ABSTRACT BOOK

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Plenary Speaker

Loucine M. Huckabay, California State University, Long Beach

Keynote Speakers

Adele Webb, Strategic Education, Inc., OH

Mary McHugh, National University, CA

Sharon Radzyminski, University of Texas Rio Grande Valley, TX

Daniel Sperling, S.J.D., B.A. (Philosophy), University of Haifa, Israel

Marissa Winters, MA, RDN, NBC-HWC, Georgian Court University, NJ

Paul Sarnese, CHPA, MSE, MAS, CAPM, Secured & Prepared Consulting, NJ

Vincent F. Maher, JD, MA, MS, MA, PD, RN, Iona University, NY

Featured Speakers

Alice Kerby, The Kerby Method, CA

Adriana D Glenn, George Washington University, Washington, DC

Eleanor Saffian, Medical College of Wisconsin, WI

Bethany Rolfe Witham, University of Washington, WA

Shivani Gopalsami, Ronald Reagan UCLA Medical Center, CA

Bridgette Cotton, Goldfarb School of Nursing at Barnes Jewish College, MO

Liz Bell-McClure, Duke Medical Center in Durham, NC

Daniel Pollack, University of California San Diego Health, CA

Shauna Miller, California State University, CA

Cheryl M. Wagner, University of Iowa College of Nursing, IA

Kathleen Russell-Babin, Inova Health System, VA

Rita Cola Carroll, Drexel University, PA

Deborah O'Dell, Biola University, CA

Miriam L. Griffin, PhD, MSN-Ed, RN, Bethune-Cookman University, FL

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Keping Yu, Chongqing General Hospital, China

Yuyu Jiang, Jiangnan University, China

Poster

Ja Yun Choi, Chonnam National University, South Korea

PLENARY

A study of tobacco and alcohol consumption behaviors in Armenian immigrants in the US

Loucine M. Huckabay

California State University, Long Beach

United States (U.S.) has over 1.5 million Armenian immigrants (AI). Southern California has the second largest AI after Moscow. Immigration is a major stress producing event in one's life. Smoking and drinking behaviors are known to be maladaptive coping mechanisms to deal with acculturative stress, They have adverse health consequences in terms of causing acute and chronic illnesses. Very few studies have investigated the problematic nature of smoking and alcohol consumption in AIs. The purpose of the study is to investigate the use of tobacco and alcohol consumption in AIs as a coping strategy with acculturative stress and their relationship to incidences of acute and chronic illnesses and to demographics.

A descriptive survey design was used to gather data from 432 AI to the U.S. (males=204, females=228) between the ages of 19-92, with the mean age of 56. . Participants were from Armenia, and Middle East. Variables investigated were smoking tobacco, alcohol consumption, country of origin, incidences of acute and chronic illnesses, depression, social support, and demographics. Data was collected using the Health Status Questionnaire and Beck Depression Scale. Data was analyzed using two-way analysis of variance, Chi Square and Spearman rank correlations, as appropriate.

Of the 432 participants, 68 (males=41, females=27) were smokers, 199 (males=136, females=63) were alcohol drinkers. Results showed that AI men from Armenia smoked tobacco and drank alcohol significantly more than AI men from other countries. Smoking was positively and significantly related to depression, and incidences of acute illnesses. Gender differences showed men smoking and drinking significantly more than women. Comparison of life time smoking of 100 cigarettes with country of origin and gender showed Armenian women from Turkey (40%) and Lebanon (31.6%) smoked significantly more than women from other countries. Also, Armenian women from Armenia consumed significantly more alcohol than women from other countries. For the group as a whole, alcohol consumption was positively related with depression and inversely related to belonging to social support groups.

Conclusion: Results were interpreted in light of acculturative stress and coping. Implications were made to use social support systems as coping mechanism for handling depression and acculturative stress.

Notes

Healthcare of the future

Adele Webb

Strategic Education, Inc., OH

The report by the Institute of Medicine entitled *The Future of Nursing 2020-2030* clearly defines the responsibility of nurses and nursing to contribute to the delivery of healthcare in the future. With the advent of artificial intelligence, virtual reality and chat GpT the future of healthcare looks markedly different from healthcare delivery today. Add to those innovations the aging of our population and the dire nursing shortage, and it becomes clear that there is a need to not just understand but also to provide direction on the development of our profession. As providers we need to understand the history of our profession, how it has changed over time and what we need to do to not just prepare for the future but also to contribute to the future. This presentation includes a look at where we have been, where we are now, and where we are quickly headed in healthcare.

