

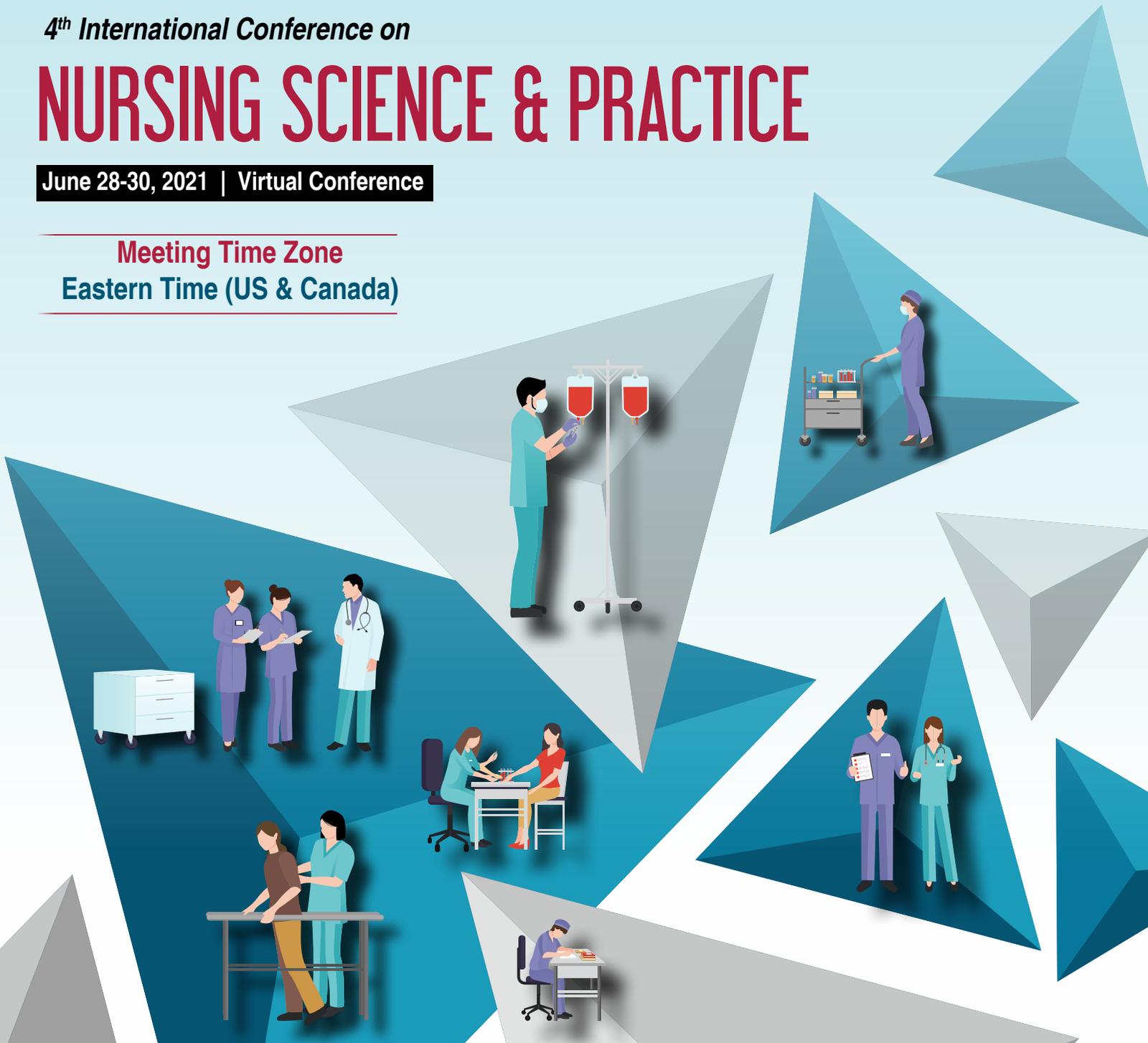
ABSTRACT BOOK

4th International Conference on

NURSING SCIENCE & PRACTICE

June 28-30, 2021 | Virtual Conference

Meeting Time Zone
Eastern Time (US & Canada)



4th International Conference on Nursing Science & Practice

June 28-30, 2021, | Virtual | 08:00 AM Eastern Time (US and Canada)

Moderator: **Samantha Hernandez, Saint Barnabas Medical Center, NJ**

Speakers at Nursing Science-2021

Lillie D. Shockney, Johns Hopkins University School of Medicine Baltimore, MD

Adele Webb, Strategic Education, Inc., OH

Jane S. Davis, University of Alabama at Birmingham, AL

Patricia Benner, University of California, CA

Marie Lourdes Charles, Pace University, NY

Kathleen Marsala-Cervasio, CUNY School of Professional Studies, NY

Karen Gabel Speroni, Johns Hopkins School of Nursing, MD

Karen Fowler, University of Texas at El Paso, TX

Nonye Aghanya, Communication Academy, USA

Frances Anne Freitas, Kent State University Ashtabula, OH

Clndy Farris, Florida Gulf Coast University, FL

Beverly Brown, Tennessee State University, TN

Katherine Moore, Tulsa Community College, OK

Denise McEnroe-Petite, Kent State University Tuscarawas, OH

Joanne Thanavaro, Trudy Busch Valentine School of Nursing at Saint Louis University, MO

Susan D Stukes, Sevalife Integrative Wellness, NJ

Erica Edfort, Chamberlain University, NJ

Hans Johan Breidablik, Helse Forde Health Trust, Norway

Michelle Olshan-Perlmutter, Atrium Health- Behavioral Health Center, NC

April Bice, University of North Carolina Wilmington, NC

Boris Molchanskiy, New York Community Hospital, NY

Samantha Hernandez, Saint Barnabas Medical Center, NJ

Teija-Kaisa Aholaakko, Laurea University of Applied Sciences, Finland

Stephanie Spain, St John Fisher College, NY

Ashleigh Boyd, Treat The Clinician, USA

Marie Weninger Henderson, Alberta Health Services/Athabasca University, Canada

Eunjoo An, Columbia University School of Nursing, NY

Angelika Gusewell, University of Applied Sciences and Arts, Switzerland

Janice M. Stockton, Midwest AIDS Education & Training Center, IL

Paula Rutledge, Delaware State University, DE

Roberto M. Benzo, University of Miami, FL

Olga Kagan, The Barbara H. Hagan School of Nursing and Health Sciences at Molloy College, NY

Sean Shao Wei Lam, Duke-NUS Medical School, Singapore

Robin Brown, Summa Health, OH

Samantha Hernandez, Saint Barnabas Medical Center, NJ

Nashat Abualhaja, University of Texas Permian Basin, TX

Vilma Davis, Lincoln University, PA

Daniel Rodriguez-Howell, University of Puerto Rico at Humacao, Puerto Rico

Leah Marie Baecht, Southern Illinois University Edwardsville, IL

Beverley Brathwaite, Middlesex University, United Kingdom

Ruth Everett-Thomas, University of Miami School of Nursing and Health Studies, FL

Kathy Gray, Jefferson University/Jefferson College of Nursing, PA

4th International Conference on Nursing Science & Practice

June 28-30, 2021, | Virtual | 08:00 AM Eastern Time (US and Canada)

Posters at Nursing Science-2021

Wenjuan Ying, The First Affiliated Hospital of Shantou University Medical College, China

Mayumi Nitta, National college of nursing, Japan

Amao Tang, Zhejiang University School of Medicine, China

Manami Yasuda, Iryo Sosei University, Japan

Ju Hee Kim, Kyung Hee University, South Korea

Chi Shing Lam, The Hong Kong Polytechnic University, Hong Kong

Rasmeh Al Huneit, Ministry of Public Health, Qatar

Lana Brown, Central Arkansas Veterans Healthcare System, AR

Juliana Hanbridge, SUNY University at Buffalo, NY

Abstracts (Speakers)

The Physical, Emotional, Financial and Spiritual Needs of Patients with Advanced Cancers

Lillie D. Shockney

Johns Hopkins University School of Medicine Baltimore, MD

Abstract

Patients and their loved ones dealing with metastatic cancer have very unique needs, quite different from those who will survive their diagnosis and treatment. They know that there is no “end to treatment” to celebrate and that for them “ending treatment” means that they are actively dying. They have special emotional, physical, financial and spiritual needs that often times go unaddressed by their oncology treatment team. We must acknowledge these needs and provide the right resources and support to help them through these struggles. Nurses can be the perfect healthcare professional to identify and assess these needs, as well as provide the psychosocial support needed, and other resources, such as financial resources to support the patient and their family members as they take this arduous journey together. This presentation will teach the audience how someone with advanced cancer needs different support than those who we anticipate will become long term cancer survivors. Also, how to help a patient through each phase of Hope so that they are ready and prepared for what lies ahead and are not in a state of denial when end of life nears. The audience will also learn about the benefit of patients and their loved ones attending and actively participating in Metastatic Cancer Retreats, as well as what can be gained by the treatment team by conducting such profound programs for their patients and family members. Even laughter has benefits, physically and physiologically for patients who have advanced disease. Understand the importance of helping patients achieve the 9 elements needed to experience a good and peaceful death and how to engage patients in discussions about each element based on the severity of their disease over time. The audience will come away with a clear understanding of the needs of this specific patient population and how to provide ideal support and care.

