 0.01$) significantly differed among varied treatment protocols. Relapse (32.71%), nutrition (26.33%) and self-care (10.90%) were the greatest concerns for mothers. Childhood brain tumor survivors were identified as experiencing more adverse health events than other survivors.

Conclusion: The individual follow-up plans for childhood cancer survivors should incorporate the guidelines and protocols previously described for adverse health events associated with different cancer types. Survivors also need to be educated regarding risk factors for late and chronic treatment effects and diseases, with the goal of minimizing long-term damage. The need for healthcare teams to consider mothers' health concerns was highlighted.

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RSC PST 1 - Research Poster Session 1

Factors Influencing Obesity Among Preschoolers: Multi Level Approach

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Purpose

The purpose of this study is to examine the contributing factors for early childhood obesity within a multi-level context, including child and family, childcare setting, and community.

Target Audience

Target Audience: The target audience of this presentation is health care providers, including nurses and physicians, and childcare providers who take care of children at preschools.

Abstract

Purpose: The increase in childhood obesity is a major public health concern due to its negative effect on children's health outcomes. According to recent studies, childhood obesity is determined through the complex interactions among family, environment, and social behaviors. Therefore, multiple ecological approaches have been recommended to prevent and control childhood obesity. These have been shown to be efficacious in the literature.

The purpose of this study is to examine the contributing factors for early childhood obesity within a multi-level context, including child and family, childcare setting, and community.

Methods: To guide this study, we will use the ecological systems theory (EST) developed by Bronfenbrenner (1979). The ecological systems theory provides a comprehensive framework for identifying the components of child and family, childcare setting, and community that are likely to directly or indirectly affect preschool children's obesity at multiple levels.

For this study, the child and family unit consists of child's characteristics, child's routines, maternal factors, family background, and the family system (structure, functioning, and interactions affecting the child). Childcare setting includes types of childcare, nutrition and physical activity guidelines, child and teacher ratio, and childcare location. Community includes nutrition environment and physical activity environment.

A cross-sectional, quantitative research design will be used for this study. Convenience sampling method will be used to recruit the participants from several public and private preschools in the state of Florida. After obtaining approvals from all sites that will participate, institutional review board approval will be obtained before the research begins. Parents will complete self-administered survey questionnaires, and their children's weights and heights will be measured to calculate their BMI z-scores. Preschool directors will complete self-administered director survey questionnaires. Multilevel logistic regression will be used to explain the binary child weight status using three models. Model will include three levels: child and family as 1st level, childcare setting as 2nd level, and community as 3rd level.

Results: The results of this study will be analyzed after completing the data collection.

Conclusion: The findings of this study will contribute to knowledge of factors related to childhood obesity in preschoolers in the state of Florida. The findings of this study will help to guide intervention programs to shape a healthy environment for preschool-aged children.

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RSC PST 1 - Research Poster Session 1

Assessment of Clinical Decision-Making Models and Skills in Nursing New Graduates in a Mexican University

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Purpose

The purpose of this presentation is to describe the predominant model and cognitive skills used by new nursing graduates from a public university in Mexico in their year of social service, to guide their clinical decision making during the four stages of the process.

Target Audience

The target audience of this presentation is the academic and clinical tutors as well as academic managers of nursing schools and those responsible for the residences programs in health institutions.

Abstract

Clinical decision-making (CDM) is a complex process involving information processing, evaluation of evidence, and application of relevant knowledge to select nursing interventions that provide safe and high quality care, and reduce the risk of patient harm (Standing, 2007).

A variety of analytical and intuitive conceptual models have been used to describe the CDM process focusing on critical thinking skills, reflection, clinical judgment, and problem solving (Tiffen, Corbridgen, Slimer, 2014). CDM skills are developed in new nursing graduates as they face challenges in responding to challenging patient health problems, new technologies, and complex health care environments (AL-Dossary, 2013). Wieland, Altmiller, Dorr & Wolf, (2010) suggested that the transition to professional practice is characterized by complex changes.

It has been suggested that novice nurses tend to use analytical models in their decision-making processes, which are characterized as being more structured, slow, and often based on only a partial view of the total situation. In contrast, more experienced expert nurses with more experience use more intuitive models, recognizing patterns and generating quick actions to solve complex problems. (Benner & Tanner, 1987; Bjørk & Hamilton, 2011).

Lauri and Salanterä (2002) proposed four CDM models based on cognitive continuum theory (Hammond, 2000), and Benner's model outlining the stages of clinical competence (1984). The CDM models proposed by Lauri and Salanterä include a fully analytical model, a fully intuitive model, an analytical-intuitive model, and an intuitive-analytical model. In addition, Lauri and Salanterä identified four stages of the CDM process that correspond with the stages of the nursing process: (a) collecting information for defining the patient's condition (Collecting), (b) handling information and defining nursing problems (Defining), (c) planning, and (d) implementing nursing and monitoring and evaluating patient's condition (Implementing and evaluating).

In Mexico, nurses spend the first year after graduation from their nursing programs providing social service in underserved health institutions in order to strengthen the theoretical and practical knowledge acquired during their training, while giving back a benefit to society. Unlike internships or residencies for new nursing graduates that are provided in other countries, the year of social service does not include structured orientation and mentorship to help the new graduate develop CDM skills.

Purpose: The purpose of this study was to describe the cognitive models and skills used by new graduates in their year of social service, to guide their clinical decision-making during the four stages of the CDM process.

Methods: A descriptive cross-sectional design was used, and the sample included 119 new nursing graduates who were engaged in their one year of social service work in different levels of health services. The graduates completed the "Nursing Decision-making Instrument" (Lauri & Salanterä, 2002), which includes 56 items ranked on a Likert scale to describe the predominant cognitive models used during the

four stages of the CDM process, and to provide a measure of CDM skills (ranging from 0-224). Descriptive and inferential statistical analyses were used for the data analysis.

Results: The results indicated that the predominant model used by 67% of the new graduates was analytical-intuitive. A total of 97% used the analytical-intuitive model during the Defining stage. The intuitive-analytical model was used by 69% during Implementing stage, 55% during the Collecting and Planning stages.

The mean score on CDM skills was 110 (\pm 4.76). The lowest score on the CDM subscales was for the Defining subscale (with a mean of 23.7 out of a possible total score of 56).

Conclusion: The findings from this study suggest that the primary analytical model used by the new graduates was the analytical-intuitive model, consistent with the stages of clinical competence proposed by Benner (1984). The finding of low CDM skills in identifying patient problems suggests that basic and continuing nursing education programs should focus on helping students and new graduates learn to use clinical data to identify priority problems and plan patient care. New graduates also need guidance to help them to progress to using more intuitive models so that they can better recognize patterns and initiate nursing actions to solve complex patient problems.

Teaching strategies such as problem-based learning, case studies and clinical simulation can help students and new graduates develop more effective CDM skills and cognitive models. Such strategies could be incorporated into the year of social service for graduates of Mexican nursing programs, to support their professional development as critical thinkers who incorporate effective CDM models in their professional practice.

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RSC PST 1 - Research Poster Session 1

Health-Illness Transition of First Generation Refugees: A Review of Literature on Afghan Refugees

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Purpose

The purpose of this presentation is to provide a better understanding of social level factors influencing the health-illness transition of Afghan refugees during resettlement.

Target Audience

The target audience of this presentation are health providers or researchers interested in cross cultural nursing.

Abstract

Purpose: Refugees often resettle in the host country with a substantial health burden: high rates of psychological distress and trauma, high rates of infection and parasitic disease from the country of origin, and the increased susceptibility to chronic diseases of the developed world. The long term health promotion and disease prevention in this population requires an understanding of factors that facilitate healthy transitions for refugees resettling into developed countries. The purpose of this study is to synthesize literature for facilitating and inhibiting factors of the health-illness transition conditions that Afghan refugees experience upon resettlement.

Methods: A systematic review was conducted, aimed at synthesizing peer-reviewed literature pertaining to the health issues and experiences of Afghans resettled in industrialized nations. Five databases were used to identify studies published between 1979 and 2015. Twenty-six studies met the inclusion criteria consisting of 2 mixed-method, 15 qualitative, and 9 quantitative studies. The emerging Middle Range Theory of Transitions provides a framework to analyze the data.

Results: The first ethnographic health needs assessment in the US with early Afghan refugees was conducted nearly three decades ago in the SF Bay Area. Since then, little is still known about the post-resettlement health trajectory of Afghans. Overall, only one intervention study, one cancer incidence study and one prevalence study including Afghan populations, have been identified. These published reports are extremely limited due to the inaccurate racial categorization of Afghans in public health data and availability of data is limited to newly arrived refugees during the initial health screening which have no clear guidelines for assessing non-communicable diseases and risk factors. Three components of the transition conditions, the personal, community and societal level factors that influence positive or negative adjustment were analyzed. Themes from the qualitative synthesis described gender roles, family and kinship, adjustment, intergenerational conflicts, and aging as factors, which shape the outcome responses of fluid, integrative identities, as described by the transitions theory. Quantitative findings indicated prevalence of psychological distress, elevated cholesterol levels and increased risk for developing cancer.

Conclusion: Even with the paucity of research on the long-term health of Afghans in developed countries, existing studies suggest that chronic health and health promotion should be a priority to address among this population. Research among Afghan refugees indicate that family ties and kinship are central to the cultural values of this population and provides a basis to further explore social level influences on health promotion and disease prevention. This review is preliminary work needed for developing a framework for health promotion or hypothesis-driven quantitative study informed and guided by the Theory of Transitions.

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RSC PST 1 - Research Poster Session 1

Effectiveness of a Breastfeeding Education Program for Mothers of High Risk Infants on Breastfeeding Outcomes

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Tzu-Ying Lee, PhD, RN, Taiwan

Purpose

The purpose of this presentation is to evaluate the effectiveness of a breastfeeding education program on maternal breastfeeding knowledge, anxiety, attachment, perceived nursing support and one-month exclusive breastfeeding rate.

Target Audience

The target audience of this presentation is obstetrics and pediatric nurses.

Abstract

Purpose: Breast milk is the most natural and suitable source of nutrition for newborns (Giglia & Binns, 2014) and breastfeeding can enhance maternal attachment to her newborn (Britton, Britton, & Gronwaldt, 2006). For newborns in the neonatal intermediate care unit after birth, exclusive and continued breastfeeding can be affected by factors such as mother-infant separation (Wang & Gau, 2013), infant's health conditions (Huang, Lee, Gau, & Hang, 2007) and maternal anxiety (Lee, Lee, & Kuo, 2009; Meier, Engstrom, Patel, Jegier, & Bruns, 2010). Thus, providing support to mothers and preparing them to have adequate information related to the situations of the mother and the newborn during the early phase of the newborn's admission are important (Kornides & Kitsantas, 2013; Wang & Gau, 2013). Past education programs and breastfeeding teaching in prenatal and postpartum periods often emphasized the importance of breastfeeding and general practice for mothers with healthy infants (Blixt, Martensson, & Ekstrom, 2014; Lin, Chien, Tai, & Lee, 2008; Meedya et al., 2014). Specific breastfeeding issues and related solutions were rarely provided to mothers with infants in the neonatal intermediate care unit. The purpose of this study is to evaluate the effectiveness of a breastfeeding education program on maternal breastfeeding knowledge, anxiety, attachment, perceived nursing support and one-month exclusive breastfeeding rate.

Methods: A historical comparison study was designed. A total of 68 mothers whose newborns were admitted to the neonatal intermediate care unit after birth and planned to breastfeed participated. Thirty-four mothers in the comparison group received routine care; besides the routine care, 34 mothers in the intervention group received a breastfeeding program designed for these mothers. The breastfeeding program including 28 short modules were made and downloaded onto a tablet personal computer. Each module elaborated on a breastfeeding topic and provided video clips to show practice steps if necessary. During the mother's 3-5 days stay on the postpartum unit, mothers could repeatedly watch every module or select topics related to her situation at her own pace. Maternal breastfeeding knowledge, situational anxiety, and attachment were measured at the newborn's admission and discharge (or seventh day after admission). Perceived nursing support was measured at discharge and breastfeeding type was followed-up at one-month.

Results: Compared to admission, mothers in both groups had increased breastfeeding knowledge, decreased anxiety, and greater attachment at discharge. After adjusting for newborn's birth weight, mothers in the intervention group had better attachment to their newborns and perceived nurse support than mothers in the comparison group. The one-month exclusive breastfeeding rate was significantly higher in the intervention group (61.8%) than the rate in the comparison group (35.3%). Mothers in the intervention were very satisfied with the educational program and provided positive feedback.

Conclusion: Designing an intervention which provides informational, emotional, instrumental, and esteem support for the mother can effectively increase maternal attachment with her newborn during mother-newborn separation related to infant admission to a neonatal intermediate care unit and help to maintain exclusive breastfeeding at one month. An early breastfeeding education program is an important intervention for mothers of newborns in the neonatal intermediate care unit.

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RSC PST 1 - Research Poster Session 1

Factors Related to Sleep Quality in Patients Receiving Peritoneal Dialysis

Chou-Ping Chiou, PhD, RN, Taiwan

Purpose

The purpose of this presentation is to present the results of this study which investigated factors related to the sleep quality of patients receiving peritoneal dialysis.

Target Audience

The target audience of this presentation is clinical nurses, nursing researchers, and nursing educators.

Abstract

Purpose: Sleeping is an essential necessity in human life, but disordered sleep has been reported in patients receiving peritoneal dialysis (PD). However, there have been few investigations into the sleep quality of patients receiving PD. The aim of this study was to investigate factors related to the sleep quality of patients receiving PD. There have been few investigations into the sleep quality of patients receiving PD.

Methods: The study adopted a correlational research design. Three questionnaires, the symptom distress scale, the Pittsburgh Sleep Quality Index, and survey of basic information, were translated into Chinese and were completed by the participants with the assistance of nurses during their visits to dialysis centers. The collected data were analyzed using the SPSS 20.0 software program. T-test, one-way ANOVA and stepwise regression were used to analyze the data.

Results: The average score for sleep quality was 10.5 ± 5.69 , with patients who took hypnotic medication scoring the lowest ($M = 1.07$) and those who were in the sleep latency phase scoring the highest ($M = 1.80$). The study found that patients who used extraneal dialysate or had hypertension, diabetes, lower functional status, or severe symptom distress had worse sleep quality. The stepwise regression analysis results showed that symptom distress (SD) had a statistically significant effect on overall sleep quality ($p < 0.05$), with SD explaining 33.0% of the variance in overall sleep quality. -way ANOVA and stepwise regression were used to analyze the data.

Conclusion: PD is a long-term treatment, and dialysis patient care should be concerned not only with extending a patient's life but also with assisting the patient to achieve a better quality of life. SD may decrease a patient's sleep quality and have negative effects on a patient's emotional status. In the present study, the patients with poor physical conditions were found to generally be more susceptible to having a sleep disorder. In addition, the sleep quality of all the patients as found to affect their clinical prognosis, with patients with poor sleep quality generally exhibiting higher mortality. Therefore, nurses should assist in the clinical care of patients who receive PD as early as possible, helping patients to overcome common medical problems to enhance their sleep quality.

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RSC PST 1 - Research Poster Session 1

From Boots to Bedside

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Mohamed D. Keita, MPH, MBA, MD, USA

Purpose

The purpose of this presentation is to disseminate knowledge regarding nursing education methodologies and career transition of veteran medics to Bachelor of Science prepared nurses at Florida International University Nicole Wertheim College of Nursing & Health Sciences.

Target Audience

The target audience of this presentation is all Veterans, healthcare professionals, entities, and institutions of higher learning.

Abstract

Background: The United States (US) will face a nursing shortage. Contributing factors such as an aging nursing workforce, and the increase in access to healthcare will significantly impact the nursing profession. The nursing shortage in the US is a growing problem, as it is expected to reach 260,000 registered nurses by 2025. California and Florida will experience the most significant shortages, yielding 109,779 and 128,364 registered nurse jobs, respectively. The supply of nurses will be inadequate to address the corresponding demand, despite a projected national growth in career opportunities. Exploiting the prior education and experience of military medics and hospital corpsmen to fill these jobs may considerably impact the projected nursing shortage. Upon completion of military obligations, Army and Air Force medics and Navy corpsmen have the clinical foundation and skills to deliver quality patient care. Yet, the civilian world is oblivious to the exceptional military training and education medics and corpsmen obtain, resulting in under-utilization of a potential nursing workforce asset. Further, several veteran empowerment organizations suggest that veterans encounter barriers when transitioning to the civilian workforce such as state legislated licensure restriction, correlating military education and experience with civilian qualities, and gender-specific stigma that supports nursing as a female profession.

Purpose: In order to navigate barriers, Florida International University's (FIU) Nicole Wertheim College of Nursing and Health Sciences facilitates the transition of veterans to become Bachelor of Science in Nursing (BSN) graduates through support by the Veteran Bachelor of Science in Nursing (VBSN) grant-funded program. The United States Health Resources and Services Administration (HRSA) funds the VBSN program, and its main objective is to augment the clinical education and training of military medics and corpsmen through increased veteran recruitment, enrollment, and retention to ensure successful completion of the nursing curriculum and reintegration into the civilian workforce.

Methods: The VBSN program is structured to recruit, retain, and graduate 90 students over a four-year period. Program information is advertised in military publications, social media portals, and disseminated by word of mouth. Applicants are required to meet certain criteria for admission to the program. Students must be veterans of a branch of uniformed service, or a drilling reservist with a classification as a medic, corpsman, or paramedic. In addition, applicants must earn a minimum grade point average of 2.5 in lower college division courses, complete the Test of Essential Academic Skills (TEAS) with 70%, and earn a grade of "C" or better in nursing pre-requisites courses. The VBSN program provides its veteran students with academic advising and planning targeted to their unique needs through interpretation and translation of military education into college credit for program eligibility. Upon admission to the VBSN program, students participate in a structured and condensed nursing fundamentals curriculum called Boot Camp, designed to build upon prior clinical education and training through didactic lecture and demonstration of competencies in the Simulation, Training, and Research (STAR) Center.

Results: The VBSN student body has a robust representation of the branches of uniformed service, representing the Army (42%), Navy (26%), Air Force (26%), Marines (3%), and the Coast Guard

(3%). Military experience is diversified, as students are former emergency medicine technicians, healthcare specialists, respiratory therapists, and licensed practical nurses. The racial/ethnic mix is similar to the demographic of the South Florida region and is comprised of Hispanic (40%), African-Americans (35%), White (22%), and Asians (3%). Male represent 61% of the student body. Of the 18 graduates the program has produced since its inception in the spring of 2014, two have obtained registered nurse licensure and are employed, while 16 students await the opportunity to take the National Council Licensure Exam – RN.

Conclusion: Veteran nursing students possess exceptional clinical skills and are well trained in care delivery. As graduates, they add value to the nursing workforce and positively impact the nursing shortage. FIU's Nicole Wertheim College of Nursing and Health Sciences VBSN program is producing BSN-prepared nurses who are uniquely positioned to reintegrate into the civilian workforce and mitigate barriers that plague veterans such as poverty, unemployment, and homelessness. They are best prepared to provide quality care for the US population, and contribute to improving outcomes for the growing veteran population nationwide and in the South Florida region.

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RSC PST 1 - Research Poster Session 1

Critical Factors That Influence Adherence to Therapeutic Medical Regimen Among Hypertensive United States Virgin Islanders

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Purpose

The purpose of this grounded theory study is to explore the various factors that may influence hypertensive therapeutic adherence practices of the hypertensive United States Virgin Islander in relation to hypertension.

Target Audience

The target audience of this presentation includes healthcare providers, policy makers, healthcare researchers, and educators.

Abstract

Purpose: The purpose of this grounded theory study is to explore the various factors that may influence hypertensive therapeutic adherence practices of the hypertensive United States Virgin Islander in relation to HTN. The researcher will also attempt to identify the US Virgin Islanders basic understanding of the disease process and of the therapies used in treatment. The researcher will employ a grounded theory method to investigate the social processes that drive this phenomenon and develop a substantive theory that addresses the therapeutic management of hypertension in the United States Virgin Islands. Hypertension is an astounding global public health challenge affecting approximately 60 million Americans and more than 1 billion individuals worldwide. Hypertension has a fervent implication in cardiovascular disease and premature death it is one of the most common, and most important, modifiable risk factors for coronary artery disease, stroke, congestive heart failure, chronic kidney disease, and peripheral vascular disease. The rate of hypertension among the US Virgin Islander is disquieting when equated to that of persons living on the US mainland. US Virgin Islanders Are American citizens living in the Caribbean. Their social structure and cultural influences as a result this is unique and may influence their everyday life patterns in ways that may impact adherence to therapeutic regimens. The purpose of this qualitative study will be to 1) explore the critical factors that influences therapeutic adherence in the hypertensive patient from the US Virgin Islands; 2) identify the attitudes of US Virgin Islanders that may impact therapeutic adherence; and 3) determine the health beliefs of US Virgin Islanders that may impact therapeutic adherence. A grounded theory approach will be utilized and Strauss and Corbin's will guide the data collection and data analysis.

Methods: This study will use a qualitative design employing a grounded theory methodology via the lens of Stauss and Corbin. Data will be obtained from semi-structured and focus group interviews. Data will be analyzed following Strauss and Corbin's technique.

Results: The results of the study are pending.

Conclusion: The conclusions of the study are pending.

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RSC PST 1 - Research Poster Session 1

Quality of Life in Adolescents and Very Young Adults With Cancer: State of the Science

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Purpose

To discuss the state of the science and identify future QOL research in the target population.

Target Audience

The target audience of this presentation is healthcare providers especially nurses who work with adolescents diagnosed with cancer in the academic and clinical settings.

Abstract

Background and Significance: Cancer is a serious, worldwide life-threatening disease which can occur throughout people's life span. Annually, 1 in 285 individuals is diagnosed with cancer before the age 20 (Ward, DeSantis, Robbins, Kohler, & Jemal, 2014). When diagnosed with cancer and when compared to people in other age groups, adolescents and very young adults are at a higher risk to experience a decreased quality of life (QOL) because of their unique developmental milestones including hormonal fluctuations and sensitive drug responses (Bleyer et al., 2008).

QOL, a broad subjective concept comprising physical health, psychological conditions, and social relationships (WHO Group, 1994, 1995), has been explored in research among adolescents and very young adults with cancer (Barakat, Marmer, & Schwartz, 2010; Hinds, Billups, et al., 2009; Ruccione, Lu, & Meeske, 2013); however, the examination of its depth and breadth is limited. Evidence shows that low QOL in individuals with cancer is associated with suicidal attempts (Hidalgo-Rasmussen & Martín, 2015) and poor treatment adherence (Avlonitou, Kapsimalis, Varouchakis, Vardavas, & Behrakis, 2012; Nabolsi, Wardam, & Al-Halabi, 2015). Because of its significance, QOL is now identified as a national goal in the Healthy People 2020 Objectives (Healthy People, 2015).

The current literature review discusses the dimensions of QOL and its influencing factors in adolescents and very young adults diagnosed with cancer using Ferrans and colleagues' (2005) Health-Related Quality of Life (HRQOL) model as the guiding theoretical framework. HRQOL comprises three dimensions: characteristics of the individual, characteristics of the environment, and the individual's biological function.

Purpose: The current literature review discusses the dimensions of QOL and its influencing factors in adolescents and very young adults diagnosed with cancer using Ferrans and colleagues' (2005) Health-Related Quality of Life (HRQOL) model as the guiding theoretical framework. HRQOL comprises three dimensions: characteristics of the individual, characteristics of the environment, and the individual's biological function.

Methods: A literature search was performed using three major health related databases: PubMed, PsychoINFO, and CINAHL. Keywords used included cancer* or neoplasm* or oncology* or tumor* or malignan* AND adolescent* or teen* or youth* or child* or pediatric* AND "quality of life" or "health-related quality of life." Research articles were included in this review if: (1) participants were adolescents and/or very young adults aged 11-21 who experienced cancer of any kind; (2) QOL or HRQOL was either an independent or a dependent variable; (3) they were published in English during 2005-2015.

Results: Fifteen research articles met the inclusion criteria and were included in the review. These research studies were conducted in five countries including the United States (n=9), the Netherlands (n=3), Finland (n=1), Canada (n=1), and Taiwan (n=1). Most studies used a cross-sectional design (n=11). The most common measure used (n=9) was the PedsQL v.4.0 (Pediatric Quality of Life Inventory, Version 4) which measures generic QOL (Varni, Burwinkle, Katz, Meeske, & Dickinson, 2002). This tool demonstrated high internal consistency ranging from 0.70-0.91 (Barakat et al., 2010; Parsons, Fairclough, Wang, & Hinds, 2012; Paxton et al., 2010). Only two out of 11 cross-sectional research articles used

clear conceptual frameworks: one used the Pediatric Medical Traumatic Stress Model in combination with the Adolescent Resilience Model (Ruccione et al., 2013); and the other article used the model of environmental influences on HQROL (Hinds, Billups, et al., 2009).

QOL in Adolescents and Very Young Adults with Cancer: Evidence shows inconsistency of levels of QOL found in this population. These conflicting findings could have been a result of different QOL tools used, various characteristics of the participants, type of cancer, and treatment (i.e. age, cancer type, during or after treatment). Adolescents and very young adults with cancer in most studies (n=12) reported a high level of QOL (Lyon, Jacobs, Briggs, Cheng, & Wang, 2014; Parsons et al., 2012; Paxton et al., 2010; Ruccione et al., 2013). Only three studies found that the target population reported a low level of QOL especially in the physical and psychological domains, when compared to the general population (Barakat et al., 2010; Engelen et al., 2011; van Riel et al., 2014).

Characteristics of the Individual and the Individual's Biological Function: Only a few studies examined the association between QOL and participants' age and gender, and the results are conflicting (Barakat et al., 2010; Hinds, Billups, et al., 2009; Hinds, Gattuso, et al., 2009). A study in the U.S. found that age and gender were not associated with QOL (Barakat et al., 2010), while another U.S. study revealed that adolescents with osteosarcoma reported better QOL than children with the same diagnosis (Hinds, Billups, et al., 2009; Hinds, Gattuso, et al., 2009). Regarding the biological function, some studies have found that cancer type, treatment, and time since diagnosis/treatment were correlated with QOL (Hinds, Billups, et al., 2009; Mört, Salanterä, Matomäki, Salmi, & Lähteenmäki, 2011; Ruccione et al., 2013), while other studies did not find any relationship among the variables (Barakat et al., 2010; Grant et al., 2006). For instance, in one study lower psychosocial QOL was associated with central nervous system tumors, radiation therapy, and 1-2-year treatment duration (Ruccione et al., 2013). Regardless of conflicting results, gender, age, cancer type, and type of treatment should be taken into account as potential predictors of QOL.

Characteristics of the Environment: Three studies examined the characteristics of the environment in relation to QOL; high QOL was associated with positive relationships with friends and family (Barakat et al., 2010; Lyon et al., 2014; Ward-Smith, McCaskie, & Rhoton, 2007). Better family functioning predicted better QOL; and better family functioning and more parental overprotection predicted better psychosocial QOL (Barakat et al., 2010). In another study, a weekend retreat intervention did not directly affect QOL; however, participants indicated that their self-esteem and confidence were better as a result of such an intervention (Ward-Smith et al., 2007).

Symptom distress and Functional Status: Only one study examined the association between QOL and symptom distress (i.e. pain, insomnia, appetite, fatigue, etc.) and found that symptom distress significantly predicted physical, emotional, school functioning QOL in American adolescents with cancer (Hinds, Billups, et al., 2009). It is crucial to examine symptom distress in the target population so that nurses can reduce identified particular symptoms, thus improving the target population's QOL. Only one U.S. study examined QOL and functional status and found that physical activity was significantly associated with QOL in adolescents with cancer (Paxton et al., 2010).

Conclusion: Most studies among adolescents and very young adults diagnosed with cancer have been conducted in the USA. Levels of QOL and factors influencing QOL are inconsistent. No existing study examined the relationships of the target population with their friends or social support they received/perceived from their family and friends even though such relationships and support are crucial at this stage in their lives (Steinberg, 2014). Thus, it will be beneficial to explore relationships with peers and social support along with symptom distress, gender, age, cancer type, and type of treatment in relation to QOL in future research to fill the gap of knowledge in the target population.

Also, future studies should be conducted in other countries besides the USA so that results can be generalized worldwide. Using a QOL conceptual model and a more sophisticated statistical technique such as structural equation modeling will be helpful as QOL is a complex concept and is appropriate to be analyzed as a latent variable, a more holistic concept than an observed one. The goal of future QOL research in adolescents and very young adults with cancer is to maximize their QOL and treatment adherence and minimize their suicidal attempt.

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RSC PST 1 - Research Poster Session 1

Recognizing Limitations to Blood Pressure Management By Latinos With Hypertension: A Primary Focus Group Study

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Purpose

The purpose of this presentation is to explore barriers to managing hypertension among a Latino population living in urban areas in the United States.

Target Audience

The target audience for this presentation are clinical nurses, nurse educators, and nurse researchers.

Abstract

Background: Latinos in the United States—the largest and the fastest increasing ethnic minority group in the country—are experiencing increasing incidences of high blood pressure (HBP) that is often uncontrolled. Self-management of HBP is a determining factor for BP control yet, it is unclear what barriers and facilitators exist in relation to HBP management from the emic perspective.

Purposes: 1) to explore barriers and facilitators of HBP self-management among Latino individuals residing in an urban area on the East coast of the United States, and 2) to identify potential intervention approaches to BP control preferred by the target population.

Methods: Four focus groups of 2 to 8 participants were held in varying community locations. Focus group samples included Latino patients with HBP (n=7), health educators (n=8), and community health workers (n=3). Trained bilingual research assistants conducted interviews in Spanish or English. Using an inductive content analytic approach, focus group data were analyzed. Two trained research assistants worked independently to identify common themes across focus groups.

Results: Seven themes emerged in relation to barriers to HBP self-management: Not wanting to take HBP medicine, recognized need for care but not acting on it, lack of knowledge/understanding, lack of self-control, limited access to care, lack of understanding from providers, and dissatisfaction with healthcare. The themes related to facilitators included: For the family and to feel good. Focus group participants suggested that in addition to basic disease knowledge, future interventions focus on addressing HBP in the context of promoting quality of life, consider using text messages, and build on the Latino community infrastructure such as ethnic churches or schools (for better trust).

Conclusions: Results show that multilevel stakeholders should be involved in the care of individuals with HBP. The data from this focus group study will be used to inform culturally-tailored intervention to lower BP among this target population. Further, the study will help inform health care approaches in other addressing barriers, such as health literacy.

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RSC PST 1 - Research Poster Session 1

Implementation of Pediatric Resuscitation Training to Improve TEAM Performance and Patient Outcomes

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Purpose

The purpose of this presentation is to present a training program to increase competency and skills in pediatric resuscitation. Currently, only 30% of cardiopulmonary arrest patients survive to be discharged.

Target Audience

The target audience of this presentation is for any healthcare professionals that work in a pediatric hospital.

Abstract

The ability to provide rapid resuscitation to a child in cardiopulmonary arrest is extremely vital to the survival of the patient. For pediatric patients that sustain cardiopulmonary arrests in-hospital, the chance of survival to discharge is about 23% to 37%. To add to the problem, there are limited opportunities in clinical practice for health professionals to achieve competency in resuscitation, due to the infrequency of cardiopulmonary arrests in children. In addition, a previous study has reported resuscitation knowledge and skills significantly diminishes 6 months after training.

Purpose: The proposed intervention plan will follow current evidence-based practice and create a training program in pediatric hospitals that consists of frequent mock codes on site. The training will focus on multi-disciplinary team building, where each health professional will participate in at least two training sessions per year. Debriefing and peer-to-peer feedback will occur after the mock codes to evaluate team performance and identify areas of improvement.

Objectives include (1) frequent mock code simulations to increase participants' retention of resuscitation knowledge and performance, (2) maximize the realism by conducting the mock codes in situ on high-fidelity manikins, (3) increase teamwork by mandating participation from every disciplinary including but not limited to pediatric fellows, residents, physicians, nurses, nurse supervisors, respiratory therapists, and pharmacists, and (4) improve survival to discharge rates for pediatric patients with cardiopulmonary arrest.

Methods: Quasi-experimental prospectively controlled study. The training program will The proposed timeline for implementation of the training program is 5 years.

Results: To evaluate the success of the program, the participants will complete pre and post surveys to self-evaluate their individual performance and competency. Bandura's Self-Efficacy Theory will be used as the conceptual framework. The ultimate goal is to provide persistent resuscitation opportunities for health care professionals to boost self-efficacy, elevate team performance, and increase patient survival rate to 45% to 55%.

Conclusion: Further research is needed to determine the efficacy of the proposed intervention plan to best improve patient outcomes.

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RSC PST 1 - Research Poster Session 1

The Urinary Function Among Colorectal Cancer Patients After Surgery

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Purpose

The purpose of this study was to understand the urinary function and also identified the influencing factor of among colorectal cancer patients following colorectal surgery.

Target Audience

clinical nurse

Abstract

Purpose: The urinary function which was influencing by colorectal cancer surgery has been reported by literatures, but rare study to explore this issues in colorectal cancer patient underwent surgery in Taiwan. The purpose of this study was to understand the urinary function and also identified the influencing factor of among colorectal cancer patients following colorectal surgery (CRS).

Methods: A cross-sectional design and chart review was first used to identify 621 patients who diagnosed colorectal cancer and underwent a CRS from a 1766-bed hospital in southern Taiwan. Then, a self-report questionnaire was mailed to patients between August 2013 and June 2015, with 232 responses (response rate 37.4%). The following instruments were used: The International Prostate Symptom Score (IPSS) Scale, personal features (such as, age, gender, educational level, BMI, marital status, etc.), and disease related variables (such as, cancer staging, length of stay in hospital, duration since surgery, urinary tract infection, urinary incontinence, knowledge related LUS after surgery, perceived physical recovery status, and satisfied with physical recovery, etc.). The IPSS scale included 7 items to measure the urination function status, and one item to measure patients' urinary specific quality of life.

Results: The degree of low urinary symptom (LUS) was 57.3% (133/232) for mild LUS, 33.2% (77/232) for moderate LUS, and 9.5% (22/232) for severe LUS. The mean score of LUS and quality of life related urination were 8.18 (SD=7.23), and 2.17 (SD=1.10), which indicated that overall patients experiencing moderate LUS and satisfied their quality of life. The stepwise regression model showed three factors were the predictors of LUS, included perceived physical recovery status (7.9%), urinary incontinence (7.1%), and educational years (3.7%), and account for 17.1% total variance. There are also three factors were the predictors of quality of life, included reporting satisfaction of physical recovery (23.2%), perceived physical recovery status (2.9%), and urinary incontinence (1.9%), and account for 26.5% total variance.

Conclusion: This study show that 42.7% participants have had a moderate to severe low urinary symptoms after CRS. The nurse in clinic should identified and evaluated the influencing factors of LUS after discharge to enhance patients' urinary function after CRS.

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RSC PST 1 - Research Poster Session 1

Assessing Risk of Falling: A Comparison of Three Different Methods

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Purpose

The purpose of this presentation is to compare a standardized assessment instrument with clinical assessment and self-report, we examined the diagnostic accuracy and clinical effectiveness of a standardized assessment, a clinical assessment, and a self-report assessment with respect to fall events and the fear of falling in elderly patients.

Target Audience

The target audience of this presentation is to evaluate the diagnostic accuracy and clinical effectiveness of a standardized fall risk assessment relative to clinical and self-report assessment.

Abstract

Purpose: Prevention of falls and fall-related consequences is crucial in elderly health care because older individuals are at a high risk of suffering falls. Various risk assessment methods have been developed to assess fall risk. Diagnostic accuracy of fall risk assessments is low and there is a scarcity of evidence regarding clinical effectiveness. The study's aim was to evaluate the diagnostic accuracy and clinical effectiveness of a standardized fall risk assessment relative to clinical and self-report assessment.

Methods: A single-site, prospective, longitudinal study was performed in a group of geriatric patients. Participants were patients being admitted to a geriatric rehabilitation hospital. The St. Thomas's risk assessment tool (STRATIFY), clinical assessment, and a self-report assessment (fear of falling) were used to assess fall risk at two time points (at baseline and 3-weeks follow-up). The primary outcome was fall events. Contingency tables were used to calculate sensitivity, specificity, positive predictive values, and negative predictive values. Fisher's exact test was used to test the association between assessments and fall events.

Results: A total of 124 patients participated in the study. The self-report technique demonstrated the highest sensitivity and negative predictive validity. The STRATIFY tool showed the highest specificity but the lowest sensitivity. The self-report technique was associated with a decrease in the number of fall events.

Conclusions: Given the lack of diagnostic accuracy of all three assessment techniques and the lack of evidence regarding clinical effectiveness, the usefulness of these fall risk assessments can be challenged. It is questionable whether time-consuming assessments examined in this study are necessary. None of the three fall risk assessment techniques demonstrated adequate diagnostic accuracy, which emphasizes the current state of research. The self-report technique seemed to be associated with a decrease in fall events. Given the lack of diagnostic accuracy in all three assessment techniques the usefulness of these fall risk assessments can be challenged. Further studies are needed to examine the diagnostic accuracy and clinical effectiveness of fall risk assessments. At least in settings in which fall prevention programs are a part of standard care, additional time consuming assessments may not be required.

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RSC PST 1 - Research Poster Session 1

Perceived Implementation of Guidelines to Prevent Mother-to-Child Transmission of HIV in Malawi: A Qualitative Multiple Case Study

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Jennifer Leeman, DrPH, MDIV, USA

Purpose

The purpose of this presentation is to describe the extent to which four clinics are implementing each of the core components of the Option B+ guidelines, detail gaps that exist and how those gaps impacts the continuum of care for HIV infected mothers, their families, and their children.

Target Audience

The target audience of this presentation includes nurses who are policy makers and practitioners

Abstract

Purpose: To describe the extent to which four rural Malawi clinics implemented the core components of the 2011 Malawian Option B+ guidelines following three years of an extensive implementation support program.

Methods: This study used a descriptive multiple case-study design. N=4 clinics were purposefully sampled from a total population of 134 health facilities. Of the 4, n=2 fell into the highest while n=2 into the lowest quartile of the proportion of eligible women who were tested for HIV in Fiscal Year 2012-2013. In-depth interviews were done with 18 informants who were actively involved in either implementing (n=12) or providing support for implementation (e.g., technical assistance, tools; n=6) of the guidelines at the study clinics. To assess perceived implementation of the guidelines at clinic level, all informants were asked to what extent the study clinics were carrying out each of the core components of the Option B+ guidelines. Responses were ranked from 0 to 3, with 0 assigned when the interviewee reported that the component was never implemented and 3 when always implemented as specified by the guidelines. Each clinic's responses were then averaged for each item to create a final score. Clinics were coded as HP-1, HP-2, LP-1 and LP-2.

Results: All four clinics reported full implementation of most of the core components. Self-rating of implementation ranged from 2.3 to 2.8 on a scale of 3.0. An outstanding performance was reported to have occurred at HP-2 clinic with an overall score of 2.8 while both LP clinics reported scores of 2.3. A critical assessment of each of the core components across all the four study sites showed that all but HP-2 clinic minimally conducted community sensitization and mobilization activities; both LP clinics failed to fully identify and ascertain HIV status of the HIV exposed children at 6 weeks, 12, and 24 months; and all but the LP-1 clinic reported documentation problems.

Conclusion: After three years of implementation of the Option B+ guidelines with an aid of extensive supporting strategies, all four Malawian rural clinics reported full implementation of most of the core components of the implemented guidelines. On a scale of 0 to 3, self-rating of implementation ranged from 2.3 to 2.8. Documentation of rendered activities; failure to fully sensitize and mobilize the served communities; and failure to identify and ascertain HIV status of the HIV exposed children are gaps that exist in implementation of the Option B+ guidelines. If communities are not well informed, fewer women in need of ART will benefit from the implemented guidelines which could lead to many babies contacting HIV infection from their mothers. Failure to properly document the rendered activities and identify and test the HIV-exposed children as per guidelines hindered clinics' ability to assess the impact of the Option B+ guidelines on maternal transmission of HIV. Further research is required to test implementation support strategies that may enhance community awareness, quality documentation and early identification of HIV exposed children in order to prevent mother-to-child transmission of HIV in Malawi.

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RSC PST 1 - Research Poster Session 1

Incorporating Online Education Modules With Community Clinical Experiences to Enhance Cultural Competency Among Student Nurses

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Purpose

The purpose of this presentation is to discover if incorporating cultural competency online modules along with clinical training would be effective in promoting cultural awareness and improving cultural competency skill among senior student nurses.

Target Audience

The target audience of this presentation is nurse educators in the clinical and academic settings.

Abstract

Purpose: Cultural competency can be a challenging and overwhelming topic for students to understand. A West Florida Associate Degree Nursing Program currently incorporates cultural competency as part of the program curriculum, but the information included is sporadic or minimal in some courses. Cultural education is included in all stages of human growth and development, from childbirth/childrearing to death and dying. Incorporating online continuing education modules from the Culturally and Linguistically Appropriate Services (CLAS) along with clinical hours in a diverse community setting may assist in solidifying the education of cultural competency and awareness.

The purpose of the pilot project is to provide senior student nurses with additional online educational training coupled with their community clinical to enhance their knowledge about cultural competency. In addition, to improve the students' clinical skills in communicating with patients from other cultures. The aim of the project is to determine if incorporating a cultural competency educational modules at the associate level, would be effective in improving the cultural competency skills as well as awareness among senior nursing students.

Methods: An inferential comparative design using a pre and post-test method was implemented to evaluate students' knowledge and awareness related to cultural competency before and after an educational intervention. Using the test-retest method design is used to better gain a better understanding of specific information that was gained following the pilot study. The author also discusses that the results from the test-retest method can be used to make same group comparisons. It not only gives validity and reliability as an assessment tool, but also as an educational tool.

Dr. Campinha-Bacote's (IAPCC-SV[®]) is a copyright tool used with written permission from the author. It is a 20 question, 4 point Likert scale assessment tool, and took 10-15 minutes for the students to complete. Reliability of the IAPCC-SV[®] revealed a Cronbach's alpha of .783 (Fitzgerald, 2009). The IAPCC-SV[®] is based on Dr. Campinha-Bacote's (2007) theoretical model of cultural competence in healthcare delivery. The (IAPCC-SV[®]) assessed the students' level of understanding in the following characteristics of cultural competency: desire, awareness, knowledge, skill, and encounters.

The opportunity to participate in the pilot study was offered to 55 students enrolled in NUR 2811L (Preceptorship) during the course orientation. The 26 students who participated in the project were asked to complete the Campinha-Bacote's Inventory questionnaire (IAPCC-SV[®]), and then asked to complete the continuing education program on line while they were working to fulfill their required clinical hours in a community setting. Participants were given written navigational instructions to access the education modules. Participants registered on <http://ccnm.thinkculturalhealth.hhs.gov>. This is publically accessible website, is free of charge and not copy righted. Experts with the U.S. Department of Health and Human Services Office of Minority Health developed this educational online training module that relates to the CLAS Standards to improve patient care delivery.

Results: Fifty-five students were eligible for participation in the pilot study; twenty-six students (52%) agreed to participate in the project. These participants (n= 26) completed the pre-test. One student

dropped out of the study prior to completing the post-test. The online modules along with the clinical experience showed some improvement as evidenced by the mean score of the student nurses on the IAPCC-SV® assessment pre-test was 62.73 and the post-test was 69.80 which indicated that the students as a group were culturally aware and competent. No participant pre or post-test scored in the Culturally Incompetent range. Four students scored in the Competently Proficient range pre-test and five students scored in that range on the post-test. One interesting finding was that eleven students scored in the Culturally Aware range, but shifted to the Culturally Competent and Culturally Proficient range on the post-test.

Conclusion: The IAPCC-SV® was administered to 26 senior nursing students in an associate degree nursing program. Twenty-five senior nursing students completed the evaluation tool following the educational study.

Examination of multiple teaching strategies further strengthens the importance that more research needs to be accomplished by nursing educators on teaching strategies to improve cultural competence for student nurses. Few studies have examined the impact of the CLAS online modules in relation to improving cultural competency in healthcare workers. But these results have demonstrated that the combination of online modules and clinical experiences did increase cultural competency mean scores between the pre and post-test. And the results of the individual characteristics demonstrate that the CLAS online modules aided the students in increasing their cultural knowledge while the community clinic rotations aided the students in increasing their cultural skills. While all characteristics revealed an increase from pre to post-test, an increase in the areas of cultural knowledge and cultural skill were quite significant.

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RSC PST 1 - Research Poster Session 1

Exercise Program on Reducing Anxiety and Improving Metabolic Indicators for Patients With Anxiety Disorders

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Purpose

The purpose of this study was to evaluate the effect of home-based exercise program on reducing anxiety levels and improving metabolic indicators for patients with anxiety disorders.

Target Audience

The target audiences of this presentation are nursing professional in mental health in clinics, hospital and community.

Abstract

Purpose: The purpose of this study was to evaluate the effect of home-based exercise program on reducing anxiety levels and improving metabolic indicators for patients with anxiety disorders.

Methods: A randomized experimental design with convenient sampling was used to recruit 86 subjects from a psychiatric clinic. Three measures were a pre-test before exercise program, a post-test at one week and a follow-up test at 3 months after receiving exercise program. Four self-report scales and biological physical assessments were used for measuring personal data, lifestyle behaviors, anxiety and metabolic control functions in this study.

Results: A total of 86 subjects were recruited and randomly assigned into two groups. Of these, 83 subjects completed the post-test including 41 subjects in experimental group and 42 in control group. The average of state and trait anxiety levels were 50.85 ($SD=8.97$) and 56.18 ($SD= 10.02$) indicating moderate anxiety levels were reported by study subjects. The majority of them ($n=50, 60.2\%$) reported taking medicine regular for anxiety treatment during past six months. The prevalence of MetS of two groups in post test and follow-up test showed the positive effects influenced by HB exercise program. The prevalence of Mets was reduced for subjects in experimental group from 39.02% ($n = 16$) to 26.82% ($n=11$). In addition, the effect of HB exercise program on anxiety and metabolic control functions were analyzed the differences in mean scores for time, group, and time-group interaction in the experimental and control groups. The results revealed significant reduces in BMI ($F=4.52, p=.013$), state anxiety ($F=9.35, p=.000$) and trait anxiety ($F=6.18, p=.003$) between two groups from pre-test to 3-month follow-up. Meanwhile, the significant increases in HDL values ($F=4.60, p=.012$), moderate exercise levels ($F=37.15, p=.000$) and quality of life scores ($F=9.45, p=.000$) were found between groups from pre-test to 3-month follow-up.

Conclusion: The home-based exercise program intervention has stronger evidence in reducing anxiety levels but have an efficient short time effects on metabolic indicators improvement for Taiwanese adults with anxiety disorders.

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RSC PST 1 - Research Poster Session 1

Resilience, Coping Styles, Sleep Disturbances, Depression and Anxiety in Females With Breast Cancer

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Purpose

The purpose of this presentation is to examine the effects of coping styles and resilience on sleep disturbances, depression, and anxiety in females with breast cancer.

Target Audience

The target audience of this presentation is staff nurses and nursing professionals in academic areas.

Abstract

Purpose: Influences of resilience on the presence and severity of depression and anxiety following diagnosed breast cancer are largely unknown. Hence, we examined 1). the factors that may enhance and promote resilience in adults with breast cancer; 2) the mediating effects of resilience or three coping styles on depression, anxiety, and sleep disturbances in females with breast cancer were also examined.

Methods: Face-to-face, structured interviews were employed to collect information of individuals with breast cancer. Study questionnaires included a demographic sheet, disease characteristics, the modified Resilience scale, the Hospital Depression and Anxiety scale, and the modified Coping scale. Using the structural equation modeling technique analyzed all relationships among factors, mediators, and health outcomes.

Results: The average age of the participants was 52 years (± 8.9), the mean time since diagnosis of breast cancer was about 22 months, and most females were married. The majority of participants were satisfied their relationship with their couples. For the prevalence of negative health problems of the participants, about 70% with sleep disturbances, 55% had depressive symptoms, and 27.4% had anxiety symptoms. All three coping styles were negatively correlated with depressive symptoms, but only active coping significantly correlated with sleep disturbances. The best fitted structural equation modeling included individual demographics and disease characteristics, coping, and resilience as significant predictors of depression, anxiety, and sleep disturbances; moreover, with resilience acting as a mediator in these relationships. Patients' characteristics and coping both contributed indirect effects on depressive symptoms via resilience. Education, income, and satisfaction of relationship were influential components of an individual's construct affecting resilience on depression, anxiety, and sleep disturbances.

Conclusion: Disease characteristics and coping both exerted direct and indirect effects on depression/anxiety/sleep disturbances via resilience. If people with breast cancer have used more active and minimizing coping style, it seems that they were more likely to report less depressive symptoms.

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RSC PST 1 - Research Poster Session 1

Exploring the Perceptions of Cardiovascular Disease Risk Among Mexican-American Women With Type II Diabetes

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Purpose

The purpose of this presentation is to explore the perceptions of living with diabetes and perceptions of cardiovascular disease risk in Mexican-American women with type II diabetes.

Target Audience

The target audience of this presentation is healthcare providers caring for hispanic populations with chronic diseases.

Abstract

Purpose: Latinos are twice as likely than non-Latinos to have diabetes and two out of three people with diabetes die of heart disease or stroke. The prevalence of a cardiovascular disease (CVD) related death among adults with diabetes is two to four times higher than those without diabetes. However, there is little known about the perceptions of CVD risk among Mexican-American women with type II diabetes. The purpose of this study was to explore the perceptions of diabetes and CVD risk among Mexican-American women living with type II diabetes.

Methods: A qualitative descriptive method was used to conduct this study. A convenience sample of six Mexican-American women with diabetes type II were recruited from a Midwest suburban church. Participants completed a one-time semi-structured interview. Demographic information was collected and level of acculturation was measured. Spanish transcripts were transcribed via a committee approach and were analyzed for overall themes based on participants' responses.

Results: Two major themes emerged related to their perceptions of living with type II diabetes; difficulty in controlling diabetes and impact on daily living. An interesting theme that was constantly mentioned was emotions. All six participants reported they are at risk for a CVD, but only four reported ways to reduce their risk for a CVD. Only four participants reported diabetes type II as a risk factor for CVD. Participants lacked knowledge about CVD risk factors and symptoms of heart attack and stroke.

Conclusion: Findings from this study suggest that more education is needed about diabetes type II, CVD risk factors, symptoms of a heart attack, and stroke. Mexican-American women with type II diabetes are at greater risk for CVD complications and it is vital for healthcare providers to better understand the populations' perceptions of their diabetes and perceptions of risk for CVD to help formulate interventions that target educating diabetics about their risk for CVD.

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RSC PST 1 - Research Poster Session 1

Pediatric Nursing Practice Environment, Job Outcomes and Safety Climate: Structural Equation Modeling Approach

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Purpose

To describe the correlations between the nursing practice environment and emotional exhaustion levels, safety climate, job satisfaction and intention to leave the profession; and to test a theoretical model of the relationships between these variables.

Target Audience

Researchers, postgraduate students, teachers, nurse managers and registered nurses.

Abstract

Purpose: The nursing practice environment is critical to the wellbeing of professionals and patient safety, as highlighted by national and international studies. However, there is a lack of evidence regarding this issue in pediatric units. The aim of this study was to assess correlations between the characteristics of nursing practice environment, emotional exhaustion, job satisfaction, intention to leave the job, and safety climate.

Methods: A cross-sectional study in fifteen inpatient units and three intensive care units of two pediatric hospitals in Brazil. The study was conducted from December 2013 to February 2014. For data collection, we used the Nursing Work Index - Revised, the Safety Attitudes Questionnaire - Short Form 2006, and the Maslach Burnout Inventory. The analysis was performed using Spearman's correlation coefficient and Structural Equation Modeling.

Results: The sample consisted of two hundred and sixty-seven nursing professionals. The results showed that professionals with greater autonomy, good working relationships with the medical staff, control over the work environment, and organizational support have lower levels of emotional exhaustion, higher job satisfaction, less intention of leaving the job, and a positive safety climate. The structural equation modelling showed satisfactory levels of adjustment and indicated that the variables of the nurse work environment are predictors of job outcomes and safety climate. The values obtained in the Pearson's coefficient determination indicated that emotional exhaustion was the variable that was best explained by the predictors, while the safety climate and job satisfaction were presented as the mean effect.

Conclusion: Autonomy, control over the work environment and relationship between nursing and medical staff are factors associated with emotional exhaustion, job satisfaction, safety climate, and intention to leave the job. Organizational investments - such as initiatives for reduction or relief of burnout, professional involvement in decision-making related to patient care, professional recognition, support of the nursing manager, and a learning through failures approach - contribute positively to the development of a favorable work environment and have significant impact on job satisfaction and safety climate.

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RSC PST 1 - Research Poster Session 1

Team Resource Management Strategy on Reducing Unplanned Extubation Events Rate of Endotracheal Tube

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Purpose

The purpose of this study is to reduce the rate of unplanned endotracheal tube removal in ICU.

Target Audience

Critical illness patients

Abstract

Purpose: The purpose of this study is to reduce the rate of unplanned endotracheal tube removal in Cumin order to learn about the process of team resources management mode and how to plan decrease the rate of unplanned endotracheal tube removal in order to protect patient's safety.

Methods: After cause analyzing from the 20 cases who were suffered unplanned endotracheal tube removal in ICU in 2011. The team resources management mode was utilized to build up certain interventions in order to improve this situation, such as leadership, situational monitoring, team supporting and communication. Thus, we plan in-service education. Establish the standard unplanned endotracheal tube removal. Plan I'M SAFE activity. Establish the partner system in clinical care. Innovate zero extubation by patient. Interprerfessional meeting take place for effectively to communicate the patient clinical care plan.

Results: After engaging interventions from January 2012 to May 2013, the rate of unplanned endotracheal tube removal has decreased from 0.27% in 2011 to 0.14% in 2012 by 12 cases. This reached the study goal. The zero extubation by patient from January 2012 to May 2013, we calculate the days no patient extubation by himself in the duration is achieve 104 days. The Interprerfessional meeting all participant's attendance rate is 95%.

Conclusion: The endotracheal tube safety is the way to promote patient's safety and it also be serious problem for public health care system. This kind of patients care is focus on physical restraint and protect the invasive tube. This study not only applied the team resources management mode to prevent unplanned endotracheal tube removal which had achieved significant positive result, but also increased patients' safety. Besides, positive negotiation climate in working place had established through management strategy. This study obtain many special glory, and lan our hospital that become a TRM pole with a trophy hung on it. This successful experience is expending to other hospital. We hope the team resources management mode can continue to promote patient's safety in order to provide excellent medical treatment quality.

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RSC PST 1 - Research Poster Session 1

Effect of Global Nursing Leadership Program Developed By Students' Need Assessment

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Purpose

The purpose of this presentation is to analyze the effect of the global leadership program that was held in Vietnam for nursing students following students' needs assessment. Those with higher priority requirements directed the composition of program content, and its effects were analyzed considering the impact on two countries.

Target Audience

This presentation is targeted at those who are interested in a global health and nursing program to facilitate potential future young nursing leaders.

Abstract

Purpose: This study analyzed the effects of the global leadership program among participants from three different countries after a short-term program was developed through their needs assessment.

Methods: A pre- and post-test design without a matched control group was used with a random sample. A questionnaire was used to identify the effect of global nursing leadership. The educational needs of nursing undergraduate students from South Korea, Vietnam, and the United States were assessed to develop a global nursing leadership program.

Results: Participants took a forty-hour program that was composed of sixteen hours' field experience, sixteen hours special lecture on healthcare system, global nursing leadership, and health issues discussion and presentation. Students' response to the effect of program is currently on the process of analyzing by quantitative and qualitative methods. To assess students' global nursing competency needs, a total of 192 participants were surveyed. Approximately, 10% reported overseas experiences. Educational needs significantly differed by overseas study experience (higher for those with such experience) but not by gender. The three countries significantly differed in terms of educational needs (South Korea> the US> Vietnam). Educational needs by country revealed that variables pertaining to healthcare competencies in developing countries were the highest in the US, followed by Vietnam, and South Korea. The variables with the highest scores were globalization of health in the US, health implications of migration in Vietnam, and globalization of health in South Korea. Global nursing education needs slightly differed between the three countries. This could be due to the differences in educational environments.

Conclusion: It is necessary to increase global health and nursing competency for nursing major students to improve their understanding of people from various cultural backgrounds on a long-term basis. Living in the age of globalization makes professors teach their students to acquire more of these competencies. Further studies on global leadership ability are required and more well designed global nursing leadership programs for undergraduate students should be considered to increase global leadership ability. Moreover, community-partnership program with university should be considered to expose students for awareness of global health setting and to support them; they can live with them harmonized as a global citizen

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RSC PST 1 - Research Poster Session 1

Hookah Smoking Among College Students: Factors Associated With a Trendy Risk Behavior

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Purpose

The purpose of this research was to explore hookah smoking behaviors and beliefs among college students. Theoretical constructs were drawn from the Theory of Reasoned Action to test hypothesized relationships between hookah use and perceptions, attitudes, subjective norms and trait sensation seeking.

Target Audience

The target audience of this presentation are nurses and health care professionals working to promote health and reduce risk behaviors in the young adult population.

Abstract

Purpose: The purpose of this research was to investigate hookah smoking behaviors and beliefs among college students. More specifically, the study examined the practice of hookah smoking in college students ages 18-24 years, and tested hypothesized relationships between hookah use and perceptions, attitudes, subjective norms and trait sensation seeking.

Adolescence and young adulthood are critical times for developing lifelong healthy habits. Although cigarette use has declined, Hookah (waterpipe) use among youth is rapidly increasing in prevalence, with 10-20% of US adolescents and young adults reporting use in the previous month. Health risks are similar to cigarette smoking, yet hookah is perceived as safer and healthier, and typically occurs in a social setting. Little is known about factors associated with hookah smoking in this population.

Methods: A descriptive correlational research design was implemented. A convenience sample was recruited from a large university in the United States. A sample of 74 subjects returned completed surveys, including a socio-demographic form, a 43-item hookah questionnaire and the sensation seeking scale.

Results: The majority of the participants were female (n=58, 78.4%); mean age 21 ($SD= 1.38$); 54.8 % Caucasian, 16.4 % Hispanic, 15.1 % African American, 13.7 % Asian American. Two-thirds (66.7%) of the subjects reported ever using hookah; 6.8% reported use during the previous month. Males and females reported lifetime use at similar rates (67.2% male, 68.8% female). Subject data was grouped into ever users and never users. Ever users reported more positive attitudes ($\chi^2= 3.86$, $df=1$, $p=.05$), lower perceived harm ($\chi^2=19.79$, $df=6$, $p=.003$), higher social acceptability (subjective norms, $t=2.652$, $df=64$, $p=.01$) and more sensation seeking behaviors ($t=4.622$, $df=72$, $p=.000$). Correlational analysis demonstrated relationships between the frequency of hookah use and social acceptability ($r=.523$, $p=.000$), lower perceived harm ($r=-.346$, $p=.003$) and sensation seeking ($r=.44$, $p=.000$).

Conclusion: Findings contribute to the knowledge base regarding the perceptions and practice of hookah smoking in this population. Misconceptions present a risk to youth who are unaware of potential consequences. The significant differences found between ever smokers and never smokers and the significant correlations between frequency and perceptions underscore a need to consider psychosocial factors in research and implementation. This study can inform efforts to design effective strategies to reduce the likelihood of youths engaging in hookah smoking.

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RSC PST 1 - Research Poster Session 1

Evaluating Knowledge of Safe Injection Among Perioperative Nurses in Two Tertiary Hospitals in Lagos, Nigeria

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Purpose

to share the findings of our study which was aimed at evaluating the knowledge of safe injection among perioperative nurses in two tertiary hospitals in Lagos, Nigeria. Findings from this study would help improve safe professional nursing care of patients in the operating room.

Target Audience

Nurses, Nursing educators, clinicians, researchers, nurse managers, nursing students.

Abstract

Purpose: The complex environment of the operating setting provides multiple exposures for health care workers to sustain sharp injuries. These preventable injuries can expose health care workers to the risk of blood borne diseases (Dolan et al, 2010). Nurses are particularly at risk of sustaining these injuries as they provide frontline of care to the patients. Consequently, numerous studies have been conducted on the knowledge of safe injection practices among nurses in Nigeria (Omorogbe et al, 2012 and Onyemocho et al, 2013). However, none of these studies have specifically examined knowledge and practice of safe injection among perioperative nurses. Perioperative nurses are particularly at risk of sustaining sharp injuries as they work in one of the most challenging settings. The objective of this study was to evaluate the knowledge and practice of safe injection among perioperative nurses in two tertiary hospitals in Lagos, Nigeria.

Methods: Descriptive cross-sectional study of 100 perioperative nurses (80% response rate). The nurses were required to complete a 21-item self-administered questionnaire. Chi-square statistics was used to test the association between participants' qualification and years of experience and their knowledge of safe injection. Data were analyzed using Statistical Package for Social Sciences (SPSS).

Results: 91.3% of the participants were females and majority (33.8%) of them are in the 31 – 40 age group category. Knowledge of safe injection was low at 28.8% among the participants. Nurses with Bachelor degree in Nursing Science (BNSc) in addition to Registered Nursing (RN), Registered Midwifery (RM) and Registered Perioperative Nursing (RPON) qualifications have better knowledge of safe injection (100% vs. 3.4%, $P < 0.001$) and better knowledge of the characteristics of a safety box (100% vs. 40.7%, $P < 0.001$) than nurses with RN, RM and RPON only. Nurses with less than 20 years of professional working experience have better knowledge of the characteristics of a safety box than nurses with more than 20 years of working experience ($P = 0.023$). No statistically significant difference was observed between participants' years of professional working experience and knowledge of safe injection ($P = 0.262$).

Conclusion: Findings from this study suggest that a bachelor degree qualification may provide nurses with additional knowledge and skills required for safe professional practice. Policy makers and practice leaders could encourage RN, RM and RPON qualified nurses to obtain a BNSc, as this may help improve safe clinical practice.

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RSC PST 1 - Research Poster Session 1

Experiences of Nurses and Midwives During the Ebola Outbreak in Liberia, West Africa

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Purpose

to describe, analyze, and interpret the experiences of nurses and midwives, including personal, political, institutional, and governmental influences, and perceptions and attitudes towards rendering care to patients during the Ebola outbreak in Liberia, West Africa.

Target Audience

Nurses, Midwives, Health workers

Abstract

Purpose: The purpose of this study is to describe, analyze, and interpret the experiences of nurses and midwives, including personal, political, institutional, and governmental influences, and perceptions and attitudes towards rendering care to patients during the Ebola outbreak in Liberia, West Africa.

Methods: The Grounded Theory method will be used in this study. This study will combine both the Corbin and Strauss (2015) and the Charmaz (2014) methods of analysis, which will result in conceptual ordering. A sample size of 30 nurses and midwives will be used to achieve concept saturation. Data will be collected mainly through face-to-face semi-structured tape-recorded interviews. An interview guide will be used to guide the interviews.

Results: The conceptual ordering will offer a framework for explaining nurses' and midwives' experiences and behavior during Ebola outbreak in Liberia. This study will include a description and interpretation of the experiences of nurses and midwives who continued to care for both Ebola and non-Ebola patients during the Ebola outbreak, thereby showcasing their contributions and reasons for continuing care in the face of grave danger. The outcome of this analysis will provide a model that will illustrate a conceptual ordering of the process of deciding to provide care during the Ebola outbreak. The findings will be informative for practice, policy decisions, and education and curriculum development of nurses and midwives on disease outbreak management. The global implications of the findings of this study may also lead to further research on Ebola outbreak management in the studied location and other locations with similar contextual or socio-cultural conditions.

Conclusion: The recent Ebola outbreak in the West African region has resulted in many deaths including devastating health, and socioeconomic upheaval (WHO, 2015). The willingness of health care workers (HCWs), including nurses and midwives to respond in fearful situations of uncertainty and insecurity, their perceptions, and attitudes towards their roles during disease outbreaks, influence their availability and positive response to the need for containment of the disease (Barnett et al., 2012; Devnani, 2012; Baster, Edwards, & Schulte, 2009). During the peak of a disease outbreak frontline health care workers who have to be in very close contact with victims of the outbreak, especially virulent diseases that are of high risk to HCWs, were found to have a high unwillingness rate (Barnett et al., 2012; Baster, Edwards, & Schulte, 2009). The symptoms of Ebola virus disease are precarious, the outbreak in West Africa led to raised anxiety levels of health care workers, such that every patient who went for treatment or other services for other health conditions were suspected cases ([Hayter, 2015](#)).

Despite what is known about HCWs willingness to care in other disease outbreaks, research on the willingness of HCWs, including nurses and midwives to care for victims of Ebola has not yet received much attention. The inner experiences of HCWs combating Ebola in a region that had never experienced such an epidemic is not yet understood.

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RSC PST 1 - Research Poster Session 1

Health Care Providers and Health Literacy in Rural Populations: Bridging the Gap or Not?

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Purpose

to describe results of a qualitative study focused on health care providers' communication about cancer screening with rural populations. Communication barriers and facilitators will be addressed in regards to health literacy and shared decision making.

Target Audience

Health care providers including nurses, nurse practitioners, physicians or others interested in health communication and health promotion among diverse populations including rural or other medically underserved populations.

Abstract

Purpose: Health literacy affects health communication and health outcomes. Health care Providers are inherently responsible for the communication of health information. Millions of people in the United States lack the acceptable health literacy to manage their health care. Impaired understanding of health information, poor health status, limited understanding of preventive health services, including cancer screening decision making are a few of the issues resulting from poor health literacy. Low health literacy is prevalent among rural and minority populations. This study describes barriers and facilitators of addressing health literacy among a rural population.

Methods: A qualitative purposive sample of 12 health care providers with rural-dwelling patients and practicing in five counties in a Southeastern state were interviewed. Narratives were analyzed using the descriptive and thematic analysis approaches. A content analysis was completed and associated memos were created after the analysis. Each transcript was read, the text was searched for major themes, and subcategories by the individual researchers until all transcripts were completed. Throughout the coding process comparative methods were used to illuminate similarities and differences between data.

Results: The average age of providers was 47 (SD = 13.67; Range 30 to 66). Seventy-five percent of the sample self-identified as African American (N = 9), 17% were Non-Hispanic white (N = 2), and one provider self-identified as Asian. Sixty-seven percent (N = 8) of the sample were physicians and the rest were nurse practitioners. Four were male and eight were female. There were no specific tools indicated by health care providers to measure health literacy. This was identified as a major barrier to addressing the health literacy. Two themes identified as perceived facilitators were "*Trust and Rapport*" and "*Sitting and listening*" a healthcare provider describes his way of addressing health literacy "*I always take time out of the assessment to just sit with them and let them explain to me how they're feeling, that builds a rapport with them, releases some of that feeling of anxiety, and then from there we talk about what's going on and try to get an understanding of everything.*" The use of simple terms was also identified by many health care providers a way to facilitate addressing health literacy.

Conclusion: Bridging the health literacy gap is two-fold. A need for assess individual for health literacy was identified. Additionally, identifying barriers and facilitators in managing health literacy in the clinical setting is imperative. Trust and rapport, along with opportunities to openly talk and be listened to were identified by health care providers as facilitators to increasing communication, addressing health literacy issues. Taking time to explain, using simple easy to understand language were successful strategies used to reduce the health literacy barrier.

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RSC PST 1 - Research Poster Session 1

Reduction of Catheter-Related Bloodstream Infections Rate in Medical Center in Taiwan

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Purpose

We designed a project to reduce the CRBSI rate below 4.0‰ in our intensive care unit, further enhance the quality of care of critically ill patients.

Target Audience

Critical illness patients

Abstract

Purpose: We designed a project to reduce the CRBSI rate below 4.0‰ in our intensive care unit, further enhance the quality of care of critically ill patients.

Methods: Improvement plans from June 2013 thru December 2014, causes of infection included health care workers inadequate CRBSI prevention practices, dressing sterilization step is incorrect, needle puncture site was easy to oozing and implantation and dressing materials without homogenization and dispersed. Improvement plans included providing in-service education, establishing standard procedures of central venous catheter insertion and dressing, used chlorhexidine-impregnated sponges, added CVC bundle car and CVC care checklist.

Results: The CRBSI rate fell to 0.74‰ after implementation. This was significantly below the reduction target of 4.0‰. Even had 10 months of zero infection rate, significantly reduced catheter-related bloodstream infections in our ICU.

Conclusion: According to nosocomial infections surveillance reporting system statistical analysis of Centers for Disease Control (R.O.C) in Taiwan, Healthcare-associated infection rate is 7.54‰ at 2103, among them were Bloodstream infection include 76.97%, and there are 49.25% of the patients had to use the central catheter. Index statistics of Taiwan Clinical Performance Indicator also noted ICU central venous catheter-related bloodstream infection rate was 3-5 ‰. US ICUs every year an average of eighty thousand visitors center catheter-related bloodstream infections, not only result in increased antibiotic use, prolonged hospital stay, but also led to high mortality rate of 22.9%. Every central catheter-related bloodstream infection occurs in the case of Taiwan, for an additional cost of medical expenses of about 150,000, the number of days of hospitalization will be extended 16 days. The average catheter-related bloodstream infections rate in our ICU was 11.07‰ from January 2013 thru May 2013, even reach up to 21.74‰ in May. We made up a group to decrease CRBSI rate. Reduce central catheter-related bloodstream infections is a major issue in hospital. We read the most relevant literature countermeasures more similar projects, so we participate in relevant seminars and join chlorhexidine-impregnated sponges program. This project effectively reduced CRBSI. We want to share this experience to help other hospitals and improve quality of critical care units, reduce the number of days of hospitalization and cost of medical expenses.

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RSC PST 1 - Research Poster Session 1

Moving Towards Universal Health Coverage: Advanced Practice Nursing Competencies in Latin American and Caribbean Countries

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Purpose

The purpose is to develop a consensus-based set of advanced practice nurse competencies applicable in Latin American and Caribbean countries (LACs) and, using the competencies, develop an APN curricular prototype for adaptation in LACs.

Target Audience

The target audience of this presentation is for nurse academicians, public / global health officials, researchers, health care providers especially for those involved to increase human resources for health to achieve Universal Health Coverage.

Abstract

Purpose: In response to the United Nations' call for increased human resources for health to achieve Universal Health Coverage (UHC), the nursing profession needs to educate more nurses with expanded scopes of practice in primary care. As frontline providers, nurses will have greater impact on health outcomes and reducing global disparities with advanced practice nurses ready to serve communities' needs at a higher level.

In 2013, the Pan American Health Organization / World Health Organization (PAHO/WHO) issued a resolution, Human Resources for Health: Increasing access to qualified health care workers in primary health care-based health systems (CD52.R13). A major component of the resolution is to build health professional capacity in primary health care, to establish new models of care and to enrich and maximize the scope of practice according to competencies. The PAHO/WHO Collaborating Center for Advanced Practice Nursing at Columbia University School of Nursing has undertaken a 2 phase project to address this. The first phase is to establish Advanced Practice Nursing (APN) Core Competencies in Latin America and Caribbean (LAC) countries. The second phase is to use these competencies as the blueprint to build a prototypical competency-based curriculum for use in LAC, opening the door for APNs to be frontline providers with expanded knowledge and skills.

Methods: In order to identify a set of potential APN competencies, a preliminary document of derived APN competencies was developed which served as the basis for a survey that was designed to collect data to establish consensus. A comprehensive review of established and published APN competencies was conducted. Using PubMed and web searching, the research team collated the documents that purport to identify APN competencies. The set of derived competencies were conceptualized into four domains: 1) clinical care, 2) interprofessional and patient-centered communication, 3) context of care and 4) using evidence for practice. An exploratory survey was created that incorporated the derived APN competencies and was targeted to delineate APN practice and competencies for primary care in LAC. The survey will be sent to nurse educators and leaders in nursing services to establish consensus of APN competencies in LACs. Using the snowball sampling technique, respondents will be asked to forward the survey to their professional networks.

Results: The result will identify the core APN competencies for LAC as the foundation for development of APNs' capacity in primary care in LAC. The final document will be disseminated through publications and webinars. Ministries of health, educational institutions, and regulatory councils will use the competencies as a framework to build context-specific APN competencies and to tailor context-specific curricula as scopes of practice are expanded.

Conclusion: Using the Consensus APN Core Competencies in LAC, a model curriculum will be developed that will highlight suggested content that relates to the competencies. By augmenting the competencies to include content areas to support the curriculum, innovative curricula will emerge that fits into the context of the individual country. It also provides a template for application for other regions of the world.

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RSC PST 1 - Research Poster Session 1

Quality Indicators for Geriatric Nursing in Acute Care Settings

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Purpose

The purpose of this study is to review studies of quality indicators for the care of the older patients in acute care settings

Target Audience

The target audience of this presentation is staffs who care for older adults in acute care settings.

Abstract

Purpose: Patients age 65 and older account for over 50% of all hospital admissions in Japan. Long-term care insurance was enacted in 2000, and quality of care has been evaluated in long-term care settings. Although it has also been increasing older patients in hospital setting, quality of care for those people are well not examined. Older patients in acute care settings are increasing, and it is too important to examine quality indicators to conduct best practice in geriatric nursing. The purpose of this study is to review studies of quality indicators for the care of the older patients in acute care settings

Methods: Studies were identified by searching MEDLINE and CINAHL by using the key words of “quality indicators” AND “geriatric nursing” AND “hospital”. Study characteristics such as type of study, objectives, results, conclusions, quality indicators used, and conditions assessed by the quality indicators were examined.

Results: The database search results in 17 articles. Screening the titles and abstracts yielded 11 articles for inclusions, the excluded articles were reported by long-term care or home settings. Of the 17 studies, 2 studies were conducted in the emergency departments, 2 studies were reported by Acute Care of the Elderly (ACE). Conditions assessed by the quality indicators were delirium, falls, pressure ulcer, restraint use, and patient satisfaction. The study of development of clinical indicators used modified Delphi methods showed 19 indicators of which 17 were process indicators and 2 were outcome indicators. The report of patient satisfaction described overall older patient satisfaction with medical service and family members' low satisfaction regarding the quality of information flow.

Conclusion: Although quality indicators were examined in nursing practice, quality indicators especially for older patients in hospital settings are still not well examined. Worldwide aging population are increasing not only developed countries but also developing countries, development of quality indicators is crucial to improve the care for older patient.

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RSC PST 1 - Research Poster Session 1

Tool to Assess Knowledge of Precautions Against Transmission of Microorganisms in Brazil's Primary Health Care

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Purpose

The purpose of this presentation is to share a tool, developed for and validated by the judges, for assessing health care workers' knowledge of precautions in Primary Health Care.

Target Audience

The target audience of this presentation is researchers, nurses to control infection services, primary health care services, educational services, and other health professionals.

Abstract

Purpose: Health care workers' adherence to Standard Precautions and Specific Precautions is essential to preventing transmission of microorganisms in both hospitals and primary health care (PHC). Little is known about the risk of infection transmission and practice of precautions in non-hospital settings, particularly in PHC. In addition, comparing the information available is problematic due to lack of standard and specific tools for PHC. This study aimed to develop and validate a tool for assessing health care workers' knowledge of specific precautions in PHC.

Methods: Multimethod research carried out in São Carlos, Brazil, in three consecutive phases. Firstly, PHC workers participated in focal groups in order to identify relevant issues regarding the matter at hand. The second phase comprised the development of a tool to assess their knowledge and behavior. Finally, this tool was validated by thirteen expert judges by means of a 4-point Likert scale with Content Validity Index (CVI) ≥ 0.80 for approval of items. The study was approved by the Ethics Committee for Research on Human Subjects at Federal University of São Carlos.

Results: In Phase 1, analysis of the data exposed the participating professionals' knowledge gaps as well as factors interfering with their adherence to precautions. Low awareness of risk of infection transmission, problems with hand hygiene and use of gloves, obstacles relating to pulmonary tuberculosis, and exposure to biohazards when handling sharp objects at home were identified as priority issues. The tool developed consists of two modules. Module A is aimed at assessing the participants' knowledge of the matter in question; it has five dimensions, one for each priority issue, a total of 40 dichotomous questions. Module B contains 12 questions with five Likert-type response options, ranging from 'never' to 'always,' to assess the said professionals' behavior in everyday work situations. During validation, every tool question was evaluated for clarity, relevance, and pertinence; only two of them — pertaining to the dimensions 'hand hygiene' and 'glove use' — obtained IVC < 0.80 and were, thus, left out. The judges suggested small changes in the phrasing of 11 items of the dichotomous questions, which was promptly done. The judges also validated the tool as a whole as regards relevance, breadth, and representativeness within the scope of the matter under investigation.

Conclusion: The tool developed was validated by the judges and is now available for use. The material was developed from lived experiences of professionals who are knowledgeable of the matter at hand and, hence, can be used in similar cultural and socioeconomic contexts. Further studies should employ this assessment tool for pre and post educational action with health care workers about precautions against microorganism transmission in PHC, already ongoing in Brazil.