Notes

ABSTRACT BOOK

Use of the odds ratio in clinical research

Mary McHugh

National University, CA

We are increasingly seeing the Odds Ratio as the statistic used in medical research. This statistic is one of the more useful tools in clinical decision-making for several reasons. First, it gives very specific information about the likelihood of treatment success when two approaches are compared. Second, it provides data showing how much improvement in outcomes can be expected for one treatment versus another. Third, it provides information on the statistical significance of any differences which are found, enabling clinicians to draw conclusions about the best way to treat populations. Data inputted into an Odds Ratio statistic consist of counts for each of a set of conditions and observed outcomes, and the data are presented in a visually appealing table format. The most common use for the statistic is a 2 X 2 table although larger tables are possible. It is a relatively simple statistic to calculate. Hand hand calculation is feasible for clinicians; a statistician is not required. Finally, the information provided by an Odds Ratio is simple enough to interpret that the clinician can share the results with patients, most of whom can understand the results and can use them to make informed decisions about treatment options based on the likelihood of treatment success.

Notes

ABSTRACT BOOK

Improving student success in second degree BSN programs (the role of faculty development and student mentoring programs)

Sharon Radzyminski

University of Texas Rio Grande Valley, TX

Designed to build on previous learning experiences, accelerated BSN programs provide a way for individuals with undergraduate degrees in other disciplines to transition into nursing. Despite meeting rigorous admission criteria, the attrition rates in many of these remain unacceptable high. Therefore, academic success and retention of nursing students is paramount to meet the need for a more qualified nursing workforce. This project, funded by the Texas Higher Education Coordinating Board, identified factors that influenced student retention in the second degree accelerated BSN program at the University of Texas Rio Grande Valley. Subsequently a student mentoring program was established along with faculty development in areas specific to student mentoring, teaching of accelerated students and working with student in high stress environments. First year data shows reduction in the student attrition rate from 17 to 3 per cent and exceptional to good evaluations from students and faculty.

Notes

ABSTRACT BOOK

Rethinking compassion in nursing care

Daniel Sperling

University of Haifa, Israel

Background- The concept of compassion refers to the emotional state of suffering with another person and seeking to minimize or alleviate this suffering. While such a concept is central in nursing care there is little discussion of whether it is a moral virtue of the nurse, an attitude, or emotional response.

Aim- To reconsider and conceptualize the role of compassion in nursing care.

Methods- The research combined theoretical analysis of the literature.

Results- On a first look, as a humane, spontaneous and warm emotion, compassion seems to be a desired outcome, leading also to the improvement of care and the patient's feelings. Additionally, lack of compassion may defeat personal resilience and expose the person to becoming more vulnerable. Yet, an attitude of compassionate care may demand too much of the nurse. It may result in moral distress, burnout and harm. Such a phenomenon is usually referred to as "compassionate fatigue". It follows that compassion is more than an emotional response resulting from closeness to the patient, or even from an internalized attitude toward her, which could have been based on the nurse's characteristics of being open to others. It combines elements which are desirable for the nurse and the nursing care, stemming from the more general ideas of human dignity and solidarity.

Conclusions- Compassion is a core ethical value in nursing ethics whose foundations are yet to be explored. Given its role in nursing care, more understanding of its force to direct nurses in their work is of high importance.

Notes

You're doing it wrong: a new perspective on self-care

Marissa Winters

Georgian Court University, NJ

As a society, we have developed an unsustainable model of care that underlies how we interact with each other. Care is believed to require self-sacrifice; the needs of others are prioritized. If this altruistic model works, why are complaints of burnout, compassion fatigue, exhaustion, and the like rising globally?

Self-care is correctly identified as the way to address the undesired outcomes of the current model of care. However, self-care as it is currently understood and practiced by most people is not improving the quality of life in a sustainable way. Effective self-care is not problem solving or actions that distract from fundamentally unacceptable conditions in order to make one temporarily feel better.

A shift in perspective to one that emphasizes managing one's energy expands the ways to experience true self-care. This approach recognizes the purpose of self-care to be the creation and maintenance of a desired state of being. Coming from an energetic perspective, self-care is a deliberate creative act, not a "fix" for undesired problems.

Notes

ABSTRACT BOOK

Safety precautions for radiology nurses

Paul Sarnese

Secured & Prepared Consulting, NJ

Violence is a major threat to the healthcare industry. Radiology Nurses face verbal abuse and assault. Their working environment with specific risks and vulnerabilities places them in jeopardy. This article offers best practices for designing and maintaining a safe and secure space for Radiology Nurses.