Notes

Building the Capacity of Nurses and Nursing Faculty in Underdeveloped Countries

Adele Webb

Strategic Education, Inc., OH

Abstract

As a global nursing shortage looms, concerns about workforce capacity continue to emerge. In addition, the preparation of both practicing nurses and nursing faculty to understand and implement the World Health Organization's Package of Essential Noncommunicable Disease Interventions guidelines (PEN) is paramount. The presentation will focus on the work completed in several African countries that assessed the capacity of faculty in schools of nursing and practicing nurses. The in-country assessment included both qualitative and quantitative data collected on both practicing nurses and nursing faculty. Questions examined not only nursing and faculty knowledge and skills but also nursing and faculty confidence. Results of the initial assessment will be shared as well as the plan that was created and implemented based on assessment results. Handouts will include content slides as well as assessments/tests. Recommendations for continued support of faculty will be presented.

Notes

The Use of NPs and PAs in Nephrology: A Decade of Change in the US

Jane S. Davis

University of Alabama at Birmingham, AL

Abstract

For the past 10 years, the Council of Advanced Practitioners of the National Kidney Foundation has conducted a biennial survey of nephrology advanced practitioners. A look back at 10 years of data tracks many of the changes and advances experienced by APs and reflects many aspects of the profession in general.

Notes

Faculty Responses to Rapid Changes in Nursing Education due to COVID-19 Pandemic

Patricia Benner

University of California, CA

Abstract

With the COVID-19 Pandemic, faculty had to rapidly move classes online and find online and virtual simulation resources to replace closed clinical sites. The two top challenges faced by the 290-faculty members surveyed, were 1) Achieving student engagement in and completion of the course, and 2) Finding online learning resources to replace clinical practice settings. Strategies for meeting these challenges, along with updating teaching about the evolving understanding and care of COVID-19 was a major challenge for all health care educators. As a result of the pandemic, only 10% of new graduates were practice-ready. Use of an online simulation program that teaches clinical reasoning, NovEx (NovicetoExpert.org) increased practice readiness to 82%. Questions will be raised about the impact of these changes in future nursing education.

Notes

Attitudes of Nurses Caring for Adult Patients with Intellectual and Developmental Disability in Acute Care Settings

Marie Lourdes Charles

Pace University, NY

Kathleen Marsala-Cervasio

CUNY School of Professional Studies, NY

Abstract

As of 2016, 7.37 million people in the United States had intellectual or developmental disabilities. The literature indicated persons with intellectual disability experienced greater health disparities in comparison to the general population. In the United States, persons with intellectual disabilities (ID) are more likely to die from a preventable illness and at an earlier age than those without ID. Nursing care has often been considered the focal point for determining the quality of patient care; therefore, equitable care for adults with I/DD will lead to a closer examination of nursing practice. The World Health Organization (2011) reported health care providers' attitudes were factors in service delivery for patients with disabilities. Studies indicated nurses' attitudes towards these patients resulted from a lack of knowledge, training, competence, and confidence. Attitudes of healthcare professionals have facilitated or impeded access to medical care by individuals with disabilities. Attitudes, behaviors, and experiences are interrelated; influencing how nurses interpret others' behaviors, how nurses understand themselves, and ultimately the delivery of patient care. Nurses attitudes may originate from or reflect society's views on inclusion for persons with ID. Some nurses assumed these patients would be difficult to nurse, more emotional, easily distressed, aggressive, and less co-operative. Exploring nurses' attitudes towards this group may be critical to their care while hospitalized.

Notes

Effect of Professional Nursing Governance on Nurse-Related Outcomes

Karen Gabel Speroni

Johns Hopkins School of Nursing, MD

Abstract

Objectives: Review associations between professional nursing governance levels [i.e., traditional, shared and self-governance] and nurse-related outcomes [i.e., nurse sensitive indicators (NSIs), patient satisfaction and RN satisfaction] by 1) international status (US vs non-US / international), and by 2) Magnet status (Magnet accredited versus non-Magnet)

Purpose: Researchers examined associations between Index for Professional Nursing Governance (IPNG) scores and nurse-related outcomes, by international (US vs non-US / international) and Magnet hospitals (Magnet accredited versus non-Magnet). **Background/Problem/ Question:** While the validated IPNG tool, measures professional nursing governance on a continuum from traditional (lowest: management / administration only) to shared (combination of staff and management) to self-governance (highest: staff only), effects of nursing governance levels on nurse-related outcomes are not well studied. **Methods:** This study was conducted in 4 countries from 20 hospitals (US=17; Saudi Arabia=1; United Arab Emirates=1; Jordan=1), with 205 study units (Magnet=144 units / 15 hospitals; non-Magnet=61 units; 5 hospitals). **IPNG Survey Research:** RNs from study units provided consent and completed a 58-item survey (demographics=7; nurse satisfaction=1; IPNG=50). Overall and 6 subscale IPNG scores were used to compare outcomes from 2170 RNs. **Outcome Measures (NSI, patient and RN satisfaction):** Researchers provided for each study unit number of quarters (range=0-4) NSI and patient satisfaction measures outperformed unit benchmarks, and RN satisfaction measures outperformed unit benchmarks.

Findings/Results

- International study units had significantly better IPNG shared governance scores, and outcomes from shared governance study units outperforming unit benchmarks (international=27%; US=25%) than traditional governance. Self-governance significantly outperformed traditional governance and shared governance for 42% of outcomes.
- Magnet study units had significantly better IPNG shared governance scores than non-Magnet. For Magnet study units, shared governance outperformed traditional governance for 47% of outcomes; self-governance outperformed traditional governance (67%), and shared governance (53%). For non-Magnet hospitals, shared governance significantly outperformed traditional governance for 6.7% of outcomes.

Conclusions/Outcomes: Shared or self-governance is a strategy that can be considered by nurse leaders for improving select nurse-related outcomes. **Implications for Nursing Practice:** Evaluate professional nursing governance, levels, structures and processes in your organization. Focus on achieving and enculturating shared and self-governance.

Notes

Impact of Traumatic Events on Hispanic Nursing Students

Karen Fowler

University of Texas at El Paso, TX

Abstract

Introduction - The study's purpose was to examine Hispanic Nursing Students trauma experiences. Many university students come across the border for education. Juarez, Mexico, a neighboring city, has been a hub of gang violence, drug/cartel violence, and economic depression. But violence is not limited to Juarez; in El Paso, on August 3rd, 2019, a mass shooting resulting in 22 deaths and 22 injuries occurred. When considered collectively, these statistics suggest that college students in El Paso are subject to higher levels of trauma. Studies have found neurological changes in the brain related to adverse childhood events (ACEs) in the lateral and ventromedial fronto-limbic brain areas. ACE occurrences have the potential to be harmful to the adult. The harm can be mitigated by meaningful interventions. **Methods**- A quantitative, correlational study was conducted with Hispanic Nursing Students. Tools for data collection included biographical data, Adverse Childhood Experience International Questionnaire, and questions related to the August 2020 El Paso mass shooting. **Results**- To be discussed during presentation. **Discussion/Significance** - Evidence identified that Hispanic Nursing Students experienced four or more traumatic childhood events. The research proposed is of value to nursing in several ways.

- First, through the study of traumatic experiences in nursing students, we garner insights into the prevalence of adverse experiences in this population.
- Secondly, given increasing projections for nurses evidence that lends insights to ensure Hispanic Nursing Student's success will ultimately benefit nursing and patient care.
- Third, the STRIVE framework offers directional activities that can mitigate the harmful effects of ACEs.

Notes

Evolution of Fear and the Effect in Healthcare Management: Effective Use of Communication as a Vital Tool for Trust Development

Nonye Aghanya

Communication Academy, USA

Abstract

Quality healthcare requires practitioners who possess the technical competence and communication skills for not only gathering and transferring information to patients but also for developing trust with patients in the process of clinical consultation. The purpose of this study is to identify how poor communication skills significantly contribute to the mistrust experienced between patients and healthcare providers/clinicians. The study identified various professional practice gaps in existence such as clinicians/healthcare providers who are unaware of different scenarios that warrant the application of specific styles of soft skills of communication while interacting with patients who present with different attitudes/characteristics/personal attributes. Education is needed to provide a better understanding of the several factors that contribute to these presenting attitudes capable of building a wedge and creating mistrust between patients and healthcare providers/clinicians. Keywords: Opinionated patient, Dependent patient, Communication skills, Suspicious patient, "Normal" patient, Impatient patient etc. It's important to note that patients often experience high levels of apprehension during their clinical/hospital visits. Sometimes, such high anxiety levels manifest as various patient attitudes that could become a deterrent to the development of productive clinician-patient relationship. Clinicians could perceive various behaviors as overly curious, rude, dismissive, absurd, or downright bizarre. Since people have different personalities and backgrounds and thus perceive and react differently to the same information presented to them, the key for trust development is in the delivery method of information. To attain trust development through effective communication, the clinician's communication style must be tailored to each patient's personality, attitude, and background so that patients would feel comfortable in the presence of the provider to receive and retain clinical information. This promotes medical regimen compliance. The helpful resources detailed in the author's book, **Simple Tips to Developing a Productive Clinician-Patient Relationship**, originate from critical analysis of peer-reviewed research articles and various studies including 30 years of author's clinical experiences in diverse healthcare settings. The findings of this study would make a great teaching/learning tool in educational institutions as medical/dental/nursing schools, Healthcare practice settings such as medical clinics, emergency health clinics, hospitals, retail clinic, and urgent care clinics.