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RSC PST 1 - Research Poster Session 1

Preventing Drug Abuse and Violence/Bullying in Urban and Rural Secondary Schools in Southern, Nigeria

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Purpose

to highlight and compare health promotion activities to prevent drug abuse, violence/bullying in urban and rural secondary schools in Cross River State, Nigeria. The study will expose areas of strength and weakness which can be addressed in order to save our future generation from dangers of drug abuse and violence

Target Audience

Nurses, Nurse Educators, school health nurses, teachers/Physical and Health Education Teachers, Heads of schools, policy makers (Administrators),

Abstract

Purpose: Drug abuse is a global issue and has serious public health implications (Adamu and Lawal, 2013). Globalization rides on the crest of technological and information revolution which has numerous advantages. This revolution also brings about some disadvantages especially in youths, who tend to watch films on crime and violence, with resultant violent behaviours like bullying and conflict. These violent behaviours are rampant in secondary schools and result in injuries and death. Violent behaviours can also be exhibited by the teachers which can be imitated by the students. Furthermore, it is a recognized fact that drug and alcohol abuse affect health, schooling and educational achievement of students such as lower grades, higher truancy and dropout rates, delayed or damaged physical, cognitive, and emotional development, violence and a variety of other damaging results (Atoyebi & Atoyebi, 2013). When these youths combine watching violence films and taking mood and behaviour altering substances, it is no wonder therefore to find increase in the rate of bullying and violence our secondary institutions. However, the World Health Organization posits that effective school health programme can be one of the most cost-effective investments a nation can make to concurrently improve education and health. In Nigeria, National Health Promotion and National School Health Policies were launched in 2006 but there is no study to assess health promotion activities related to prevention of drugs abuse and violence/bullying in secondary schools. Therefore, **the purpose of the study was to ascertain and compare health promotion activities to prevent drug abuse and violence/bullying in urban and rural secondary schools in Cross-River State, Nigeria**

Methods: The study utilized a descriptive design with multi-stage sampling technique to select a sample of 4 Local Government Areas from each Educational Zone, therefore, from the 3 Educational Zones of Cross River State which is in Southern Nigeria, 12 Local Government Areas were selected out of 18. Thereafter, 35 urban and 109 rural secondary schools located in these Local Government Areas were used for the study. One hundred and fifty-six teachers who taught Health and Physical Education were purposively selected. The instrument for data collection was a 20-items, self-developed, and validated questionnaire tagged "Health Promotion Analysis Questionnaire." It was developed based on Health Promotion Analysis Model (HELSAM) by World Health Organization (Taylor, Haglund & Tillgren, 2000). The instrument had an internal consistency of 0.77 and 0.79 (Cronbach coefficient) for drug abuse and violence; and a reliability correlation coefficient of .96 and .98 for drug abuse and violence respectively. The respondents completed copies of the questionnaire on behalf of their schools, and data were analyzed using descriptive statistics and independent t-test. Ethical approval was obtained from Cross River State Ministry of Health Research Ethics Committee.

Results: The results revealed that majority of the respondents were female 103 (66%), mostly aged between 26 to 45 years and married 108 (68.8%). Eighty-seven respondents (Physical and Health

Education teachers) were in the 35 urban schools while 71 were found in the 109 rural secondary schools. The concentration of Physical and Health Education teachers in urban secondary schools enhanced health promotion activities in these urban schools than rural. Results also showed that all the schools did not have written policies or guidelines on prevention of violence and drug abuse 144(100%), and that majority of the urban and rural schools 'always' involved Parent Teachers' Association in addressing violence and in disciplining students who were violent. Discipline of students is not only the responsibility of the school; therefore, when parents are involved, it becomes more effective. Majority of the respondents 65.7% (urban) and 73.4% (rural) reported that the curriculum covered discipline. Many respondents 17 (48.60%) in the urban schools compared with 63 (57.80%) of the rural schools 'never' reported cases of teachers' sexual misconduct to Ministry of Education or disciplined teachers who were violent 37.10% (urban) and 59.60%(rural). This revelation can breed student harassment and negative behavior from the students who are helpless. Majority of the respondents in urban 27(77.1%) and rural 64(58.7%) schools 'always' enforce anti-smoking/anti-alcohol policy. On having curriculum that covered health effects of substance abuse, majority of the respondents in urban and rural schools claimed that drug education was integral part of Health Education curriculum and schools' curricula covered health effects of substance abuse. Respondents, 74.3% (urban) and 44.1% (rural) affirmed that both character and learning are 'always' recognized and rewarded in students who excel in academics and behaved well. These health promotion activities help to improve self-esteem which impact on positive emotional health. The respondents 62.80% in urban schools claimed that teachers were being trained in conflict management whereas 47.25% of respondents in rural schools affirmed that teachers were not being trained on this particular act. Training of teachers in conflict management is important so as to be able to nip conflict in the bud. This helps to enhance atmosphere of tranquility between students and teachers and among students. Further results also revealed that school location significantly influenced prevention of drug abuse and violence. This result is not surprising because of the concentration of Physical and Health Education Teachers (subject specialist) in urban schools.

Conclusion: Location of schools can either enhance or hinder health promotion activities to prevent drug abuse and violence. Therefore, equity should be addressed in the provision of material and human resources for health promotion activities especially in rural secondary schools. The study also suggests the need to encourage schools to have written health promotion policy on prevention of drug abuse, violence and bullying in school. Furthermore, stakeholders in education should consider continuing education on training of teachers on conflict management.

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RSC PST 1 - Research Poster Session 1

Student Support in Research Capacity Development: Reflections on Experiences of Peer Support in ODL Context

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Purpose

The presentation aims to explore the experience of novice researchers regarding the unique contribution and value of peer support in open distance learning and to describe the experiences of participants regarding learning proposal development in an ODL context.

Target Audience

The target audience of this presentation is research supervisors and post graduate students in their proposal development phase of a research study.

Abstract

Embarking on postgraduate studies entails a magnitude of unexplored learning territory. Entering into postgraduate studies imposes the veiled expectation that students as adult learners should possess and execute the embedded abilities and skills to conquer further study prospects with ease. Students might experience a feeling of desolation at the onset of entering into a postgraduate study programme amidst the supporting services that are being offered by an open distance learning (ODL) university.

In acknowledging the challenges that students might encounter when entering into postgraduate studies, a study supervisor at an ODL university in Gauteng encouraged her collective group of students to form a cohort. The foundation of the cohort establishment was to promote engagement and support to members on an ad-hoc basis. In addition to the anticipated value of peer group support to contribute to a positive learning experience, peer group members became participants in a study to explore their experiences regarding the support rendered in their developmental progress as researchers. Siemens (2005) uses Driscoll's (2000) definition of learning that implies that learning is a lasting state of change that is brought on as a result of experiences and interactions with content and other people. Informal learning interaction with other people comprises a significant aspect of learning experience because learning occurs through communities of practice and personal networks (Siemens 2005).

As research participants, individual cohort members were facilitated to reflect on personal experiences and feelings towards their own study journey, as well as sharing their perceptions and experiences on the role of peer group support as a contributing factor to ease the academic journey. The cohort members reflected on subjective experiences in informal conversations with one another and the study supervisor and through narrative essay writing during various stages of the proposal development phase. Being a student engulfed in the process of mastering the learning environment and learning expectations whilst using peer support as a conscious strategy towards study assistance, concurrently to the fact of being aware that one is under observation as study participant, generated a developing appreciation within the individual student of the value and empowerment of peer support. Students as cohort members benefitted on both cognitive and affective level because applying the strategy of peer support re-iterated the synergistic value of a supportive peer network when commencing in postgraduate studies. Peer support, under the guidance of the research supervisor served as an innovative strategy to reduce the novice researchers' initial anxiety and uncertainty and contributed significantly to establish a positive learning experience.

Purpose: The presentation aims to explore the experiences of novice researchers regarding the unique contribution and value of peer support in open distance learning and to describe the experiences of participants regarding learning during proposal development in an ODL context.

Methods: A case study using a qualitative explorative research design was used to explore the experiences of participants regarding using a cohort to enhance peer support during the initial process of commencing the proposal phase of research. Data were collected by means of reflective accounts

between participants such as informal conversation and written narratives in reflective journals. Narrative data were analysed by an independent coder. The reflective conversations of cohort members were analysed as field notes to enrich the identified themes derived from narrative data. Members of the cohort used a conceptual framework in educational design for transfer of learning to describe their experiences related to peer support.

Results: The main themes that emerged were the specific context, support and the different role players. Through participatory learning the students benefitted both at cognitive and affective level. The role of the supervisor as a guide in the unknown territory of research was described as much more than being a cognitive role and responsibility. On the affective domain, peer support addressed different levels in terms of the relationships between the students and supervisor as well as amongst students. The findings therefore emphasise the value of mutual support in participative learning. Both formal and informal peer support approaches encouraged critical reflection in the process of research capacity development.

Conclusion: Peer support in an ODL context alleviates the feeling of distance and loneliness by increasing the interaction between fellow students in various direct and indirect ways. When students with homogeneous learning tasks engage with each other in an unstructured social environment, students construct progressive emotional independence gained from the initial support framework that establishes informational, instrumental and emotional support foundations. Individual attitude and action towards peer group engagement during this initial entrance into the world of post graduate academia, might contribute to the ease and confidence of post graduate students towards further progress aiming at academic development as a researcher.

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RSC PST 1 - Research Poster Session 1

Preparation of Registered Nurses for the Expected Role of Clinical Teaching in Malawi

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Purpose

to communicate to the academics, nurse managers and regulatory bodies on the gap identified between linking of these institutions which is affecting the designing and implementation of the nursing curriculum and the type of nurse it is producing.

Target Audience

Nurses in academia, practice, associations and regulatory councils

Abstract

Purpose: In Malawi, the educational role of Registered Nurses (RN) is formally acknowledged and is therefore regarded as one of the required competences of a professional nurse. However, a question arises; "are Registered nurses well prepared to perform this role?" The purpose of this study was to explore and describe the perceptions of Registered nurse and Nurse Educators on the adequacy of an education Module in preparing nurse graduates for the expected role of Clinical teaching in Malawi.

Methods: An exploratory, descriptive qualitative study was conducted. Data were collected in two phases. In Phase 1: Focus group discussions with the nine graduate Registered nurses in their first year of practice, using the nominal group technique were conducted. In Phase 2: Unstructured In-depth interviews with 3 Nurse Educators actively involved in the teaching of the Education Module were conducted. Data were analysed using the Braun and Clarke steps of thematic content analysis.

Results: Results of both phases have shown that the module was not adequate in preparing the student Registered nurses for the role of clinical teaching. The findings revealed some strengths and weaknesses in the Module. It provides the necessary theories relating to education and that the module equips the Nurses with knowledge to be able to provide health education. The Module lacks practical experiences and assessment on clinical teaching, and that the component of clinical teaching is silent in the delivery of the module.

Conclusion: The research revealed that there is no synchronisation of practice, education and legislation of nursing in the Nurse Education Institution. It is recommended that educational reforms should be put in place to ensure nurse training programmes produce graduates who are fit for their prescribed responsibilities which include clinical teaching. Therefore, there is a need for the Malawi Nursing Education system to design a clinical education model which meets the country's needs and challenges rather than just adopting models which may not apply to the country's needs.

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RSC PST 1 - Research Poster Session 1

Displacement, Migration, and Transition: Development of a Post-Resettlement Assessment Instrument

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Purpose

The presentation highlights the development of a post-resettlement assessment instrument that encompasses the sociopolitical, economic, and cultural dimensions of assessment and needed care.

Target Audience

nursing and allied health professionals, community health workers, health educators, social workers, case managers

Abstract

Purpose: This presentation highlights the ongoing development of a post-resettlement assessment instrument that encompasses the sociopolitical, economic, and cultural dimensions of assessment and needed care. The researcher: (1) identifies the healthcare needs of diverse persons who have experienced significant displacement and life transitions in the process of resettlement; and (2) recommends the use of culturally sensitive assessment strategies in health promotion and disease prevention in the care of diverse persons.

Certain groups continue to experience poorer health and disparities in care despite years of resettlement in the U.S. Women headed households in particular are especially vulnerable to disconnections in care resulting from haphazard or no assessment. Additionally, women struggle with issues of economic self-sufficiency for their families and may lack resources for seeking care.

Established assessment tools have been developed from a Western medical perspective. These however, while useful for screening and identification of symptomatology, may not account for the lingering socioeconomic and sociopolitical factors that continue to haunt persons and families who are displaced, or who are experiencing significant life transitions and issues in resettlement.

Methods: The author's prior research findings with refugee women and healthcare professionals provide substance for the development of a resettlement assessment instrument. The items are under development and incorporate the continuum of migrational life experiences that influence health status, care-seeking behaviors, healthcare decisions, and well-being. The instrument includes items that measure perceived consequences, either negative or positive, of care-seeking behaviors and healthcare decisions. The instrument will be sent to nurses and allied healthcare professionals, administrators, social service agencies, and persons who have experienced displacement, migration, and resettlement.

Results: Overall content validity and a content validity index will be determined for each item of the instrument. Further refinement and testing of the instrument will aid nurses in providing culturally sensitive and seamless care, with timely and appropriate referral to needed services.

Conclusion: Further research must be done in the development of valid, reliable cultural assessment tools in improving the health and well-being of resettled populations and their outcomes of care.

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RSC PST 1 - Research Poster Session 1

Alcohol and Binge Drinking Behaviors Among College Students

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Purpose

The purpose of this presentation is to assess alcohol use behaviors among undergraduate students at a faith-based, mid-western university and identify aspects that are associated with binge drinking.

Target Audience

The target audience of this presentation is individuals who work with college students or young adults and are committed to making changes in the college drinking culture.

Abstract

Purpose: In 2002, The Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism identified drinking on college campuses as a unique culture and changing that culture was a top priority. Unfortunately, some drinking behaviors among these young adults have continue or increased (Substance Abuse and Mental Health Services Administration [SAMHSA], 2012). Within the drinking culture, binge drinking has emerged as a growing problem that has dangerous consequences. Binge drinking has been correlated with high-risk behaviors, such as unsafe sex, sexual assault, injuries, and even death (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2013). The NIAAA (2013) defines binge drinking as 4 drinks for women and 5 drinks for men within a few hours. The main objective of this study was to assess alcohol use behaviors among undergraduate students at a faith-based, mid-western university and identify aspects that are associated with binge drinking.

Methods: Data were collected using a modified version of the Core Alcohol and Drug Survey: Long Form (Core Institute of Student Health Programs, 1994), which asks detailed questions about substance use behaviors. Following IRB approval, all undergraduate students ($N = 3,052$) during the 2014-2015 academic year were invited to participate in an online survey using Survey Monkey®.

Results: A total of 1,164 students responded and 1,095 completed the survey, yielding a 35.9% response rate. Results showed that 62.6% of respondents drank alcohol. There were differences in drinking behaviors based on Greek life affiliation and gender. Based on Greek affiliation, 83.9% of fraternity and sorority members drank alcohol compared to 57.3% not involved in Greek life ($X^2 = 66.001$, $p < .001$). Of all students who drank alcohol, 71.7% engaged in binge drinking in the past 30 days. While there was no statistically significant difference in the rate of drinking alcohol based on gender (64% males, 65.3% females), there was a statistically significant difference in binge drinking among males (76.5%) and females (58.4%) ($X^2 = 50.800$, $p = .001$). There were no significant differences for binge drinking and Greek life affiliation ($X^2 = 30.526$, $p = .106$) or being an athlete ($X^2 = 20.281$, $p = .625$). The top 3 reasons for drinking alcohol were: 86.5% "to have fun," 75.2% "to feel good and relaxed," 46.8% "makes it easier to socialize."

Conclusion: The majority of students on this campus drank alcohol. Moreover, the rate of binge drinking was a significant problem among those who used alcohol, particularly males and those affiliated with Greek life. Based on these data, mass media and social norming strategies are being used to educate students. In particular, key events on campus including Halloween weekend, Greek bid day, and spring break are being targeted as the top binge drinking events on this campus. A follow-up survey will be distributed after spring break to assess knowledge and behaviors after the mass media and social norming interventions. Results from this second survey will be presented along with recommendations and implications for promoting safe alcohol use among college students.

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RSC PST 1 - Research Poster Session 1

A Comparison of Intensive Care Versus Oncology Nurses' Knowledge, Attitudes and Behaviors of Palliative Care

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Purpose

The purpose of this presentation is to educate nurses about the level of knowledge, attitudes and behaviors of oncology and critical care nurses about palliative care and the differences between them.

Target Audience

The target audience of this presentation is clinical, academic and administrative nurses

Abstract

Purpose: Approximately 30-40% of the deaths in the US occur in the Intensive Care Unit (ICU) or after ICU discharge¹. Most of these deaths did not occur suddenly but were the final result of a process of physiological decompensation towards end-of-life². Palliative care is a treatment approach whose goal is to improve quality of life and relieve the suffering of patients and their families, often at end-of-life³. Its adoption has been met with resistance in the ICU, often due to the underlying culture (save life at any cost) and a sense of failure when moving from curative treatments to palliative care⁴.

Oncology nurses are not necessarily more adept at providing palliative care services to patients with cancer. Recently the emphasis on including palliative care services within general oncology services has been suggested as part of National Cancer Center Network (NCCN) guidelines for supportive care.^{5,6} In these guidelines it has been suggested that palliative care be a part of all cancer treatment, on a trajectory from cure to end-of-life. Therefore, the purpose of this study was to compare the knowledge, attitudes and behaviors of intensive care with oncology nurses related to palliative care.

Methods: Design: Web based survey

Sample: The sample was a convenience sample of 126 members of the Israel Association for Cardiology and Intensive Care Nurses and of the Israel Oncology Nursing Society.

Data collection: Data were collected after institutional and ethical approval. An on-line survey using MySurveyLab was sent to all of the members of the two nursing associations. Responses were returned to the authors without any identifying information.

Instruments: The survey included a questionnaire based on that of Montagnini, Smith & Balistreri⁷, based on self- efficacy theory that measures nurses' self- perceptions of their knowledge, attitudes and behaviors related to palliative care. Knowledge is defined as the confidence that a respondent possesses the information necessary to perform end-of-life palliative care practices such as symptom control or spiritual support⁷. Attitude is defined as a personal evaluation of end-of-life palliative care practices such as feeling comfortable discussing advance care directives with patients and families⁷. Behaviors are defined as the confidence to perform of end-of-life palliative care practices such as initiating advance care planning with patients and families⁷. Cronbach α reliability for the questionnaire in the current study was .90. A demographic and work characteristics questionnaire was also included in the survey.

Analysis: Descriptive statistics (including frequencies, means and standard deviations, medians) were calculated for the entire questionnaire as well as for its sub-sections (knowledge, attitudes and behaviors). Differences between oncology and intensive care nurses were determined using Independent t tests.

Results: The sample consisted of 126 nurses, 79 oncology and 47 intensive care nurses. The majority of the sample was female (n= 115, 91%), married (n=99, 79%), and Jewish (n=111, 88%). Almost half worked as staff nurses (n=58, 46%) with post-basic certification (n=102, 81%) with a mean age of 48.6 years (SD=10.6) and 10.0 (SD=10.3) or 15.0 (SD=8.9) years of experience as an oncology or intensive care nurse, respectively

Mean total scores for the knowledge section of the questionnaire were 45.1 (SD=7.9) and 41.7 (SD=10.6) (out of a possible 60) for the oncology and intensive care nurses, respectively. Mean attitude scores for the oncology nurses was 19.6 (SD=4.3) and 19.1 (SD=5.0) for intensive care nurses (out of a possible 25). Mean behavior scores were 26.8 (SD=13.0) and 27.2 (SD=9.7) for oncology and intensive care nurses, respectively (out of a possible 55). No significant differences were found between oncology and intensive care nurses on any of the sections of the questionnaire.

Conclusion: The oncology and intensive care nurses in this sample showed moderate levels of self-perceived knowledge and attitudes towards palliative care however the level of their self-reported behaviors was low. While oncology nurses tended to score slightly higher than those from critical care, these differences were not found to be significant. Results from the original study of self-perceived knowledge, attitudes and behaviors of American ICU nurses, found higher scores on all of the subscales⁷. Others⁸ from China found that nurses from intensive care units scored higher compared to oncology nurses on a measure of knowledge and attitudes on comfort care. Nurses (including intensive care and oncology nurses) from southeast Iran also scored low on knowledge about palliative care⁹.

Therefore, culture seems to play a role in the self-perceived knowledge, attitudes and behaviors related to palliative care. Efforts should be made to educate all nurses, including those in oncology, about palliative care. Further research should be conducted related to how to better introduce and implement palliative care.

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RSC PST 1 - Research Poster Session 1

A Systematic Review of the Content of Mother-Daughter Reproductive Health Communication

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Purpose

To present the identified content of mother-daughter sexual and reproductive health communication from existing studies in United States

Target Audience

Nurses and other health professionals who are interested in understanding the content of mother-daughter sexual and reproductive health communication in United States

Abstract

Purpose: Teen pregnancies are usually unintended and continues to pose a threat to the social and economic status of the woman. Early adolescence (13–15 years old) is characterized by more sex-based discussions with mothers than fathers. Mothers are at a unique position to teach their daughters about the reproductive system and its related changes such as ovulation and the menstrual cycle. There is also a general perception that the mother was the appropriate parent to discuss sexuality. The aim of this study was to examine the content of mother-daughter sexual and reproductive health communication

Methods: A systematic review of 10 databases including PubMed, MEDLINE, CINAHL, and more was conducted. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement guided the conduct of the review. Various search terms were used including maternal communication, adolescent sexual behavior, reproductive health, and mother interaction. Studies were included if they were published in the last 50 years, were conducted in the U.S., studied communication between mother-daughter dyads.

Results: Twenty articles met full inclusion criteria. The majority were quantitative (65%), used convenience sample of mothers (75%), and had over 200 participants (55%). The age of the daughters in the studies ranged from 9 to 20 years. Mothers' age ranged from 36 to 46 years. The most common topics discussed by mothers with their daughters is related to contraception and use of condoms (80% of the studies), sexually transmitted infections including HIV/AIDS (70% of the studies), conception/ sexual intercourse (50%), menstruation (40%) and sexual morality and mother values about sexuality (35%). Fewer studies discussed male physiology such as wet dreams, dating, abstinence, abortion and female personal hygiene.

Conclusions: Less than half of the studies reported discussions on female reproduction, menstrual cycle and ovulation. It is important for mothers to be encouraged to discuss the physiology of female reproduction to help young girls better understand their risk of pregnancies and the need to use contraception if needed.

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RSC PST 1 - Research Poster Session 1

What is the Evidence Sustainable, Rewarding, Reflecting Practice? Seeking Insights for Reflective Practice

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Purpose

The purpose of this presentation is to present results of an integrated literature review of the current state of reflective practice in pre-licensure nursing undergraduate programs. The development of a research study of student and educators' experiences of reflective practice will be described.

Target Audience

The target audience is nurse educators in undergraduate nursing degree programs, researchers who focus on reflective practice and reflexivity, clinicians, and undergraduate and graduate nursing students.

Abstract

Purpose: This poster presentation will focus on an integrated literature review of the current state of reflective practice in pre-licensure nursing undergraduate programs. Reflective practice has become an integral component of contemporary nursing practice (Nelson, 2012). According to the *Canadian Nurses Association* the focus and intent of reflective practice is a process of professional self-reflection about events, situations and actions that can help transform nursing practice and improve patient/client care (CNA, 2005). A preliminary scoping review shows that reflective practice is a dynamic process (Finlayson, 2015) that changes over time and has revealed a number of themes. Undergraduate nursing students are required to interrogate their own practice experiences through reflections or reflective writing and journaling. Professional standards and licensing processes require demonstrations of reflection or reflective practice. Individual practice reflections form all or part of the quality assurance processes of many nursing professional associations and can be the main source of professional accountability. Besides being considered an established means of fostering learning and connecting theory to practice, reflection has also been identified as a key competency for the development of effective leaders in increasingly complex and diverse work places (Fewster-Thuente & Sherwood, 2014; Heckemann, Schols, & Halfens, 2015; Roberts, 2008; Sherwood & Horton-Deutsch, 2008). While identifying reflection as a pre-requisite to change and meaningful action in professional practice, Coward (2011) has identified a sense of pervasive reflection fatigue among undergraduate students.

Methods: We are reviewing literature from 2008, the year Freshwater, Taylor, and Sherwood (2008) published their seminal work on reflective practice in nursing to 2015. Databases searched included CINAHL, ERIC, PsycINFO, Medline, and SocINDEX. Over 200 articles were retrieved and are currently being reviewed. An evaluation tool is being used to assess the articles.

Results: To date, fewer than 6 articles focus on actual research studies on reflective practice. Definitions of reflection are diverse and implementation is extremely variable.

Conclusion: The results will inform the design and focus of a study that will answer the following questions: How is reflective practice integrated through the undergraduate years? How do students learn about reflection in their undergraduate nursing program? How structured are reflective practice assignments? What are the understandings of educators about reflection and reflexivity?

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RSC PST 1 - Research Poster Session 1

Processes of Managing Medications in Selected Health Facilities in Country X

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Purpose

The purpose of this presentation is to share preliminary findings on the processes of medication management. The presentation highlights the role played by each cadre of health care providers at each stage of medication management and structures and processes in place for preventing and managing medication errors.

Target Audience

The target audience of this presentation is healthcare providers in clinical and academic settings.

Abstract

Purpose: The purpose of this presentation is to share preliminary findings on the processes of medication management. The presentation highlights the role played by each cadre of health care providers at each stage of medication management and structures and processes in place for preventing and managing medication errors.

Methods: A descriptive cross-sectional mixed- methods design was used. The study was conducted in urban, peri-urban and rural health facilities in country X. The selected health facilities were a mix of referral, district and primary hospitals as well as clinics and health posts. A total of 12 sites were selected. Following selection of health facilities, study participants were categorized by their cadres before simple random selection was done. The number selected for each cadre was proportional to the total number of candidates in a given cadre at a given health facility. Descriptive statistics was used to analyze the preliminary findings.

Results: The sample consisted of 53 participants with an uneven distribution of gender as there were 22 males and 31 females. The age ranged between 24 to 63 years. The descriptive data shows that prescription is mostly done by doctors (88.6%) and nurses (53.8%) while transcription and administration was mainly done by nurses (Randolph, 2013). Dispensing of medications was done by pharmacist/technician, nurses and doctors. It was noted that both nurses and doctors in primary health care settings were involved in prescription while in acute care settings prescription was limited to doctors except for nurse anesthetists. However, in the private facilities prescription was done by doctors only.

Most respondents (88.7%) were certain that their curricula covered medication errors. In-service and workshops addressing medication errors were reported but were uncommon. Medication counselling was most prevalent at dispensing and was rarely done during prescription and administration. It makes sense that counselling is more frequently provided at the dispensary (Al-Khani, Moharram & Aljadhey, 2014) than other areas because at prescription for instance, the health care provider may want to spend less time with the patient hoping counselling will be done at dispensing and administration.

Supervision and self-checking was common at dispensing and uncommon during prescription, administration and transcription. Peer checking was reported at all stages. Health care providers did not take medication self-checking as a routine. Mixing of medications was mostly done in the wards but few stated that mixing was also done at the pharmacy. Those involved in mixing were nurses, pharmacists and at times doctors. Participants stated that protocols for mixing injectable medications were available, and these included medication leaflets. It was also reported that new staff members were trained on mixing injectable medications. Some new staff were not offered on the job training on mixing injectable drugs; however, protocols were available to guide them.

Public facilities reported that most medical and medication errors made by staff were not reported, the same observation was made on medication errors staff discovered. Medication errors were therefore not reported in public facilities. This was different with the private health facilities where all medical errors including medication errors were reported. The public sector participants disagreed that there was a written protocol for prevention, detection, reporting and tracking of medication errors. However, the private sector respondents agreed to the availability of a tool for reporting medication errors but only 50% have used it.

Conclusion: The findings on who prescribes are in line with the Drug and Related Substance Act of country X which provides for prescriptive authority to doctors and nurses. Transcription included telephone orders, transfer of medication orders to new drug sheet and writing a refill prescription. The report shows that transcription is done by nurses. Nurses spend most of the time with patients and receive orders when necessary. Medication administration was mostly done by nurses, and doctors also do in some situations. Dispensing was primarily done by pharmacy personnel, but nurses also dispensed probably because there is still shortage of pharmacists and pharmacy technicians in the country. Untrained staff was not engaged in medication management except in administration of dressing ointments and creams.

It is evident that none of the facilities had a room dedicated for mixing of medications, which poses a risk for medication errors due to distractions. Gaps identified in medication management were; limited counselling during prescription and administration, absence of a room dedicated for mixing intravenous medications and solutions, absence of protocols on mixing and preparing injectable medications in some situations, lack of training of new staff on mixing of intravenous medications in some situations and instances of failure to report medical errors including medication errors in public facilities.

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RSC PST 1 - Research Poster Session 1

The Cervical Microbiome and Parturition

Marie Hastings-Tolsma, PhD, CNM, FACNM, USA

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Purpose

The purpose of this research to detail the microbes that normally populate the human cervix across pregnancy and in parturition. Microbiota that reside in the cervix, and how they interact with the human host, play an important role in protecting and maintaining parturition at term.

Target Audience

The target audience of this presentation is biobehavioral midwifery scientists providing care to pregnant women.

Abstract

Purpose: The importance of the microbes that reside in and on the human body are increasingly recognized for the action they carry out, influencing human health, behavior, and disease through immunologic, endocrine, and neural pathways. The National Institutes of Health completed the Human Microbiome Project and is now engaged in the integrative Human Microbiome Project 2 which aims to examine changes in the microbiome and human health. While many body sites have been examined, there has been little study of the cervix and myometrium, two key reproductive tissues that hold promise for better understanding of significant perinatal problems such as preterm birth. The purpose of this exploratory research is three-fold: 1) describe the indigenous microbiota in late pregnancy and parturition, 2) provide preliminary data regarding the corresponding indigenous myometrial microbiota, 3) characterize the cervical microbiotic pattern contributing to normal physiologic birth outcomes.

Methods: This research enrolls 20 healthy pregnant white women, 18-35 years of age, with normal body mass index (BMI), and who present for prenatal care at a birth center in the Southwest United States. Women enrolled in this prospective study have cervical specimens collected at 2 points: at 35-37 weeks and at the onset of labor. Where the participant has a Cesarean birth, a myometrial specimen is obtained to provide preliminary data regarding microbiota community taxonomic composition and diversity and how that compares with that found in the cervix. A standardized collection and processing model is being used to swab the cervix with preservation of samples by immediate freezing. Demographics, baseline clinical characteristics, and select perinatal outcomes are examined in relation to the community of microbes noted in the cervix. Dietary intake (24-hour recall) - a select host factor is also examined for consideration of potential impact on noted microbiota and associated perinatal outcomes.

Results: Data will be analyzed to characterize the cervical and uterine microbial communities and determination of correlations between differences in the microbiome and perinatal outcomes with microbiome compositions being measured by 16S rRNA gene sequencing.

Conclusion: The goal of this research is to promote health in pregnancy and improve perinatal outcomes. Findings have the potential for further refinement of personalized medicine for pregnant women, including development of biomarkers which could be key in the development of targeted interventions capable of promoting or blocking parturition at less desirable endpoints.

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RSC PST 1 - Research Poster Session 1

Basic Research of Reminiscence Therapy in Nursing Measured By Near Infrared Spectroscopy (NIRS)

Atsuko Tokushige, PhD, RN, PHN, Japan

Purpose

The purpose of this presentation is to suggest that incorporate the effects of a reminiscence therapy for nursing.

Target Audience

The target audience of this presentation is the nurse who perform geriatric nursing.

Abstract

Purpose: Japan is an aged society, therefore to consider measures against the elderly with dementia who are increasing with increasing rate of aging is high priority for nursing. There are a variety of rehabilitation methods for the elderly with dementia. Among them, near infrared spectroscopy (NIRS) is one of therapies which nurses can perform. Many reports have indicated effects of the NIRS, and these effects have been determined by the Mini Mental State Examination (MMSE) or Hasegawa's Dementia Scale (HDS). However, few reports have used physiological indicators in order to evaluate them. In addition, reminiscence therapy is a complementary and alternative therapy, therefore nurses do not have such knowledge generally and few studies demonstrated its effects. Therefore, to establish the evidence of reminiscence therapy as a nursing care is required. The aim of this study is to clarify whether reminiscence therapy can be used to improve dementia as a nursing care. In order to prove it, I performed an intervention using personal reminiscence therapy in the elderly with dementia, and evaluated its effect by using brain waves and a set of optical encephalography. Reminiscence therapy is one of therapies which nurses can perform as an approach to the elderly with dementia. Many reports have indicated its effects, however, few reports in nursing have demonstrated the effects by using physiological indicators. The aim of this study is to clarify whether reminiscence therapy can be used to stimulate the brain as a nursing care by using a set of optical encephalography.

Methods:

1) Participants: 20 healthy adults aged 20 to 39.

2) Measurements

(1) Basic data: age, underlying diseases

(2) NIRS data (hemoglobin in the frontal lobe): Changes in blood flow was measured by the NIRS. The set of optical encephalography (Spectratech, Inc., OEG-16) was used to measure it. This device is noninvasive and can measure the activity of the frontal lobe.

(3) Arousal level data: I asked to the participants when they were most arousal (stimulus images, control images, or a conversation).

3) Measurement methods: I prepared reminiscence images (which described trends when the participants were childhood and were considered to recall the participants' memories) and control images (abstracts images such as a landscape), and show these images to the participants. I prepared 40 reminiscence images and 40 control images (required time: total 10 minutes), and showed each images to the participants for 15 seconds per image. Subsequently, each participant had a conversation with a researcher for 10 minutes with the reminiscence images.

4) Methods: NIRS data can be measured by this device through 16 channels, but 4 channels were excluded (the rightmost and leftmost channels which caused remarkable noises, and the central 2 channels which could not be divided into the right and left brain). Therefore, I analyzed data for 12 channels (right 6 channels and left 6 channels). I compared the data between the right brain and the left

brain for oxyhemoglobin ($\Delta\text{Oxy-Hb}$) for the reminiscence images and control images. Furthermore, simple tabulation was performed the subjective survey.

5) Ethical Consideration: This study was approved by the Research Ethics Committee of the university which the researcher belongs to. I recruited participants from the public, and I explained the study to candidates in verbal and written forms. After that, I obtained their written consent individually.

Results:

1) Participants: Average age, 21.9 ± 2.7 ; 8 males and 12 females.

2) NIRS data: Concerning $\Delta\text{Oxy-Hb}$, all values of the left brain were significantly higher in 10 out of 12 channels for the stimulus images. In addition, all values of the left brain were significantly higher in 9 out of 12 channels for the control images. In the conversation, all channels except one channel whose data showed significantly higher value of the left brain revealed no significant difference between the right and left brain.

3) Subjective data: In the subjective survey, 15 out of 20 participants answered that they were more arousal when they saw the reminiscence images than control images. In addition, all participants answered that they were most arousal during the conversation. Furthermore, most participants answered that the conversation was fun.

Conclusion: A comparison of $\Delta\text{Oxy-Hb}$ levels revealed that there were differences in the activity of the right and left brain when the participants saw the reminiscence images and the control images. Some reports have indicated that the right brain is dominant to process visual information, however, the values in the left brain was higher than the right brain in this study. I intend to perform more detailed data analysis in future. I presume that the participants use both of the right and left brain during the conversation based on the fact that there were not much differences between the right and left brain in the conversation. Furthermore, subjective arousal level was highest during the conversation. I presume that the reason was that the frontal lobe was activated by the conversation. For $\Delta\text{Oxy-Hb}$ levels, the right and left brain also showed their activity, indicating that the entire frontal lobe was used for reminiscence. From these results, I conclude that reminiscence therapy through a conversation with a subject can be used as a nursing care to activate the brain. Further investigation in the elderly participants will be required.

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RSC PST 1 - Research Poster Session 1

Using Q Methodology to Evaluate Curricular Outcomes in a Baccalaureate Nursing Program

Desiree Hensel, PhD, RN, PCNS-BC, CNE, USA

Purpose

The purpose of this presentation is to describe how Q methodology was used as part of a comprehensive evaluation process to explore what types of patients that students near graduation felt that they would most likely care for early in their nursing career.

Target Audience

This presentation targets nurse educators who are involved in curriculum design and evaluation. This presentation may also be of interest to nurses wanting to learn about different research methodologies.

Abstract

Purpose: Attainment of learning outcomes in our program, like many programs, has been measured on Likert-scales as self-perception and preceptors' ratings. This information often lacks the depth to be used in meaningful ways for program improvement. The National League for Nursing has made examination of innovative program evaluation models a research priority. Accordingly, we trialed using Q methodology as part of our evaluation process. Q methodology is a research method that correlates participant profiles to each other to find groups with shared viewpoints and has the potential to offer a richer understanding of perceptions. The purpose of this project was to evaluate how students attained the program outcome of being prepared to practice in diverse environments by exploring the types of patients' students felt that they would most likely care for after graduation.

Methods: Institutional review board approval was obtained to conduct this study at our large public university in the Midwestern United States. We used Q methodology to discover groups of students with shared viewpoints on who would be their future patients. The recruited sample consisted of baccalaureate students near graduation from a traditional program. Students sorted 45 images of diverse patients printed on a deck of cards into three piles according to whether they agreed, disagreed, or felt unsure about whether they might care for that type of patient early in their nursing career. Twenty-two images reflected acute care settings and 23 cards showed patients in community-based or extended care settings. Participants then rank-ordered their selections and recorded their preferences on a -5 to +5 sorting sheet. Analysis was done through a standard 3-step process using PQMethod 2.35 software. Participant profiles were correlated to each other, centroid factor analysis with varimax rotation was completed to find groups with shared viewpoints, and factor scores were calculated for each statement. A factor array and narrative were created to describe each factor.

Results: One unipolar and two bipolar factors explained 58% of the variance with participants tending to see themselves caring for a narrow range of types patients. Students averaged disagreeing that they would care for patients portrayed in the images ($M=20.8$) more than they agreed they might care for that type of patient ($M= 12.5$). Participants loading Factor 1 mostly saw themselves caring for adults in acute care settings. Positive loads on Factor 2 were characterized by wanting to care for pediatric patients but not older adults. Negative Factor 2 loads showed the reverse preference. Those loading positively on Factor 3 showed the preference of caring for maternal-newborn patients but not critical care patients. Negative Factor 3 loads preferred critical care and did not see themselves caring for perinatal patients.

Conclusion: As the majority of healthcare shifts away from acute care settings, nursing curricula must evolve. The purpose of undergraduate education is to prepare a generalist, but our students showed preferences for specialized practice environments. A preference for providing care in non-acute care setting did not emerge. Students in this study took a dedicated developing family course and did not take community nursing until their senior year. More research is need to understand what role course design and sequencing plays in creating polarization of practice preferences or the primary desire to practice in exclusively in acute care settings.

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RSC PST 1 - Research Poster Session 1

Nursing Practice for Patients With Lost the Oral Cavity Function: The Perspective of Home Nursing

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Purpose

The purpose of this research is to clarify the perspective of home nursing on nursing practice for patients who lost the oral cavity function.

Target Audience

The target audience of this presentation is Nurses and Nursing educators.

Abstract

Purpose: The purpose of this research is to clarify the perspective of home nursing on nursing practice for patients who lost the oral cavity function.

Methods: We asked nursing departments of 409 designated regional cancer centers and hospitals to participate in our research. We asked each institution about the number of nurses who had had nursing experiences of caring for patients who lost the most of oral cavity function after the surgeries of larynx cancer and hypopharynx cancer, and then sent a sufficient number of questionnaires to representatives in each institution for distributing them to nurses. Participation of this survey was voluntary and anonymous. Participants in this research were asked to put questionnaires in enclosed reply envelopes and send them back to us. This study was conducted with the approval of Research Ethics Committees in University J and University S.

Subjects in this research were 100 nurses who completed and returned questionnaires.

Relevant patients need enough discharge support and adjustment during a period of hospitalization after surgery because they are put under difficult conditions on several functions such as speaking, eating, and breathing. In other words, we consider that the “perspective of home nursing” hospital ward nurses have for developing discharge support and adjustments is deeply related to the quality of life among patients who lost the oral cavity function after discharge from hospital. The “perspective of home nursing” in this research refers to the estimation of the matters and problems that can happen on patients and their families after discharge from hospital, the instruction for them, and the assessment of necessary service (Yamagishi, et al., 2014).

We used the “discharge planning process scale for hospital ward nurses” (Yamagishi, 2012) in order to measure their “perspective of home nursing.” This scale is composed of five subscales on a scale of 1 (do not at all) to 6 (always do): the confirmation of a patient and his/her family's thinking about their plan of medical treatment (5 items), the continued enhancement of medical care (5 items), collaboration with medical experts in the community (5 items), the instruction of a patient and his/her family according to medical care environment after discharge from hospital (5 items), and an assessment of daily living after discharge from hospital (5 items). Its reliability and validity have been verified. It was interpreted that its score was positively associated with the level of the perspective of home nursing. We calculated the scores of each subscale and the total score (a maximum of 100).

We also asked subjects about their basic attributes such as the years of nursing experience, the years of visiting nursing experience, current affiliation, age, and sex. Current affiliation is classified into Group 1

(ear, nose, and throat, head and neck surgery, and oral surgery wards) and Group 2 (other wards). Outpatients were excluded from the analysis.

We got the descriptive statistics first, and conducted a t-test to evaluate the mean difference between them and the results of Yamagishi's study (2012). Then, we conducted a multiple regression analysis on 5 subscales of "discharge planning process scale for hospital ward nurses." There was multicollinearity between age and the years of nursing experience, so that we conducted a multiple regression analysis focusing on the years of nursing experience and current affiliation.

Results: The average age was 34.2 years (ranging 22 to 60 years). There were 95 females and 5 males. The average years of nursing experience was 11.7 years (ranging 0 to 39 years). Only one subject had visiting nursing experience (5 years).

The average total scores of the confirmation of a patient and his/her family's thinking about their plan of medical treatment, the continued enhancement of medical care, collaboration with medical experts in the community, the instruction of a patient and his/her family according to medical care environment after discharge from hospital, and an assessment of daily living after discharge from hospital were 22.7, 23.6, 19.8, 25.0 and 23.6, respectively. Comparison between this results and the analysis of 1,164 hospital ward nurses in 5 hospitals in 4 regions before the introduction of Yamagishi's discharge support and adjustment programs revealed that nurses in this research gained high scores in every subscale at a statistically significant level ($p < .0001$).

Multiple regression analysis revealed that there was no significant difference between the years of nursing experience and current affiliation on the confirmation of a patient and his/her family's thinking about their plan to medical treatment, the continued enforcement of medical care, the instruction of a patient and his/her family according to medical care environment after discharge from hospital, an assessment of daily living after discharge from hospital, and collaboration with medical experts in the community.

Conclusion: The scores of 5 subscales were significantly higher than those of Yamagishi's study (2012) because the revision of the medical payment system after 2012 induced the establishment of a full-time branch of discharge support and adjustment in acute hospitals and made its education involving the role development of nurses active.

The finding that there was no association between the years of nursing experience and current affiliation in all 5 subscales of "discharge planning process scale for hospital ward nurses" suggests that there is a possibility that all nurses including novice nurses would be able to have a perspective of home nursing.

Yet, patients and their family members still feel difficulty in daily life even one year after discharge from hospital (Kotake, et al., 2014), suggesting the necessity to continue to nurse patients who lost the oral cavity function after their discharge from hospital. The scores were higher than previous studies but the score of collaboration with medical experts in the community was below 20, showing the necessity to collaborate consciously with medical experts in the community.

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RSC PST 1 - Research Poster Session 1

What is a nurse?

Vicki Cope, PhD, RN, RM, MHS, Australia

Purpose

to present post graduate student insights on what being a nurse is in contemporary healthcare following the controversy raised by the Miss America contestant (2015).

Target Audience

Educators, nurses, general interdisciplinary/interprofessional audience members, nursing students

Abstract

Purpose: The purpose of reflective learning is widely accepted to improve personal and intellectual growth. This educational assessment piece was set to garner critical reflection from post graduate students enrolled in a Master's program. What nurses do with regard to patient outcomes is increasingly documented especially with regards to safety and quality (Aiken et al, 2014) yet what nurses are, in the sense of what is understood by their role in the contemporary healthcare system is not clear. Recently, a Miss America contestant (2015) chose to 'perform' in the talent section of the competition, 'costumed' in her nursing scrubs complete with stethoscope around her neck and described her 'talent' as a nurse. What the contestant said about nursing created controversy but paved discussion on "What is a nurse?"

Methods: Post-graduate students within two units of a Master's degree were questioned via an assessment item on their insights of what being a nurse is in contemporary healthcare, to challenge their understanding of their own role and to address the public understanding of the role of a nurse.

Results: "Viewing nursing as merely the selfless care of the sick is unimaginative" wrote Girvin (2015, p.1) in her editorial concerning the public understanding of nursing and the call for change. The outcomes of this educational research project illuminate the view of members of the profession of itself, allowing a discourse on the issues pertinent to nursing today whilst contemporising an assessment item for postgraduate students which tests their ability to be critical of their own reflections on what it is to be a nurse and part of the profession that is nursing.

Conclusion: This presentation argues for the need for specific reflection on what it is to be a nurse in contemporary healthcare and of critical reflection and its crucial role for post graduate students in academic settings today.

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RSC PST 1 - Research Poster Session 1

Nursing Students Perceptions of an Extended Undergraduate Curriculum Programme at a Higher Education Institution

Chantal Julius, PGradDipNE, RN, RNE, South Africa

Purpose

The purpose of this research is to determine the effectiveness of the extended curriculum programme within the nursing faculty in assisting under-prepared students complete their tertiary studies successfully.

Target Audience

The target audience of this presentation is curriculum developers within the nursing faculty and educators of an extended curriculum programme.

Abstract

Purpose: During apartheid, South African education laws encouraged racial segregation with learning opportunities and resources spread unequally amongst different races. A solution of the post-apartheid South African government to address past discriminations was to improve access to tertiary educational institutions (Draft National Plan for Higher Education in South Africa, 2001:4). This however did not remove the fact that the potential students of the previous disadvantaged groups would be more successful at tertiary institutions, but only that they would be given more opportunity to access higher education. Internationally, Ireland's similar "National Plan for Equity and Access in Higher Education" (Dhunpath & Vithal, 2014:3) addressed educational, economic and social issues towards giving disadvantaged individuals access to education. Scotland's "More Choices, More Chances" campaign focused on increasing the quantity of young people that would receive an education (Dhunpath & Vithal, 2014:4). In South Africa the poor performance rates of these previously disadvantaged students at tertiary institutions of education indicated that they remain underprepared for tertiary educational studies, even though they have more access (Draft National Plan for Higher Education in South Africa, 2001:5). The Council for Higher Education (2013:57) defines under-preparedness for studies as difficulty with adjustment to the prescribed curriculum as well as an inability to study independently. An extended curriculum programme was thus implemented to facilitate success for underprepared students in tertiary education studies (Education, 2013:70).

Methods: The Extended Curriculum Programme (ECP) was implemented to address the throughput by the Department of Education. Firstly, they wanted to ensure that they were able to meet the needs of the students who accessed the tertiary institution, and secondly to ensure that the underprepared first year students have a strong academic basis to make it possible for them to succeed at their studies (Council for Higher Education, 2013:71). Students in the Extended Curriculum Programme at a nursing education institution within the Western Cape have their first year of education spread over two years. Where a semester's work in mainstream curriculum is covered in the prescribed six months; the same work in the Extended Curriculum Programme is covered in a year. This is to allow the student enough time to adjust between secondary and tertiary education, to rectify bad learning habits and educational disabilities and to ensure successful integration into the mainstream programme. In addition, the Extended Curriculum Programme students receive additional lessons in language, numeracy and exercises in scaffold reading to assist with the discourse of their related faculty. This programme is regulated by the South African Nursing Council and accordingly the student will need to complete a prescribed amount of theoretical and practical hours to be able to receive registration on completion of the programme (Western Cape College of Nursing 2014:20). These nursing students on completion of their studies will graduate as registered nurses in general, community, psychiatry nursing and midwifery.

Results: Despite having a negative undertone associated with this programme it appears successful in helping the previously underprepared student overcome their educational challenges and successfully integrate into the mainstream nursing programme. Although there are some quantitative studies that have investigated the success of Extended Curriculum Programmes in other faculties i.e. engineering,

pharmacy, no formal research has been undertaken in a nursing faculty. This indicates a gap in the knowledge regarding the success of the Extended Curriculum Programme in nursing education.

Conclusion: The study is aimed at exploring nursing students' perceptions of an extended undergraduate curriculum programme within a higher education institution in the Western Cape. A qualitative approach by means of a descriptive design will be used for this research project. The information will be gathered via 2 focus group interviews consisting of 5 participants each of the population of forty-seven previous Extended Curriculum Programme students that progressed to the second year mainstream programme in 2015. The semi-structured questions that will be used allow some structure to the focus group whilst also providing the facilitator/interviewer the freedom to deviate should the participants highlight extra information that requires exploring. Participants will be chosen using a purposive sampling method and interviews will take place at the higher education institution where the participants receive their instruction. Thematic analysis will be used for data analysis. Once the research has been completed the recommendations and findings, as per the study, will be made available to the higher education institution where the curriculum programme is being offered

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RSC PST 1 - Research Poster Session 1

Changing the Social Norm: Effectiveness of Smoking Bans

Isabelle F. McCormack, USA

Purpose

The purpose of this presentation is to present the effectiveness of smoking bans at reducing smoking rates in the surrounding community. This presentation will compare previous research to the effects of a campus-wide tobacco ban at Eastern Michigan University in July 2015.

Target Audience

The target audience of this presentation are healthcare workers with a focus on nursing research and community health.

Abstract

Purpose: Nurses have a responsibility to promote health and prevent illness within their communities by helping to change the social norm of cigarette use. On July 1, 2015, Eastern Michigan University implemented a policy to make its campus tobacco-free, joining colleges across the United States. Currently, there are at least 1,475 U.S. colleges and universities that are 100% smoke-free campuses (American Nonsmokers' Rights Foundation, 2016). Social policies against cigarette use have become more prevalent in recent years, including university campuses, hospital campuses, restaurants, and requiring mandatory tobacco-screenings for healthcare workers. This research will analyze previous studies of the impact these policies have on smoking rates in surrounding communities. This data will be compared with the effects of the smoking ban at Eastern Michigan University. The research will then be used to determine whether smoking bans are effective in lowering smoking rates.

Methods: This research will analyze previous studies on smoking bans and their effects on the community in which they are implemented. Such studies include: mandatory tobacco screening for healthcare employees, university campuses, hospital campuses, and restaurants. It will also provide original research using the results of an online survey sent to faculty and students at Eastern Michigan University regarding the effects of the smoking ban.

Results: Results are not yet determined. Research is ongoing, and data collection is expected to be completed in March 2016. This study predicts that smoking bans, such as the one implemented at the college campus in this study, have a direct effect on lowering cigarette use in surrounding areas.

Conclusion: The research will determine whether smoking bans are an effective way to lower smoking rates in their surrounding community. This research has an impact on nurses due to their commitment to promote health and prevent illness in the community, therefore helping to change the social norm of cigarette use.

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RSC PST 1 - Research Poster Session 1

The Perception of Mothers Regarding Intrapartum Care Services in the Limpopo Province

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Purpose

The purpose of the presentation is to explore and describe the perceptions of mothers regarding intrapartum care in order to improve the health of mother and child

Target Audience

The target audience will be midwives, primary health care nurses, clinical nurses, lecturers involved in teaching content on mother and child, other health care workers involved with intrapartum care and medical doctors.

Abstract

Purpose: The purpose of this study was to explore and describe the perceptions of mothers regarding intrapartum care services in the Limpopo Province.

Methods: Qualitative research method was used in this study. An exploratory, descriptive and contextual design was conducted to explore and describe the perceptions of mothers regarding intrapartum care services in the Limpopo Province. Population were mothers who gave birth normally and were attending postpartum care. The study was conducted in primary health care clinics serving rural communities.

Purposive and convenience sampling was used in this study. Data were collected through focus group interview from 10 mothers between the ages of 18 and 40 with the support of tape recorder and field notes. A pilot test was conducted using two mothers to check if the research question is clear or complex. These mothers were not part of the main study. Data were collected until saturation was achieved. Tesch analysis method was used to analyse the collected data. During data analysis, process, categories were identified and described.

Results: The following main six categories were identified and described:

Perceptions of labour and childbirth, Relationship between health care services and childbirth, Feelings with regard to recent childbirth, Problems during childbirth, Suggestions for utilisation of the clinic in future, and Role played in childbirth. These categories were later confirmed with literature.

Conclusion: It was concluded that 24hr services should be implemented at local clinics. The structure of the clinic should be developed to cater for maternal services. Midwives at local clinics should be sufficient for providing better intrapartum care service. It was recommended that the Department of Health must encourage the development of more midwives from nursing schools in order to improve the services. Midwives at local clinics should be sufficient for providing better intrapartum care.

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RSC PST 1 - Research Poster Session 1

An Exploration of Pressure Injury in a Diverse Defined Local Community

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Purpose

The purpose of this presentation is to provide a comprehensive account of the experience, prevalence and pattern of pressure injury among patient's/service users in one defined community; and to understand the impact of these pressure injuries from the patients' point of view.

Target Audience

The target audience for this presentation is nurses and carers, working with patients either in hospital or in the community, who are at risk of developing pressure injuries

Abstract

Purpose: The purpose of this study is to explore the characteristics of pressure injury within a defined, diverse community using a case study approach

Specific objectives are:

1. To explore the in-depth views of patients' experience of living with a pressure injury
2. A review of existing data to identify the prevalence and characteristics to pressure injury in the defined community.
3. To examine if there is any relationship between pressure injury and patient characteristics.

Methods: To address the study objectives, a case study design will be used. The case boundary is defined as the postcode OX4 within Oxfordshire as this area has a mixed demographic or culture, age and socio-economic profile, and the cases within are patients who have been treated for a pressure injury within this case boundary.

The methods to be used within the case study methodology include:

Phase 1: Interviewing: where patients will be invited to participate in a semi structure interview conducted in a place of their choice. The interview will focus on their experience of living with a pressure injury, how this has impacted on their quality of life and how the injury was managed by themselves and by health professionals. An interview schedule will be developed to ensure consistency of interviewing.

Phase 2: Collection of audit data: Data will be accessed to identify the prevalence and characteristics of pressure injury in the case boundary. This will include demographic data, health co-morbidities and management of the injury. The calendar year 2015 will be used to ensure seasonal variation is minimalized and the current management of the injury.

Results: It is anticipated that the characteristics of pressure injury can be identified.

Following analysis of interview transcripts, patients' experience of living with a pressure injury will be documented

Identify the prevalence and characteristics to pressure injury in the defined community.

Report if there is any relationship between pressure injury and patient characteristics.

Conclusion: We anticipate we will identify patients' concerns and needs, and include these in our recommendations

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RSC PST 1 - Research Poster Session 1

Exploring the Knowledge, Beliefs, and Attitudes of Undergraduate Student Nurses Toward Homeless People

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Purpose

explore the knowledge, beliefs, and attitudes of undergraduate student nurses toward homeless people.

Target Audience

nurses, nurse educators, and nursing researchers.

Abstract

Purpose: Civility is a crucial element in therapeutic communication and healthy patient relationships; conversely, incivility can negatively influence healthcare environments and patient care (American Association of Colleges of Nursing, 2008; The Joint Commission, 2008). Vulnerable populations, especially homeless people, may be particularly at risk for experiencing uncivil behavior from nurses (Irestig, Burstrom, Wessel, & Lynoe, 2010). Several studies have demonstrated that homeless people believe they are treated with disrespect (Cocozza Martins, 2008) and lack of compassion by nurses (Irestig, 2010, Nickasch & Marnocha, 2009), which constitutes a barrier to their seeking care. Nursing students may be unfamiliar with the needs of the homeless and hold negative perceptions about them. Few studies have explored undergraduate nursing students' perceptions of the homeless, and how these perceptions may affect their therapeutic interactions. Boylston and Rourke (2013) identified that second degree baccalaureate nursing students held negative stereotypes of the homeless. Patterson and Hulton (2011) determined that senior nursing students had negative attitudes toward people living in poverty. However, there is little literature exploring how these perceptions may impact nursing students' therapeutic interactions. Therefore, the **purpose** of this study is to explore the knowledge, beliefs, and attitudes of undergraduate student nurses toward homeless people in order to develop an intervention to change perceptions and improve therapeutic interactions.

Methods: We will recruit 20 juniors, undergraduate nursing students, aged 18 and over, from a baccalaureate nursing program in the Mid-west. Members of the research team will attend Health Assessment class, which has an average enrollment of 90 students who will have entered the program in fall semester, to describe the study and invite students to participate. Students will be given a copy of the recruitment script that includes research team members' contact information. Students who are interested will be instructed to contact a team member to schedule the 60 minute interviews. The first twenty students who respond will be included in the study.

At the initiation of the interview, a research team member will explain the study and procedures, obtain informed consent, then complete the audiotaped interviews. During the interviews, participants will provide demographic information and take part in an open-ended interview using broad questions and prompts from an interview guide. This guide was developed based on the researchers' expertise with civility and the homeless population and on the existent literature.

Each person who participates in an interview will receive a \$15 Walmart gift card. All participants will be given the incentive whether they complete the entire interview or not. We anticipate interviews will take no more than one hour. Interviews will be audio-taped and later transcribed verbatim. Field notes will be recorded with each interview to allow for an audit trail.

Results: Study is in progress.

At the completion of interview sessions, tapes will be transcribed verbatim, and transcriptions and field notes will be analyzed for emerging themes. Qualitative data will be analyzed through concept analysis identification of themes. Coding categories will be generated from the data. Researchers will conduct

coding individually and consensus will be achieved on final themes through an iterative process. This process will continue until data saturation is reached. Themes will be examined for fit with Leininger's (1991) model; they will also be compared to themes found in the literature and examined for congruency. Trustworthiness of the findings will be strengthened through our use of an audit trail to track decision making and development of codes, and by triangulation through the iterative review. Descriptive statistics will be used to explore participants' characteristics.

Two techniques will be used to determine trustworthiness of the study: audit trail and member checking. The interviewers will keep accurate records during data collection to maintain an audit trail. This will allow an external auditor to evaluate the dependability of the data and enhance dependability of the study. In order to establish validity, informal member checking will be performed at the end of each interview to ensure that researcher interpretations are consistent with those of participants. Additionally, after data analysis is completed, a member of the research team will meet with two or three of the participants to ascertain whether the themes identified by the researchers actually represent the experiences of the participants.

Conclusion: Social justice is a fundamental value of the nursing profession (AACN, 2008), and drives the mandate that nurses provide competent, compassionate care for the vulnerable people they serve, including the homeless. Moreover, nurses have a responsibility to advocate for social justice and promote health policies that ensure adequate care resources for the homeless (Daiski, 2006). Nurses who are successful in meeting the needs of the homeless value justice and believe that caring for underserved, marginalized populations is foundational to nursing. They are able to recognize their biases, communicate respect, establish trust, and engage the homeless in taking ownership of their healthcare (Seiler & Moss, 2012). However, not all professionals possess these skills; they may be unfamiliar with the unique challenges homeless people face and the multiplicity of health problems they experience (Drury, 2008; Nickasch & Marnocha, 2009; Seiler & Moss, 2012), making it more difficult to tailor care to meet their needs.

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RSC PST 1 - Research Poster Session 1

First Encountering With Nursing Practice: Undergraduate Students' Fundamental Nursing Practicum in ICU

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Purpose

The purpose of this study was to explore nursing students' fundamental nursing practicum experiences in ICU.

Target Audience

The target audience of this presentation is clinical mentors and preceptors, nursing faculty, nursing students, and academics.

Abstract

Background: Fundamental nursing practicum is nursing students' first class in clinical setting. It helps students to recognize the value and culture of professionalism and build up self-confidence. Positive practicum experiences and successful adaptation is crucial to enhance students' willing to engage in nursing profession (Levett-Jones, Lathlean, Mcmillan & Higgins, 2007; Pedersen & Sivonen, 2012). Furthermore, Intensive care unit (ICU) nurses are often nimble, quickly adaptive with proficient nursing skills while facing multiple stressors. Having fundamental nursing practicum in ICU may help students to early encounter and early adapt clinical reality.

Purpose: The purpose of this study was to explore nursing students' fundamental nursing practicum experiences in ICU

Methods: A qualitative research was conducted to explore nursing students' ICU practicum experiences. According to the inclusion criteria, 17 second-year undergraduate nursing students in southern Taiwan who took fundamental nursing practicum class were recruited. Students' reflection notes about their fundamental nursing practicum experiences in ICU were collected and analyzed using content analysis (Hsieh & Shannon, 2005; Weber, 1990). First, we read the reflection notes for several times until a whole understanding of nursing students' practicum experience in ICU were obtained. Second, we summarized a keyword or phrase in the reflection notes by reading again, moving back-and-forth, and underlining the significant words, terms, and paragraphs. Third, we identified each experience within its specific context as an analytic unit. These experience of the reflection notes were classified into several major content areas. Forth, we condensed and sorted those content areas into different meaning units and interpreted the underlying meanings within the whole context. Fifth, we labeled the meaning units and compared the difference and similarities among each students. Finally, we sorted them into categories and formulated four themes.

Results: Four themes were identified, including encountering psychological stressors, adapting and engaging themselves in clinical settings using multiple strategies, shaping professionalism, and gaining self-growth. In the first theme, encountering psychological stressors, nursing students' psychological stresses were derived from three aspects, including the interaction with patients and medical team, the lack of confidence and overwhelming challenges caused by insufficient clinical knowledge and skills, and the ethical dilemma between medical treatments and patients' concerns. After encountering those reality shocks, students were trying to adapt themselves to the conditions. In the second theme, adapting and engaging themselves in clinical settings using multiple strategies, students sought for peers' supports, embraced imperfection by self-acceptance, and strengthened clinical knowledge and skills. The experience in adaptation helped students shape their professionalism and gain self-growth. In the third theme, shaping professionalism, students identified commitments of nursing professionalism and established confidence to practice clinical skills and performed nursing ethics discreetly. Finally, in the

fourth theme, gaining self-growth, students encompassed contemplating life meanings as being with dying patients and valuing personal relations.

Conclusion: The results indicated that most students experienced psychological stressors in their first practicum in ICU; however, after adaptation, their professional identity and self-growth were found. This study provided a comprehensive picture of nursing students' practicum experiences in ICU which may help clinical mentors and preceptors to understand the causes of nursing students' reality shock, recognize the gap between classes and clinical settings, and realize nursing students' progressive process.

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RSC PST 1 - Research Poster Session 1

Rural Nepal Health Surveillance and Care Delivery: A Community Health Case Study

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Purpose

The purpose of this presentation is to describe the structure and barriers to rural health care in Nepal and assess disparities with larger generalized data sets. The project investigates how official policies are executed in rural areas and the results provide a foundation for data-driven advocacy to advance rural health.

Target Audience

The target audience is international nurses working with interdisciplinary health care teams. More specifically targeting health care teams interested in structural reform and innovations in health care access intending to promote the health status of vulnerable populations.

Abstract

Purpose: Nepal is ranked 145th on the United Nations Human Development Index, life expectancy is 68 and there are 0.46 nurses and midwives per 1,000 people. Limited resources and weak civil structure leave rural communities un-assessed and excluded from census data drawn from electronic health records. The purpose of this study is to examine patient self-reported health issues from community assessments conducted in 2013 and 2014 and to compare results to national and international data.

Methods: Secondary data was coded from the 2013 and 2014 Stanford Nepal Medical Project medical camp health assessments (n= 624). **Results** were processed with REDCap for prevalence of chief complaints and other assessment data. Data were then compared to publicly accessible data about Nepal.

Results: Two prevalence measurements were taken using the secondary data: chief complaints and health assessments based on the medical diagnoses. Leading categories for seeking treatment locally and nationally overlapped: digestive (19% locally v. 11.4% nationally), respiratory (5% v. 7.7%), skin (15% v. 2.7%). Locally, eye problems were the 5th leading complaint (11%) yet unlisted among national and international reports. The local assessment data further diverged: eye (13.06%), musculoskeletal (12.76%), cardiovascular (10.39%), skin (10.09%) and digestive problems (9.49%) were most common. National and international assessments list digestive (11.2% national, 18% international) and respiratory (7%, 12.7%) problems as the top two assessments. The findings suggest there may be a significant urban-rural disparity in health problems.

Conclusion: The study' results demonstrate that these rural Nepali communities are not only underserved for basic health needs but that services may not match with patient reported problems. Similar rural communities remain unassessed with potential discordant health needs. Accurate assessment data for isolated communities can match supply and demand to drive efficient mobilization of limited resources to improve health outcomes. Nurses could be used to address the majority of problems found in these communities.

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RSC PST 1 - Research Poster Session 1

Nursing Students' Self-Assessment of Clinical Experiences

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Purpose

The purpose of this presentation is to ascertain nursing students' assessment of their different clinical experiences in relation to expected learning outcomes. The experiences would provide the basis for advocating for better mentoring and supervision of nursing students during clinical postings

Target Audience

The target audience of this presentation is nurse clinicians, educators, researchers, nurse scientists and administrators

Abstract

Purpose: To ascertain nursing students' self-assessment of their clinical experiences in order proffer suggestions and recommendations for better supervision and mentoring of students.

Methods: The study utilized personalized response pattern that reveal that nursing students are capable of self-reflection, and do contribute appreciably to patient care. The study design was qualitative and each nursing student was required to document their experiences in their own method with no uniformity for all the students. The sample for this study comprised twenty-eight (28) nursing students selected from a hospital based nursing education programmes. A The clinical areas of practice for the students were the medical, surgical and paediatric wards. The students' self-assessment and documentation was for a period of six weeks of clinical posting. The responses were analysed through content analysis.

Results: The result revealed that nursing students are capable of self-reflection, and could appreciate the diverse experiences gained during the period of the clinical experiences.

Conclusion: Nursing students' clinical times in various health facilities could be enhanced through better supervision and mentoring by trained staff and more opportunities should be provided for feedback on their experiences.

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Method: The study utilized personalized response pattern that reveal that nursing students are capable of self-reflection, and do contribute appreciably to patient care. The study design was qualitative and each nursing student was required to document their experiences in their own method with no uniformity for all the students. The sample for this study comprised twenty-eight (28) nursing students selected from a hospital based nursing education programmes. A The clinical areas of practice for the students were the medical, surgical and paediatric wards. The students' self-assessment and documentation was for a period of six weeks of clinical posting. The responses were analysed through content analysis.

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RSC PST 1 - Research Poster Session 1

Pilot HIV Prevention Study for Adolescent Young Women

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Purpose

The purpose of this presentation is to describe a pilot behavioral HIV prevention intervention to reduce heterosexually transmitted HIV in a culturally diverse sample of adolescent young women. Included in this description is the process by which nursing students were incorporated into the research team to carry out this study.

Target Audience

The target audience for this presentation is academics and clinicians.

Abstract

Purpose: Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) is a threat to the lives, health and wellbeing of individuals worldwide. Among women of reproductive age, AIDS is the leading cause of death globally. Heterosexual transmission of HIV is the primary mode of infection in women, and adolescent young women are particularly vulnerable. As there is no cure currently for AIDS and no vaccine to protect against HIV, implementation of behavioral HIV prevention interventions that are culturally sensitive and inclusive is imperative. Motivational interviewing and behavioral skills building are modes of behavioral interventions that have proven to be efficacious and are dynamic and flexible enough to address cultural inclusiveness and sensitivity, as well as adolescent and adult developmental differences.

Yet there is a need for further studies to establish proven HIV prevention interventions in general, and specifically studies that are geared toward reducing heterosexually mediated HIV infection in culturally diverse adolescent young women. Given that adolescents utilize primary health care services, an opportunity exists to reach adolescent young women and adapt proven HIV prevention interventions to their needs in primary care settings.

The purpose of this study was to pilot a behavioral HIV prevention intervention to reduce heterosexually transmitted HIV in a culturally diverse sample inclusive of Black, Hispanic and White adolescent young women ages 15-19 years. The specific aims of the study were to:

1. Determine the feasibility of an HIV prevention intervention involving motivational interviewing with behavioral skills building in a primary care setting.
2. Establish fidelity of the intervention.
3. Determine the training needs of health care providers who deliver the intervention.
4. Enhance nursing students' research experience.

Methods: A brief primary care-based HIV prevention intervention, utilizing motivational interviewing and behavioral skills building techniques, has been implemented with a culturally diverse sample of Black, Hispanic and White adolescent women ages 15-19 years. There are two sites for the study: a federally funded community health center and a university-based adolescent clinic. Feasibility of the intervention has been assessed by:

- Length of time to collect the demographic and sexual practices data and implement the intervention
- Period of time for participant enrollment
- Integration of the intervention into a primary care setting.

This study is in progress.

Prior to implementing the pilot intervention in the clinical sites, fidelity of the intervention was established and the training needs of health care providers were determined with the assistance of three nursing students who served as research assistants (RAs). Education for the motivational interviewing/behavioral skills building HIV prevention intervention was provided to the RAs in multiple sessions. The sessions

included didactic information, discussion, and clinical simulation. The Behaviour Change Counselling Index (BECCI) and the Motivational Interviewing Treatment Integrity Code (MITI) were used to establish fidelity for the HIV prevention intervention. Training needs were determined by length of time to achieve fidelity. Qualitative data has been collected pertaining to the nursing students' research experience.

Results: As the research is ongoing, the results are preliminary. Thus far, the time period for data collection and implementation of the HIV prevention intervention in a primary care practice is 15 to 20 minutes in length. Approximately two to three participants have been enrolled per three-hour clinic session. Clinic schedules were not disrupted during data collection or implementation of the intervention. Fidelity of the intervention was established after 12 hours of training. The nursing students reported a favorable and enriching experience as members of the research team.

Conclusion: Preliminary data suggest that a one-on-one HIV prevention intervention with established fidelity is feasible in an office-based setting.

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RSC PST 1 - Research Poster Session 1

Undergraduate Nurses Perceptions on the Nature of Assessments in a BSN Programme: A Malawian Perspective

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Purpose

The study sought to explore how the undergraduate nurses perceived the nature of assessments during their BSN programme in relation to their professional role preparation.

Target Audience

Nurse academics

Abstract

Purpose: The study aimed at exploring on how the undergraduate nurses perceived the nature of assessments in their BSN programme in relation to their readiness to their professional roles

Methods: A two-phased, cross sectional, sequential explanatory mixed method research design was used to analyze the learning processes of the under graduate nurses. In Phase 2 of the study in-depth interview instrument was generated basing on the significant analyzed results from the learning styles, learning approaches and the Critical Thinking Appraisal questionnaires. Thus, semi-structured questions were derived from key and significant findings from the analyzed quantitative data. Purposive intensity sampling strategy (Patton, 2002) was used to identify twenty participants from the health care settings. The data was analyzed utilizing the strategy by Ryan and Bernard (1998) of generating themes and categories where one theme on assessments from the six themes had emerged.

Results: The results of the study portray that the participants had perceived that the assessments in their BSN programme were teacher-centered and that had not promoted meaningful learning for practice since most of the learners were failing in the tests. The three sub-themes that emerged from the assessment theme comprised “the teaching and learning were based on assessments; the emphasis was on passing of examinations and some assessments were perceived to be simple and straight forward”. The emphasis in the BSN programme was not on learning but was perceived to be based on passing of the assessments. These assessments were constrained by time and this lead to memorization of subject content and failed to promote deep level cognitive processing and thinking among the learners which could have impacted on their level of clinical performance.

Conclusion: Understanding on how learners learn and develop is crucial specifically in the Kamuzu College of Nursing (KCN) BSN programme to promote quality learning for practice through sound assessments. An integrated teaching function and a combination of Socratic and Facilitative teaching methods should be encouraged through some teaching paradigm shifts.

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RSC PST 1 - Research Poster Session 1

Attitudes of Health Professions' Students Toward Older Adults

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Purpose

To inform the participants of the results of an exploratory study of 119 health professions students' attitudes toward older adults that was conducted in the eastern United States. The purpose of the study was to determine whether attitude adjustment activities would need to be included in an interprofessional gerontology course.

Target Audience

Those who educate students in the health professions. In addition, those who are responsible for updating the education of practicing health professionals.

Abstract

Purpose: Across the world, the population of older adults is growing exponentially. This growing population will not only tax each socio-economic system in which the growth is occurring, but especially the health care systems in each respective country. For many of these older adults, as they live longer, suffer from at least one chronic illness. Older adults occupy more than half the beds in acute care institutions. Their age and health status makes older adults an especially vulnerable population who deserve the most compassionate and competent care possible.

Research over the past thirty years has frequently examined the attitudes of various health care professions' students toward older adults. Studies have been done not only in the United States, but in various countries all over the world. Unfortunately, these studies have had conflicting results (Golder, Gammonley, Hunt, Olsen, & Issenberg, 2014; King, Roberts, & Bowers, 2013), making it impossible to draw any conclusions about the attitudes students have toward older adults. Since literature supports the connection between students' attitudes and the quality of care provided (Eynard & Douglas, 2012), this study was undertaken to identify the attitudes of current health professions students. If negative attitudes were found to prevail, activities to change attitudes would need to be incorporated into a planned interprofessional gerontology course. However, if attitudes were found to be predominantly positive, the gerontology course could focus on other important topics and would not need to include attitude adjustment activities.

Methods: The current study used a cross-sectional, exploratory descriptive design. All health professional students at a university in the Eastern section of the United States were invited to participate in an online survey, which included an attitude survey recently designed by the University of North Carolina School of Medicine (Carolina Opinions on Care of Older Adults). Previous instruments that measured attitudes toward older adults were researched thoroughly, and all found to be lacking. The COCOA survey demonstrated acceptable reliability (.801) when used by its creators (Hollar, Roberts, & Busby-Whitehead, 2011). In the current study, the COCOA's alpha coefficient was .84.

The sample in the current study included 119 students. Six health professions were represented: occupational therapy, nursing, exercise science, physical therapy, community health education, and rehabilitation counseling. The sample was predominantly female (89.3%), Caucasian (90.8%), and undergraduate (75.2%). The mean age of the participants was 21.6 years.

Previous studies also looked at possible correlations to students' attitudes. Several of these factors were chosen to be examined in the current study as well: students' personal relationships with older adults, amount of clinical experience with older adults, and knowledge of older adults (measured by whether students had a gerontology course in their program).

Results: The range of possible scores on the COCOA survey was from 24 to 120, with the higher score indicating a more positive attitude. The scores in this study ranged from 61 to 120, with a mean score of 92.22. This is a very positive score, especially when compared with the study done by the developers of the COCOA survey, where the mean was 55.5 (Hollar et al., 2011).

When age and gender were examined for a correlation to attitude, no significant correlation was found. When the student's educational level (graduate or undergraduate) was examined for a correlation to attitude by means of a point biserial, a positive but low correlation was found ($r=.245$, $p=.007$, $n=118$).

The largest correlation in the study was found when investigating whether a correlation existed between students' attitudes and the number of close personal relationships they had with older adults. 79.4% of the sample stated that they had three or more close personal relationships with older adults. The correlation for this question accounted for 14.4% of the variance ($r=.380$, $p<.001$, $n=115$).

When considering the question of the relationship between students' attitudes toward older adults and their knowledge, which was measured by whether they had a course in gerontology, a weak but significant correlation was found ($r=.291$, $p=.001$, $n=119$). Finally, a nonsignificant correlation was found between the students' attitudes and the amount of clinical experience they had.

Conclusion: This study revealed that current health professional students have fairly positive attitudes toward older adults. Future courses in gerontology should be able to focus on the particular health needs of this vulnerable population, rather than having to worry about changing students' attitudes. More than ever, the need for current health care students to be educated about the specialized needs of older adults has been supported by this study.

If the results of this study are extrapolated to practicing health professionals, it appears they may have fairly positive attitudes. However, many practicing professionals today never had any specific coursework in gerontology during their initial education. Therefore, the results of this study and particularly the correlation found between knowledge of gerontology and more positive attitudes toward older adults underscores the need for practicing health care professionals to receive specific education about older adults. Administrators and those in charge of continuing education of health care professionals must make sure that a variety of geriatric topics are available to staff working in health care institutions.

This study has implications for those who make health care policy as well. Research to keep geriatrics education up to date must be funded, and money must be available to disseminate new findings as they are made about the health and health care issues of older adults. Continued research into the best way to meet the health care needs of older adults also must be funded and encouraged.

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RSC PST 1 - Research Poster Session 1

The Impact of Urinary Incontinence on the Quality of Life Among Korean Older Adults

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Sunah Park, PhD, RN, South Korea

Purpose

The purpose of this presentation is to discuss the impact of urinary incontinence (UI) on the quality of life among Korean frail older adults.

Target Audience

The target audience of this presentation is providers of care for frail older adults with UI, nurse educators, and researchers interested in UI care.

Abstract

Background & Purpose: Urinary incontinence (UI) has been reported to affect physical, social, and psychological health and well-being, including limitations in daily social activities, anxiety, and depression. Importantly, the prevalence of UI increases with age and frailty. The purpose of this study was to examine the relationship between UI and the quality of life in frail older adults aged 50 years and older in rural areas in South Korea.