Keywords: Violence, Safety, Radiology Nurses

Notes

Criminal acts arising from Nursing practice

Vincent F. Maher

Iona University, NY

There is a ubiquitous problem with medical errors and the concomitant costs it brings in terms of human suffering and financial loss for patients, families, and caregivers. Professional caregivers, including physicians, nurses, and others who have made clinical errors normally will fall under the risk management and quality improvement policies of the organization at which they are employed and subsequent investigation and response occurs internally. Sometimes further consequences can entail the caregiver being named as a defendant or co-defendant in a civil lawsuit, and sometimes the caregiver can have professional licensure restricted or even revoked. More rarely, a caregiver can be prosecuted in a criminal legal action. When criminal prosecution occurred, it was usually for purposeful wrongdoing such as fraud, diversion of drugs, or even the intentional or reckless killing of elderly or other vulnerable people. The recent criminal prosecution of a Tennessee nurse for the reckless series of mistakes that led to the death of a single patient opens new considerations for nurses, physicians, and all caregivers, along with hospitals and healthcare systems that employ and/or work with them. The "dynamic tension" of encouraging all caregivers to own up to mistakes with patients as quickly as possible in healthcare organizations seems to be especially challenged now by the Vaught decision. This was mitigated somewhat by a relatively lenient sentence ordered by the judge in this noteworthy case.

Keywords:

Caregiver Criminal Liability, Civil Liability, Malpractice, Nurses, Physicians, Hospitals and Healthcare Organizations, Risk Management, Quality Improvement.

Notes

FEATURED PRESENTATIONS

Unlock the secrets of your nervous system: cultivate calm and resilience

Alice Kerby

The Kerby Method, CA

In a time of glaring inequality and political polarization, we are uniquely situated in the health promotion field to affect both the individuals and organizations within our scope. Understanding the effects of trauma from a physiological and neurological perspective opens the door to healing it and changing lives.

Yet, having simply an intellectual understanding of personal, generational, and systemic inequality driven trauma is not enough. We must strive to have a felt sense understanding of what happens in our own bodies when we are activated and settled and experiencing the responses of trauma. This enables us to teach others how to recognize these patterns.

This presentation seamlessly weaves education on trauma healing with experiential practices that allow you to feel the difference in your own body of being deeply connected to your nervous system.

Notes

Development of a telehealth guide for e-empathy in goals of care conversations for African-American/black kidney patients

Adriana D. Glenn

The George Washington University, VA

Purpose: The study's aim was to adapt a telehealth E-empathy guide for kidney care providers, particularly targeting Black patients with chronic kidney disease (CKD). CKD is prevalent in the Black community, with Blacks being disproportionately affected. Telehealth shows promise in managing CKD, especially in Black patients with a co-morbidity of type-2 diabetes. Adapting the E-empathy guide enhances awareness and offers health care providers resources to address communication barriers and systemic biases impacting outcomes in Black CKD patients.

Methods: The study employs a participatory action research approach in three phases. Phase one involves collaborating with a community stakeholder advisory group to adapt the guide, followed by subsequent meetings. Phase two includes cognitive testing of the adapted guide through patient interviews. Phase three focuses on evaluating and testing the guide's usability with nephrology providers.

Results: Based upon identification of strengths and weaknesses of the current guide elicited through cognitive and usability testing, revisions were made to the E-empathy telehealth guide to better address the care of Black patients with CKD.

Conclusion: Black patients with CKD appreciate the investment in removing cultural barriers to their participation in an important mode of service delivery. Nephrology providers have an additional resource when working with their patients.

This presentation provides an overview of the process of the development of the guide, revisions made, and the challenges encountered along the way.

Notes

A need for further investigation of patient perceived risk and education: association between recurrent preeclampsia and decreased appointment attendance after birth

Eleanor Saffian

Medical College of Wisconsin, WI

Objective: To examine the association between recurrent preeclampsia and attendance at the standard of care blood pressure monitoring appointment after birth.

Design: Retrospective cohort.

Setting: Single Magnet-accredited hospital affiliated with an academic medical center.

Participants: Multiparous women who gave birth between 2010 and 2020 and were diagnosed with preeclampsia (N = 313).

Methods: We divided participants into two groups: those with prior preeclampsia (n = 119) and those without prior preeclampsia (n = 194). Using logistic regression, we calculated unadjusted and adjusted odds ratios to estimate the association between attendance at the postpartum blood pressure (PPBP) monitoring appointment and prior preeclampsia. We also explored the relationship between attendance at the PPBP monitoring appointment and use of magnesium sulfate during labor and delivery and the relationship between attendance at the PPBP monitoring appointment and use of maintenance antihypertensive medications.