Notes

Nursing Education in the World with Pandemic Infection. What an Adventure

Frances Anne Freitas

Kent State University Ashtabula, OH

Abstract

Nursing education has been in the forefront of health care for over 100 years. When crises happen, we step up and stand out as the front-line care givers and support people for our families, friends and community. Many nursing faculty have been in education for decades and we have seen nothing like this. How do we adjust and adapt to the constant changes and expectations for education while maintaining quality of care? It is a good thing we are flexible and have experience in what needs to be done. What's our history and how do we adjust and adapt to the changing face of education for nursing? This presentation gives ideas and points for discussion.

Notes

Teaching COVID-19 Updates: Real-time Epidemiology for BSN Community and Public Health Nursing Course

Cindy Farris

Florida Gulf Coast University, FL

Abstract

Teaching nursing students about epidemiology is often a daunting task. Most nursing students are committed to acute care settings; however, knowledge and application of epidemiological elements are needed in all practice areas. Baccalaureate science nursing (BSN) essentials state that BSN nursing students need educational application for health promotion and disease prevention for effective population-based communities. The COVID-19 pandemic data has allowed for real-time analysis and synthesis of live application of data and meeting specific requirements on current and future epidemiological problems. Nursing students can monitor weekly trends through disease surveillance and application to the surrounding community thus providing for effective critical thinking and clinical judgment. Allowing nursing students to compare weekly changes in data assists in developing interest on how to utilize this information for practice. Discussion about background evidence, valid national, regional, and local websites, specific implementation steps, and overall student reflection will be discussed.

Notes

Benefits of Mentoring Leaders in Nursing and Higher Education

Beverly Brown

Tennessee State University, TN

Abstract

Professional Consultant Without Walls (PCWWS) believed in the importance of understanding the benefits of a mentor for those professionals and non-professionals hoping to be a successful leader in nursing and higher education. PCWWS solicited the opinions of persons who have benefitted from a mentoring leader in leadership roles. The survey was conducted with persons who have benefitted from being mentored in nursing and higher education. The time frame involved in this descriptive research study was October, 2018 to March, 2019. The purpose of the study was to identify specific leadership qualities that are essential to persons desiring to acquire and be successful in their leadership role in nursing and higher education. There was one question in this descriptive research study. The question was, what are the leadership qualities needed to be a successful mentor for persons desiring to be successful in and organization such as nursing and higher education? Eight procedures were used in this descriptive research study. An informed consent was completed by each leader that agreed to complete the survey. The results of the study revealed that 100% of the males and females between the ages of 33 and 85 believe it is imperative for the mentor(s) have integrity, credibility, competency, good communication skills, honesty, and respect those to whom they are mentoring. There were three recommendations from this study.

Notes

Building Self-care Competencies for Stress Management in Nursing Students

Katherine Moore

Tulsa Community College, OK

Abstract

The aim of this project is to improve the self-care competencies of nursing students to help them manage the stress of nursing school and prepare them for a demanding professional career. Labrague et al. (2017) conclude stress during nursing education has deleterious effects on the nursing workforce and may contribute to the decreasing number of people entering the nursing profession. Mounting evidence suggests stress has detrimental effects not only on the physio-psycho-social health of the nursing students but also their general well-being. For this evidence-based quality improvement project, students will be invited to participate in a six-week program which will support their development of self-care competencies. Each of the first four weeks of the program will provide a different self-care strategy to help the student manage their own stressors with a follow-up debriefing session week six. During the first and last sessions the students will be given a perceived stress scale questionnaire, a self-care competency rating scale, and asked to list their top five stressors. Students will also be asked to perform some form of physical activity and complete an activity journal. Data from both the pre and post project PSS questionnaire, self-care competency rating scale, and stressor list will be compared and analyzed upon completion of the project.

Notes

Nurses Facilitating Needs of the Homeless

Denise McEnroe-Petitte

Kent State University Tuscarawas, OH

Abstract

Nurses interact with individuals in many settings such as hospitals, clinics, schools, and the home. This brings about the concern for those who are considered homeless and have no stable home setting. Despite the reasons for being homeless, all of the needs of these individuals must be met which includes their basic needs as well as their provisions for all aspects of healthcare. Initially, health concerns may become apparent for the homeless during a visit to the emergency department when the presentation is that of an acute situation or chronic condition exacerbation. These conditions may then lead to hospitalization. Upon discharge, the homeless individual now has a major concern which is to further provide for their continued care. The concern is not only to obtain a suitable place to live, but to make plans for appropriate follow-up care. Planning for their care becomes vital to include many interventions which will assure that not only the required care is properly managed, but to also prevent further disease conditions from developing. The literature addresses many obstacles and barriers to healthcare for the homeless, some that can be easily handled while others which are major issues that will require significant efforts to meet. The role of the nurse for the homeless is presented in this article offering creativity and interventions in which to assess healthcare needs while dealing with caring for those presenting with acute and chronic healthcare conditions.

Notes

A Comparison between Outcomes of Prolonged Intubation and Reintubation after Cardiac Surgery

Joanne Thanavaro

Trudy Busch Valentine School of Nursing at Saint Louis University, MO

Abstract

Objective: Premature extubation may lead to unplanned reintubation that could affect postoperative outcomes after cardiac surgery. This study was undertaken to determine how prolonged intubation >48 hours or reintubation after extubation in <48 hours contributed to postoperative outcomes. **Design:** Retrospective chart review. **Setting:** Community hospital.

Participants: The sample included 83 patients requiring reintubation after extubation in <48 hours and 100 with prolonged intubation >48 hours after cardiac surgery. **Measurements and Main Results:** Preoperative and operative risk factors for postoperative respiratory failure and postoperative outcomes after cardiac surgery were compared between patients with reintubation and prolonged intubation. Reintubation patients were older ($p=.033$) and had lower body mass index ($p=.000$), higher preoperative hematocrit ($p=.021$), and more chronic kidney disease stages >2 ($p=.046$) but lower odds for intra-aortic balloon pump ($p=.006$) and emergency surgery ($p=.005$). Reintubation led to worse postoperative outcomes than prolonged intubation: more acute kidney injury stage 1-3 ($p=.014$), coma/encephalopathy ($p=.004$), postoperative transfusion ($p=.003$), increased intensive care unit length of stay ($p=.001$) and hospital mortality ($p=.007$). Based on multivariable and ordinal logistic regression analyses, the differences in preoperative and operative risk factors had either inconsistent or trivial consequences on these outcomes after cardiac surgery and reintubation appeared to independently contribute to worse postoperative outcomes than prolonged intubation regardless of their diverse risk factors. **Conclusion:** Unplanned reintubation may arise from untimely extubation and can adversely impact postoperative outcomes after cardiac surgery. While early extubation remains the goal, patients with marginal weaning readiness may benefit from more recovery time before extubation.

Notes

90 Second SMILE Program: Improving Patient Outcomes with Integrated Oral Health in Primary Care

Susan D Stukes

Sevalife Integrative Wellness, NJ

Abstract

The integration of dental care into primary health care has been consistently overlooked for years and this has led to extensive oral health disparities in underserved populations. Despite its significance, proper oral health is one the most unmet needs for many people, including adults, seniors, pregnant women, children, and the chronically ill. Oftentimes, this is due to the inability to access affordable oral care; however, patients may also fail to understand the impact of oral health on overall health. For instance, poor dental hygiene is associated with cardiovascular disease, diabetes, and several other illnesses. Based on these factors, it is imperative that health practitioners within different fields be able to demonstrate competence and confidence in terms of educating patients about oral health. Furthermore, expanding access to effective preventive services through education, innovation, and patient engagement may facilitate oral health equity for all populations by reducing disparities. The 90 Second SMILE Program was established to educate and empower practitioners with knowledge that will enable them to quickly evaluate the oral health status of their patients, recognize risk factors, provide dental guidance, and properly refer patients to dental professionals when it is deemed necessary. This approach offers more holistic care for patients and this small addition to routine care is the key to improving patient outcomes as optimal dental hygiene may enhance the management of diabetes, cardiovascular disease, nutritional status, and mental health. Accordingly, this presentation will show attendees how to effectively improve access to oral health care through guidance and collaboration.

Notes

Stroke Education for APNs: How Can They Improve the Process?

Erica Edfort

Chamberlain University, NJ

Abstract

Background: The 1st state-wide study investigating the perceptions of stroke care in New Jersey, identified lack of documentation of stroke pathway/orders as one of the reasons affecting outcomes of care (Edfort, 2010). The issue identified as a reason for the missed measures at some hospitals were related to lack of documentation. Some items that were identified as affecting stroke care compliance were:

- Deep vein Thrombosis treatment by end of day 2- 79%
- Screen for dysphagia before oral intake– 77%
- Stroke prevention education- 72%

Objective: The need for guideline compliance for acute stroke care is an ongoing problem for all healthcare facilities. Edfort (2010) recommended implementing processes to address the deficiencies in stroke guideline compliance. **Method:** In 2017, a second state-wide stroke study was conducted in New Jersey implementing Dr. Edfort's recommendations for improving stroke core measure compliance (Singh, 2017). This study identified the necessity of educating Advanced Practice Nurses (APNs) in stroke core measure management. APNs are front line staff in most acute care hospitals with prescribing capabilities; however, they may not be knowledgeable in the measures needed to manage stroke patients. **Results:** Attending a stroke specific education program, attendees reported increasing their knowledge of managing stroke patients as well as increasing their proficiency level in care processes. **Conclusion:** Providing an education program focusing on the core measures provides an advantage to our patients as well as keeping the health care facility in compliance with stroke management protocols.