Methods: Using a self-administered questionnaire, a descriptive cross-sectional study was conducted with 400 community-dwelling elderly women under home health nursing care of community health centers in South Korea. The quality of life, the dependent variable, was measured with EuroQoL (EQ-5D) which has five dimensions with scores ranging from 0.0 (death) to 1.0 (perfect health). The causal relationship between types of UI and EQ-5D was examined with ANOVA. We also examined whether women with UI showed different levels of EQ-5D dimensions as compared to women without UI.

Results: The prevalence of UI was evenly distributed (44.5% of the sample had UI). The types of UI were: stress UI 22.5%, urge UI 28.1%, and mixed 49.4%. The quality of life score was significantly different among the three types of UIs: Mixed UI (Mean=.73, SD=.13) < Urge UI (Mean=.76, SD=.09) < Stress UI (Mean=.79, SD=.11). Mixed UI showed the lowest EQ-5D score ($F=3.50, p=.032$), which was significantly different from the stress UI in *post-hoc* test. In the five dimensions of EQ-5D, women with UI showed significantly different lower scores than those without UI in four dimensions: activity ability ($\chi^2=10.52, p=.001$), self-care ($\chi^2=17.16, p<.001$), pain/discomfort ($\chi^2=5.22, p=.022$), and anxiety/depression ($\chi^2=3.97, p=.046$).

Conclusion: The results suggest that patients with mixed UI should receive better care, as compared with other types of UI in order to improve their quality of life. The application of a proper UI management program at the community level is warranted to improve frail elder women's quality of life.

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RSC PST 1 - Research Poster Session 1

An Innovative Method for Teaching the Family Systems Approach: Key Strategies That Foster Competence Development

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Purpose

This presentation aims to report and demonstrate an innovative method for teaching the family systems approach, which consistently supports the development of strong reflective skills and enables participants (educator, trainees and families) to develop their proficiencies in complementary aspects of family care.

Target Audience

The target audience consists of nurse educators and clinicians, nursing students, as well as allied health students and professionals (e.g., dietitians, general practitioners, psychologists and social workers) whose practice can benefit from the family systemic approach for effective care and interventions.

Abstract

Purpose: Systems thinking is invoked across a broad range of disciplines where complexity needs to be taken into account to better understand various phenomena such as health and the many factors involved. Frenk et al. (2010) argued that transforming the education, e.g., new instructional and institutional strategies, is required to strengthen the health systems worldwide, which are struggling to keep up with the rising costs and challenges of new environmental and behavioural risks associated with ill health and chronic diseases. They asserted that professional education has not kept pace with these challenges, in part because of fragmented and static curricula that produce ill-equipped graduates. According to King and Frick (1999), systems thinking is central to transforming education. They also pointed out that systems thinking is a difficult skill to acquire and is not commonly taught. Researchers at the Council for Aid to Education (2015) estimated that 40% of college seniors in the U.S. lack complex reasoning skills. In the health sciences, systemic practice such as family systems nursing and family systemic therapy relies on systems thinking, focusing on families as the unit/system of intervention. Training in this area can be challenging (MacKay & Brown, 2014) and research is lacking to identify effective educational strategies. To address this gap, we set out to develop and assess an innovative method for teaching the family systems approach (FSA) to undergraduate students enrolled in a nursing curriculum. The purpose of the present work was twofold: to develop a teaching method tailored to FSA and to document the experience of participants with a view to better understand the conditions that promote effective teaching and learning.

Methods: Development of the teaching method and course material took place in an educational setting involving a university and teaching hospital. It was guided by the following approaches: systems thinking, social constructivism, narrative enquiry (Connelly & Clandinin, 2006) and the reflective approach (Schön, 1983). The Calgary Family Intervention Model (Wright & Leahey, 2013) was also used. An action research, based on the narrative method, was conducted to document the experience of participants: educator, fourth-year undergraduate students and families with a member experiencing a chronic illness (one family per student). Four cohorts of students participated in this part of the study. Narratives, reflexive analyses and the systemic-constructivist approach were used to provide detailed accounts of participants' experience in teaching and learning FSA. Qualitative data were analyzed using thematic analysis which entailed the construction of dialogic narratives for each category of meetings/consultations conducted: student with educator, student with family, and educator's self-dialogues.

Results: The teaching method consists of distinct complementary activities that take place over the course of one semester (four months). These include some in-class sessions, laboratory sessions using the theatrical approach, five one-to-one meetings between the individual students and the educator, and three meetings between individual students and the family at its home. They are highly interactive and reflective by design. Reflective journaling is used by students and their instructor throughout the semester. Journaling is used by students to prepare their meetings with the educator and then the family.

It should be noted that students were first introduced to FSA in their third year at university. Participants' experience revealed that learning proceeded along four main paths, related to teaching and learning strategies as well as caregiving strategies and involving, respectively, narration, self-dialogue, discordance and co-creation. The results also show evidence of transformational learning for all the parties involved.

Conclusion: The teaching method developed showed promising results for the teaching and learning of FSA and contributes to the training of reflective practitioners in family nursing care. Additional studies could be conducted to assess whether it could be an effective model for teaching FSA at the graduate level and in curricula other than nursing.

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RSC PST 2 - Research Poster Session 2

Benefits of Graduate Nursing Students Participation in a Community Health Clinic

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Purpose

Purpose of the presentation is to show how a community Nurse Practitioner led community clinic can benefit Nurse Practitioner students. Exemplifying foundational principles for which Nurse Practitioners are educated. Solidifying the health promotion disease prevention competencies of the Masters Essentials

Target Audience

The target audience of this presentation is Administrators in the academic and clinical settings, clinical faculties, program director adjunct faculties

Abstract

Description of clinic: The Parkview Medical Clinic (PMC) is a branch of the Parkview Outreach Community Center (POCC) which is located at 1205 Dr. Martin Luther King Jr. Way in Haines City, Florida. PMC is an independent nondenominational faith-based, not-for-profit organization offering free medical services to uninsured and underinsured residents of Polk County (under 200% of poverty level). PMC began providing limited medical services in February 2009 using several volunteer medical providers who saw the need in the local community.

The building that currently houses the clinic was built by Parkview Christian Center at the request of medical providers and community volunteers who had been delivering free medical services, twice a month, under an oak tree in the Oakland Community in Haines City. After a year of operation with a part time volunteer leader, the Board of Directors for POCC requested funding from the Parkview Christian Center to hire a consultant and part time staff member to pursue funding through grants and contracts. The church provided temporary funding, through a loan, which resulted in obtaining a \$100,000 grant from the Polk Health Care Plan in late 2010 and a three-year \$100,000 grant from the Florida Blue Foundation in early 2011. POCC has also received grants from the Community Foundation of Central Florida and smaller donations from several local churches.

Grant funds have been used to hire two full-time staff members, purchase medical supplies and equipment, and support operating expenses. Full-time staff members are a Clinic Administrator/ARNP and a Medical Assistant as well as a part-time bookkeeper. Staff works with many volunteer physicians, ARNPs and nurses as well as non-medical volunteers who assist with administrative functions. POCC is managed by a nine-member Board of Directors representing a wide variety of professions; the Board provides expert advice and recommendations on the operations, goals and mission of the organization.

Meeting CCNE requirements/Masters Essentials: Since 2013, PMC has been a clinical site for a handful of local and national universities' nurse practitioner programs. NP students fulfil their clinical requirements by taking medical histories, examining patients, making differential diagnoses, and creating a plan of care. The plan includes treatments, diagnostic services, and SOAP notes, under the direct supervision of the clinical preceptor who then evaluates the students according to their individual university's protocol.

The students are taught to collaborate with other members of the health care team

Student Clinic Experience: For the Fiscal Year 2014-2015, PMC provided a primary care (medical home) for 1,960 patients; 511 of these were new patient's visits. Two hundred forty of those visits were considered emergency room aversions. Top diagnoses include: Diabetes Mellitus, hypertension, asthma, hypercholesteremia, hyper/hypothyroidism, depression and dermatological issues. The demographics of PMC's patient population offer exposure to risk factors and cultural mores common to different ethnic groups. Following is one students' statement:

"As a Nurse Practitioner student, I had the privilege of doing two clinical rotations at PMC. The first day on site, I was extremely impressed by the care provided by the Staff. The patient population seen at

Parkview is diverse. The care each individual receives is culturally based and patient centered. The Clinic treats the acute medical needs of the uninsured in the (Polk) county and also manages the chronic conditions/diseases many of these people have. Every patient at the clinic is treated holistically and their medical needs as well as any psychosocial concerns are incorporated into the care they receive. Nurse Practitioner students are empowered to learn and make the transition from the nursing model to the medical model.”

Equilla Cherry, Florida Southern College NP Student

Conclusion: The experiences provided by clinics, such as PMC, exemplify foundational principles for which Nurse Practitioners are educated: Providing health care to people who do not have access to health care, for whatever reason. Providers and students are challenged to find solutions and concrete answers to basic human physical and psychological needs often using services created by other philanthropic entities, governmental services, or private sector providers.

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RSC PST 2 - Research Poster Session 2

The Balancing Act of Rights and Responsibilities of Nurses in Rendering Quality Care

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Purpose

The purpose of this study is to understand the caring aspects of foreign nurses recruited by a private hospital group in response to the registered nurse shortage in South Africa. The excellent care is evident in the feedback that the hospital group receives from patients and staff (Life Healthcare 2014).

Target Audience

The target audience group for this presentation is all nurses and managers involved in quality initiatives in the hospitals.

Abstract

Purpose: Nursing care in South Africa is under severe criticism. Various studies reported on poor nursing care (Carlson, Kotze & van Rooyen 2005:71; Mackenzie 2010:158). The South African Nursing Council's statistics implicate poor basic nursing care delivery as the major reason in professional misconduct cases (Strategic plan for Nursing Education, Training and Practice 2012/13 – 2016/17 2012:23). Furthermore, the shortage of nurses in South Africa clearly affects the quality of care values (Mohsen, Eesa, Abbas & Masoud 2013:2). High turnover of nurses in the supply and demand market makes it difficult to realise staffing goals through the national training programmes.

This presentation reports on a project undertaken by one of the Private Healthcare groups in South Africa with international partnerships. The focus of nursing care in this hospital group is strongly on quality with various initiatives that are implemented to improve the quality of nursing care. In an attempt to address the problems related to the nurses' shortage and the nursing care, the hospital recruited Indian nurses to work in the hospitals in South Africa.

The demonstration of excellent care by these foreign nurses in South Africa is evident in the feedback that the hospital group receives from patients and staff (Life Healthcare 2014). The need to explore the best practices related to the care rendered by the foreign nurses was identified.

Methods: The first phase of the sequential mixed methods study included an exploration of the sources of motivation for the caring culture amongst these foreign nurses. Focus group interviews were conducted by an independent researcher to ensure free communication and prevent bias or coercion.

Results: The findings revealed that respect for human dignity, willingness to serve humankind and the balance between the rights and responsibilities of the nurses are the main themes related to the care rendered. These three themes can however not be separated as the matter of 'rights versus responsibilities' have a direct impact on the respect for human dignity as well as a willingness to serve humankind. The participants agreed that their own needs should be weighed very carefully against the needs of the patients. For these participants the needs of the patients in terms of nursing care should always be the priority. However, legislation related to labour relations is often used as a reason for not attending to a patient, thus affecting the quality of care. From the findings it was clear that the local nurses place a strong emphasis on their rights to tea and lunch breaks, often to the detriment of the patients and quality care.

Conclusion: Providing a conducive work environment is a major responsibility of any Healthcare institution. It is therefore recommended that careful attention is given to planning of daily tasks in hospital wards, ensuring that there is a staggered approach to tea and lunch breaks. Facilities for the use of nurses should not only be available for short periods but should allow for flexible breaks. Furthermore, the team approach to nursing care should ensure that each nurse has a team member that will take responsibility for patients allocated to her/him during breaks. Although it is recognised that nurses have

the right to be protected by labour legislation, it should never weigh more than their responsibilities towards patients and quality care.

Respecting patients in need of care, is of utmost importance. The culture in nursing should adapt a patient first approach. The vulnerability of patients thus affords them the right to care above the rights of nurses as employees

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RSC PST 2 - Research Poster Session 2

Factors Associated With Caffeine Containing Energy Drink Consumption in Nursing Students

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Purpose

The purpose of this study was to identify factors associated with caffeine containing energy drink consumption which has been associated with existence of drinking experience and intention to re-consume in nursing students.

Target Audience

The target audiences of this presentation are school health nurses, health educators, and community health care providers.

Abstract

Purpose: The purpose of this study was to identify factors associated with caffeine containing energy drink consumption which has been associated with existence of drinking experience and intention to re-consume in nursing students.

Methods: A cross-sectional study was conducted in the college of nursing of Y University (Wonju, Republic of Korea) on 187 nursing students from freshmen to senior grade. Characteristics associated with the consumption of caffeine containing energy drinks were surveyed using a self-administered questionnaire. Data were collected from May to July in 2014, and included gender, school year, residence with family, cigarette smoking, alcohol drinking, perceived academic stress, depression (Beck's Depression Inventory), self-esteem (Rosenberg's Self-esteem Scale), and adjustment to college (Baker and Siryk's Student Adjustment to College Questionnaire). In addition, caffeine containing ever-energy drink users were asked several questions regarding the reasons why they intended to re-consume caffeine containing energy drinks. Data were analyzed using descriptive statistics and by logistic regression. Statistical significance was accepted for p values < 0.05 .

Results: Of the 187 participants, 137 nursing students (73.2%) had experience to caffeine containing energy drink consumption and 50 nursing students (26.7%) had no such experience. Statistically significant factors associated with experience of caffeine containing energy drink consumption were alcohol drinking (OR = 2.38, $p = 0.032$) and depression (OR = 4.49, $p = 0.018$). Furthermore, 74 nursing students (54.0%) among the 137 ever-energy drink users intended to re-consume caffeine containing energy drinks. Statistically significant factors associated with an intention to re-consume caffeine containing energy drinks were fatigue (OR = 2.61, $p = 0.030$), awaking from sleep (OR = 5.61, $p = 0.001$), and taste (OR = 7.11, $p = 0.001$).

Conclusion: The consumption of caffeine containing energy drinks is common among nursing students who are destined to become future health care professionals and health educators. Awareness of factors associated with caffeine containing energy drink consumption and the intention to re-consume caffeine containing energy drinks provides useful health education tips and hopefully discourages unhealthy behavior by school health providers.

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RSC PST 2 - Research Poster Session 2

The Effects of Campus Forest-Walking Program for College Students in Korea: Evidence From 3 Months Follow-Up

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Purpose

The purpose of this presentation is to determine the immediate and long-term effects of a 6-week campus forest-walking program for undergraduate and graduate students in one university during their lunchtime using the campus forest in physical and psychological aspects.

Target Audience

The target audience of this presentation is anyone who are interested in health promotion.

Abstract

Purpose: Despite of an increased interest in health promotion, it is not easy for college students to perform and maintain an appropriate level of physical activity. Also, their psychological health was threatened under high level of stress. This study conducted a campus forest-walking program for undergraduate and graduate students in one university during their lunchtime using the campus forest, and it aims to determine the immediate and long-term effects in physical and psychological aspects.

Methods: This study was a non-equivalent control group pre-posttest design. The participants were 118 students (experimental group=60, control group=58). The intervention was a 6-week campus forest-walking Program based on the Information-Motivation-Behavior Skills Model for promoting physical and mental health. The intervention comprised of 6-week campus forest walking program and lecture of stress management. The intervention group participated in campus forest walking program once a week together during lunchtime for 6 weeks. Also, we provided a lecture on stress management one time during this program. Pretest, posttest, and 3-month follow-up after finishing the program were measured using self-report questionnaires and physiological measurements using blood analysis, body composition analysis, bone density, and heart-rate variability (HRV). Finally, 51 in intervention group and 48 in control group were included in the data analysis. Chi-square test, t-test, and repeated measure ANOVA with SPSS 22.0 were used to evaluate the effects of a campus forest-walking program.

Results: Health promoting behaviors ($F=7.27$, $p=.001$), percent body fat ($F=3.41$, $p=.035$), para-sympathetic nerve activity ($F=3.69$, $p=.027$) were significantly different between two groups in group by time interaction analysis using repeated measure ANOVA. Depression ($F=3.15$, $p=.045$) was significantly decreased in the experimental group after the intervention compared to the control group. This study is meaningful because we confirmed the effects in both of subjective and objective data, and in both of physical and psychological health. Also, lasting effects were identified in 3-month follow-up after finishing the intervention as well as immediate effects.

Conclusion: The campus-walking program targeting undergraduate and graduate students during lunchtime is an efficient strategy to promote their physical and psychological health.

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RSC PST 2 - Research Poster Session 2

Isoniazid Preventive Therapy (IPT) Defaulting: Who Are Responsible?

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Purpose

The purpose of this presentation is to share the study results of a study done on Isoniazid Preventive Therapy (IPT): the effectiveness thereof as well as some factors associated with defaulting.

Target Audience

The target audience of this presentation is health care professionals and students.

Abstract

Purpose: Infection with human immunodeficiency virus (HIV) has been identified as the strongest risk factor in the reactivation of latent or new *Mycobacterium tuberculosis* infection to active TB disease. TB is also the commonest cause of morbidity and mortality among the HIV-infected population in South Africa and studies have shown that TB accelerates HIV disease progression.

Isoniazid preventive therapy (IPT) is one of the interventions recommended by the WHO and the South African NDOH for the prevention of progression to active TB disease in people living with HIV (PLHIV).

The aim of the study was to describe the incidence of TB amongst HIV-positive clients who received IPT in a Primary Health Care Clinic and to identify the factors associated with defaulting.

Methods: Quantitative non-experimental descriptive retrospective cohort study was undertaken to ascertain the incidence of tuberculosis among adult HIV positive clients who received IPT. 104 clinic records of HIV positive adult clients accessing care at a Clinic in South Africa who were commenced on IPT between 01 July 2010 and 30 November 2011 were analysed.

Results: The study findings revealed that 66 of 104 (63.5%) study respondents completed the course of IPT and the majority of those that defaulted were due to poor quality of care. Gender was statistically found to have played a role on whether a patient completes IPT. None of the study respondents that completed IPT was diagnosed with TB disease.

Conclusion: It remains a serious concern that inadequacies or incompetence of healthcare providers were the main reasons for defaulting Isoniazid Preventive Therapy as isoniazid was not dispensed to the patients, despite the evidence of the effectiveness of the therapy as none of the patients who completed the course of IPT contracted active TB disease during the duration of the study.

Intervention strategies to improve uptake of IPT must be advocated. The findings should benefit policy makers, healthcare professionals, and particularly the patients in need.

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RSC PST 2 - Research Poster Session 2

Wellness With Children in the Inner-City

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Purpose

The purpose of this presentation will be to support an educational environment for health promotion for children in the lower income inner city. Targeting both the child and adolescent with vision screening, height and weight, blood pressure, and active participation in their health care concerns supported a healthy community.

Target Audience

The target audience would be nurses, educators, and health care providers working on both individual child/ family health care and working to build healthy communities and partnerships in practice.

Abstract

Purpose: Working in the inner city community with vulnerable children is often overwhelming to health care providers. Taking the first step in networking and beginning with an assessment of their potential health care needs related to: physical, emotional, and psychosocial wellness is a positive direction in changing practice and giving opportunities to the vulnerable. It might not be that we change an entire community--but it is one child, one school, and one community to build health promotion. Building trust and supporting their health and wellness is just a small step in support for the community. As nurse educators and health care providers work together in the community it can be the difference for health and wellness of not only the child, adolescent, but also the primary parent limited resources.

Methods: A health fair and subsequent health education in the classrooms provided positive interaction and health promotion with the children related to height / weight, blood pressure, vision screening, and asking each child about a health care concern or issue bothering them was most positive in building the health of the community and this specific inner city population. Nursing students supporting this clinical outreach were better able to understand the community, their access to health care, and building community with the family. Health education handouts also provided to each child and activities to build on their developmental strengths and health.

Results: Generalized health care needs related to nutrition, resource linkages for vision follow-up, access to services, and emotional health counseling were noted. Specific health topics were noted of concerns were the referrals for vision follow-up and access to medical wellness appointments. Supporting the students in the school helped the family in regards to family issues and knowledge that they are not alone--but supported by school and health care providers, nursing educators, and nursing students.

Conclusion: Initially, this evidenced based project supported a collaborative approach for case finding within this school community when participating in the health fair and follow-up to identify and make referrals. Furthermore, educational outreach has provided for the past five years a clinical practicum for nursing students doing health teaching, case management/referrals, and providing educational materials in which the students participated as well--through "Ask a Nurse" computer assisted health education. Students have ranked this clinical experience as positive with continued interest in working in the school, volunteerism in this community and their own, and building on self-care.

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RSC PST 2 - Research Poster Session 2

Analysis of the Quality of Care for Primary Health Care Users in Ethekwini District, Kwazulu-Natal

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Purpose

to highlight: the practice of primary health care nurses in caring for chronic patients and how this care affect patient outcomes and how supportive supervision can enhance good practice. How practice contributes to child mortality and reaching the Millennium Development Goals

Target Audience

Nurse managers, clinic supervisors, nurse educators, nurse practitioners

Abstract

Purpose: This mixed methods study aimed to assess the functioning and processes of the Fast Queue Service Point in order to analyse the quality of care rendered in primary health care (PHC) facilities in the eThekweni district of the KwaZulu-Natal Province in South Africa. Quality care would be measured through clinical assessments that were required for each health care user. The Fast Queue Service Point provides service in PHC facilities for health care users requiring short consultations, including those with chronic illnesses, well babies and those coming for family planning. Congestion of PHC facilities is a result of increased access to PHC services with the introduction of free PHC services. This congestion was aggravated by the decentralization of services from hospitals to PHC level such as the introduction on Nurse Initiated Management of Anti-Retroviral Therapy (NIMART). In 2010, the National Core Standards (NCS) for health establishments were formulated further to the PHC Service package, to address issues of quality.

Methods: An explanatory sequential mixed method study design was used and data collection was conducted in two phases; the quantitative data collection phase consisting of two subsets of observations namely; the retrospective record review and structured observations of the Fast Queue Service Point process. The Statistical Package for the Social Sciences (SPSS) version 22 was used to analyse data. During the second phase semi-structured interviews were conducted with PHC staff members to describe their experiences of the Fast Queue Service Point and to clarify issues from the quantitative phase. Qualitative data was analysed using thematic analysis which employed Tesch's open coding approach.

Results: Although health care users received sufficient quality care, there were important care assessments that had been inadequately performed or omitted because of lack of equipment. These included clinical tests not assessed, discussing side effects of medications and or immunizations and the management thereof. Childrens' weights were not interpreted, an important aspect for children under five years of age. There was also lack of supportive supervision coupled with shortage of resources. Too many time-consuming written records were required in order to compile accurate statistics, taking time away from nursing care.

Conclusion: Health care facilities are congested by health care users who visit the facility regularly mostly on follow up dates furnished by the health care providers. Attention needs to be paid into how efficiently health care facilities function and that resources with assistance from clinic supervisors.

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RSC PST 2 - Research Poster Session 2

Perceived Practice-Based Problems and Evidenced-Based Outcomes in Online Advanced Practice Nursing Students (APRN)

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Purpose

This purpose of this presentation is to: 1) describe perceived nursing practice problems identified by online Advanced Practice Nursing (APRN) students, and 2) describe clinical outcomes evident in peer-reviewed, scholarly resources focusing on APRN care and roles.

Target Audience

The target audience of this presentation is for nursing educators or practitioners

Abstract

Purpose: This study sought to: 1) describe perceived nursing practice problems identified by online Advanced Practice Nursing (APRN) students, and, 2) describe clinical outcomes evident in peer-reviewed, scholarly resources focusing on APRN care and roles.

Methods: a. Background: There are four nationally accepted advanced practice registered nurse (APRN) roles: nurse practitioners (NPs), clinical nurse specialists (CNS), certified nurse midwives (CNM), and certified registered nurse anesthetists (CRNA) (Glebocki & Fitzpatrick, 2013; Joel, 2009). APRNs function in their various roles through application of advanced knowledge, skills, and competencies obtained that focus on core competencies requisite to practice in an APRN role. Preparation for the APRN roles in 21st century health care organizations requires requisite knowledge, skills, and competency in measuring outcomes of care in complex and chaotic health care systems (Patton, 2013; 2015). Continuous improvement focusing on quality and safety outcomes for individual and population health is essential in contemporary health care systems (Sherwood & Barnsteiner, 2012).

APRN education is focused on preparing the APRN graduate with requisite knowledge, skills, and competencies preparing them for the core competencies for entry into their respective APRN roles (Institute of Medicine, 2010; Rhodes, Schutt, Langham & Bilotta, 2012). Assessment and measurement of clinical outcomes is one of the core competencies APRNs must have when they enter into their respective practices though few of those problems have clearly identified evidence in patient outcomes (Kleinpell, 2013). Many external stakeholders are the impetus behind demands for patient quality and safety. Assessment and measurement of clinical outcomes is a challenge for many APRN students. Teaching outcomes assessment and measurement to APRN students can be a challenge in nursing education for a variety of reasons.

One of the greatest challenges for APRNs with regard to assessment and measurement of clinical outcomes is that measurement of clinical outcomes is not typically learned or taught in clinical practice (Kleinpell, 2013). Assessment of outcomes is usually conducted in contemporary health care systems in the form of metrics not with valid and reliable outcome measurement instruments. In order to assess and measure clinical outcomes of APRN practice, it is essential to examine strategies and processes for selecting outcome measures and monitoring clinical indicators relevant to APRN practice. Clinical outcome parameters are evident in peer-reviewed, scholarly resources focusing on evaluation of APRN care and APRN roles (Blair & Jansen, 2015). The specific clinical outcomes for this research project are 1) symptom management; 2) adverse events; 3) patient self- efficacy; 4) blood pressure control; 5) readmission rates; and, 6) rates of adherence to best practices. Only when APRNs are able to assess and measure clinical outcomes in a valid and reliable manner will nursing science advance and only then will APRNs have requisite data indicating the impact of the APRN roles in 21st century U.S. health care systems.

b. Sample and Method: This study included two phases: Phase I which consisted of a secondary analysis of final course papers using primarily qualitative analyses. The original sample for this study included 300

geographically diverse online students who completed two online graduate Nursing courses: (1) A Research Methods and Statistics course and, (2) an Ethics course during the 2013-2014 academic year. The final sample consisted of 124 advanced practice nursing students (APRN) primarily coming from the Nurse Practitioner and Nurse Anesthesia tracts.

To maintain confidentiality of all data from the faculty researchers, an honest broker was used to abstract all data (student papers) from the files stored in Blackboard learn. This included excluding all identifiers located in all of the data files (student papers). Abstracted data were managed and organized by using Survey Monkey. Demographic data were entered directly into Survey Monkey using folders that contained de-identified papers. Data were sent to Survey Monkey which is a data collection repository so that typologies were developed for the practice-based problems.

The Krippendorff method (2005) of content analysis was used to identify the key categories or themes of practice-based problems within a typology perceived by the advanced practice nursing students.

Phase II of the study included examining clinical outcome parameters evident in peer-reviewed, scholarly resources focusing on evaluation of APRN care and APRN roles- and comparing them to the perceived problems identified by the APRN students. A critical appraisal of published systematic reviews was identified to examine the outcomes by the APRN care and roles during the years 2000-2013 using the procedure by the Cochrane Collaboration handbook (Higgins & Green, 2008).

Results: Using descriptive statistics, demographic data were analyzed using frequency and percentage distributions to describe the sample. Practice-based problems were identified within a typology. The following problems were included in that typology: pain, inadequate sleep, delirium, falls, hospital-acquired infections and/or sepsis, ventilator –assisted pneumonia, noise in the environment such as from alarms, hypothermia, catheter-related bloodstream infections, stress and anxiety in families, non-adherence to medical regimen (i.e., diabetic patients), effects of polypharmacy on readmissions, caregiver stress and anxiety, and readmissions in cardiac patients.

Results from the critical appraisal of the outcomes of care and roles of the APRN included: 1) symptom management; 2) adverse events; 3) patient self- efficacy; 4) blood pressure control; 5) readmission rates; and, 6) rates of adherence to best practices and will be discussed further in the presentation.

Conclusion: Further research needs to identify to be conducted in order to better identify the roles and care of the advanced practice registered nurse. There is a dearth of systematic reviews available for care and roles dealing with many practice-based problems for the APRN.

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RSC PST 2 - Research Poster Session 2

Innovate Restraints By Continuous Quality Improvement Strategy

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Purpose

The purpose of this presentation is Innovate Restraints by Continuous Quality Improvement Strategy

Target Audience

Critical illness patients

Abstract

Purpose: The restraint strap innovation protocol was modified by using continuously quality improvement strategies(CQI) in order to promoted patient's safety in respiratory critical care unit in medical center in Taiwan.

Methods: This innovation protocol apply concept of continuously quality improvement is used in this plan to modify the smile magnet hook gloves. Some items were used in this plan to produce new tool, such as gloves, wrist restraint strap, double-opened zipper, magnet hook, and S belt.

Results: There were six changes of the smile magnet hook gloves which commit three characters: 1). Safety: The magnet hook was used to fasten on the bed for strengthen the restraint safety in order to protect patient's safety prevent the un planning endotracheal tube extubation, 2). Comfortable: gloves and restraint strap were combined to avoid glide. The gloves were based on the size of patient's palm which can differentiate size. The fingers part of the gloves made by 3D cutting which can fit the fingers having more space for stretching. 3). Fit medical needs: the zipper was double-open type in the fingers part which can easily open and close allow some observations process in finger part, such as: monitor finger blood sugar and oxygen saturation. Also, the iron plate can be easily remove from the gloves, which can let the gloves clean properly for sterilizing and prolonging the using period in order to strengthen material quality.

Conclusion: The smile magnet hook gloves can contribute patient's safety and comfortable in order to promote the nursing quality. According to the data, there was significant increase in family's satisfaction from 41 points to 96 points. And, same trend in nurse's satisfaction was raised form 61 points to 97.5 points. The result is not only fit the medical needs, but also raise the satisfaction both of nurses and patients' families. We hope this innovation can effectively apply to clinical critical care.

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RSC PST 2 - Research Poster Session 2

Projected Nursing Shortage: How Nurse Educators and Experience Nurses Can Ensure a Future Nursing Workforce

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Purpose

The purpose of this presentation is to address the projected nursing shortage based on a qualitative research study providing a positive transition for Registered Nurses new to nursing specialties. As the present, nursing workforce retires the need for the next generation of nurses is vital for the future of nursing.

Target Audience

The target audience is nurse educators in academia and nursing practice who are educating and orienting nurses who are orienting as Registered Nurses (RN) who are new to areas of nursing practice. The need to provide well structured, EBP orientation programs is vital to the future nursing workforce.

Abstract

Purpose: Issues facing nursing practice today is a projected nursing shortage. As the current nursing workforce begins to retire, the need to fulfill nursing positions will be needed to meet demands of the growing number of patients that will require healthcare. As these nurse begin to retire within the next 10 to 15 years there will be a need for nurses. Studies have indicated that nursing shortages is evident in many areas of nursing practice including nursing faculty in schools of nursing internationally. Presently in the operating room, 51% of the nurses are over 50 years old and only 23% are under 40-year-old. Therefore, issues in educating younger nurses and mentoring new nurses as they transition to nursing positions as graduates will be a challenge for the future.

Methods: The operating room (OR) is a unique setting and specialty area of nursing practice that requires optimal orientation and education to render safe and efficient patient care. Unfortunately, due to the projected nursing shortage in the next 10 to 15 years there will need for perioperative nurses as the present nursing workforce retires. Currently, most nursing programs no longer offer perioperative courses in their curriculum and faculty who can teach perioperative nursing has diminished. Subsequently, this trend has led to the need for hospitals to educate and orient new nurses to their operating rooms. As hospitals educate their own OR nurses, retention following orientation becomes a priority.

A focused ethnography was conducted to explore nurses' experiences as they transition to a new area of nursing practice, the operating room. This research explored the RNs transition to the Operating Room, a new specialty area for the nurses. Experiences that facilitated the RNs transition and experiences that hindered their transition were explored.

Results: The need to educate nurses in the operating room, as well as other specialty areas, is essential to assure safety and positive outcomes. Structured perioperative courses implemented by hospitals or with partnerships with nursing programs can enhance the education, transition, and retention of nurses who are new to the OR. The importance of a nurse educator having an advanced degree with experience in the OR specialty was essential in coordinating and mentoring nurses transitioning to this new practice area. RNs who are prepared to precept were vital in the education and retention of these RNs. The need for consistent preceptors was recognized as an essential factor to the RNs' successful transition. The findings from this study contribute to evidence-base practice for the design and implementation of perioperative programs for new nurses to promote a nursing workforce in the future.

Conclusion: The importance of well-structured EBP programs with an advanced nurse educator or a partnership with the hospital and a nursing program is conducive to a positive transition and orientation of the next generation of nurses in addressing the projected nursing shortage.

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RSC PST 2 - Research Poster Session 2

Validation of the Practice Environment Scale to Brazilian Culture

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Purpose

The purpose of this presentation is to describe the psychometric proprieties of the Brazilian version of the Practice Environment Scale. For the confirmatory factor analysis and reliability tests, Structural Equation Modeling and Spearman's coefficient were used to evaluate the correlation of instrument subscales with the other variables being studied.

Target Audience

The target audience of this presentation is researchers, graduated student, teachers and nurse managers.

Abstract

Purpose: the professional practice environment is defined as a system with characteristics that favor or difficult the development of nurse activities. Among the instruments to assess the presence of such characteristics, the Practice Environment Scale stands out. It is comprised of 31 items distributed into five subscales, thus the objective of the present study was to assess the validity and reliability of the Brazilian version of the Practice Environment Scale.

Methods: methodological study carried out in two hospitals in Brazil. The study was conducted in the period from June to August 2014. For data collection, we used: The Brazilian version of the Practice Environment Scale, the Safety Attitudes Questionnaire – Short Form 2006 and the Maslach Burnout Inventory. Correlations were analyzed by means of Spearman's correlation coefficient and factorial analysis through the Structural Equation Modeling.

Results: the sample was composed of 209 nurses. The factor analysis resulted in the exclusion of three items from the subscale "nursing foundations for quality of care" (14, 26 and 31) and four items from the subscale "nurse participation in hospital affairs" (5, 11, 15 and 27). The composite reliability was considered acceptable for all subscales. Significant correlations were obtained between the subscales of the instrument and all variables under study. In the comparison of the studied groups, the accredited hospital achieved significant higher means in all subscales when compared to the hospital that does not have a certification label, demonstrating a better environment for professional practice.

Conclusion: The Brazilian version of the Practice Environment Scale is a valid and reliable tool to evaluate the presence of characteristics that favor the nurse professional practice. It is important to make available a scale with recognized validity and reliability for use in the nursing management and research, because its use might contribute to the implementation of actions that favor the construction of an environment with characteristics that favor nursing professional practice.

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RSC PST 2 - Research Poster Session 2

Conceptualizing Cultural Weaving to Decrease Health Disparities: What are Culture Characteristics of a Community Organization?

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Purpose

The purpose of this presentation is to provide the results of a pilot study that examined the cultural characteristics of an organization who cares for children with chronic illnesses.

Target Audience

The target audience of this presentation is individuals who cares for children with chronic illness. Individuals may be from different backgrounds and/or ethnic groups.

Abstract

Cultural weaving is a phenomenon that has drawn researchers to explore the significance of beliefs and values on eliminating health disparities among diverse populations. Cultural weaving involves parents having access to values and beliefs that are passed from one generation to another. This also includes the extended family members' availability to share those strong values and beliefs that serve as a foundation for management of their children's needs. Cultural weaving also has been defined as the integration of culturally competent organizations which provides pathways toward assessable health care. Intergenerational programs have demonstrated to be an advantage for young children as a few researchers found in the public school systems in 1988. Others researchers identify cultural weaving as creating a path for resources. Several researchers have successfully provided information on the success of a social network improves the health outcomes associated with cardiovascular disease and infectious diseases. While there is developing interest in health disparities, as a whole, there has been very little examining health disparities and children with chronic illness, such as asthma. For low-income minority caregivers of children with asthma, culture often is the perception of their environment and safety for their children.

Purpose: To explore caregivers of asthmatic children's understandings of culture(s) at various levels (individual, community, and institutional). The goal was to use a community lens to explore how health disparities exacerbated by the lack of training for cultural differences in providing services to minority children with a chronic illness.

Methods: The design was an ethnography study to explore the elements of cultural values and beliefs within the constraints of a community organization and its' individuals that provide services to children with chronic illnesses.

Sample: The participants (N=20) were recruited from The Child Development Center, in Ohio. Participants were from different management levels within the organization. Each participant was assigned a number in which half were randomly placed into two separate focus groups.

Procedure: Two focus groups met 60-90 minutes each one time per week for 4 weeks, to equal a total of 8 recorded focus group meetings. A scripted guide was used to generate a discussion on cultural characteristics of the organization and individuals within the organization.

Data Analysis: Several steps were taken to capture the richness of the data. Audio recorded tapes were transcribed per verbatim entered into electronic text and analyzed using content analysis techniques with the aid of a text-based analysis computer software program, ATLAS.TI version 7.5.3. Statistical Package for IBM Social Science-Predicted Analytics Software (IBM® SPSS-PASW- version 21) for analyzing the baseline surveys was used. All data collected was evaluated for common beliefs and values that are identified as characteristics applied during the delivery of services.

Results: All data collected was evaluated for common beliefs and values that are identified as characteristics applied during the delivery of services. The findings from this study provided information on the cultural adaptation and needs for cultural competency training.

Conclusion: Future research needs to focus cultural competency measures that correlate with these providers who deliver services to chronically ill children.

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RSC PST 2 - Research Poster Session 2

Building the Capacity of Nurses to Achieve the Sustainable Development Goals (SDGs) Through Knowledge Gateways

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Purpose

The purpose of this presentation is showcase the initiatives developed by the PAHO/WHO Collaborating Center for Nursing Knowledge, Information Management & Sharing at the Johns Hopkins School of Nursing in efforts to achieve the SDGs as well as increase participation in the GANM.

Target Audience

The target audience of this presentation is health care practitioners, academics, and policymakers and all those engaged in work to improve maternal and child health around the world.

Abstract

Purpose: *“The Sustainable Development Goals embody a one-health strategy – healthy people living on a habitable planet.”* (Gostin & Friedman, 2015) In an increasingly interconnected world, efforts to reach the Sustainable Development Goals (SDGs) need to be creative and build the capacity of practitioners and programs so that they are achievable. Globally, nurses comprise the majority of health care workers and therefore are essential to achieve the SDGs, specifically SDG 3: “Ensure healthy lives and promote well-being for all the ages”. The Global Alliance for Nursing and Midwifery (GANM) is a joint project sponsored by the Pan American Health Organization (PAHO) and the World Health Organization (WHO) Collaborating Center for Nursing Knowledge, Information Management & Sharing at the Johns Hopkins School of Nursing. The GANM has over 3,000 members and supports a multitude of communities of practices worldwide that cover health and development topics that aim to build the capacity of nurses and midwives to improve the health of communities across the lifespan.

Methods: One section of the GANM disseminates weekly blogs (written and video) that range in topics from communicable diseases and environmental health to respectful maternity care written by experts from around the world. In 2016 the GANM will implement a series of blogs relating to each target of SDG 3 to engage the online community to share knowledge, expertise and practical experience, which will facilitate the dissemination of best practices and collectively work together to achieve universal health care coverage. These blogs will enable the GANM’s members and the public to: share knowledge, experience and lessons learned from local practices; create a space for discussion with experts and individuals from different countries; ensure that clear definitions of terminology, concepts and policy directives are adopted; and provide capacity building to enable implementation of evidence-based tools, materials and strategies that can improve and scale up effective practices. The GANM also engages students to achieve global health competencies for future practice placing a priority on improving health and achieving health equity for all people around the world.

Results: This is an ongoing project, results are forthcoming.

Conclusion: The GANM and its initiatives are important strategies to reach universal health care goals and the SDGs by building the capacity of nurses and midwives around the world through an interactive knowledge gateway.

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RSC PST 2 - Research Poster Session 2

Xhosa Speaking Nursing Student's Experiences of Education in a Language That's Not Their Mother Tongue

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Purpose

The purpose of this presentation is to raise awareness and possibly come up with recommendations for students that have unpleasant experiences of being taught in a language that is not their mother tongue

Target Audience

The target audience of this presentation is all those involved in the learning or education process of nursing students, which include (Educators; Preceptors; Unit managers; Supervisors etc.)

Abstract

Purpose: Nursing students attending any nursing school in South Africa are taught in English. A large percentage of students are second language English speakers who have to be taught nursing jargon as well as theory in English. These students have difficulty communicating with lecturers, colleagues and patients and struggle with reading textbooks or writing tests, assignments and examinations.

Young men and women who are interested in a nursing career come from all walks of life and circumstances. Often the individual comes from a rural area and received all his/her schooling in their mother tongue, which in the case of Eastern Cape individuals may be Xhosa. One of the school subjects they would have been exposed to is English second language. This means that although he/she may have passed the subject, the student may not be proficient in speaking, reading or writing English on the level required in tertiary education. To access nursing education, this person has to register with an institution of higher learning in which the medium of instruction is English. Instruction in class as well as follow-up discussions in the wards takes place in English. Even the textbooks the students have to learn from are written in English. This may mean that first year Xhosa speaking nursing students may encounter difficulty understanding the material they are exposed to and may have difficulty communicating their thoughts in English. This led the researchers to the following questions:

Young men and women who are interested in a nursing career come from all walks of life and circumstances. Often the individual comes from a rural area and received all his/her schooling in their mother tongue, which in the case of Eastern Cape individuals may be Xhosa. One of the school subjects they would have been exposed to is English second language. This means that although he/she may have passed the subject, the student may not be proficient in speaking, reading or writing English on the level required in tertiary education. To access nursing education, this person has to register with an institution of higher learning in which the medium of instruction is English. Instruction in class as well as follow-up discussions in the wards takes place in English. Even the textbooks the students have to learn from are written in English. This may mean that first year Xhosa speaking nursing students may encounter difficulty understanding the material they are exposed to and may have difficulty communicating their thoughts in English. This led the researchers to the following questions:

- How do first year Xhosa speaking nursing students experience their training, in a language which is not their mother tongue?
- What can be done to support these students to cope better with the language barriers they experience?
- How do first year Xhosa speaking nursing students experience their training, in a language which is not their mother tongue?
- What can be done to support these students to cope better with the language barriers they experience?

Explore and describe how first year Xhosa speaking nursing students experience their training in a language which is not their mother tongue. • Make recommendations to support students.

Methods: Nursing students attending any nursing school in South Africa are taught in English. A large percentage of students are second language English speakers who have to be taught nursing jargon as well as theory in English. These students have difficulty communicating with lecturers, colleagues and patients and struggle with reading textbooks or writing tests, assignments and examinations. The design for the study is qualitative, explorative, descriptive and contextual. The research population consists of first year Xhosa speaking nursing students who are registered at a private nursing education institution in the Eastern Cape. Sampling will be convenient and purposive. Data will be gathered using semi-structured interviews, using an interview schedule where the participants will be asked to tell the story of their experiences of being taught nursing in English. Data will be analyzed making use of content analysis. Trustworthiness as well as high ethical values will be ensured. Ethical permission is being obtained from a formal ethical committee.

Results: Data still in the process of being captured

Conclusion: findings will be finalised early 2016 and prior the conference

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RSC PST 2 - Research Poster Session 2

The Relationship Between the Means of Communication and a Self-Help Group for Laryngectomized Patients

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Purpose

The aim of this research is to examine the means of communication used by laryngectomy patients by clarifying how their admission to a patients' association affects their means of communication.

Target Audience

Subjects were 43 patients who underwent laryngectomy in three university hospitals in Fukuoka Prefecture which agreed to cooperate in our research.

Abstract

Purpose: The aim of this research is to examine the means of communication used by laryngectomy patients by clarifying how their admission to a patients' association affects their means of communication.

Methods: Subjects were 43 patients who underwent laryngectomy in three university hospitals in Fukuoka Prefecture which agreed to cooperate in our research. Self-administered questionnaires were handed directly to or mailed to patients before discharge from hospital and mailed to them three, six, and twelve months after discharge from hospital. We checked subjects' age, sex, employment status, family structure, communication methods (esophageal speech, electrolarynx, shunt speech, written message, and gesture), conversation time, and admission to a patients' association. We collected descriptive statistics of their basic attributes and communication methods. We then classified communication methods into two groups – speech (esophageal speech, electrolarynx, and shunt speech) or no speech (written message and gesture) and analyzed their changes of communication methods after discharge from hospital by the Cochran-Mantel-Haenszel test. The admission to and the participation in a patient's association was tested by a chi-square test. This study was approved by Institutional Review Boards (IRBs) in each hospital. We explained to subjects that we protect their privacy both verbally and in written forms. We asked those who agreed to participate in this research to sign the letter of consent before conducting survey.

Results: The number of subjects reduced from 43 to 38, 34, 33 three, six, and twelve months after discharge from hospital, respectively, due to a variety of reasons such as rehospitalization, poor health, and the loss of life. Their average age and sex were 67.3 ± 8.9 (ranging from 46-82 years) and 56 males (87.5%) and 8 females (12.5%). Eight subjects (12.5%) lived alone and 56 subjects (87.5%) were lived with other family members. At the time of discharge from hospital 30 subjects (46.9%) had jobs, 28 subjects (43.8%) did not have jobs, and there were 6 "no answers" (9.3%). On the means of communication those who used esophageal speech were 3 (7%) before discharge from hospital and 5 (15.2%) twelve months after it. Those who used electrolarynx were 3 (7%), 12 (31.6%), 18 (52.9%), 16 (48.5%) before, three months after, six months after, and twelve months after discharge from hospital, respectively. Those who used shunt speech were 0 before discharge from hospital and became 2 (5.3 to 6.1%) after that. Those who used written messages were 38 (88.4%) before discharge from hospital, decreasing to 11 (44.1%) three months after that and increasing to 17 (51.5%) twelve months after that. Those who used gesture were 19 (44.2%) before discharge from hospital, hovering around 11 to 13 (32.4% to 39.4%) after that.

Many respondents answered that they used both speech and no speech as the means of communication. Those who used speech increased gradually from 5 (11.6%) before discharge from hospital to 22 (71.0%)

twelve months after it. Those who used no speech gradually decreased from 38 (88.4%) before discharge from hospital to (29.0%). This trend of increase and decrease was statistically significant on all periods ($p < 0.0001$). The number of those who do not make a conversation was two (4.7%), eleven (25.6%), and nine (20.9%) in pre-discharge from hospital, 30-to-60 minutes, and 60-to-180 minutes, respectively. Average conversation time for 13 patients (38.2%) three months after discharge from hospital was 60-to-180 minutes, followed by 30-to-60 minutes by seven patients (20.6%) and 180-to-360 minutes by seven patients (20.6%). Eleven patients (45.8%) answered that their average conversation time was 60-to-180 minutes six months after discharge from hospital while four patients (2.9%) did not make a conversation. Those who made conversation for 30-to-60 minutes were 11 (33.3%) eleven months after discharge from hospital, followed by 10 patients (30.3%) who spoke for 60-to-180 minutes.

The number of those who were admitted to a patients' association was 13 (32.5%) before discharge from hospital, 14 (42.4%) three months after it, 17 (51.5%) six months after it, and 12 (38.7%) twelve months after it. More specifically, the number of those who were admitted to a patients' association in the group of speech and the group of no speech was 0 (0%) and 13 (100%) before discharge from hospital, 10 (71.4%) and 4 (28.6%) three months after it, 15 (88.2%) and 2 (11.8%) six months after it, and 11 (91.7%) and 1 (8.3%) twelve months after it, respectively. The analysis of patients three months after discharge from hospital revealed that those who were admitted to a patients' association were more likely to rely on speech than those who were not ($p = 0.02$) but there were no association with the means of communication at a statistically significant level.

Conclusion: The means of communication for laryngectomy patients were esophageal speech, electrolarynx, shunt speech, written message, and gesture. More than fifty percent of laryngectomy patients used no speech such as written message and gesture before discharge from hospital but many of them gradually acquired the speech skills after discharge from hospital. Yet, there was no one who relies only on the means of speech. Esophageal speech is based on the technique in which patients draw air into the esophagus and regurgitate it, producing a vibration in the pharyngoesophageal segment. The training of esophageal speech involves a heavy physical and mental burden on patients, so that only five patients used it twelve months after discharge from hospital. It is expected that there are few patients who want to master it. Yet, most laryngectomy patients tried to be accustomed to social life by using both speech and no speech because they expected to face some difficulties on their daily life if they rely only on no speech.

It also clarified that conversation time gradually increased after discharge from hospital. It is considered that this is because those who had jobs returned to work and some patients participated in a patients' association. The increase of those who do not have a conversation six months after discharge from hospital implies that they might be cut off from their social connections by living alone, leaving a job, or failing to participate in a patients' association. It has been considered that it is necessary to join a patients' association and conduct training by regularly attending its events in order to acquire the means of communication by speech. Yet, there was no association between the means of communication and the participation in a patients' association although there was a significant association between the means of communication and the admission to a patients' association three months after discharge from hospital. Those who were admitted to a patients' association were more likely to acquire the means of communication by speech as time passed but its pace declined eleven months after discharge from hospital.

Previous studies reported that patients failed to participate in a patients' association due to their own problems such as their physical problems and the unavailability of transportation to the place of a meeting. In other words, it is suggested that some patients who participated in a patients' association for acquiring the means of communication by speech gave it up because they did not feel well and did not want to talk to others, and the place of a meeting was not conveniently located. Yet, laryngectomy patients could acquire necessary information such as the means of communication by sound such as electrolarynx by joining a patients' association, showing that it becomes the support for the reconstruction of communication. This study revealed that laryngectomy patients' acquisition of the means of communication is affected by their decision to join a patients' association, suggesting that it is important for them to understand the necessity to join it.

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RSC PST 2 - Research Poster Session 2

Exploring Professional Socialization of Doctoral Education

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Purpose

The purpose of this study was twofold: (1) to explore the outcome of a professional socialization plan for PhD nursing students as they journey through the program and (2) to foster successful completion in the doctoral PhD program.

Target Audience

The target audience of this presentation is doctoral students, faculty, program directors, associate dean and deans.

Abstract

Purpose: The purpose of this study was twofold: (1) to explore the outcome of a professional socialization plan for PhD nursing students as they journey through the program and (2) to foster successful completion in the doctoral PhD program. The mission of a doctoral nursing program is to prepare future nurse scientists with advanced knowledge in nursing education, practice, research, health and public policy and provide scholarly activities that will create leaders in the discipline of nursing. Professional Socialization is a learning process where individuals of a particular profession socialize among themselves and acquire the specialized knowledge, skills, attitudes, values, norms and interest needed to perform their professional roles. Doctoral students (PhD & DNP) participate in professional socialization, by engaging in three interdisciplinary collaborative courses, Global Leadership Strategies and Diversity Awareness, Epidemiology and Biostatistics and Bio-ethical Imperatives that provides the foundation for advanced knowledge in the field. These courses provide the basis for interdisciplinary engagement with students from the two doctoral programs, Philosophy of Science in Nursing and Doctor of Nursing Practice. These connections with peers in the program allow for discovery of common research interests and create a foundation for professional relationships and partnerships. In addition, they participate in two major scholarly activities, the annual Doctoral Colloquium and the Sigma Theta Tau (STTI) Lambda Chi Chapter Research Conference. The Doctoral Colloquium presents an opportunity for doctoral students to explore current concerns about their research, present their work in progress to peers, senior researchers and receive guidance from the participants and also engage with well-known international and national nursing leaders. At the STTI research conference students are required to participate in podium or poster presentations.

Methods: A qualitative descriptive design was utilized to collect evaluation data among students at one private, non-profit university in the Southeast region of Florida about the professional socialization plan and the completion rate of the doctoral program. Students currently enrolled in the interdisciplinary courses were invited to voluntarily evaluate the interdisciplinary collaborative courses, the STTI Research Conference and the Doctoral Colloquium. In addition, purposive sampling was utilized to select 40 participants to interview about their professional socialization experience. Individual semi-structured interviews using open-ended questions were used to obtain data. Data was analyzed following qualitative techniques.

Results: The results of this study confirmed the objectives of this study and revealed that student peer interactions, supportive faculty environment, collegiality, and student scholarly engagement, were prevalent in the data analysis.

Conclusion: This study indicated the graduates of the PhD program have developed mastery of the competencies to expand science that supports the discipline and practice of nursing.

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RSC PST 2 - Research Poster Session 2

Using Social Media to Enhance Study Recruitment: How Facebook and Twitter May Engage Vulnerable Populations

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Purpose

The purpose of this presentation is to describe the outcomes of a social media-based recruitment strategy implemented in an ongoing randomized controlled trial at the University of North Carolina at Chapel Hill, and to assess the generalizability of the results to similar health promotion/disease prevention research.

Target Audience

The target audience of this presentation is nursing researchers and leaders in public health who aim to engage hard-to-reach, vulnerable populations in community health promotion/disease prevention projects.

Abstract

Purpose: According to the United Nations Specialized Agency for Information and Communication Technologies (2015), at least 40.6% of the world population is currently on the Internet. In 2012, 1.4 billion of these internet users were on social networking sites (Statista, 2015). As of September of 2015, 1.01 billion individuals accessed Facebook on a daily basis, and an additional 320 million users were active on Twitter (Facebook, 2015; Twitter, 2015). With over half of lower-income, ethnic and racial minority, and rural populations now using social media, this explosion of Internet activity presents investigators with a novel, cost-effective approach to engaging previously hard-to-reach populations in health promotion and disease prevention research (Perrin, 2015). The purpose of this study is to explore the effectiveness of a social media based recruitment plan while enrolling middle-aged adults with lower-socioeconomic status into an ongoing randomized controlled trial (RCT) led by nursing researchers at the University of North Carolina at Chapel Hill.

Methods: Data for this study will be collected from the recruitment outcomes of an ongoing RCT at The University of North Carolina at Chapel Hill. The aims of the parent RCT are to assess the health and employment outcomes of extending the Chronic Disease Self-Management Program to lower-SES employees between 40-64 years old. While this program has traditionally been extended to retired populations, the researchers on this project have developed a novel recruitment strategy tailored to the interests and needs of this younger, oftentimes overlooked and underserved population. This strategy includes the development of Facebook and Twitter accounts and the dissemination of Facebook advertisements. Data concerning the effectiveness of this approach will be collected from usage statistics provided by Facebook and Twitter, including number of followers, re-tweets, likes and comments in addition to the number of people exposed to advertisements and the demographic characteristics of all who are reached and engaged by the social media-based recruitment.

Results: After just two days, social-media based advertisements for the parent RCT reached approximately 1,008 adults in the target population. Results shared during this conference will include the updated number and demographic characteristics of those reached by social-media based activity, the percentage of those reached who enroll in the study, and other media-relevant statistics such as number of followers, page likes and re-tweets.

Conclusion: The results of this study could provide a valuable evidence base to guide the use of this still-new and emerging technology to enhance the engagement of vulnerable populations in health promotion research. By further engaging underserved populations in such research, health professionals may begin to gain a better understanding of health disparities that continue to plague populations around the globe and work towards achieving more equitable health outcomes.

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RSC PST 2 - Research Poster Session 2

Levels of Perceived HIV/AIDS Stigma and Potential Consequences Among Indigenous Mexican Indian Women

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Virginia Hernandez-Alonso, MSN, BSN, RN, Mexico

Purpose

The purpose of this presentation is to identify the level of HIV/AIDS stigma among Indigenous women of southern Mexico. Descriptions of stigma experiences/concerns will be reported. This information provides insight into HIV/AIDS stigma useful in developing strategies to decrease women's stigma experiences in accessing care and prevent HIV transmission.

Target Audience

The target audience of this presentation is health care providers and public health officials that provide HIV/AIDS care and prevention. Additionally, the presentation is targeted to health care professionals that are interested in global healthcare issues and indigenous populations.

Abstract

Purpose: Background and purpose. While there has been a decrease in the number of new HIV infections and AIDS-related deaths, HIV infection remains a pandemic that is devastating individuals, families, and the economies of high incidence countries. It is estimated that there were 36.9 million individuals living with HIV/AIDS at the end 2014. A majority of these individuals lived in middle or low income countries. It is recognized that addressing the HIV/AIDS pandemic requires complex interventions and societal changes. A major factor impeding the control of HIV/AIDS is the presence of the parallel pandemic of stigma and discrimination. Women and girls have suffered a disproportionate burden of HIV/AIDS including disabling stigma and discrimination. Often women suffer from multiple stigmas. This may be especially true among poor women in cultures where they are devalued. Indigenous Indian women in southern Mexico represent such a population. Yet, little is known about these women's perceptions of HIV stigma and the consequences of such stigma. The purpose of this analysis was to examine perceived levels of stigma and related consequences among these indigenous women.

Methods: This data was collected as part of a larger study examining quality of life among 101 HIV+ women in southern Mexico attending an HIV clinic. Data were collected by face-to-face interviews in Spanish. Inclusion criteria to participate in the study were: 1) being HIV +, 2) spoke Spanish, 3) were greater than 16 years of age, and 4) gave informed consent. Stigma data was initially collected using a 13-item stigma scale. However, in the analysis 3 items were discarded due to focusing on issues such as concern about accessing healthcare and concern for receiving adequate treatment if their HIV+ status was known. These items seemed to be irrelevant since the participants were receiving HIV-related healthcare at a comprehensive HIV Clinic in which all medications and treatment were essentially free. In addition to the data collected using the Stigma Scale, women were asked to describe their experiences with stigma and more fully describe their fears if their HIV status was revealed. Descriptive statistics were used to analyze the women's responses on the Stigma Scale and descriptions of stigma experiences.

Results: Participants ranged from 17 to 63 years ($x = 33.3$ years). The majority of women lived in small mountain villages, were married or had been married (85%), had a primary school education (63.4%), and lived in families with a mean income of 921 pesos (\$74) monthly. The number of children living with HIV/AIDS ranged from 0 to 3 with many women being diagnosed when they delivered a baby. Women traveled long distances to reach the HIV clinic which was the only HIV-specific clinic in the region. Stigma scores had a mean score of 25 out of a possible score of 40. Some women felt blamed for their illness (36.3%), felt that HIV was a punishment from God (39.2%), and felt compelled to move from their villages (16.7%). The majority of women reported being afraid they would lose their job or means of making a

living (61.8%), being ashamed of their illness (55.9%), fearing that people would hurt their family (83.3%) and fearing their family would reject them (66.7%) if their HIV was known. In describing their experiences with stigma and discrimination, women reported being afraid of disclosing to their extended families, their communities, and in some cases to their husband and/or children. Women described their belief that if their village members learned they were HIV infected they would face violence or be forced out of the village to fend for themselves and their children. This takes on greater significance when realizing that many of the villages in which they lived were comprised of extended family that worked collaboratively to provide food and shelter to its members. Even when their husbands were the likely source of their HIV infection, some women did not disclose their HIV infection in fear that the husbands would blame them and abandon them and their children. Often women told others they had other illnesses as a cover for coming to the HIV/AIDS clinic.

Conclusion: The current study reveals that stigma is a significant issue for indigenous women in rural Mexico that greatly influences their lives and ability to deal with their HIV/AIDS diagnosis. Women feared being abandoned by family and community, as well as being subjected to violence if they disclosed their HIV infection. Additionally, there was great concern that their families would be subjected to violence if their HIV/AIDS status was disclosed. Such stigma has the potential to impede treatment, prevention efforts, and the well-being of families. The results of this analysis demonstrates that similar to other poor ethnic minority people, indigenous women in southern Mexico face stigma that can be as debilitating as the physical symptoms of their disease. Understanding in which areas women reported fearing the greatest consequence of disclosure can provide a guide for healthcare providers and public health officials to focus their efforts on disseminating HIV-related knowledge and education, as well as design programs that both address HIV/AIDS stigma, facilitate women in keeping their diagnosis confidential, and assisting women in safely disclosing their HIV infection to appropriate family and community members.

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RSC PST 2 - Research Poster Session 2

Should Insulin Be Withheld When Nothing By Mouth is Ordered in Patients Who Require Insulin?

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Purpose

The purpose of this presentation is to inform health care providers with findings of comparative analysis of practice guidelines and literature for the management of hyperglycemia in the inpatient setting.

Target Audience

The target audience of this presentation is professional nurses.

Abstract

Purpose: The purpose of this study was to perform comparative analysis of practice guidelines and current evidence for the management of hyperglycemia in hospitalized patients.

Methods: An integrative literature review was conducted using Cochrane, CINAHL Plus, PubMed and the National Guideline Clearing House. Key words searched included hyperglycemia, inpatient diabetes, pre-operative, surgical, NPO, hospitalized, Type 1, Type 2 diabetes, Nothing by mouth, Adult, basal bolus, Hypoglycemia, management, insulin, rabbit two trial.

Results: Hyperglycemia and hypoglycemia are both serious and costly health care problems in hospitalized patients. The risk for sepsis, pneumonia, and wound infections increase with hyperglycemia; however, fear of hypoglycemia, is a leading barrier to improving glycemic management in the hospital setting (Umpierrez et al, 2007, 2012). Individuals with Type 1 diabetes lack endogenous insulin, thus requiring treatment with basal (once daily --glargine or detemir) or twice daily--Neutral Protamine Hagedorn (NPH) bolus correction (rapid acting insulin analog (aspart, lispro, glulisine,) or regular) insulin regimens to avoid severe hyperglycemia and diabetic ketoacidosis. Patients with type 2 diabetes, receiving insulin therapy before admission, are at risk for severe hyperglycemia, when insulin is discontinued. Peer-reviewed literature supported practice guidelines for all patients using insulin before hospital admission. Guidelines recommend continuing basal scheduled subcutaneous (SC) insulin with modifications, to maintain target glucose levels. Additionally, evidence supported current recommendations for patients with Type 1 diabetes undergoing surgical intervention to receive either continuous insulin infusion (CII) or subcutaneous basal insulin with correction insulin as required to prevent hyperglycemia during the perioperative period (Umpierrez, et al, 2012).

Conclusion: A basal insulin plus bolus correction regimen is the preferred treatment for non-critically ill patients, not eating or drinking. Blood glucose should be monitored every 4-6 hours while nothing by mouth, and corrected with short-acting insulin as needed (American Diabetes Association, 2016).

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RSC PST 2 - Research Poster Session 2

The Dichotomy of Teaching in a Digital Age

Johanna Catharina (Irene) Lubbe, PhD, MSocSc (CritCrNsg), AdvDipEducMgmt, BSocSc, RN, RM, South Africa

Purpose

The purpose of this presentation is to share results of a study that determines the level of digital fluency of distance education faculty members and to create awareness under all faculty members that a certain level of digital fluency is necessary to facilitate learning in a digital age.

Target Audience

The target audience of this presentation is all faculty members (lecturers / educators) actively involved in teaching, irrespective of mode of delivery.

Abstract

Purpose: The world is changing rapidly and with it a dichotomy emerged in the way we communicate with students. Basic digital literacy is no longer sufficient and digital fluency has become the expected norm in the modern workplace.

In this developing and diversified digital world, commercialization of higher education coupled with UNESCO's guidelines for "cross-border higher education" compelled higher education institutions to look at alternative and inclusive ways to accommodate the ever-growing student population. However, to meet the students 'where they are' and to augment our own teaching strategies, specific ICT (Information, Communication and Technology) skills and competencies are required from educators.

In higher education institutions, educators are entrusted with the essential civic responsibility to ensure that graduates are adequately prepared for the marketplace. Part of this civic responsibility towards employability demand, is the ability of graduates to use technology. When it comes to the use of technology, educators should take the lead. One cannot expect students to venture into the digital world if the educators are not digitally fluent and are not willing to lead by example or, at least walk the walk with students. Educators who are not skilled in the digital world, will be left behind. Part of an educator's responsibility is to empower students to become tomorrow's leaders. Denying them exposure and training in ICT-skills is not only disadvantaging them, but are actually gross negligence on the side of the institution. The quest to create presence as educators amidst technology resides fundamentally in being there for students and *with* students in using technology; to be authentic in this.

Methods: A study was conducted to assess faculty members (of a specific department) in a major open distance education and learning (ODeL) institution's levels of competence with regard to educational digital fluency, and in particular, their digital Internet fluency. Digital fluency specifically refers to one's aptitude and ability to effectively and ethically interpret digital information. It encompasses the discovering of meaning, designing of content and the construction of knowledge.

The study was conducted from within a quantitative (positivist) research paradigm. A quantitative, non-experimental descriptive, cross-sectional survey was conducted. A self-designed survey-questionnaire was used to collect data. An online survey-generating programme (SurveyMonkey™) was used. The data collection instrument consisted of 45 mostly close-ended questions and included both Likert-type questions and ranking questions. Data were analysed using IBM SPSS.

Results: Results were reported on, using Belshaw's conceptual framework of the eight elements of digital literacy. In essence the results indicated that educators in a digitalised environment need to supplement teaching techniques and content with digital applications and methods that will assist students to actively engage with the content to enhance learning. The dichotomy however is that not all faculty members are digitally fluent, thus inhibiting the possibilities and content-integration.

Conclusion: The results of this study has direct implication for tuition policies and needs to be addressed via continuous development strategies in this ODeL institution specifically, but also has reference to other higher education institutions.

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RSC PST 2 - Research Poster Session 2

Weight Stigma in Relation to Hair Cortisol and Binge Eating in Obese Asian-Americans

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Purpose

The purpose of this presentation is to examine the relationships between weight stigma, level of acculturation, hair cortisol levels, and binge eating among overweight and obese Asian-Americans.

Target Audience

The target audience of this presentation is nursing researchers, clinical nurses and nursing practitioner, and nursing students.

Abstract

Purpose: The purpose of this study is to examine the relationships between weight stigma, level of acculturation, hair cortisol levels, and binge eating among overweight and obese Asian-Americans. Obesity is an important public health concern for Asian-Americans in the United States (Jih et al., 2014). Many children and adults face weight stigmatization as a result of being overweight or obese (Levy & Pilver, 2012). Weight stigma can be defined as individuals experiencing verbal or physical abuse secondary to being overweight or obese (Puhl & Heuer, 2011). Weight stigma may be considered a stressor and cause cortisol levels to increase by triggering hypothalamic-pituitary-adrenocortical (HPA) axis activation, which can lead to adverse health outcomes such as a high-risk for developing type 2 diabetes and poor glycemic control (Tsenkova et al., 2011). Weight stigma can also contribute to binge eating and the development of obesity (Jackson, Beeken, & Wardle, 2014; Wu & Liu, 2015). Acculturation is a process in which members of one cultural group adopt the beliefs and behaviors of another group (Bharmal et al., 2014). The level of acculturation for Asian-Americans may be related to their body image perception as well as the experience of weight stigma (Guan, Lee, & Cole, 2012).

Methods: A cross-sectional design with a convenience sample will be used. The sample population will include overweight and obese (BMI >23 kg/m²) Asian-Americans (Taiwan, Hong Kong, and China) adults (≥ 21 years of age) living in North Carolina, United States. Participants will be recruited from Chapel Hill, Durham, and Cary, North Carolina starting in March 2016. A total of 161 participants will be needed in order to reach a power of .80 with the effect size of 0.12 and α value of 0.05 for the study (Himmelstein et al., 2015). A hair sample, demographic data, height and weight, calculated body mass index and five questionnaires measuring the weight stigma experience, binge eating, the level of acculturation for Asians, the level of perceived racial discrimination for Asians, and levels of perceived stress will be collected. Hair cortisol will be analyzed by using a high-sensitivity enzyme immunoassay (EIA) kit at a Biobehavioral Laboratory in Chapel Hill, North Carolina, United States (Meyer, Novak, Hamel, & Rosenberg, 2014). Participants will be recruited by posting ads on the electronic billboard of three Asian associations' websites. Potential participants will contact the investigator by telephone and will be screened. Eligible individuals will be scheduled for a group data collection at a church. The protocol for this proposed study will be reviewed and approved by the Institutional Review Board at the University of North Carolina at Chapel Hill.

Results: The study data will be analyzed using SAS 9.3 (SAS Institute Inc., 2014). Descriptive statistics will be used to provide the mean and standard deviation. Group differences will be examined by independent t-tests. Pearson correlation analysis will be used to determine the relationships among all variables. Multiple regression analyses will be used to determine the associations between the experiences of weight stigma (independent variable) and hair cortisol levels and binge eating (dependent variables) after statistically controlling for the level of perceived racial discrimination for Asians and the level of perceived stress (control variables).

Conclusion: This will be the first study to explore the relationship of weight stigma, acculturation levels, cortisol levels, and binge eating simultaneously for overweight and obese Asian-Americans. If this

relationship is found, it could have a major impact on future interventions for Asian-Americans who experience weight stigma and who do the stigmatizing. The results from this proposal could help us to build a theory-based intervention to decrease weight stigma. Once a future intervention is tested for feasibility and efficacy, the intervention could be shared in Asian-American community centers. Our proposal addresses a significant health problem in Asian-Americans. The development of interventions to improve the lives of overweight and obese Asian-Americans is an important public health goal.

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RSC PST 2 - Research Poster Session 2

Using Workforce Management Technology to Explore Dynamic Patient Events, Nurse Staffing and Missed Care

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Purpose

The purpose of this presentation is to disseminate the results of our study on the impact of dynamic patient events on nursing workload, and missed care. This presentation will highlight nurses' perception of unanticipated dynamic events and the use of a staffing workforce system as a tool for nursing research.

Target Audience

The target audience for this presentation is nursing leaders and nurse clinicians.

Abstract

Purpose: The process of how to best determine nurse staffing has challenged nurse leaders for decade. Research has demonstrated that appropriate allocation of staff favorably impacts patient outcomes, patient safety, financial outcomes, and staff satisfaction (Myner et al., 2012; Shekelle, 2013). Nurse leaders are faced with higher patient acuities and unanticipated events that are not accounted for in traditional staffing models. *Dynamic patient events (DPEs)* have been defined in this study as rapid, unanticipated clinical situations that result in sudden shifts in nursing workload and the need to carry out rapid staffing adjustments. DPEs require vigilant attention to nurse staffing, and currently are not incorporated into staffing models at most hospitals. Increasingly, hospitals are leveraging new technologies to efficiently and effectively evaluate workload and determine staffing solutions. These new technological advances offer opportunities to measure nursing workload and determine optimal staffing. This study aims seeks to: 1). describe nurses' perception of *DPEs* and their impact on workflow and patient care; and 2). examine how *DPEs* such as code blues, emergency response needs, bedside procedures, monitored patient travel time and requirements for patient safety attendants can be incorporated into staffing plans.

Methods: For aim 1, a qualitative approach was utilized. Five–60-minute focus groups were conducted on 3 nursing units (1 general medical surgical, 1 general medicine and 1 general cardiac). A semi-structured interview format was used to guide the discussion. The interview began with providing the subjects a definition of DPEs. Interviews were audio-recorded and transcribed. A constant comparative method was used for the analyses. Codes were agreed upon by a consensus of 5 research team members and we identified patterns, trends and themes.

A cross-sectional quantitative approach was used for aim 2. Our institution has used an outcome driven acuity system, The Cerner Clairvia™ Workforce Management, since 2009. This system is designed to track patient acuities and predict nursing workload. To measure the impact of DPEs on nurse staffing and workload a cross-sectional approach was used. A random selection of 24 shifts across 3 units in three hospitals at one Academic Medical Center was selected (n=72 shifts). Units included one general cardiac unit, one general medical surgical unit and one medical unit. At the end of each selected shift, the RNs and PCAs were interviewed (n=511) and asked to describe their involvement in a DPE (type and length of time) during the shift, and to describe care that was missed using an adopted version of the MissCare Survey (Kalisch, Landstrom & Hinshaw., 2009). The data collected following each shift regarding the DPE was entered into the Cerner Clairvia™ Workforce Management system, specifically the Dynamic Event Workload module. Upon entering the DPEs into the system, the workload demand for that particular shift was recalculated. Differences between the staffing predicted before DPE entry and after DPE entry were compared to examine the changes in target staffing in workload following a DPE. Descriptive analyses were used (frequencies) to examine the amount of missed nursing care reported. Other variables

examined included admissions, discharges and transfers (ADTs), and unit census. Descriptive analyses, correlational analyses and regression modeling were used to describe the number of DPEs, length of DPEs and their impact on staffing and missed care.

Results: Findings from aim 1 identified five major themes: 1). types of DPEs, 2). impact of DPEs on patients, 3). impact of DPEs on nursing workload, 4). missed or delayed nursing care, and 5). impact on nurses. Nurse participants articulated and categorized *types of DPEs* which included frequent travel off unit with patients, code blues, rapid emergency response events and unplanned one-on-one safety attendants. Nurse participants described *the impact of DPEs on patients* that included concerns for patient safety and patient satisfaction. Other themes included *impact on nursing workload* in which nurses had other staff members cover their patient assignment and the reprioritization of the nursing workload. Nurse participants identified issues related to *missed or delayed care*. Participants felt that there were many delays in care which potentially delayed discharge time. Care missed was often passed on to the next shift. DPEs were viewed as having a tremendous *impact on nurses*. This impact included feelings about job satisfaction and their perception of personal job performance. Nurse participants expressed feelings of stress and burnout.

The findings from aim 2 demonstrated that the average number of DPEs varied considerably across units and shifts (day vs night). The number of DPEs for Unit A, B, and C was 2.7 (47% of census), 4.8 (65% of census) and 6.6 (81% of census) respectively for day shift. This dropped considerably at night to 1.2, 2.1 and 4.5 events for each respective unit. Length of DPE also varied considerably by shift and unit. During day shift, the time ranged from a mean of 91 minutes (unit A) to 184 minutes (Unit C). Length of time for DPEs on night shift ranged from 30 minutes (unit A) to 192 minutes (Unit C). The most frequent DPE reported was transporting monitored patients to other areas of the hospital. Staff reported frequently missed care. The nursing care most frequently reported as being delayed or/missed included documentation, late medication administration, and delayed response to call lights. A negative moderate correlation was found between missed patient hygiene ($r = -.48, p = .05$) missed patient turns ($r = -.53, p = .03$) missed hourly rounds ($r = -.51, p = .03$), missed patient assessments ($r = -.46, p = .03$), missed opportunities to provide emotional support ($r = -.44, p = .01$), and missed documentation ($r = -.56, p = .02$) and dynamic patient events on the night shift. A low negative correlation was found between missed patient assessments ($r = -.42, p = .005$) and dynamic patient events on day shift. There were three significant predictors of the average total missed nursing care; the change in staffing secondary to the DPE ($B = -.400$), the change in unit census ($B = -.337$), and overall staff concerns about patient safety ($B = .556$).

Conclusion: DPEs significantly impact nursing workload and should be incorporated into staffing models. Although DPEs are unanticipated, nurse administrators can use newer robust technological nurse staffing support systems to assure a safer patient care environment. Staffing models that do not account for potential DPEs can result in missed nursing care. This study validates the unpredictable nature of DPEs in today's fast-paced acute care practice environments. It is also consistent with the growing body of research that describes missed care in nursing (Kalisch, et al, 2009; Kalisch, Gosselin & Choi, 2012). It is incumbent upon nursing leaders to understand and anticipate trends and patterns affecting nursing workload and staffing. By exploring innovations in technology to capture workload changes resulting from DPEs, nurse leaders have additional tools to provide the right staff at the right time

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RSC PST 2 - Research Poster Session 2

The Process of Innovation in Nursing; An International Perspective

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Purpose

The purpose of this presentation is to illustrate a process of infusing innovation into nursing practice, research and education, based upon a review of the international literature.

Target Audience

The target audience of this presentation is any nurse who is interested in identifying and sustaining a process of innovation, based upon literature and research, in their practice or area of work.

Abstract

Purpose: The purpose of this poster presentation is to report the findings of an international literature review of models of innovation, definitions and processes as applied to nursing. To date much of the theoretical and research literature on innovation has emerged from the business, economics and technology fields, with relatively little attributed to healthcare or nursing. This is problematic because the processes emerging for fields such as manufacturing, fail to take into account the ideas of practitioners, patients and the almost unique regulatory framework in which nursing operates. The concept of innovation has clearly been at the forefront of recent discussions in nursing and healthcare. Yet, with all the talk of innovation and innovativeness, it is unclear how nursing is using this term, and whether unified understanding of the term *innovation* exists in nursing.

Methods: As a starting point to the examination of nursing and innovation, it was necessary to examine the literature. We were interested in understanding whether *innovation*, as used in nursing, was similar to its use in other fields that have traditionally focused on innovation study and theory (i.e. business management and economics). With the use of the word “innovation” increasingly evident in the nursing field, we sought to assess trends over the past several decades in the frequency of its use in titles of articles published in nursing journals. An analysis of the use of innovation in the nursing literature was conducted that included nearly 3000 titles in 300 journals between the years 1981-2014. In addition, a review was conducted on theoretical-based literature that represented the current thinking in the field of innovation as well as including literature from the healthcare and nursing fields. An analysis was performed of the existing theoretical ideas and shaped to include the current dimensions of professional nursing practice, research and education.