Results: In adjusted analysis, participants with prior preeclampsia were 66.4% less likely to attend the PPBP monitoring appointment compared with those without prior preeclampsia, AOR = 0.34, 95% CI [0.18, 0.62]. Administration of magnesium sulfate during labor and use of maintenance antihypertensive medications were not associated with a change in attendance at the PPBP appointment.

Conclusion: Further research on patient-perceived risk of recurrent preeclampsia and improvement of systems to facilitate postpartum follow-up is needed.

Keywords: recurrent preeclampsia, postpartum, appointment attendance

Notes

Promoting clinical and cultural competence in the nursing care of transgender patients: an educational module for postoperative nurses caring for patients after vulvovaginoplasty

Bethany Rolfe Witham

University of Washington, WA

Background: Transgender women and transfeminine nonbinary individuals may pursue a vulvovaginoplasty to improve their gender dysphoria. Nursing staff require a comprehensive educational plan to gain the clinical and cultural knowledge necessary for post-procedure patient care. The goal of this study was to design, implement, and evaluate an educational module to increase acute care nurses' clinical and cultural knowledge in the care of the transgender population after vulvovaginoplasty.

Method: All nursing staff and patient care technicians working on a hospital unit caring for patients after vulvovaginoplasty attended a 4-hour educational module. Methods of instruction included short lectures, small group work, simulations, and questions and answers with an interprofessional panel. Participants completed an anonymous pre- and postsurvey. Survey data were analyzed for significant change in the categories of knowledge, perceived competence, sexuality and gender beliefs, interpersonal comfort, and human value.

Results: Significant improvement was noted in the categories of knowledge and perceived competence. Improvements were also noted in the categories of sexuality and gender beliefs and interpersonal comfort but were not statistically significant. An insignificant decline in scores was noted in the category of human value.

Conclusion: Increased knowledge of vulvovaginoplasty and informed, culturally safe care may improve the patient outcome and experience while simultaneously increasing nurses' confidence, competence, and comfort in delivering care for this population. This intervention may serve as an exemplar to other institutions that plan to offer gender care surgeries.

Notes

ABSTRACT BOOK

Implementation and evaluation of an inpatient electrolyte replacement protocol for patients with hematologic malignancies

Shivani Gopalsami

Ronald Reagan UCLA Medical Center, CA

Electrolyte abnormalities are frequently seen in patients receiving treatment for hematologic malignancies and can affect ongoing treatment. Literature supports the use of an electrolyte replacement protocol using standard dosing to maintain electrolyte balance for high-risk patient populations. An advanced practice nurse–led team developed an inpatient nurse-driven electrolyte replacement protocol. Postimplementation, the average time from laboratory result to medication administration decreased from 344 minutes to 112 minutes. The protocol was also associated with fewer reported incidents of cardiac arrhythmias.

AT A GLANCE

- Patients with hematologic malignancies receiving chemotherapy, targeted treatments, and cellular therapy are at risk for electrolyte abnormalities.

- A standardized, nurse-driven electrolyte replacement protocol may result in more timely electrolyte rectification and fewer adverse events.

- Nurse practitioners can lead interprofessional teams and quality improvement projects to optimize care delivery and patient outcome

Notes

Understanding the perspectives of emergency nurses' psychological trauma during COVID 19 and protective mechanisms to build resilience

Bridgette Cotton

Goldfarb School of Nursing at Barnes Jewish College, MO

Objective: To understand the perspectives of emergency nurses' perception of psychological trauma during COVID 19 and protective mechanisms used to build resilience.

Method: The primary method was qualitative interviews, with survey data used to triangulate and understand qualitative findings. Analyses and theme development were guided by Social Identity Theory and informed by the Mid-Range Theory of Nurses' Psychological Trauma.

Results: A total of 14 emergency department nurses were interviewed, 11 from one site and 3 from the other. Almost all nurses described working in an ED throughout the pandemic as extraordinarily stressful, morally injurious, and exhausting at multiple levels. While the source of stressors changed throughout the pandemic, the culmination of continued stress, moral injury, and emotional and physical exhaustion almost always exceeded their ability to adapt to the ever-changing landscape in healthcare created by the pandemic. Two primary themes were identified: Losing Self-Identity as a Nurse and Hopelessness and Self-Preservation.

Conclusion: The consequences of the pandemic on nurses are likely to be long-lasting. Nurses need to mend and rebuild their self-identity as a nurse. The solutions are not quick fixes but rather will require fundamental changes in the profession, healthcare organizations and society. These changes will require a strategic vision, sustained commitment, and leadership to accomplish.