Notes

Ozonized Water or Soap-washing as Alternatives to Alcohol-based Hand Disinfection (ABHR) – Time for Reconsideration?

Hans Johan Breidablik

Helse Forde Health Trust, Norway

Abstract

- WHO's Gold Standard for hand disinfection is the use of alcohol rub (ABHR), and this practice has escalated during the Corona pandemic.
- In two separate studies with nurse students (modified EN-1500 method) we found that the standard alcohol hand rub was inferior to both ozonized water and soap washing in eradicating *E. coli* contamination from the hands.
- Soap washing was the most effective method.
- There are both individual and side differences for the effect of standard alcohol rub, and we need more knowledge about this.
- Many students had experienced adverse skin symptom from frequent use of ABHR.

Notes

Effects of Auricular Acupressure on Improving Anxiety and Burnout in a Behavioral Healthcare Setting

Michelle Olshan-Perlmutter

Atrium Health- Behavioral Health Center, NC

Abstract

Anxiety, stress, and burnout are common issues confronting healthcare systems as well as nurses and healthcare practitioners. Healthcare workers who experience high levels of stress and burnout are more vulnerable to the psychological and emotional difficulties.

The goal of this session is to educate attendees about National Acupuncture Detoxification Association (NADA) acupuncture, which is a simple, standardized, 1- 5-point ear needling / acupressure magnet placement protocol. Evidenced based research will be reviewed as to the impact this protocol has on decreasing target symptoms of stress and anxiety and improving emotional well-being. Peer reviewed evidence-based research though limited demonstrates auricular acupuncture can be beneficial in reducing stress and anxiety. In addition, auricular acupressure show promise in also alleviating stress and anxiety. Auricular acupuncture/acupressure is beginning to be offered to healthcare workers as a cost-effective option to improve wellness by decreasing stress and anxiety. Results from Pilot Study Evaluating the Effectiveness of NADA Acupressure on Improving Behavioral healthcare Providers' stress and Anxiety will be presented. Results included treatment group improving statistically significantly ($p < .05$) in anxiety and burnout levels directly following acupressure versus previously levels. Participants who did not receive treatment did not show significant change in anxiety nor burnout.

Notes

Evolution of a Relevant Nursing Concept: Kolcaba's Theory of Holistic Comfort

April Bice

University of North Carolina Wilmington, NC

Abstract

Comfort is defined by nurse-theorist Kolcaba (2003) as the immediate experience of being strengthened in one or more defined contexts of comfort: physical, psychospiritual, sociocultural, and environmental. Individuals can experience three types of comfort: (a) relief- having a comfort need met, (b) ease- an experience of calming or contentment, and (c) transcendence- rising above the problem (Kolcaba, 2003). The concept of comfort is further explained as being a holistic phenomenon- existing as the sum of many parts. As such, holistic care, regardless of the setting, is delivered in a multifaceted way to a whole person (hence, the sum of many parts). The main concepts of comfort theory are demonstrated clearly in Kolcaba's conceptual framework which connect directly to three main propositions: (1) comforting interventions result in enhanced comfort, (2) increased comfort results in increased strength for tasks ahead, and (3) increased engagement in health-seeking behaviors results in increased institutional integrity (Bice & Kolcaba, 2020). Since its inception, comfort theory has been tested, applied, and utilized in various patient populations including women with breast cancer, patients in hospice, college students, preoperative patients, psychiatric patients, pregnant women, patients on dialysis, and pediatric patients. The theory has become so significant, in fact, that it continues to be applicable across the lifespan with new and adapted psychosocial measures. Enhanced comfort is not only relevant to all areas of patient care across the lifespan; it is germane to the discipline of nursing; it is more than merely the absence of pain (Kolcaba, 2013).

Notes

Nursing Leadership During COVID-19 Pandemic in NYC

Boris Molchanskiy

New York Community Hospital, NY

Abstract

This presentation discusses the effects and handlings of COVID-19+ patients within the nursing leadership team at New York Community Hospital (NYCH) in Brooklyn, and how the role of leadership transformed to fit the needs of the outbreak. At the start of the COVID-19 crisis, Brooklyn borough in NYC was consumed with COVID+ patients. Many of these patients came into NYCH displaying signs of Acute Respiratory Distress Syndrome (ARDS), developed severe viral pneumonia, and had to rapidly undergo the process of intubation. When a crisis such as this faces our community, strong leadership is urgently needed. Leaders are immediately tasked with the ability to either rise to the top, or fold under pressure; the leadership team at NYCH did not fold. Our team came together to determine what was needed to impede the growing pandemic, such as proper personal protective equipment (PPE) for safety, efficient staffing, and a boost of morale. By utilizing our resources, we effectively met the demands of the crisis and provided each of our staff members with the tools to push through. How were we able to accomplish all of this? Communication. If a staff member was met with fears and concerns, it was our responsibility to respond to that with confidence and consolation. Most importantly, our leadership team strived for open communication among all staff members, patients, administration, and union delegates alike, and continued to use science as its backing for what was necessary to combat the virus.

Notes

Obstetricians Hemorrhage Quality Initiative to Recognize, Be Prepared, and Respond to Reducing the Number of Women Who Bleed to Death During or after Pregnancy and Birth by Quantifying Blood Loss

Samantha Hernandez

Saint Barnabas Medical Center, NJ

Abstract

Background: The Joint Commission in 2010 reported that the leading cause of maternal morbidity and mortality is failure to recognize excessive blood loss during childbirth. However there is no single definition of postpartum hemorrhage. Estimates of blood loss (EBL) are imprecise, inaccurate and often overestimated at low volumes and underestimating at high volumes. The lack of accurate assessment can lead to delay in diagnosis and treatment. It has been shown that limited visual instruction significantly improves accuracy of estimation however this is subjective to the provider(s) experience, knowledge, frame of reference and group dynamic.

Method: Conducted one-to-one workshop training with multiple disciplines at different levels (obstetricians, doctors, residents, midwives, nurses, anesthesiologists, hematologists/blood bank, laboratory medicine Scrub Tech, Ob Tech, students...).

- 1) Workshop is open to all who would like to learn about blood loss in PPH by introduction to the scope of the problem
- 2) Interactive Visual Activity for EBL
- 3) Group Activity
- 4) Hands individual assessment of QBL
- 5) Group assessment
- 6) Debriefing-comparing the two methods of practice
- 7) Wrap up

Conclusion/ outcomes for participants: The management of PPH is multifaceted and requires a well-coordinated, multidisciplinary approach often by several teams within the hospital and in the community. In this workshop we begin the process with participant, helping them to have a better understanding of how subjectivity, group dynamics and self-awareness can impact patient outcome providing a new or reinforce their approach with the use of QBL.

Notes

Stimulated Recall interview and Membership Categorization Analysis in Generating Qualitative Data on Evaluating Clinical Practices

Teija-Kaisa Aholaakko

Laurea University of Applied Sciences, Finland

Abstract

This methodological presentation introduces the amalgamation of stimulated recall interview and membership categorization analysis in generating qualitative data for evaluating guideline adherence. In clinical evaluation, the evaluator asks questions making professional's reflecting their adherence to evidence-based guidelines. The evaluator can construct an evaluation model combining an emotionalist and a constructionist model focusing on both the perceptions, meanings, and emotions and on the interaction and action looking at what clinical professionals do and how they behave. Video recorded clinical events serve as authentic insights for the open-end interviews of professionals strengthening the quality of the data generation. The interviewees validate the interpretations of the evaluator during the interviews. In the Membership Categorization Analysis of the interview texts, the researcher first identifies the guidelines related general assumptions and then seeks to refute the initial assumptions to achieve objectivity. Next the evaluator identifies the category bounding activities and categorizes the professionals by attributes, not names, as members into categories revealing why the guidelines are or are not adhered. Implementing the constant comparison of the video recordings and the interview text, the evaluator can reveal perceptions, meanings, and emotions crucial for guideline adherence and the clinical relevance of the guidelines. The guideline adherence will be revealed best by ensuring comprehensive data treatment, implementing the economy and consistency rules in the overall analysis, and using action, situation, and context related attributes in membership categorization. The results of qualitative evaluation are useful to report by appropriate tabulations facilitating the guideline review and in an ethical manner.