Results: During the time period 1981 to 2014, the number of publications with *innovation* in the title grew from 30 between 1981-1984 to nearly 700 between 2010-2014, with an average five-year growth rate of 55%. There was a notable increase of over 800% in the frequency of titles containing *innovation* or derivatives, from the 1980s to the 2010s. Upon further analysis of our sample, we found that titles from nursing education journals represented nearly a quarter of the total publications, with publications from the *Journal of Nursing Education (JNE)* alone representing over 75% of these. JNE notably contains a regular feature entitled “Educational Innovations” that was responsible for many of these titles. From our literature and theoretical review, a model was derived that includes the role of interprofessional collaboration, value creations, risk assessment and organizational culture as key elements to the successful introduction of innovative ideas and practices.

Conclusion: A model for introducing innovation into practice, research and education is presented that incorporates current theoretical and practice issues relevant to nursing. This model represents a comprehensive assessment of current thinking about innovation as it applies to any aspect of nursing endeavor. In examining the process of developing and applying innovative practices, administrators, educators and clinicians should be informed about the complexity of this endeavor as well as the inter-connectivity of elements necessary for a successful and sustained process of change.

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RSC PST 2 - Research Poster Session 2

Pressure Ulcer Management in Older Population

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Purpose

The aim of this study is to increase the awareness of health care professionals but especially nurses' especially nurses'.

Target Audience

All health care professionals especially working with older population.

Abstract

Purpose: The aim of this study is to increase the awareness of health care professionals but especially nurses about the pressure ulcer management in older population.

Methods: This study is a literature review.

Results: Wound care but especially pressure ulcer care is a crucial in caring for older population. It is important to prevent the occurrence of pressure ulcer because they cause prolong the length of stay at hospital, increase health care costs, increase susceptibility to secondary infections, increase mortality rates and decrease quality of life. According to literature approximately 70% of all pressure ulcers occur in the geriatric population. Depression, poor appetite, cognitive impairments, and physical/economic barriers interfering with adequate nutrition may impair wound healing in older population. However, those are not the only reasons. In older population delay in wound healing also occur with age-related changes affecting wound healing such as; thinning dermal layer of skin; decreased subcutaneous tissue; delay in regeneration (regeneration of healthy skin takes twice as long for an 80-year-old as it does for a 30-year-old); susceptibility to delayed wound healing and wound infections (conditions that interfere with circulation; diminished immune response from reduced T-lymphocyte cells predisposes older adults to wound infections); signs of inflammation may be more subtle in those. Assessment of risk with valid and reliable tools, repositioning and mobilization, and the use of appropriate support surfaces are the most common practices for management of pressure ulcers among older population.

Conclusion: Pressure ulcer risk of older population is high due to accompanying chronic diseases that cause negative health outcomes, reduced quality of life, and represent a burden for health care systems. All health care professionals but especially nurses should be aware those risks for older population and if possible try to prevent the occurrence if not have to know the best practices to help the healing process and support the older population.

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RSC PST 2 - Research Poster Session 2

Communication Satisfaction and Job Satisfaction Among Executive Nurses and Impact on Burnout and Turnover Intention

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Purpose

The purpose of this presentation is to explore the possible relationship between communication satisfaction and job satisfaction, intention to leave and burnout among executive nurses.

Target Audience

The target audience of this presentation are hospital nurses, hospital executives, ward members and also nursing researchers.

Abstract

Purpose: Within a hospital, the main task of executive nurses is to manage their team and to organize associated processes as to provide high quality care to patients. Appropriate communication skills are, as such, a key success factor. Efficient communication ensures higher job satisfaction resulting in lower turnover intention and decreased burnout.

This study aimed to explore the relationship between communication satisfaction and job satisfaction and the impact on burnout and turnover intention among a cohort of executive nurses.

Methods: In a multicentre study in three hospitals, data were collected on communication satisfaction and job satisfaction in a large sample of nurses (n = 1455). Data included (1) the Communication Satisfaction Questionnaire (Downs & Hazen, 1977) (translated in Dutch and subsequently validated and pilot tested), (2) the scale 'Turnover intention' of the Questionnaire on the Experience and Evaluation of Labour and (Van Veldhoven & Meijman, 1994), (3) the Maslach Burnout Inventory (Maslach et al., 1996). Job satisfaction was measured by means of a visual analogue scale. Within this large sample, executive nurses were selected and compared to nursing staff in general.

Results: Within the three participating hospitals, respectively 106 executive nurses and 1349 ward nurses completed the questionnaire; 68.9% (73/106) of the respondents are female. The executive nurses have an average age of 48 years. Their mean work experience is 26.0 years. The vast majority works on a fulltime basis (94.3%, 100/106). An average job satisfaction level of 7.59/10 was found. Only one person had a score ≤ 5 on job satisfaction (0.95%, 1/106). Concerning communication satisfaction, executives were found most satisfied with the trust received from their supervisor (90.6%) and least with their communication overload (45.3%). 57.5% (61/104) has a low, 36.8% (39/104) an average and only 3.8% (4/104) a high turnover intention. None of the respondents had a burnout profile. 12.3% (13/104) has a high emotional exhaustion, 11.3% (12/104) a high depersonalization and 12.3% (13/104) a low personal accomplishment. These data were comparable with ward nurses and are summarized in the following tables.

Conclusion: Levels of job satisfaction among executive nurses are comparable to those among ward nurses. Burnout indication and turnover intention are low. Nevertheless, there is still room for improvement with regard to communication satisfaction as nurse executives experience considerable communication overload. This can be a particular focus for management in order to increase job satisfaction and to decrease the incidence of burnout and turnover intention among key collaborators within the organization.

	Executive nurses	Ward Nurses
Average job satisfaction	7.59/10	7.49/10
Trust received from their supervisor	90.6%	81.8%
Communication overload	45.3%	-
TURNOVER INTENTION	Executive nurses	Ward Nurses
LOW	57.5%	59.9%
AVERAGE	36.8%	33.3%
HIGH	3.8%	6.9%

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RSC PST 2 - Research Poster Session 2

The Hunt for Good Nursing Workforce Data: Lessons Learned

Lisa Wright Eichelberger, PhD, RN, USA
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Purpose

Purpose of presentation is to share Georgia's nursing workforce survey results, identify strategies used to significantly increase response rates, describe lessons learned from the collaboration processes critical to the success in obtaining the statewide workforce data and identify all state, national, legislative, and political agents needed to accomplish the task.

Target Audience

The target audience of this presentation is anyone interested in conducting research, increasing return rates on relicensure surveys, working with state government and National Council of State Boards of Nursing, NurSys program, supply and demand of nurses, minimum nursing data set, nursing workforce, state nursing workforce centers, politics, and collaboration.

Abstract

Purpose: The purpose of presentation is to share Georgia's nursing workforce survey results, identify strategies used to significantly increase response rates, describe lessons learned from the collaboration processes critical to the success in obtaining the statewide workforce data and identify all state, national, legislative, and political agents needed to accomplish the task.

Background and Significance: Nursing workforce supply data are key for any kind of state workforce planning. Georgia, like so many other states, have been challenged to meet the growing health care needs of its citizens and without valid and reliable workforce information, it is impossible to plan for changing needs. Georgia had no system in place to collect nursing data that yielded meaningful results. Georgia's re-licensure survey did collect some general demographic information but the questions were not based on the National Nurse Minimum Dataset (NDS) which was developed by the National Forum of State Nursing Workforce Centers and the highest response rate was only 14% or so. Georgia's leaders understood that incorporating the NDS into Georgia's nursing workforce data was critical to nursing if we were to be able to facilitate cross-state comparisons and build a national repository of data.

Georgia's attorney general had ruled that making the collection of any sort of survey data a part of the required nurse licensure renewal process was an invasion of privacy and therefore could not be mandated so requiring nurses to complete any type of survey questionnaire was out of the question.

Methods: With the release of the Institute of Medicine Future of Nursing Report, Georgia nurse leaders began to address workforce data by advocating for changes to the re-licensure survey in 2011. Twenty-seven thousand dollars was obtained from the Secretary of State's office to redesign the existing nursing relicensure survey using the NDS. The new survey (still voluntary) included questions from the NDS and very importantly, the placement of the survey was changed placing it before the payment section of the renewal process.

Though the questionnaire was slightly longer than before, there was a huge growth in the response rate, going from 14% to 85%. Georgia license half its nursing workforce one year and half the next. So it took the GNLC two years to get a complete data set that included over 120,000 individual nurses' datasets. The methods used was to notify via email that all current Georgia RN license holders whose license was expiring to go to the Georgia Board of Nursing website to renew online. Any new license could also obtain a new license through the website as well. Data was collected at the end of the renewal period at stored on servers at the Secretary of State's office for analysis. However, there were numerous unanticipated problems delayed the release of correct data three years, until fall of 2015. These problems included issues with the technology processing the data, the governmental office overseeing the nursing

licensure process, and the communication among the various stakeholders involved at the state and national levels.

The Georgia Nursing Leadership Coalition (GNLC) worked for over four years to obtain good state nursing workforce data using four strategies: **patience, partnerships, pressure and perseverance**. The first strategy was **patience**. Patience was used initially and through the process. While not successful initially and valuable time was lost being too patient, patience was extremely important later in the process when relationships were strained and situations tense. Pushing and making demands of the multiple partners could have caused the collaboration to split apart so I believe that patience truly was and is a virtue in dealing with multi state agencies and political entities. The person involved in the process truly must be able to finesse the situation and read the players carefully. Patience was the strategy we used first but if I had to identify one strategy as the most important or list them in order of priority, I would have to list the quality of your **partnerships** as the most important in getting your workforce research accomplished. Georgia would not have its nursing workforce data without the support of our external partners and behind the scene assistance. It was absolutely critical. So if there is one lesson learned, it was to know that you can't do it alone, you need good partnership and when to ask for help.

The GNLC partnered with the Georgia Nurses' Association, the Georgia Board of Nursing, the National Council of State Boards of Nursing, the Georgia Board of Regents, the Governor's Office, Clayton State's University lobbyist, the Center to Champion Nursing in America and used the weight of Robert Wood Johnson Foundation because the third strategy was to know when and how to use **pressure** if you have to get the job done. The GNLC co-lead pressured the Secretary of State and his staff and the paid consultant to address internal problems, the resource problems and non-performance issues when they existed. The last strategy I will speak about GNLC leadership did not give up. They were committed to the task and that is the fourth strategy **perseverance**. They worked together to develop a plan on how they were going to stick with it and allowed one person to be the point person to facilitate communication among all the stakeholders to ultimately find a solution to obtain good data. Others agreed to trust the point person and back off.

Results: A final set of correct data for one complete nursing re-licensure cycle was received in September, 2015 due to the strategies followed by the GNLC. For the first time in Georgia's history, we have meaningful, ongoing nursing supply data. With a response rate of approximately 85%, we are able to generalize and extrapolate to make meaningful conclusions about the workforce in Georgia. The benefits are many. Our nursing data are being reported to National Council of State Boards of Nursing's NurSYS program to help protect the public from nurses who lose their licenses. We are now able to share our data with the National Forum of State Nursing Workforce Centers and add to the national dataset, this legislative session as an example, we will be able to use our data about where Advance Practice Nurses are working etc. to support legislation as we open Nurse Practice Act in 2016.

Conclusions: Obtaining good state data can be a complicated process that at times may seem impossible. However, if meaningful planning is to occur, there is no other way for this to happen particularly in small states where using national data for small states proves unreliable (Hassmiller, 2015). Obtaining reliable and valid statewide workforce data involves many partners and strategies to manage both the evolution and the relationships. This presentation has described one state's process to success and lessons learned.

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RSC PST 2 - Research Poster Session 2

A Feasibility Study on Smartphone Psychoeducation Application for Family Caregivers of People Living With Dementia

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Purpose

The purpose of this presentation is to describe the development and evaluation of a smartphone application for family caregivers of people with dementia in managing behavioural and psychological symptoms of dementia. This is a proof-of-concept study conducted by a multidisciplinary project team from Australia and Singapore

Target Audience

The target audience of this presentation is nurses who work with people living with dementia.

Abstract

Purpose: This feasibility study aims to develop and examine the effectiveness of a psychoeducation intervention delivered through a smartphone application (app) for family caregivers of people living with dementia (PLWD) in managing behavioural and psychological symptoms of dementia (BPSD).

Methods: A feasibility trial will be conducted.

Intervention: Participants will receive an 8-week psycho-educational intervention delivered through mobile application. The content of app is developed partly based on a previous psychoeducation program conducted by the chief investigator with technical support from team members in Singapore. The app contains information kit, video, audio podcast and caregivers' daily monitoring of mood and BPSD. The control group receives routine care.

Participants: A convenience sample of 60 participants will be recruited from Carers NSW and Alzheimer's Australia, and Memory Clinics in the Hunter Region, Australia and randomised into intervention and control group.

Outcomes: Frequency and severity of BPSD, caregivers' reaction to BPSD, level of depression and burden, coping strategies and gain in caregiving will be measured at baseline and 8th week after the intervention. We will monitor the frequency of using the app. Caregivers' satisfaction will be measured by visual analogue scale. The intervention group will be interviewed for their appraisal of the app.

Results: This paper will present the process of mobile application development and the preliminary results of the study.

Conclusion: The major advantages of app are accessibility, convenience and ease of use. The support offered by the app would enhance caregivers' quality of life and quality of care for the person living with dementia. This feasibility study will provide information on the clinical usefulness and potential efficacy of a mobile app psychoeducational intervention for family caregivers of PLWD in managing BPSD. If the intervention will achieve the possible outcomes in reducing caregiver burden, depression, distress related to BPSD and the frequency and severity of BPSD in PLWD, increasing coping strategies and gain in caregiving. It would improve the quality of care for the PLWD and relationships between family caregivers and PLWD, and reduce the unnecessary institutionalization for PLWD. Furthermore, it could outreach to caregivers who have no time to attend the traditional face-to-face support services. The mobile app will be made available to all caregivers of PLWD in Australia. It will also be translated into other languages for cross-cultural studies.

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RSC PST 2 - Research Poster Session 2

Student Perceptions of Trust in the Nursing Education Environment

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Purpose

The purpose of the study was to explore the needs of students and the view of educators regarding trusting relationships in the teaching and learning environment of nursing education and to identify strategies to make recommendations in order to develop a model of trust for the nursing education environment.

Target Audience

The target audience for the presentation is nursing educators at accredited nursing education institutions, students who are following a nursing program which lead to the registration of a nurse or nursing managers from the clinical learning environment.

Abstract

Purpose: The purpose of the study was to explore the needs of students and the view of educators regarding trusting relationships and trust in the teaching and learning environment of nursing education and to identify strategies to make recommendations in order to develop a model of trust for the nursing education environment.

Methods: The research design was a qualitative, grounded theory design, which followed a systematic approach to data collection and analysis to discover the value of trust in the nursing education environment and to develop a model that would guide the establishment of trust in teaching and learning.

The target population in this research consisted of two groups, namely educators and students at accredited nursing education institutions (NEI). The criteria for inclusion were educators who were registered with the South African Nursing Council as professional nurses with a nursing education qualification, and working at a NEI, and students in their third and fourth study years. These NEI's are situated in urban, semi-rural and rural areas. Three public-funded NEI campuses and one university in one of the nine provinces of South Africa were included. Convenience and purposive sampling was used until data saturation was reached. Focus group interviews were conducted with 64 students and in-depth unstructured individual interviews were conducted with 14 educators. The three stages of Charmaz (2014), namely initial coding, focus coding and theoretical coding were used for the analysis until data saturation.

Results: For the purpose of this presentation the findings related to the students will be discussed. Student perception of trust in the nursing education environment centred on expected characteristics of educators. These expectations of educators contributed to a conducive theoretic and clinical learning environment. In the conducive teaching and learning environment, effective support and accompaniment provide optimum learning opportunities with the maintaining of standards.

Conclusion: The perceptions of students regarding trust and trusting relationships in the nursing education environment are based on the expectations of educators and a conducive theoretical and clinical teaching and learning environment. Perceptions of trusting experiences can contribute to the self-trust, self-confidence, motivation and better performances of students.

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RSC PST 2 - Research Poster Session 2

Utilization of the Fibroscan in Community-Based Clinics

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Purpose

The purpose of the presentation is to disseminate knowledge of the benefits of the Fibroscan technology for patient care decisions in patients with liver disease. Identification of staging of fibrosis impacts the care of the patient with liver disease.

Target Audience

The target audience of this presentation is clinicians and educators who may treat patients with hepatitis C and fatty liver disease or provide nursing education in this area.

Abstract

Purpose: The purpose of the presentation is to disseminate knowledge of the benefits of the Fibroscan technology for patient care decisions in patients with liver disease. Identification of staging of fibrosis impacts the care of the patient with liver disease.

The Fibroscan technology measures the stiffness (fibrosis) based on the velocity of transmission of a shear wave through the liver, created by a vibratory source. Currently, this technique has been used most consistently in patients with chronic HCV. Though the liver biopsy has been the “gold” standard to stage liver fibrosis, it remains an invasive test with sampling error.

With the recent advances in hepatitis C therapy and the increased awareness of fatty liver disease, more patients are currently screened for the presence of chronic liver disease. In order to facilitate treatment decisions with patients based on disease severity, the Fibroscan technology has been utilized. The Food and Drug Administration (FDA) recently approved this technology, however, it has been used for many years in Europe to evaluate liver fibrosis. In order to determine the effectiveness and feasibility of this new technology a Fibroscan machine was purchased by a community clinic treating individuals with liver disease in Southern California. The etiology of liver disease was 84.7% hepatitis C, 9.2% fatty liver, 2.4% HBV, 0.1% Alcoholic liver disease, and 3.6% others.

Methods: The Southern California Liver Centers developed a Fibrosis Program in order to determine underlying disease severity in patients diagnosed with liver disease. Patients were referred by primary care providers to the Program for a fibroscan if diagnosed with chronic liver disease. SCLC Personnel were trained and certified in the technique of fibroscan through ECHOscan. Between May 2013 and October 2015, 1088 patients were referred to the Fibrosis Program for assessment.

Results: A total of 1341 fibroscans were performed from May 2013 to present. Demographics of the patients include: male 795 (57%) and female 576 (43%). The etiology of liver disease was 84.7% hepatitis C, 9.2% fatty liver, 2.4% HBV, 0.1% Alcoholic liver disease, and 3.6% others. The majority of patients referred for fibroscans were patients with hepatitis C (HCV) (n=1088, 84.7%) and were related to evaluation for potential HCV treatment. There were 654 males (60.1%) and 434 females (39.9%). The insurance companies are the driving force for the use of fibroscan for staging of fibrosis for treatment in HCV. Of the patients with a diagnosis of HCV, 80% were born between the year 1945-1965, or babyboomers. Advanced fibrosis/cirrhosis was found in 50.8% of the HCV patients, indicating the need for continued follow up of their liver disease upon completion and cure of HCV.

For those individuals with a diagnosis of fatty liver disease, a total of 117 fibroscans were completed. There were 42 males (40%) and 75 females (60%). Advanced fibrosis/cirrhosis was found in 38.5% of the patients with fatty liver disease. However, a liver biopsy was still required for the diagnosis of non-alcoholic steatohepatitis (NASH). Comparative fibroscan and liver biopsy results are being analyzed.

Conclusion: The use of elastography performed by Fibroscan, in the community setting allows for rapid, readily available sensitive tool to assess the severity of fibrosis in patients with chronic liver disease and a decrease need for a liver biopsy. The data underscores the importance of staging patients irrespective of age groups and disease entity. Patients and providers were eager to utilize the new technology for disease severity evaluation.

Fibroscan will separate patients with no to minimal fibrosis from those with advanced fibrosis and cirrhosis. The clinician has instantaneous results to assist in making decisions during the patient's visit. Given a choice, the patients prefer fibroscan over liver biopsy. As additional studies are conducted, the establishment of this technique will continue to evaluate hepatic fibrosis in patients with chronic liver disease.

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RSC PST 2 - Research Poster Session 2

Addressing Nursing Workaround Solutions to Encountered Problems: Engagement of Frontline Nurses in STAR-2++ Network Study

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Purpose

The purpose of this presentation are to describe self-reported type and frequency of first-order operational failures identified by direct care registered nurses on their clinical units.

Target Audience

The target audience of this presentation are clinical and academic researchers and hospital administrative nurse leaders.

Abstract

Purpose: Frontline nursing staff experience first-order operational failures negatively impacting their ability to provide optimal care. Frontline nurses' problem solve and navigate around first-order operational failures using "workaround" solutions to overcome encountered system failures. Participation in the Improvement Science Research Network's (ISRN) Small Troubles, Adaptive Responses (STAR-2++) study aimed to contribute to global and institutional nursing knowledge by identifying and reporting practice environment relationships with direct care clinicians' quality improvement engagement and clinical outcomes in the surgical intensive care, pediatric medical-surgical, and oncology units. By tracking and developing a better understanding of first-order system failures, researchers seek to identify relationships among practice environment, frontline nurse quality improvement engagement, and clinical outcomes in three hospital acute care units. Combining data from 14 participating hospitals furthers global knowledge and understanding of frontline nurses' quality improvement engagement and clinical outcomes.

Methods: Prospective, cross-sectional, multivariate, quantitative research study was conducted. Research was conducted at a large urban 881 bed acute nonprofit tertiary-care hospital in West Texas. Nurses recruited for study participation according to the STAR-2++ study protocol. Unit data was collected from unit locked boxes and entered into a data collection network for aggregated analysis. Purposes were to measure the following study variables: 1) incidence and type of first-order operational failures encountered by direct care registered nurses during their work shift on a clinical unit; 2) associations between staff identified first-order operational failures encountered on the frontline of care delivery and those detected by non-participant observers; and 3) associations among frontline engagement (measurement of detection of operational defects and team vitality study variables), work environment (measurement of culture of patient safety and excellence in work environment study variables), and quality improvement outcomes (measurement of quality improvement activities, quality of care, and job satisfaction study variables).

Results: To be determined

Conclusions: Study results informed the participating acute care institution of existing system issues leading to first-order operational failures, thus improving patient care provided by frontline nursing staff.

References

None.

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RSC PST 2 - Research Poster Session 2

Reflections of Student Nurses on the Use of All Media Application to Improve Their Learning

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Purpose

The purpose of this presentation is to present my research conducted on innovative practices using mobile technology to enhance teaching and learning in Primary Health Care

Target Audience

The target audiences for this poster presentation would be nurse educators thinking of incorporating mobile devices into their teaching practices to enhance the learning process of students.

Abstract

Purpose: In 2011/2012 smartphones became the most used globally connected computer device when smartphone ownership outnumbered basic cell phone ownership (Cochrane, 2014: 65). Instructional methods of teaching have progressed from board and chalk, overhead projectors and Microsoft PowerPoint lectures to the application of technology as a new method of instruction. Emerging technology affords students with an opportunity to visualise and interact with learning content using multimedia, rich-graphics, animation, simulation and virtual environments (Madeira, Sousa, Pires, Esteves & Dias, 2009: 2441). Educationalists, researchers, and companies who develop learning systems and publish instructional material are increasingly displaying an interest in the use of mobile learning (Uzunboylu, Cavus & Ercag, 2009: 381). The objective of this study was to review the experiences of student nurses on the improvement of primary health care education at a School of Nursing at a University in the Western Cape, South Africa, through the incorporation of a social media application.

Methods: A qualitative, exploratory, descriptive, and contextual design was used to explore and describe data collected from a purposive sample of 29 undergraduate nursing students who gave voluntary consent to be included in the study. The study population was engaged in a WhatsApp discussion group to enhance their integration of theory and clinical practice of the health assessment competency of the Primary Health Care Module. Participants submitted electronic reflections on their experiences in the WhatsApp discussion group via email on completion of the study. Thematic analysis of the qualitative data collected was done according to Tesch's (1990) steps of descriptive data analysis in order to identify the major themes in the study. The electronic reflections were analysed to explore their rich, reflective data.

Results: Seven themes were identified that included: a positive experience; usefulness for the integration of theory and clinical practice; availability of resources; opportunity for clarification; anonymity; exclusion due to an appropriate device, battery life span challenges.

Conclusion: The results of the experiences of undergraduate nursing students on the use of a social media application to enhance their teaching and learning experience could be used to inform the use of innovative practices in teaching and learning, with the purpose of enhancing the integration of the theory and clinical practice.

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RSC PST 2 - Research Poster Session 2

Fostering an International Research Collaborative through STTI

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Rita Doumit, PhD, MPH, BSN, RN, Lebanon

Purpose

The purpose/target audience of this presentation is for nursing educators/researchers to discuss the initiation, challenges, benefits, and outcomes of an international research collaboration applied to two research projects.

Target Audience

The target audience of this presentation is nurse researchers and educators.

Abstract

Purpose: Technological advances are making possible international collaborations designed to promote the health of the world's people. The vision of Sigma Theta Tau International (STTI) is to create a community of nurses worldwide who improve the health of people through dedication to nursing knowledge, scholarship, and service. An objective of the 24th STTI Nursing Research Congress held in Prague, Czech Republic, in July 2013 was to explore opportunities for international collaboration in nursing. In this forum, two nursing scholars: one from Lebanese American University (LAU), Beirut, Lebanon, and one from Lubbock Christian University (LCU), Lubbock, TX, and U.S.A met and established a joint research program.

Methods: A descriptive design is used for this project. The research questions for this study are 1) what is needed to establish a successful international joint research program, 2) what are the challenges, issues, and benefits of an international research collaborative, and 3) what are the outcomes of the collaborative?

Results: Two joint research projects were initiated and completed as a result of the collaboration. The first study aimed at testing the LCU Evidence-Based Research Tool © which is designed to increase student research skills. This tool was tested at LAU across several disciplines (Nutrition, Nursing, and Pharmacy) during the academic year 2013-2014 in two randomized control trials and a quasi-experimental study. The second study at LAU aimed at replicating an original project that was conducted at LCU. This study tested the effectiveness of using cell phones with digital pictures as a memory prompt and journal diary to estimate self-reported fruit and vegetable intake in 161 LAU students. Both projects, now complete, have been accepted for publication in *Worldviews on Evidence-Based Practice*. Initial challenges included balancing the desire to compare people from various cultures, Lebanese and American College students, according to a standard measurement.

Conclusion: The international collaboration made possible through STTI facilitated testing and replication of two research projects culminating in publication of the research. Despite cultural disparities, distance, time differences and limited resources, the nursing scholars, connected through STTI, established a functional research partnership. Findings suggest that the results of this collaboration will enhance the value, quality and productivity of scientific research in obesity prevention and educational research, and will increase research capacity and improve the coordination of collaborative research.

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RSC PST 2 - Research Poster Session 2

Straining and Physical Effects of Different Toilet Defecation Postures

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Purpose

The purpose of this presentation is to elucidate the straining effects and physical burden of different toilet defecation postures when using Western-style toilets.

Target Audience

The target audience of this presentation included practicing clinical nurses and nursing science researchers.

Abstract

Purpose: The straining burden of defecation needs to be alleviated in individuals with defecation difficulties due to constipation, those with heart disease or cerebrovascular disease clients, the elderly with reduced abdominal muscle strength, and pregnant women. To provide nursing assistance for defecation, a toilet posture that permits effective straining and reduces the physical burden of defecation must be investigated. The aim of this study was therefore to elucidate the straining effects and physical burden of different toilet defecation postures.

Methods:

1. Subjects: Twenty healthy women (20.9 ± 0.8 years) with no straining restrictions.

2. Experimental method:

1) Procedure: Subjects sat on a portable toilet. In the first test, the subjects sat quietly with their spine at a 90° angle to the sitting surface (basic posture) for 3 min before straining for 8 sec. Thereafter, they rested in the basic posture for 5 min. Next, they sat with their spine tilted 60° to the sitting surface for 1 min before straining for 8 sec. They then returned to the basic posture and rested for 5 min. Measurements were conducted sequentially at different postural angles (45° , 30°) using the same pattern.

2) Measurement items:

(1) Electromyography

Electromyography (EMG) was performed to elucidate the differences in the amount of muscle strength used to strain during defecation according to toilet posture. Probes to measure electromyography were attached to (1) the external oblique muscle and (2) the internal oblique muscle, which are used during straining, and (3) the erector muscles of the spine, which are necessary to maintain posture.

(2) Electrocardiography

Heart rate variability was measured to determine physical burden during straining.

(3) Blood flow

Infrared probes were attached to the lateral sides of the head to measure blood flow as an indicator of physical burden during straining.

3. Analysis methods:

1) Root mean square processing was used to analyze EMG. The integral values extracted during the 3-sec period around the maximum value were used as analysis data. Baseline values at each EMG measurement site before straining for each angle were compared. The Kruskal–Wallis test was used for statistical analysis.

2) The inter-beat interval (IBI) before, during, and after straining was extracted for each angle to be used for electrocardiography (ECG) analysis. The Friedman Test followed by a multiple comparison was used for statistical analyses.

3) For blood flow, data obtained during the 8-sec period before, during, and after straining were extracted. Measured values were converted into integral values and used as analysis data. The Friedman Test followed by a multiple comparison was used for statistical analyses.

The level of significance was set at 0.05 for all tests.

Results:

1. Comparison of baseline EMG values for the erector muscles of the spine at 30° and 90° revealed a significant difference ($P = 0.05$). Each postural angle was also compared according to the measurement site, which revealed no significant differences between angles at any of the sites.
2. The IBIs before and during straining at 45° ($P = 0.032$) were significantly different. A significant difference was also seen between those before and during straining at 90° ($P = 0.032$).
3. Blood flow after straining at 90° was found to have significantly increased as compared to that before straining at 90° ($P = 0.005$). Furthermore, a significant increase in blood flow after straining at 30° was also observed as compared to that during straining at 30° ($P = 0.023$).

Conclusion: No change in the amount of muscle strength exerted during straining was found between the different toilet defecation postures tested. The increase in blood flow after straining is considered to have been caused by a hyperemic reaction after reduced blood flow due to vasoconstriction caused by the burden of straining. Because this study was conducted in healthy, young subjects, muscle strength may have been exerted more effectively and the resilience to the burden may have been greater in all toilet postures. Therefore, a future study will need to investigate a toilet defecation posture that allows effective exertion of strength and reduces the physical burden in elderly individuals with diminished abdominal muscle strength.

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RSC PST 2 - Research Poster Session 2

Intensive Care Nurse Managers' Perspectives of Nurse–Patient Communication in Botswana

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Purpose

The purpose of this presentation is to share with nurses and nurse managers of general wards and intensive care units how nurse managers in Botswana perceive nurse-patient communication with ventilated patients in the intensive care unit (ICU)

Target Audience

The target audience of this presentation is all nurses and nurse managers in all settings. However, the presentation is targeted specifically at those professionals working in the ICU

Abstract

Purpose: The purpose of this presentation is to share with nurses and nurse managers of general wards and intensive care units how nurse managers in Botswana perceive nurse-patient communication with ventilated patients in the intensive care unit (ICU).

Methods: A qualitative research design using individual in-depth interviews and field notes was conducted with 10 purposively selected nurse managers from two ICUs. Participants took part in 20 – 30 minutes audiotaped interviews which consisted of questions that probed their perceptions of nurse-patient communication in the ICU. Data from interviews were analyzed using qualitative thematic content analysis according to Bernard (1995). The interview text was analyzed in several steps, starting with naïve reading of texts. The texts were divided into meaning units, statements that relate to the same central meaning and objectives of the study.

Results: Three main themes emerged from data analysis: (i) perceptions on the importance of nurse-patients' communication with its subtheme: communication as the ICU nurses' role. The nurse managers agreed that it is the nurses' responsibility to communicate with ventilated patients. A male nurse manager; 15 years' managerial experience said: *"We all know that these patients really need someone to talk to because most of the time when relatives come to visit they smile"* (ii) challenges faced by nurse managers with subtheme: minimal communication by the nurses. The importance of communication was emphasized as basic to nursing care. However, the nurse managers acknowledged that, even though communication is essential to basic quality care it is rarely done. A female nurse manager; 4 years' managerial experience said: *"Most of the nurses rarely communicate with these patients"*. (iii) Act of moral distress which also had 2 subthemes: stress related to minimal communication and lack of nurses trained in intensive care. Nurse Managers advocated for training on nurse-patient communication in ICU. A female nurse manager; 4 years' managerial experience stated: *"... sometimes they (nurses) use signs or gestures but minimally, in some, it's very difficult... nurses end up giving up"*. The nurse managers indicated that they encounter problems to motivate the nurses to communicate with ventilated patients despite their continued effort to encourage them. *"Most of the nurses do communicate with the patients even despite our effort encourage them"*.

Conclusion: Despite the fact that nurse managers continuously encourage the ICU nurses to communicate with ventilated patients, it is evident that nurses can easily give up on attempting and this frustrates the nurse managers in the process

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RSC PST 2 - Research Poster Session 2

Improving Patients' Quality of Life Through Nurse-Led Combined Physical and Cognitive Rehabilitation Program

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Purpose

to explore the importance of the nursing care when using a combined physical and cognitive rehabilitation for the survivors from critical illness in an attempt to improve their overall QoL

Target Audience

critical care nurses, rehabilitation nurses and nursing students.

Abstract

Despite the fact that the medical technology is improving and the number of survivors from critical illness is increasing, the survival rate approximates 89% upon one to three years after discharge (Brummel et al., 2012; Elliott et al., 2011; Trees, Smith, & Hockert, 2013; & Williams & Leslie, 2011). Same previous authors reported that long-term survival rate seems to be less than other patient populations such as patients of routine uncomplicated surgical procedures such as total hip replacement. Critical illness is a continuum that starts before the patient is admitted to the Intensive Care Unit (ICU) and continues to impact the survivor's Quality of Life (QoL) until after discharge to a regular hospital floor, another facility or private home (Admans & Elliott, 2005; Rattray, 2013). There is an agreement about how devastating the consequences of critical illness can be on patient; however, there is still a remarkable gap in the literature focusing on providing a designed combined rehabilitation intervention in helping the survivors after critical illness to improve their QoL upon discharge from the ICU (Fulton, Miller & Otte 2012). While early intervention is crucial and beneficial for critically ill patients, there is no standard combined physical and cognitive rehabilitation protocol available yet. There is a large demand for studies that suggest a combined physical and cognitive rehabilitation program to prepare the survivors upon discharge and to improve their overall QoL. Little is known about the nurses' role in physical and cognitive rehabilitation program and how nursing care can improve survivors from critical illness QoL.

Purpose: This study is aimed to explore the importance of the nursing care in implementing a nurse-led combined physical and cognitive rehabilitation for the survivors from critical illness in an attempt to improve their overall QoL.

Methods: Pre-posttest intervention pilot study design. Participants will be recruited from an ICU in USA. Participants will be provided with a survey to assess their quality of life pre and post intervention. Staff nurses will be trained by investigators to implement a combined physical and cognitive rehabilitation program.

Results: In progress

Conclusion: The nursing role is fundamental in improving patients' subjective quality of life after surviving critical illness and discharged from the ICU. This study will contribute in better understand critical illness and facilitate in improving the overall patient's outcomes.

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RSC PST 2 - Research Poster Session 2

Symptom Differences in Older and Younger Women With Suspected Heart Disease

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Purpose

The purpose of this presentation is to provide new evidence of differences in symptoms and clinical presentation between older and younger women with potential acute coronary syndrome. Coronary heart disease is the number one killer of adults worldwide. These data have implications for personalized care.

Target Audience

The target audience of this presentation is researchers focused on heart disease, gender-specific care, and changes in health across the lifespan. Nurses who care for women, emergency department nurses, and nurses caring for women with heart disease will also benefit.

Abstract

Purpose: To determine if older (≥ 65 y) and younger (< 65 y) women presenting to the emergency department (ED) with suspected acute coronary syndrome (ACS) varied on risk factors, comorbid conditions, and symptoms which have implications for personalized care. Many young women are unaware of their risk for heart disease. Younger women also have increasing rates of comorbid conditions and more symptoms during myocardial infarction (MI). Older women have more risk factors and the average age at MI is 71.8 years.

Methods: Patients admitted to five EDs for evaluation of ACS were enrolled. The 13-item validated ACS Symptom Checklist was administered to measure symptoms on presentation. Comorbid conditions and functional status were measured with the Charlson Comorbidity Index and the Duke Activity Status Index. Logistic regression was used to evaluate symptom differences in older and younger women adjusting for ACS diagnosis, functional status, body mass index (BMI), diabetes and other comorbid conditions.

Results: The mean age of the convenience sample of 394 women was 61.4 years (range 21-98 years). Younger women ($n=232$) were more likely to be Black ($p=0.042$), college educated ($p=0.028$), and to have a non-ACS discharge diagnosis ($p=0.048$). Older women ($n=162$) were more likely to be White, have hypertension (<0.001), hypercholesterolemia ($p=0.003$), a higher BMI ($p=0.001$), more comorbid conditions ($p<0.001$), lower functional status ($p<0.001$), never have smoked ($p<0.001$), and be diagnosed with non-ST elevation MI ($p=0.048$). Younger women had higher odds of experiencing chest discomfort (OR=2.78, CI, 1.65-4.67), chest pain (OR=1.78, CI, 1.09-2.89), chest pressure (OR=2.57, CI, 1.55-4.24), shortness of breath, (OR=2.22, CI, 1.35-3.64), nausea (OR=1.64, CI, 1.01-2.64), sweating (OR=1.93, CI, 1.17-3.19), and palpitations (OR=1.87, CI, 1.12-3.14).

Conclusion: Lack of chest discomfort, chest pain, chest pressure, and shortness of breath, key symptoms triggering a decision to seek emergent care, may influence older women to delay treatment, placing them at risk for poorer outcomes. Younger Black women require more comprehensive risk reduction strategies and symptom management. Risk reduction and symptom management strategies should be personalized by race and age in women evaluated for ACS.

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RSC PST 2 - Research Poster Session 2

The Effect of Clinical Mentorship on the Providers' Competencies During Directly Observed Clinical Care

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Purpose

The purpose of this presentation is to share the findings of a quasi-experimental study that aimed to Evaluate the impact of supportive follow-up strategies for the twinned training for Helping Mothers Survive Bleeding After Birth(HMS/BAB) and Helping Babies Breathe (HBB)in 126 health facilities in Uganda.

Target Audience

The target audience of this presentation is principles in nursing and midwifery institutions, medical schools, implementing partners, ministries of health, and ministries of education, national curriculum development centers, and clinical medicine fraternity

Abstract

Purpose: Assess the effect of peer led practice, after short facility based training on directly observed care for PPH and birth asphyxia

Methods: The study was implemented in 12 districts in two regions of Uganda. The districts in each region were divided into three study arms (4 districts per arm). Each study arm received different interventions. The control arm received training only, the partial arm received training and Clinical Mentors (CMs) support, and the full arm received a combination of training, CMs and mobile phone support. CMs mobilized and facilitated onsite practice sessions for 10-15 minutes each week based on the pre-designed schedule. After one-day training, all facilities were left with the birthing simulators (MamaNatalie and Neonatalie), practice session schedules and guides, and practice logs. All providers that attended or assisted during birth were expected to simulate different scenarios for 20 weeks.

Results: Providers in full and partial arms that had clinical mentors (CMs) practiced more than four sessions after the day of training compared to those in control arm. After HMS training, 24% of providers in full arm practiced and practice sessions increased to 59% after HBB training. 27% in partial arm practiced post HMS and increased to 58% post HBB training. In control arm, only 10% and 12% of providers practiced for HMS and HBB respectively. There was also a noticeable difference in providers' performance of different tasks from baseline to midline among those that had and those that did not have CMs and did not practice. The percentage of providers that washed hands with soap or an alcohol rub statistically significantly increased from 35% to 58% ($P<0.001$) in facilities that had CMs and those that did not from 35% to 47% ($P=0.044$). Preparing a drug for AMTSL increased from 77 % to 93% in clinical mentorship facilities and there was no improvement in facilities that did not have (79% baseline to 79% midline). The percentage of providers that gave a uterotonic within five minutes of birth increased from 77% at baseline to 95% ($P<0.001$) at midline in mentored facilities and increased from 59% to 68% ($P=0.113$) in non-clinical mentored. Although there were statistically significant improvements in some indicators across both facility types, facilities with CMs performed better than those without. The percentage of providers that gave a uterotonic within one minute of birth increased from 11 to 24% ($P<0.004$) and 16-34% ($p<0.0001$) among facilities that did not have CMs and those that had respectively. The percentage of providers that placed the baby on the abdomen skin to skin of the mother increased from 34% at baseline to 55% at midline and 33% to 61% among those providers without and those that had CMs respectively. The percentage of providers that encouraged the mother to breastfeed within an hour of birth increased from 13% at baseline to 53% at midline and from 30-70% in facilities that had no CMs and those with a CM respectively.

Conclusion: Peer led practice sessions should be underscored because of the enormous benefits. Presence of a clinical mentor at the facility increased chances of health providers to practice different scenarios using the birthing simulators. These increased providers' competencies to perform different tasks related to the care of the baby and the mother during birth thereby increasing their chances of

survival. This approach to training is a very practical way to achieving both learning and patient care especially in a human resources for health constrained environments in Uganda.

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RSC PST 2 - Research Poster Session 2

Integrating Evidence-Based Practice in a Lebanese Nursing Baccalaureate Program: Challenges and Successes

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Purpose

the purpose of this presentation is to describe the development and integration of evidence-based practice concept and integrated it into two courses at two different levels of the BSN curriculum. The process of threading the concept to meet the students' learning needs and the learning assessment approaches are also described

Target Audience

the target audience of this presentation may include nurse researchers, nurse educators, doctoral students, nurse managers, advanced nurse practitioners.

Abstract

Background: Evidence-based practice (EBP) is defined as “the integration of best research evidence with clinical expertise and patient values” (Sackett, et. al., 2000). According to the American Association of Colleges of Nursing (2014), registered nurses (RNs) with baccalaureate degrees are better prepared to optimize patient care, particularly by decreasing mortality rates in hospitals. Despite the inclusion of EBP as the appropriate preparation for giving bed side care, research skills remain suboptimal in enabling nurses to conduct and implement evidence-based practice (EBP). In the Middle East (ME) region, there is a pressing need to incorporate EBP into nursing curricula. Substantial attention needs to be given to increasing the appreciation for and use of evidence to guide nursing practice.

Purpose: This presentation describes how we have developed the evidence-based practice concept and integrated it into two courses at two different levels of the BSN curriculum. The process of threading the concept to meet the students' learning needs and the learning assessment approaches are also described.

Methods: Aligned with American Association of Colleges of Nursing (AACN) Essentials of Baccalaureate Education for Professional Nursing Practice (2008), teaching EBP is one of the educational objectives in our concept-based nursing curriculum. We integrate EBP in two courses at two levels by designing an EBP assignment at the two courses level.

Results: The first step of the EBP concept is incorporated into the research course offered to junior students and introduces fundamental research concepts and utilization. In the second step, senior students in the nursing synthesis course build on the fundamental concepts to design an evidence-based practice protocol for a selected health condition. As well, students integrate evidence, clinical reasoning, clinical judgment, interprofessional perspectives, and patient preferences in planning, implementing, and evaluating outcomes of care. In both courses students review scholarly literature to apply and nurture beginning skills in evaluating research studies. In both courses, the most important learning assessment of the EBP concept is the EBP assignment whereby students apply EBP knowledge by completing a small scale project. The EBP assignment introduced in the research course sets the groundwork for the advanced EBP assignment required in the nursing synthesis course. In both assignments, students have to answer a clinical question using the PICO template (Population, Intervention, Comparison and Outcome) by observing a selected clinical skill, then comparing what they observed to hospital protocol and against the latest evidence-based practice guidelines. In the second assignment, students pick a more complex clinical skill that is observed in critical care and psychiatric units. Additionally, students need to support their proposed changes in practice with scholarly literature. In terms of evaluation, in the first assignment students are evaluated on the integration and cohesiveness of ideas. In the second assignment, they are evaluated on critiquing the literature and using analytical writing.

Conclusion: The learning outcomes assigned for both courses are achieved. The overall experience of integrating EBP concepts and projects in the curriculum is fruitful for students, hospital administrators (for the projects are shared with them) and faculty. Having students identify clinical problems encountered in their professional practice gives meaning to their observations and highlights the value of their exposure for bed side care. They are able to reflect constructively and more importantly, address the problem scientifically and systematically. EBP broadens student's ability to synthesize concepts learned earlier in the curriculum and helps prepare them to be lifelong learners.

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RSC PST 2 - Research Poster Session 2

GIS Mapping: Using Technology to Identify Health Needs and Expand Care Delivery in Rural Communities

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Purpose

The purpose of this presentation is to describe the process of using GIS mapping technology as a community assessment tool and to further identify methods for using this technology to address care delivery among rural, underserved populations.

Target Audience

The target audience of this presentation is clinicians and researchers working in public and community health settings. Individuals working with populations residing in underserved, rural areas and those interested in community engagement and capacity building may find this presentation of interest.

Abstract

Purpose: Where one lives can directly influence their health. Chronic health conditions, such as diabetes, cardiovascular disease, and obesity are some of the most preventable chronic health conditions affecting morbidity and mortality of the world's population. Individuals living in rural, underserved communities may have an increased chronic disease burden based on the limited availability of resources closest to where they live. To best understand how to effectively tailor health promotion efforts, it is important for clinicians and researchers to understand what resources and limitations exist within the geographic areas where people live. Investigators on this research team work with underserved populations and communities in the United States and globally. The team sought to understand what resources are available, to explore the challenges community members face in availing themselves of resources, and potential avenues within the community to expand care delivery through technology as well as explore variations and similarities between the two regions. The purpose of this presentation is to explain how Geographic Information Systems (GIS) mapping technology was used in an initial international research study exploring community resources and capacity for care delivery using technology in two underserved rural communities, with primary emphasis on availability to nutritious foods and opportunities to engage in physical activity where they live. Data collection processes, lessons learned, and recommendations for the use of GIS mapping as a catalyst for future care delivery will be shared.

Methods: Data were collected using GIS mapping technology to conduct a community assessment related to food availability and access to physical activity in two rural community settings. Researchers collected data in a rural community in South Carolina, USA and in Eastern India. Variables included data regarding food availability, types of food, access to resources that promote physical activity, and community buildings. Trained study team members collected data using an application installed on smart devices that included photographic images and measurements for precise geographic location of resources. Data analysis will include the comparison of resources between these two communities and will also explore correlations between community-level chronic health indicators and availability of resources.

Results: Data collected in two rural, underserved communities, one in India and one in South Carolina indicate the nature and quality of resources available to community members for access to and provision of nutritious foods and the availability to engage in physical activity throughout their community. Preliminary findings have identified the scarcity of resources in the most underserved neighborhood tracts. Through this study, researchers have identified community-based locations that may be utilized as options for care delivery using technology.

Conclusion: GIS mapping technology is an inexpensive method to identify existing community resources that can influence health care and provides data. Results can offer those interested in improving community-level health insight into extant resources and the realities community members in gaining access to nutritious foods and engaging in physical activity based on availability throughout their

communities. Furthermore, GIS mapping can help identify possible community locations where care delivery can be augmented using technology to improve access to care.

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RSC PST 2 - Research Poster Session 2

Relationship Among Personality Traits, Intensity of Stress, and Yang-Xu Body Constitution in Adult ICU Nurses

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Purpose

The purpose of this study was to explore the relationship among personality traits, the intensity of stress, and Yang-Xu body constitution among adult intensive care unit (ICU) nurses.

Target Audience

The target audience of this presentation is nursing management and those who are interest in Traditional Chinese Medicine or complimentary medicine.

Abstract

Purpose: The purpose of this study was to explore the relationship among personality traits, the intensity of stress, and Yang-Xu body constitution among adult intensive care unit (ICU) nurses.

Methods: A cross-sectional survey was conducted and 202 adult ICU nurses were recruited from four hospitals in central Taiwan. A questionnaire with good reliability and validity was used. The questionnaire includes the Chinese version of Eysenck personality traits Questionnaire-Revised Short Scale (CEPQ-RS), the intensity of stress, the Yang-Xu body constitution Questionnaire (BCQ+), and demographic data. The internal consistency values of the personality traits, intensity of stress, and Yang-Xu constitution scales were 0.77-0.78, 0.93, and 0.93 using Cronbach's α coefficient. The BCQ+ questionnaire aims to assess the energy level of bodily functions.

Results: All data were statistical analyzed using the SPSS 19.0 statistical software. The mean age of the 202 participants was 27.82 ± 4.87 . Approximate half (52.2%) of the ICU nurses reported a working duration of less than 6 years. The average score of Yang-Xu constitution was 42.09, with 151 participants (74.8%) being higher than cutoff score of 30.5. We applied a structural equation model to the relationship among Yang-Xu constitution and the variables of interest. Results showed the intensity of stress in adult ICU nurses being negatively correlated with extraversion and positively with neuroticism. Yang-Xu Body constitution was found to be positively correlated with intensity of stress. We found the intensity of stress to mediate or partially mediate the association between extraversion, neuroticism, and Yang-Xu body constitution in adult ICU nurses.

Conclusion: A high intensity of stress in adult ICU nurses was significantly correlated with personality traits and consequently significantly resulted in the Yang-Xu body constitution. The results suggest that nursing managers can screen the personality traits of nurses before enrolling adult ICU nurses. It is also recommended that stress-adaptation and health promote education courses be provided to adult ICU nurses as a preventive measure for Yang-Xu body constitution.

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RSC PST 2 - Research Poster Session 2

Mortality: Characteristics of Potential Preventable Cases

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Purpose

Develop an in-person, near real-time, multidisciplinary mortality review to capture the insight of frontline providers and improve care.

Target Audience

Health care providers interested in quality improvement.

Abstract

Purpose: Since the 1999 IOM report *To Err is Human* highlighted that up to 98,000 preventable deaths occur annually in U.S. hospitals, efforts have intensified to understand and eliminate preventable mortality. At our institution, we developed an in-person, near real-time, multidisciplinary mortality review to capture the insight of frontline providers and improve care. In the analysis presented here, we compare the characteristics of deaths deemed potentially preventable and non-preventable.

Methods: Over three years, we held over 300 mortality review meetings. As part of the standardized review, the physician and nursing team assesses whether the death was potentially preventable. Deaths were stratified according to this assessment, and continuous variables were evaluated using two sample t-tests and categorical variables with chi-squared or Fisher's exact tests as appropriate.

Results: Of 331 cases reviewed, 22 were deemed potentially preventable (6.7%) and 309 non-preventable (93.3%). Deaths deemed potentially preventable had shorter lengths of stay (mean 6.7 vs. 20.1 days, $p=0.04$) and were more likely to occur in an ICU setting (63.6% vs. 51.8%, $p=0.02$). Age and source of admission did not differ significantly.

Cases deemed potentially preventable were more likely to be classified as unexpected deaths (47.6% vs. 7.5%, $P<0.001$). Cases were more likely to be DNR/DNI or comfort care at the time of death ($P<0.001$ for both), but use of palliative care services and code status at admission did not differ. Code blues were more common in deaths deemed potentially preventable (63.6% vs. 16.5%, $p<0.001$), and reviewers were more likely to deem the code preventable (35.7% vs. 6.5%, $P=0.01$).

Statistically significant differences in the primary reasons for mortality were seen in deaths deemed potentially preventable versus not preventable ($p<0.001$). There were more deaths due to acute medical complications, medication adverse events and surgical/procedural complications in the deaths deemed potentially preventable, and more chronic medical conditions and harm occurring before hospitalization in the non-preventable deaths.

Opportunities for improvement in care were identified in more of the cases deemed potentially preventable (100% vs 45.3%, $P<0.001$). Specifically, medical errors (36.4% vs. 2.3% of cases, $P<0.001$), delays in recognition or treatment of deterioration (36.4% vs. 9.1%, $P<0.001$), communication/teamwork issues (50% vs. 12.6%, $P<0.001$) and procedural complications (13.6% vs. 1.3%, $P=0.008$) were all noted more frequently in deaths deemed potentially preventable. There were no significant differences in systems issues, healthcare-acquired infections/healthcare-associated conditions, or problems with advance care planning. Cases deemed potentially preventable were more likely to inspire quality improvement action items (81.8% vs. 26%, $P<0.001$).

Conclusions: While providers deem a small fraction of inpatient deaths potentially preventable (6.7%), there are significant differences in these cases compared to deaths deemed non-preventable. Many are related to patient risk of mortality, goals of care, and expectedness of death. However, significant differences were also noted in patient care, including medical errors, delays, teamwork and procedural complications. Additionally, significantly more actionable quality opportunities were identified, suggesting that inpatient mortality rates can be further reduced by improving care.

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RSC PST 2 - Research Poster Session 2

Effects of EBSM Program Using Electronic Device Syndrome: A Systematic Review and Meta-Analysis

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Purpose

The purpose of this study was to determine the effects of empowerment based self-management using electronic device for adults with metabolic syndrome by using systematic review and meta-analysis.

Target Audience

The target audience of this presentation is health professionals in particular working in the community.

Abstract

Purpose: Metabolic syndrome has been one of the major health issue worldwide. Studies on self-management in terms of changing lifestyle and eating habits have shown benefits in delaying disease progression. **Results** from systematic review revealed that empowerment based self-management provides significantly improvements in patients' physical and mental status. However, it is hard to implement spreadly in the clinical settings due to the limitation of time and space. Accordingly, researcher adapted electronic device to deliver empowerment based self-management. Yet few studies were found to explore the overall effects from the systematic review. **The purpose of this study was to determine the effects of empowerment based self-management using electronic device for adults with metabolic syndrome by using systematic review and meta-analysis.**

Methods: This study was conducted through the methods of systematic review and meta-analysis. Five electronic databases (Cochrane Library, PubMed, CINAHL, Medline, and Airiti Library) were retrieved from the earliest year available to February, 2015. Keywords included empowerment, self-management, electronic device, metabolic syndrome and relatives. We excluded overlapped references and added hand search references. Finally, we included ten randomized controlled trial (RCT) for final analysis. The quality of all articles selected was appraised using Modify Jadad Score. All data was calculated using review manager 5th software. The outcome results were combined using random effects model.

Results: Ten RCT were included to conduct the systematic review, in which 90% have modify Jadad score ≥ 4 . Most of the study subjects were diagnosed as diabetes mellitus. Eight RCTs consisting of 2483 participants were included to conduct meta-analysis. In terms of changes in health behavior, applying electronic device to deliver empowerment based self-management was shown to increase physical activity ($p = .04$) and healthy eating habits ($p = .002$). Regarding changes in physical status, results of patients receiving empowerment based self-management using electronic device didn't demonstrate significant changes in HbA1C ($p = .08$).

As for improvement in the level of quality of life, empowerment based self-management using electronic drive was shown to have progress in higher quality of life ($p = .01$)

Conclusion: Empowerment based self-management delivered using electronic device can improve the health outcomes of patients with metabolic syndrome. Accordingly, we recommend that people who are not available to attend self-management program due to time constraints can learn disease management through electronic device to improve their health status.

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RSC PST 2 - Research Poster Session 2

A Cross-Cultural Study for the Effect of Resilience for Psychological Health for Nursing Students

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Purpose

The purpose of this presentation is to explore the psychological health in nursing students between UK and China, with the purpose of searching for a strategy to forming an effective way to ease stress and psychological distress in nursing education program and make healthier for this participates.

Target Audience

The target audience of this presentation is the nursing professionals who work in nursing education area including the faculty of nursing school, clinical nursing teachers and nursing administrator of teaching hospital, as well as the nursing academic who show interest in the research area of nursing psychology, nursing education, and psychological health.

Abstract

Purpose: To explore the state level as well as the relationship of stress, resilience and psychological health in nursing students between UK and China, with the purpose of searching for a strategy to forming an effective way to ease stress and psychological distress in nursing education program and make healthier for this participates.

Methods: To collect the data, Resilience Scale, Stress in nursing students Scale and General Health Questionnaire-12 were used 1538 Chinese nursing students were investigated for making assessment for multiple dimensions of Resilience, Stress and Psychological Health. Descriptive statistical analysis, correlation analysis as well as stepwise multiple regression analysis were examined on matching pairs of data. Convenient sampling method were used for this study. Then the result was being compared with the UK study for the state level of the same undergraduate nursing students measured by the same Stress in Nursing Students Scale and General Health Questionnaire-12. Data were analyzed by SPSS 18.0.

Results: The mean score of resilience was 121.84(SD=21.30). A comparison of the scores for the dimensions of the SINS showed a relative difference in terms of mean scores and in descending order. The sample ranked themselves as "clinacal"(M=31.12,SD=8.18),"fininance"(M=17.35,SD=5.48),"confidence"(M=17.14,SD=5.15),"education"(M=14.43,SD=4.06). The mean score of psychological health was 6.20(SD=1.83). Resilience was found to be related significantly with stress and psychological health with the correlation coefficient is -0.195 and 0.064 respectively. Besides, four sub-scale of resilience are also highly correlated stress and psychological health except meaningfulness in these participants. Compared with UK, the state level of Stress and Psychological Health of Chinese nursing students was in the same high level.

Conclusion: This study illustrated that resilience was a stronger predictor of stress and psychological health including in China and UK. Further research will be carried out to implement the strategies or interventions including nursing education programs and competencies in enhancing resilience in global nursing research.

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RSC PST 2 - Research Poster Session 2

The Impact of Accessing Health Information at the Point of Care in Clinical Decision Making

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Purpose

The purpose of this presentation is to describe the perceptions of healthcare practitioners with regard to accessing information at the point of care via mobile technology and how it impacted on their clinical decision making.

Target Audience

The target audience of this presentation include Professional nurses, medical practitioners and academics.

Abstract

Purpose: The aim of the study was to investigate the impact that accessing health information at the point of care via MCDs had on the clinical decision making practice of medical practitioners and professional nurses in public hospitals and primary health care settings in the Eastern Cape Province. The information obtained was used to make recommendations to the Eastern Cape Department of Health with regard to facilitating further expansion of the use of MCDs in practice.

Methods: A quantitative, comparative descriptive design was used to conduct this study. The research population comprised all professional nurses and medical practitioners who participated in using the MCDs for accessing information at the point of care. The total research population was 125. No sampling process was implemented because all participants using the MCDs were included in this study. A structured self-administered questionnaire was developed assess the extent to which accessing information at the point of care impacted on the doctors and professional nurses' ability to make informed clinical decisions. The questionnaire was adapted from questionnaires used in similar studies. The questionnaires were electronically distributed and field workers were also used to collect the necessary data in cases where the participants were slow in completing the online questionnaire. The completed hard copies of the questionnaires were captured onto the system by the PI and one of the field workers. A statistician was consulted with regard to data analysis and reporting. Descriptive and inferential statistics were used to analyse the data. A pilot study was conducted prior to the main study to ensure reliability and validity of the questionnaire and research process. Strategies to ensure reliability and validity were implemented throughout the study as well as strategies to ensure that a high standard of research ethics.

Results: The overall response rate for this study was 82%. Generally, the professional nurses appeared to have used the information provided on the mobile computing device more frequently than the medical practitioners for enhancing their clinical decision making at the point of care and they also found the information provided on the mobile computing device more useful for enhancing their clinical decision making at the point of care. A significant 98% of the registered nurses indicated that they found accessing e-Books in the mobile library easy to extremely easy while 80% of the medical practitioners indicated that they found accessing e-Books easy to extremely easy. Both medical practitioners and registered nurses either never or seldom experienced problems when using the mobile computing device. There were however, more medical practitioners than professional nurses that indicated that they had often experienced problems when using the mobile computing device. The professional nurses appeared to have used the information provided in the mobile library more frequently than the medical practitioners for enhancing their clinical decision making in making an accurate diagnosis, prescribing the correct medication dosage, managing the side effects of drugs, choosing laboratory tests, making referrals to the next level, reducing clinic visits and hospital admissions.

Conclusion: Both the medical practitioners and professional nurses found the information provided on the mobile computing device to be very useful and easy to access. They indicated that having access to information at the point of care assisted them in many ways to make correct clinical decisions which impacted on the care that they provided to their patients.

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RSC PST 2 - Research Poster Session 2

Fidelity Assessment and Cultural Appropriateness of the Arabic CFQ and CEBQ Questionnaires

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Purpose

The purpose of this presentation is to present the translation procedures and fidelity assessment for the Arabic version of the Child Feeding Questionnaire (Birch et al., 2001) and the Child Eating Behavior Questionnaire (Wardle et al., 2001).

Target Audience

The target audience of this presentation include, researchers working with diverse populations that speak different languages; researchers adapting a questionnaire to a new population and researchers engaging in translation procedures; researchers studying maternal feeding styles and child eating behaviors.

Abstract

Background: As childhood obesity prevalence rates in Saudi Arabia continue to rise, knowledge on maternal feeding styles and childhood eating behaviors remains a gap in the Saudi literature. In addition, maternal perceptions about their child's weight status have yet to be studied in Saudi Arabia.

Purpose: The purpose of this study was to assess the fidelity and cultural appropriateness of the Child Feeding Questionnaire (CFQ) by Birch et al. (2001) and the Child Eating Behavior Questionnaire (CEBQ) by Wardle et al. (2001) in Saudi Arabia. The CFQ is a 31-item self-report Likert questionnaire that measures maternal feeding styles and its association with child's adiposity. The CFQ consists of seven factors including perceived parent weight, perceived responsibility, perceived child weight, concern about child weight, restriction, pressure to eat and monitoring (Birch et al., 2001). Higher scores indicate higher controlling maternal feeding practices yielding to increased risk of developing obesity (Birch et al., 2001). Response options varied according to the measured factor and these included, never to always; markedly underweight to markedly overweight; unconcerned to very concerned and disagree to agree.

While the CEBQ is a 35-item self-report Likert questionnaire that measures mother's assessment of their child's eating behaviors. The CEBQ consists of eight dimensions including food responsiveness, fussiness, emotional eating (over and under), enjoyment of food, satiety responsiveness, slowness in eating and desire to drink (Wardle, Guthrie, Sanderson, & Rapoport, 2001). Higher scores indicate a higher rate of that particular eating behavior construct (e.g. food responsiveness, emotional overeating, etc.); responses to the CEBQ were four options and these included, never, rarely, sometimes, often and always (Haycraft, Farrow, Meyer, Powell, & Blissett, 2011; Wardle et al., 2001).

Methods: The procedures taken for this study undertook six steps and these include, translation, synthesis, back-translation, expert committee review, cognitive interviewing and pilot testing.

Results: The time to complete the six procedures was approximately four months. Results have demonstrated the following for each procedure:

I. Translation of the CFQ and CEBQ was completed by two Arabic-speaking translators; they were recruited from the Saudi community producing two versions of each questionnaire. During this phase both translators were informed about the study aims, research questions and studied concepts to ensure accuracy of translation. One translator was from Saudi Arabia and had years of experience in translation and was a PhD faculty in academics. The second translator was from Jordan and was also a PhD prepared researcher that had years of experience translating questionnaires. One translation was received via e-mail communications and the other translation was received via face-to-face. Both versions were compared for the next phase.

II. Synthesis was conducted by the Principal Investigator (PI), where she integrated the two Arabic translated versions of the CFQ to one version and similarly one version from the two Arabic translated

versions of the CEBQ. The PI is fluent in both Arabic and English as she has lived half of her life in an Arabic-speaking country and the second half of her life in an English-speaking country. The technique used during this phase considered the five equivalences recommended by Streiner and Norman (2008), which include, conceptual, item, semantic and operational equivalences. The final equivalence, measurement equivalence, will be tested later because it requires a larger sample to measure factor analysis.

III. Back-translation, where two English-speaking translators were recruited from Elance to back-translate the synthesized version of the CFQ and CEBQ from Arabic back to English, then the English-back-translated versions were sent to the PI's dissertation chairperson to compare it with the original CFQ and CEBQ English version. During this phase both back-translators were not informed about the purpose of the study, research questions and studied concepts to avoid any bias in translation (Guillemin, Bombardier, & Beaton, 1993). The English-back-translated versions of CFQ and CEBQ were found to be closely similar to the original English version of the CFQ and CEBQ as judged by the PI's dissertation chairperson.

IV. Expert committee review(n=3) were researchers in or from Saudi Arabia studying childhood obesity, recruited via e-mail communications. The researchers were asked to rate each item from the Arabic version of the CFQ and the CEBQ on a 4-point Likert scale (highly relevant, quite relevant, somewhat relevant, not relevant) to the studied concepts of the PI's aims and research questions. Data were collected via Qualtrics, Provo, UT (2015), version 1.107s. Agreement scores between the expert committee were calculated to assess content validity index (CVI) for both the CFQ and CEBQ. An adequate Scale-Content Validity Index (S-CVI) score for the CFQ and CEBQ was found consecutively (0.99 and 0.92). However, the Item-Content Validity Index (I-CVI) was not adequate because not all the items were a perfect one. In the CFQ, one item was 0.67. In the CEBQ, several items were 0.67. Since, the S-CVI showed to have an adequate score with what the literature supports (Lynn, 1986; Polit, Beek, & Owen, 2007). The PI continued to the cognitive interviewing phase and focused on the items that did not show a perfect one.

V. Cognitive interviews(n=5) were conducted using a convenience sample from the Saudi community to assess understanding and cultural appropriateness of the Arabic versions of the CFQ and CEBQ and to detect problems before the questionnaire was pilot tested and administered (Willis, 2015). Each interview was individually conducted in the mother's home, audio-taped, transcribed for analysis. The PI used the think-aloud technique to detect any misunderstandings and recommended analysis method described in the literature (Abubakar, Dimitrova, Adams, Jordanov, & Stefenel, 2013; Knafl et al., 2007). A few items were modified after all the interviews were completed. Issues such as, word choices and vague sentences helped the PI in modifying the Arabic version.

VI. Pilot test (n=10) to estimate the test-retest reliability and to calculate the time spent to fill out the questionnaire. Participants included a convenience sample from the Saudi community and were communicated through Qualtrics e-mail server. Seven to ten days was the gap between the first and second administration of the questionnaires. Data for this phase were collected through Qualtrics, Provo, UT (2015), version 1.107s. Test-retest reliability estimates showed acceptable alpha co-efficient. For the CEBQ alpha coefficients were acceptable for all the concepts ($\alpha = 0.86$ to 0.94). For the CFQ alpha ranged from $\alpha = 0.61$ to 0.90 . The lowest alpha coefficient ($\alpha = 0.61$) was the concept '*concern about child weight*', but was kept in the questionnaire after consultation with the PI's chairperson and an expert in psychometrics and instrument development. Since this was a small pilot test, further testing was recommended on a larger sample. The time spent time to fill out the questionnaire ranged from 13 to 60 minutes.

Conclusion: The Arabic version of the CFQ and CEBQ has shown acceptable agreement scores as assessed by a group of Saudi researchers on the topic of childhood obesity and calculations showed acceptable scale-content validity index scores. Moreover, acceptable internal consistency has been demonstrated through pilot testing for all the CEBQ concepts and all except one concept in the CFQ, which was kept in the questionnaire as recommended by a psychometrics expert. This study has demonstrated preliminary and acceptable findings of the Arabic versions of the CFQ and CEBQ. Moreover, this study is part of a mixed methods study on childhood feeding and growth in Saudi Arabia. The following phase will be a quantitative phase (QN) studying the association between child's adiposity

and how it correlates with maternal feeding styles, child's eating behavior and family socioeconomic factors in Saudi Arabia. After that, a qualitative (QL) phase will follow by interviewing selected mothers from the QN phase to explore the concepts within the Saudi Arabian culture. Finally, the mixed phase will explore how the QL findings further explain the QN results.

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RSC PST 2 - Research Poster Session 2

Cultural Humility in Simulation Education: A State of the Science

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Purpose

The purpose of this presentation is to evaluate the science of culture in simulation education.

Target Audience

The target audience for this presentation is nurses, nurse educators, and nurse administrators.

Abstract

Purpose: The National League for Nursing, a voice for nursing education, has identified diversity as a core value. Leading organizations including the Institute of Medicine and American Association of Colleges of Nursing have indicated a need for cultural competency education. To prepare nursing students to aptly care for a multicultural population, education regarding cultural humility is necessary.

Studies have indicated that students of minority backgrounds appreciate integration of race and culture in simulation. However, current international simulation standards lack an emphasis on diversity and cultural humility; thus, simulation curricula may be missing this essential component. The aim of this poster is to provide the state of the science on the presence of cultural humility in simulation education to provide direction for simulation education, research, and policy development.

Methods: The databases of PubMed, CINAHL, and ERIC, were searched using terms of “cultural humility” or “cultural competence” and “simulation.” One hundred twenty-two abstracts were reviewed by two researchers independently to determine relevance.

Results: Fifty-one articles were included in the review. Team members reviewed the literature and achieved consensus on the emerged themes. The results of the integrative review including what is known as well as gaps in knowledge will be presented.

Conclusion: Future directions for research include evaluation of student learning outcomes related to integration of culture in simulation. Simulation facilitators may require training in cultural humility. Culture must be interpreted in the broadest sense and simulation curricula must be examined to assure that students are exposed to a wide variety of cultural contexts. We recommend that cultural humility be added as a Standard to the International Nursing Association for Clinical Simulation and Learning (INACSL) Standards. Adding cultural humility to the Standards will serve as the impetus to transform simulation curricula globally. Cultural humility must transcend the confines of the classroom and extend to the simulation center to improve student learning, retention, and improve patient care.

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RSC PST 2 - Research Poster Session 2

Development and Validation of a Workplace Social Capital Questionnaire for Nurses (WSCQ-N)

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Purpose

to discuss results of a study to develop and validate a new questionnaire to measure nurses' workplace social capital based on Nahapiet and Ghoshal's (1998) theory of social capital within organizations.

Target Audience

researchers interested in health human resources, workplace relationships, teamwork, collaboration, and social capital, as well as those interested in instrument development and testing.

Abstract

Purpose: The purpose of this study was to develop and validate a new questionnaire to measure nurses' workplace social capital based on Nahapiet and Ghoshal's (1998) theory of social capital within organizations.

Methods: The measurement model for the new questionnaire was developed based on Nahapiet and Ghoshal's (1998) theoretical framework. A hierarchical factor structure was proposed with a first-order social capital factor consisting of 3 second-order factors (structural, relational, and cognitive social capital), each with 3 third-order factors (for a total of 9 subscales). Structural social capital consisted of three subscales: network size, network functional diversity, and perceived social status. Relational social capital was measured using three subscales: trust, affective energy, and the norm of positive reciprocity. Cognitive social capital was measured using three subscales; cognitive common ground, shared language, and shared narratives. The questionnaire was developed using relevant items from previously validated scales and new items generated by the author. Content validity of the proposed instrument was assessed using the procedures outlined by Polit and Beck (2012). In March, 2015, a panel of 16 registered nurses with a wide range of clinical expertise were given the definition of each subscale and asked to rate each the relevance of each item in the questionnaire on a scale from 1 = not relevant to 4 = very relevant. A cross-sectional survey design using the tailored design method (Dillman, Smyth, & Christian, 2009) was used to evaluate the psychometric properties and factor structure of the new questionnaire. A sample of 1000 Registered Nurses working in hospitals across Ontario, Canada were invited to participate in the study (July-Sept 2015). A total of 249 useable surveys were returned, while 16 were returned undeliverable (26.83% response rate, excluding undelivered surveys). Descriptive statistics were conducted using SPSS (IBM, 2014, version 23.0). The measurement model, item factor loadings, and scale reliability was assessed using confirmatory factor analysis with robust maximum likelihood estimation in Mplus (Muthén & Muthén, 2012).

Results: Content validity results showed that the items in the new questionnaire had acceptable face validity, with CVI scores ranging from .75 to 1.0. The nurses also stated that the questionnaire was easy to complete and an appropriate length. Suggestions about question wording were made for some of the items such as removing qualifiers from items. Changes were made to simplify the questions. The first model was not a good fit for the data: $\chi^2(769) = 1849.311$, $p = .000$; CFI = .783; TLI = .769; RMSEA = .077; SRMR = .083. The item factor loadings revealed that the following items were not strongly related to their respective latent factors: STAT5 (.217), LANG4 (.296), LANG5 (.113), LANG6 (.098). In addition, at the second-order factor level, network functional diversity and network size had weak factor loadings on structural social capital (.164 and .137, respectively). Reassessing the items and the nature of the questions, it was decided to remove these items from the measurement model. Confirmatory factor analysis results showed that the final measurement model for the questionnaire was an adequate fit to

the data: $\chi^2(544) = 1043.237$, $p = .000$; CFI = .882; TLI = .871; RMSEA = .063; SRMR = .066. Item factor loadings were generally high (>.70) but ranged from .36 to .94, depending on the subscale. Total social capital had a Cronbach's α of .94, composite reliability (CR) of .97, and average variance explained (AVE) was .53. These values are above the recommended cut-off values of .70, .50, and .70, respectively (West, Finch, & Curran, 1995). Second-order factors: Structural social capital, represented by status, had a Cronbach's α of .73, CR of .69, and AVE was .38. Low CR and AVE likely reflects the way the items were worded because of the four items retained in the subscale, two items referred to co-workers and two items referred to physicians. Relational social capital demonstrated strong internal consistency with a Cronbach's α of .93, CR of .96, and AVE was .63. Cognitive social capital demonstrated strong internal consistency with a Cronbach's α of .89, CR of .93, and AVE was .46. First-order factors: Trust demonstrated strong internal consistency with a Cronbach's α of .88, CR of .88, and AVE was .60. Similar results were found for the norm of positive reciprocity (Cronbach's α = .88; CR = .88; AVE = .55) and shared energy (Cronbach's α = .94; CR = .94; AVE = .75). Cognitive social capital first-order factors also demonstrated good reliability. Cognitive common ground had a Cronbach's α of .86, CR of .86, and AVE was .50. Shared language had a Cronbach's α of .79, CR of .74, and AVE was .49. Finally, shared narratives had a Cronbach's α of .82, CR of .81, and AVE was .41.

Conclusion: Social capital represents a set of valuable social resources that have been identified as an important asset for healthcare organizations by healthcare leaders (DiCicco-Bloom et al., 2007) and requires more empirical support. The development of the WSCQ-N was needed to provide researchers with a valid and reliable method to measure nurses' social capital in the workplace. Overall, the findings provide initial support for the final version of the WSCQ-N as a valid and reliable self-report measure to assess nurses' perceptions of social capital in Canadian hospital settings. Reliability estimates suggest that while the overall scale is reliable, some revisions to the items may strengthen the scale. More research is needed to confirm the validity of the questionnaire and to examine how nurses' workplace social capital is related to other concepts (i.e. its nomological network), and to examine its application to other work settings.

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RSC PST 2 - Research Poster Session 2

Implementing Bonny Method of Guided Imagery and Music to Complement Care Provided in Cancer Homes

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Purpose

To present the knowledge generated from this study as BMGIM is not generally practiced in the supportive care provided to cancer patients in South Africa. The knowledge generated will inform whether BMGIM which has been proven to be effective internationally will be effective and sustainable in a South African context.

Target Audience

Nurses in the academic sector who seek to educate on the use of alternative therapies in health care and clinical nurses who practice integrative health care

Abstract

With a projected global increase in incidence of cancer the need for supportive cancer care is also on an increase. Nurses are tasked to care for the psychological and social needs of the patients. However, patients and nurses do not always perceive that these needs are being fulfilled. Bonny Method of Guided Imagery and Music (BMGIM) has physical, psychological, social and spiritual effects which can enhance supportive cancer care. However, limited research could be found on the use of BMGIM in the care of cancer patients in South Africa.

Purpose: The purpose of the study was to implement and evaluate the effect of BMGIM complementary to the provided care on the physical, psychological and spiritual wellbeing of clients in selected cancer interim homes in Gauteng. A systematic review was conducted to determine methods and effectiveness of BMGIM, best practices were then identified and implemented in selected cancer interim homes, followed by evaluation of the effect of BMGIM.

Methods: Within the research design of intervention research, a prospective intervention study supported by a simultaneous qualitative approach, phenomenology, was conducted. The population of the study was cancer clients admitted to cancer interim homes in Gauteng. The study took place in four phases. In phase one a systematic review was conducted. Evidence gathered in phase one informed the implementation of BMGIM in phase two. Phase three involved evaluation of the effect of BMGIM through administration of a demographic questionnaire, Symptom Distress Scale, Psychological General Well Being Index and Spiritual Index of Well Being. Qualitative data in the form of session summary form, photographs of drawings and an unstructured interview was also collected. A process of data analysis followed.

Results: Data analysis is currently in process. The final report will be written by January 2016. Findings will be presented as themes, categories and sub-categories. The effect of the intervention on physical, psychological and spiritual well-being will be statistically discussed.

Conclusion: This study will generate scientific knowledge on the effect of BMGIM. BMGIM may prove to be a therapeutic tool in providing holistic nursing care thus uplifting patient care practices to excellence

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RSC PST 2 - Research Poster Session 2

Team Leadership of Nurse Academics in a Research Programme in a Higher Education Setting

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Purpose

To share the experiences of nurse academics with regard to the meaning of team-leadership during a leadership development programme in a higher education setting to enration with other research teams

Target Audience

Any professional nurse academic or health care professional interested in conducting research in a team

Abstract

Purpose: Leadership refers to 'a process whereby an individual influences a group of individuals to achieve a common goal' (Northouse, 2013). A common theme that generally runs through definitions is that leadership presupposes guiding the attitudes, beliefs, behaviours, and feelings of other people (Curtis, De Vries & Sheerin, 2011). A self-leadership development programme was created in 2012 for ten nursing academics with the aim of empowering them to embark upon research projects, write for subject matter publications, and develop as leaders at a school of nursing in the Western Cape. This study explored and described nurse academics' understanding of the meaning of self-leadership in the team, as well as their underlying individual motivational processes in the context of an educational setting that lead to team leadership.

Methods: A qualitative, exploratory, narrative, and contextual study was conducted with a sample of eight participants who were lecturers in an undergraduate nursing programme. The researcher collected data on their experiences of team leadership during the programme by means of individual narratives. The narrative method is a form of qualitative research in which data is collected using the stories of the participants as told by the participants themselves or by other people on their behalf (Munhall, 2012). Participants wrote their narratives over a period of 3 months, after attending a team leadership workshop. The participants were seven females and one male nurse educators between the ages of 28 to 57 years. An open coding method of data analysis was followed to transpose collected data into meaningful data. The researcher maintained trustworthiness using Guba's criteria model.

Results: The participants were between the ages of 28 and 57 years. Two main themes emerged from the data analysis, namely leadership attributes and responsibilities towards the group. Themes also confirmed the underlying dynamic of personal and professional growth moving towards team leadership. Nursing academics were motivated to use their self-influence to direct themselves to achieve optimum performance in the team. Broadly speaking, the meaning attached to self-leadership was closely linked to concepts of shared and team leadership, reflective leadership, and collaborative leadership that were concepts leading to group leadership according to the leadership framework of Jooste (2011).

Conclusion: Team leadership is regarded as an essential component of leadership and an integral aspect of the nursing academic's role. A person must first be able to lead himself / herself, before the next level of effective team leadership can be attained.

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RSC PST 2 - Research Poster Session 2

Calming Intervention for Behavioral Symptoms of Dementia

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Purpose

The purpose of this presentation is to help all health care providers understand the relationship among a calming intervention, stress and behavioral symptoms in dementia, in addition to the importance of educating all direct care staff to improve the quality of care.

Target Audience

The target audience of this presentation is all health care providers

Abstract

Behavioral symptoms of dementia (BSDs) such as restlessness, agitation, aggressive behavior, yelling, and nighttime awakenings, exhibited by more than 85% of nursing home residents, result in distress for the person with dementia (PWD) and fear and avoidance in caregivers. These behaviors tend not to respond well to medications. Costs upwards of \$148 billion a year necessitate research in non-pharmacological therapies that may alleviate these symptoms. Calming interventions (CALM), specifically therapeutic touch and the use of therapeutic communication skills, show a reduction in agitation and stress for PWD. They may promote interpersonal “bonding” between residents and staff, strengthening relationships, decreasing staff burnout and turnover and improving the quality of care. This intervention can be inexpensively incorporated into a program of dementia care with minimal training costs and little capital expenditure, but their use is not currently part of the customary care provided to PWD.

Purpose: To test the effect and feasibility of incorporating the CALM protocol (which includes therapeutic touch and therapeutic communication skills) into the usual model of Assisted Living Facility (ALF) care for persons with dementia (PWD)

Methods: The study is being implemented in an Assisted Living Facility in Southern California. The intervention includes the CALM protocol, direct care staff (DCS) training and implementation. Outcome measures include resident behavioral symptoms of dementia, and layered voice analysis, “bonding” between DCS and PWD, measured using urine oxytocin 30 min after treatment for DCS, layered voice analysis (LVA) to assess emotional change, mutuality between DCS and PWD, and DCS job satisfaction

Results: This project is ongoing: Data Analysis Paired t-tests will examine the change within the intervention group from baseline to post-intervention on DCS measures (oxytocin, LVA, knowledge, job satisfaction, and mutuality) and PWD measures (BSD, LVA)

Conclusion: we anticipate that an increase DCS oxytocin levels will result in increased job satisfaction, decreased staff turnover, and increased mutuality. Moreover, we anticipate that the resident will exhibit fewer behavioral symptoms and that both the resident and the DCS will exhibit decreased voice stress measured by layered voice analysis.

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RSC PST 2 - Research Poster Session 2

Anxiety and Depression in Pregnant Women With Preterm Labor in Ramathibodi Hospital

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Purpose

This study aimed at investigating: 1) the rate and level of anxiety and depression in pregnant women with preterm labor and 2) the relationship between the selected factors, including ages, educational levels, occupations, family incomes with anxiety and depression in pregnant women with preterm labor.

Target Audience

Registered Nurses.

Abstract

Anxiety and depression in early pregnancy were associated with risk for subsequent preeclampsia, giving birth to low birth weight and preterm infants. Medical complications associated with preterm birth include respiratory distress syndrome, chronic lung disease, injury to the intestines, immune system compromise, cardiovascular disorders, hearing and vision problems, and neurologic injury including cerebral palsy. Therefore, preterm birth was major public health problem.

Purpose: This study aimed at investigating: 1) the rate and level of anxiety and depression in pregnant women with preterm labor and 2) the relationship between the selected factors, including ages, educational levels, occupations, family incomes with anxiety and depression in pregnant women with preterm labor.

Methods: This study was descriptive cross-sectional study. The research participants consisted of 60 pregnant women with preterm labor were recruited between 24-36 weeks of gestation in Ramathibodi Hospital from September 2013 to March 2014 by purposive sampling. The inclusion criteria were pregnant women who had at least one symptom: 1) regular uterine contraction more than four times in twenty minutes or eight times in one hour or every ten minute related to the progression of cervix. 2) cervical dilatation more than one centimeter. 3) cervical effacement more than eighty percent and agreed to participate. With regard to human rights, the researcher collected all data by using the two part questionnaires. Participants completed the Demographic Questionnaire and Thai HADS Questionnaire (to assess anxiety and depression) within 24 hours after admission. The Demographic Questionnaire consists of ages, educational levels, occupations and family incomes. Thai HADS Questionnaire was developed by Thana Nilchaikowit, et al. (1996). The reliabilities of anxiety sub-scale and depression sub-scale, using Cronbach's alpha coefficient, were 0.8551 and 0.8259. The data were analyzed using descriptive statistics and Pearson's product moment correlation.

Results: The results revealed that the participants 48.3% were mild anxiety scores, 33.3% moderate anxiety scores, and 18.3% severe anxiety scores, but the depression scores 70.0% were mild, 30.0% moderate, and 10.0% severe. The selected factors were not correlated with anxiety and depression.

Conclusion: This study suggests that nurses should have a screening and assessment of anxiety and depression among pregnant women at antenatal clinic. To provide proper management before preterm labor pain and develop the guideline for effective nursing intervention in this group.

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RSC PST 2 - Research Poster Session 2

1000 Days Engagement Model: Promoting Positive Relational Health for Vulnerable Māori Families in New Zealand

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Purpose

The purpose of this presentation is to present the 1000 Days engagement model: a model founded on Māori cultural praxis to inform the development of meaningful connections with vulnerable whānau (Māori families), clinical staff and community partners within a residential program aimed at promoting positive relational health and well-being.

Target Audience

The target audience of this presentation is: researchers, clinicians, educators, administrators as well as community and consumer representatives with an interest in the health of vulnerable populations and culturally diverse communities, participatory initiatives and community/family-driven approaches and relational engagement.

Abstract

Purpose: Whānau Ora is a cultural praxis promoting Māori (Indigenous people of New Zealand) health and wellbeing for whānau (Māori families). Foundational to recent service delivery reforms, whānau-centered approaches still remain poorly translated into current practice and meaningful ways of engaging with whānau often lack empirical grounds. The 1000 Days Trust is a community-led residential program developed with the collective vision of promoting positive relational health and wellbeing for vulnerable whānau in Southland, New Zealand. Here we present a model of engagement which articulates core principles of how relational connections develop and translate into meaningful experiences of engagement for whānau, clinical staff and community partners within 1000 Days. The purpose of this poster presentation is to present the 1000 Days engagement model; a purposefully designed model founded on Māori cultural praxis to inform the development of meaningful connections with vulnerable whānau (Māori families), clinical staff and community partners within a residential program aimed at promoting positive relational health and well-being.

Methods: A descriptive case study is undertaken as part of the 1000 Days collaborative research program. A participatory approach is foundational to the conduct of this research. Semi-structured interviews with whānau (25), clinical staff at the residence (7) and community partners (12) are conducted to describe the relational practice of engagement within 1000 Days. Participant observation is conducted during visits at community organisations, local health and social Government agencies and meetings with community representatives to describe the context within which meaningful connections occur. Data is subjected to qualitative thematic analysis and will be discussed with community partners.

Results: Core interrelated components and processes support engagement practice within 1000 Days: placing whānau needs and aspirations at the centre of services; promoting whānau self-determination and autonomy; developing a culturally competent workforce to support whānau in achieving their goals and connecting with appropriate services in the community; creating early connections with whānau and community partners to build trust and reciprocal relationships; ensuring a presence in the community to raise collective awareness and promote shared responsibility towards whānau health and wellbeing; building interactions with whānau founded on a positive vision of health which focuses on whānau strengths and resources and relies on cultural knowledge and values; strengthening existing relationships between community organisations and 1000 Days to build sustainable networks of supportive and accessible services for whānau.

Conclusion: This study highlights key components and processes of a relational practice of engagement underpinned by local knowledge, cultural realities and context dynamics as a foundation to promote positive relational health for whānau.

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RSC PST 2 - Research Poster Session 2

Community Leadership and Health Promotion: Lessons From Rural South Africa

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Lydia Aziato, PhD, RN, Ghana

Purpose

The purpose of this presentation is to share learned lessons on community leadership development in a rural area to promote the health of community members.

Target Audience

The target audience of this presentation is community health and community development researchers and health care practitioners working in resource-limited communities with a focus on young people.

Abstract

Purpose: Rural communities have continued to face a complex set of challenges: geographic isolation, high levels of poverty, sparse and declining human population, as well as loss of jobs and economic opportunities. These factors create two big challenges for rural communities – continued rural urban migration of predominantly young people and a pool of disengaged youth among those that stay. Because of this, rural communities have a greater human capital need – for more leaders. Though actively engaging community leaders in building programs and policies that consider equity and liveability of environments is important, little research has been done to examine the issue at a local level, particularly in rural settings. While the goal of all leadership development initiatives is to develop and equip leaders with necessary skills to create change at different levels, from individual to societal – significant impact is achieved when programming targets local community members (UNDP, 2006). The objective of this study was to explore the experiences of community leaders on their role in health promotion in a rural community. Community leadership development is one intervention commonly used to unlock community assets and release people's potential to participate in activities that affect their health and socioeconomic well-being (Blanchard, 2012; Majee, Maltsberger, Johnson, & Adams, 2014). It recognizes the need for community members to acquire and apply skills, through involvement, in shaping the decisions and policies that affect their lives (Langone & Rohs, 1995; National Extension Task Force, 1986). The study aimed at a) identifying current barriers and opportunities for the inclusion and advancement of youth and women in resource limited communities in health promoting activities, and b) identifying potential interventions for empowering local communities to engage in and lead health promoting initiatives.

Methods: A qualitative, exploratory design was followed. Burns and Grove (2003:313) define exploratory research as research conducted to gain new insights, discover new ideas and/or increase knowledge of a phenomenon. Creswell (2013:37) states that to study a problem, qualitative researchers use an emerging qualitative approach to inquiry and the collection of data in a natural setting sensitive to the people and places under study. Eighteen semi-structured individual interviews were conducted over a period of one month with purposively sampled community leaders such as school principals, church leaders, nurses, directors of non-governmental organizations, local government officials. The participants were males and females over the age of 35. Open coding was used to organize data collected in the unstructured individual interviews (Creswell 2012:244). An independent coder assisted the researchers and a consensus discussion was held to finalise the themes and categories that emerged. Five themes emerged which focused on the actions that needed to be taken to empower community leaders to play a more active role in health promotion.

Results: Community leaders need to implement activities that promote the health of community members through support services, promoting collaboration between different stakeholders to establish a multidisciplinary team approach while having a personal vision in addressing the needs of the community. Participation of different generations in the community is essential to promote health within economical and financial constraints.

Conclusion: Facilitation of improved interpersonal relationships and coordination of community activities are needed in order to use the available resources in a more effective way.

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RSC PST 2 - Research Poster Session 2

What Makes a Nurse: Factors That Influence the Career Choice

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Purpose

to describe factors that influence a person to choose nursing as a career. Nursing leaders can use this information to reflect on nurse professional satisfaction.

Target Audience

Nurses in all specialties, nursing administrators, nursing students, nurse faculty, nurse entrepreneurs, Nurse practitioners, and anyone with an interest in nursing education

Abstract

Purpose: Nursing is the largest healthcare profession, bringing to question what entices individuals to study and practice nursing for a lifetime. In the past, similar studies have shown numerous factors influencing the nursing career choice including themes of caring and a desire to help, in addition to many other socio-personal influences. These findings support the idea that nurses are driven by a variety of factors. Several studies were conducted in other parts of the world whereas literature did not present any study conducted in the past 10 years in the American setting. This gap in literature were identified and the purpose of this pilot study was to identify and describe factors that influence a person to choose nursing as a career.

Methods: A cross sectional descriptive design was used to conduct this study. Faculty and students in the nursing department of a medium sized University were the participants. Institutional review board approved the study. Researchers designed a statistical survey utilizing Qualtrics software to interpret the influences that affect individuals to become a nurse. The survey was distributed through email, Desire2Learn, and Facebook to the University nursing students and faculty (n=41). The participants completed the survey questionnaire, which asked them specific and generalized questions about the factors influencing and motivating their nursing career choice. Researchers collected data and completed a preliminary analysis.

Results: Upon reviewing the completed survey data, the researchers found that most people at this university chose nursing with a desire to help others and because of the career's flexibility. With further analysis of data from people with various levels of experience, the researchers will better understand the reasoning behind choosing nursing.

Conclusion: Nurses have a variety of reasons for choosing the career. Some influences remain common among many nurses, while other nurses have their own personal reasons. Being aware of individual factors leads to better collaboration and help maintain a healthy work environment. Identifying individual factors may help administrators and nurse leaders to detect why people leave the profession early in their career and reduce burnout.

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RSC PST 2 - Research Poster Session 2

Effects of Using Early Bonding and Initial Breastfeeding in Labour Room, Ramathibodi Hospital

Yingkwan Yoorat, MNS, Thailand

Purpose

This study aimed to examine rate, duration of promoting early bonding and baby breast crawl behavior and the outcome of early initial breastfeeding stimulation.

Target Audience

Registered Nurses

Abstract

Background: Breast milk is recognized as nutrition for infants with health benefits for both child and mother. Promoting the early initiation of breastfeeding by skin to skin contact between mother and newborn after birth increases the rate and duration of breastfeeding. Therefore, promoting the early initiation of breastfeeding is important. Thus, obstetrician and nurse-midwives need to realize about those obstacles and help a mother to initiate her breastfeeding right away after delivery or within half an hour after delivery according to the 4th step of successful breastfeeding by World Health Organization and UNICEF.

Purpose: This study aimed to examine the rate, duration of promoting early bonding and baby breast crawl behavior and the outcome of early initial breastfeeding stimulation.

Design: A prospective cohort study design.

Methods: The study samples consisted of 1,475 mothers and their newborns of non-complicated parturients (37-40 weeks' gestation) with spontaneous vaginal delivery and healthy infants in the labour room, Ramathibodi Hospital. Who received usual care during January-December 2011. Data were collected from the breastfeeding record in labour room and the client's medical records (controlling for delivery hospital). Data were analyzed by using frequency and percentage.

Results: The results showed that 49.4 percent of the samples were promoted. Only 2.33 percent were promoted for 20 minutes or longer and 0.96 percent of the babies had baby breast crawl. 93.14 percent of the promoted had successfully begun initial breastfeeding, newborn's success to hold nipple in mouth and sucking. This study shows that the intervention promoting early bonding and duration of promoting early bonding are less than 50 percent.

Conclusions: The findings from this study can be used as basic information for further investigation of causes and factors which are barriers to early bonding promotion before proper intervention will be developed. This practice is important because it can help the mother to continue her successfully breastfeeding during the postpartum period.

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RSC PST 2 - Research Poster Session 2

Achievement of Insulin Injection Training By Skin Model in Diabetes Patients

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Purpose

to compare the achievement between experiment group taught by using the model and comparative group taught without model.

Target Audience

Registered nurses

Abstract

Purpose: Many diabetic patients often had problems about insulin injection as they were not correct technics, had not sterile technic and did not get full drug dose. This was a common problem in clinical practice. While teaching in clinics still lack the proper materials and more expensive. So the skin model was appropriate media for instruction it, which is made of rubber. The rubber material is readily available and cheaper in Thailand. **Objectives** was to compare the achievement between experiment group taught by using the model and comparative group taught without model.

Methods: Samples were diabetic patients with first prescribed an injection. They were both male and female, all age group, literacy and participated in the study. It was randomized, double blinded and comparative design. The patients were selected to be experiment group and comparative group by simple randomization and blinded methods. Data were collected before and after teaching at OPD medicine and family medicine. The evaluation was achievement scores that patients had self-assessment and observational scores were assessed the accuracy by a nurse. Reliability scores of questionnaires were 0.7 and 0.8 respectively. The p-value of statistical significant difference was 0.05.

Results: The majority of them were female and the average age of 51.53 years, chose injected by themselves (85.71%). The average achievement scores in the experimental group was more than the comparative group statistically significant, especially knowledge, understand, skills of injection and injecting confidence. Its result was similar in the observational scores. In each technic of injection analysis, the experimental group can inject for full dose better than comparative group statistically significant and found similarly in technics of grab a pen right consistency and technic of prevention of reverse drug flow. But both groups did not differ in other technics such as cleaning the skin before and after injection, corrected location, making a homogeneous drug, the corrected dose, injection down on the subcutaneous layer and save needle as a sterile technic to be reused.

Conclusion: Skin model for teaching of insulin injection helped the patients had better skills, understand and knowledge as well as increased confidence to injecting. It is appropriate to apply this skin model as a media for teaching self-injection of diabetic patients.

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RSC PST 2 - Research Poster Session 2

The Effect of Attention Training and Memory Training Programs for Elders With Mild Cognitive Impairment

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Purpose

The purpose of this presentation was to construct attention cognitive training protocol and memory training protocol for elders with mild cognitive impairment (MCI); and investigate the effects of both cognitive training programs on cognition and engagement for elders with mild cognitive impairment.

Target Audience

The target audience of this presentation is clinicians, formal caregivers and researchers.

Abstract

Purpose: Declining cognitive ability is a major risk for disability. The potential benefits of interventions during earlier stages of disease have led to an increased interest in improving impaired cognitive function that does not fit yet the criteria for dementia. Thus, the purpose of this study was to construct attention cognitive training protocol and memory training protocol for elders with mild cognitive impairment (MCI); and investigate the effects of both cognitive training programs on cognition and engagement for elders with mild cognitive impairment.

Methods: One hundred fifty-five subjects were recruited for this study. Subjects were matched based on their functional status and cognitive status. Then, 33 subjects were randomly assigned into the attention training group, 35 subjects were assigned into the memory training group, and 87 subjects were assigned in the control group. The attention training group was received integrated orientation, selection and executive cognitive training, while memory training group was received face-name working memory and procedural memory training. Control group maintained their routine activities in long-term care facilities. All treatment modules were standardized to consist of 18 sessions lasting 60 minutes and completed over a 6-week period (three sessions a week). MMSE and Clock Draw Test were used in the pre- and post-test. Engagement and Enjoyment scale were used from the first to sixth week during a six-week intervention.

Results: The MMSE scores were significantly higher in the attention training and the memory training groups compared with the control group in the pre-test and post-test assessments. Clock draw test was significant higher in the memory training group compared with the control group in the pre-test and post-test assessment. The engagement was significantly higher from the second week to sixth week in the attention training group, whereas enjoyment was significantly higher in the attention training group in the first week and the sixth week. The enjoyment score at the fifth week at memory training group was significant higher than that at pre-test.

Conclusion: It is recommended apply attention training and memory training in adult day care center and adult apartment to remain cognitive ability of elders with MCI. For future study, a longitudinal study to investigate the long-term effects of both training programs is recommended.

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RSC PST 2 - Research Poster Session 2

Using Taiwan Training Quality System for New Nursing Education and Training

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Purpose

We applied these five elements in the training program for new nurses by re-examining the training content and adopting the mini-clinical assessment exercise (mini-CEX) and the skills to operate observation (DOPS) assessment method to enhance the ability of new nurses.

Target Audience

The target audiences of this presentation are nurses, preceptors and administrators.

Abstract

Purpose: In the hospital's human resources, nurses comprise 40% to 60% of the workforce. Therefore, the quality and quantity of nursing manpower is an important factor to maintain and enhance the quality of medical care in the hospital. Five elements of the Taiwan Training Quality System (TTQS) proposed by Taiwan's Ministry of Economic Affairs are: plan (Plan), design (Design), execution (Do), checking (Review) and the outcome (Outcome). In this study, we applied these five elements in the training program for new nurses by re-examining the training content and adopting the mini-clinical assessment exercise (mini-CEX) and the skills to operate observation (DOPS) assessment method to enhance the ability of new nurses. We examined the satisfaction rate of the program and determined whether the retention rate of new nurses increased after the implementation of the new training program.

Methods: This research project is divided into two phases, the first phase is completed nursing modify the content of training new staff to complete a mini nursing clinical assessment exercise (mini-CEX) - administration, catheterization, and nursing skills operation observation (DOPS) - blood transfusion, intravenous blood evaluation form, and the consistency of assessment by training; the second stage of this four technical assessment applied to work for at least six months or more for new nurses.

Results: To establish the reliability and validity of the four technologies, the reliability and validity of each checklist Cronbach's Alpha value can reach 0.9 or more; after new nurses to make this assessment, you can see every new growth of staffs in the face of the patient's consultative and assessment techniques can be improved.

Conclusion: The overall satisfaction of the training program was 88%. The one-year retention rate increased from 71.0 to more than 81.1 percent suggesting that the TTQS-based training program is effective in improving the nurses' retention. The value of this program of plays performed. Learn from the data analysis unit staff assessment, at different locations, the assessment will affect the results, we can see the consistency of assessment by training is very important.

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RSC PST 2 - Research Poster Session 2

Gorillas Stand Up for Working

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Purpose

to introduce a new workplace trend, ergonomically-designed sit-stand desks (SSDs). Research has concluded that for optimal health people should sit less and move more. Today's use of computer technology has placed many people sitting during the cognitive portion of their day leading to an increase in desk bound workdays.

Target Audience

nurses and other office workers who engage in prolonged sitting during the workday. Screen technology is on the rise as are musculoskeletal discomforts. The perils of sitting also affect those who participate in vigorous exercise on a regular basis. This presentation is useful to any type of modern day worker.

Abstract

Purpose: This project involved the introduction of the workplace trend, ergonomically-designed sit-stand desks (SSDs). Research in this area has concluded that for optimal health people should sit less and move more. Studies indicate the negative effects of prolonged sitting cannot be negated even by an hour of physical activity each day. Prolonged sitting time has been identified as a health risk factor and musculoskeletal discomforts (MSDs) are reported by 60% of office workers. SSDs allow office workers to alternate between sitting and standing throughout the working day. Therefore, the intention of this study was to indirectly affect the health and wellbeing of participants through quantitatively evaluating the before and after musculoskeletal discomforts in the neck, shoulder, back, arms, and legs in those using. Research has shown that sitting is the most misunderstood health threat of our modern world. Researchers have found that sitting more than six hours a day will greatly increase your risk of an early death. Yes, sitting is the new smoking!

Methods: The project began through distribution of 16 SSDs around the campus of a small regional university located in the Midwest. A MSD pre-survey was completed with a post-survey to be completed after an 8-week trial. SSDs will then be redistributed to another 16 participants; the data acquisition will be repeated. The study was guided by a research team consisting of two graduate students in nursing and three undergraduate students from nursing, biology, and accounting. The perception of musculoskeletal discomfort was measured before and will be measured after using the desks.

Results: Preliminary results were obtained through a pilot study and reveal a very favorable response to the subjects' perceived sense of wellness as well as a decrease in the subjective symptoms of back pain, musculoskeletal fatigue involving the neck, shoulders, arms and legs. Preliminary results from the pilot study are favorable to the subjects' perceived sense of wellness as well as a decrease in MSDs. The study is ongoing through spring, 2016.

Conclusion: The key to improving health and well-being is about making small movement throughout the workday from sitting to standing; final results will be available March 15, 2016.

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RSC PST 2 - Research Poster Session 2

The Effects of Transtheoretical Model-Based Interventions on Smoking Cessation in Taiwan: A Longitudinal Study

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Purpose

The purpose of this presentation is to display and share my important and valid research work with other scientists.

Target Audience

The target audience of this presentation is clinical scientists who are interested in the fields of health promotion or smoking cessation.

Abstract

Purpose: The adverse effects of cigarette smoking have caused a noticeable increase in smoking-related diseases and death globally. The purpose of this study is to assist smokers in smoking cessation with interventions based on the Transtheoretical Model (TTM) and to evaluate the effects of TTM-based interventions on knowledge about the hazardous effects of smoking, attitude toward smoking, and movement through stages of change.

Methods: In this quasi-experimental longitudinal study, a structured questionnaire was administered pre-intervention (pretest, Time 1), post-intervention (3 months, Time2), and at follow-up (6 months, Time 3). Participants aged 18 years and older were recruited in a regional hospital in Taiwan and divided into 2 groups (experimental group, n = 100; comparison group, n = 100). The interventions involved 6 counseling sessions in 3 months with the implementation of recommendations from a textbook of smoking cessation therapy edited by the Health Promotion Administration (2013), Taiwan. The intervention effect was assessed using the generalized estimating equation (GEE) model with robust standard error and exchangeable working correlation matrix for the adjustment of time. The intervention effect was verified when a significant two-way interaction effect(s) (of time by treatment) emerged, which indicates that a difference exists from pretest to posttest between groups. The TTM stage at each time-point between the study groups was compared using Fisher's exact test.

Results: The experimental and comparison groups were homogeneous in the basic variables of demographic characteristics, lifestyle, and disease history. The experimental group showed a greater improvement than the comparison group in scores on knowledge of cigarette smoking. The groups significantly differed between Time 1 and Time 3 for the stages of precontemplation, contemplation, and action ($P < .01$).

Conclusion: A TTM-based smoking cessation intervention significantly increased knowledge of the hazardous effects of smoking and resulted in improvement in stages of change at a 6-month follow-up among smokers.

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RSC PST 2 - Research Poster Session 2

Correctional Nursing: Described From the Perspective of Nurses Working in a Maximum Security Correctional Hospital

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Purpose

The purpose of this Husserlian phenomenological study is to investigate and describe nurses' experiences of their role as nurse working in a maximum security correctional acute care hospital

Target Audience

The target audience for this presentation is staff nurses, nurses in leadership, and individuals with an interest in correctional health care.

Abstract

Purpose: The purpose of this study is to describe the experiences of nurses as they work in a maximum security acute care hospital. The thematic findings may be used to inform future research studies, and the development of future policies that address nurses' needs, and staffing guidelines.

Methods: A qualitative design, descriptive Husserlian phenomenological methodology was the most appropriate approach to address the research questions. Qualitative research entails broad questions regarding human experiences and realities studied through interactions with people in their natural environments, which in-turn generates rich, descriptive data that help us to understand a phenomenon thoroughly. A purposive sampling design with snowballing was used to identify registered nurses who work in a maximum security acute care hospital. Before data collection, Institutional Review Board approval was obtained. Data collection was in keeping with recommendations of Lincoln and Guba. To ensure credibility, multiple data collection techniques were used. Data was collected using in-depth, unstructured, face-to-face individual interviews; demographic questions; observation; field notes; and methodological and reflexive journals. Data analysis procedures used in this study followed Colaizzi's psychological stages of analysis to elucidate the meaning, structure, and essence of the lived experiences of nurses who work in a maximum security acute care hospital. Limitations include small sample size and the descriptive phenomenological approach addressing the study question. Findings cannot be generalized to other nursing population or geographical areas. The open ended design elicited rich description of the phenomenon.

Results: Anecdotal results revealed barriers to working with correctional officers and identified education needs of nurses who work in a maximum security acute care hospital. Furthermore, nurses interviewed revealed commitment and teamwork to working in a correctional setting

Conclusion: The study was designed to describe and explore experiences of nurses who work in maximum security acute care hospital. Findings of the study reveal new and unique perspectives on the development of innovative strategies to recruitment and possible policy changes to improve work environment. Participants of the study revealed emotional impact and barriers in caring for correctional patients.

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RSC PST 2 - Research Poster Session 2

Integration of Simulation into the Nursing Curriculum: What Does It Actually Mean?

Catherine Hilary Thurling, MSc, RN, CHSE, South Africa

Purpose

The purpose of this poster is to determine why simulation is not being integrated into the nursing curriculum despite evidence indicating that it is a worthwhile teaching method. To develop a step wise approach for simulation integration.

Target Audience

Nurse educators, clinical facilitators

Abstract

All authors of this study are Part of the National League for Nurses Simulation Leadership Program 2015, this poster is part of an ongoing project in this programme.

Purpose: The purpose of this study is to determine why there still appears to be resistance from educators to integrating simulation into their curricula. As part of the National League of Nursing Simulation leadership programme we questioned why there was this lack of curricular integration and developed a step wise approach for simulation integration.

Methods: Ethics approval was obtained from the participating Nursing Education Institutions prior to the study commencing. A web based survey was created based on what the literature indicates as possible reasons for limited integration of simulation. The survey was piloted, the aim was to establish educator's views of curricular placement of simulation, including their current uses of simulation, and their thoughts on what common concepts could be included in simulation. Their perceived barriers to curricular integration were also explored using either focus groups or semi structured interviews and open ended questions.

Results: The total sample of respondents was 126 (N=126), 39% of the participants who responded to the survey were novice simulation educators. The barriers to simulation integration were identified as a lack of training and support for the educators.

The reason for wanting to develop simulation in their teaching methods was too improve the learners nursing skills (35%) and the competition for clinical places (33%). Of the total responders 41% stated that they would like to work with a simulation team and (58%) a simulation coordinator to assist them with integration of simulation into their curriculum.

The common themes that were identified by the respondents and could be embedded in all simulation scenarios were the following: Communication skills, patient safety, the nurses scope of practice, understanding diverse cultures, and translating evidence into practice.

Conclusion: Initially this group identified commonalities between seven different nursing education programs reviewed. While this collaboration was the first to create an international comparison table it reinforced the global aspects to educating nursing students. However, the question remained of how best to integrate simulation in to the curriculum.

Based on the survey results we identified a step-wise method that begins developing a simulation integration plan where a simulation team would be identified through their interest in using simulation, a course would be selected that would be used to develop their knowledge and simulation skills, as well as scenario development. On-going support and review and evaluation would be essential for the success of this approach for curricula integration.

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RSC PST 2 - Research Poster Session 2

The Effects of Skin-to-Skin Maternal Contact on Body Temperature, Oxygen Saturation of Newborns

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Purpose

The purpose of this quasi experimental research was to compare body temperature and oxygen saturation of newborns between placing newborns under a radiant warmer and skin to skin contact.

Target Audience

Registered Nurses

Abstract

Purpose: The purpose of research was to Compare body temperature and oxygen saturation of newborns between placing newborns under a radiant warmer and skin to skin contact

Methods: This quasi experimental research. Random sampling method was used to select 60 full-term newborns in the labor room at Ramathibodi Hospital. The subjects were equally, randomly assigned into two groups. The first group was kept warm by placing under a radiant warmer, while the second group was skin to skin contact of mother and the newborn. In Group 1, newborns wore a diaper, a hat, and wrapped with a dry cloth. The newborns slept under a radiant warmer. In Group 2, newborns also wore a diaper and a hat, but without wrapping with a dry cloth. The newborns laid face down on mothers' bare chests. Mothers were covered with a blanket.

Results: The results showed that average body temperature of newborns, within two hours of both groups, were at a normal level. But, within the first 30 minutes, the average temperature difference of the Group 1 was significantly statistical higher than Group 2. The results implied that both groups could maintain body temperature of the newborns at normal levels. But, Group 2 that was embraced with skin to skin contact, newborns had a higher increasing rate of body temperature than Group 1. However, the average temperature difference of the newborns, in the first 60 minutes measured at 30 and 60 minutes, was not statistically significant. The average levels of oxygen saturation in both groups were at the normal levels between 98.10 to 99.17%. The difference between the average levels of oxygen saturation in both groups during and after the trials had no significant different result.

Conclusion: The study shown that the skin to skin maternal contact, under the blanket with a room temperature over 26 degrees Celsius, could maintain body temperature and oxygen saturation of the newborns as well as the use of radiant warmer.

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RSC PST 2 - Research Poster Session 2

An Interprofessional End-of-Life Simulation Using a Movie/Discussion Format

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Purpose

The purpose of this session is to share an evaluation of a palliative care interprofessional educational activity for healthcare students from six disciplines using an in-person movie/discussion format. An evaluation survey measured the effect of this activity on students' perceived attainment of interprofessional competencies

Target Audience

The target audience for this presentation is nursing educators and nurses involved in palliative care of patients and their families particularly those dealing with amyotrophic lateral sclerosis (ALS).

Abstract

Purpose: The interprofessional team's role in end of life care provides a unique opportunity for an educational simulation. Novel ways to teach this content to a large number of students were needed. This research evaluated a palliative care interprofessional educational activity for healthcare students from six disciplines using an in-person movie/discussion format.

Methods: Healthcare provider assessment visits and a death scene were pilot tested in actual simulations using twenty-four students with standardized patients portraying a patient with ALS and his husband. Scripts were written from recordings of these simulations and were used in the dialogue of the movie which had standardized patient actors playing the patient, husband, sister and the student healthcare providers. The movie portrayed a patient with ALS and his husband in five scenes: assessment of patient and family needs by nursing, physical therapy, social work and speech language pathology; and a death scene. The movie was then edited to be used for discussion by large student groups.

An evaluation survey was developed with 14 questions scored on a Likert scale and related to Interprofessional Competency Domains of 1. Values/Ethics, 2. Roles/Responsibilities, 3. Interprofessional communication, and 4. Teams/teamwork. These competencies provided a structure for the evaluation questions, and a review by faculty in each discipline also provided content validity. Reliability of the survey instrument was not tested or established. Graduate nurse practitioner, medical, communication sciences and disorders, social work and physical therapy students as well as undergraduate nursing students participated together in end of life movie discussions in four sessions held in a classroom equipped with tables of six.

Survey responses were compared across disciplines and across the four interprofessional competency domains using a Chi-square test and adjusting for multiple comparisons. Significant differences were established at $p < 0.05$ level.

Results: Student evaluations of the end of life simulations were consistently positive. Eighty percent of the participants ($n=162$) strongly agreed that they recognize the necessity of utilizing a healthcare team when providing care for patients at the end of life. All participants agreed that they would continue to forge relationships with other healthcare professionals to improve care for elders. Physical therapy students were consistently had the most positive responses; however, significant differences were only

observed in three of the 14 questions. There were no significant differences between disciplines across the four interprofessional competency domains. A summary of qualitative data from the open ended questions will be also be presented.

Conclusion: Interprofessional end of life care can be simulated in a carefully planned activity. The value of the experience was expressed by all students. Nurse practitioner students valued being able to practice supervising a palliative care team and facilitating the team discussion. Other students appreciated a safe place to discuss how to care for a dying patient and their family. Regarding the evaluation, small sample sizes in some disciplines may have limited the ability to detect significant differences between groups. Production of a movie and the discussion of the different scenes helped lower the cost of the simulation and scale up the activity for use with large groups of students. Interprofessional education requires innovative pedagogy that must be evaluated and disseminated. Consistent evaluation of interprofessional practice competency domains must be included in all educational activities.

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RSC PST 2 - Research Poster Session 2

Metabolic Syndrome and Health-Related Behaviors Associated With Pre-Oral Cancerous Lesions Among Rural Adults in Taiwan

Mei-Yen Chen, PhD, RN, Taiwan

Purpose

The purpose of this presentation is to show the association among the metabolic syndrome, health-related behaviors and pre-oral cancerous lesions in rural area. We expect the attending participants are community health related issues, such as community health nurses, health promoting promoters.

Target Audience

The target audience of this presentation is nurses who work in the community health, health promotion field.

Abstract

Purpose: Few studies have explored associations among health-related behaviors, metabolic syndrome, and pre-oral cancerous lesions in disadvantaged areas. Pre-oral cancerous lesions (POC) are significantly associated with components of the metabolic syndrome. Therefore, the purpose of this study was to explore the associations of health-related behaviors, metabolic syndrome, and risk factors in adults with pre-oral cancerous lesions in rural, disadvantaged communities with a high prevalence of oral cancer.

Methods: This study was a series report of a nurse-led longitudinal study of health promotion for community health development in the southwestern coastal area of Yunlin County, Taiwan. Using a cross-sectional descriptive design, a community-based health screening survey of adult residents was conducted between August 2013 and July 2014. This study was conducted in collaboration with a local hospital and was approved by the institutional review board ethical committee. Assessed parameters included oral leukoplakia, oral submucous fibrosis, fasting blood glucose, triglycerides, high-density lipoprotein cholesterol, blood pressure, and waist circumference. Statistical analyses included descriptive statistics, chi-squared tests, and multivariate binary logistic regression.

Results: The participants were selected using convenience samples from 27 villages of the southwestern coastal area. A total of 6823 community adults participated in the health survey. In total, 5161 participants met the criteria and enrolled for the full statistical analysis. Subjects had a mean age of 49.1 years ($SD = 16.0$ years), 55.8% were female, and 377 (7.3%) were identified as having POC lesions. High percentage of participants was found to have metabolic syndrome (40%). Participants with POC lesions tended to be male ($p < .001$), betel nut chewers ($p < .001$), and smokers ($p < .001$); have a low level of education ($p < .001$), seldom undergo dental check-ups ($p < .01$), irregularly participate in physical activity ($p < .01$), and have metabolic syndrome ($p < .01$).

Conclusion: The outcome supports the value of a nurse-led community health promotion program for oral cancer prevention. Although male sex and disadvantaged socioeconomic status are nonmodifiable factors associated with POC and metabolic syndrome in adults, several factors, notably health behaviors, are modifiable. Community health nurses can reduce the incidence and consequences of POC by developing programs for early detection, encouraging regular dental check-ups, and initiating individualized, health-promoting behavior modification programs for reducing risky behaviors associated with oral cancer.

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RSC PST 2 - Research Poster Session 2

Blood Glucose Control and Smoking in Diabetes

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Purpose

The study was a cross-sectional descriptive study of patients with type 2 diabetes aged 15 years old and over who received services at the Diabetes Clinic, Outpatient Department of Internal Medicine, Ramathibodi Hospital from April 2014 to January 2015.

Target Audience

Registered nurses

Abstract

Purpose: To study the proportion of the smokers in the people with Type 2 diabetes and to compare the blood sugar control and diabetes complications of smokers and former smokers.

Methods: The cross-sectional descriptive study was conducted in 131 patients with type 2 diabetes aged 15 years old and over who received the services at the Diabetes Clinic, Outpatient Department of Internal Medicine, Ramathibodi Hospital from April 2014 to January 2015. Sample who had history in smoking; divided to 2 groups, the first group was 8 continued smokers, the second group was 51 former smokers who quit smoking more than a month. Both groups used to consult in nutrition, exercise and blood glucose control.

Results: The 131 samples, it revealed that they were smokers (6.10%), former smokers (38.93%) and non-smokers (54.96%). All smokers were males, more than 50-year-old (87.5%) and most were diabetes for 1 to 5 years (75%). Former-smokers were both male and female, were more than 50 years old (98.04%) and were diabetes for 6 years old and over (66.56%). HbA1c less than 7 was indicator of good blood glucose control. Both smokers and reform smokers' groups were poor blood glucose control. Reform smoker had better blood glucose control are more likely than smokers were 2.3 times as much. Both smoker and former-smoker had diabetic complication, including retinopathy neuropathy and nephropathy, it was not significant difference.

Conclusion: The people with diabetes who smoked were more likely to have poor blood sugar control. It is suggested that integrated care for the patients with diabetes should be supported. That is, clear guidelines of the diet control, balance exercises and the assessment of risk behavior are recommended. The smokers should be encouraged to quit smoking and consult with smoking cessation clinic so that the patients can control their blood sugar levels and prevent the complication 50 years old (98.04%) and were diabetes for 6 years old and over (66.56%). HbA1c less than 7 was indicator of good blood glucose control. Both smokers and reform smokers' groups were poor blood glucose control. Reform smoker had better blood glucose control are more likely than smokers were 2.3 times as much. Both smoker and former-smoker had diabetic complication, including retinopathy neuropathy and nephropathy, it was not significant difference.

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RSC PST 2 - Research Poster Session 2

Sensing, Syncing, Affirming: Interpretation of Therapeutic Rapport Based on the Lived Experiences of Filipino Nurses

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Purpose

The purpose of the presentation is to reorient and ground the participants in the essentials of therapeutic rapport and its impact in promoting partnership and collaboration with patients to achieve desired health care outcomes.

Target Audience

Nurses in education, practice and administration

Abstract

Purpose:

I admit, I envy you, in what you have that I don't,

Sensing, syncing, affirming with the nurse and with the client and then both.

If it is not a personal trait, then I am willing to be taught...

To unfold the meaning and secrets of rapport; I promise to Nightingale it will be sought.

The research inquired on the lived meaning of rapport among Filipino nurses based on hermeneutic school of phenomenology. In doing such, I utilized Van Manen's (1990) course of hermeneutic phenomenology of (1) turning to a phenomenon, which seriously interests me and commits me to the world, which is rapport; (2) investigating experience as they live rather than how the nurses conceptualized it; (3) reflecting on the essential themes which characterizes rapport; (4) describing rapport and its meanings through the art of writing and rewriting; (5) maintaining a strong, oriented relation to rapport and (6) balancing the research context by considering the parts and the whole of rapport. The six steps of van Manen gave me an amalgamated scrutiny using my five levels of reflection – pre-reflection, first, second and third level of reflections and re-reflection.

Methods: To gather the most relevant experiences, I purposively chose two groups of nurses (rapport and non-rapport). Rapport nurses those who can easily build rapport with their clients (rapport nurses) who were identified by their superiors, peers and their clients as being able to establish rapport quickly, effortlessly, effectively, and consistently (i.e. nurses who have been rated very satisfactory to excellent by their patients through an institution-based satisfaction survey). Non-rapport nurses were those whom the nurse colleagues, superiors or clients identified who were having a difficult time establishing rapport. Generally, the two groups of nurses satisfied the following criteria: employed in a tertiary hospital as a professional nurse, whether from public or private, for not less than one year and currently providing direct, hands-on patient care in a medical-surgical ward where clients are able to interact to them consciously. The following nurses were excluded: float nurses, nurse preceptors and those in training, nursing supervisors, charge nurses, or other nurse specialists, unless they render direct nursing care. From their narratives, constructs of the inventory will be collated to constitute a single instrument. After the satisfaction of research protocol and ethical considerations, I was able to recruit 14 rapport nurses (out of the initial twenty (20); six (6) withdrew after couple of interviews because of their busy schedule, non-availability, scheduling of interview, among others) and 12 non-rapport nurses (out of the initial seventeen (17); four (4) retracted) based on the criteria that I set in their selection. Only those who completed the synthesis of their experiences were included in the inquiry. To extract relevant experiences from the informants, I utilized hermeneutic interview with the help of audio-recorders, telephone and Facebook, focus-group discussion, personal journal, memos, use of poetry and anecdotes, encoding tools (Microsoft Word, PowerPoint and Excel) and etymological literature. During the synthesis of themes, I used selective or highlighting approach when I searched for the themes and it was consisted of four stages: (1) searching for structures of experience; (2) describing how structures are thematic of the

phenomenon; (3) searching for essential and incidental themes; (4) explaining and interpreting essential and incidental themes. The said stages are rigorously done and considered selective. Hermeneutic circle and collaborative analysis also aided in the synthesis of findings. Ethical (respect, confidentiality, privacy, beneficence, justice, etc.) requirements and trustworthiness issues (Lincoln and Guba, 1986) of credibility, transferability, dependability and confirmability) were adequately addressed.

Results: Based from the interpreted lived meaning of rapport by Filipino nurses, the following is the summary of these experiences: (1) Rapport if intended to make the client's and the nurse's personal and professional life better; hence, considered *therapeutic*. (2) Therapeutic rapport is composed of indivisible, interrelated, interdependent, holistic components of sensing, syncing and affirming. Therapeutic rapport is not possible even if one of the constructs is not present. (3) **Sensing** is the way, process, strategy and goal of the nurse and the client to be sensitive and sensible to the each other. This requires being present and close to the each based on professional and individual standards, interpenetrated feeling and thinking, mutual disclosure of experiences and background and unending search for parallelism and areas for counterpart caring and help. Sensing is composed of four sub-constructs – professional intimacy, empathic concern, shared disclosure and similarity and complementarity. (4) **Syncing** is the way, process, strategy and goal of the nurse and the client to be in mutually coordinated, harmonious, regular, balanced and predictable relationship. Syncing is characterized by constellation of positive behaviors mirrored by the nurse and the client, which are adaptable and free-flowing grounded on joint commitment of maintain face, achieving goal and definite roles. Syncing is characterized by positive mirroring, spontaneous rhythmicity and shared commitment. (5) **Affirming** is the way, process, strategy and goal of the nurse to create a nurturing, healing and friendly environment where both the nurse and clients experience positivity in the delivery and outcomes of care, respectively, through a non-judgmental, accepting professional and personal health care setting. Affirming is illustrated by quality nursing care, nuanced light-heartedness, positive health care outcomes and unconditional positive regard. (6) Therapeutic Rapport is a goal, process, strategy and way of (un)knowing (a) Therapeutic rapport as an interactional goal requires a client-to-nurse contact to achieve a certain goal; however, a *sense or feeling of rapport* can be experienced without contact, if nurse/client had obtain prior information, experience, story, among other about each other through different means (i.e. endorsement, review of records, informal conversations, etc.) (b) Therapeutic rapport as a meaningful interpersonal process is always considered a relationship with significance and all are considered as a *caring moment*. (c) Therapeutic rapport as a personal strategy towards professional relationship requires baring-of-oneself to enjoy its professional benefits. It is not a personal trait but a talent/ability that can be honed. (d) Therapeutic rapport as a way of inspired (un)knowing of which it rests on the foundation that it is a journey of endless curiosity, mystery and unending search for caring possibilities. (7) Therapeutic rapport is a dyadic phenomenon. It requires both the client and the nurse to move towards each other (the model can be likened to an arrow pointing towards the center); as therapeutic rapport is goal-directed. (8) The client and the nurse upon contact merge and continually know and unknown each other towards therapeutic rapport. (9) Therapeutic rapport is temporal and interactional. It furthers when interaction and time of caring moment increases. However, therapeutic rapport is dynamic, erratic and (uncertain). It can be changed, modified, destroyed or even non-existent. (10) Therapeutic rapport breaks any known boundaries of relationship and professionalism. It is a relational force grounded on the standards of care and individual preferences. As hermeneutically interpreted, based on the lived meaning of Filipino nurses, therapeutic rapport is a complex goal, process, strategy and way of sensing, syncing and affirming. The Lotus Model of Therapeutic Rapport was conceptualized to embody its complex goal, process, strategy and way. A proposed inventory was also developed that intended to measure therapeutic rapport at its core. The said inventory is subject for further validation and reliability-testing.

Conclusion: It is high time for nurses to recognize the power of therapeutic rapport in improving health care outcomes. Nurses must be able to enhance their capacity to establish rapport. It is advised that nurses further their ability to sense, sync and affirm with their clients, starting from education of student nurses to the practice of licensed professionals. In the advent of searching for ways how to increase client satisfaction and improve health care outcomes, looking at rapport as a phenomenon of interest for care policy planners and nursing administrators. Validation and testing of reliability of the constructs discovered in the paper is highly warranted.

The interpretations of the lived meaning of therapeutic rapport among nurses is expected to provide additional body of knowledge to the nursing profession by strengthening the fact that relationship-centered type of partnership in health care setting is indeed highly timely. Filipino nurse must learn how to sense, sync and affirm with their clients as to achieve desired health care outcomes.

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Rising Stars of Research and Scholarship Invited Student Posters

RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Midwives' Perception of Ethical Behaviours and Professional Malpractices in Labour Units of Tshwane Gauteng Province

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Johanna M. Mathibe-Neke, PhD, MCur, BACur, South Africa*

Purpose

The purpose of this presentation is to establish and enhance awareness of ethical behaviours and professional malpractices and further to assist in reducing serious adverse events in the labour units of Tshwane Gauteng Province. To enable the midwives in improving on their ethical and professional conduct.

Target Audience

The target audience for this presentation will be clinical staff, nurses and midwives as well as nurse educators. The presentation will be more beneficial to midwives working in the labour units and educators who are engaged in the training of midwives on an international perspective.

Abstract

INTRODUCTION: Midwives form the backbone of maternal and child health care in South Africa. The care provided by midwives during childbirth is a unique life experience and they are therefore expected to comply with policies and legislation governing their profession so that they are able to pick up complications and intervene accordingly (Maputle and Hiss, 2010: 5). Midwifery practice is governed by skills and knowledge which provides grounding to ethical clinical decision making.

South Africa is recently burdened by serious adverse events in its health care institutions and these malpractices leads to litigations. In 2011 the Minister of health released the amounts of lawsuits

already paid by the various Provincial Departments of health amounting to R1.7 billion in the past seven years related to gynaecology, midwifery and surgical procedures and R100 million was for Gauteng department of Health. All these lawsuits are related to obstetric malpractices (Maphumulo, 2011:13). Furthermore, the SA-News released a statement which revealed that the Gauteng Department of Health has 306 negligence claims totaling R1286 billions of which 155 claims were for damages around childbirth (Child, 2014:01). The ethical and professional conduct of nurses and midwives is questionable, and when mistakes happen, the clients not satisfied about the care given to them or where an injury has occurred they often seek legal advice or approach the court of law (McHale and Tingle 2007:53).

Aim: The purpose of this study is to enhance awareness of ethical and professional malpractice in midwifery care.

Research design: A qualitative, exploratory, descriptive and cross-sectional design was followed in this study to explore the midwives understanding of ethical behaviour and professional malpractices in a specific setting using a phenomenological approach. This method enabled the researcher to describe the perceptions of midwives and lived experiences of ethics and professional malpractices in their work environment (Gu, Zing, and Ding, 2009:6). The method was suitable for this study as the researcher used in-depth interviews to collect data from participants. Research was conducted at a natural setting in a private room close to the labour ward to ensure privacy (Moule and Goodman 2014:175).

An exploratory study often explores research question in which there is little known about the phenomenon with the aim to determine the extent of involvement in relation to a particular problem (Basavanthappa, 2010: 182). The objective of this research was to explore and describe the perception of midwives on ethical and professional malpractices issues in the selected labour units of Gauteng Province. From the explanation given almost all of the participants were once involved in a malpractice error, and were able to share their knowledge and experiences with the researcher.

A cross-sectional study examines data at some point in time, meaning that data is collected on one occasion with the subjects. Basavanthappa (2010:187).

POPULATION: For this study population refers to all midwives working in the labour units of Tshwane in Gauteng Province. The target population was all midwives with two or more years' experience working in the selected labour units in Tshwane Gauteng Province. The researcher purposefully sampled those midwives who are providing care to women in the active phase of labour. Purposive sampling is a non-probability sampling in which data is collected from a group of participants with specific key characteristics Moule and Goodman (2014:360). Participants were recruited and selected based on their experience and knowledge of the phenomenon under study. The purpose of the study was clearly explained to participants to enable them in making an informed decision to participate in the study freely and further that they have the right to withdraw from the study Basavanthappa (2010:219), Streubert and Carpenter (2011:128).

Participants signed the consent form to participate after all explanation about the study had been given by the researcher. The rights and autonomy of both institutions and participants were protected throughout the study. The researcher made sure that all information given by the participants was treated with strict confidentiality. The names of participants were given identification codes in order to protect their identity.

Beneficence and non-maleficence: The researcher did not envisage any physical, psychological or emotional harm to the participants and institutions as the objective of the study was to explore the midwives' perception of ethical behaviours and professional malpractices within the selected labour units (Moule and Goodman 2014:60).

Justice: all participants were treated fairly and with respect by researcher, not looking at their skin colour nor educational background. The findings of the study will be shared with all the institutions where the research was conducted as well as the ethics committee in that district (Polit & Beck, 2004:147). Mautner (2002), in Tjale and De Villiers (2004:224) states that justice includes all habits and dispositions of a good citizen and therefore the researcher made sure that the participants were given a fair chance to participate in the study. This is also supported by the theory of Principlism applied to this study.

Data collection: Individual in-depth interviews using open ended questions was used to collect data. Interviews were recorded using an audio tape recorder which was later transcribed verbatim. Data collection was continuous until saturation was reached. Saturation was reached with the eight (n=8) participant. The researcher ensured that private information is not collected and that the participant's thoughts are not misused.

Data analysis: Data analysis started during interviews and continued throughout the transcription of recorded interviews. According to (Burns & Grove, 2013: 643), data collection and data analysis in qualitative research can be done simultaneously till saturation is reached. Taylor and Francis (2013:193) affirms that in qualitative research data analysis may be undertaken collectively in meeting with participants through summarized stories, reflections and notes taken by the researcher, that will eventually emerge into themes, subthemes and concepts. The above method was used in this study and seven major themes emerged as midwives' work experiences, understanding of ethics and malpractices, ethical decision making, and poor decision making, litigation experiences, Factors contributing to professional malpractices, impact of malpractices and litigations and recommendations.

Findings: the results of the study revealed that midwives understand the ethical code of conduct however due to some structural problems they end up with serious adverse events. The following factors were identified namely: shortage of staff, shortage of material resources, and non-compliance of midwives to policies such as BANC Tool and guidelines, fear of decision making, lack of management support makes their work very much challenging. That litigations make them to be discouraged and demotivated. Midwives were comfortable with the obstetrician-led model of care where they rely with obstetrician to take decisions for them.

Ethical consideration: Ethical clearance was obtained from Tshwane Ethics and Research Committee and the University of South Africa. The ethical principles set out by the International Council of Nurses' Code of Ethics for Nurses (2006) was followed as a guide for this study. The rights and privacy of the institutions and participants were maintained throughout the study.

Conclusion: More similar studies need to be conducted in other institutions. It is hoped that the findings of this research will make contributions to midwifery training and practice.

Keywords: Labour unit, Professional misconducts, ethical behaviour, Midwife, perceptions, professional malpractices

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

The Nature and Scope of Nurse-Midwifery Practice in One U.S. State: Implications for Global Midwifery

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Purpose

The purpose of this research is to understand the scope and nature of the practice environment for certified nurse-midwives licensed to practice in the U.S. state of Texas.

Target Audience

The target audience of this presentation are midwives, healthcare professionals, and those shaping healthcare policy.

Abstract

Worldwide, midwives provide substantial amounts of care to underserved and vulnerable women and infants. However, workforce surveys regarding midwives are conspicuously absent across much of the globe. The United Nations Sustainable Development Goals for 2030 establish metrics for Goal #3: Global Good Health and Well-Being; many require midwifery care to achieve. There is an urgent need for healthcare policymakers to understand the nature and scope of midwifery care to improve healthcare across the globe. As the largest state in the U.S.A. with a diverse population and shared border with Mexico, Texas encompasses key issues encountered by midwives across the globe. The purpose of this study was to understand the scope and nature of the practice environment for certified nurse-midwives (CNMs) licensed in Texas. A previously developed practice survey (160 items) was adapted for electronic online use, exploring practice in eight areas: demographics, type of practice, compensation, leadership, legislative priorities, teaching involvement, and practice satisfaction. Emails with a link to the survey were distributed to Texas CNMs (n=438), resulting in a response rate of 33%. SPSS v 21 was used to analyze data. The survey found that most midwives in Texas are white, practice in hospital settings or physician groups in large urban areas, and care most often for Hispanic/Latino women, a typically underserved and vulnerable population in Texas. Additionally, in an aging generation of midwives, most report working at their full capacity - caring for 20 clinic patients a day and working 40-60 hours a week though close to one-third felt they were able to see more patients. CNMs often felt unable to support women in a range of issues impacting physiologic birth; over three-quarters believed a Midwifery Board should regulate practice separate from the existing Texas Board of Nursing. Among the top legislative priorities were: need for independent prescriptive authority, hospital admitting privileges, and elimination of physician supervisory language in hospital bylaws. Finally, subsets of 8 CNMs were individually interviewed to gain a better understanding of the barriers and incentives to midwifery practice. Open coding analysis revealed themes related to most midwives feeling mostly satisfied with their work. However, many expressed frustration regarding physician-midwife relationships, and many felt a physician-focused medical culture fails to appreciate the larger contributions midwives could make. Midwifery issues found in this study reflect current trends experienced by other countries that also face border issues and healthcare systems where resources are often stretched perilously thin.

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Roots and Constructs of Incivility in Professional Nursing Education: A South African Perspective

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Purpose

The purpose of the presentation would be to develop awareness on one of the critical problems in professional nursing education today with particular reference to issues of incivility. The presentation would demonstrate what plans would be made to understand and manage the problems of incivility in nursing education and training.

Target Audience

The target audience of this poster is nurse educators, nursing students and nursing administrators who may need insight into incivility in professional nursing education.

Abstract

Background: Uncivil behaviour in higher education has been highlighted as a concern (Ausbrooks, Jones, Tijerina, 2011). According to recent reports, such behaviour may be increasing, thus jeopardizing the welfare of faculty, students, and the overall educational process. Nursing education has not been excluded from this behaviour (Clark, Olender, Cardoni & Kenski, 2011). Incivility as a reality in nursing education (Galo, 2012) has invaded academia, both in the classroom as well as the clinical environment which is an extension of nursing (Clark, Olender, Cardoni & Kenski, 2011). Nursing is a profession and an important skill that students must constantly exhibit is professional behaviour (White, 2013). The goal of education therefore is to develop students into empathetic nurses, but the impact of incivility may be of such nature that it can prevent the nursing student to develop this ability (Schaeffer, 2013). As the nursing profession and nursing faculty find these student behaviours worrisome and concerning it is said to becoming an element of stress for faculty. However, this may be a two- way phenomenon as students also complain that they are being disrespected by their professors. Some of the causes put forward for both faculty and student incivility is attributed to a high stress environment, lack of professional environment, entitlement, faculty incompetence and students not interested in nursing (Clark & Springer, 2007). As various incidents of incivility in nursing education are put forward no empirical data addresses the roots of these problems. A lot of work needs to be done to understand the issue of incivility in nursing education and especially in South Africa as there is a scarcity of recorded information. To investigate the meaning that people who provide and participate in nursing education attach to incivility and the best practices of dealing with such concerns would therefore be of great importance to nursing education in South Africa.

Purpose: The purpose of the presentation would be to develop awareness on one of the critical problems in professional nursing education today with particular reference to issues of incivility. The presentation would demonstrate what plans would be made to understand and manage the problems of incivility in nursing education and training in South Africa.

Method: A qualitative grounded theory design will be applied to develop South African nursing education's construct of incivility, and to explore the roots of incivility at the college and university based nursing schools from the perspectives of the people involved. Purposive sampling will be employed to select nurse educators and students from different nursing education settings in South Africa after which in-depth individual face- to- face interviews will be conducted with open-ended questions until data saturation is reached. Consensus workshops will be conducted after this with various nursing education stakeholders whereby information gathered through interviews will be presented. When an agreement is reached the construct of incivility for South African nursing education will be formulated and then strategies and solutions for South African nursing education schools will be developed.

Corbin and Strauss (2008) systematic procedures will be used for data analysis and the ATLAS.ti computer programme will be applied to assist with the data analysis process. In grounded theory validity and reliability is proved through trustworthiness therefore the indicators of credibility, transferability, dependability and confirmability will be applied in this proposed study. The researcher applied to the University of the Western Cape's Senate Research Committee for approval of the methodology and ethics of the proposed study.

Conclusion: This is work in progress and from the final data after analysis and confirmation from participants, a construct using a full grown tree framework is expected to emerge. This would contribute to the understanding of incivility in South African professional nursing education and how the problem would be managed.

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Guidelines for the Facilitation of Self-Leadership in Nurse Educators

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Purpose

to share with the audience, the meaning of self-leadership of nurse educators in a nursing education institution

Target Audience

nurse educators/faculty nurse educator managers' policy makers

Abstract

Self-leadership is a process through which people influence themselves to achieve self-direction and self-motivation necessary to behave and perform in desirable ways by setting their own standards and objectives and strategic analysis of their actions (Houghton & Neck, 2002:672; Manz, 2015:135).

Nurse educators are coordinators of programmes, disciplines, subjects and projects in the institutions and are recognized as very strong role models who can easily foster the leadership development of student nurses (Halstead, 2013:4). However, leadership experts such as Neck and Manz (2007:2) indicate that one cannot be expected to lead others effectively if they are unable to lead 'the self' effectively. The challenges that nurse educators meet during teaching and learning require nurse educators who are creative, innovative, resilient and self-leaders. Individuals with self-leadership have high degrees of internal motivation, that is, they have the internal drive to expect more of themselves and persist through difficulties until they achieve their goals (Watson, 2006:460).

Although nurse educators are expected to be role models and leaders who promote the professional development of student nurses and peers, there are instances where they fail to display the expected self-leadership attributes. The question that arose therefore was:

How can self-leadership within nurse educators be facilitated in nursing education institutions?

The study employed an exploratory, descriptive sequential mixed-method design to answer the above question. The study has three (3) phases. Phase 1 consists of two sub-phases. This poster presentation reports on Phase 1, sub-phase 1, the integrative literature review that explored and described the concept of self-leadership of nurse educators.

The question guiding the integrative literature review was:

What is the meaning of self-leadership within nurse educators in a nursing education institution?

The data was analysed utilising Miles and Huberman's method of data analysis. The themes that emerged from the integrative literature review were related to self-leadership benefits, lack of self-leadership awareness and self-leadership facilitative factors. The data obtained in this sub-phase will be integrated into the next two phases to eventually address the research questions of the study.

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Natural Fertility

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Purpose

The purpose of this project was to examine natural and complementary methods that have been demonstrated to improve fertility in women of child-bearing age and the nurse's role in patient education related to natural methods aimed at improving women's fertility.

Target Audience

The target audience for this project is primary care nurses that interact primarily with female patients of childbearing age.

Abstract

The World Health Organization (WHO) estimates that 15% of couples worldwide have difficulty conceiving a child (Behboodi-Moghadam, Salsali, Eftekhar-Ardabili, & Ramezanzadeh, 2012). Couples who have trouble conceiving are labeled as "infertile," defined as failure to conceive while regularly engaging in unprotected intercourse for one year (Polotsky & Houston, 2009). Many couples suffering from infertility automatically seek conventional medical treatment, such as assisted reproductive technology (ART), to facilitate conception. This approach aligns with the traditional western medicine viewpoint that addresses health concerns in a highly technical manner with medication and/or medical interventions and procedures. While there are women of child bearing age who may indeed require conventional medical treatment to promote conception, there are alternatives that may be incorporated prior to or in conjunction with conventional medical treatment to improve conception outcomes. The public, however, is largely unfamiliar with alternative and complementary therapies in the United States, especially in relationship to fertility. Additionally, healthcare professionals, including nurses, may or may not be familiar with these alternative and complementary methods.

There are many factors that impact ovulation and fertility such as lifestyle choices like smoking and exercise, stress, body mass index (BMI), diet, and proper ovulation tracking. The purpose of this literature review is to evaluate if natural and complementary interventions increase the likelihood of pregnancy and improved psychosocial well-being. To facilitate this review of literature, evidence regarding specific complementary/alternative methods were assessed and evaluated. Specific complementary interventions include successful stress management, proper nutrition, weight loss if indicated, smoking and alcohol cessation, avoiding exposure to environmental toxins, fertility awareness, moderate consistent exercise, homeopathic medicines, healthy sexual behaviors, and management of chronic illness, like diabetes. Most of these methods have been shown to regulate hormones and promote ovulation. Quite importantly, the review of literature indicated that these interventions provided varying degrees of psychosocial and physiological improvements which ultimately lead to increased incidences of conception. For example, it was shown that a low-fat, low glycemic diet reduces anovulation, thus leading towards a higher chance of conception. Another example is BMI regulation. Since it is shown that obesity leads to numerous reproductive problems including anovulation, irregular menses, subfertility, and miscarriage, losing weight and therefore lowering BMI increases overall reproductive health. However, losing too much weight could also be a problem since energy is critical for reproduction and restricting key nutrients can be counterproductive for the growth of new cells. Extensive weight loss and rigorous exercise can actually lead to amenorrhea and infertility. Additionally, managing chronic diseases can help increase fertility since a wide variety of chronic illnesses, from heart disease to diabetes, can suppress both ovulation and sperm production, which can make conception difficult. Controlling the symptoms of certain chronic illnesses can increase the chances of conception. High risk behaviors, such as smoking, also decrease fertility for both men and women since chemicals in cigarette smoke speed up the loss rate of genetic material. Managing stress can furthermore increase the chances of conception. Although the direct link is unknown, high levels of cortisol and epinephrine have an effect on fertility and it is shown women with a decreased level of stress

are more likely to achieve conception. Lastly, fertility awareness education is warranted. It is important for women to be educated on how to recognize their own fertility window and when ovulation occurs. The review of literature indicated that over 50% of women had poor fertility-awareness knowledge. This means that most women are not aware of when they are the most fertile. Advanced technology in the United States has become available to help women estimate when they ovulate, but it is also important to teach women about signs of ovulation including changes in cervical fluid and basal body temperature.

The review of literature also indicated that many women of childbearing age have insufficient knowledge of reproductive health and complementary and alternative methods signaling a need for healthcare professionals to use patient centered care to better educate their patients on these methods as possible treatment for infertility. Due to the multifaceted nature of the role of nursing practice and in adherence to patient centered care facilitation, patient education emerges as paramount to employ. Thus it is important for the nurse to be knowledgeable about natural and complementary methods to improve fertility and the best ways in which that information can be communicated to couples. Using the framework of Nola Pender's Health Promotion Model, which defines health as a positive dynamic state influenced by patient behavior which is modifiable through nursing actions, nurses should familiarize themselves with natural remedies that are known to increase a woman's likelihood for conception and provide education to their patients in order to influence and modify patients' behavior. The nurse also should be aware of different methods the patient is currently partaking in to advise her correctly to avoid possible drug interactions and other negative effects. Beliefs about fertility vary greatly from culture to culture and it is of great importance that the nurse and the healthcare team be informed of what methods the patient is currently using in order to best prescribe other treatments.

In conclusion, most of the research examined in this literature review was found to be limited and dated. Recent articles discussing infertility focus primarily on ART and those that do discuss natural and complementary methods are mostly literature reviews of past research and are not high levels of evidence that suggest the actual cause and effect. This indicates a knowledge gap and a need for further studies to be completed. This is especially true in the United States, which mainly focuses on conventional methods. However, more and more Americans are currently seeking out complementary and alternative methods in healthcare to improve their chances of conception. This is due in part to conventional methods, like ART, being expensive, complex, and having a high risk of failure. With this renewed upswing in popularity, it is now more important than ever for new research to be completed examining some of these natural ways to improve female fertility.

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Comparing Client and Provider Preferences for HIV Prevention in South Africa

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Rob Stephenson, PhD, USA

Purpose

The purpose of this presentation is to expose the consistencies and discrepancies in understanding between men who have sex with men and HIV service providers in two South African locales. This information can be utilized in the optimization of HIV prevention interventions among this population.

Target Audience

The target audience of this presentation is clinicians who are involved with the provision of HIV prevention services and researchers who investigate HIV prevention among men who have sex with men and other marginalized populations.

Abstract

Background & Significance: Estimates of HIV prevalence among South African MSM range between 10 and 50% and has been estimated to be more than twice that of other reproductive age men. South African MSM experience unique barriers to accessing HIV-prevention services, including the almost exclusive focus on heterosexuals when promoting public health strategies for HIV prevention, and providers' stigmatizing views of MSM and their lack of understanding regarding the needs or sexual behaviors of MSM. MSM were included for the first time as a target demographic in the South Africa's 2007-2011 National Strategic Plan for HIV. One emerging approach to HIV prevention is the creation of "combination prevention packages" that conglomerate multiple HIV-prevention measures into a single intervention, designed uniquely for the needs, risks, and preferences of a specific population. In order to maximize the impact of combination prevention packages, it is important to work with both the target population and the community of services providers expected to deliver the interventions, to understand their knowledge, willingness to utilize or provide, and perceived acceptability of the components of the prevention package.

Purpose: An important first step in the development of a combined package of HIV prevention tools for MSM in South Africa is to assess the prevention tools that MSM know, are willing to use, and see as needed to protect themselves from HIV. Data are required of service providers, to understand how they perceive the HIV prevention needs of MSM and to assess their capacity and willingness to provide HIV prevention services to MSM. Here we present innovative qualitative data collected in focus groups of MSM and health service providers recruited in Cape Town and Port Elizabeth, to examine perceptions of the HIV prevention needs of MSM. The focus is on comparing the perceptions of MSM (the clients) and service providers in order to inform the development of a combined package of HIV prevention tools.

Methods: Focus group data were collected as part of a larger qualitative study assessing health care access, uptake of and structural barriers to using prevention services, sexual behaviors and social networks among men who have sex with men in South Africa. The qualitative data collection efforts represented the first in a three-stage process of developing and testing a combined package of HIV prevention tools for MSM in South Africa. Presented are the results of 11 focus group discussions. Five focus groups were conducted with MSM, of which three were in Cape and two in Port Elizabeth. Six focus group discussions were convened with health care providers, of which three were in Cape Town and three in Port Elizabeth. Participants were shown a list of potential clinic characteristics and HIV prevention services and asked to select the three most desirable and important for MSM. MSM were also asked their experiences of accessing HIV prevention services, while providers were asked their experiences of providing services to MSM. Prevention tools discussed included: HIV testing (VCT), condoms, lubricants, PrEP/PEP, Couples' HIV Counseling and Testing (CHTC), home HIV testing, and referral services. Clinic characteristics included: confidentiality, friendly staff, short waiting times, having the same provider at

each visit, clean environment, LGBT sensitization, one-stop shop, MSM-specific space, the provider's ability to ask MSM-specific questions, and incorporation of MSM services into general services.

Data Analysis: Audio recordings from each of the focus groups were translated (when necessary) and transcribed. Data were analyzed using a constant comparative method by comparing similarities and differences between emerging categories. Independent coding across three coders took place, followed by consensus revisions and development of an inductive codebook. During the focus groups, participants raised their hand to indicate their experiences and desires for each of the clinic characteristics and HIV prevention tools; votes were counted and tallied at each focus group. Codes were applied to the text to examine the reasons for the desired clinic characteristics and combined prevention package items. Analysis was conducted using MAXQDA version 10. Key quotes are presented using pseudonyms to protect the privacy of participants. Quotes are presented by participant type, patient or provider, and city of focus group attendance for confidentiality.

Results: The most commonly occurring characteristics at patient's current clinics in both Cape Town and Port Elizabeth were confidentiality of visit, friendly staff, and same doctor at each visit. Across both locales, patients most commonly selected confidentiality of visit, same doctor at each visit, and friendly staff as ideal clinic characteristics for MSM.

Providers from Cape Town perceived that their clinic of employment most commonly displayed friendly staff, confidentiality of visit, and clean environment. Those providers in Port Elizabeth most frequently believed their places of employment to exhibit confidentiality of visit, same doctor at each visit, short wait time, and clean environment. Providers in Cape Town believed that confidentiality of visit, one-stop shop, and MSM-specific testing space were the most ideal characteristics for MSM clients. Those in Port Elizabeth most commonly listed confidentiality of visit, friendly staff, and LGBT sensitization training as most important for MSM. Overall provider preference was for confidentiality of visit, friendly staff, and MSM-specific testing space, which ranked seventh among MSM.

In the past six months, clients in Cape Town had commonly used condoms, lubricant, and VCT and no members of this group had used CHTC during that period. Among patients from Port Elizabeth, only condoms, VCT, lubricant, and home testing had been utilized during the previous six months. Men from Cape Town selected condoms, PrEP/PEP, and lubricant as ideal prevention services for MSM; those from Port Elizabeth preferred condoms, HIV education, and CHTC. In total, clients' top preferences were consistent with the views of men from Cape Town, favoring condoms, PrEP/PEP, and lubricant.

In the past six months, providers in Cape Town and Port Elizabeth had most often recommended condoms, VCT, and HIV education to MSM. In Port Elizabeth, providers also commonly recommended CHCT over the past six months. Providers in the Cape Town focus groups most often selected condoms, VCT, and HIV education as ideal prevention services for MSM; providers in Port Elizabeth selected condoms, CHTC, and HIV education. Overall conglomerate provider preference was for condoms, HIV education, and CHTC.

Analysis of transcripts revealed six themes that underlay the selection of clinic characteristics and HIV-prevention services that would be ideal for MSM. These categories are *Community Stigma*, *Healthcare Stigma*, *Patient Adherence*, *Personal/Partner Preference*, *Availability of Care*, and *Perceived Effectiveness*.

Summary: Improving the relationship and establishing positive rapport between MSM clients and HIV-service providers is crucial to reduction of HIV transmission, and this is particularly true in environments characterized by high levels of stigma towards MSM. The qualitative data presented here describe MSM and HIV service provider's often contradictory understandings of the HIV prevention needs of MSM, and provide information necessary for the development and implementation of efforts to strengthen relationships between MSM and service providers. Among those interviewed, there were both consistencies and discrepancies in the perspectives regarding important factors of a HIV-prevention service environment. Although there were a minority of discriminatory opinions expressed by providers, there existed a general understanding across both groups that specific considerations and efforts needed to be made when providing HIV prevention services to MSM. As illuminated by the qualitative data collected, the discrepancies that exist were in both the selection of ideal clinic characteristics and HIV-prevention services, as well as reasons underlying each selection. The lapses in understanding reveal the

manner in which improvement can be made toward greater accessibility by specifying many of the boundaries experienced by MSM and the ways that providers already acknowledge or perpetuate those boundaries. The data also expose differences within groups across cities, emphasizing the importance of tailoring HIV-prevention efforts to the locale, as well as the population.

Conclusions: To our knowledge, this is the first study to provide data comparing the clinical and HIV prevention service preferences of MSM clients and HIV service providers in South Africa. Study findings provide groundwork for the development of a combination prevention package tailored to the needs and preferences of South African MSM. Information is also presented that provides a basis for creating a parallel intervention targeting providers, working to bridge the divergence between them and MSM clients. Future HIV prevention efforts may benefit by utilizing this knowledge to gauge the preferences of sub-Saharan MSM and implementing optimally accessible and relevant HIV-prevention interventions for South African MSM.

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Are Nurses Who Are Digital Immigrants Resistant to Technology Use for Delivery of Care?

Melissia Tomblin, BSN, RN, USA

Purpose

The purpose of this presentation is to determine if the implementation of standards of practice guidelines, education on using information technology, and information technology systems designed around workflow of nurses improve patient care and decrease digital immigrant's, or those born in the 1990's and before, resistance to technology?

Target Audience

The target audience of this presentation is nursing educators and nursing researchers looking to improve patient care and decrease digital immigrant's resistance to technology.

Abstract

Purpose: Medicare and Medicaid were the driving force behind implementing information technology in healthcare in the 1960s. Healthcare entities focused on advancing the implementation of technology in the 1970s while personal computers and networking became a realization in the 1980s. Digital Immigrants resistance to technology is a growing concern, increasingly apparent since the 1990s. A digital immigrant is a person born before overall endorsement of digital technology. A wide range of information technology systems were implemented with relatively no standardization in the education or training of this generation of nurses. Several technology-based documentation systems are used across the nation with little education being provided on correct implementation. In a recent survey investigating the impact of healthcare information technology on nursing practice, (Piscotty, Kalisch, & Gracey-Thomas, 2015) found the use of HIT in nursing practice resulted negatively on patient care of feeding, bathing, ambulation, turning and hygiene. Further, (Piscotty et al., 2015) reported an increase in pressure ulcer development and pneumonia in patients increased because of missed nursing care delayed by time taken using HIT. The lack of standardized guidelines and education for nurses in direct patient care may lead to an increase in preventable patient injuries and needs further investigation.

Current literature suggests the lack of education of physicians and nurses on information technology, incorrect implementation of programs on information technology and failure of institutions to implement clinical practice guidelines based on new evidence, is complicating and decreasing nursing patient care. The rising cost of healthcare, the need for evidence based research and implementation of the evidence into practice leads to the research questions "Do nurses or digital immigrants with resistance to technology deliver standards of practice care?" The purpose of this pilot project is to determine if the implementation of standards of practice guidelines, education on using information technology, and information technology systems designed around workflow of nurses improve patient care and decrease digital immigrant's resistance to technology.

Methods: A descriptive survey design will be used in this study. Data collected from the MISSCARE Nursing Survey, a two part quantitative and qualitative survey, will be analyzed using SPSS version 22.