Notes

Child Advocacy and Trauma

Stephanie Spain

St John Fisher College, NY

Abstract

The costs of child maltreatment and neglect expand beyond financial means. In 2001, the cost of child maltreatment in the United States was approximately \$94 billion dollars (The Casey Foundation, 2003). There are many obstacles to reporting child abuse which may involve the child, the preparator, and/or the observer. Known risk factors such as home environment, and the child's behavior can also impact the incidence of maltreatment. These factors make the investigation of maltreatment very challenging for providers and law enforcement. With cases of maltreatment and neglect, children are affected in a traumatic manner. This traumatic experience results in chemical changes in the brain that can impact development during this trauma response. This response can look different in children depending on developmental characteristics, age, and the type of trauma that occurred. Children may exhibit several trauma responses that could include hyperarousal, re-experiencing, avoidance, withdrawal, or disassociation. It is important to explore each of these reactions while taking into account developmental status to fully evaluate any concerns of maltreatment and neglect. Promoting resilience after trauma is an important part of the providers role. Children who are resilient after trauma share a core set of characteristics. Children need to feel safe, capable, and loveable. Relationships promoting positive engagement with a caring role model, nurturing talents, and feeling a sense of belonging can increase resilience after trauma.

Notes

Increasing Nurse Satisfaction While Decreasing Compassion Satisfaction

Ashleigh Boyd

Treat The Clinician, USA

Abstract

Background: A quality improvement project to identify and reduce levels of Compassion Fatigue in ED nurses by implementing a self-guided intervention. CF was confirmed that ED Nurses were in a moderate risk category. **Method:** A Plan Do Study Act implementation the self-guided intervention of *Real-Time Transformative Response*® (RTR®) with surveys via ProQOL-5 to measure and determine effectiveness in reducing levels of CF in ED Nurses. **Intervention:** The RTR® method is used to greatly reduce or eliminate stressful events that are the root causes of a person's specific stressors and distributed to ED Nurses via a three-part, video educational and implementation series. **Results:** 34 ED nurses completed the RTR® method and surveys. The overall mean score for the pre-RTR® training survey was 107 ($sd = 1.1385$), and the post-RTR® training survey was 106.613 ($sd = 1.1677$) ($t = 1.6924$, $df = 66$, $p = 0.0476$). Mean scores pre-and post-RTR® training: compassion satisfaction was 3.59 ($sd = 0.9521$) increased to 3.95 ($sd = 0.7766$) ($t = 1.997$, $df = 66$, $p = 0.000$), burnout was 2.71 ($sd = 1.1501$) decreased to 2.36 ($sd = 0.9120$) ($t = 1.997$, $df = 66$, $p = 0.000$), and secondary traumatic stress was 2.45 ($sd = 1.0002$) decreased to 2.25 ($sd = 0.9143$) ($t = 1.997$, $df = 66$, $p = 0.0017$). **Conclusions:** Increasing compassion satisfaction and decreasing CF, BO, STS from using the RTR® method concluded it is a valid coping mechanism for Nurses.

Notes

Nurses and Employers: The Pursuit of Symbiotic Economic Relationships

Marie Weninger Henderson

Alberta Health Services/Athabasca University, Canada

Abstract

Nurse turnover results in major financial losses for healthcare institutions. Furthermore, inadequate staffing that results from turnover negatively affects patient outcomes, which further drives up healthcare costs. While employers struggle with these economic consequences, nurses themselves struggle under the pressure of a demanding profession, and they suffer from work-family conflict, compensation deficiencies, and threats to health and wellness that accompany nursing work. The aim of this presentation is to demonstrate evidence from research and industry case studies that the needs of nurses and their employers are not mutually exclusive, and symbiotic relationships between the two entities are possible. Healthcare institutions stand to benefit financially if they choose to invest in their nursing workforce rather than funding the costs of turnover. The evidence is presented within the economic frameworks of supply and demand and human capital theory. The lived experiences of real nurses, who have left jobs that failed to meet their needs, and the consequences for their former workplaces, are used to illustrate the concepts presented. Action research is proposed as a way for employers to test incentive models to optimize nurse retention.

Notes

Mindfulness Effects on Lifestyle Behavior and Blood Pressure to Gut Microbiome Research: A Brief Overview

Eunjoon An

Columbia University School of Nursing, NY

Abstract

High blood pressure (hypertension) contributes to nearly 50% of all cardiovascular-related deaths. Hypertension can be controlled through medication adherence and lifestyle modifications (diet and exercise). However, nearly 50% of those with HTN report poor adherence to their antihypertensive medications, lifestyle changes, or both as the primary reason for failing to control their blood pressure. Therefore, therapeutic strategies to improve BP control are greatly needed. Mindfulness practice is an intervention that shows promise in changing lifestyle behaviors. In addition, early evidence suggests a connection between alteration of human gut microbiota (gut flora) and hypertension. This makes the human gut microbiota a potential avenue of research to uncover novel strategies for improving blood pressure control.

Notes

Music in Seclusion Rooms – Impact of A Music Listening Device on Patients’ Subjective Experience

Angelika Gusewell

University of Applied Sciences and Arts, Switzerland

Abstract

Our project is closely linked to the ongoing debate on intensive care in acute psychiatric wards. Presented as a care measure, the placement of patients in seclusion rooms is highly controversial: low sensory stimulation may involve risks, the therapeutic function of the measure is poorly perceived by patients, such interventions make it difficult to establish a caring nurse-patient relationship. In this context, the care team of a Swiss psychiatric center suggested the development and installation of a music listening device in the seclusion rooms. On the one hand, to allow patients to listen music on their own and thus recover a certain impact on their environment; on the other hand, to foster interactions and communication between patients and caregivers about an object not related to illness. Five seclusion rooms in four different psychiatric facilities in Switzerland and France have been equipped with the device to date. A research was launched in 2018 to document its use and to investigate its impact on the subjective experience of both patients and caregivers, and on patient-nurse interactions. Quantitative data were collected using standardized questionnaires: Barcelona Music Reward Questionnaire (Saliba et al., 2016), Survey of Nurses’ Attitudes to Seclusion (Heyman, 1987), Verbal and Social Interaction Nursing Students questionnaire (Rask et al., 2018). Furthermore, interviews were conducted with both patients and nurses to explore some of the issues more in depth. Our contribution will present comparative data on the subjective experience of patients placed in seclusion rooms with and without music listening device.

Notes

Assessing for Sexually Transmitted Infections in Men who Have Sex with Men Attending an APRN-run HIV Preexposure Prophylaxis Clinic

Janice M. Stockton

Midwest AIDS Education & Training Center, IL

Abstract

Male-to-male sexual contact remains the primary mode of transmission for HIV and other STIs in the United States. Pre-Exposure Prophylaxis (PrEP), using once daily oral emtricitabine plus either tenofovir disoproxil fumarate or tenofovir alafenamide, has been proven to reduce risk of HIV infection following high-risk sexual contact by 90+%. Reported rates of syphilis, gonorrhea (GC), and chlamydia (CT) diagnosed in men who have sex with men (MSM) taking PrEP have been higher than expected. It is unclear if this is due to decreased condom use when patients are taking PrEP or more frequent comprehensive STI screening as recommended for routine PrEP care. The purpose of this project was to ascertain the frequency and type of STIs occurring among MSM attending a nurse-run PrEP clinic in southwestern Ohio. During the evaluation period, 43 STI episodes occurred in 18 (30.5%) of 59 patients: 9 syphilis cases; 20 gonorrhea cases; and 14 chlamydia cases. Affected sites for gonorrhea included 10 oropharynx, 8 anorectal, and 2 genitourinary tract. For chlamydia, 1 involved the oropharynx, 12 anorectal area, and 1 genitourinary tract. All oropharyngeal and anorectal infections were asymptomatic. STI test results in this population are consistent with those reported in other PrEP centers and reinforce the importance of 3-point GC/CT testing as part of comprehensive STI evaluation.

Notes

The Relationship between Family Support, Self-Care, and Health Outcomes in Selected African American Females with Type 2 Diabetes

Paula Rutledge

Delaware State University, DE

Abstract

Type 2 diabetes is a chronic disease process that disproportionately affects minorities, mainly those of African American descent (CDC, 2017). Decreasing the long-term complications associated with this disease requires substantial vigilance, lifestyle changes, medication adherence, and motivation on the part of the individual. The purpose of this descriptive correlational study, guided by Orem's (1991) Conceptual Framework Theory of Self-Care, was to explore the relationship between family support, self-care, and health outcomes in African American females between the ages of 40–80 years with type 2 diabetes. Specifically, the investigator set out to determine (a) the relationship between family support and health outcomes in selected African American females with type 2 diabetes; (b) the relationship between self-care and health outcomes in selected African American females with type 2 diabetes; and (c) which of the two variables assessed in this study (family support and self-care) best predict health outcomes. A convenience sample of African American females between the ages of 40–80 years were recruited through Qualtrics survey software. The investigator used Diabetes Care Profile questionnaires to extract indicators for family support and self-care. Data were analyzed using a Hierarchical Regression Model: analysis of variance (ANOVA), and linear regression model. The investigator hypothesized that health outcomes in African American females with type 2 diabetes is a function of family support and self-care activities; and when family support and self-care are adjusted, they will positively affect health outcomes. The study findings show that self-care abilities are the better indicator of health outcomes, but that family support does contribute positively to health outcomes.

Notes

A Comparison of Occupational Physical Activity and Sedentary Behavior Patterns of Nurses Working 12-h Day and Night Shifts

Roberto M. Benzo

University of Miami, FL

Abstract

Previous studies have reported nurses working day shifts engage in high amounts of light and moderate-intensity occupational physical activity. However, little is known regarding how occupational physical activity and sedentary behavior is accumulated within shifts and/or over consecutive shifts. This study compared occupational physical activity and sedentary behavior patterns of nurses working 12-hour day vs. 12-hour night shifts. A total of 56 registered nurses working 12-hour day and night shifts participated in this study. Occupational physical activity and sedentary behaviors were measured for 14 continuous days using the ActivPAL 3 micro activity monitor. Repeated measures mixed-effects regression models were used to examine the effects of shift type, consecutive shifts, and time within a shift on occupational physical activity and sedentary behaviors.