Results: The results of this pilot study are in progress.

Conclusion: It is anticipated that the implementation of guidelines and newly designed information technology systems will reduce digital immigrant's resistance to technology.

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Hypertension Assessment and Education in Carries, Haiti

Solange Wilson, USA
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Purpose

The purpose of this presentation is to illustrate how assessment and patient education relating to hypertension was conducted with a group of adults in Carries, Haiti. The challenges faced while teaching the public about hypertension and appropriate diet modifications.

Target Audience

The target audience for this presentation is administrators, faculty, graduate and undergraduate students who are interested in global study abroad programs and evidence-based presentations.

Abstract

Hypertension remains the leading global burden of disease. According to the Center for Disease Control and Prevention (CDC, 2015), Hypertension is known as the silent killer because it is a very dangerous and common condition. A person can have hypertension for many years without knowing because it presents with no warning signs or symptoms, which is why it is important to check the blood pressure regularly (Center for Disease Control and Prevention [CDC], 2015). Based on statistics by the World Health Organization (WHO, 2013), "approximately 40% of adults aged 25 and above had been diagnosed with hypertension; the number of people with the condition rose from 600 million in 1980 to 1 billion in 2008".

This presentation is a description of the enormity of the hypertension problem in Haiti. It includes assessments, education, and behavior modification for high blood pressure in relation with culture and environment. One of our main focuses in Haiti was performing assessments and educating the public about hypertension. The main problem is that the people of Haiti are not seen by health care professionals on a regular basis, so they are not able to check their blood pressure regularly. Since medical resources are scarce, it was very important to focus on hypertension assessment and teach the public about the different ways that the condition could be prevented or controlled.

In June 2015, we travelled to Haiti as part of a travel abroad course to complete a clinical project involving the residents of Carries. During our stay, we provided nursing care and education to patients at the local clinic, the residents of an elderly home, and young adults at an orphanage. One of our main focuses was to teach about diet modification and lifestyle changes that can be done to prevent and control hypertension. Diet education consists of eating a low sodium, low fat diet that is rich in fruits and vegetables (CDC, 2015). We provided education about the dangers of alcohol consumption and smoking, their relation to hypertension, and encouraged people to quit. The people with hypertension were prescribed antihypertensive medications and were educated on how to take them. They were also educated to not stop taking the medications abruptly and to go to the nearest free clinic to get more medication before they ran out. Education was also provided on the signs and symptoms of a heart attack and stroke, because hypertension is the main risk factor for both.

The essence of poverty makes controlling and preventing hypertension in the Haitian population very challenging. Many Haitian people do not have access to healthcare nor the luxury to eat whatever they want, which makes hypertension management very difficult. It was important to teach them about dietary modification, and encourage them to include the natural food that they grow in their everyday diet. While it was challenging to teach on hypertension management; we realized that many of the people who came to the clinic do not have the necessary means to manage their health.

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Barcode Scanning Verification During Medication Administration

Brenda Kinning, BSN, RN, USA

Purpose

The purpose of this presentation is to investigate barriers to barcode scanning among nurses in an urban acute care facility.

Target Audience

The target audience of this presentation includes nurses involved in current nursing practice including medication administration, those nursing leaders who supervise nursing practice, and educators that train nurses in medication administration.

Abstract

In addition to medication verification, barcode scanning is a known measure to improve patient safety and reduce the risk of medication errors yet many barriers remain including workarounds which impede effective barcode scanning (Lee, Lee, Kwon, & Yi, 2015). Findings of workarounds include exclusion of the correct process steps to be performed during medication administration, steps performed out of sequence, and various unauthorized process steps (Koppel et al., 2008). Barriers to scanning verification include usability problems with the interface between the barcode, scanning device and computer program, the scanning device detecting a discrepancy between the intended and scanned medications, nurses confused by automated barcode medication administration system actions and other issues (Lee et al, 2015). The purpose/question of this project, therefore, is to investigate barriers to barcode scanning among nurses in an urban acute care facility. A descriptive survey design will be used to investigate fifty nurses' experiences with barriers to medication administration barcode scanning verification. A link to a Qualtrics survey will ask those volunteering to participate to sign a consent and afterwards to complete the survey capturing demographics, 28 pre-set questions rank-ordering the most common known barriers in addition to 16 open-ended questions. Rank-order data will be entered into SPSS version 23 and analyzed using descriptive statistics. Narrative data will be entered into Atlas.ti and examined for recurring themes. Research suggests bedside medication verification and barcode scanning workarounds resulted from barriers the nurses face when implementing the designed scanning and verification process. It is not known which of the barriers are the most significant and if there other, as yet unidentified, barriers that need further exploration. Continued research can improve the identification of nurse specific barriers, reduction of workarounds, and the subsequent potential medication errors linked to the barriers (Koppel et al., 2008; Lee et al., 2015; and Poon et al., 2010). It is anticipated that the findings from this study will lead to the development of interventions to address the nursing specific barriers.

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Stress and Health of Mother-Child Dyads Living in Poverty

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Purpose

The purpose of this presentation is to examine relationships between maternal stress and infant temperament of mother-child dyads living in poverty.

Target Audience

The target audience of this presentation are clinicians and researchers who care for and/or study the health of mothers and children.

Abstract

Introduction: Poverty and chronic stress impede optimal child development. Although some forms of stress are essential for normal development, unbuffered chronic stress can lead to adverse health outcomes later in life. A growing body of research now identifies a direct association between the stress of mothers/ caregivers and their child. Chronic stress is difficult to measure in young children but temperament may reflect a young child's chronic stress as it changes with experiences and environments. Furthermore, child temperament is associated with later adult health and health behaviors. The purpose of this presentation is to examine relationships between maternal stress and infant temperament of mother-child dyads living in poverty.

Theoretical Framework: The life course health development (LCHD) model is used to guide this study. LCHD posits how unbuffered early life risks (e.g. chronic stress) can compromise a child's health trajectory.

Methods: A subsample of mother-child dyads was obtained from the Kids in Columbus Study (KICS) a longitudinal birth cohort study. The overall aim of KICS is to examine the access, use, and impact of community-based resources during a child's early years; that is, the period from birth to 5 years. Mothers were enrolled from Women Infants Children (WIC) clinics, which provide supplemental nutrition for low-income pregnant, postpartum, and/or breastfeeding women. We will use data from the first year to explore the relationship between maternal/caregiver stress and infant behavior. Maternal/caregiver stress is measured with the Parental Stress Index (PSI) and the Edinburgh Postnatal Depression Scale (EPDS) and infant behavior is measured using the Infant Behavior Questionnaire-Revised (IBQ-R), Very Short Form. Regression-related analysis (Pearson and Spearman correlations) will be done on the associations between demographic variables such as child race and maternal marital status, parental stress, and infant temperament.

Results: To date, KICS has enrolled 322 mother-child dyads and for the current study, 56 women have completed the infant temperament questionnaires. There are noted demographic similarities between the KICS sample and this study's subsample. Over 81% of the study sample has less than a \$30,000 USD annual income. The mean age of the subsample mothers was 26.3 (sd 4.5). Approximately 76.8% of the subsample mothers have not obtained a college degree. In regards to the stress and infant temperament relationships, significant correlations ($p < 0.05$) were found between child race and a subscale of the IBQ, negative affect ($\rho = .32$ for Black/ African American infants; $\rho = -.35$, $p < 0.01$ for White/Caucasian infants). A negative relationship was also found between the EPDS and PSI ($\rho = -.51$; $p < 0.01$).

Discussion: Results demonstrate evidence of a relationship between infant temperament and a source of stress (race), but there is an unclear negative relationship between postpartum depression and parenting stress. The literature supports racial differences in reporting infant temperament. As the IBQ is a subjective measure of infant temperament from the parent's perspective, the racial differences could be explained by experience, environment, interactions, and resources. There is conflicting evidence in the literature on the relationship between postpartum depression and parenting stress, however, income, the use of different measures, and timing of postpartum depression may influence this relationship. The

limitations of this study include a small number of participants and that parental race was not assessed. For future research, the model of this study will be utilized with the full KICS participants and assessing mother-child dyad stress on child development.

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

The Support of Professional Nurses to Youth Victims of Physical Violence

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Purpose

The purpose of this presentation is to recommend regular continual in-service training interventions for the nurses who treat these victims to equip them to treat the patients holistically. The training needs to be very practical to enable all personnel to implement necessary support measures for these patients who present.

Target Audience

The target audience of this presentation is the professional nurses at a community health centre who treat youth victims of physical violence in the Cape Flats.

Abstract

The Western Cape Province of South Africa has the worst multifactorial crime problem in the country. It has the fastest growing crime rate in many crime categories, such as rape and gun related incidents. The youth in the Cape Flats faces many challenges, such as drug abuse and high incidents of violent attacks. The youth who are exposed to violence are inclined to be violent themselves and are at a higher risk of psychopathology. The experiences of the youth after a violent physical incident were unclear. The purpose of this study is to describe actions for the support of professional nurses at a community health centre to youth victims of physical violence in the Cape Flats.

A phenomenological, exploratory, descriptive, contextual design was followed in this study. This study explored and described the lived experiences of youth victims of physical violence in terms of the support they received in a natural setting at a community health centre in the Cape Flats. Purposive sampling was used for the study, and data saturation determined the size of the sample, that was eight participants. Participants were male and female youth members between the ages of 18 and 27 years who had experienced a violent incident and visited a health care centre for follow-up treatment. They were given information sheets that explained the nature of the research project. Individual in-depth interviews were used to collect data. Interviews were conducted in one of the consultation rooms at a community health centre that was quiet and where minimal interruptions occurred.

The researcher sought permission from the participants to conduct the interviews and to audio record those interviews. All ethical principles were adhered to in this study; that is confidentiality, anonymity, withdrawal, autonomy, and informed consent. Trustworthiness was ensured during the research process. In cases where participants had experienced psychological distress, they could be referred to a psychologist. However, none of the participants displayed any signs of emotional discomfort during the interviews.

Data was analysed using Creswell's six steps of open coding. All data would be kept under lock and key for five years after the research report has been made available.

Main themes that emerged from the data analysis were related to violent incidents that had a negative impact on the participant; participants applied defense mechanisms to deal with their trauma, and participants experienced care and support either negatively or positively.

At the day hospital, the researcher identified a need for continual skills development, especially with regard to the health problems in that community. This study has confirmed that the Mitchells Plain community experiences a high rate of violent incidences. This leaves the community members in fear and most of them end up being victims of drug-related crimes. It remains the duty and responsibility of the hospital staff to be equipped and able to deal with these increasing incidents of caring for victims of physical violence.

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Applying Pre-Clinical Methodologies to Better Understand the Genetic and Physiologic Mechanisms Underlying Brain Injury

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Sheila Alexander, PhD, BSN, RN, USA

Purpose

To highlight how pre-clinical and basic science techniques are relevant to studying traumatic brain injury (TBI), including identifying molecular-genomic predictors of recovery and testing novel therapies. The data presented comes from an NIH-funded dissertation study which characterizes the melatonergic system (i.e. receptor system) after experimental TBI.

Target Audience

Nurse scientists and other health science researchers, particularly those interested in TBI, neuroendocrinology, the use of pre-clinical models, and/or the molecular-genetic underpinnings of health.

Abstract

Introduction: Traumatic brain injury (TBI) is a significant worldwide health problem associated with significant personal and financial cost. Despite the extensive research effort aimed at understanding the pathophysiology of TBI and targeting it therapeutically, none of the efforts to-date have resulted in an FDA-approved medication that improves outcomes at TBI. Thus, there remains an impetus to better understand TBI pathophysiology and apply this knowledge to test novel therapies. An important part of this effort involves using animal models, which afford a high-degree of control over potential confounding variables (e.g. age, sex, genotype, extent of injury); pre-clinical TBI research studies are necessary to establish safety and efficacy before translation to clinical trials and ultimately patient care. One promising potential therapeutic is melatonin, an endogenous substance produced in the brain; evidence suggests endogenous melatonin levels are deranged after injury. Before melatonin can be tested in clinical trials, additional evidence is needed regarding the mechanism of action. There are two melatonin-specific receptors (MT1 and MT2) found in mammalian brains but they have not been characterized after injury. It is known that human genetic variation in these receptors exists and may influence response to melatonin therapy, as has been demonstrated in pre-clinical models of other neurological conditions. This dissertation project addresses an important gap in the knowledge by characterizing MT1 and MT2 after preclinical TBI.

Methods: During the course of the dissertation study two types of test animals were used: C57BL/6J mice and Sprague Dawley rats. The sample sizes for each of the assessments varied. In both arms of the studies the mice or rats were randomly assigned to one of two exposures: severe traumatic brain injury modeled using controlled cortical impact (CCI) or sham control. Briefly, animals were anesthetized and a craniectomy performed using a drill. A pneumatic CCI device (Pittsburgh Precision Instruments, Pittsburgh, PA, USA) was used to induce injury. After impact, the scalp was sutured closed, animals monitored post-operatively, and returned to their cages. Sham animals received identical treatment except for the impact itself. Cellular endpoints in this study were assessed using western blot and normalized to actin to account for protein loading. The following proteins were probed using antibodies: MT1, MT2, and caspase 3.

Results: Pilot work explored the effects of TBI on functional outcomes in the domains of learning, memory, and motor function and explored how these symptoms related to pathophysiological changes surrounding apoptotic cell death and brain receptor levels. Results from testing in mice found that, compared to sham animals, there was an increase in apoptosis (Figure 1) and a decrease in MT1 levels (Figure 2) in hippocampal tissue one day after TBI. Interestingly, these pathophysiological changes were associated with only modest functional deficits (Figures 3-5) as assessed using reliable and valid measures (e.g. Morris water maze; beam balance task; novel object recognition); this suggests that even

in the absence of overt symptoms, cellular processes are deranged. Results from testing in rats found a decrease in MT1 and MT2 levels at 6 hours' post-injury in the hippocampus after TBI (Figures 6-7).

Discussion & Conclusion: Although preliminary, this study suggests that changes occur to the endogenous melatonergic system after TBI. These changes correlate with cell death, though not necessarily functional outcomes. Additional efforts are needed to better understand the role of MT1 and MT2 after injury and explore how human genetic variation in these receptors correlates with clinical outcomes and response to therapy.

Future directions: The ongoing portion of the applicant's dissertation study includes repeating these experiments using mice lacking the MT1 receptor due to having the gene encoding MT1 knocked out (KO) of the genome. It is hypothesized that MT1 KO mice will have poorer outcomes than their wildtype (WT) counterparts as presented in this poster. Beyond the scope of this dissertation, additional work needs to be performed to characterize the melatonergic system and explore the therapeutic role of supplemental MEL; part of this effort should include evaluating how genotype contributes to response to MEL therapy since genetic variation in MEL-specific receptors has been reported.

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Descriptive Guidelines on How to Integrate Theory and Clinical Practice Using Innovative Mobile Learning Strategies

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Purpose

The purpose of this presentation to present descriptive guidelines for educators on how to integrate theory and clinical practice of the health assessment in primary health care using innovative mobile learning strategies based on research findings.

Target Audience

The target audience of this presentation is nurse educators, novices in emerging technology, experts in emerging technology, primary health care nurse educators

Abstract

Background: In today's health care environment, with the advancement in computers and information technology made it imperative for nurses to adapt to technological advancements to enable them to address the complexity in health care issues thus ensuring optimal delivery of care. Mobile devices have the capacity to store large quantities of information and their functioning systems allow applications that support sophisticated user interactions, their graphics capabilities offer representative flexibility and their networked status means that they afford easy communication among their users. A methodological review recognised that mobile phones have become ubiquitous and established itself in popularity in the delivery of health care interventions with the extensive proliferation in technical capabilities. Mobile devices have thus become a platform in the delivery of primary health care that includes the provision of health education, encouraging attendance of primary care appointments and the use of applications to monitor patients' health status.

Objective: To describe guidelines for educators on how to integrate theory and clinical practice of the health assessment of the head and neck within the Primary Health Care Module through mobile learning in an undergraduate nursing program at a HEI in the Western Cape.

Method: Descriptive qualitative data was collected through electronic reflections and a focus group session with students and educators who participated in a mobile learning intervention on the integration of theory and clinical practice of the health assessment of the head and neck within the Primary Health Care Module. Data analysis was done using Tesch's (1990) steps of analysis to complete the thematic analysis of the data collected from data collected.

Results: The data analysis informed a Primary Health Care WhatsApp Platform (PHCWupP) framework to guide educators on how to integrate theory and clinical practice using innovative mobile learning strategies.

Conclusion: The Primary Health Care WhatsApp Platform framework will be a guide to educators providing a step by step guidelines on how to effectively integrate innovative mobile learning strategies to enhance teaching and learning experiences.

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Barriers to Pediatric and Youth Tuberculosis Treatment Initiation in Sub-Saharan Africa: A Systematic Review

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Bahar Emily Esmaili, BA, DO, USA

Coleen Cunningham, BS, MD, USA

Purpose

The purpose of this presentation is to describe, through a systematic literature review, the individual- and system-level barriers children and youth diagnosed with tuberculosis experience when initiating treatment in sub-Saharan Africa.

Target Audience

The target audience of this presentation is clinicians, researchers, and policy makers interested in infectious disease treatment management, healthcare in sub-Saharan Africa or limited resource settings, and those interested in rigorous systematic reviews.

Abstract

Purpose: Timely initiation and correct treatment of tuberculosis (TB) are critical to reduce disease transmission and improve patient outcomes. Barriers to treatment initiation exist at the patient- and system-level for adults and children; however, barriers to treatment initiation in younger individuals are less understood. Therefore, the aim of this study is to determine patient- and system-level barriers to treatment initiation for pediatric and youth diagnosed with TB in sub-Saharan Africa through systematic review of the literature.

Methods: This review was conducted in October 2015 in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Databases searched include PubMed, Embase, CINAHL, Global Health, SCOPUS, and African Medicus Index for all literature pertaining to pediatric and youth TB in sub-Saharan Africa. Studies were eligible for inclusion if the primary or secondary objectives of the study were related to pediatric or youth barriers to TB treatment initiation. Two reviewers independently assessed articles.

Results: A total of 1,490 unique articles met criteria for screening; 152 studies met criteria for full text review; 56 articles were included for final analysis. Both patient-level and system-level barriers exist across sub-Saharan Africa for pediatric and youth diagnosed with TB and impede treatment initiation. Examples of patient-level barriers include limited knowledge, poor attitudes and beliefs regarding TB, and economic burdens causing delays in seeking care for diagnosis of TB symptoms and treatment of TB disease. System-level barriers include laboratory and healthcare provider delays between diagnosis and treatment, lack of integration of TB/HIV services, and lack of flexibility in treatment provision (i.e. centralization of services and Directly Observed Therapy). Barriers to diagnosis were more frequently studied than barriers to treatment initiation. Many barriers for children and youth overlapped with adults; however, additional barriers existed for children and youth such as a parent being diagnosed with TB and more difficulty in confirming diagnosis due to delayed or inconclusive diagnostics.

Conclusion: Patient- and system-level barriers to TB treatment initiation are common in sub-Saharan Africa for children and youth. More research aimed at addressing the specific needs of children and youth is urgently needed in sub-Saharan Africa particularly around improved diagnosis and treatment initiation. Improving the recognition of TB in children and reducing the time from symptom onset to treatment initiation is imperative. Targeting patient- and system-level barriers together must be addressed to improve patient outcomes.

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

How Communities Shape Unmet Need for Modern Contraception: An Analysis of 44 Low-and Middle-Income Countries

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Rob Stephenson, PhD, MSc, USA

Purpose

to show how a woman's unmet need for contraception is affected by the demographic, economic, health infrastructure, and cultural norms of her community. The presentation also depicts how the effects of community indicators change based on the total fertility rate of the country in which a community is located.

Target Audience

researchers, clinicians, and policymakers working in reproductive health in developing countries. Community-level indicators warrant further investigation in research. Clinicians should be aware of how their community's norms shape patients' access to contraception. Community norms should also be considered when implementing policy in order to target those with the largest impact.

Abstract

Background: Access to modern contraception and its resulting decline in fertility is associated with reduced poverty, improved health outcomes for women, and gains in female empowerment. However, fewer than 40% of women in the least-developed countries are currently using any method of modern contraception. As a result, fertility rates are higher in Low and Middle Income Countries (LMICs) than in developed countries and declining rates of fertility in the second half of the 20th century have slowed or stalled in many LMICs- especially those in sub-Saharan Africa. Despite worldwide efforts to increase access to modern, pharmacological methods of family planning, less than half of the total demand for family planning was met by modern methods in 2015 in 54 of the world's poorest countries. Unmet Need, a measure of the disparity between a partnered, fecund woman's desire for modern family planning and her use of contraception, is a useful indicator in tracking progress towards universal access to family planning. Unmet need consists of two components- unmet need for spacing and unmet need for limiting. Having an unmet need for limiting occurs when a woman wants to increase the interval between her births but is not using modern contraception, while the latter is present when a woman wants to stop having children altogether, but is not using modern contraception. While the individual-level drivers of unmet need are well documented, there is little data on how community-level characteristics influence this important indicator. To explore this, we created a comprehensive dataset of parous women from the 44 Demographic and Health Surveys (DHS) published since 2010 (n=528,101). We analyzed the influence of 13 community-level variables on unmet need as a whole and for its two components, unmet need for spacing and unmet need for limiting, as outcome variables. We then repeated the analysis, stratifying countries by low, medium, and high total fertility rate (TFR) to determine if the effect of community-level variables change with TFR. This is the first multi-country analysis that examines how community-level factors shape unmet need in resource-constrained settings.

Methods: Data: This analysis utilized data from the women's questionnaire of all 44 Demographic and Health Surveys collected in or after 2010. The initial sample for this study contained all women ages 15-49 from the 44 countries studied (n=721, 539). Nulliparous women do not answer DHS questions related to fertility and childbirth, 193,438 childless respondents were removed from the sample, resulting in a final sample of 528,101 pregnant, postpartum-amenorrheic, and/or parous women across five WHO regions. Three outcome variables were considered: total unmet need, unmet need for spacing, and unmet need for limiting. All are binary variables coded one for total unmet need, unmet need for limiting, or unmet need for spacing. Community-level variables were categorized into four domains: 1) community demographics and fertility norms consisting of five variables: the mean age at marriage for women in the community, mean age at first intercourse for women in the community, mean age at first birth for women

in the community, mean ideal of number of children each woman would have in the community, and gender composition of the children in the community; 2) community economic prosperity, measured by the mean household wealth index score for each PSU; 3) community gender norms and inequities, measured by the mean community violence justification index score, mean community decision-making autonomy score, proportion of women in the community with at least a primary education, proportion of men in the community with at least a primary education, and ratio of men to women employed in the community; and 4) health literacy and media exposure, measured by the mean community HIV knowledge index score and mean exposure to family planning media messages in the community.

Analysis: A multilevel modeling approach was used to account for the hierarchical nature of DHS data and allow for the observation of community-level influences on unmet need for family planning. The PSU was included as the only random effect term. This allowed the intercept to vary across communities and provided a measure of the extent to which the odds of reporting unmet need, unmet need for spacing, and unmet need for limiting varied between PSUs. After controlling for individual and household-level factors known from the literature to influence contraceptive use, the 13 community-level covariates were added. Identical models for unmet need, unmet need for spacing, and unmet need for limiting were fitted using STATA 14.

To assess whether the role of community-level effects on unmet need varies with fertility, the countries were then stratified by total fertility rate (TFR) and divided into Low, Medium, and High countries using UN data of TFR. Separate random effects logistic regression models were fitted for total unmet need, unmet need for limiting and unmet need for spacing in in each group of country (low, medium and high fertility). In total, 12 random-effects multiple logistic regression models were produced to examine the effect of community-level variables on unmet need for family planning in the study sample.

Results: Results indicate that unmet need is significantly influenced by community-level variables in all three models (Unmet Need: $SE=0.008$, $\sigma_{\mu}=0.148$, PSU random intercept= 0.13, (95% CI: 0.08-0.21); $p<0.000$; Spacing: $SE= 0.008$, $\sigma_{\mu}=0.140$, PSU random intercept= 0.10, (95% CI: 0.05-0.19); $p<.000$; Limiting: $SE= 0.010$, $\sigma_{\mu}=151$, PSU random intercept= 0.01, (95% CI: 0.00-0.02); $p<0.000$). These models measure the variation in unmet need, unmet need for spacing, and unmet need for limiting between communities which is not explained by any of the included fixed effects. While the models themselves are significant, they indicate substantial unobserved heterogeneity in the determination of unmet need in the study sample. The effect size and directionality of community variables in all four domains changed significantly by TFR. For example, while residing in a community with a higher average age of cohabitation was associated with reduced odds of having total unmet need and unmet need for limiting in the 44-nation sample, it was associated with increased odds of total unmet need and unmet need for spacing in high fertility countries (unmet need: OR: 1.12, (95% CI: 1.02-1.23), $p<0.05$; spacing: OR: 1.13, (95% CI: 1.01-1.27), $p<0.05$). Conversely, communities with higher boy-girl ratios were associated with reporting increased odds of unmet need and unmet need for limiting in the larger sample, but was not significant in any of the stratified models. For economic prosperity, women in the 44-nation sample who resided in wealthier-than-average communities reported more unmet need for limiting, increased community wealth was associated with reduced odds of unmet need, unmet need for spacing and unmet need for limiting in low fertility countries (unmet need: OR: 0.86, (95% CI: 0.81-0.92), $p<0.000$; spacing: OR: 0.85, (95% CI: 0.78-0.93), $p<0.000$; limiting: OR: 0.88, (95% CI: 0.82-0.94), $p<0.000$) and with reduced total unmet need in high fertility countries (OR: 0.88, (95% CI: 0.78-0.98), $p<0.005$). Concerning the domain Gender Norms and Inequalities, women in communities of higher primary education attainment reported less unmet need of all kinds in the 44-nation sample (unmet need: OR: 0.29, (95% CI: 0.24-0.36), $p<0.000$; spacing: OR: 0.73, (95% CI: 0.56-0.99), $p<0.05$; limiting: OR: 0.19, (95% CI: 0.15-0.25), $p<0.000$), but this was associated with reporting more unmet need for spacing in medium fertility countries (OR: 1.83, 95% CI: 0.15-2.92), $p<0.05$). HIV knowledge score, nested in Community Health Knowledge and Media Exposure, showed that living in communities with greater average knowledge of HIV was associated with reporting more total unmet need and unmet need for limiting (unmet need: OR: 1.10 (95% CI: 1.05-1.16), $p<0.000$; limiting: OR: 1.12, (95% CI: 1.05-1.19), $p<0.000$). However, higher average scores on the HIV knowledge index were associated with reporting less total unmet need in low fertility countries (OR: 0.91, (95% CI: 0.84-0.99), $p<0.05$).

Discussion: This is the first large, multi-country study of the community's effect on unmet need in LMICs. Our analysis of 13 community-level variables shows that the community has a significant impact on a

woman's access to modern contraception. Further, it highlights that combining these indicators into four broad domains is a valid way to view their collective effects on unmet need. The change in directionality of these indicators across different contexts (defined by levels of TFR) suggests that research studies, interventions, and policies should be tailored to the community domains which have the largest effect for the target population. Nonetheless, additional studies are required to explicate the mechanisms underlying the relationship between these community-level effects and unmet need, unmet need for spacing, and unmet need for limiting. This information is critical to accelerating progress towards universal access to family planning and reproductive health services in Low and Middle Income Countries.

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Understanding Ethical Issues of Research Participation From the Perspective of Participating Children and Adolescents

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Purpose

The purpose of this presentation is to examine ethical issues in research with children and adolescents from their perspective as participants, including: assent, parental consent, risk perception, impact of research participation, and incentives.

Target Audience

The target audience of this presentation is nursing scientists, academicians, and other researchers who are involved with the design, conduct, or management of research with children and / or adolescents.

Abstract

Background: The past twenty years have seen distinct shifts in the way the participation of children and adolescents in research is viewed. This has been emphasized by the growing pediatric research enterprise. Additional information on children's and adolescents' experiences during research participation is needed to better inform researchers on the ethical conduct of research with this vulnerable population.

Aims: The objective of this analysis was to examine ethical issues in research with children and adolescents from their perspective as participants, including: assent, parental consent, risk perception, impact of research participation, and incentives.

Methods: This systematic review was conducted per the Long et al. framework by means of an iterative searching process. Using the key words 'research ethics' and 'child or pediatric or adolescent', PubMed, CINAHL, and EBSCOhost databases were searched to identify articles. Limitations placed on the original searches were: English language, year of publication between 2003–2014, humans, abstract available, and age birth–18 years.

Findings: Twenty-three empiric studies were identified and formed the sample. Included studies represented a diverse range of areas of research, methods, settings, sample demographics, authors, and journals.

Discussion: Even young children demonstrated the ability to understand essential elements of research, although there is variability in children's level of understanding. Trust was a significant contributing factor to children's and adolescents' participation in research, and also shaped their assessments of risk. Research participation was mainly beneficial for children and adolescents. Incentives were mainly viewed positively, although concerns of possible undue influence were expressed.

Conclusions: This systematic review highlights the importance of including the perspectives of children and adolescents and provides researchers and nurse clinicians with best practices for involving children in research.

Key conclusions included that:

- Assent processes and instruments need to be created with the assistance of child development specialists and piloted with children before being used.
- A prior consultation with representative adolescents and parents can provide guidance for developing consent and assent procedures within challenging contexts.
- All research with children and adolescents could benefit from inclusion of a short, formative, off-study interview or survey with participants to gauge their experience in the study.

- An important gap in the literature is consideration of whether children and adolescents, beyond simply understanding their research rights, are capable of applying this knowledge and of actually exerting their research rights.

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Minority Female College Students' STD and HIV Knowledge

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Purpose

to assess the knowledge and awareness of 1) signs and symptoms, treatment, and vaccinations for STDs, and 2) HIV transmission and prevention among female college students ages 18-24 in South Florida.

Target Audience

faculty and clinicians interested in HIV care and prevention, and women's health

Abstract

Background: The Centers for Disease Control and Prevention (CDC) estimate that youth ages 13-24 make up just over one quarter of the sexually active population, but account for half of the 20 million new sexually transmitted diseases (STDs) that occur annually in the United States. While both men and women are affected by STDs, untreated or undiagnosed STDs cause an estimated 24,000 women a year to become infertile. The presence of a STD increases HIV exposure risk 2-5 times. In 2010 adolescents and young adults accounted for an estimated 26% of all new HIV infections in the United States in 2010. Young minority women have been impacted by both STDs and HIV. The purpose of this study is to assess the knowledge and awareness of 1) signs and symptoms, treatment, and vaccinations for STDs, and 2) HIV transmission and prevention among female college students ages 18-24 in South Florida. This study is part of a larger study through the Minority-Serving Institutions HIV and Substance Abuse Prevention initiative, Substance Abuse and Mental Health Services Administration (SAMHSA).

Method: After IRB approval was received, female college students were recruited March – August, 2014, from two sites, a minority-serving urban state university and a minority-serving urban state college in South Florida. Inclusion criteria for participants included: female ages 18-24, enrolled as a student, and able to speak and read English. After giving verbal consent, the participants completed a self-administered survey. The survey packet included a demographic sheet, the 27-item STD Knowledge Questionnaire (STD-KQ) (Jaworski & Carey, 2007), and the 18-item HIV Knowledge Questionnaire (HIV-KQ-18) (Carey & Schroder, 2002).

Results: The sample included 399 students. Ages ranged from 18-54, with over 2/3 of the sample between the ages of 18-24. Participants race and ethnicity included: Hispanic 216 (54.1%), and Blacks 120 (30.1%) (African-America, Afro-Caribbean, African, and Black Other). For the HIV Knowledge Test, the mean score for this sample was 14.16 (SD 3.51) (scores can range from 0 to 18). For the STD Knowledge Test, the mean score for this sample was only 17.43 (SD 6.51) (scores can range from 0 to 27).

Conclusion/Implications: Young minority women have been impacted by STDs and HIV. Assessment of their STD/HIV knowledge and education needs will assist practitioners and educators in developing age-appropriate interventions, which will help decrease new cases of infections in this vulnerable population.

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

BSN Student Attitudes Towards Teamwork Using TeamSTEPPS® 2.0 Vs. a Conventional Method

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Purpose

The purpose of this study was to evaluate BSN Accelerated Second Degree Track student attitudes towards teamwork using a conventional method (teamwork flyer) versus TeamSTEPPS®2.0 training. Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS 2.0) is an evidence-based framework to optimize team performance across the healthcare system.

Target Audience

The target Audience for this poster are all healthcare providers, educators and leaders involved in the education, training and promotion of teamwork and safe patient care.

Abstract

Preparing nursing students to provide safe patient care in a collaborative team environment requires teamwork strategies and training. Exposure to teamwork tools and strategies may improve student attitudes towards teamwork. The aim of this study was to measure accelerated second-degree track BSN student attitudes towards teamwork comparing a conventional method (Teamwork flyer; control group) versus teamwork training (Team Strategies and Tools to Enhance Performance and Patient Safety – TeamSTEPPS; intervention group) in a randomized, controlled trial with a parallel study design comparing the two treatment groups. The unit of randomization was the individual student. The setting was a School of Nursing in a large Midwest university in a major metropolitan area. Participants included a convenience sample of 42 BSN accelerated second-degree track nursing students enrolled in the course titled *Interprofessional Collaborative Practice* during the 7th semester of the BSN nursing program.

The TeamSTEPPS -Teamwork Attitudes Questionnaire (T-TAQ) was administered pre-, immediately post-, and 30 days' post-intervention. Though none of the T-TAQ subscales showed significant differences between the Intervention and Control groups, some differential directional changes were noted. For the Intervention group, Leadership, Team structure, Situational monitoring and Communication showed a positive change in attitudes from Pre- to Post-survey. Team structure, Communication and Mutual support showed no decrease in attitudes 30 days post-training. There was a positive but insignificant difference (p value- 0.074) in the Pre-/Post- survey for Mutual Support knowledge and skills; there was also a positive change in attitude towards Mutual Support behaviors after TeamSTEPPS training while the control group showed a slight decline in attitudes. There was a statistically significant drop in the control group's knowledge and skills of Communication 30 days post- training (p value- 0.0422) indicating that receiving the flyer did not result in sustained knowledge or attitudes towards communication skills. These findings demonstrate that TeamSTEPPS training produced some positive directional changes that were sustained over 30 days with BSN nursing students in promoting and sustaining positive attitudes towards teamwork for both Communication and Mutual support skills which are needed for effective teamwork.

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RSG STR 1 - Rising Stars of Research and Scholarship Invited Student Poster Session 1

Elements of the Hidden Curriculum in a Military Teaching and Learning Environment

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Purpose

To highlight the elements of a hidden curriculum within a military teaching and learning environment and to explore these elements and its potential influence on the professional socialisation of student nurses.

Target Audience

All nurses, nurse managers and nurse educators. The findings and recommendations of this study will be transferrable to the curricula of all health care professionals, not only in a military context.

Abstract

Purpose: Studies have revealed that most of what is learned, takes place not within the formal course curriculum, but by means of interactions and influences intrinsic to the teaching and learning environment. The hidden curriculum is about “those parts of the environment that influence the experience of students but that are either not accounted for or cannot be accounted for in curriculum planning” (Van Veen et al, 2012).

Students at the South African Military Health Service (SAMHS) Nursing College undergo consecutive basic military training and officer’s training over a period of one year prior to commencing with their nursing training and most of the nursing training thereafter also takes place within a military environment.

Due to the uniqueness of the military environment, the professional socialisation of student nurses at the SAMHS Nursing College is compounded by simultaneous military socialisation within a teaching and learning environment inundated with military culture.

Military nurse educators offer students a range of experiences to progress their development towards professional nurses. Most of these are planned and are part of the overall course curriculum, but given the unique teaching and learning environment in which these students find themselves, it is difficult to ascertain whether desirable professional attributes are nourished by the military nursing education environment or if its development is inhibited by this same environment. The question therefore arises as to whether it is likely that implicit factors in the military organisational structure, culture and learning environment may influence the professional socialisation of these students.

The purpose of this presentation is to highlight the elements of a hidden curriculum within a military teaching and learning environment, over and above the formal and informal curricula and to explore these elements as well as its potential influence on the professional socialisation of student nurses. The findings will form part of a model that will sensitise nurse educators and professional nurses regarding the existence of a hidden curriculum, how to identify its elements and how to utilise it in order to steer the professional socialisation of student nurses in a positive direction.

Methods: A constructivist grounded theory study was conducted to explore the nature of the hidden curriculum within a military teaching and learning environment. Data were collected by means of focus groups held with students as well as nurse educators of the SAMHS Nursing College. Findings revealed the influences and factors that do not form part of the formal curriculum and proved to be significant in terms of the professional socialisation of student nurses.

Results: Elements identified were indicated as having a positive influence on the professional development of students for example the effect of military discipline. Mostly however, were aspects that were regarded as having a negative effect such as the influence of military indoctrination on the development of autonomy and assertiveness.

Conclusion: The hidden curriculum will always be a part of the complexity of health professional education. To curb the potential negative influence of the hidden curriculum, nurse educators firstly need to be made aware of the hidden curriculum and make it overt, reflect on their own teaching practice to see what areas of the hidden curriculum may be involved, highlight what may constitute the hidden curriculum, both negative and positive to students (Harvey & Radomski, 2013).

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Self-Leadership in Male Nurses During Their Four-Year Programme at a College in the Western Cape

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Purpose

To share the knowledge gained from conducting the study on self-leadership of male learner nurses during their four-year programme at a college in the Western Cape in South Africa and to create awareness of the challenges faced by male learner nurses and how they face these challenges

Target Audience

All nursing educators and researchers interested in nursing education issues and self-leadership. All male learner nurses in the profession

Abstract

Male learners in the nursing profession could face self-leadership challenges. Self-leadership is an enabling process whereby a person learns to know him/herself better and, through this improved self-awareness, is better able to steer his/her work life. It involves personal and professional growth and maturity. This leads to empowerment of the individual and to fulfillment of goals and desires. The purpose of this study was to describe guidelines for male learner nurses on self-leadership during a four-year nursing programme at a nursing college in the Western Cape.

The objectives of this study were to explore and describe the best experiences of self-leadership in male learner nurses during their four-year training programme at a nursing college in the Western Cape.

An exploratory, descriptive, contextual and qualitative research design incorporating the philosophy of the Appreciative Inquiry paradigm was used. The research questions were framed from an AI perspective:

'What are the best experiences of male learner nurses on their self-leadership during their four-year programme?'

'How can male learner nurses lead themselves during their four-year programme?'

The target population consisted of all the male student nurses from 1st to 4th year (n=151) in the R425 undergraduate diploma programme at a nursing college in the Western Cape. Data was collected by means of individual, semi-structured interviews with 12 male learner nurses until saturation occurred. The interviews were audio-taped and transcribed verbatim. Data analysis consisted of thematic analysis using Tesch's eight-step method to generate themes, categories and sub-categories. The findings consisted of five themes:

Theme 1 – The peak experiences of the male student nurses relating to self-leadership occurred on multiple levels – academic, interpersonal, personally associated and practice-linked.

Theme 2 – Self-leadership was a process (at times difficult) of growth, adaptation and developing attitudes that culminated in building character.

Theme 3 – Future aspirations included professional and educational aspects and interpersonal leadership.

Theme 4 – This revealed the qualities needed for attainment of future aspirations.

Theme 5 – The value of the programme was enhanced through educational, fellow student and practice support.

The conclusion of this study was that male student nurses have the ability to lead themselves; they display characteristics such as maturity, responsibility, advocacy, strong resolve, hard work, endurance, a

willingness to sacrifice; they used self-talk; they made firm decisions; but they needed guidance and active support from family, friends and nurse educators as well as management. The value of their training programme was enhanced by educational support from lecturers and mentors, fellow students and practice support in the wards and simulation laboratory. Guidelines for self-leadership for male learner nurses were described from the findings of the study.

Ethical considerations included obtaining informed consent from the participants, while ensuring confidentiality and anonymity. Ethical clearance to conduct this study was obtained from the Ethics Committee at the University of the Western Cape, Western Cape College of Nursing (WCCN) and Cape Peninsula University of Technology (CPUT). Trustworthiness was ensured throughout the research process through credibility, transferability, confirmability and dependability.

KEYWORDS: Appreciative inquiry; Experiences; Males; Student nurses; Self-leadership; College; Guidelines; Qualitative; Interviews; Nursing

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Challenges in Theory Integration in a Clinical Setting in the Western Cape

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Purpose

Explore and describe the challenges experienced by second and third year nursing students when applying theory into practice in the clinical settings.

Target Audience

The nursing schools' management The clinical supervisors, the nursing educators The clinical nursing Managers and clinical nursing staff thus the registered nurse and clinical preceptors.

Abstract

Background Nursing as a profession is based on firm knowledge, values, clinical skills and attitudes. In the current dynamic health care systems, all nurses are challenged to be insightful, have robust clinical reasoning and skills in order to integrate theoretical content with practice. This allows them to function independently and be of great value to the multidisciplinary team in the clinical settings. Thus they need to be accountable in ensuring they perform optimally to meet those function. Theory-practice integration is a major element that sustains quality and drives best nursing practice. One of the barriers of theory-practise integration is the gap between theory and practice in nursing education commonly referred to as the theory-practice gap. If sound theory is the basis for understanding the reality in the clinical setting, then every effort should be made to reduce the gap between theory and practice.

Aim: The aim of the study was to explore and describe the challenges experienced by second and third year nursing students, when integrating theory into practice in a selected clinical setting as well as ascertain strategies to support nursing students to readily integrate theory into practice in clinical settings in the Western Cape.

Methodology: A qualitative approach, with use of explorative, descriptive and contextual design was employed for the study. Data was collected by using focus group interviews. Using an interview assisted to guide and probe questions to allow engagement, during the study. Two focus groups were conducted with 4 students in each group. The target population was all the nursing students registered for the second and third year in the Baccalaureus Curationis (BCur) Nursing degree, for the academic year of 2015. The total number of 2nd years (N) =341 and the third years are (N) = 193. Focus group interviews were conducted till data saturation was reached, which was on the third interview where similar themes emerged. The data was analysed with use of content analysis method.

Ethics: Permission from the University of the Western Cape's Higher Degrees and the Senate Research Committee and the Registrar was sought prior commencing with the study. Permission to conduct the study was obtained from the Registrar of the university, head of school of Nursing and the course co coordinators of both second and third year nursing students. Informed written consent forms and focus group abiding forms where distributed and signed by the participants, to ensure confidentiality. The obtained data will be kept locked in a safe area in the researcher's office to maintain discretion. The real names of the participants will not be used during the preceding of the study; instead they will be identified by codes to assure anonymity.

Results: The dominant themes that emerged included: Theory versus clinical, lack of role models, inadequate support structures and communication. Discussion: It is evident through literature and the study that theory integration occurs, when students are provided with opportunities of learning in a conducive clinical setting, where there are no communication and obstructing interpersonal relations between the staff and the students. Literature highlights the need for authentic learning spaces and thus providing clinical settings that encourage learning to take place is essential. The role of staff that facilitate learning cannot be over emphasised as they have vast clinical experience and insight of training, and

present as good role models for the students, which assist the students to be fully socialized into the profession and be able to integrate theory into practice.

Keywords: Nursing students, theory-practice gap, integration, Baccalaureus Curationis (BCur) Nursing degree, clinical settings, challenges, competence

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

The Relationship Between BMI and Clinical Factors in Heart Failure

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Purpose

To demonstrate the relationship between Body Mass Index (BMI), patient demographics, and clinical factors in Heart Failure.

Target Audience

Students, nurses, and researchers interested in learning about the relationship between obesity and heart failure.

Abstract

BACKGROUND: According to the Centers for Disease Control and Prevention (CDC), chronic disease is the leading causes of death and disability in the United States (U.S.) and it accounts for most health care costs (CDC, 2015). One in four people in the U.S. die of heart disease, which is also the leading cause of death for both men and women and most ethnicities (CDC, 2015). Heart failure (HF) is the final common pathway for all cardiovascular diseases, which leads to poor clinical outcomes. Half of the people diagnosed with HF die within five years of diagnosis (CDC, 2015). High body mass index (BMI) is considered one of the major risk factors for cardiovascular diseases (CVD) and greater than one-third of U.S. adults are obese (Ogden, et al., 2014). Despite the known risk factors associated with obesity, some studies have demonstrated that overweight patients with CVD have better prognosis than leaner patients with CVD (Lavie, et al., 2014). In addition, HF patients with low BMI actually had poorer and unfavorable outcomes (Christensen, et al., 2013). This unanticipated outcome of obesity on CVD is known as obesity paradox. This phenomenon hypothesizes that there is a counter-intuitively protective effect against chronic disease among certain groups of patients (Kim, et al., 2015). Some studies have demonstrated a positive relationship between obesity and improved survival, but there is limited research regarding the relationship between BMI and Ejection Fraction (EF). The purpose of this study is to evaluate if there is an association between BMI, patient demographics, and clinical factors in heart failure.

METHODS: The study population consists of 1,837 patients, 991 males (54%) and 846 females (46%), with a primary diagnosis of HF who had been cared for in the Department of Medicine at UCLA Health. The age range of the population is 20-104 with a mean of 71.26. At the baseline study visit, all subjects provided a detailed medical history and underwent physical examination. In addition, demographic data was obtained and various clinical measures were collected including electrocardiography (i.e. EF), laboratory assay along with multiple pharmacological regimens and clinic visits. Secondary data analysis was performed using SPSS software, Version 23. Correlation and Multiple Regression was performed to analyze the relationship between variables.

RESULTS: The overall aim of this study was to evaluate the relationship between BMI, patient demographics, and clinical factors in heart failure. Results indicated that there was an association between EF and BMI ($r = -.048$, $p = .042$), as well as QRS duration ($r = -.328$, $p = .000$), ACE Inhibitors ($r = -.134$, $p = .000$), Beta Blockers ($r = -.217$, $p = .000$), Cardiology ($r = -.114$, $p = .000$), and PCP and Cardiology combined ($r = -.107$, $p = .000$). These negative and positive associations in the results between the independent and dependent variables are all clinically appropriate. The first regression test provided a model that demonstrated QRS, ACE, and Beta Blockers to be predictors of EF outcomes. In addition, two obesity categories (BMI 30-35 and BMI 35-40) also predicted EF when controlling for QRS, ACE, and Beta Blockers.

CONCLUSION: Heart disease and obesity continue to be a significant problem in health care. Nurses play a key role in managing patient's risk factors for heart disease and providing education and counseling, as well as developing new treatment approaches targeted at decreasing poor outcomes, such

as hospital readmissions and mortality, and improving the quality of life for patients. Understanding the relationship between BMI, patient demographics, and clinical factors is an important step in managing heart failure. The findings of this secondary data analysis demonstrate the importance of identifying clinical predictors that can affect EF outcomes. Particularly, in our study we did not find a positive association between BMI and EF, and therefore our data does not support the obesity paradox hypothesis. The recommendation for nurses is to continue to educate and counsel patients about lifestyle changes that promote weight management.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Pediatric Syndromes and Their Conundrums

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Purpose

This poster will present a condensed overview of the most common and rare pediatric syndromes and their complexities. It will provide a list of important systems involved in each syndrome that a nurse must be able to manage when taking care of a client that has a syndrome.

Target Audience

The target audiences for the presentation/poster are nurses (adult and pediatric) and allied health care staff that will potentially care for clients with syndromes. Also included in the target audience are members of the health care team that are interested in learning more about pediatric syndromes.

Abstract

Aim: To create a condensed list of common and some rare pediatric syndromes. The list of syndromes will contain important information regarding each type of syndrome.

Background: Pediatric syndromes capture a wide range of disorders that a clinician must be able to recognize and manage the care. There are over 200 types of documented pediatric syndromes. Understanding important details in each type will provide guidance in delivering safe and effective nursing care. This poster will present a condensed list (overview) of the most common and rare pediatric syndromes and their complexities. It will provide a list of important systems involved in each syndrome that a nurse must be able to manage when taking care of a client that has a syndrome. The list of syndromes with their systems involved will assist the nurse in planning and managing the care of a client with a syndrome.

Method: The syndromes listed were selected based on their frequency (common and rare) of occurrence. The selection process was based on the syndrome's frequency in the perioperative clinical setting of a level 1 trauma, children's hospital.

Results: The condensed list of pediatric syndromes and their conundrums produced 44 syndromes that were considered common and some were rare.

Conclusion: Creating a list of common and some rare pediatric syndromes and their complexities was a process that involved clinical practice experience and academic knowledge about syndromes. The list of pediatric syndromes was divided into 14 categories for ease of understanding of each group of syndromes. The categories provided were definitions, further explanations and important descriptions of each collection of syndromes.

Clinical Relevance: It is important to know that managing the respiratory system is of primary concern when dealing with a pediatric syndrome client. After establishing the control of airway, the next key points to remember are the systems involved and affected by the syndrome. The condensed list of pediatric syndromes with key information regarding each syndrome will assist a nurse in providing safe and effective nursing care.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

The Health Effect

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Purpose

The purpose of this presentation is to evaluate the health-related challenges and opportunities in an inner city predominantly African-American community. The results of this assessment determined the health services needed within the community which will be provided through a comprehensive primary care clinic located in a senior high school.

Target Audience

The target audience of this presentation is health care professionals with clinical, academic, and administrative expertise with an interest in community-based primary care clinics managed by nurse practitioners as well as school-based primary care.

Abstract

Problem: African-Americans have a significantly greater prevalence of a range of health conditions across their lifespan when compared to other racial or ethnic groups which are often due to negative social determinants of health. These health conditions include but are not limited to infant mortality, teen pregnancy, asthma, hypertension, tobacco usage, obesity, high cholesterol, lack of physical activity, seasonal influenza, HIV/AIDS, and tuberculosis (TB). Mortality rates are also greater in African-Americans under 65 years of age when compared to other racial and ethnic populations. These disparities are mainly attributed to reduced access and quality of healthcare, poor nutrition, inadequate housing, lower education, and under employment. Other additional factors include the effects of social and economic inequalities, prejudice, and systematic bias on the overall health of this population.

Purpose: The Health Effect project was implemented to determine the needs of a predominantly African-American inner-city community popularly known for its high crime rates, high prevalence of chronic mental and medical conditions, limited access to quality healthcare, and a high poverty rate. The project assessed unmet healthcare needs in order to develop a new service strategy plan to address identified health needs.

Methods: Study Design: Data were collected using a mixed method (qualitative and quantitative) approach. Questionnaires garnered demographic information (age, gender, race/ethnicity, income, and education), and perceptions of personal family and community health status and issues, and about health insurance needs and barriers to access to care and quality of healthcare services in the community. Focus groups and individual interviews were conducted using open-ended interview schedules which allowed participants to express their opinions. Focus group interviews were conducted with youth and adults. Quantitative data were analyzed by basic descriptive statistics. Qualitative data were analyzed and coded based on thematic analysis. Research methods were approved by a university institutional review board.

Sample: One-hundred twenty-nine participants completed survey questionnaires and 62 of those respondents participated in six focus groups. The participants were youth and adults living in an economically-challenged African-American community. The youth were students of a community high-school and the adults were faculty from the high school, community members, and parents of some of the high school teens.

Results: Among adult respondents, 54% were unemployed, and nearly 50% of the teenagers and adult participants reported chronic related physical and mental health illnesses such as asthma, anxiety,

depression, diabetes and hypertension. All participants reported a lack of adequate access to quality primary care. Although 86% of participants reported their healthcare needs are being met, 70% of males over the age of 40 had not received a prostate examination within the last year and 38% of females over the age of 35 had not received a mammogram within the last year.

Findings for Youth (Teenage Respondents): Among the youth, 17% reported they have no regular health care provider to meet health needs, and 21% of youth indicated their health was “poor” or “fair.” Of those youth who sought health care, 33% had asthma, 23% had dental problems, 13% migraines and headaches. Youth most frequently felt they needed health information regarding diet and nutrition (44%), exercise (33%), weight control (27%), visual problems (19%), and high blood pressure (17%).

Qualitative data indicated that teens worry most about the following:

- (1) Teen sex, its consequences and sex education issues;
- (2) Life style issues that affect their health such as inadequate sleep, poor nutrition and obesity;
- (3) Mental health issues including stress, depression, anxiety, panic attacks, anger issues, poor self-esteem, PTSD, bi-polar disorder, schizophrenia, use of illegal drugs and misuse of prescription drugs.
- (4) Teen relationship problems such as abusive sexual relationships and sexual abused by their parent’s sexual partner;
- (5) Acquiring a long-term chronic disease or terminal disease, such as breast cancer; and
- (6) Parental and family health issues, such as parental and grandparent physical health issues, and having to care for sick or aging parents or grandparents.

Youth reported need for extensive family and community health education.

Findings for Adult Respondents: Among adult respondents, 23% reported they have no health insurance and 23% have no regular health care provider while 42% have been treated for high blood pressure, 25% for high cholesterol, 21% for diabetes, and 10% for mental health problems. Five percent of adult respondents reported they needed more information about “thoughts of self-harm,” 10% reported they had been treated for depression, and 6% reported treatment for anxiety. Adults were most concerned about the following:

- (1) Youth sex and its consequences such as unprotected sex and little knowledge about contraceptives, pregnancy prevention and STDs.
- (2) Mental and emotional health of youth such as youth’s “out of control anger and bullying,” poor self-esteems, homosexuality and bi-sexuality in middle school children. Children have PTSD from all the killings in the community.
- (3) Youth lifestyle issues and health consequences, such as childhood obesity, drug abuse, gun violence, lack of finances to buy nutritional foods, lack of quality foods in neighborhood stores, and gun violence.
- (4) Sexual, physical and emotional abuse of children: Parents corroborated youth’s reports that neighborhood children are sexually abused by the mother’s boyfriends who often pay the bills.

Parental and family health education issues:

1. Neighborhood parents have limited parenting skills.
2. Several parents felt they were too young to know how to properly raise children.
3. Parents felt their knowledge about sex was “outdated.”
4. Emotional support through family, friends and the church are needed.

Conclusions: Youth and adults in this inner city community perceive inadequate access to healthcare and multiple needs for primary care focused on mental/emotional and physical health disorders. There was also much need for health education of youth, parents and community members in a variety of areas.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Collaborative Service Learning Project to Bring Theory into Practice in Cap-Haitien, Haiti

Sandy Nelzy, BSN, RN, USA

Purpose

The purpose of this presentation is to present a study away project on hygiene, body mechanic, cataract prevention education, and collaborative study conducted with citizens in Cap-Haitien, Haiti.

Target Audience

The target audience of this presentation is anticipated for administrators, faculty, graduate and undergraduate students who are interested in service learning and global study abroad projects. The poster displays accurate and knowledgeable information about hygiene, body mechanic and cataract prevention education that was shared with people in Cap-Haitien, Haiti.

Abstract

A nurse's job is to assess, diagnose, plan, intervene, and evaluate patients holistically all over the world despite the language barrier, cultural and religious differences. This poster presentation is based partly on an elective course taken at York College in the Department of Nursing during the summer of 2014 along with other nursing students to participate in a study abroad in Cap-Haitien, Haiti for approximately two weeks. Many people in Cap-Haitien, Haiti have lack of access to medical care, pure water and other necessary resources. Nursing students were invited to attend the Third Annual Haitian Kennedy Fellows Conference in Cap-Haitien, Haiti. The Kennedy Fellows were outstanding students from various regional public universities throughout Haiti. We worked as a group on a hygiene related project with elementary school children in which we provided teaching on performing vaginal care to prevent infection, proper body mechanic to prevent injury and cataract prevention education with local farmers. According to the Centers for Disease Control and Prevention, cataract alone is the leading cause of blindness in all countries of the world. An estimated 42 million people are affected by severe loss of vision, and cataract causes 17 million of these losses. This proves that, effective teaching has a significant impact on patient's health and safety. In addition, educating patients effectively can also improve the satisfaction of a nurse because of the idea of impacting someone's quality of life. Overall this collaboration closed with an opportunity for each of us to plant trees on the farm. We had the opportunity to work together and learn from each other, even when a language barrier existed. Once again, in the summer of 2015, I had the honor to return to Haiti with the purpose of evaluating the impact of teaching on performing vaginal care, proper body mechanic to prevent injury and cataract prevention education with local farmers. The conclusion was that; individuals continue to practice the proper skills they have learned. In conclusion, the project was a success to both, the citizens of Cap-Haitien, and the nursing department at York College. This proves that, the world could be a better place by providing education to underserved individuals.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Implementation of Infection Control Bundle in a Freestanding Inpatient Rehabilitation Facility

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Purpose

The purpose of this project is to report the impact of the implementation of a comprehensive infection control bundle free-standing in-patient rehabilitation facility.

Target Audience

The target audience of this presentation is nurse educators and clinicians

Abstract

Purpose: The CDC reported 721,800 Healthcare Associated Infections (HAIs) in United States hospitals for 2013. The report goes on to state over half of the reported infections developed outside of the intensive units ("Data and Statistics | HAI | CDC," 2015). The primary source of admission to rehabilitation facilities is acute care hospitals where patients have a high rate of skin colonization of multi-drug resistant organisms (MDROs) that could lead to the development of infection during rehabilitation treatment. Increased time on isolation during rehabilitation been shown to have adverse effects on the patient's length of stay (Colorado, Del Torro, & Tarima, 2014). Two-tiered isolation is modeled after evidence-based techniques. Isolation is only implemented on patients with MDROs or infectious diseases that would traditionally be isolated in any acute care facility. The two tiers of isolation are referred to as "In-Room Isolation" and "Out-of-Room Isolation. As a vital member of the healthcare community, rehabilitation facilities are faced with the goal of decreasing HAIs within their facilities and within the community. As patient care advocates, rehabilitation facilities also have a goal of returning patients to their homes as soon as possible. These two goals must be balanced by educating patients in infection control self-care. Infection control self-care allows the patient to protect themselves and the other patients while in the facility, and to protect the community upon discharge. The purpose of this project is to determine whether the implementation of admission and daily showers along with a two tiered isolation policy reduce the infection rates in an inpatient rehabilitation facility?

Methods: In this project, will evaluate infection rates in a free standing IRF prior to and after implementing the infection control bundle. Staff, patients and visitors will be educated prior to implementation and follow up education will be provided as needed. It is expected that the infection rates will be lower following implementation of the infection control bundle. Retrospective infection rates from a six-month period will be compared to prospective infection rates from a six-month period following implementation of the infection control bundle. Prior to implementation of the infection control bundle, the staff will be educated on the entire bundle of interventions in the bundle. The nursing and all therapy staff will sign an in-service sign-in sheet after watching a 15-minute video recording outlining all steps within the bundle. The nursing in-service will be provided on monitors in the nurses' station that will play every two hours, 24 hours per day for one week. Therapy will view the same video during a lunch-and-learn session where all therapists are required to attend. A written copy of the definitions, allowances, exclusions, and criteria for in-room and out-of-room isolation will be provided for each nurse and therapist. Housekeeping will be educated on room cleaning techniques. When the patient leaves the room while on isolation, the room must be thoroughly cleaned by housekeeping. Education will be completed utilizing a 15-minute video describing the process and products to be utilized when cleaning a patient's room who is infected with an MDRO or C. diff (Thrall, 2013). Consistency in the housekeeping process is vital in reducing transmission of MDROs in the IRF. Hand washing reminder posters will be placed above all sinks including sinks in patient rooms and the rehabilitation gym. Nursing and therapy will be reminded to utilize standard precautions for all patients at all times. Patients with a known infection will have appropriate personal protective gear available outside the patient's room. When a patient is admitted to the facility with an MDRO or develops an MDRO infection while in the facility, the infection control nurse will determine the

type of isolation for the patient needs, and a copy of the appropriate isolation procedures will be placed in the patient's room. The staff will be instructed to contact the infection control nurse or a supervisor if any questions arise. Prior to admission to the IRF, all patients will be given written and oral instructions on the admission and daily baths expectations for every patient. Patients will be educated on the importance of hand washing due to the spread of microorganisms in the IRF. This information will be provided by the rehabilitation intake personnel when they meet the patient prior to admission. Upon admission, the above information will be reinforced and implemented by the nursing staff. All staff will model good hand washing before and after patient contact. Nursing staff will implement the admission showers and daily showers as soon as possible. All patients infected will be provided with CHG soap, non-infected patients will be provided with regular body soap and hand soap. Patients will be instructed to wash hands prior to eating, after using the bathroom, prior to leaving their rooms. Therapy will participate in encouraging patients to wash hands prior to and after utilizing equipment in the rehabilitation gym. Patients who do not have C. diff will be allowed to utilize alcohol based hand sanitizer instead of soap and water for no more than two consecutive hand washings. Alcohol based hand sanitizers will be available throughout the facility and in each patient room for the patients' convenience. C. diff patients will be required to use soap and water for every hand washing. Patients with known MDRO infections will be instructed on the infectious process of the specific MDRO causing their infection. Transmission of the infection will be discussed, as well as how to avoid transmission of the organism to others while in the IRF, and when the patient discharges to home and the community. Oral and written education will be provided to the patient. Education will be provided to the all visitors on the importance of hand washing. Visitors will be encouraged to wash hands upon entering a patient's room, and especially when exiting the patient room and the facility. A hand sanitization station with alcohol based hand sanitizer will be stationed at the front door and multiple places throughout the facility for visitors' convenience. Visitors of patients on isolation will be instructed to wear protective equipment such as gowns, gloves, and masks when participating in the patient's care. Visitors who will live with the patient upon discharge will also be provided with the same education given to the patient on organism transmission and prevention.

Results: The results of this EBP project are in progress.

Conclusion: It is expected that the implementation of the EBP infection control bundle will decrease the MDRO infection rates within the rehab facility.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

An Investigation into Food Offered in a Children's Hospital: A Pilot Study

Niamh Emmett, BSc, RN, Ireland

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Purpose

The purpose of this presentation is to communicate to the audience the role that healthcare providers and healthcare institutions can play in sending positive health messages to children and their families. A secondary purpose is to illustrate the lack of parental knowledge regarding their child's weight and a healthy diet.

Target Audience

The target audience of this presentation is healthcare providers, including nurses, student nurses, doctors, dietitians, and other members of the multidisciplinary team.

Abstract

Introduction and background: The importance of a healthy diet has long been recognised as a cornerstone in achieving and maintaining physical and psychological health. The millions of meals served daily to patients, staff, and visitors in children's hospitals could play a vital role in improving the health of children and their families (Rabbitt and Coyne 2012). However, the often poor quality of hospital food has gained increasing media and news coverage over recent years. In addition, parents have been shown to often underestimate their child's weight, and not recognise if their child is an unhealthy weight.

In Ireland, one in five 5-12 year olds is considered to be either overweight or obese (Irish Heart Foundation 2010). The association of obesity with the incidence of acute and chronic diseases, combined with its effects on general development and wellbeing presents a massive economic burden for the Irish healthcare system (Waters et al 2011). Additionally, it has been reported that overweight and obese children have slower healing times and longer hospital stays (Groleau et al 2014).

Parents are failing to recognise when their child is overweight or obese, thus not seeking help to address this situation (Flinn et al 2012). There exists the belief in Ireland and elsewhere that an overweight child is healthy and well-nourished and that they will grow out of their 'baby weight' as they age (Stankiewics et al 2014). Unfortunately, this is not the case, as evidence has shown that an overweight child is likely to become an overweight adult and face serious health consequences (Waters et al 2011; Watson et al 2015).

Methods: A cross-sectional study of children admitted to a busy city hospital in Ireland was conducted. Parents/primary carers were asked to complete a previously validated questionnaire with regard to their child, using opportunistic sampling.

Results: Of the 69 participants eligible for inclusion, 44 returned completed surveys, a response rate of 63%. Approximately 86.7% of parents reported that the food served in hospital was similar to the food served at home. Parents reported that they would like to see more wholegrain bread, fresh fruits and vegetables, dairy products such as yogurt and cheese, less sauces with meals, less 'heavy' foods such as potatoes, and less fried/greasy food offered to the children. 4% of parents however, reported that they would like to see more fried foods on offer at meal times. Up to 20% (n=9) of children were overweight or obese, and of these, only one parent correctly classified their child as overweight. 7 of these parents believed that their child was a healthy weight, and 1 parent was unsure of their child's weight status.

Conclusion: This study shows that food served to children in hospital can be improved by offering healthier options, wholegrain bread, and fresh fruit and vegetables. Parents are failing to recognise when their child's weight is no longer healthy.

Limitations of the study: As a pilot study building on the results of Flinn et al (2012)'s cross-sectional study of diet and weight of children in an Irish hospital, the present study was limited by the sample size.

There was a relatively short period of time during which data collection was carried out (4 weeks) and there was a limited amount of patient turnover in the chosen hospital. Furthermore, the fact that the survey consisted of a written questionnaire limited the study findings. The researchers believe that given more time, the utilisation of a focus group with a small number of parents would have greatly helped in generating richer ideas and comments on the food in hospital and perceptions of a healthy diet. Face-to-face interviews could also have been of benefit in encouraging a more in-depth response from participants.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

The Relationship Between Personality Types, Stress and, Coping Mechanisms in Prelicensure Nursing Students

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Tiffany Welch, USA

Thinh Nguyen, USA

Thomas Jenkins, USA

Olivia Burgess, USA

Purpose

The purpose of this presentation is to explore the relationship between personality types and the ability to cope with stress among 1st year prelicensure BSN students.

Target Audience

The target audience for this presentation includes nursing students, nursing faculty, and pre-nursing students.

Abstract

Understanding personality types is essential to thrive in any environment. Students in the nursing major face a multitude of stressors such as heavy course workloads, long hours, a steep learning curve, the need to learn multiple and sometimes complicated psychomotor skills and perform them before an instructor, and complex interpersonal relationships. The authors explored whether personality type influences each student's ability to cope with those stressors and adopt more effective forms of stress management.

Comprehension of personality type is beneficial to both students and educators. This understanding may give the learner insight into how to use learning strategies and methods of stress management that appeal to individuals with a particular personality type (or profile). Additionally, understanding of these interrelationships can be a useful tool providing insight for educators as to more effective forms of teaching and communication likely to resonate with individual learners.

The relationship between stress and personality type is an important area to explore. Stress in nursing students is a known phenomenon which has the potential to negatively affect their ability to learn new concepts in class, perform well in the clinical setting, and do well on exams.

Nursing students in their first year of a baccalaureate degree nursing program (juniors) were surveyed to determine personality types, perceived stress, and coping strategies. The instruments used to collect the desired information were the Perceived Stress Scale (PSS), the Keirsey Temperament Sorter (TS II), and the COPE Inventory. These instruments have been extensively used for studies assessing personality, coping, and stress. These instruments are considered reliable and valid. Data from these surveys were analyzed to determine what relationships exist between personality type and stressors, and which coping strategies each personality type used. This poster will present these findings and offer recommendations for both nursing students and faculty to help students understand and use stress management strategies based on personality type.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Dental Hygiene to Preschoolers in Carries, Haiti

Pierre Andre Elmera, USA

Purpose

The purpose of this presentation is to describe an international study abroad project which introduces the importance of oral hygiene to a group of preschoolers at an orphanage in Carries, Haiti.

Target Audience

The target audience of this presentation is administrators, faculty, graduate and undergraduate students who are interested in participating in an international study abroad program in an underserved population.

Abstract

According to World Health Organization (2012), 60–90% of school age children have dental cavities. Oral health is essential to a person's general health. It consists of being free from oral infection, mouth and facial pain, tooth decay, tooth loss, or any other condition such as blood borne disease and heart attacks. Many of these issues might restrict a person's ability in biting, chewing, smiling, speaking, and psychosocial wellbeing. Some of the risk factors consist of unhealthy diet, poor oral hygiene, and especially availability and access to dental care services.

Before traveling to Haiti, we researched Haiti's history, healthcare system, and accessibility to services. In Haiti, children living in especially the rural communities lack access to dental health services. Furthermore, the water supply does not contain sufficient fluoride; which, according to the Center for Disease Control, plays a vital role in decreasing dental caries. We decided to conduct a project related to dental hygiene in the rural area of Carries, Haiti.

In June 2015, as part of our elective nursing course which addresses assessment of healthcare services in a global underserved population; we traveled to Haiti to participate in a class project on dental hygiene. When we arrived in Carries, Haiti, we had the opportunity to meet with a group of preschoolers at the Mission of Grace orphanage. We presented our project on dental hygiene. Teaching was done by first assessing how the preschoolers brushed their teeth; followed by demonstrating to the preschoolers the proper techniques for brushing their teeth. To engage the preschoolers, we distributed packages that contain toothbrushes and toothpaste. Each of the preschoolers had the opportunity to practice following our teaching session. The preschoolers were very engaged and happy to participate in our session. The administration and staff of the orphanage also became engaged in our project, and planned to continue many of the steps that we used to engage the preschoolers. It is our hope to return and continue to work with the preschoolers.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

A Mixed Method Approach on the Perspectives of Cervical Cancer Screening in Makhuduthamaga

Coshiwe Matildah Makunyane, MPH, SANC, South Africa
Johanna Mathibe-Neke, PhD, MSM, SANC, South Africa

Purpose

The purpose of this presentation is to share the results and findings of the quantitative and qualitative phases of the study regarding the perceptions of cervical cancer screening by women and Professional nurses in Makhuduthamaga Sub-district, Sekhukhune District, Limpopo Province.

Target Audience

The target audience of this presentation is: Professional nurses, Clinical nurse practitioners, Student nurses, all women regardless of their professional status and all other people who may contribute positively in the study and welfare of women.

Abstract

Background: Cervical cancer is said to be a burden in developing countries and commonly detected through symptoms at a later invasive stage. South Africa has therefore instituted a screening policy in the public sector for women ages between 30 and 70 but cannot meet the goals.

The etiology, pathophysiology and progression of cervical cancer, occurs slowly over years. There is a strong relationship between sexual exposure of HPV and dysplasia. The progression from normal cervical cells to dysplasia and then to invasive cervical cancer appears to be related to repeated injuries to the cervix (Lewis, Heitkemper, Dirksen, O'Brien & Bucher, 2007:1400). It is further indicated by Lewis et al, that "the number of deaths from cervical cancer in the United States has fallen steadily over the past 40 years due to better and earlier diagnosis through the widespread use of pap test."

Non-invasive cervical cancer is about four times more common than invasive cervical cancer. Globally the annual incidence of cervical cancer is 471,000, with 80% of these cases occurring in underdeveloped countries. The mortality rate in these countries is 50%. The increased incidence and mortality rates are attributed to a lack of screening and treatment programmes. Approximately 10,370 women in the United States have invasive cervical cancer and 3700 women die from cervical cancer annually. The increased risk of cervical cancer is further associated with low socioeconomic status, early sexual activity (before 17 years of age), multiple sexual partners, infection with human papillomavirus (HPV), immunosuppression and smoking (Lewis, Heitkemper, Dirksen, O'Brien & Bucher, 2007:1400). The results of a study by Agurto (2004) on perceived barriers of cervical cancer screening in Latin America indicated that, services were not accessible to clients, poor quality of service and poor courtesy by providers, lack of privacy and comfort, high costs, clients' anxiety and negligence to results were the main barriers identified by all participants to cervical cancer screening. The implication is that cervical cancer morbidity and mortality is an international concern.

RESEARCH AIM/PURPOSE: The study is aimed at establishing knowledge/awareness of the importance of cervical cancer screening from women and professional nurses in the Makhuduthamaga sub-district in an attempt to reduce the mortality due to cervical cancer.

Objectives: The sequential explanatory research method aimed at evaluating the implementation of cervical cancer screening policy guidelines. Establishing the perceptions of women and professional nurses regarding cervical cancer screening and developing guidelines based on findings on cervical cancer screening.

Method: A mixed method approach was used by use of sequential explanatory design for both methods to complement each other. The rationale for using mixed methods for this study was to obtain a better understanding of cervical cancer screening by accommodating both women and professional nurses and

by integrating numeric trends from quantitative data with specific details from qualitative data. Qualitative method was used in focus groups, individual interviews for women and professional nurses. Quantitative method was used to gather numeric data through the use of a checklist to evaluate the implementation of the cervical cancer screening policy guideline.

The study was therefore conducted in four phases as follows:

Phase 1: The evaluation of the implementation of the guidelines in the selected clinics and the analysis of quantitative data

Phase 2: Establishing the perceptions of women through in-depth interviews and qualitative data analysis

Phase 3: Focus group discussions with professional nurses and data analysis

Phase 4: Integration of the qualitative and quantitative data and the formulation of guidelines based on the findings.

Population and sampling: The study population are the documents that are used for cervical cancer screening, the professional nurses working in Makhudthamaga, women.

Sampling was purposive.

Results: The results revealed inadequate knowledge with regard to cervical cancer screening from women and challenges with regard to implementation of cervical cancer guidelines mainly due to lack of resources and training of professional nurses and lack of knowledge from women.

Quantitative results

Results of the implementation of the cervical cancer screening policy guideline are illustrated in the following table:

No	Topic	Clinic1 %	Clinic2 %	Clinic3 %	Clinic4 %	Clinic5 %	Clinic6 %	Clinic7 %	Clinic8 %	Clinic9 %	Clinic10 %	Total %
1	Target population	100	100	100	100	100	100	100	100	100	100	100
2	Primary prevention	100	100	20	0	60	100	0	0	20	20	42
3	Secondary prevention	0	33	0	0	33	67	33	67	33	0	27
4	Referral criteria	100	67	100	67	67	67	67	100	67	100	80
5	Follow up criteria	0	50	0	100	50	0	100	50	100	50	50
6	Quality assurance	0	50	0	100	50	0	100	50	100	50	50
7	Infection control	100	100	100	100	100	100	100	100	100	100	100
	Average %	57%	71%	46%	67%	66%	62%	71%	67%	74%	60%	64%

Qualitative results: The following themes emerged from the women interviews:

Major themes

- Perception of cervical cancer screening
- Underwent screening
- Importance of screening
- Possible consequences
- Encouragement

Sub-themes

- Lack of knowledge
- Undergone screening
- **The importance of screening**
- Awareness
- Assessment/diagnostic
- Early detection
- Prevention of death

Consequences:

- Loss of the uterus
- Complications

The focus group discussions led to the following major themes:

- Uptake of cervical cancer screening
- Informed women about cervical cancer screening
- Cervical cancer importance.
- Cervical cancer screening procedure/skill
- Encouragement for follow up on cervical cancer screening and the cervical cancer screening follow up plan
- Implementation of the National cervical cancer screening guidelines
- Cervical cancer screening in-service training

Conclusion: The results reveal a high need for training all categories of nurses, home based cares and informing all women in general about cervical cancer and screening to disseminate information to all people in the community.

Recommendations: The following recommendations were developed based on the results of the study intensified information giving to clients regarding the importance of being screened for cervical cancer, in-service training of professional nurses about the policy, review of the policy for better understanding by all stake holders and provision of human and structural (equipment) resources to improve the uptake of cervical cancer screening.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Educating Rural Teenagers on Self-Breast Examination in Carries, Haiti

Shanique Ivery, USA
Michelle Muyibi, USA

Purpose

The purpose of this presentation is to present a study away project on self-breast exam and breast health education conducted with teenage girls living in Carries, Haiti.

Target Audience

The target audience of this presentation is proposed for administrators, faculty members, and graduate and undergraduate students that are interested in service learning and global study abroad programs. The poster presents knowledgeable information about self-breast exams that was shared with young girls in Carries, Haiti.

Abstract

Breast cancer is a disease that is very detrimental to many people's lives. This disease crosses social, economic, and racial lines. Black women such as Haitians are the most prevalent group to encounter a higher mortality breast cancer rate over other races. This issue may arise primarily because Haitians are currently facing a financial burden and are unable to receive high-quality cost-effective care.

Consequently, these women go undiagnosed and undetected. According to World Health Organization (WHO) (2014), breast cancer ranked 13.9% of cancer deaths amongst the female population in Haiti, top three of cancers reported. In an effort to educate and raise awareness to teenagers about breast cancer and breast health, we developed a project to teach the teenagers at the Carries orphanage, Mission of Grace, on the appropriate way to conduct a monthly self-breast exam as well as normal and abnormal findings.

Young ladies in Haiti may have a misperceived concept of their ability to acquire breast cancer because they may not have any known predisposing factor such as family history of breast cancer or failure to detect any visible signs or deformities. It is imperative to teach preventive strategies so that these young girls will be able to find any abnormal findings that pose as threats to their lives, become aware of lifesaving resources, and take preventive measures to reduce their risk of acquiring this life-threatening disease. Further, they can be able to teach their peers and family members on the correct way to perform self-breast exams. Emphasizing the importance of self-exams, and other appropriate interventions such as, clinical breast exams is essential to help liable individuals to see if they possess breast cancer early on. As a result, they will be able to control their stage of cancer by seeking early treatment and become a breast cancer survivor.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Experiences of Learner Nurses, Nurse Educationalists and, Professional Nurses Regarding Professionalism an Undergraduate Nursing Programme

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Purpose

To use the experiences of learner nurses, nurse educationalists and professional nurses to facilitate professionalism in undergraduate learner nurses for nursing practice.

Target Audience

Nurse educators, clinical facilitators and professional nurses are involved in the clinical learning of learner nurses. Nurse managers and nurse leaders are involved with influencing organizational/institutional policy to support professional nursing staff in health care facilities which incorporate clinical learning in a collaborative partnership with nursing education institutions.

Abstract

Background: The current health care environment requires professional nurses to be capable of managing complex professional issues. For this reason, awareness has been raised amongst learner nurses, nurse educators, clinical facilitators and professional nurses of the need for strong professional values which is vital in the preparation of nurses to manage patient care in a capable and professional manner. The values of professionalism are implicit in the scientific knowledge and practical skills addressed in nurse's professional training. One's values however, are shaped from one's experiences, and influence one's behaviour and interactions with others and are manifested in many aspects of professional behaviour. Undergraduate learner nurses find themselves in the middle between the academic learning environment at an institution of higher learning and the clinical practice environment where nursing practice happens. Contributing and contextual factors in the health care practice environment influences the professional behaviour and subsequently the interaction of professional nursing staff with others, including undergraduate learner nurses. Variation in experiences between how the values of professionalism are taught in the academic learning environment at a higher education institution to undergraduate learner nurses and how it is expected of them to apply these values in the clinical learning environment at a health care institution where these learner nurses are placed for clinical practice, creates conflicting messages about professionalism, leaving the undergraduate learner nurse confused of what it means to behave professionally in nursing practice.

Objective: To use the experiences of learner nurses, nurse educationalists and professional nurses in a meaningful way to improve professionalism in undergraduate learner nurses for nursing practice.

Method: Qualitative data was collected with the use of focus group discussions with undergraduate learner nurses, nurse educators and clinical facilitators involved in the academic and clinical programme at a Higher Education Institution, as well as focus group discussions and unstructured individual interviews with professional nurses at three main academic hospitals where learner nurses were placed for clinical practice. Data were first analysed separately for each of the groups of participants and then converged for a cross-analysis of the separate groups to get a whole of the perspectives of all the participants. Common themes emerged from the convergence of the separate individual groups.

Results: The data analysis of the joined experiences of learner nurses, nurse educationalists and professional nurses, informed a conceptual framework of how nurse educationalists and professional nurses can facilitate professionalism in undergraduate learner nurses for nursing practice.

Conclusion: The experiences of learner nurses, nurse educationalists and professional nurses regarding professionalism provide meaningful insights for nursing education and nursing practice. Nursing education and nursing practice must be in collaboration and partnership with each other to bridge the gap between the academic learning environment and the clinical learning environment to facilitate

professionalism for undergraduate learner nurses. There is a need for undergraduate learner nurses to feel part of the professional team when they are in the clinical practice environment.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Association of Apolipoprotein E Genotype With Activities of Daily Living After Subarachnoid Hemorrhage

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Purpose

To examine the relationship between apolipoprotein E (APOE) genotype and the variability of ability to perform activities of daily living measured using Barthel Index (BI) score in an aneurysmal subarachnoid hemorrhage (aSAH) population.

Target Audience

Healthcare professionals involved in the care and rehabilitation of aSAH population could be impacted by the outcomes of this line of investigation, as APOE genotype could be a possible biomarker to assist healthcare professionals in identifying aSAH patients most at risk for poor outcomes, including low BI scores.

Abstract

Background and purpose - Aneurysmal subarachnoid hemorrhage (aSAH) affects approximately 30,000 individuals in the United States each year. Although diagnostic and intervention techniques have improved, there is still an extremely high mortality rate (up to 50%) and it is estimated that only 60% return to a functional, independent state post-stroke. Known risk factors for poor outcomes post-aSAH include severity of initial bleed, age, and location of aneurysm rupture. We hypothesized that genetic variability may be a factor contributing to differences in functional outcomes. Apolipoprotein E (apoE) is a protein known to facilitate lipid transport and aid in neuronal repair within the central nervous system, making it a likely candidate biomarker to predict functional outcome post-aSAH. This protein, coded for by the apolipoprotein gene (*APOE*) on chromosome 19, has three known alleles (E2, E3, and E4), which can be combined to form six different genotypes (*APOE* 2/2, *APOE* 2/3, *APOE* 2/4, *APOE* 3/3, *APOE* 3/4, and *APOE* 4/4). The relationship between *APOE* genotype and functional outcomes post-aSAH is poorly understood. *APOE* allele E4 has been shown to be significantly associated with worse functional outcomes in intracranial hemorrhage and traumatic brain injury populations, but has shown no significant association to functional outcome in an ischemic stroke population. Ability to perform activities of daily living (ADLs) is a significant indicator of independence and quality of life. The relationship between the presence of *APOE* E4 allele and ability to perform ADLs post-aSAH has not been explored in previous literature. In a study of a combined population of ischemic and hemorrhagic stroke victims, researchers found no significant relationship between *APOE* and ability to perform ADLs post-stroke. However, other studies have found a significant association between *APOE* genotype and decreased ability to perform ADLs in other populations, including mild-cognitive impairment patients. The purpose of this study was to examine the relationship between *APOE* genotype and functional outcomes in persons with aSAH.

Population – Subjects were prospectively recruited as part of an ongoing NIH-funded study approved by the Institutional Review Board (R01NR004339). Patients were included in the study if they were 1) between the age of 18 and 75 years old, 2) diagnosed with aSAH verified with cerebral angiogram, 3) able to read/speak English and 4) had no previous history of neurological disorders. This project included 382 participants; the majority was female (69.9%, n=267) and white (89%, n=340), with a mean Hunt and Hess (HH) score (measure of clinical severity) of 2.65.

Methods - *APOE* genotyping was performed using DNA extracted from either cerebrospinal fluid (CSF) or from whole blood samples. Genotypes were determined using Polymerase Chain Reaction followed by restriction digestion and gel electrophoresis. Genotypes were classified based on the presence or

absence of at least one *APOE* E4 allele, using comparisons to a genomic ladder and samples of known (sequenced) genotype. Ability to perform ADLs was evaluated via home visit 3 and 12 months post-aSAH using Barthel Index (BI) score. BI score is a tool used to calculate a composite measure of ability to perform ADLs including functions such as toileting, grooming, dressing, mobility, and transfer, among others. The BI score has demonstrated high inter-rater reliability and test-retest validity, as well as high internal consistency. Multivariate linear regression was performed to determine the relationship between *APOE* genotype and outcome variability in BI scores controlling for age, sex, and severity of clinical condition (HH Score).

Results – No significant association was found between *APOE* genotype and BI score at 3 and 12 months post-aSAH (adjusted p values $p=0.88$ and $p=0.95$ respectively). Of note, a significant association was found between HH score and BI score at 3 months ($p<0.01$), which neared significance at 12 months ($p=0.05$).

Conclusions and discussion – *APOE* genotype does not appear to have a significant impact on ability to perform ADLs post-aSAH. The findings from this study support findings from Wagle et al. (2010) who found no significant relationship between *APOE* genotype and ability to perform ADLs as measured by the BI score after ischemic and hemorrhagic stroke. However, HH score does appear to have an association with ability to perform ADLs, supporting existing literature that initial clinical condition is a significant predictor of functional outcome. Although no correlation was found between *APOE* genotype and ability to perform ADLs, we are in the process of adding more subjects to the analysis. The results from this study adds to the mixed evidence regarding the relationship between *APOE* and functional status post-aSAH, warranting a need for further exploration of genotype as a predictor of outcome variability.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Risk-Taking Behaviors That Place Women At Risk for HIV Across Cultures

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Purpose

The purpose of the presentation is to raise awareness that culture intersects with sexual practices. Second, it demonstrates that in the majority of cultures across the globe, gender, socioeconomic power dynamics, and social hierarchical structures invariably place women at higher risk for HIV and other STIs when compared to men.

Target Audience

The target audience of this information is any woman, transgender person, or man who is sexually active, regardless of sexual orientation, country of origin and/or cultural identity, as well as the people who care for and love them along with health policymakers.

Abstract

The **purpose** of this poster presentation is to raise awareness among conference attendees that culture intersects with sexual practices all over the world, regardless of language. Second, it attempts to demonstrate that in the majority of cultures across the globe, gender, socioeconomic power dynamics, and social hierarchical structures invariably place women at higher risk for HIV and other STIs when compared to men.

Culture and Risk-taking Behaviors among Women: A thorough review of the nursing, public health, anthropology and psychology literature revealed that culture plays a significant and complex role in the sexual practices of peoples across the globe. It also highlights some of the contemporary theoretical frameworks utilized to explain such behaviors and sexual practices. The majority of such practices were found to be related to gender, religion, economics, politics and social role expectations.

Procedure: The literature search was limited to peer reviewed articles related to sexual practices across cultures from 1975-2015. Databases searched included AIDSInfo, the Cumulative Index of Nursing and Allied Health (CINAHL), Google Scholar, PsychInfo, and PubMed. Keywords used to facilitate the search were *sexual practices, theory, women, risk-taking behaviors and culture*.

Results: The search generated 78 articles, 63 were peer reviewed and 41 related to females. Another search to include transgender persons yielded few relevant articles useful in this examination of the phenomenon of interest. This literature review examined sexual risk practices and risk taking behaviors that place people, not only women, at risk for HIV and other STIs in several countries in Africa, Asia, the Caribbean, Europe, the Middle East, and North and South America. Several theories including the Theory of Intersectionality, Social Dominance Theory, Silencing the Self, Theory of Gender and Power, among others, offer plausible explanations for such societal inequities.

Conclusion: Culture and sexual practices intersect in a complex web of power dynamics universally to place women at risk for HIV. The majority of cultural practices across the globe are based on gender, poverty and other socioeconomic power indicators; and social hierarchical structures that invariably place women at higher risk for HIV and other STIs when compared to men. There are also several social and political theories that offer reasonable explanations for these inequities that exist among and for women, placing them at risk for HIV and other STIs when compared to men, globally. Religious practices, social obligations, force, arbitrary expectations based on race, gender, ethnicity also feature prominently in these practices.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Screening for Anxiety in the Birth Center Setting: A Quality Improvement Project

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Purpose

The purpose of this presentation is to enhance knowledge about screening for postpartum anxiety. This poster presentation will demonstrate the translation of evidence about screening for postpartum anxiety into midwifery practice in a birth center setting, providing the clinician with crucial information on how to reduce symptom burden on women.

Target Audience

The target audience for this presentation are midwives, nurses and students who are interested in learning more about how to best serve the postpartum population. This topic is relevant to practitioners worldwide, regardless of where perinatal services are provided.

Abstract

Postpartum anxiety (PPA) is a common, yet frequently overlooked, health concern for millions of women. Affecting nearly one-third of postpartum women, PPA is often, though not always, accompanied by postpartum depression. Depression receives the greatest emphasis during the perinatal period with little attention given to the prevalence and impact of PPA which can be debilitating for women. Without diagnosis or treatment, PPA can negatively affect a new mother, her baby and family structure. It has the potential to delay infant development, decrease success in breastfeeding, and increase the likelihood of maternal major depression. Only recently has a major professional nursing organization issued a position statement outlining the need for every woman to be screened for anxiety disorders in the postpartum period (AWHONN, 2015).

Additionally, the American College of Obstetricians and Gynecologists (ACOG) recommends that clinicians screen women at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. It is important to also note that screening by itself is insufficient to improve clinical outcomes and must be coupled with appropriate follow-up and treatment. As such, midwives should be prepared to initiate medical therapy, refer patients to appropriate behavioral health resources when indicated, or both.

The purpose of this presentation is to describe a capstone project that is in the process of implementing a screening protocol for postpartum anxiety at several birth centers throughout the U.S.A. The project details a process for educating midwives on how to screen for PPA utilizing a subscale of the Edinburgh Postnatal Depression Scale, documentation strategies, and implementation of effective treatment approaches. An approach for counseling women with high anxiety scores is presented, adapting a tool developed by the American College of Nurse Midwives – the N*U*R*S*E* Approach for Postpartum Depression. The approach emphasizes nutrition, empathy, rest and relaxation, spirituality, and exercise.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Conceptual Model of Health-Related Quality of Life in Schizophrenia

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Purpose

The purpose of this presentation is to present a review of literature on health-related quality of life in schizophrenia and discuss a multifactorial model that can be used to guide research and clinical practice in this area.

Target Audience

The target audience of this presentation is mental health nurses and other interdisciplinary professionals working in mental health clinical practice or research.

Abstract

Background: People with schizophrenia experience devastating symptoms (including hallucinations, emotional withdrawal, and cognitive impairment) as well as comorbidities that lessen their health-related quality of life (HRQoL). Compared to other people, they have a shorter life expectancy and are discriminated against. HRQoL, by focusing on well-being rather than symptoms is a particularly relevant outcome indicator for schizophrenia. Identifying and clarifying determinants of HRQoL in schizophrenia is vital to guide the focus of future research, to investigate alternative and complementary interventions, and to improve the quality of mental health services.

Purpose: The purpose of this literature review was to develop a conceptual model to describe how the health of people with schizophrenia, including physical, mental, and social domains, influences their HRQoL. Aims were to examine (1) factors influencing HRQoL and (2) key stakeholders affecting HRQoL of persons with schizophrenia.

Methods: Ferrans et al's. (2005) HRQoL conceptual model was used as a guiding framework to structure the literature review. English language articles published between 2003 and 2016 and meeting other pre-specified inclusion criteria were reviewed.

Results: An adapted Ferrans' model, called the Conceptual Model of HRQoL in Schizophrenia emerged from the literature review. The model (1) describes how biomedical, psychological, and social factors influence each other and shape, over time, a health trajectory; (2) highlights an understanding of health that goes beyond pharmaceutical management of the symptoms of schizophrenia; (3) focuses on pro health behaviors and the management and self-management of health; (3) integrates perspectives and influences from key stakeholders including patients, providers, family, significant others, and society.

Conclusions: The multifactorial nature of HRQoL in schizophrenia suggests that interventions are possible at many levels including genomics, medicine, nursing, social work, and health policy. Efforts must focus on supporting patients and improving their HRQoL in the community. Mental health nurses are well placed to lead such interdisciplinary work.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Cost Analysis of Maternity Waiting Homes in Rural Liberia

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Purpose

The purpose of this presentation is to report on a cost-effectiveness analysis of maternity waiting homes (MWHs) in Liberia. Data will be presented on maternal and neonatal lives saved using SPSS and excel for analysis.

Target Audience

The target audience of the presentation are participants in the Sigma Theta Tau International Congress interested in global health research and who want to identify opportunities for international collaboration in nursing research, evidence-based practice, education, and health policy.

Abstract

Background/context of paper: Maternal and neonatal morbidity and mortality remains a great concern in low resource settings. Liberia has a maternal mortality ratio of 1,072 deaths per 100,000 live births, ranking them in the top ten for maternal mortality in the world. Liberia also has a high neonatal mortality ratio of 26 deaths per 1,000 live births. Maternity waiting homes (MWHs) are residential dwellings located near health facilities where women stay to await delivery and receive immediate postpartum services. They have been used in a variety of settings as a 'geographic bridge' to overcome distance and transportation barriers that can prevent women from receiving timely skilled care at delivery. Although MWHs have demonstrated their value by reducing maternal mortality rates, there is little information on their cost-effectiveness.

Aim of paper: The purpose of this study is to analyse the cost-effectiveness of MWHs in terms of maternal and neonatal lives saved.

Methods: A cost-effective analysis was performed to calculate the cost per life saved and economic effect of MWHs on maternal and neonatal mortality.

Key points for discussion: Results indicate an extremely low cost per maternal and neonatal life saved at MWHs in Liberia.

Conclusion and recommendations: Maternity waiting homes are a highly cost-effective and affordable strategy to reduce maternal and neonatal mortality in Liberia. Discussion to scale-up MWH interventions for improving maternal and neonatal outcomes in Liberia and other low resource settings is warranted. Results can be used to advocate for policy changes at the national level to increase the allocation of resources for building additional MWHs to address the distance barrier faced by pregnant women in accessing skilled care at delivery.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Co-Occurring Health Risks Among Middle Aged Hispanic Men Who Have Sex With Men, South Florida

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Purpose

The purpose of this study was to explore the effects of age, loneliness, substance use, depression, and social support on high risk sexual behaviors that predispose middle aged (45 to 65 years) Hispanic men who have sex with men to sexually transmitted infections and Human Immunodeficiency Virus infection risk.

Target Audience

The target audience for this presentation is healthcare professionals working with Hispanic sexual minorities.

Abstract

Background: In 2010, men who have sex with men (MSM) represented 4% of the population in the US and accounted for 78% of all new HIV infections among Hispanic men, of which Hispanic men who have sex with men (HMSM) accounted for the third largest number of new HIV infections (6,700 cases). Since the sexual behaviors related with acquiring sexually transmitted infections (STIs) increase the likelihood of acquiring and transmitting Human Immunodeficiency Virus (HIV) infection, STI incidence among MSM may also be an indicator of higher risk for subsequent HIV infection.

Purpose: This study explored the effects of age, loneliness, substance use, depression, and social support on high risk sexual behaviors that predispose middle aged HMSM to STIs and HIV infection risk.

Methods: A non-experimental, cross-sectional research method design was used to collect data from a sample of 150 urban HMSM aged 40 to 65 residing in South Florida. Participants completed standardized measures of sexual behavior, substance use, social support, loneliness, depressive symptoms, and demographic characteristics.

Results: Logistic Regression was performed to assess the impact of social support, loneliness, depressive symptoms, sexual risk behaviors, and illicit drug use on the likelihood that respondents would report that they are HIV infected. The full model containing all predictors was significant, $c^2(7, N = 150) = 30.22, p < .001$. Loneliness, social support, depressive symptoms, substance use, and sexual risk behaviors combined to significantly predict HIV infection status, $-2LL = 121.85, p < .001, OR = 1.26$ for sexual risk behaviors indicating that participants who had higher sexual risk behaviors were 1.2 times more likely to be HIV-infected, $b = 0.23, p = .009$. Logistic Regression analyses were performed to assess the impact partner status and religiosity on the likelihood that respondents would report alcohol, tobacco, and/or illicit drug use. The model containing all predictors and alcohol use was significant, $c^2(3, N = 147) = 8.49, p = .04$. Partner status, religiosity and age combined to significantly predict alcohol use, $-2LL = 165.531, p < .05$, with participants who used alcohol reporting $OR = .4$ times more likely to be single, $b = -1.04, p = .008$. Two-way between-groups analysis of variances were conducted to explore the impact of partner status and religiosity on levels of (1) social support, (2) depressive symptoms, (3) loneliness, and (4) sexual behaviors, which were not significant in any of the models. There was a significant main effect for age, $F(1, 145) = 7.93$, which was a significant predictor of depression after controlling for partner status, and religious affiliation. Multiple Regression was performed to assess the impact of a number of factors on the likelihood that respondents would report engaging in high risk sexual behaviors. The model was significant, $R^2 = .211, F(6, 139) = 6.19, p < .001$, indicating that depression, substance use, social support, and loneliness combined to explain 21.10% of the variance in sexual risk behaviors. Significant relationships include alcohol use ($b = 1.38, p = .030$) and illicit drug use ($b = 1.95, p = .001$). Depressive symptoms, substance use, social support, and loneliness did not influence sexual risk behaviors in this sample.

Significance: As a population, Hispanic men continue to experience high rates of STIs and HIV infection. This study is the first step in developing interventions targeted to reduce STIs and HIV infection among Hispanic sexual minorities. This study is essential in providing data to direct programs of health education geared to decrease high risk sexual practices among sexual minorities, which will subsequently reduce morbidity and mortality of this high risk group. Future research should build on these findings to develop tailored risk reduction interventions.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Minority College Students' HPV Knowledge, Awareness, and Vaccination History

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Purpose

This presentation will enlighten the health care community about the correlation between HPV and cancer and highlight current vaccination guidelines for HPV in the United States. Finally, this study explored the HPV knowledge and awareness, vaccination history, and sources of information in male and female ethnically diverse students.

Target Audience

The target audience for this presentation are professional health care providers, student enrolled in health care programs, and health care educators.

Abstract

Human Papilloma virus (HPV) is the most common sexually transmitted infection (STI), and can cause cervical, anal and oropharyngeal cancer. There are several approved vaccinations to protect against HPV infection, a quadrivalent, bivalent, and 9-valent respectively. It is estimated that 79 million individuals are infected with human papilloma virus (HPV), while 20 million more Americans become infected each year (CDC, 2014 & CDC, 2012). HPV is yearly responsible for 26,000 new cancers (about 17,000 in women and 9,000 in men) yearly (CDC, 2013). Although HPV vaccination is recommended, rates in the United States are not increasing in comparison to other countries. The purpose of this study is to explore HPV knowledge and awareness, sources of information received on HPV, and HPV vaccination rates for ethnically diverse male and female college students ages 18-24. This study is part of a larger study funded by the HIV and Substance Abuse Prevention for Minority Serving Institution's initiative, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration (SAMHSA).

Methods: After IRB approval was received, male and female students were recruited at two sites, a South Florida university and a South Florida state college, from February-August 2014. Inclusion criteria for participants included: ages 18-24, enrolled as a student, and able to speak and read English. After giving verbal consent, the participants completed a self-administered survey. The instrument used was a modified Health Department community health survey, which included demographics, and was adapted to include eight items on awareness and knowledge of HPV, information received on HPV, and history of HPV vaccination.

Results: The sample included 842 students. Data was entered into a SPSS file for data analysis. Overall, 554 (66%) of the participants were vaccine naïve. 63% of the respondents had received knowledge about HPV from family, internet, news student health centers, or other unspecified sources. The majority of these participants, 54%, felt that they were not at risk for acquiring HPV. Another of the major findings from this study is that 25% of the participants had a false assumption that males are not susceptible to HPV infection.

Conclusions/Implications for Practice: Although HPV vaccination is recommended, little is known about vaccination histories for ethnically diverse college students. Less is known about HPV knowledge and vaccination rates of young adult men. This study will add to the growing body of knowledge related to HPV knowledge and vaccination history of minority college-age men and women.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Compassion Fatigue Oncology Nursing

Sarah J. Carson, BA, USA

Purpose

The purpose of this project is to review and evaluate the current literature regarding incidence rates of compassion fatigue among oncology nurses and the effects of self-care strategies on associated symptoms.

Target Audience

The target audience is healthcare and nursing educators, administrators, students, and direct-care providers.

Abstract

Compassion fatigue [CF] was initially described in the professional healthcare literature by Joinson in 1992 as a “loss of the ability to nurture” (Boyle, 2011). Since the initial conception, the concept of compassion fatigue has evolved (Coetzee & Klopper, 2010). Compassion fatigue can be identified in a variety of nursing care arenas. For the purpose of this literature review, *compassion fatigue* will refer to emotional, physical, and spiritual depletion resulting from the prolonged, repeated vicarious experiencing of suffering and pain that occurs during provision of care and that can result in a debilitating weariness and eventual emotional exhaustion (Aycok & Boyle, 2008; Cieslak, et al., 2013; Coetzee & Klopper, 2010; Melvin, 2015; Perry, Toffner, Merrick, & Dalton, 2011).

Particular attention has been focused on those nursing practice areas where patient suffering and loss are most paramount. Evidence in the literature supports these specific arenas. A systematic research analysis indicated the presence of compassion fatigue in forensic, emergency department, oncology, pediatric, and hospice nurses (Dominguez-Gomez & Rutledge, 2009). Most notably, emergency room nurses reported an experience rate of 85%. Additionally, Beck (2011) notes observed rates of 25% to 78% across seven studies that considered nurses in forensics, pediatrics, emergency medicine, hospice, intensive care unit [ICU]. Moreover, an investigation of hospice workers discovered that 78% of the nurses were classified as a moderate to high risk of experiencing compassion fatigue (Abendroth & Flannery, 2006). The nurse in the field of oncology, where patient suffering and loss is great, may therefore be particularly vulnerable to developing compassion fatigue, due to their repeated exposure to intense and protracted losses and resulting feelings of ineffectiveness, futility, and failure (Potter, et al., 2010; Najjar, Davis, Beck-Coon, & Doebbeling, 2009; Wenzel, Shaha, Klimmek, & Krumm, 2011).

According to Potter, et al., it is unclear how frequently compassion fatigue occurs among oncology nurses (2010). Therefore, the purpose of this literature review is to compile and evaluate the evidence regarding the prevalence of compassion fatigue among oncology nurses and examine potential self-care strategies that may facilitate prevention, reduction, and potential reversal of the negative impacts of compassion fatigue on nursing practice, effective delivery of care and resultant adverse patient care outcomes.

A study in 2010 concluded that roughly 86% of oncology, emergency, nephrology, and intensive care nurses indicated moderate to high levels of compassion fatigue, without any significant difference between the groups; however, oncology nurses demonstrated a higher risk for compassion fatigue (on a subscale) than the other specialty groups (Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010). Another study investigating the prevalence of compassion fatigue among oncology nurses concluded that 38% of the nurses manifested compassion fatigue (Melvin, 2015). Though the specific estimates of prevalence of compassion fatigue vary, even the lowest estimates suggest that a substantial portion of oncological nurses do appear to be at risk of developing compassion fatigue.

In regards to basic self-care strategies, the literature review revealed many practices that can be employed to combat compassion fatigue though the effectiveness of these strategies appears to be impacted by individual differences among nurses, such as professional experience, personal belief

systems, personality type, etc. In general, these strategies may be placed into two major categories: strategies employed by individuals or strategies engaged in collectively.

Multiple research studies demonstrate that routine engagement in basic self-care activities, such as exercise, nutritious eating, adequate rest, and healthy sleep habits can prevent compassion fatigue (Houck, 2014; Melvin, 2015). Similarly, relaxation and stress-reduction strategies, including breathing techniques, body movement meditation, art therapy, guided imagery, self-massage, and mindfulness-based-stress reduction [MSBR], are effective means to reduce adverse symptoms of compassion fatigue (Houck, 2014; Melvin, 2015; Sanchez, Valdez, & Johnson, 2014). Appropriate boundary setting and assertiveness are also essential self-care skills for maintaining wellness and avoiding compassion fatigue (Melvin, 2015). In addition, educational programs intended to develop or enhance coping strategies to manage stress, enhance interpersonal relations, and regulate emotions are beneficial (Aycock & Boyle, 2009; Houck, 2014; Melvin, 2015). Engaging in professional and/or spiritual counseling are further means to facilitate caring for oneself and preventing compassion fatigue (Aycock & Boyle, 2009; Houck, 2014; Melvin, 2015; Sanchez, et al., 2014). Moreover, nurses can benefit from participating in forms of play (such as using a hula-hoop dancing) to promote positive moods, self-expression, and enhance personal wellbeing, thereby counteracting the deleterious effects of compassion fatigue (Sanchez, et al., 2014). Finally, specifically-tailored social supports may contribute to decreased rates of compassion fatigue in oncology nurses through the management of loss and bereavement specific to patient care (Aycock & Boyle, 2009; Houck, 2014; Wenzel, et al., 2011).

Aside from basic self-care strategies pursued by the individual nurse, there are other variables that have a significant impact on the development of compassion fatigue. For instance, research demonstrates that team collaboration, organizational commitment, group cohesion, formal debriefing, and mentoring have an inverse correlation with compassion fatigue (Li, Early, Mahrer, Klaristenfeld, & Gold, 2014; Melvin, 2015; Wenzel, et al., 2011). Moreover, personality traits, personal attitudes, interpersonal styles, and other internal factors may mitigate the deleterious effects associated with compassion fatigue (Melvin, 2015).

Overall, the literature review highlights the complexities involved with potential prevention, development, and/or amelioration of compassion fatigue. Although beneficial, self-care practices cannot entirely predict, prevent, or alleviate compassion fatigue alone. The experience of compassion fatigue is a result of interplay between a unique set of internal states and external conditions. Thus, the likelihood that a person experiences compassion fatigue is determined by the sum total influence of the effects of numerous variables. It is important to note, however, that risk factors such as the specific arena in which a nurse works can be offset in a probabilistic fashion by utilization of protective strategies such as those described above.

In conclusion, this project highlights the need for increased awareness and training in regards to compassion fatigue, with an emphasis on protective self-care strategies. Nurses need to be able recognize states associated with compassion fatigue within themselves and in peers. They should understand the full extent and impact of this phenomenon, including which nurses are most at-risk and the necessity to seek early intervention should problems arise. It is also critical that nurses routinely practice basic self-care activities, which include seeking social support. Organizations should consider creating opportunities to do so at a system level; thereby contributing to the improvement and alteration of organizational cultures. This reflects the premises of Ray's Theory of Bureaucratic Caring (Parker & Smith, 2015, pp. 461-482).

However, awareness, education, and encouragement to practice techniques known to reduce rates of compassion fatigues are not enough to eliminate the problem. The literature review revealed that simply raising awareness about the importance of regular self-care practices, including emotional and psychologically interventions, and highlighting protective factors is not sufficient to combat compassion fatigue. Identification of detrimental outcomes associated with compassion fatigue also fails to stimulate widespread change. For nurses to realize the benefits of enacting this body of empirical evidence, they must take translate knowledge into action.

To date, inadequate efforts have been made to address an encroaching epidemic of debilitating psychological and emotional distress among oncology nurses. Unfortunately, despite the evidence, there continues to be a collective failure among nurses to routinely practice appropriate methods of care for

themselves. A radical shift in the collective mentality of nurses is necessary to bring about lasting change. Watson's Theory of Human Caring needs to genuinely become a set of governing principles for managing personal and patient care behaviors and subsequent compassion for Self and Other. The ultimate priority must be the nurse, without negotiation, because wounded caregivers are less able to facilitate healing in others. Irresolute boundaries, lack of supports, overextensions, deficits in assertiveness, and "endlessly giving" compromise the core being of a nurse. Without an unwavering commitment to the self as an instrument of beneficence that must be cared for to be effective, compassion fatigue will remain a risk for every nurse involved in patient care.

Moreover, devoted attention is needed to develop a theory that can adequately account for the complex nature of compassion fatigue, including the interaction of variables that influence overall outcomes. Further research is need also needed to determine which methods are most effective at staving-off compassion fatigue as well as means to ensure interventions and/or self-care strategies have enduring effects.

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RSG STR 2 - Rising Stars of Research and Scholarship Invited Student Poster Session 2

Engaging Students in Service Learning Through a Management of Gender-Based Violence Module

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Purpose

The purpose of the poster is to outline a service learning module and also to reveal how Service Learning unfolds through the framework of experiential learning in an educational module addressing the Management of Gender Based Violence in a nursing program

Target Audience

The target population for this poster presentation is nurse academics at nurse training and higher education institutions.

Abstract

Background: South Africa is a country that is undergoing transformation. Transformation is currently taking across all margins of society. Higher Education is not excluded from this transformation process and remains crucial to achieve transformation in South Africa. This makes it imperative for educational institutions to facilitate South Africa's plan of transformation in South Africa (Luvalo, 2014). Higher Education Institutions adopted community engagement as one of three core responsibilities of higher education, alongside research and teaching and learning (Hall, 2010). CE defined engagement as "the partnership of university knowledge and resources with those of the public and private sectors to enrich scholarship, research, and creative activity; enhance curriculum, teaching, and learning; prepare educated, engaged citizens; strengthen democratic values and civic responsibility; address critical societal issues; and contribute to the public good" Community engagement is scholarly and is an aspect of learning and discovery, and enhances collaboration between society and higher education resulting in social development of communities and it is beneficial for student learning.

Service Learning (SL) is a category of Community Engagement (CE) and has been widely used to achieve outcomes in educational programmes. Service learning is a credit-bearing educational experience, a pedagogical framework of experiential learning, and it is a teaching method that combines academic instruction, meaningful service and critical reflective thinking to enhance student learning and civic responsibility (King, 2004, Pearce Corps, 2006).

Gender Based Violence is a pervasive problem in South Africa and South African women continue to face extraordinarily high levels of violence (Physical abuse and rape are the forms of such violence which have been most clearly described in South Africa) (Kim & Motsei, 2002). A module named, Management of Gender-Based Violence (GBV) module has been designed to equip students with essential skills and knowledge to ensure that nurse graduates acquire skills to recognise, identify and appropriately manage and refer the survivor. The module is offered using SL as teaching and learning pedagogy.

Objectives: The purpose of the paper/ poster is to outline the process of SL and also to reveal how service learning unfolds through the framework of experiential learning in an educational program addressing gender based violence as a public health issue.

Methods: Service learning has been used as way of creative teaching of a module in a nursing program. Partner in the community has been identified and through a needs analysis the students were engaged in communities to uplift the community and achieving their educational outcomes.

Results: The end result illustrates service learning in action. It also displays service learning as a relevant and current teaching and learning strategy embedded in experiential learning and how students acquire skill and knowledge through service learning ensure enhance the quality of an educational outcomes.

Conclusion: Service Learning is planned educational activity which success depends on the service learning facilitator/champion, community partner and the student involvement. Service Learning (SL) is

one form in which CE can take place and provide opportunity to simultaneously engage students in the community, having structured learning objectives to achieve and meeting the needs of the community.

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Evidence-Based Practice Symposia

A 12 - Giving Nurses Voice in Shaping Evidence-Based Health Policy: Lessons Learned From the Front Lines

Closing the Gap in Nurse Advocacy

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Purpose

provide nurses with the confidence and skills for successful health policy advocacy. The transformation of health delivery and the rapid changes in technological and public health approaches to population health, the knowledge and expertise of nurses can positively impact health policy at the local, national and global levels.

Target Audience

nurses interested in health policy. Strategies for increasing confidence and skill in policy advocacy will appeal to nurses across clinical, academic, and administrative specialties.

Abstract

Health care transformation is happening globally. Nurses have the knowledge and expertise to dramatically impact the reformation of local, national and global health systems. Experience working on the House Ways and Means Committee in the U.S. House of Representatives lead the presenter to realize that the voice and expertise of nursing is dramatically absent from the policy conversation. Paradoxically, however, when a nurse who is health policy savvy, policy makers are very interested in incorporating the nursing perspective. Policy makers understand that the broad, population health based approach of nurses is needed to design and implement health policies that support the health of the population while improving quality and controlling costs. Case discussions of the dramatic impact of nursing knowledge in the shaping of the Affordable Care Act in the United States will be presented as examples of how important it is to have nurses in key positions with expertise in policy. Each individual can make a big difference!

The time is right for nurses to gain the confidence and expertise to be successful policy advocates, whether on the local school board, local and national governments or at the global level, nurses need to be active participants. This session will provide lessons learned from experienced policy advocates and include strategic tips for participants to develop their personal action plan.

The need for uniting each nurse's effort to make nursing's aggregated voice sought after in creating and impacting health policy requires us to re-evaluate what we teach new students about health policy, what we include in our research studies, and how we impact health care access, cost and quality.

Participants will be given the tools to develop personal advocacy plans that address local needs and individual nurses' expertise. The nursing profession is poised to provide much needed knowledge and expertise to policy makers. Policy makers are seeking knowledge and expertise to successfully transform health care delivery. Conditions are ripe for nurses to take on the mantle of leadership in health policy. This session will provide participants with the tools they need to develop confidence and expertise in health policy advocacy. This is a call to action!

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A 12 - Giving Nurses Voice in Shaping Evidence-Based Health Policy: Lessons Learned From the Front Lines Making the Process of Policy Making Transparent

Teresa A. Brooks, JD, USA

Purpose

To describe the process of healthcare policy development

Target Audience

The target audience are nurses who are interested in understanding the policy development process and seek to expand their knowledge and skills in influencing and advocating for change.

Abstract

Healthcare policy development in the United States is a patchwork quilt of complex issues complicated by legislative, regulatory and judicial activities. Over the last twenty-five years' healthcare policy has been challenged to address the impact of mandatory spending for healthcare and social security on the federal and state budgets. Changes in healthcare have reverberated from the national, regional, to the state and local levels. Yet, those directly affected by these changes fail to understand and engage in influencing the new structures, processes and payment models. Mistaken assumptions about how the healthcare policy process works, including the major drivers in formulating, reviewing and adopting changes in healthcare laws and regulation, are "missed opportunities" that leave nurses outside of the process.

Over the last several decades, nurses have recognized the importance of advocacy and expanded their efforts and focused lobbying by professional organizations including the American Nurses Association, American Association of Colleges of Nursing, American Organization of Nurse Executives and the National League of Nursing. Working together these four major organizations have been a strong and united voice "as advocates for nursing and patients."

During the Clinton administration's health reform effort, nurses were involved in meaningful ways. That experience helped nurses to realize that the visibility and access to policy makers was worthwhile, and it helped to lay the groundwork for the future. Leaders of nursing organizations were asked to prepare white papers on specific aspects of health care reform legislation and major nursing and other health related organizations were active at the national, regional and local levels, participating in focus groups to identify and describe what were key components needed to make the legislation work. Nurses served on major task forces to address such issues as access, cost, quality and safety, in addition to the new and expanded role of nursing in increasing access to primary care. Major health care reform legislation did not pass during the Clinton administration but nursing's substantial contribution to the debate has borne fruit over the years culminating in the enactment of the Patient Protection and Affordable Health Care Act under President Obama.

Nurses are positioned to assume their roles in addressing the challenges of twenty-first century healthcare. Appreciating the complexity and understanding the need for their ongoing involvement have given nurses the voice to advocate for change, including state scope of practice laws, promoting and funding graduate education, and the need for genuine collaboration and partnership with physicians and other inter-professional colleagues to achieve care coordination.

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A 12 - Giving Nurses Voice in Shaping Evidence-Based Health Policy: Lessons Learned From the Front Lines

Advancing Advanced Practice Nurses in Illinois: Challenges in the Land of the American Medical Association

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Purpose

To provide a framework for how to take a controversial issue and illustrate the process involved in how to build a platform of influence through developing partnerships within the profession, among organizational leaders, and externally with the target audience of legislators/leaders, and adding other key influencers to expand the discussion.

Target Audience

This presentation will be of interest to all levels of nurses, new to the profession or senior members, and will also appeal to those across clinical, education and research settings as the session offers each a set of fundamental strategies that can be adapted to their unique interests and settings.

Abstract

This presentation will utilize the case study of the Illinois House Bill 421 (2015) which introduced the legislated changes entailed in eliminating the requirement of nurses to have a legislated physician collaborative practice agreement. Alternatively, granting the ability for nurses to not have a legislated collaborative agreement with a physician would give more independent freedom for APN's to practice independently. Although this bill did not pass as fully written in the last legislative session, the steps utilized to push this concept further in incremental steps illustrates the key elements in the political process needed in order to lower the opposition's resistance to change.

Specifically, the nursing community organized a campaign that involved multiple strategies across the state. Key to these efforts are the following considerations: (1) framing the issue and providing the evidence to substantiate the claim, (2) communicating the issue in a concise and compelling manner, (3) capturing the attention of influencers, (4) Providing "hands-on" experiences that tell the story, (5) offering options that draw the target power brokers into the discussion to take it to the next level.

Given that the political power of opposing physician groups in the state is very strong, it is important to appreciate the steps involved in how to frame an issue in a very "hostile to nurses" environment in order to portray the time, effort and tenacity that is involved in making the case for using evidence to its best advantage in a political arena. Coalition building and nurse engagement is key to such outcomes and is essential to build support in a sustained manner.

The forum organized by the University of Illinois College of Nursing to bring together nurses from the Chicagoland area along with insurers, university leaders, and nurse experts will be described and discussed in terms of model, outcomes and longer term impact on bringing this issue to the forefront of those directly and indirectly involved in legislative issues.

Implications for policy consciousness and engagement within a college of nursing setting will also be discussed.

Lessons learned and next steps will be discussed.

References

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B 12 - The Challenge of Chronic Disease: Opportunities for Nurses in Africa

Nursing Strategies to Decrease the Global Burden of Cardiovascular Disease

Deborah Chyun, PhD, MSN, BSN, RN, FAHA, FAAN, USA

Purpose

Describe the global burden of cardiovascular disease (CVD) and the state of the science on the prevention and management of CVD. CVD is the leading cause of death throughout the world and successful nursing interventions have been implemented in regard to prevention and management of CVD.

Target Audience

Educators, clinicians and researchers who have an interest in reducing the global burden of CVD through direct clinical care, advocacy and the conduct of nursing research.

Abstract

Cardiovascular disease (CVD) is the leading cause of death throughout the world. Rates of CVD have been increasing globally as a result of population aging, urbanization and globalization. The importance of CVD and other chronic diseases will be discussed, along with global trends. Risk factors for CVD are known and similar throughout the world – unhealthy diet, physical inactivity, and tobacco use -which contribute to elevated blood pressure and blood glucose, abnormal blood lipids, and overweight/obesity. The importance of these risk factors will be highlighted. These same risk factors are also important in terms of stroke, cancer, chronic respiratory diseases and diabetes. Importantly most risk factors can be prevented or modified. Myths (where and among whom chronic diseases are concentrated, focus on infectious diseases, age- and gender-related effects, causes, effects of prevention, expense, and inevitability) regarding chronic disease will be presented, along with the evidence showing the effectiveness of risk factor modification. Interventions to decrease both CVD and its complications have been developed and have shown to be successful. The concept of prevention (primordial, primary, and secondary), ideal cardiovascular health, and behavior will be discussed in order to provide a basis for specific interventions. The research evidence will be presented (according to population studied, conceptual framework, design, intervention components, measures and outcomes) and synthesized, highlighting areas of strength (use of cognitive behavioral therapy, treatment, disease management, coaching and use of e-Health) and those areas in need of further development (measures of self-care/self-management, duration of interventions, content, and outcomes addressed). These findings will serve as a basis for nursing interventions aimed at reducing the risk of CVD and its complications in Africa. Potential barriers to implementation of evidence-based care aimed at CVD risk reduction will be discussed. Areas for future nursing research, nursing education, clinical practice and for public policy aimed at decreasing the burden of CVD will be highlighted.

References

None.

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B 12 - The Challenge of Chronic Disease: Opportunities for Nurses in Africa

Nursing Interventions to Manage and Prevent Type 2 Diabetes and Its Complications

Gail D'Eramo Melkus, EdD, C-NP, FAAN, USA

Purpose

The purpose of the presentation is to describe the extent of type 2 diabetes globally and effective intervention for diabetes self-management and care as well as prevention of the disease.

Target Audience

The target audience of the presentation is comprised of clinicians, educators and researchers.

Abstract

Diabetes currently affects approximately 9% of the world's population over 18 years of age and accounts for 1.5 million deaths, at a cost of \$376 billion. This translates into 382 million individuals with the disease; and by 2030 the number is estimated to increase to 552 million. Persons living in low and middle income countries experience a disproportionate burden of diabetes and related complications often due to a lack of trained diabetes health care providers and resources. Africa currently has 12 million persons with diabetes and by 2030 the projected number will be 23 million, a 98% increase. The Middle East and North Africa have ~ 26 million persons with diabetes and will also experience an increase to 51 million by 2030, a 94% increase. Currently, China leads the world in number of persons with diabetes at 92 million followed by India at 51 million. These numbers illustrate the global burden diabetes however the extent of the problem is enormous when one considers diabetes complications particularly cardiovascular disease which is the leading cause of morbidity and premature mortality. Diabetes is the single leading cause of end stage renal disease (ESRD) in most countries. Further 171 million with people worldwide experience vision loss or impairment due to diabetes, and there are approximately 1 million lower limb amputations annually- one every 30 seconds of which 85% are preventable. Given the complexity of self-management, often with few resources and supports, quality of life is less than optimal. It is reported that ~ 60% of persons living with diabetes suffer from depressive symptoms. Diabetes is a chronic disease that requires daily self-management of dietary intake, physical activity, and medications. Numerous studies have shown that effective cognitive behavioral self-management interventions can result in normal or near-normal glucose control which in turn may delay or slow the progression of micro and macro vascular complications, and improve quality of life. With the global increase in urbanization, obesity, and increased longevity, people are living longer with risk for diabetes or with diabetes thus greater efforts are needed to minimize the accompanying personal and economic burdens.

References

None.

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B 12 - The Challenge of Chronic Disease: Opportunities for Nurses in Africa

Adapting Nursing Interventions to Africa: Challenges and Opportunities

Fhumulani Mavis Mulaudzi, DLittetPhil, RN, RM, FANSA, South Africa

Purpose

to identify preventive and promotive methods that can be local relevant and user friendly for clients and nurses in Africa to address NCDs in their communities.

Target Audience

nurse clinicians, working with patients to enable them to acquire knowledge on available methods that can be adapted to their own setting. To also learn from them based on their experience as the session will be interactive. The nurse academics will learn and share different methods of approaching NCDs.

Abstract

The World Health Organization (WHO) stated that many low and middle income countries in Africa are now facing a double burden of diseases. Countries are currently dealing with infections and they are at the same time faced with a global challenge of non-communicable diseases (NCDs). The movement of people from rural to urban areas is often accompanied by lifestyle changes such as sedentary life style, malnutrition, alcohol abuse and smoking habits that lead to increased risks to the development of NCDs. The WHO strategic directions for strengthening nursing and midwifery 2011-2015 emphasised the vital role that nurses can play in reducing the global burden of NCDs. Nurses form the bulk of the health workforce in developing countries. The majority of nurse scientists are involved in research and some have developed evidence best practices that can be used by health care professionals. However, it has become clear that some of the methods designed in developed countries may not be appropriate and relevant in Africa where collectivism and people involvement are at the core of introducing new programmes.

A desk top review was conducted using research and technical reports, Journal articles, online databases and the Internet. Available literature was analysed to identify preventive and promotive methods that can be local relevant and user friendly for clients and nurses in Africa. The findings showed different challenges and opportunities and innovative, local relevant methods that can be used to tackle NCDs. It was clear that the methods used must be cultural safe and people-centered to ensure sustainability.

Ubuntic inclusion approach which emphasise people-centeredness and collectivism will be shared with participants. Support of nurses in education, trans-disciplinary research and Multiple intervention methods which are derived from the bottom-up approach based on meta-leadership will also be recommended.

References

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Research Symposia

A 01 - Omics-Based Research and Precision Healthcare Delivery Among Diverse and/or Underserved Populations Across the Lifespan

Cardiac Genetic Testing in a Dominican Sample in New York

Kathleen Hickey, EdD, RN, FNP, ANP, FAHA, FAAN, USA

Purpose

The purpose of this presentation is to discuss findings related to minorities with underlying cardiac genetic diagnosis who are at risk for sudden cardiac death and the impact of these cardiac diagnosis on their overall health, genetic decisions, and quality of life.

Target Audience

The target audience for this presentation is nurses, nurse practitioners, physicians, social workers, all members of the health team who provide genetic counseling. Other interested audience members include bench/clinical genetic clinicians and those interested in minority health issues.

Abstract

Purpose: To better understand the impact of undergoing cardiac genetic testing, and the impact of clinically prescribed treatments in an underserved minority population. The objective of this investigation was to evaluate the psychological well-being and perceived cardiac risk among Dominicans who underwent clinically indicated cardiac genetic testing for a possible underlying inherited cardiomyopathy or inherited cardiac channelopathy that could result in a life threatening arrhythmia and/or sudden cardiac death.

Methods: Participants completed the Short Form-36 (SF-36) questionnaire after undergoing cardiac genetic testing to evaluate the impact of cardiac genetic testing on their overall well-being and life choices and health decisions.

Results: There were 51 subjects who underwent cardiac testing and a subsequent placement of an ICD for the prevention of sudden cardiac death. Participants revealed three common themes as part of their interviews: (a) fear of dying prematurely, (b) guilt of possibly passing on a mutation to their children, and (c) fear of having an implantable cardioverter defibrillator (ICD) shock. Physical components of the SF-36 were within normal limits but elevated for mental components. Those who suffered a cardiac event had the poorest quality of life as compared to those individuals who did not suffer a cardiac event and were referred for evaluation because of an abnormal echocardiogram, electrocardiogram or having a first degree family relative who was diagnosed with an inherited cardiac syndrome.

Conclusion: Our findings are consistent with those reported in patients living with hypertrophic cardiomyopathy, where immediate and future concerns of a positive cardiac genetic diagnosis generates fear and concern for an individual with the illness and for other immediate family members who may be affected. However, from our clinical experiences and interviews, women (88%) feared passing on a mutation to their children, whereas male patients (82%) reported they feared the occurrence of a life-threatening arrhythmia or ICD firing. The quality of life and specific themes results in this study warrant further research in other populations undergoing genetic testing. Specifically, the impact of evolving genetic technology in the clinical setting such as whole exon sequencing on future health outcomes and individual health choices is one area of future investigation.

References

None.

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A 01 - Omics-Based Research and Precision Healthcare Delivery Among Diverse and/or Underserved Populations Across the Lifespan

DNA Methylation and Preterm Birth Among African Americans

Veronica Barcelona de Mendoza, PhD, MSN, RN, APHN-BC, USA

Purpose

The purpose of this presentation is to: 1) critically review the current state of the science and literature in DNA methylation and preterm birth, 2) identify research gaps, and 3) make recommendations for future health disparities research agendas in this area.

Target Audience

The target audience of this presentation is nurses, physicians, researchers and other health care providers who provide services to women and infants or who conduct maternal and child health disparities research.

Abstract

Purpose: The purpose of this study is to provide a comprehensive review on DNA methylation and preterm birth with a focus on health disparities and studies done in minority populations. Preterm birth is the leading contributor to infant mortality in the US (Martin, Hamilton, Osterman, Curtin, & Matthews, 2015) with a complex and multifactorial etiology. The care of infants born preterm is costly, over 26 million dollars annually (March of Dimes, 2013). Infants born preterm (<37 weeks' gestation) or who experience stressors in utero such as maternal hypertension, pre-eclampsia or restricted growth have significant sequelae throughout life (Platt, 2014). African American women are disproportionately affected by adverse pregnancy outcomes, and have higher rates of preterm birth (16%) than Caucasian women (11%) (Martin et al., 2015). Despite knowledge of several demographic (race, socioeconomic status, age), biomedical (infection, hypertension, multiple gestation, prior preterm birth) and environmental risk factors (substance use, stress, poor access to health care) for preterm birth and other adverse pregnancy outcomes, researchers have been unable to fully understand the causal mechanisms or how to prevent them (Burriss, Baccarelli, Wright, & Wright, 2015). The science of epigenomics first identified how both genetics and environmental factors interact to affect fetal programming (stressors experienced in utero) and influence phenotype (variation in coat color) with early studies of the agouti mouse (Wolff, Kodell, Moore, & Cooney, 1998). Epigenomics is a promising field of study to understand the modulating factors that may lend itself to understanding and reducing preterm birth, yet there is a paucity of research in this area (Parets, Bedient, Menon, & Smith, 2014).

Methods: We conducted a systematic review of the literature to critically examine the research on preterm birth utilizing DNA methylation. Search terms included DNA methylation, preterm birth, birthweight, gestational age, pregnancy, women and complications. Resulting articles and relevant references from those articles were reviewed. After discarding non-relevant studies, a total of 23 articles were found, and 10 studies included African Americans and were included in the final review.

Results: The existing studies in this area were limited by small sample sizes, cross-sectional study designs, inconsistent methodologies for epigenomic analysis, and choice of tissue samples. Less than half of studies reviewed included African Americans, and in most studies, they comprised less than half of the study sample. Despite these limitations, there was a consistent positive relationship between DNA methylation and gestational age, term birth and fetal growth.

Conclusion: Few studies have examined the association between epigenomics and preterm birth among African Americans, who are at high risk for this adverse outcome. Future research should be longitudinal in design, have increased participation of African American mother-child dyads for adequate power and examine DNA methylation over time, including baseline (pre-pregnancy), during pregnancy (minimally at least once per trimester), and post-partum measurements. Identification and use of clear definitions of preterm birth is important, as well as having a clear explanation of methodology for genomic analysis. Rationale for tissue sample selection should also be considered as this burgeoning field of scientific inquiry will require extensive study replication. This path of inquiry has the potential to provide

important information to identify women who are at risk for preterm birth and other adverse pregnancy outcomes, and to aid in the reduction of health disparities. Once these mechanisms are better understood, we will be better informed to guide the research agenda for reduction of health disparities, with the ultimate goal of providing information for nurses in the clinical setting on how to better care for vulnerable members of our communities and to prevent adverse pregnancy and birth outcomes. This presentation is relevant to the planned Genomics Symposium for the July 2016 STTI meeting and would add to it significantly by reviewing the literature, identifying gaps in the research, and making recommendations for future study.

References

None.

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A 01 - Omics-Based Research and Precision Healthcare Delivery Among Diverse and/or Underserved Populations Across the Lifespan

Whole Genome Sequencing and Nursing Science Among Minority Populations

Jacquelyn Taylor, PhD, PNP-BC, RN, FAHA, FAAN, USA

Purpose

Advances in DNA sequencing technology has resulted in an abundance of personalized data with ambiguous clinical utility and meaning for clinicians. The purpose of this presentation is to review the current state of the science and how nurse scientists can improve understanding of DNA sequencing data and translational genomics.

Target Audience

The identification of consequential genetic variants for actionable health conditions is an important area for advancement in nursing research and clinical practice. Nurses are uniquely positioned to provide the effective translation of powerful genomic technologies into positive health care outcomes for the American population, and other populations worldwide.

Abstract

Purpose: The development of increasingly powerful technology such as genome sequencing to understand and decode human genome sequence is now having a dramatic and expanding impact on the ability to deliver effective and precisely targeted healthcare. Nurses are uniquely poised to carry out a critical role in this healthcare revolution. It is crucial that nurses are able to provide patients with a clear and understandable rationale for the therapeutic interventions dictated by genomic analysis and to counsel wisely as questions arise for patients and families in the course of treatment. The purpose of this presentation is to explicate how nurse scientists can improve understanding of DNA sequencing data and translational genomics.

Methods: An integrative literature review that examined research studies on both animals and humans that focused on exome and whole genome sequencing use in nursing science via PubMed/ MEDLINE and CINAHL with no date restriction to current.

Results: No studies were found in the nursing literature that focus on the role of the nurse or advanced practice nurses in collecting, reviewing, and disclosing results from whole genome sequencing to patients.

Conclusion: The identification of consequential genetic variants for actionable health conditions is an important area for advancement in nursing research and practice. Nurses are uniquely positioned to provide the effective translation of powerful genomic technologies into positive health care outcomes for the American population, and other populations worldwide. As nurse scientists and genetic counselors consider genome sequencing use in the clinical and community settings, it is important for us to think about the usefulness of this technology as a screening tool and how it has been used in the past to identify heritable disorders in programs such as prenatal screening. Nurses in the United States from either the International Society of Nurses in Genetics nor the American Academy of Nursing Genetic Healthcare Expert Panel have currently published statements or policy briefs on this issue of genome sequencing as a screening tool, however, we are certain that these will be forthcoming.

References

None.

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A 01 - Omics-Based Research and Precision Healthcare Delivery Among Diverse and/or Underserved Populations Across the Lifespan

Gene-Environment Interactions Related to Hyperlipidemia Among African-Americans

Michelle Wright, PhD, RN, USA

Jacquelyn Taylor, PhD, PNP-BC, RN, FAHA, FAAN, USA

Purpose

The purpose of this presentation is twofold: 1) to disseminate results from a study investigating the contribution of SNP and DNA methylation data in hyperlipidemia among African Americans, and 2) encourage incorporation of multiple omic approaches into nursing research to improve understanding of risk factors associated with health disparities.

Target Audience

The target audience of this presentation are clinicians and scientists interested in identifying risk factors associated with health disparities.

Abstract

Purpose: African Americans (AA) in the United States face significant health disparities in chronic health conditions. When compared to Caucasians, AAs fare worse with the following indices: 1) highest incidence and prevalence of hypertension, obesity, diabetes, low birth weight, and infant mortality; 2) highest death rates from heart disease, stroke, and colorectal cancer; and 3) shorter life expectancy¹. Health outcomes and life expectancy are strongly influenced by the characteristics of one's environment² and health disparities among AAs have been associated with genomic underpinnings, social inequalities, disproportionate burdens of pollution, and unequal access to quality health care³. Despite some of the genome wide association studies that have identified the independent effects of risk alleles for hypertension and other chronic disease among AAs, very few examine multiple omic methods together, such as single nucleotide polymorphisms (SNP) and DNA methylation (DNAm), to illuminate both the contribution of genetic and environmentally mediated (DNAm) influences on phenotypic expression of disease. In this study, we integrate analysis of SNP and DNAm data to investigate the interaction between genetic and epigenetic factors that may contribute to chronic disease risk in AA for hyperlipidemia.

Methods: Data to be analyzed is from community-based prospective study that recruited individuals with 2 or more siblings that were diagnosed with primary hypertension prior to age 60 (N=1,854 AAs). Peripheral blood samples were collected to measure plasma concentrations of lipid traits [i.e. total cholesterol (cholesterol), low-density lipoprotein cholesterol (LDL), high-density lipoprotein cholesterol (HDL) and triglycerides] were evaluated for all participants who fasted >10 hours prior to serum collection. Genotyping was completed using Affymetix Array 6.0 and DNAm measured using Illumina 27K array. Linear mixed model analyses were conducted separately within each lipid trait. Age, sex, lipid medications, and ancestry informative principal components were used as covariates in all analyses. To control for population stratification, the top 4 principal components (PC) extracted for AAs from genome-wide SNP data were included in all evaluation models.

Results: Mean age of participants is 63 years (26-94), and 71% of the sample is female (N=1,050). Sixteen percent (N=242 > 240 mg/dL) meet the clinical diagnostic criteria for elevated cholesterol, 84% for decreased HDL (N=1250, <40 mg/dL), 7% for increased LDL (N=108 >160 mg/dL), and 21% elevated triglycerides (N=316 ≥ 150mg/dL). Fewer SNPs were significantly associated with variation in lipid traits (cholesterol, HDL, LDL, triglycerides) in AAs than in the European Ancestry cohort^{4,5} due to differences in allele frequencies and interaction effects. DNAm near SNPs associated with lipid trait variation explained additional contribution to variance, over and above that explained by SNPs alone, seen in lipid trait levels in AA.

Conclusion: SNPs associated with variation in lipid traits in AAs and SNPs that are somewhat inconsistent with previous GWAS studies in cohorts of European ancestry. The findings could identify why certain therapies are less effective in AA populations. In future studies we aim to identify optimal therapeutic targets for future interventional and translational studies for clinical prevention and treatment of lipid trait variation in AA. Reductions in morbidity and mortality due to variation in lipid traits in AAs may be achieved by a better understanding of the genetic and epigenetic factors associated lipid traits for early and appropriate screening and treatment.

References

None.

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B 01 - Pain-Omics Across the Lifespan

Pain, Gut Microbiome and Neurodevelopment in Preterm Infants

Xiaomei Cong, PhD, RN, USA

Purpose

The purpose of this presentation is to discuss the state-of-the-science of recent research for the importance of the brain-gut-microbiota axis in regulation of pain/stressors in early life and the use of advanced technologies of microbiome genomic sequencing in predicting pain/stress responses and neurodevelopmental outcomes in high risk preterm infants.

Target Audience

The target audience of this presentation includes clinicians and researchers who are interested in pain, stress, gut microbiome and infant neurodevelopment.

Abstract

Purpose: The purpose of this presentation is to discuss the state-of-the-science of recent research for the importance of the brain-gut-microbiota axis in regulation of pain/stress in early life and the use of advanced technologies of microbiome genomic sequencing in predicting pain/stress responses and neurodevelopmental outcomes in high risk preterm infants.

Methods: A prospective longitudinal study was conducted. Sixty preterm infants (26 0/7 – 32 6/7 weeks' gestational age) were recruited at birth and followed-up for 3 weeks. Outcome measurements are gut microbiota (16S rRNA and metagenomic sequencing), early life pain/stress experience, and neurodevelopmental outcomes. Stool samples and pain/stress levels were measured daily and neurodevelopmental outcomes were examined at 35-36 weeks' post-menstrual age prior to NICU discharge. Exploratory data analysis was conducted with a focus on the evolution in each variable's distribution over time and linkages among variables. The associations of pain/stress, gut microbiome diversity and abundance of specific bacteria, and neurodevelopmental outcomes were analyzed using mixed effect models.

Results: Preterm infants experienced large amount of painful/stressful event in their early life during the NICU stay. Acute and chronic pain/stressors were significant predictors for neurodevelopmental responses. Preterm infants' gut microbiome patterns were diverse among individual infants. Pain/stressor scores account for greater than 10% of the variability seen in the microbiome community and there is an association between the gut microbiome diversity and neurodevelopmental outcomes. Indicator species analysis showed that infant who experienced less pain during NICU stay had higher abundance of *Bacteroides* and *Lactobacillus*, while infant who experienced more painful events had higher abundance of *Pantoea* and *Aeromonadaceae* (Proteobacteria phyla), which are potential pathogens in infant intestinal tract.

Conclusion: The brain-gut signaling system and the role of the gut microbiome are remarkably related to pain/stress in early life. Understanding mechanisms by which early life experience alters neurodevelopment via the brain-gut-microbiota axis will help clinicians to develop neuroprotective strategies to better predict outcomes and to provide corresponding interventions.

References

None.

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B 01 - Pain-Omics Across the Lifespan

Translational Genomics for Predicting Pediatric Pain Outcomes

Renee Manworren, PhD, APRN-BC, PCNS-BC, FAAN, USA

Purpose

The purpose of this presentation is to explore the potential for translating our emerging knowledge of genetic associations with pain sensitivity and analgesic metabolism to a personalized medicine approach to pediatric pain management.

Target Audience

The target audience of this presentation is clinical nurses who manage pain, nurse scientists active in genetics and pain management, as well as clinical nurses and faculty interested in expanding their knowledge of genetics of pain, analgesic metabolism and the potential to translate emerging knowledge to advance personalized pain management

Abstract

Purpose: Explore the potential for translating our emerging knowledge of genetic associations with pain sensitivity and analgesic metabolism to a personalized medicine approach to pediatric pain management.

Methods: Candidate genes from two groups of pediatric patients were interrogated for associations with pain sensitivity and analgesic efficacy phenotypes. Candidate genes were selected based on previously identified associations with altered pain sensitivity in experimental pain and clinical pain syndromes (*COMT*, *FKBP5*, *GCH1*, *OPRM1*, *OPRD1*, *TRPA1*, *TRPV1*) and with altered analgesic metabolism (*CYP2D6*, *CYP2C9*, *CYP2C19*, *CYP3A4*, *CYP3A5*). Individual variability in pain experiences, use of opioids and opioid effectiveness will be illustrated. Patients with chronic pain (N=19) complicated by analgesic inefficacy and adverse analgesic effects were retrospectively tested for *CYP2D6*, *CYP2C19* & *CYP2C9* genetic variants. Subsequently, (N=60) adolescents' post-operative pain after posterior spinal fusion for idiopathic scoliosis or thoracoscopic repair of pectus excavatum was prospectively studied for genetic associations with both genetic variants in pain sensitivity and analgesic metabolism.

Results: Significant *CYP2D6* genetic variants were identified in 84% of the chronic pain patients: 4 were ultra-rapid metabolizers, 8 deficient metabolizers, 3 poor metabolizers and 1 a null metabolizer. Of the three patients with functional *CYP2D6* status, two were *CYP2C19* null metabolizers. It is predicted that pediatric patients with alleles associated with high pain sensitivity would report more severe pain intensity, require more opioid analgesics, and experience more analgesic adverse effects; but the interaction of genetic variation in pain sensitivity and alterations in analgesic metabolism may critically influence and explain variability in individual pain experiences.

Conclusion: The high prevalence of severe pain after surgery, potential for long-term pain and adverse effects of analgesics highlights the need for better predictors and strategies to treat both acute and chronic pediatric pain. If we can preemptively identify patients at greatest risk for pain and adverse analgesic effects, we can recommend: 1) against truly elective surgical procedures to correct non-life threatening or life-limiting anomalies, or 2) treatment with genetically suitable analgesics. Other potential translations include opioid addiction risk modeling. Further research is needed to integrate pharmacogenetic and clinical findings into anticipatory guidance for genetic testing and analgesic prescribing to children with pain.

References

None.

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B 01 - Pain-Omics Across the Lifespan

Genomics and Metabolomics in the Transition From Acute to Chronic Pain

Angela Starkweather, PhD, ACNP-BC, CNRN, FAAN, USA

Purpose

The purpose of this symposium is to describe how the integration of omic science can advance the diagnosis and management of pain, examine innovative programs of research using omic approaches to deepen understanding of pain mechanisms and potential targets for treatment and explain the implications for clinical pain management.

Target Audience

The target audience of this presentation are nurses, advanced practice nurses, nurse scientists and nurse administrators.

Abstract

Purpose: Low back pain is the second most frequently diagnosed pain condition in the United States and although a majority of individuals have resolution of pain during the acute period, an estimated 40% of individuals will experience persistent pain. Given the heterogeneous nature of low back pain, this study sought to describe and compare somatosensory and molecular (gene expression and metabolomic) profiles between individuals with acute low back pain and healthy no-pain controls

Methods: Using a previously established protocol, we comprehensively assessed somatosensory parameters among 31 no-pain control participants, 31 participants with acute low back pain whose pain resolved within 6 weeks and 31 participants who transitioned from acute to chronic low back pain. Samples of whole blood were drawn to examine mRNA expression of candidate genes and metabolomic profiles of molecules involved in the transduction, maintenance, and modulation of pain.

Results: During the acute stage of low back pain participants exhibited increased pain sensitivity to cold stimuli, mechanical stimuli, including mechanical temporal summation at both the painful back area and remote location suggesting a mechanism of enhanced central nervous system excitability. Participants who transitioned to chronic low back pain exhibited increased thermal detection thresholds. In addition, deep tissue specific peripheral sensitization was suggested due to significant differences in pressure pain threshold of the painful back area, but not the remote body site. Several genes that were differentially expressed were significantly associated with somatosensory alterations identified during the stage of acute low back pain and the metabolomic profiles suggest increased inflammatory activation with numerous proteins involved in modulating pain outcomes.

Conclusion: Acute low back pain participants showed selective pain sensitivity enhancement and differential gene expression profiles compared to pain-free controls. Discussion will focus on how characterizing pain-associated somatosensory changes in the context of altered mRNA expression levels may provide insight on the molecular underpinnings of maladaptive chronic pain.

References

None.

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C 01 - Determinants of Disease Prevention Behavior Among Vulnerable Ethnic Minority Women

Facilitators, Barriers, and Predictors of HIV Testing Among Hispanic Women

Rosina Cianelli, PhD, MPH, RN, FAAN, IBCLC, USA

Natalia Villegas, PhD, MSN, RN, IBCLC, USA

Oluwamuyiwa Winifred Adebayo, BSN, RN, USA

Nilda (Nena) Peragallo Montano, DrPH, RN, FAAN, USA

Purpose

The purpose of this presentation is to analyze facilitators, barriers, and predictors of HIV testing among Hispanic women in Florida. HIV testing is the foundation for prevention and care efforts. The literature has consistently documented lower HIV testing rates among Hispanic in the USA relative to other racial/ethnic groups.

Target Audience

The target audience of this presentation is directed to researchers, practitioners, educators, and students who work or are interested in the area of HIV

Abstract

Background: Globally, HIV/AIDS has been a public health concern for over three decades. Thirty-five million people are currently estimated to be living with HIV in the world; 2.1 million of whom are new infections. In the United States (US), more than 1.2 million people are currently living with HIV; and in Florida, the Miami-Dade County currently has the highest number of HIV/AIDS cases. Further, the CDC finds that one in four people living with HIV are women, and these women made up an estimated 20% of all new HIV infections in the country at the end of 2010.

HIV testing has been identified as the foundation for combating HIV infection through disease prevention and care efforts such as identification of infection, early treatment of infected persons, reducing the risk of transmitting HIV to others, effective treatment, linkage to care, and treatment adherence. Lack of HIV testing has been associated with greater disease morbidity and mortality, particularly, as a result of late entry into care. By understanding the facilitators, barriers and predictors of HIV testing among Hispanic women, Healthcare providers may be able address factors that impact their health negatively.

Purpose: To analyze facilitators, barriers, and predictors of HIV testing among Hispanic women in Florida.

Methods: This study is a secondary analysis of baseline data collected to test the effectiveness of the randomized clinical trial, *SEPA III* (Salud/Health, Educación/Education, Promoción/Promotion, y/and Autocuidado/self-care). Participants for this study were recruited in Miami, Florida specifically recruitment occurred at the Florida Department of Health and at the Miami Refugee Center, located in Miami-Dade County. Recruitment occurred also in public places frequented by Hispanic women (e.g., churches, clinics, supermarkets). A total of 320 sexually active Hispanic women between 18 and 50 years old were enrolled in this study. Participants were assessed by female bilingual interviewers using structured questionnaires that contained questions about HIV related outcomes. Assessments were collected with the assistance of a web-based research management software system (e-Velos). Descriptive statistics and logistic regression were used for the analysis.

Results: The average age of participants was 34.79 (SD = 9.2). Most women (n = 306, 96%) were born outside the U.S., and 65.6% of them were living with their partners. The average level of education was 13.73 (SD = 3.3) years. The majority of the women (87.5%) had undergone HIV testing prior to their participation in the study. Twelve point two percent (12.2%) of them have not had HIV testing in the past. Facilitators for HIV testing were: Women reported that they were more likely to get tested for HIV if: an HIV rapid test is available (98.1%); if they get the results immediately (82.5%); if the HIV test is offered to them instead of they asking for one (81.6%); if they get the results immediately (82.5%); and if they were tested with a blood sample rather than saliva (72.2%). Barriers for HIV testing were: no reason to believe

they were infected (73.7%); concerns about lack of social support if the HIV test was positive (20.5%); testing would force them to stop some sexual practices (17.9%); and concerns about the confidentiality of the HIV test results (17.9%). The simultaneous logistic regression analysis described the relationship between the outcome variable, HIV Testing, and a set of independent variables found in the literature as possible predictors for HIV testing (e.g., age, living with a partner, years of education, and HIV knowledge) and the variables that the majority of the women in this study mentioned as facilitators of HIV testing (HIV rapid test is available; if they get the results of the HIV test immediately; if an HIV test was offered instead of asking for one; and if they were tested with a blood sample instead of saliva). The variables “HIV knowledge” $B = 0.30$, $SE = 0.12$, $p = .015$, $OR = 1.030$ and “HIV test is offered instead of asking for one” $B = 0.691$, $SE = 0.278$, $p = .013$, $OR = 1.995$ were significantly related to HIV testing. This translates into the odds of HIV testing increasing approximately by two ($OR = 1.995$) for every one-unit increase in “HIV test is offered instead of asking for one.”

Conclusion: The majority of the women, participating in this study, were tested for HIV prior to their participation in SEPA III. They were tested during the pregnancy or when they arrived in the US as refugees in both cases, the HIV test is mandatory. Strategies to increase HIV testing among Hispanic women that has not been tested for HIV should consider facilitators, barriers, and predictors related to the test. Increasing HIV testing can contribute to improved linkage to care for women who are HIV positive. Thus, effective, culturally appropriate messages and prevention programs must to be developed and implemented to promote HIV testing. Increasing outreach into the Hispanic community to provide HIV education and to offer the test will increase the number of Hispanic women who will be willing to get tested. Health care workers including HIV counselors providing test results may need training to address women’s stress and risk behaviors related to HIV risk. The promising findings of this study indicate that more research on HIV testing among Hispanic women should be conducted.

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C 01 - Determinants of Disease Prevention Behavior Among Vulnerable Ethnic Minority Women

Determinants of HIV and STI Testing Among Women Experiencing Intimate Partner Violence

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Purpose

The purpose of this presentation is to describe determinants of HIV and STI testing among a racially/ethnically diverse sample of women receiving services for intimate partner violence.

Target Audience

The target audience of this presentation is researchers, practitioners, and educators working in the fields of intimate partner violence and/or HIV/STIs.

Abstract

Purpose: HIV testing and counseling among high risk populations has been identified as a key strategy to reducing HIV related health disparities (CDC, 2007). There is a growing body of research documenting the disproportionate risk of acquiring HIV and other sexually transmitted infections (STIs) that individuals experiencing intimate partner violence (IPV) face (Campbell et al., 2008; Geilen et al., 2007; Li et al., 2014; Phillips et al., 2014). Disparities experienced by victims of IPV may be exacerbated by racial and ethnic disparities in the occurrence of HIV and other STIs and access to culturally appropriate testing and counseling services (CDC, 2012). Little is known about these and other social and familial determinants that may impact whether a woman experiencing IPV seeks HIV and STI testing. The purpose of this study is to investigate determinants of HIV/STI testing (both the desire to have a test and actual receipt of a test) among a racially and ethnically diverse sample of individuals experiencing IPV.

Methods: A community-based participatory approach was used to conduct this study; HIV and STI testing services were implemented within a domestic violence service agency based on an identified need. HIV/STI testing behaviors among all clients of the agency were monitored over a 1-year period. Chart reviews of clients seeking services at the domestic violence agency during this time period were used to explore potential disparities and identify predictors of HIV and STI testing. Specific predictors examined included individual (gender, race/ethnicity, age, education, pregnancy, health insurance), relationship (marital status, relationship to abuser, living with partner), abuse (physical, verbal, psychological, sexual, stalking) and previous HIV and STI testing characteristics. Three logistic regression models were conducted examining the impact of these predictors on 1) desire to have an HIV and/or STI test; 2) receipt of an HIV test; and 3) receipt of an STI test.

Results: Completed data were obtained from 320 clients. Most were either Hispanic (54.3%) or Black/African American (35.3%) and had at least some college education (56.9%). A little over half of the sample had health insurance (52.2%) and a majority had received a prior HIV test (78.8%) or STI test (65.0%). Preliminary results found that individuals who lived with their abuser in the past (but not currently), did not have health insurance, had a previous HIV test, or were a victim of physical violence had higher odds of wanting to get an HIV and/or STI test. Predictors of actually receiving an HIV test or an STI test included race/ethnicity, with Blacks/African Americans having higher odds of receiving a test compared to Hispanics, and not having health insurance. In addition, individuals who were younger and had not received a previous STI test had higher odds of receiving an STI test, but not an HIV test.

Conclusion: These findings have implications for policy and practice changes regarding the implementation of HIV/STI testing for individuals affected by IPV. Individuals without health insurance were more likely to use testing services likely because they were unable to obtain services elsewhere. This indicates the importance of providing free services in locations easily accessible to high risk

populations. Racial/ethnic differences were not found in the desire to obtain an HIV or STI test; however, Blacks/African Americans had higher odds of actually receiving testing compared to Hispanics. Additional research is needed to better understand barriers Hispanics face in receiving testing including the provision of culturally sensitive, trauma-informed services.

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C 01 - Determinants of Disease Prevention Behavior Among Vulnerable Ethnic Minority Women

Child Caregiving Burden and Preventative Health Care Utilization Among Mothers With Mental Disorders

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Purpose

The purpose of this presentation is to enhance nursing knowledge by exploring the process of child caregiving burden and its impact on preventative health care service utilization among a racially/ethnically diverse sample of mothers receiving services for mental disorders.

Target Audience

The target audience of this presentation is researchers, practitioners, and educators working in the fields of mental health and/or maternal/child health.

Abstract

Purpose: Persons with mental disorders experience higher rates of chronic illness that are due in part to suboptimal self-care, including underutilization of preventative health care services (Doherty & Gaughran, 2014; Ross et al., 2015; Tilbrook, Polsky & Lofters, 2010; Xiang, Lee & Kang., 2015). Mothers with mental disorders may experience an additional barrier to utilizing preventative health care services, exacerbated by their role as mothers, including sometimes caring for children with significant health and behavioral health problems. The impact of child caregiving has not been assessed as a factor in utilization of preventative health care services among mothers with mental disorders. The current study applies the caregiving process and caregiver burden model (Raina et al., 2004), a multidimensional model of parental caregiving, to explore the impact of child caregiving burden on preventative health care service utilization among a racially/ethnically diverse sample of mothers who are receiving services for mental disorders.

Methods: This presentation is a secondary analysis of baseline data from a randomized trial testing a family-strengthening home-health intervention, *Healthy Home*, for 123 mothers with mental disorders and their children. First, this study will describe indicators of constructs in the caregiving process and caregiver burden model including demographic characteristics (mother's age, family income, mother's education, health insurance status), family/child characteristics (number of children, mean age of children, health and behavioral health problems), caregiving strain due to a child's health condition, mother's parenting self-agency, mother's mental health status (depression, anxiety) and mother's utilization of three types of preventative health services (pap smear, dental visits, and non-emergency visits with a physician). Second, we use path analysis to examine the links between these constructs to partially test the caregiving process and caregiver burden model.

Results: The majority (80%) of mothers self-identified as Hispanic, 12% Black/African American, and 7% White, 1% unknown ethnicity. About half (49%) of the mothers said their monthly family income was under \$1000/month. Most (88%) of the mothers had a Pap smear in the last 3 years, 77% had visited a physician in the last year, and about half (49%) saw a dentist in the last year. The majority (75%) had Medicaid, and about a fifth (18%) paid for insurance out of pocket. Mean age of mothers was 34.55 ($SD = 15.07$) years, and average years of education was 7.39 ($SD = 22.20$). On average, mothers had 1.99 ($SD = 1.21$) children, with a mean age of 8.81 ($SD = 3.88$) years. Worse child health was related to caregiving strain, $B = 0.50$, $SE = 0.09$, $p < .001$ and child internalizing problems were related to mother's anxiety, $B = 0.04$, $SE = 0.02$, $p = .017$. Mother's depression was linked to likelihood of having a Pap smear in the past three years, $B = -1.76$, $SE = 0.72$, $p = .014$, $OR = 0.90$. Child externalizing behaviors were related to parenting self-agency, $B = -0.04$, $SE = 0.01$, $p < .001$, and mother's dental visits, $B = -0.10$, $SE = 0.04$, $p = .006$, $OR = 0.17$.