Notes

A Nurse's Experience at Covid19 Healthcare Hackathons in Finding Solutions to Covid19 Problems During 2020

Olga Kagan

The Barbara H. Hagan School of Nursing and Health Sciences at Molloy College, NY

Abstract

This workshop will focus on nurses' experiences at and contributions to healthcare hackathons during the COVID-19 pandemic. Examples of healthcare hackathons, such as MIT Hacking Medicine and nurses' roles during these events will be described. The emergence of virtual nurse-led hackathons with focus of nurses' engagement within the healthcare innovation ecosystem will be explored.

Notes

Transforming Health Services Delivery with Data Science

Sean Shao Wei Lam

Duke-NUS Medical School, Singapore

Abstract

- Challenges and opportunities in leveraging big data and artificial intelligence for delivering better healthcare outcomes
- Journey towards the development of a sustainable data science ecosystem for the continuous improvement in the delivery of health services
- Real-world cases on the development of augmented intelligent systems for health services delivery. Focus on nursing manpower and hospital resource planning for COVID-19

Notes

enABLE Yourself to Respond: Violence in Healthcare A Training Solution

Robin Brown

Summa Health, OH

Background: Workplace violence is increasing at a dramatic rate. Nurses are the highest safety risk occupation in the nation and more assaults occur in the healthcare industry than any other industry. **Methods:** An interdisciplinary team, collaborated to develop a model of training to address employee response to workplace violence. A 4-hour course, enA.B.L.E. Yourself to Respond to Workplace Violence has been routinely conducted over the past four and a half years for healthcare personnel. The training uses both didactic and simulation to prepare staff for managing violence when de-escalation fails. The program has progressed to include a train the trainer program. The baseline and final simulation is video recorded. Instructors review participant performance of expected behaviors in seven key areas. Participants are surveyed pre and post program for perception of comfort using a five point Likert scale. **Results:** Results demonstrated an 86% growth rate in participants' reaction to violent situations during simulations. P-values from single factor ANOVA, indicated statistically significant difference at less than 0.01. An adjusted R2 explained that the high variance was accounted for by the pre- and post-tests; there was only 15.49% pre and 7.7% post of the variance not accounted for by the variables. Participants' pre and post self-evaluations demonstrate statistically significant difference in perceptions of comfort ($p < 0.01$) to respond effectively and safely in hostile aggressor situations. **Conclusion:** The enABLE program evaluation demonstrated that using didactic and simulation training results in participant improvements in self-reported preparedness and taking action to get safe during threatening assaultive situations.

Notes

You Got Me at HELLO! Interprofessional Quality Improvement Initiative, Going Back to Basic with Simulation

Samantha Hernandez

Saint Barnabas Medical Center, NJ

Abstract

Introduction: The World Health Organization (WHO) and Institute of Medicine (IOM) has recommended bridging interactions between educational programs for the health professions to attaining safe, high quality, accessible, patient-centered care. Integrating Interprofessional Education (IPE) into educational models improve Interprofessional competency and the necessity for interdisciplinary health professionals to practice across the educational spectrum, to work collaboratively. Simulation is an educational tool that can facilitate the process. **Objective:** IPE hands on practice-based interventions designed to increase confidence in internal medicine intern through basic care and collaboration with the nursing team. **Method:** Collaborated with nursing educators (2018 & 2019) to conduct a one-day workshop practice-based interventions for professional practice and healthcare outcomes during orientation with 14 interns (sample size of 28 over two years) teaching basic nursing skills such as phlebotomy, nasogastric intubation/extubating, catheter placement, IV infusions. **Findings:** There was no difference between the two groups. Both groups reported 100% feeling more confident, increase sense of belonging to the organization and encouraged by the IPE collaborative of working together as a team. **Conclusion:** A hearty body of evidence supports an interprofessional approach as a crucial factor in the delivery of high-quality care to patients, teamwork and accomplishing the vision and mission of the organization.

Notes

The Effect of Transcultural Education Intervention on Direct Care Nurses

Nashat Abualhaija

University of Texas Permian Basin, TX

Abstract

Background: Cultural competence in healthcare is capturing momentum in the United States. It is projected that minorities' numbers will continue to grow. Nevertheless, their morbidity and mortality rates are still robust. **Purpose:** To evaluate the effectiveness of a transcultural education on nurses' cultural competence. **Methods:** A cross-sectional, quasi-experimental design was used to evaluate effectiveness of education on nurses' cultural competence. **Results:** Data was gathered conveniently from 44 nurses. There was a statistically significance in the mean gain scores for participants' cultural knowledge, desire, and total cultural competence scores. Hypothesis 1 was not supported due to unreliability of the awareness subscale, $\alpha = .088$. Hypothesis 2 was supported, the intervention improved nurses' cultural knowledge. A one-sample, one-tailed t-test was conducted on the revised knowledge, ($M = 0.49$, $SD = 0.65$) was > 0 , $t(43) = 4.96$, $p < .001$ with a large effect size, Cohen's $d = 0.75$. Hypothesis 3 was supported. The intervention improved cultural desire, mean gain score ($M = 0.16$, $SD = 0.37$) was > 0 , $t(43) = 2.94$, $p = .003$ with a medium effect size, Cohen's $d = 0.43$. Hypothesis 4 was supported. The intervention improved total cultural competence scores, ($M = 0.31$, $SD = 0.41$) was $>$ than 0, $t(43) = 5.01$, $p < .001$ with a large effect size, Cohen's $d = 0.76$. Hypothesis 5 was not supported. Participants' demographics failed to predict cultural competence ($F(7, 33) = 0.59$, $p = .76$) with an $R^2 = 0.11$.

Notes

Factors Impacting Change of Hispanic Adolescents Who Perceive Themselves as Overweight

Vilma Davis

Lincoln University, PA

Abstract

Childhood overweight and obesity remain a significant public health problem with a well-recognized spectrum of adverse short and long-term health, social and psychological outcomes. Hispanics and African Americans are two minority groups that have been greatly impacted by childhood overweight and obesity. It appears that an abundance of studies has been conducted with African Americans, but not many with Hispanics in particular adolescents. This presentation will focus on findings from a research study done on the subject. The Transtheoretical model (TTM) of health behavior change by Prochaska and DiClemente (1982; 1983; 1984); Prochaska, DiClemente and Norcross (1992); and Prochaska and Velicer (1997) was used to guide this research study. A convenience sample of 80 Hispanic adolescents ages 14-18 and their primary

caregivers in the mid-Atlantic region was utilized in conducting this quantitative study design. A nine-figure silhouette illustration based on the Stunkard figure rating scale was employed to determine the perception of adolescents towards their weight status. In addition, the Exercise: Stages of Change ("Exercise," 1991) and the 2013 Youth Risk Behavior Survey (CDC, 2013) were used to determine the adolescent stage of change and actions employed for losing weight. The results of the study indicated that the greatest impact on stage of change for adolescent participants was knowing the benefits of weight loss. Although all participants were overweight, some perceived themselves as having normal weight. In addition, results indicated that there was a shared perception between adolescents and their primary care givers as it relates to bodyweight.

Notes

Community Alliance and Empowerment: An Interprofessional Project in Puerto Rico

Daniel Rodriguez-Howell

University of Puerto Rico at Humacao, Puerto Rico

Abstract

The project relates to communities with special health needs and vulnerable populations in the Eastern region of Puerto Rico. This is an economically depressed area, made worse, after the passing of hurricane Maria in September 2017. The project involves the creation of intraprofessional community health and safety clinics in communities with special needs, mainly those predominately comprised of elderly people taking care other elders. Many of these people have multiple chronic conditions that have not been addressed due to a variety of issues including transportation, distance to city areas, physical capability, or limited or lack of health insurance, among others. The project created alliances with municipalities from the Eastern region of Puerto Rico, especially those surrounding the University of Puerto Rico at Humacao, to have communities as practice settings for Humacao students of different disciplines such as Nursing, Occupational Therapy, Physical Therapy, Social Work, and Business Administration, along with local government authorities, assisting residents in need from those communities to receive health and safety promotion support and care while preventing diseases. In addition, the project empowers community leaders to stay actives in their respective community clinic activities.

Notes

Implementation of Provider Education for a Subanesthetic Ketamine Infusion for Analgesia in the Opioid Tolerant Postpartum

Leah Marie Baecht

Southern Illinois University Edwardsville, IL

The current opioid epidemic demands the development of new management policies and staff education to increase awareness of the issues and improve care of OUD patients. A recent dramatic increase in OUD during pregnancy has paralleled the epidemic observed in the general population. The combination of OUD and cesarean delivery, place both the mother with OUD and neonate at risk for increased postoperative complications. The purpose of this project was to evaluate and increase staff knowledge regarding OUD and introduce a new therapeutic option and patient management policy for this population. A comparative analysis of module development and dissemination of evidence demonstrated the education positively impacted the participants knowledge related to opioid use disorder in parturients and ketamine pharmacology. A policy was developed involving a subanesthetic, intravenous (IV) ketamine infusion as part of a multi-modal, low-opioid pain management regimen for the opioid tolerant patient post cesarean section. The evidence supports subanesthetic ketamine infusions as an ideal, non-opioid, potent analgesic medication with little to no negative side effects. Low-dose ketamine in conjunction with a multi-modal approach, reduced overall perioperative opioids and pain scores for up to six weeks while maintaining cardiovascular and respiratory stability.

Notes

Decolonising the Curriculum to Reduce the Awarding Gap of Black, Asian and Minority Ethnic Nursing Students in England

Beverley Brathwaite

Middlesex University, United Kingdom

Recent media commentary and a growing body of scholarship is shining a light on the attainment gap for Black and Asian Minority Ethnic (BAME) group students in Higher Education in the UK. This presentation directs that light onto BAME student attainment in adult nursing education, highlighting the significant multi-factorial challenges faced by BAME nursing students and arguing for an urgent call to action for nurse educationalists to address inequalities which can no longer be ignored. The presentation will provide an overview of the contextual and historical backdrop to this issue, drawing on the now considerable literature and evidence base from both Higher Education and the UK's NHS to examine potential contributing factors to inequalities in BAME nursing student attainment, including consideration of relevant international scholarship. We argue that the academy must take responsibility and act, proposing that one strategy for addressing these disparities is through developing inclusive and decolonised curricula. Proposing that by harnessing this ideology in nurse education, we can facilitate tangible, pragmatic, and achievable change for potentially positive and lasting impacts on the BAME student nurses awarding gap. BAME is a term still used in the UK refer to all non-white students.

Notes

Using Virtual Simulation and Electronic Health Records to Assess Student Nurses' Documentation and Critical Thinking Skills

Ruth Everett-Thomas

University of Miami School of Nursing and Health Studies, FL

Electronic health records have become a standard documentation platform to house patient information in most US hospitals. To improve documentation, providers suggest establishing electronic health record user education at the classroom level so students can interact with patient data early. The purpose of this study was to assess student nurses' clinical documentation and critical thinking skills using virtual patients and a simulated electronic health record system. **Method:** Eighty-four undergraduate nursing students completed assessments on four assigned virtual patients and entered their findings into a simulated electronic health record system. Benner's five stage novice to expert theory was used to evaluate performance of six assessment items. **Results:** Significant differences ($p=0.046$) were seen in median scores between the first and second assignments, and between the second and fourth assignments ($p=0.021$) with minimal improvements from one assignment to the next. **Discussion:** Data entered in the electronic health record showed that students started at an advance beginner's level and moved to be proficient in documenting basic patient information using critical thinking skills by the end of the first semester. **Conclusion:** It is important to expose students to electronic health record systems before entering the workforce or while training in a hospital setting to enhance readiness for clinical practice with electronic documentation and critical thinking skills.

Notes

The Immediate Reactions, Stressors, Coping Mechanisms and Motivation of Nurses Caring for Patients with COVID-19

Kathleen Gray

Jefferson University/Jefferson College of Nursing, PA

Abstract

Background: The US healthcare settings and staff have been stretched to capacity by the COVID-19 pandemic. While COVID-19 continues to threaten global healthcare delivery systems and populations, its impact on nursing has been profound. **Objectives:** This study aimed to document nurses' immediate reactions, major stressors, effective measures to reduce stress, coping strategies, and motivators as they provided care during COVID-19. **Design:** Mixed-methods, cross sectional design. Participants responded to objective and open-ended questions on the COVID-19 Nurses' Survey. **Participants:** The survey, was sent to nurses employed in health care settings during the pandemic; 110 nurses participated. **Results:** Immediate reactions of respondents were nervousness and call of duty; major stressors were uncertainty, inflicting the virus on family, lack of personal protective equipment (PPE), and protocol inconsistencies. Effective measures to reduce stress identified were financial incentives and mental health support. Most frequently used coping strategies were limiting televised news about the virus, talking with family and friends, and information, Motivators to participate in future care included having adequate PPE and sense of duty. Bivariate analysis of outcomes by age group, education, work setting, and marital status was performed. Nurse respondents with higher advanced degrees had significantly less fear than those with BSN-only degrees ($p < .05$). Of respondents who were married/living with a partner, 85.9% listing "uncertainty about when the pandemic will be under control" as a major stressor ($p < .05$), while 62.8% of those who were single/divorced/widowed ($p = .015$) did so. Further, 75% of respondents working in critical care listed "mental health services" as important ($p = .054$). **Four major qualitative themes emerged:** What is going on here?; How much worse can this get?; What do I do now?; What motivates me to do future work? **Conclusion:** The study found nurses were motivated by ethical duty to care for patients with COVID-19 despite risk to self and family, leaving nurses vulnerable to moral distress and burnout. This research articulates the need for psychological support, self-care initiatives, adequate protection, information, and process imp.

Notes

Addressing Social Isolation and Loneliness in the Post-COVID Era

Christopher Y.K. Williams

University of Cambridge School of Clinical Medicine, England

Abstract

A significant proportion of the worldwide population is at risk of social isolation and loneliness as a result of the COVID-19 pandemic. This talk presents the findings of a systematic review of interventions to reduce social isolation and loneliness that are compatible with COVID-19 shielding and social distancing measures. We will discuss the differences between social isolation and loneliness, the range of interventions available, and the potential difficulties faced when seeking to deliver effective interventions in the post-COVID era.

Notes

Abstracts (Poster Presentations)

Effects of Meaning in Life and Individual Characteristics on Dignity in Patients with Advanced Cancer in China: A Cross-sectional Study

Wenjuan Ying

The First Affiliated Hospital of Shantou University Medical College, China

Abstract

Purpose: This study was conducted to evaluate the effects of meaning in life and individual characteristics on dignity in patients with advanced cancer. **Methods:** One hundred sixty-seven patients with advanced cancer participated in this study. Dignity was assessed with the Patient Dignity Inventory (PDI), meaning in life was assessed with the Meaning in Life Scale (MiLS), and performance status was defined as the Karnofsky Performance Status (KPS). Sociodemographic and clinical variables were also measured. Independent T tests and one-way ANOVA were performed for the PDI scores and sociodemographic and clinical variables. Relationships among the PDI, MiLS, and KPS scores were evaluated with bivariate analyses (Spearman rank correlation). A multiple linear regression analysis was conducted to determine the predictors of PDI score. **Results:** Patients reported a mean of 4.2 (SD 4.9) problems affecting their sense of dignity; 21.6% reported moderate to severe loss of their sense of dignity. Multivariable regression analyses revealed that a lower MiLS score, younger age, inpatient status, and a lower KPS score predicted the loss of dignity. Stepwise regression showed that 49.8% of dignity-related distress could be explained by the MiLS score, age, inpatient status, and the KPS score. **Conclusion:** Self-perceived dignity is significantly negatively associated with meaning in life, age, inpatient status, and performance status. The early recognition of risk factors for the loss of dignity and interventions to enhance meaning in life may prevent the loss of dignity in patients with advanced cancer.

Notes

Change in Medical Documents Related to the Support to Return to Work in Japan: Focusing on Depression

Mayumi Nitta

National College of Nursing, Japan

Introduction: Among workers who take temporary leave due to sickness in Japan, almost half are the result of “mental health disorders”. Due to such conditions in Japan, various facilities provide support for workers who take a leave from work due to a mental health disorder. This study reports on the change in medical documents related to support provided to workers on leave due to depression in order for them to return to work. **Method:** This study targeted documents published in Japan from 2000 to 2020. Ichushi, which is the most commonly used database of medical publications in Japan, was used. Keywords, “depression” and “return to work”, were set for publication collection. **Results:** 959 documents were targeted in this study. The overall change in the number of documents was mountain shaped, with a peak in 2013. For expediency, 20 different classifications were set according to document title, keywords, abstracts, and type of article, including “efficacy and issues related to the support to return to work,” “treatment techniques,” etc. “Treatment techniques” had the most documents, followed by “effect and issues related to the support to return to work.” Among documents classified as “treatment techniques,” those related to “cognitive behavioral therapy” were the most common frequent. In recent years, reports on “cognitive behavioral therapy” using IT also increased. **Discussion:** Regarding why reports on cognitive behavioral therapy using IT have increased, ease in utilization of IT in the lifestyle after returning to work, was considered.

Notes

Root Cause Analysis and Action in the Management of Internal Jugular Vein Catheterization with Pleural Effusion

Amao Tang

Zhejiang University School of Medicine, China

Abstract

Objective: To introduce the application of root cause analysis method in the analysis of hospital adverse events by analyzing a case of internal jugular vein catheterization complicated with pleural effusion. **Methods:** A case of internal jugular vein catheterization complicated with pleural effusion was analyzed by collecting data, finding the direct cause, confirming the root cause, making improvement plan and implementing the plan. **Results** The analysis found that the root cause of the incident was that the department did not regularly organize CVC complications related knowledge learning, the assessment of the doctor's core system was not in place, and no standard for the observation and treatment of catheter insertion in the process of CVC puncture was formulated. According to the reasons, the measures adopted are to formulate and implement the training and learning plan, to strengthen the assessment of doctors' core system, to formulate the catheterization observation and treatment norms for the unsmooth CVC puncture process, and to evaluate the rectification effect. **Conclusion** Through RCA2 analysis, the root cause of this event was confirmed, which is worthy of promoting and applying in clinical nursing work.