Conclusion: Caring for children with physical and behavioral health problems adds psychological strain and can be a barrier to some types of preventative health care among women with mental disorders. Mental health service providers should assess the demands and strains associated with caring for children when treating women with mental disorders. Interventions are needed to increase support and caregiving capacity for mothers with mental disorders who are caring for children with physical and behavioral health problems so that mothers are not overburdened and can attend to their own health needs. A family-based intervention that addresses physical and mental wellbeing of mothers with mental disorders and their children can be used to promote preventative health care utilization and improve physical wellbeing of this vulnerable population.

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D 01 - Physician and Nurse Communication/Collaboration: Is There a Difference in U.S. and in South Africa?

Nurse Physician Disruptive Behavior: Building a culture of safety and quality

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Purpose

The purpose is to examine how nurses in the US react to disruptive behavior and what educational, practice and interprofessional strategies are in place and are needed to ensure that nurses at all levels play an active role in addressing the challenges involved in a respectful and value driven process.

Target Audience

The target audience are nurses who educate, practice and are committed to using evidence to change the culture of healthcare and the work environment. Nurses who understand the importance of communication and collaboration and who seek to apply leading practices will benefit from this interprofessional discussion and focus on safety.

Abstract

Purpose: The purpose of the study was to raise the awareness of disruptive behavior in healthcare using the American College of Physician Executives survey tool to measure the recognition of disruptive behavior by physicians and nurses within a five hospital healthcare system and whether it had changed over a two-year period. Because disruptive behavior has serious effects on patient safety and the work environment, it is important that nurses and physicians address this issue in a timely, effective and efficient manner and this study was aimed at providing data to initiate and sustain ongoing discussions about the occurrence in one system.

Methods: This study was first approved by the health system Institutional Review Board in 2013 and re-approved in 2014. The tool developed and used by the American College of Physician Executives and administered by them in 2004 and repeated in collaboration with the American Organization of Nurse Executives was used. Additional questions were approved and added to the original tool during the second survey. A mailed survey method was used and an announcement was sent to all physicians and nurses who practiced in the five hospital system. Two reminders were also mailed out during the three-week data gathering process. Confidentiality was maintained throughout the process with demographic information limited to roles and place of practice.

Results: Results from both the 2013 and 2014 survey indicated that the occurrence of disruptive behavior across the five hospitals remained high with an improvement in the frequency. The major source of disruptive behavior remained about the same with both nurses and physicians identified as a major source. Feedback from the additional questions provided specific areas of conflict regarding the specific reasons for disruptive behavior by both physicians and nurses.

Conclusion: Disruptive behavior in healthcare remains an important issues and requires attention by leaders and other key stakeholders. When the findings were shared across the health system with physician and nurse leaders, they were not surprised by the results and were disappointed that despite ongoing education and coaching about patient safety and "having each other's back" that their situations that were disruptive and had a negative effect on the individual and the work environment. Additional education was recommended with specific emphasis on interprofessional collaboration and partnership conducted as part of the ongoing culture of safety educational process.

References

None.

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D 01 - Physician and Nurse Communication/Collaboration: Is There a Difference in U.S. and in South Africa?

Physician Nurse Disruptive Behavior: How a Physician Champion Changes Outcomes

Helen M. Kuroki, MD, MS-HQS, USA

Purpose

The purpose of this presentation is to expand the knowledge and understanding of how disruptive behavior between physicians and nurses affects patient care outcomes and the work environment.

Target Audience

The target audience are nurses who are interested in improving physician nurse communication and the workplace culture.

Abstract

Purpose: The purpose of the study was to improve patient safety and promote a positive work environment through addressing issues caused by disruptive behavior between physicians and nurses. A partnership between a physician and nurse leader was the framework for development of this study with the goal of using the data to initiate discussion with physician and nurse leaders across a health system and integrate the findings with building a culture of safety education and strategies.

Methods: A replication of a study using the tool "Disruptive Behavior between Physicians and Nurses" developed by the American College of Physician Executives (ACPE) in 2004 was the method. This tool was first administered by ACPE to its members in 2004 and then repeated with their members and with the members of the American Organization of Nurse Executives in 2008. After securing approval from ACPE in 2013 and from the health system Institutional Review Board, an announcement of the study, its purpose and process was e-mailed to all physicians and nurses across the health system. One week later another announcement and the link to the study was sent to all physicians and nurses. A reminder was mailed to all possible participants was mailed during the three-week open period as well as announcements at staff meetings and other forums. The study was replicated in 2014 with Institutional Board approval again secured with their endorsement of adding a set of customized questions based on open ended comments from the first study in 2013.

Results: The results from the study from both 2013 and 2014 indicated a significant level of incidence of disruptive behavior reported by both physicians and nurses. While the frequency varied between the two professions the results reflected that strategies used in the past did not effectively address the issues nor were they confident that leaders and others would be able to be successful in problem solving in the future.

Conclusion: These findings have important implications for action by system and hospital physician and nurse leaders. Using the data as part of the system's building a culture of safety initiative is the responsibility of physician and nurse leaders and will lead to improvement of physician nurse communication, shared accountability and partnership. Sharing the open ended comments from more than half of the survey participants will begin discussion with nurses and physicians about ideas for improvement and effective problem solving.

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D 01 - Physician and Nurse Communication/Collaboration: Is There a Difference in U.S. and in South Africa?

Nurse Physician Disruptive Behavior: A Chief Nurse in South Africa's Perspective

Sharon Vasuthevan, PhD, MSc, BCur, RN, South Africa

Purpose

This presentation will focus on the issue of physician nurse disruptive behavior and its effect on the patient care and work environment in South Africa. Using data gathered from the US in a five hospital health system, this presentation will compare the findings and discuss similarities and differences noted.

Target Audience

The target audience are nurses who are interested in the topic of communication between nurses and physicians and how each of these groups perceive the occurrence of disruptive behavior in both the United States and South Africa.

Abstract

Purpose: The purpose of the study was to replicate the United States study on "Disruptive Behavior between physicians and nurses" and compare the findings to physicians and nurses in South Africa. Because of the effect of disruptive behavior on the work environment and the individual(s) involved, the study was undertaken to raise awareness and offer nurse and physician leaders an opportunity to change the culture of acceptance to one of action and support.

Methods: The study was replicated in hospitals selected by the author, approved and administered using a similar approach to the mail survey from the US. The fifteen question survey was used in its original form and data collected after receipt of organizational approvals.

Results: The results indicate that both physicians and nurses recognize the problem and the findings are similar to the physician and nurse groups in the United States. However, it is clear that both groups of physician and nurse leaders (US and SA) do not have a consistent approach in addressing the issues and oftentimes overlook the serious nature of the problem and its consequences on the individual, team and organization.

Conclusion: It is important that physicians and nurses recognize and address the issue of disruptive behavior in healthcare. These findings demonstrate that there is an awareness of the issue but a lack of strategies used to successfully solve the issues. The results of the study and comparison data from the United States will be used by nurse and physician leaders in South Africa to start a dialogue about disruptive behavior and its effect on patient outcomes and what can we do as interprofessional partners to improve collaboration. An important implication from doing the study and this presentation is the importance of understanding the global health care work environment and the challenges facing the workforce and what recommendations could be made to the education of physicians and nurses as part of their learning about their roles. I would hope that we can continue to sponsor global interprofessional discussions in future meetings.

References

None.

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D 02 - Killing Me Softly: Anonymous Abuse, Victimization, and Family-Like Dynamics in Workplace Bullying Occurrences

'In the Family Way:' Linking Dynamics From Family of Origin With Subsequent Workplace Bullying Experiences

Monica Kennison, EdD, MSN, RN, USA

Purpose

to investigate the commingling of personal history and workplace engagement in workplace bullying experiences. The presentation reports findings of an Exploratory Factor Analysis of the revised Family Relationships Index.

Target Audience

nurse faculty members and academic administrators.

Abstract

Purpose: Our early family experiences follow us throughout life, influencing our beliefs and values in the long term. As Heidegger intimated, we are our histories. In the context of the workplace, memories of early family experiences--still active in our day-to-day thought processes and emotions--are melded with experiences taking place in real time, yielding a sense of self-as-coworker that incorporates both past and present. Confidence, interpersonal comfort, and feelings of safety and of support from peers and administrators thus evolve as functions of the commingling of personal history and workplace engagement (Anda et al., 2004; Frone et al., 1992a, 1992b, 1994; Lindy & Schaefer, 2010).

The purpose of the study described in this presentation was to investigate the commingling of personal history and workplace engagement as these factors conjoin to influence employee perceptions about workplace bullying (WPB) experiences.

Despite a growing body of research on workplace bullying characteristics, antecedents and outcomes, and despite the widespread promulgation of anti-bullying campaigns, WPB's incidence is on the rise, internationally. To date, efforts to stem WPB have failed to fully address the levels of complexity inherent within it; thus, to date, there appear to be no successful interventions to deter WPB. This presentation conveys new findings related to factors that influence targeted victims' perceptions of workplace bullying. It focuses primarily on worker perceptions of 'family-like' roles in the workplace and the interplay of those roles with worker perceptions about the occurrence of workplace bullying. Our goal, ultimately, is to more fully describe the kinds of factors that render bullies' intended targets vulnerable to workplace bullying affronts, despite the primarily trivial nature of those affronts, generally.

Methods: The study we report here represents phase two of an ongoing multi-phase study, the goal of which is to investigate how perception of family-like roles in the workplace links with perceptions of bullying for workplace employees. With permission from one of the FES authors (R. Moos), we modified the Family Relationships Index (FRI) of the Family Environment Scale (FES) (Moos & Moos, 1981, 1986) to operationalize family-oriented roles (i.e., styles of communicating, supporting, nurturing). Following IRB approval and using e-mail, we recruited nursing faculty members (total n=3274) teaching in any one of three U.S. states, asking them to complete the modified FRI and to provide some demographic information about themselves. Participation was voluntary and anonymous, and the sample was one of convenience. Data analysis involved conduct of an Exploratory Factor Analysis (EFA) specific to the response structure of the modified FRI. We examined psychometric properties of the individual factors and the total modified FRI, as well as examining correlations between and among factors of the modified FRI and participants' demographic variables.

Results: A total of 291 respondents (8.8%) completed the survey. The median age of respondents was 54 years, and the vast majority, 95%, were female. Most respondents identified teaching, as opposed to research or administration, as their current primary role in the workplace, and the median academic rank of respondents was assistant professor. When asked "How frequently have you observed workplace bullying?," 53% indicated that they observed WPB monthly, weekly or daily. Of that group, 27% identified

themselves as bullying victims (rather than observers) sometimes, almost always, or always. Findings of the EFA revealed overlaps in work- and family-oriented roles in the workplace, suggesting patterns by which those overlaps influenced participant perceptions of bully-victim encounters.

Conclusion: Workplace bullying has been and remains a complex phenomenon. By understanding how individuals are influenced by bullies' trivial affronts, we may be better able to define appropriate approaches to addressing and stemming the deleterious effects of workplace bullying. Clearly, perception of family-like dynamics has some role to play in targeted bullying victims' subsequent perceptions of the influence of workplace bullying.

References

None.

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D 02 - Killing Me Softly: Anonymous Abuse, Victimization, and Family-Like Dynamics in Workplace Bullying Occurrences

Anonymous Abuse: Describing Student Encounters With Workplace Bully Types

Barbara J. Patterson, PhD, RN, ANEF, USA

Purpose

The purpose of this presentation is to describe student encounters with five workplace bullying behaviors in academic and/or workplace settings. The five specific bullying behaviors addressed are aggressor, savior, martyr, helpless victim, and expert.

Target Audience

The target audience for this presentation comprises individuals who work with others, and who might be exposed to bullying in the workplace.

Abstract

Purpose: Bullying crosses racial, gender, age, socioeconomic, and religious boundaries, as bullies level their affronts at subordinates, peers, and superiors in workplace organizations. Workplace bullies often act covertly, sometimes posing as colleagues interested in the welfare of the people they are, in fact, targeting. Using formally assigned workplace roles, bullies can change the rules by which they act to gain and maintain power over others.

Through our reading, we have identified five types of bullies: the aggressor, the 'I'll save you', the martyr, the helpless victim, and the expert. These five types of bullies use actions and practices that are covert and clandestine, and not readily recognized as bullying. Their covert actions qualify as bullying because they are used to overpower targets through subtle emotional attacks that tend to shame targets. Easily-recognized, aggressive bullies demonstrate verbal abuse, and sometimes physical abuse, although the latter seldom occurs in workplaces. Verbal abuse can be defined as spoken or unspoken communication (Farrell, Bobrowski, & Bobrowski, 2006). 'I'll save you' bullies pretend to care. They undermine in front of others, belittling their targets in a "friendly" manner through overharsh criticism or outright slander (Chapman, 2009) while suggesting that they can keep their targets safe from others in the environment. Martyr bullies suggest that they have suffered on behalf of their targets, and that, as a result, their targets are beholden to them (Guilt Trip, 2015). Victim bullies use an argument that they have 'one-down' status to overpower their targets. Victim bullies make claims like 'no one appreciates me' to gain power through sympathy. If someone points out the inappropriateness of a victim bully's behavior, he or she will act shocked by the criticism, responding with statements like, 'now you have to earn my trust back,' saying 'I won't be so polite in the future,' sometimes becoming belligerent (Chapman, 2009).

Expert bullies place themselves above reproach. They seem to have all the answers, and they will not hear counterarguments. Condon (2015) gave an example: "Janice... said, '...I brought a research article that described how the board passage rates in one institution dropped after their curriculum revision, which happened to be the one our leader was proposing, had been revised and implemented. Bringing this to everyone's attention made the leader of the revision process so irate she started yelling at me and pointing her finger telling me I was just trying to make things difficult and that we needed to move forward.'" (p. 23).

For those who are vulnerable to bullies' affronts, bullying results in extensive, and paradoxical psychological damage. Understanding when bullying takes place can help limit that psychological damage for individuals, and provide a foundation for helping to stem bullying in the long run. The purpose of this study was to ascertain the frequency with which undergraduate nursing students encountered five bully types and to identify the kinds of settings in which they encountered them.

Methods: For this study, we asked undergraduate nursing students at an east coast, U. S. nursing school whether they had encountered any or all of the following bully behaviors: aggressor, savior, martyr, victim, and/or expert. Responding to a brief questionnaire, study participants told us if they had witnessed or

been affronted by any of these behaviors. In addition, they briefly described the kinds of settings in which they encountered the bully types (work, school, through reading or video) and told us a little about the nature of their bully encounters. Using content and thematic analysis to address frequencies, settings, and characteristics of student encounters with the five bullying behaviors, we described study participants' narrative perceptions.

Results: Study respondents provided narrative data regarding how often and where they had encountered the five bullying behaviors.

Conclusion: Workplace bullying assumes numerous forms, not always readily apparent.

References

None.

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D 02 - Killing Me Softly: Anonymous Abuse, Victimization, and Family-Like Dynamics in Workplace Bullying Occurrences

Beyond the Specious Present: Workplace Bullying Victimization's Roots in Lived Experience

Laura C. Dzurec, PhD, MS, BS, RN, PMHCNS-BC, ANEF, USA

Purpose

The purpose of this presentation is to differentiate the responses of undaunted bullying targets from those of ensnared victims to identify characteristics of the workplace bullying victimization.

Target Audience

The target audience of this presentation is anyone involved in workplace settings.

Abstract

Purpose: The purpose of this presentation is to begin to unravel features inherent in workplace bullying victimization so that targets--the intended objects of workplace bullies' assaults--can be differentiated from victims--those parties actually injured by workplace bullies' assaults.

The face-to-face encounters that overtly characterize workplace bullying often are brief in duration and puerile (Dzurec, Kennison, & Albatineh, 2014). Some who are targeted by workplace bullies are able to walk away, literally or figuratively, from bullying encounters. For others, the influence of the typically childish and immature content of bullying assaults is devastating, resulting, paradoxically, in ongoing and paradoxical engagement in relationship with their bully counterparts.

The self-same bullying communications dismissed by some represent vicious assaults to others, those who are somehow vulnerable to bullying affronts. Workplace bullying acts typically do not involve physical action. Instead, they involve taunts, misrepresentations, and nonverbal expressions such as eye rolling and sighing. While appearing inane and trivial, the acts that constitute workplace bullying raise questions about what the perpetrator is REALLY trying to say. Workplace bullying is, after all, essentially a "communication phenomenon" (Cowan, 2012, p. 1). Its language reflects a convoluted process, potentially intended to shame (Dzurec, Kennison, & Albatineh, 2014) without ever a hint of physical force.

Methods: Using pragmatic utility, the investigators analyzed a broad, published literature regarding workplace bullying, integrating knowledge from their previous research and practice experiences to differentiate the experiences of targets and victims.

Results: Study findings suggest that bullying victimization is established *not* in the immediate, specious present but, rather, through redolence, as the brain acts to interpret the present in terms of a personal, lived past. For those targets ultimately victimized, redolent tacit and explicit knowledge emerging from lived experience revives bygone vulnerabilities, naïve communication and relationship expectations, and suspicious perceptions about the strength and authenticity of organizational supports.

Conclusion: Individual workplace bullying events serve as triggers that activate already-established assumptions regarding sense of self. In light of this finding, future research might address questions of what constitutes 'optimal' interventions in workplace bullying.

References

None.

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E 01 - Psychosocial Factors and Their Association With Health Outcomes in Minority Patients With a Lifelong Disease

Perceived Discrimination is Related to Emotional/Psychological and Physical Symptoms in Sickle Cell Disease

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Purpose

The purpose of this descriptive comparative study was to determine the relationship between perceived discrimination, and emotional/psychological (perceived stress, anger, anxiety, and depression) and physical (pain and fatigue) symptoms in patients with SCD.

Target Audience

The target audience of this presentation is: Researchers, Clinicians, patients with sickle cell disease and their family

Abstract

Purpose: Perceived discrimination is a psychological stressor that has been linked to negative health outcomes in both healthy and patient populations.¹⁻³ Yet little is known about the relationship between perceived discrimination and emotional/psychological and physical symptoms in adult patients with sickle cell disease (SCD). Americans with SCD are vulnerable to the negative influence of perceived discrimination because of historical and contemporary exposure to discriminatory practices, since the majority of patients with SCD are people of African or Hispanic descent. Guided by the model of perceived unfairness (MPU), the purpose of this descriptive comparative study was to determine the relationship between perceived discrimination, and emotional/psychological (perceived stress, anger, anxiety, and depression) and physical (pain and fatigue) symptoms in patients with SCD. The MPU states that the perception of unfairness, such as perceived discrimination, could initiate stress responses, which may accumulate to negatively affect health.⁴ We hypothesize that compared to patients with SCD who did not report the experience of perceived discrimination, those who did would be more likely to report greater emotional/psychological (perceived stress, anger, anxiety, and depression) and physical (pain, and fatigue) symptoms.

Methods: Patients (N=54, mean age 36.3±10.9 years [ranged from 22-74 years], 96% African-American, 57% female) recruited between March-December 2015 completed PAINReportIt, a computerized pain measure, demographic questions, the Perceived Discrimination Questionnaire, the Perceived Stress Questionnaire, and the PROMIS measures (anger, anxiety, and depression). We analyzed the data using the statistical software R.

1.5, n=26) p Value Perceived Stress (0-1) 0.30 (0.18) 0.45 (0.15) .001 Anger (10-90) 46.4 (13.2) 56.1 (9.3) .003 Anxiety (10-90) 49.1 (10.3) 57.0 (5.5) <.001 Depression (10-90) 47.4 (10.0) 56.2 (8.0) <.001 Pain Intensity (0-10) 3.6 (2.3) 4.4 (2.3) .24 Fatigue (10-90) 53.8 (11.2) 59.4 (6.0) .03

Results: We found the mean scores for the study variables to be: Perceived discrimination (1.8±0.7); perceived stress (0.37±0.18); anger (51.1±12.4); anxiety (52.9±9.1); depression (51.6±10.0); average pain intensity (4.5±2.4); and fatigue (56.5±9.4). As shown in the Table, our comparative analysis results indicated that there were statistically significant differences between Low Perceived Discrimination (<=1.5, n=28) and High Perceived Discrimination (>1.5, n=26) groups on study variables, except for the average pain intensity.

Study Variables	Low Discrimination (discrim<=1.5, n=28)	High Discrimination (discrim>1.5, n=26)	p Value
Perceived Stress (0-1)	0.30 (0.18)	0.45 (0.15)	.001
Anger (10-90)	46.4 (13.2)	56.1 (9.3)	.003
Anxiety (10-90)	49.1 (10.3)	57.0 (5.5)	<.001
Depression (10-90)	47.4 (10.0)	56.2 (8.0)	<.001
Pain Intensity (0-10)	3.6 (2.3)	4.4 (2.3)	.24
Fatigue (10-90)	53.8 (11.2)	59.4 (6.0)	.03

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Pain Intensity (0-10)	3.6 (2.3)	4.4 (2.3)	.24
Fatigue (10-90)	53.8 (11.2)	59.4 (6.0)	.03

Conclusions: Findings provide preliminary evidence of the relationship between perceived discrimination, and perceived stress, anger, anxiety, depression, and fatigue in patients with SCD. Findings are consistent with the MPU and suggest that perceived stress related to the experience of perceived discrimination could be the mechanism through which perceived discrimination affects emotional/psychological and physical symptoms in patients with SCD. Results from future studies in this population will provide additional evidence to better understand the influence of perceived discrimination on emotional/psychological and physical symptoms in patients with SCD, and would likely inform future psychoeducational intervention studies to decrease perceived stress, anger, anxiety, depression, and fatigue in patients with SCD who experience perceived discrimination related to their disease or minority status.

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E 01 - Psychosocial Factors and Their Association With Health Outcomes in Minority Patients With a Lifelong Disease

An Analysis of Complementary and Alternative Medicine (CAM) Use Among Adolescents

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Lee Za Ong, PhD, LPC, CRC, USA

Purpose

The purpose of this presentation is to present current research findings on complementary and alternative medicine use among adolescents in the United States and describe findings for ethnic minority adolescents.

Target Audience

The target audience of this presentation is any nurse, educator, or researcher interested in complementary and alternative medicine, adolescents, or culturally appropriate research with ethnic minority adolescents.

Abstract

Purpose: The purpose of this presentation is to provide researchers and clinicians with an analysis on the use of complementary and alternative medicine (CAM) among adolescents in the United States. While the outcomes of research studies may provide information on the patterns of CAM use among adults, information on CAM use and the outcomes of such use in racial and ethnic minority adolescent populations is needed. Previous studies have reported how minority adolescents are not as likely to disclose CAM use^{1, 5} to include spiritual meditation/prayer² and that they are more likely to report other CAM health methods such as yoga or diet.² In addition, greater frequency of praying was associated with better psychosocial health related quality of life among adolescents.³ Additional insight into CAM use among ethnic minority adolescents will provide a greater understanding of the types of CAM approaches preferred, the conditions for which CAM is used, and the physical and psychosocial outcomes as a result of CAM use for this population.

Methods: A secondary data analysis was completed to investigate which variables were associated with CAM use in a national sample of adolescents aged 12-17 years. Data from the 2012 National Health Interview Survey (NHIS) were examined for this analysis with most of the data coming from the 2012 Child Complementary and Alternative Medicine supplement of NHIS.⁴ The sample from the 2012 Child Complementary and Alternative Medicine supplement included 13,275 interviews with adults knowledgeable about children aged 4–17 years. The data set contains an over-sampling of ethnic minorities. For this analysis interviews with 4653 adults knowledgeable about adolescents aged 12-17 years were studied (35.1%). Chi-square tests were used to compare the socio-demographic characteristics of the adolescents.

Results: Among those who used spiritual meditation, parents with more than a high school level of education reported greater CAM use with their adolescents (89.7%) than those with a high school (HS) diploma/General Education Development Certificate (GED) (10.3 %) ($X^2 = 9.180$, and $p < .05$). When comparing parents of adolescents (ages 12-17 years) and parents of school age children (ages 6-11 years), parents of adolescents used CAM more often with their adolescents (56.2%) than parents did with their school age children (40.1%) or children 0-4 years of age (3.7%). When evaluating CAM use in relationship to income, 38.7 % of those at a Federal Poverty Level (FPL) of 400%, used CAM, 23.4% were between a FPL of 200 -399%, 24.1% were between a FPL of 100 – 199%, and 13.9% were between 0 – 99% FPL. CAM was most often used among adolescents who experienced pain, anxiety or stress, and other musculoskeletal conditions when compared to younger children. The majority of the adolescents (61.5%) were more likely to experience one or more pain related symptoms in the last 12 months. Pain conditions include: severe headaches (including migraines), neck pain, low back pain, muscle and bone pain, other chronic pain, and severe sprain/strains. Parents of Black and Hispanic adolescents reported using spiritual meditation less than parents of other adolescents.

Conclusion: CAM use was prevalent among parents on behalf of their adolescents experiencing pain or mental health conditions. Based on the results of this analysis CAM was used more often in those with a higher education and a higher income level. The potential for parents and adolescents to withhold information regarding CAM use should not be disregarded. Given the history and salience of spirituality to include prayer in Black and Hispanic populations, it is surprising that they reported using this category of CAM approaches less often than other parents. We determined that CAM use was evident among ethnic minority adolescents. What is not clear is how education level and income impact CAM use and whether this further contributes to health disparities among ethnic adolescents. Additional research to explore CAM use among specific ethnic minority groups is vital. Analyzing survey instruments for construct validity prior to working with various ethnic populations will enhance the information that is obtained and ensure that information is presented and elicited in a culturally appropriate manner. Additional ethnic specific research will lend a greater understanding of CAM use among ethnic minority adolescents, insight into how CAM use intersects health and illness beliefs and outcomes, and inform providers regarding assessment and health delivery options to promote health equity and quality of life.

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E 01 - Psychosocial Factors and Their Association With Health Outcomes in Minority Patients With a Lifelong Disease

Examination of HIV/AIDS in the United States Virgin Islands: Community Needs Assessment and Gap Analysis

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Purpose

To discuss the prevalence of HIV/AIDS in the Virgin Islands and present findings from a community-based HIV-focused needs assessment and interviews with HIV care providers, people living with HIV/AIDS and community leaders.

Target Audience

Nurses, researcher, HIV care providers, nurse educators, HIV advocates or activists

Abstract

Purpose: For over a decade, for over a decade, the U.S. Virgin Islands (USVI) has consistently had one of the highest prevalence rates of HIV infection in the nation. The USVI had the highest rate of adults and adolescents (per capita) living with a diagnosis of HIV in 2005, the second highest rate from 2006 through 2009, and currently has the third highest rate (685.1), since 2010 (667.1). According to the President's National HIV/AIDS Strategy (NHAS), the USVI is a geographic hot spot for increased HIV risk (White House Office of AIDS Policy, 2013). The USVI also has the 3rd highest rate (365.5/100,000) of adults/adolescents living with an AIDS diagnosis in the U.S. However, only a handful of studies have been published about HIV in the USVI. The project was guided by a number of important documents and frameworks, including the National HIV/AIDS Strategy, the HIV Care Continuum Initiative, the USVI Comprehensive HIV/AIDS Prevention Plan (FY 2012-2016), the Health Belief Model (Stretcher & Rosenstock, 1997; Rosenstock, Strecher, & Becker, 1988), and the Social Ecological Framework (Bronfenbrenner, 2005). The aims/objectives of this project were to:

1. Identify HIV-specific and STI-related: a) perspectives and practices; b) educational and testing needs, and c) community resources
2. Evaluate progress made on select USVI Comprehensive HIV/AIDS Prevention Plan goals.

Methods: Methods included an HIV-focused community needs assessment (CNA) with key informants, stakeholders and community members, health departments, faith-based organizations, medical professionals, educators (*i.e.* teachers, nursing faculty), business and community leaders in the USVI and other key informants and members in select communities to identify key HIV-specific concerns and expressed needs related to HIV/STIs and sexual health. We also simultaneously assessed HIV-related community strengths and resources. Our team used VI Department of Health (DoH) HIV surveillance data & data from the CNA to analyze gaps in: (a) HIV and STI knowledge; (b) HIV testing rates/ frequency (lifetime, annually); (c) barriers to HIV testing. Participants completed the following computerized surveys: HIV Knowledge Questionnaire, AIDS Risk Behavior Assessment, HIV/AIDS Questionnaire for Health Care Providers and Staff, and/or the Comprehensive HIV Needs Assessment Survey. Individual interviews were conducted in person using an interview guide by a primary interviewer and a note taker. Interviews were recorded and lasted between 30 to 90 minutes.

Results: Review of USVI surveillance data showed that there were 1061 cumulative cases of people living with HIV/AIDS (PLWHA), at end of 2013 (CDC, 2014). Majority of PLWHA in the USVI are: AA/Black (56.9%), age 25-54 years (75.6%) and exposed through heterosexual contact (34.6%) or unknown (40.2%). Half are male. Local USVI data show that the HIV epidemic in the USVI is primarily among African Americans, heterosexual men and women, and people between the ages of 25 to 54 years old. Review of 2004-2008 USVI data, showed that the USVI DoH conducted a total of 3975 tests in 2008, across all three Virgin Islands. The majority of tests were conducted among females, Blacks, and people ages 19-24 years. For the community needs assessment, a total of 52 participants completed the study and were from the following categories: Community Members/Leaders (n=24), Health-care

Providers (n=12), PLWHA (n=7). Participants resided on St. Croix or St. Thomas. Average HIV knowledge scores on ranged from 32.3 to 39.5 (possible range 0-45), with PLWH having the lowest scores. Substance use and risky sexual practices were reported by community members and PLWHA. The main identified factors that contribute to high HIV rates in the US Virgin Islands were stigma, lack of education, and unknown HIV Status. The main identified practices that contribute to high HIV transmission and high HIV rates in the US Virgin Islands were unprotected sex and multiple partners and drug use. The main barriers identified regarding accessing HIV resources were confidentiality concerns, discomfort accessing resources, finances and transportation. The main educational needs identified were regarding HIV transmission, prevention, and treatment, and also general about HIV/AIDS. Participants were mostly familiar with the available HIV-related health resources.

Conclusion: Local surveillance data showed that majority of PLWHA in the USVI are minorities, age 25 – 54 years and acquired HIV through unknown source or heterosexual contact. Overall, significant progress was being made locally on the USVI HIV prevention plan in terms of testing, but there are also opportunities for improvement. The HIV community needs assessment identified that many Virgin Islanders believe that risky sexual behavior, substance use, stigma and are among the main contributors to high rates of HIV in the USVI. Several barriers to treatment were identified, including confidentiality issues. There is a need for expanded HIV testing, HIV education, further examination of HIV-associated risk factors and practices among high risk groups and development of appropriate HIV prevention interventions in the USVI. Additionally, additional attention needs to be paid to addressing educational and secondary HIV prevention needs of PLWHA.

References

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J 01 - Pediatric Pain Management in Unique Populations and Settings

Predicting Child Risk for Distress With a Painful Procedure

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Purpose

To discuss development of a web-based computer application (app) that assists providers in identifying families that are able to provide distraction (i.e. decision support) and those that need additional support from a professional and test feasibility in clinical settings.

Target Audience

The target audience is international nurses from a variety of clinical and academic settings that invested in management of pain and improving healthcare outcomes in at risk children.

Abstract

Purpose: The problem is that clinicians need decision support tools to identify child risk for distress with procedural pain in order to allocate resources and provide interventions that are feasible to implement in a clinical setting. The purpose of this study was to develop a web-based computer application (app) that assists providers in identifying families that are able to provide distraction (i.e. decision support) and those that need additional support from a professional. For those parents able to provide support, an app that provides tailored instructions and training for parents to function as distraction coaches during their child's IV insertions is a valuable tool. The research-based app, called *Children-Parents and Distraction (C-PaD)*, was developed from research and has been validated, but needs feasibility testing in clinical settings.

Most young children experience a number of painful medical procedures, such as immunizations, as part of their routine health maintenance. Many children with health problems require additional painful procedures such as venipuncture and IV insertions related to diagnostic testing and disease treatment. Inadequate pain management related to needle sticks can create anxiety in the child, behavioral distress, and may have negative long-term consequences (Kennedy, Luhmann, & Zempsky, 2008; Taddio et al., 2012).

Despite research to support intervention for acute procedure related pain in children, it remains undertreated (Stevens et al., 2011; Stinson, Yamada, Dickson, Lamba, & Stevens, 2008). Topical anesthetics (TA) are effective at reducing needle pain in most, but not all children (Kleiber, Schutte, et al., 2007). Other interventions that work with TA are needed. Distraction is a relatively simple and effective cognitive behavioral intervention for reducing pain and distress for young children undergoing painful procedures (Koller & Goldman, 2012; McCarthy et al., 2010; Stinson et al., 2008; Uman et al., 2013). Parents typically want to help their young child during medical procedures and many can be trained to be distraction coaches for their children (Kleiber, McCarthy, Hanrahan, Myers, & Weathers, 2007; Power, Lioffi, & Franck, 2007). However, about 15% of children do not respond to the distraction efforts of their parents, and display high levels of distress behavior (McCarthy et al., 2010). These children need professionals to provide interventions.

Methods: Predictive models of distress used in the C-Pad prototype were developed from a multisite study of 542 children and parents using data mining techniques. Predictive data mining uses specific cases with known outcomes to construct models that use independent variables (such as demographics and survey responses) to predict outcomes for future cases. Generalization, the performance of the model on unseen data, was further improved by an automatic feature selection method. Using this method, individual items are automatically selected from the data to build the best models for predicting outcomes. Data from a second multisite study (n =574) were used to update the predictive models in the C-Pad, using the same data mining techniques.

Before translating the C-PaD app for use in the community, the prototype needed: a) a new interface to include a responsive design for use on multiple devices (e.g. tablets and smart phones), and b) revised training components including new graphic design and an updated teaching video. From an Information

Technology perspective this involves: Web application development, beta testing and web service development to create a sustainable product.

Results: The C-PaD app has gone through several levels of testing before being released to production. The individual developer performed unit testing throughout the development process. The developers performed additional system tests in this environment and then turned over to a user group to perform user acceptance/beta testing. When all issues were addressed the application was then moved to the production environment. The pilot version was released to a small group of end users for pilot testing in “real world” conditions before final release of the application to the target user community. Feasibility testing was conducted in the Emergency Department and Pediatrics Specialty Clinic Phlebotomy Lab with parents and healthcare providers completing an evaluation on app device and participated in a brief interview. The C-PaD app will be demonstrated and ongoing results and modifications from feasibility testing will be presented.

Conclusions: Use of the C-PaD for decision support is expected to decrease child pain, anxiety and distress with venipunctures, increase parent participation and decision making in providing distraction during IV insertions, and increase provider awareness of individual child risk for distress in order to increase procedural success and appropriate allocation of resources. Next, clinical translation research to determine the effectiveness of the C-PaD in routine practice and translation to community settings is needed.

References

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J 01 - Pediatric Pain Management in Unique Populations and Settings

The Prevalence and Management of Pain in Pediatric Intensive Care Units

Cynthia LaFond, PhD, RN, CCRN, USA

Purpose

The purpose of this multi-site study is to describe the frequency and characteristics of pain experienced by critically ill children and the pain management practices provided to them during a 24-hour time period.

Target Audience

The target audience for this presentation is international nurses from a variety of clinical and academic settings that invested in management of pain and improving healthcare outcomes in at risk children.

Abstract

Purpose: The purpose of this multi-site study is to describe the frequency and characteristics of pain experienced by critically ill children and the pain management practices provided to them during a 24-hour time period.

Though current research points to a problem of pain in PICUs, there is still much that is not well understood. Prior research has been limited in scope, evaluating pain in PICU sub-populations (Bai & Hsu, 2013; Grant, Scoppettuolo, Wypij, Curley, & Team, 2012) or a particular type of pain (e.g. pain from procedures or pain rated as moderate to severe) (Agarwal et al., 2010; Groenewald, Rabbitts, Schroeder, & Harrison, 2012; Larsen, Donaldson, Parker, & Grant, 2007; Stevens et al., 2011). Prevalence studies, which measure the proportion of the population with a condition such as pain, can provide insight into the problem. Yet, pediatric pain prevalence studies in North America have either excluded PICU patients (Ellis et al., 2002) or report few unit-specific results (Groenewald et al., 2012; Stevens et al., 2012; Taylor, Boyer, & Campbell, 2008). As a result of these gaps in the literature, it is not clear under which circumstances critically ill children are at greatest risk for pain. A more comprehensive evaluation of the pain critically ill children experience and the practices surrounding their pain, such as pain assessments and pharmacological and non-pharmacological interventions is needed.

Methods: For this point-prevalence study, the health records of children admitted to PICUs across four US children's hospitals/units during a 24-hour time period were reviewed. Data were collected regarding pain assessments, pharmacological and non-pharmacological pain interventions, and painful procedures documented during the 24 hours.

Results: The records of 77 children were reviewed. Patients ranged in age from 1 month to 25 years old, and were more often male (N = 42, 54.5%), and Caucasian (N = 40, 53.3%). The majority of patients were admitted to the PICU for medical reasons (N = 61, 79.2%) versus surgical reasons (N = 11, 14.3%). PICU length of stay ranged from 1 to 752 days (median 7, mode 2); 39% of patients were mechanically ventilated at the time of the study. Pain assessments were conducted on average 10 times (SD 4.6) during the 24 hours (range 2 to 28), most often using a behavioral pain scale (N = 605, 79%). Pain was present in 14% of assessments (M = 0.6, SD 1.6). Pain quality was infrequently documented (N = 6, 6%). Pain location was recorded 25% (N = 25) and pain etiology 36% (N = 37) of the time. Pharmacological interventions were provided to 59 (77%) patients; most often (64%) opioid analgesics were provided. Non-pharmacological interventions were provided to 51% of patients. The most commonly documented non-pharmacological interventions included decreasing environmental stimuli, caregiver/parent presence, and repositioning. Nearly all (N = 65, 84%) patients received a potentially painful procedure (range 0 to 31); more than half of these procedures included suctioning of the airway.

Conclusion: This study begins to fill a gap in the literature regarding the prevalence of and practices surrounding pain for critically ill children in the United States. Results begin to inform future research and interventions to improve practice.

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J 01 - Pediatric Pain Management in Unique Populations and Settings

Postoperative Pain Management of Children With Autism Spectrum Disorder

Elizabeth Ely, PhD, RN, USA

Purpose

The primary objective of this study was to describe how children with Autism Spectrum Disorder (ASD) understand and communicate about pain. A secondary aim was to describe how children with ASD understand and communicate about pain by identifying meaningful vocabulary and common frames of reference for pain.

Target Audience

The target audience is international nurses from a variety of clinical and academic settings that invested in management of pain and improving healthcare outcomes in at risk children.

Abstract

Purpose: The primary objective of this study was to describe how children with Autism Spectrum Disorder (ASD) understand and communicate about pain. A secondary aim was to describe how children with ASD understand and communicate about pain by identifying meaningful vocabulary and common frames of reference for pain.

Pain assessment of children with Autism Spectrum Disorder (ASD) is challenging and unexamined. However, given that the core deficits of ASD may significantly interfere with the ability to utilize traditional pediatric pain assessment tools (e.g. FACES, 0-10 numeric rating scales), a better understanding of how this population relates their experience of pain to providers is essential for quality care.

Individuals with ASD often have idiosyncratic communication and social participation skills. Recognizing emotions through facial expressions and body language can be particularly difficult when a child has ASD, especially when the child is in a new and unfamiliar environment (Allely, 2013). This social communication deficit may explain why children with ASD seem to demonstrate less outward reaction to pain or pleasure. Pain assessment of many individuals with ASD is difficult and remains largely unexplored. This population is generally unable to utilize traditional pain assessment tools because of their core social and communicative deficits. Breau, McGrath, & Camfield have shown that while accommodations have been adapted to more successfully measure pain among other specific disabled patient groups, these instruments do not address the particular vulnerabilities common to individuals with ASD (Breau, Camfield, McGrath, Rosmus, & Finley, 2001; Breau, McGrath, Camfield, Rosmus, & Finley, 2000). Additional work done by Colligan and Giusiano; Ely and colleagues, Stallard, Williams, & Velleman have also supported this finding (Collignon & Giusiano, 2001; Ely et al., 2012; Stallard et al., 2002). Given the rising prevalence of ASD, health care systems are challenged to safely and expertly interface with this patient community using alternative technologies and adapted instruments (Scarpinato et al., 2010).

Children as young as 4 years of age without ASD are able to communicate about pain intensity, character, location and methods of relief through drawings, self-report pain tools and play (Franck, Sheikh, & Oulton, 2008). Many children with ASD attend school and are able to communicate through words, symbols, or actions, and are likely able to provide information about the intensity of pain they feel. The challenge then is to identify methods to assess pain and adapt existing pain assessment tools keeping in mind the specific differences a child with autism might experience when trying to communicate about pain.

The interdisciplinary team from one tertiary care pediatric hospital felt it was important to shed light on the barriers to pain assessment in children with ASD. The team designed a study describing novel methods to communicate with this population about the experience of pain.

Methods: We used a qualitative, descriptive design with interviews. Two study team members conducted all interviews. Both were experienced pediatric health care providers, one a nurse researcher, the other a child life specialist. Interviews were completed using semi structured questions and electronic technology,

e.g. iPad, with a number of applications designed to allow subjects to “draw” their pain and identify emotions. Interviews were digitally recorded and transcripts were distributed to the study team. Individually, team members read and coded the transcripts for distinct words and phrases they identified as meaningful. The team then met as a group to review and discuss their individual coded phrases so that categories of like codes could be grouped. Each of the group analysis sessions involved 5-9 interviews. The process was iterative, as interviews were completed and distributed, the team met again to continue categorization and discussion of content from the data eventually arriving at categories and themes representing the data.

Results: Subjects included 40 children ages 6-18 years with ASD experiencing acute pain following a surgical procedure at a large urban tertiary children’s hospital. Participants were primarily male (34/85%), non-Hispanic White (29/72.5%) with a mean age of 11.75 ± 3.36 years (range 6-17). All subjects were able to describe and locate their pain but required a variety of approaches. Assessment preferences included minimal time spent focusing on pain as well as simplistic language and actions by using terms familiar to each subject. Some subjects were able to reliably demonstrate understanding of graded response and seriation, but many could not. Parent involvement was essential, both in helping interpret the child’s needs and providing trusted support.

Three themes emerged from the qualitative analysis: 1) understanding pain/hurt: child communication, 2) understanding pain/hurt: parent as interpreter, and 3) what makes pain better. Each theme included a number of categories illustrative of the identified theme.

Key findings include patient preference to point at the location of pain rather than using a pain assessment scale. Parent involvement is a key support for the child when in pain both in helping interpret the child’s needs and providing trusted support. All subjects were able to describe their pain, however, a variety of approaches were necessary to elicit information. Words matter; there is a need to establish what words the child uses for pain and use them during interactions. Locating the pain (either on themselves or using iPad image of a human outline) was a technique each child used to describe his/her pain. Most children could articulate helpful interventions such as distraction. Simplicity in both words and actions was preferred. Anxiety tended to increase as the child thought about and spoke about pain management.

Conclusion: Verbal children with ASD in this sample discussed their pain experiences and provided insights into preferred methods of pain assessment and described ways to manage their pain. While there was great variability in their responses and engagement in conversation about hurt/pain, each child provided valuable data. Medical staff, as well as caregivers, struggle to confidently interpret behaviors of children with ASD given their unexpected affective responses, including lack of traditional comfort-seeking behaviors. Importantly, behaviors function as communication, especially when language skills are limited; reliably understanding behaviors proves to be challenging.

Children with ASD exhibited an extremely wide range of behaviors, thoughts and communicative abilities when discussing their pain experience. No one pain assessment method was preferred by the subjects. Rather, a variety of interactive methods and observations was needed to gain an accurate assessment of pain including asking about pain location, characteristics, and intensity in a way that was meaningful to the child. Our work further supports the call for multi-modal pain assessment to inform priorities in the approach to improve care of children with ASD. Individuals with ASD require alternate pain assessment tools to most successfully communicate about pain. Individualized care by providing patient options and allowing them to choose the pain assessment scale they believe works best for them may provide a more accurate pain score.

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K 01 - The Impact of Adding Nursing Support Workers on Patient, Nurse and System Outcomes

The Impact of Nursing Support Workers on Nursing Work Activities

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Purpose

To determine the impact of nursing support workers on nurses' turnover intention and absenteeism, the practice environment, aggression, and registered nurses' experience of working with support staff.

Target Audience

The target audience of this presentation is nurses interested in understanding the work activities and integration of nursing support workers and licensed staff in the acute hospital setting.

Abstract

Purpose: To determine the impact of nursing support workers on the type of patient care activities completed on nursing units (wards) with and without nursing support workers.

Methods: Cross-sectional analysis of work sampling data. Data were collected from ten sampled wards in public general acute care hospitals in Perth, Western Australia between March and October 2013: 5 wards with AINs and 5 without. Nurses were observed using a validated data collection tool (Pelletier & Duffield, 2003; Urden & Roode, 1997), in randomly assigned time slots between the hours of 0700 and 1900, over a two-week period per unit. Most of the nurses on each unit consented to being observed (n=452). Electronic tablets were used to collect and store the data, which was then uploaded to a secure server. Inter-rater reliability was performed every 24-36 hours to ensure consistent coding (of at least 80% agreement) between the data collectors. Data were analysed in 2 steps: descriptive comparison between AINs and other staff for 25 work activities, and comparison of work activities between regulated nursing staff on wards with or without AINs. In the latter analysis, logistic regression models were developed to investigate whether regulated nurses were more likely to undertake direct or indirect patient care tasks across the different ward types. Ethics approval was obtained from two universities and three hospitals.

Results: A total of 81,594 observed activities were collected, equivalent to 13,599 hours of nursing activities. AINs spent the majority of their time engaged in direct patient care tasks, such as admission and assessment, hygiene, and mobility. Regulated nurses were less likely to perform direct care tasks compared to AINs. On AIN wards, regulated nurses undertook more direct care relative to those who worked on non-AINs wards.

Conclusion: Nursing support workers are perceived as supports to registered nurses and undertake tasks that require substantial amounts of interaction with patients. They display widely varied skills and may be associated with changes to the proportion of direct care activities undertaken by regulated nurses.

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K 01 - The Impact of Adding Nursing Support Workers on Patient, Nurse and System Outcomes

The Impact of Nursing Support Workers on Nurse and System Outcomes

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Purpose

To determine the impact of nursing support workers on nurses' turnover intention and absenteeism, the practice environment, aggression, and registered nurses' experience of working with support staff.

Target Audience

The target audience of this presentation is nurses interested in understanding the impact of nursing support workers on nurse turnover intent, absenteeism, and the practice environment in the acute hospital setting.

Abstract

Purpose: To determine the impact of nursing support workers on nurses' turnover intention and absenteeism, the practice environment, aggression, and registered nurses' experience of working with support staff.

Methods: Cross-sectional analysis of nurse survey and nurse interview data. Data were collected from ten sampled wards in public general acute care hospitals in Perth, Western Australia between March and October 2013: 5 wards with AINs and 5 without. Nurses were asked to complete a survey including questions on intention to leave their current position, absenteeism, aggression, together with demographic items. The survey also included the 31-item Practice Environment Scale (PES) (Lake, 2002) to measure nurse-doctor relationships, staffing and resource adequacy, leadership and support of nurses, and the foundations for quality care. Ethics approval was obtained from two universities and three hospitals. Responses to survey items and the practice environment were compared across AIN and non-AIN wards. Interview data were used to explore and describe perceptions and experiences of workload, delegation and outcomes in the presence of AINs.

Results: Nurse surveys were returned from 154 respondents (response rate 35.4%), and 18 nurses were interviewed. Nurses on non-AIN wards reported a significantly more positive practice environment, in particular in regard to resource adequacy and nursing leadership. AINs wards reported substantially higher rates of physical assault and threats. A higher proportion of nurses on AIN wards were actively looking for a new job and there was higher absenteeism on AIN wards. Interviews suggested that AINs were important in reducing physical and emotional stress in registered nurses, and that they played a key role in freeing up time for registered nurses to complete necessary activities. Variation in the skills and scope of practice of AINs was also noted.

Conclusion: Nursing support workers are perceived as supports to registered nurses and undertake tasks that require substantial amounts of interaction with patients. They display widely varied skills and may be associated with changes to the practice environment, turnover intent and absenteeism.

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K 01 - The Impact of Adding Nursing Support Workers on Patient, Nurse and System Outcomes

The Impact of Nursing Support Workers on Patient Outcomes

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Purpose

To determine the impact of the addition of nursing support workers to nursing units (wards) on patient mortality and morbidity.

Target Audience

The target audience of this presentation is nurses interested in understanding the impact of the addition of nursing support workers on patient outcomes, in the acute hospital setting.

Abstract

Purpose: To determine the impact of the addition of nursing support workers to nursing units (wards) on patient mortality and morbidity.

Methods: Retrospective analysis of longitudinal morbidity and mortality data. Administrative data were collected for all patients admitted to a hospital in Western Australia for more than 24 hours over a 4-year period. 256,302 records in total. Data included records from 2 years before the introduction of AINs (2006-2007, 125,762 records) and 2 years after the introduction of AINs (2009-2010, 130,540 records). Data were further divided into nursing wards with and without AINs for the latter period. Nurse Sensitive Outcomes (NSOs) were identified in the data following established international methods, using algorithms with inclusion and exclusion criteria based on ICD-10 codes (Needleman et al., 2011; Duffield, Diers, et al., 2011; Roche, Duffield, Aisbett, Diers, & Stasa, 2012; Twigg et al., 2011). Two analyses were undertaken for each NSO: a pre/post analysis of the introduction of AINs and a post-only analysis of AIN/non-AIN wards. Logistic regression models were developed with adjustments for a range of factors including age, gender, length of stay, Charlson comorbidity index, DRG cost weight, skillmix and ward transfers. Ethics approval was obtained from two universities and three hospitals.

Results: Comparison of NSOs pre- and post-introduction of AINs found that the observed frequency of most NSOs was higher than the expected frequency across all wards. On wards where AINs had been added to staffing, higher than expected rates of urinary tract infections, falls and mortality were observed, with statistically significant differences relative to pre-introduction. In the post-only analysis, patients who spent longer periods on wards with low skillmix and on AIN wards were significantly more likely to experience an NSO.

Conclusion: When nursing support workers are added to the staffing complement on a ward, the impact on patient care should be monitored. Low skillmix has been identified in the literature as being associated with poorer patient outcomes, and the addition of less skilled workers such as AINs will potentially compound this effect. Therefore, careful consideration needs to be given to the environment into which AINs are introduced, particularly if they are introduced into wards that already have low skillmix.

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L 01 - Building Cultures and Environments of Wellness in Universities Across the U.S.: Key Strategies for Success

The State of Wellness in Universities Across the United States: Implications for Practice and Research

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Megan E. Amaya, PhD, CHES, AFAA, USA
Jacqueline Hoying, PhD, RN, NEA-BC, USA

Purpose

The purpose of this presentation is to describe the state of health and wellness programming in universities across the United States.

Target Audience

Target audience: health promotion professionals of various backgrounds (nurses, health promotion, health educators, school health)

Abstract

Purpose: Although the overarching purpose of worksite wellness programs is to provide a positive return on investment (ROI) by reducing absenteeism and lowering health insurance premiums, the altruistic benefit is the creation of a healthier work force, which translates into a healthier and engaged population. It is recognized that a worksite culture of health, defined as a body of organizational factors that promote healthy lifestyle behaviors, is important in enhancing the health and wellness of employees. Academic institutions have lagged behind corporations in describing and enhancing wellness cultures and environments. Therefore, the purpose of this study was to describe the state of wellness programming in Universities across the United States.

Methods: A descriptive survey was conducted with health promotion professionals from Universities across the United States attending the second National Summit on Building Healthy Academic Communities for the purpose of determining their state of wellness and programs offered to facilitate health and wellness in their faculty and staff.

Results: Professionals from 66 institutions across the United States participated in the survey; 74% were from large institutions, comprised of over 10,000 students. Thirty-four percent of the institutions reported having an on-campus health center for faculty and staff. Fifty-eight percent of respondents said that their institutions offer a personalized health assessment. Twenty-five percent of respondents reported that their institutions have a wellness scorecard; 35% of respondents reported that their institutions track faculty/staff health status or health outcome metrics. Sixty-eight percent of the institutions had no smoking/tobacco free policies; 61% had flex time policies. Blood pressure screening was offered by 47%; blood sugar/diabetes screen was offered by 32%.

Conclusion: Although Universities in the United States are beginning to place an emphasis on enhancing the health and wellness of faculty and staff, the wellness movement is still in its infancy. Experimental studies are urgently needed to determine the best interventions for enhancing the health and wellness of University faculty and staff.

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L 01 - Building Cultures and Environments of Wellness in Universities Across the U.S.: Key Strategies for Success

Psychometric Properties of the Perceptions of Wellness and Environment Culture Scale

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Purpose

The purpose of this presentation is to describe the important components of a successful wellness team and outcomes associated with a wellness team program.

Target Audience

health promotion professionals of various backgrounds (nurses, health promotion, health educators, school health)

Abstract

Purpose: Healthy workplace cultures are an essential element to encouraging healthy lifestyle behaviors in faculty and staff in academic communities. Tools and health promotion programs typically used by employers for population health management include extensive awareness building through health education, health risk assessments (HRAs), risk reduction interventions, health coaching, disease management, vaccinations, web-enabled communications, social networking, establishment of data warehouses, and the use of incentives. A healthy organization cultivates a culture of respect within a community that supports personal and professional growth, open communication, and shared values. A workplace culture that includes an emphasis on wellness can benefit the organization in reduced absenteeism, reduced presenteeism, reduced injuries, and reduced healthcare-related costs. An assessment of the perceived current wellness culture and the environment is able to provide important information about where the organization is and the key areas to target with intervention strategies for improvement.

Methods: An 11 item culture and environment survey was developed and disseminated to faculty and staff in a large public academic institution in the Midwest United States.

Results: 97% of faculty/staff responded to the survey items. Construct validity of the scale was established through factor analysis. Cronbach's alpha exceeded .80. The majority of respondents (67%) perceived the university to have a culture and environment that promotes health and wellness; 56% believed senior leadership is actively engaged in promoting and role modeling health and wellness; and 57% agreed they have a higher overall wellbeing because of working for the institution.

Conclusion: A workplace perceived wellness culture scale can be useful for serving as a baseline for future evaluation; for determining a worksite's strengths; to help draw attention to areas in need of improvement; and it can highlight opportunities to make the worksite more supportive of healthy behaviors (e.g., healthy food in vending machines, no smoking policies, or encouraging walking during break times).

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L 01 - Building Cultures and Environments of Wellness in Universities Across the U.S.: Key Strategies for Success

Using a Wellness Team as Beginning Strategy for Building Wellness Culture at an Academic Institution

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Purpose

The purpose of this presentation is to describe the important components of a successful wellness team and outcomes associated with a wellness team program.

Target Audience

Target audience: health promotion professionals of various backgrounds (nurses, health promotion, health educators, school health)

Abstract

Purpose: A wellness team is an essential component of a worksite wellness program initiative. The role of the wellness team is to communicate, participate, motivate, and support the worksite wellness program. Wellness teams help employees to see worksite wellness is an organizational priority. They contribute their interest, their passion, their expertise, and their time to the organization.

Methods: Developed 3 years ago under the direction of the University Chief Wellness Officer, the wellness team (Wellness Innovators) at a large academic institution in the United States includes over 500 faculty/staff members who have been recruited from across the university. The program is facilitated by a health promotion professional with experience running a wellness team. Six and 12-month outcomes are tracked in every new cohort who joins the program, and the program is very structured, with touch points on a monthly basis.

Results: Currently, the wellness team (Wellness Innovators) represents over 100 academic and academic medical center units and departments. In one cohort, the results showed a significant correlation with Body Mass Index (BMI) and beliefs about living a healthy lifestyle ($p < .05$) and BMI and healthy lifestyle behaviors ($p = .03$). In a second cohort, those that completed the 6-month follow-up had an increased perception of having a higher overall wellbeing for working at the institution. Program communications, strategy sessions, group meetings, webinars, and many unit wellness initiatives conducted by the Innovators under the direction of the program facilitator are documented to demonstrate the intricacies and success of the program, as well as success and challenges with employee participation and engagement in wellness.

Conclusion: Measuring perceptions and successes of the workplace wellness team is vital to the longevity and fiscal support of the program, as well as engagement for those volunteering their time and energy to promote a culture and environment where making the healthy choice is the easier choice.

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M 01 - Engaging Persons With Diabetes in Nurse Coaching With Enabling Technology to Improve Health

Engaging Persons With Diabetes in Nurse Coaching With Enabling Technology to Improve Health

Heather M. Young, PhD, RN, FAAN, USA

Purpose

The purpose of this presentation is to highlight results of a research study using nurse coaching and emerging mobile technologies to enhance and improve the lives of persons living with diabetes.

Target Audience

The target audience of this presentation is clinicians, educators and researchers interested in approaches that engage the person living with a chronic disease in setting health goals and developing plans to improve health, enabled by nurse coaching and technology.

Abstract

Purpose: This symposium will highlight results of a Patient-Centered Outcomes Research Institute (PCORI) funded program of research focused on nurse coaching and emerging mobile technologies to enhance and improve the lives of persons living with diabetes. Diabetes affects more than 29 million people in the United States, and an estimated 86 million people have pre-diabetes. The World Health Organization estimates that 9% of people have diabetes globally, and that by 2030, diabetes will be the 7th leading cause of death. Diabetes type-2, the most common type of diabetes, is amenable to interventions that focus on behavior changes such as physical activity and diet. There is increasing evidence that person-centered models of care that target behavioral health are more successful in improving and addressing chronic illnesses such as diabetes. mHealth technologies are emerging as a promising approach to engage persons with diabetes in improving their management of the disease. Smart phones apps and text messaging allow persons with diabetes to receive health information wherever they are. If this technology is developed to allow bi-directional, timely communication of data and tailored feedback, it has the potential to change an individual's health behavior and prevent or mitigate the factors that lead to disease. Globally, over 4 billion people are using mobile phones, and almost half have smart phones. Given that 91% of adults in the United States own a mobile phone, 63% of adult cell phone owners report use of their phone to access the internet, and 62% of adults with two or more chronic conditions report tracking a health indicator, it appears the barriers to mHealth technology access are being quickly overcome and will assume a larger role in future health care leading to improved health outcomes in individuals with chronic diseases.

Methods: This symposium will feature different elements of the PCORI funded research: patient and stakeholder engagement, integration of sensor and mobile health technologies into healthcare delivery and social media for diabetes self-management support.

Results: The first presentation will explore patient engagement in research and strategies to engage patients, providers and technology thought leaders to inform research and drive health system change. The second describes the results of focus groups with individuals with diabetes and providers on the potential for wireless activity trackers on managing chronic conditions. The third describes how an innovative platform was developed and tested that has the capacity to collect and integrate sensor-driven patient generated health data into the electronic health record for clinical practice. The fourth presentation utilizes a case study approach to demonstrate how integration of sensor driven patient generated health data can inform and enhance a nurse health coaching intervention.

Conclusion: Innovative health technologies have the potential to increase engagement of individuals with diabetes with personalized, targeted education, action plans or feedback wherever they may be. Research and health programs that are person-centered and responsive to patient priorities have the potential to promote healthier behaviors, motivate change and improve care and outcomes.

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M 01 - Engaging Persons With Diabetes in Nurse Coaching With Enabling Technology to Improve Health

Diabetes Management and mHealth Technology: The Importance of Healthcare Partnerships and Clinical Integration

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Purpose

The purpose of this presentation is to illuminate the views and beliefs of persons living with chronic disease, health care providers, and technology experts in designing systems and health care partnerships to support individuals to better manage chronic illness and meet their health goals.

Target Audience

The target audience for this presentation are any individuals who are proactively working on improving the lives of those living with chronic disease.

Abstract

Purpose: Diabetes affects more than 29 million people in the United States, and an estimated 86 million people have pre-diabetes. The World Health Organization estimates that 9% of people have diabetes globally, and that by 2030, diabetes will be the 7th leading cause of death. Diabetes type-2, the most common type of diabetes, is amenable to interventions that focus on behavior changes such as physical activity and diet. There is increasing evidence that person-centered models of care that target behavioral health are more successful in improving and addressing chronic illnesses such as diabetes. mHealth technologies are emerging as a promising approach to engage persons with diabetes in improving their management of the disease. Smart phones apps and text messaging allow persons with diabetes to receive health information wherever they are. If this technology is developed to allow bi-directional, timely communication of data and tailored feedback, it has the potential to change an individual's health behavior and prevent or mitigate the factors that lead to disease. Globally, over 4 billion people are using mobile phones, and almost half have smart phones. Given that 91% of adults in the United States own a mobile phone, 63% of adult cell phone owners report use of their phone to access the internet, and 62% of adults with two or more chronic conditions report tracking a health indicator, it appears the barriers to mHealth technology access are being quickly overcome and will assume a larger role in future health care leading to improved health outcomes in individuals with chronic diseases. Despite promising statistics of widespread mobile adoption and studies which detail preferences of potential mHealth users, little evidence exists about which users are likely to adopt and benefit from the technology being created. The types of users most appropriate for mHealth as well as the barriers and drivers for this technology are still not well understood. As mHealth expands, better understanding of potential users is essential to ensure the right content and technology is offered to the right user at the right time in order to move people forward on a behavior change continuum.

Methods: This presentation will feature results of focus group interviews with stakeholders (persons with diabetes, providers and technology experts) regarding their experiences, expectations, and recommendations for design of integrated sensor and mobile health technologies into healthcare delivery for diabetes self-management support. We explored users' opinions and reactions to multiple mobile health technology devices, delivery approaches, and health care team interactions to gain a better understanding of the role this technology may have in sustaining individuals' interest in improving their health. Our team conducted 8 focus groups with stakeholders. Prior to attending the group, participants completed a survey requesting demographic information, experience with mobile health technology, and self-rated wellness. Focus group topics included participants' experiences with mobile technology and with health behavior change, reactions to current mobile health technology, preferences for the type of

health data to be collected, and views on privacy and data sharing. A combination of deductive and emergent coding strategies was used to identify themes from the focus groups.

Results: The eight focus groups of people living with chronic disease were comprised of 36 women and 14 men, with an average of 6 participants in each group. Participants ranged in age from 18 to 86 years; 56% self-identified as white, 15% as African-American, 19% as Latino, and 8% as Pacific Islander, East Indian or American Indian. Most participants rated their health as fair, good, or very good, although 63% reported living with a chronic health problem. There were 42 health care providers and technology experts involved in 5 focus groups to explore the views of these experts in envisioning the technology and systems that would best support improving the health of individuals using technology that interfaces with health care partners.

Despite variation of participants' reactions to mobile health as a technology to support behavior change, some patterns emerged. At the extremes were potential users who were enthusiastic about using mobile health technology for behavior change and those who were skeptical it could add value to what they were already doing. General reactions could be placed on a high/low preparedness continuum regarding their desire for health data and their attention to their current health habits. In addition, contextual factors such as trust, functionality, integration and customization play a role in moving people along the continuum of wanting to track personalized health data and/or focusing on their health behaviors. Persons with diabetes described their experience of daily awareness of their condition and the need to monitor many aspects of their lives. They reported ways they coped with the physical and mental challenges of living with chronic illness and highlighted ways technology and coaching could support their health trajectory. Providers emphasized the importance of integration of patient-generated data into both the electronic health record displays and into clinic workflow. They expressed enthusiasm for having access to synthesized and summarized patient-generated data that would provide insight into behavioral health efforts. Technology experts identified issues of scalability and application of this technology across multiple use cases.

Conclusion: Innovative health technologies have the potential to increase engagement of individuals with diabetes with personalized, targeted education, action plans or feedback wherever they may be. Providers and technology experts endorsed the concept of technology enabled patient-generated data and advised on design features to optimize integration. Research and health programs that are person-centered and responsive to priorities of the person living with diabetes have the potential to promote healthier behaviors, motivate these individuals and improve care and outcomes.

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M 01 - Engaging Persons With Diabetes in Nurse Coaching With Enabling Technology to Improve Health

mHealth Technology and Clinical Integration of Patient-Generated Health Data (PGHD) for Improving Patient Engagement

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Purpose

The purpose of this presentation is to demonstrate the processes involved in selecting sensors and mHealth technologies, collecting PGHD, and integrating relevant, right-sized data elements into the patients' EHR, and conducting analytics to summarize and generate meaningful nuggets of information to be used during the healthcare visit.

Target Audience

The target audience of this presentation are any individuals who are interested in developing new models of care using sensors and mhealth technologies to improve the health in persons living with chronic disease.

Abstract

Purpose: mHealth technologies are becoming an integral part of everyday life; this is particularly true among people suffering from chronic health conditions. Sixty-two percent of Americans with 2 or more chronic conditions track a health indicator; of those, 45% have Diabetes Mellitus. While using sensors and technology has the potential to empower patients to better understand their disease and help them in self-management, technologic limitations exist due to the lack of integration of patient generated health data (PGHD) into the Electronic Health Record (EHR) thereby limiting its availability to their healthcare team. Focus group participants with live with diabetes identified that partnering with their healthcare professional by sharing PGHD could lead to a more meaningful support in establishing personalized health goals, monitoring progress, and getting targeted feedback to help shape their lifestyle choices to achieve their health goals.

Methods: The team compared and evaluated different commercially available sensors and apps which tracked physical activity and nutrition data. We also identified mHealth technology that can serve as a connector to direct the data collected by the sensors to the EHR. Using an iterative process, the Information Technology team at our institution developed the necessary platform and dashboard for the sensor data within the EHR. The advisory boards for this project (patient, provider and technology) were actively engaged in all phases of the technology development including: designing, implementation and testing of the technologies.

Results: Among the different sensors evaluated, the Basis PEAK was selected for its data quality and compatibility with Apple HealthKit. The Basis PEAK tracked and shared physical activity data and My Fitness Pal, was determined to be best suited to collect information on the patient's daily nutritional choices. Apple HealthKit was chosen as the connector which directed the data to the EHR (EPIC) using the MyChart app. MyChart App will manage patient authentication and allow for control over what data elements from the sensor is shared with the healthcare provider. Within the dashboard, the patient and provider have the ability to choose and visualize PGHD and clinical parameters such as HbA1c, LDL, triglycerides, etc., to be displayed within the same graphical view which has the potential to lead to a more meaningful clinical conversation based on goals set by the patient and the associated metrics highlighting progress toward those goals.

Conclusion: mHealth technologies have the potential to support a person's effort to engage in sustainable lifestyle choices which can lead to better self-management of their disease. These

technology solutions can play a critical role in improving the health of patients living with diabetes not only by empowering the patient but also by enhancing patient-centered healthcare interactions.

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M 01 - Engaging Persons With Diabetes in Nurse Coaching With Enabling Technology to Improve Health

Sensor Generated Health Data for Behavior Change in Nurse Coaching: A Case Study

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Purpose

The purpose of this presentation is to describe a nurse health coaching intervention by illustrating a series of case studies that incorporate sensor and mobile health technologies into practice.

Target Audience

The target audience of this presentation is clinicians who work in chronic disease management or are interested in innovative technologies in healthcare to help improve health.

Abstract

Purpose: This work presents a case study describing outcomes of two participants who engaged in a nurse coaching intervention using mobile health (mHealth) technology, wireless wearable sensors and patient generated health data (PGHD) in an effort to improve their health and physical fitness.

In response to the growing burden of chronic disease, health coaching interventions targeting lifestyle management have become widely adopted among health systems and organizations. Motivational interviewing, a patient centered health coaching approach, has been shown to be effective in improving a number of health behaviors such as physical activity, nutritional habits, weight loss, and smoking cessation. Traditionally, health coaching has relied on patient self-report of behavior and activity patterns to guide coaching practices. The availability of commercial activity trackers and mHealth applications to capture health behaviors offers an objective view of daily activity not previously available.

Methods: The health coaching intervention was part of a randomized clinical trial in which intervention participants were assigned a nurse health coach and given a Fitbit One, a commercially available physical activity and sleep tracking sensor to wear over a three-month period. Through bi-weekly telephone calls, the nurses utilized motivational interviewing techniques to support patients in setting health goals and to make sense of their PGHD passively collected by the Fitbit sensor. Two participants from the study, a 53-year-old Latino woman (participant ML) and a 53-year-old mixed race male (participant OB), were selected to illustrate two examples of how PGHD and mHealth technologies can be utilized to inform and improve health coaching and health behavior change.

Results: Throughout the intervention ML and OB set bi-weekly goals related to their physical activity (steps, stairs, active minutes), nutritional habits (calories consumed), and sleep (quality, duration) in an effort to improve their overall health and fitness. ML and OB reached varying degrees of success in accomplishing their self-identified goals. By the end of the three-month intervention, both participants achieved meaningful improvements to their anthropometric measurements, cardiovascular fitness and exercise habits. Visualization of participants' PGHD demonstrated the increased level of weekly physical activity had improved over the course of the intervention. Both participants also self-reported higher quality of life and health status ratings through questionnaires.

Conclusion: Emerging mHealth technologies and other health applications can track relevant information to assist individuals in making and sustaining lifestyle change. Integrating PGHD and mHealth technologies into health coaching practice allows nurses to perform meaningful analysis and correlate patient data with health behaviors to evaluate patient goal progression and provide timely and personal feedback based on their health goals. These case studies highlight the positive outcomes of two individuals who participated in a clinical trial, suggesting that the addition of sensor data adds value to nurse health coaching practice. However, further research is necessary to determine the generalizability

and effectiveness of pairing mHealth technologies with evidence-based nurse coaching interventions among larger numbers of diverse subjects.

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P 10 - HIV and Intimate Partner Violence: Risks and Relationships Among Women

Data Based Conceptual Model of GBV and Women's Risk for HIV Contraction and Progression

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Purpose

The purpose of this presentation is to explain a holistic (biobehavioral) conceptual model of gender based violence and women's risk for HIV contraction and progression based on data collected in the USA and the US Virgin Islands.

Target Audience

The target audience of this presentation is researchers and clinicians working with women are at risk for or living with HIV.

Abstract

Purpose: Construct a biobehavioral model of the linkages of Gender Based Violence and HIV acquisition and progression through biological and behavioral risk factors including the physiological stress and immune system dysfunction linkages, STI and vaginal wall physiology, forced anal sex, mental health (depression, PTSD, suicidality), and behavioral risks resulting from violence such as substance abuse, inconsistent condom use, and multiple partners.

Methods: Deductive processes from systematic reviews along with data from a large Case (N = 543 abused) Control (N = 358) study of women in the US Virgin Islands and the US mainland (Baltimore, MD) and a different study of women living with AIDS (N = 200) in San Francisco was used to construct the conceptual model.

Results: Women are at risk for HIV/AIDS through the contextual factors of attitudes toward women and the use of violence, direct risk through actual forced vaginal and anal sex by violent HIV+ partners, and indirect pathways of stress and immune system dysfunction from cumulative trauma (multiple forms of GBV, repeated acts of Intimate Partner Violence - IPV), increased risk of STI's increasing the penetrability of the vaginal wall both physically and physiologically, and behavioral risk such as inability to negotiate safe sex through fear of being beaten, having multiple partners, inconsistent condom use and mental health problems such as PTSD, depression, and substance abuse. Once they have contracted HIV, they are at increased risk for progression of AIDS through decrease delay to testing related to IPV, decrease delay linkage to care related to IPV (IPV increases risk X3), decrease loss to follow up related to IPV (IPV X2), decrease ARV use (IPV < ½ as likely) and consistent use and increased viral suppression (IPV >2X failure; recent trauma > 4X failure). They are also at increased risk for mortality from homicide by the violent partner and suicide.

Conclusion: Gender based violence, especially intimate partner violence complicates prevention of HIV increases transmission and enhances progression of the disease through multiple complicated direct and indirect biobehavioral pathways all of which provide opportunities for interventions.

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P 10 - HIV and Intimate Partner Violence: Risks and Relationships Among Women

Attitudes and Behaviors of Caribbean Women and Men Toward Partner Violence and Sexual Relationships

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Purpose

The purpose of this presentation is to describe the attitudes and behaviors of young women and men toward relationship conflict and sexual activities in the USVI and the intersection of gender based violence with risk for HIV/AIDS among women in the USVI

Target Audience

The target audience of this presentation is nurse researchers, educators and clinicians [social and behavioral scientists and practitioners, public health practitioners and policy administrators.

Abstract

Purpose: The United States Virgin Islands (USVI) has the 2nd highest HIV/AIDS incidence rate in the United States and its territories (US Virgin Islands, 2010). Additionally, one-third of USVI women reports physical and/or sexual abuse in their lifetime and experiences of coercive, unprotected sex and other behaviors that increase risks for HIV/AIDS (Draughon JE1, 2015; Stockman JK, 2013; Stockman, 2014). There is scant research that aims to understand USVI women and men's perceptions of heterosexual relationship dynamics or implications for HIV/AIDS risks and intimate partner violence. The purpose of this study was to describe young heterosexual women and men's attitudes and behaviors toward relationship conflict and sexual activities in the USVI.

Methods: Qualitative methods using focus group discussions were employed to elicit participants' attitudes and perceptions. Women and men from the US Virgin Islands of St. Thomas and St. Croix were recruited to participate in the groups. We held one focus group of women on each Island and separate focus groups of men on each Island. The focus group objectives were to elicit information about intimate partner abuse and sexual health risks among men and women in the USVI. Interviews were conducted with small groups (4-8) by gender after participants were consented and signed confidentiality pledges. We performed directed content analysis of transcripts and uncovered separate themes from both the women and men's groups.

Results: Themes underlying attitudes, perceptions and experiences of partner abuse identified by women emerged and included 1) Female vulnerability and male dominance/control in relationships 2) Perceptions of community silence on topic of partner abuse and stigmatization 3) Lack of community resources and 4) Resistance to safe sexual practices by abusive partners and increased STI/HIV risks. Male participants in the focus groups identified themes related to 1) Upholding gender expectations; 2) Fearing loss of control; and 3) Deflecting responsibilities. Male participants described attitudes as underpinnings to subsequent violent responses and sexual behavior decisions. These findings demonstrate the complex ways culturally-framed norms intersect with sexual health behaviors. The USVI is unique due to its position as a U.S. territory infused with the cultural expectations of a Caribbean island.

Conclusion: Results from this qualitative research provided the basis for our researchers and practitioners to develop a culturally sensitive intimate partner violence empowerment program for abused African Caribbean women in the USVI. Using concepts of culture and context we adapted intervention

materials to the USVI context that have been used successfully with abused women of African American and/or Hispanic origin in mainland USA settings but not yet in the US Virgin Islands. The interventions include a previously developed and tested structured IPV intervention Domestic Violence Enhanced Home Visitation (DOVE), (Bhandari S, 2015) and the well validated culturally sensitive Sister-to-Sister skills intervention to reduce sex risk behaviors and prevent new STD infections (Jemmott LS, 2007)

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P 10 - HIV and Intimate Partner Violence: Risks and Relationships Among Women

Effects of Partner Violence on Mental Health and HIV Disease Progression in Women in Baltimore

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Purpose

The purpose of this presentation is to enable the learner to have a greater understanding of the intersection of intimate partner violence, mental health issues and HIV among women.

Target Audience

The target audience of this presentation is researchers and clinicians who care for women at risk for or living with HIV.

Abstract

Purpose: Recently a great deal of national attention has been given to the overlapping issues of intimate partner violence (IPV) and HIV. The examination of this intersection has focused primarily on the increased risk of HIV acquisition in women who have experienced violence. The effects of IPV as a chronic stressor on the physical and mental health of women living with HIV has had limited examination in the research literature. To examine the prevalence of IPV and its associations with treatment markers and adherence to clinic visits in an urban clinic.

Methods: Survey data regarding IPV and mental health symptoms were collected from eligible women attending an urban HIV clinic in Baltimore, MD. Clinic records were reviewed for CD4 count, viral load and adherence to clinic visits over the year prior to the survey.

Results: Of the 169 women with completed study measures, 57% reported past year IPV. Women who reported IPV were more likely to report symptoms of PTSD (29% vs 15%, $p=0.04$) and depression (35% vs 18%, $p=0.02$). On average, women were scheduled for 36 clinic visits in the year prior to the survey and missed 10 visits. Women who reported IPV were not more likely to miss visits than their counterparts who did not report violence. Women reporting past year IPV were also more likely to have a CD4 count <200 (13% vs 4%, $p=.04$).

Conclusion: HIV nurses and providers should be aware of the high rates of IPV seen in this population and the impact it can have on health outcomes. It does not appear from the data currently available in this study that adherence to clinic visits is playing a large role in this disparity. Incorporating IPV screening and trauma-informed practices - including partnerships with IPV and substance abuse agencies into clinical HIV care may be an opportunity to improve the health outcomes of these patients.

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