Notes

A Qualitative Research on Some Changes in Difficulties of Long-term Evacuees after the Great East Japan Earthquake

Manami Yasuda

Iryo Sosei University, Japan

Abstract

Introduction: In recent years, natural disasters have occurred frequently worldwide. In Japan, there are local residents who have continued their long-term evacuation life due to the effects of the Great East Japan Earthquake (GEJE) and the accident at the Fukushima Daiichi Nuclear Power Plant (FDNPP) in 2011. This study is aimed at clarifying the changes over time in the difficulties of long-term evacuees and examines the ideal way of support leading to disaster mitigation. **Method:** In October 2016, we conducted an interview with eight adult residents who had been evacuated for more than five years after GEJE and FDNPP and analyzed the contents. **Result:** In the emergency stage of the aftermath, the damages to resident's lifelines was the great difficulty. In the next stage, there were some difficulties associated with rebuilding people's lives. During the reconstruction stage, residents are worried that they might be left behind because the rebuilding was behind the schedule. In addition, the difficulties that arose right after the disaster were some mental burdens from sense of loss, a feeling of isolation that the people could not be integrated into the new environment, discrimination, and bullying. **Discussion:** It is effective for them to provide proper supports according to the characteristics of difficulties that change over time. It was also suggested that it is important to provide continuous support for social life and health according to the situation of the subjects to alleviate the stagnation of life reconstruction and mental distress.

Notes

Effects of Web-Based Behavioral Intervention to Reduce Exposure to Endocrine-Disrupting Chemicals in Korean Mothers

Ju Hee Kim

Kyung Hee University, South Korea

Abstract

A randomized controlled design was conducted to identify the effects of web-based behavioral intervention for reducing exposure to endocrine-disrupting chemicals (EDCs) in mothers with young children. We measured phthalate metabolite, bisphenol A (BPA), triclosan, and paraben concentrations in urine before and after intervention in 51 subjects (26 in the experimental group and 25 in the control group). We provided web-based behavioral interventions to the experimental group for a month and encouraged them via short message service messages and phone calls. This program included an educational video, a game for locating endocrine disruptors at home, a method for locating facilities potentially emitting endocrine disruptors, resources, and a questions and answers mode. In contrast, we only provided information on endocrine disruptors to the control group. Data were collected from May 18 to June 30, 2020. After the intervention, the urinary concentrations of mono (2-ethylhexyl) phthalate (MEHP), mono (2-ethyl-5-oxohexyl) phthalate (MEOHP), BPA, methylparaben (MP), ethylparaben (EP), and propylparaben (PP) decreased significantly in the intervention group ($p = 0.011$, $p = 0.036$, $p = 0.039$, $p = 0.013$, $p < 0.001$, and $p = 0.044$, respectively), whereas only the EP concentration decreased significantly ($p = 0.044$) and that of MP increased significantly ($p = 0.036$) in the control group. Hence, the web-based behavioral intervention effectively reduced the exposure to endocrine disruptors in mothers with young children.

Notes

A Grounded Theory Study on Identifying the Crucial Factors of Coaching New Graduate Psychiatric Nurses: A Nurse Educational Research

Chi Shing Lam

The Hong Kong Polytechnic University, Hong Kong

Abstract

Background: Many newly graduated nurses leave the field one year after graduation, because they found it hard to cope with the highly stressful job nature, stress induced by transition of role from students to professional staff and new challenges in clinical settings. Preceptorship which is being used in worldwide clinical setting aims at providing substantial support to them during this initial period. This model appeared to be success in the West, while it seemed to be not equally effective in Asia, and new nurses reported that the program do not fit into their needs. As the demand of manpower is escalating in pandemic situation (COVID 19), there is a urgent need to retain the staff in service by identifying better ways to support them during their early career. **Objective:** Previously studies focused on the effectiveness of preceptorship in general nursing field, while investigations on the field of psychiatric nursing, especially in Asia are limited. The aim of the presence study was to explore the factors of preceptorship program, which are perceived to be crucial from the perspective of new psychiatric nurses. **Method:** A qualitative design was adopted in current study. Totally fifteen new psychiatric nurse were participating in the audio recorded in-depth interview. The data transcribed in text and was analysed by grounded theory proposed by Strauss & Corbin (1990) approach. **Results:** Three main categories (3A) emerged from the data. These were atmosphere, arrangement, and attention. Atmosphere was further broken down into two subcategories: unpredictable workload and stressful in clinic area. Arrangement was further broken down into two subcategories: adjustment to a new culture and role of preceptee. Attention was further broken down into two subcategories, interrelationship with preceptor and the ability of the preceptor. **Conclusion:** New graduate nurses expected preceptorship can help to conquer the clinical challenging. The senior management and nurse educators should be more aware on 3A when designing and executing the program that help junior nurses to adapt the work environment.

Notes

Patient Engagement to Improve Quality of Healthcare

Rasmeh Al Huneit

Ministry of Public Health, Qatar

Patient-centered care is an approach in healthcare delivery in which the healthcare providers partner with their patients to provide them with healthcare services that they need and expect according to the best practice and in safe manner. Patient engagement is an integral part of patient-centered healthcare. It has become a critical component of safe people-centered care and cornerstone of quality of care. Engaged patients can make informed decisions about their care options and treatment plans. In my talk, I will discuss; factors affecting patient engagement, levels for patient engagement, strategies for optimal patient engagement in the design, delivery, and evaluation of health service and factors influencing patient engagement, then I will conclude with impact of patient engagement on quality of healthcare.

Notes

Opioid Use Disorder: Treatment Options and Outcomes in U.S. Veterans

Lana Brown

Central Arkansas Veterans Healthcare System, AR

Abstract

Background: Substance use disorders (SUD) are a leading cause of morbidity and mortality in the United States with opioid use disorder (OUD) representing a growing public health concern and economic burden. Veterans within the Veterans Health Administration are impacted by OUD. **Significance:** A common opioid substitution therapy is sublingual Suboxone (buprenorphine/naloxone) used in combination with Behavior Modification Therapy. Missed Suboxone doses may lead to withdrawal and has the potential for drug diversion. Sublocade (buprenorphine extended-release) is an alternative once-monthly subcutaneous injection provided by a healthcare provider. The purpose of this quality improvement project was to examine the effects of Sublocade on cravings in Veterans with OUD. **Methods:** Veterans were considered for Sublocade monthly injections if they were enrolled in the Suboxone program, not taking Suboxone as prescribed, and disenrolled from the Suboxone program more than two times. Veterans were monitored for group participation, withdrawal symptoms, missed appointments, positive drug screens, and diversion. **Results:** Eleven Veterans were enrolled in the Sublocade program beginning in February 2019. The majority were male (82%) with a median age of 40 (33-54) years. The following were the primary opioids used prior to enrollment in the SUD program: hydrocodone (37%); oxycodone (27%); heroin (18%); hydromorphone (9%); and oxymorphone (9%). Sublocade significantly reduced cravings ($P=0.001$). In this small group, cravings were fully eliminated. **Discussion:** Recent studies have shown Sublocade effectively blocks the effects of other opioids, reduces the number of positive urine drug screens, and minimizes the risk of medication diversion that occurs with Suboxone.

Notes

Nurse Aide Retention & Organizational Factors in Long Term Care

Juliana Hanbridge

SUNY University at Buffalo, NY

Abstract

Purpose: Job satisfaction has been found to be a predictor of intention to stay and turnover in long-term care settings. Unfortunately, researchers have rarely investigated the organizational factors beyond compensation related to CNAs intention to leave. The purpose of this review is to identify aspects of organizational culture that impact job satisfaction for certified nurse aides (CNAs) to guide future research. **Background:** CNAs provide up to 70% of direct care in the long term care environment and are the largest group of workers in healthcare (66%). CNA turnover rates range between 23 - 34% with an estimated cost to Medicare/Medicaid of roughly 2.5 billion. The high turnover rates have a negative impact leading to reduced resident satisfaction and poorer quality of care. **Methods:** A literature search was conducted through CINAHL, PubMed, and Cochrane for English articles. Search terms utilized included “nurse aide”, “job satisfaction” “CNA Retention” “Long term care”, “Organizational factors in long term care”. Eight articles were retained for the literature review. Data was extracted into a matrix to allow for identification of themes. **Results:** Results indicated that while compensation is important, supervisory support is essential for job satisfaction. CNAs would like to be heard, appreciated, respected and be considered part of the care team. Organizations need to allocate resources toward training nurse leaders, who typically do not receive this type of education in formal programs. Organizational factors are modifiable and are more relevant to job satisfaction than individual factors. **Conclusions & Implications:** There is much to learn in terms of how the manager-subordinate relationship impacts CNA turnover rates in long term care. Future qualitative research that explores the complexities of the CNA role and their perspective of leadership and supervision may help shape interventions that improve CNA retention rates.

Notes

USG-United Scientific Group (A non-profit organization)

8105, Rasor Blvd - Suite #112, PLANO, TX 75024, USA

Ph: +1-469-854-2280/81

Toll Free: +1-844-395-4102; **Fax:** +1-469-854-2278

Email: cne@usgnursingscience.org

Web: <https://nursing.unitedscientificgroup.org/>