Keywords: Emergency Department, nurses, trauma, COVID 19, moral resilience

Notes

ABSTRACT BOOK

Active surveillance of patients at risk for euglycemic diabetic ketoacidosis from sodium-glucose cotransport-2 inhibitors

Liz Bell-McClure

Duke Medical Center in Durham, NC

Introduction: The prescriptions rates of SGLT2 inhibitors have increased last decade both for the management of diabetes as well as heart failure management. With this increase there has been a rise in incidence of euglycemic diabetic ketoacidosis (eDKA) in hospitalized patients. The purpose of this quality improvement project was to determine if active surveillance of at risk patients would reduce time to diagnosis and improve patient outcomes.

Methods: A best practice alert was generated within the electronic health record that would fire for any patients with SGLT2-I on home medication list or taken while hospitalized, with a specific list of lab criteria. For this QI project, a provider from the endocrine team monitored a generated report and reached out to the primary team with diagnostic and treatment recommendations. Teams were instructed to place an Endocrine specialty consult if further guidance or management was needed

Results: During the five-week trial, 34 patients were identified by the BPA with a wide variety of services identified. Of the 34 patients identified as at risk for eDKA, 41% had diagnosis confirmed with further lab evaluation and 12% definitively did not have euglycemic DKA. Of the fourteen patients with confirmed EKDA, eleven received treatment with dextrose containing IVF and IV insulin as needed. Three patients recovered without treatment or with aggressive oral nutrition repletion. During the five-week trial one patient required transfer to intensive care unit for management. The average time to diagnosis with active surveillance was less than 24 hours.

Conclusion: Active surveillance of the BPA lead to prompt diagnosis and treatment of patient with e-DKA from SGLT-2 inhibitors. The QI project also increased awareness of the BPA as well as the diagnosis of eDKA based on provider feedback. There were also several system-wide opportunities noted to reduce patient risk of development of eDKA.

Notes

ABSTRACT BOOK

Using a flipped classroom model to deliver cardiovascular Nursing education

Daniel Pollack

University of California San Diego Health, CA

At the onset of the pandemic, urgent changes to the delivery of nursing education was necessary to comply with safe social distancing requirements. When the pandemic disrupted traditional in-person didactic learning, instructors adjusted the delivery of education for the newly hired cardiovascular nurse to reduce in-person class time while meeting their learning needs. The flipped classroom model was selected to deliver cardiovascular education to new nursing staff. The purpose of this continuous quality improvement project is to measure if utilizing a flipped classroom model to teach new cardiovascular nurses elicits the same class evaluation measurements compared to a traditional in-person didactic learning model. Based on the results of the class evaluations, the average ratings of the course objectives flipped classroom model never achieved the same level as the pre-pandemic traditional in-person didactic model. However, most class participants felt that the course objectives were being met. Even though the flipped classroom model did not elicit the same response as the traditional in-person didactic model, class objectives are being met to nurse satisfaction and the classes are continually improved to meet the needs of the nurses.

Notes

Nurses caring for adults with autism in the emergency department

Shauna Miller

California State University, CA

Autism is a complex neurodevelopmental disorder characterized by social impairments; communication difficulties; and restricted, repetitive, and stereotyped patterns of behavior. The prevalence of individuals 18 years or older with a diagnosis of autism continues to increase dramatically. The nurse (RN) in the emergency department (ED) is vital to the appropriate receiving, treatment, and management of the adult patient with autism.

The ED receives patients presenting with a wide variety of injuries and maladies. This can make for a confusing and overstimulating environment for patients with autism. RNs must understand this and other uniquely challenging issues in caring for individuals with autism. Though autism is an active area of research, with copious resources now available; there remains a dearth of studies related to nurses' knowledge in the ED setting. Nursing requires intense levels of immediate information and this survey of knowledge and beliefs helped identify the ED nurse's educational needs and how best to provide accurate and applicable information.

This survey found that just over half of ED nurses surveyed had accurate knowledge of autism, correctly identified its causes and comorbidities, and chose appropriate interventions. This survey confirmed the limited knowledge and resources available for ED RNs. Further research on nursing care of adults with ASD is clearly warranted.

Notes

Connecting global challenges to the electronic health record to enhance Nursing documentation efforts

Cheryl M. Wagner

University of Iowa College of Nursing, IA

Providing 80% of healthcare worldwide, nurses focus on physiologic and psychosocial aspects of health, which incorporate social determinants of health (SDOH). Recognizing their important role in SDOH, nurse informatics scholars included standardized measurable terms that identify and treat issues with SDOH in their classification systems, which have been readily available for over five decades. Nursing standardized language (SNL) classifications are currently underutilized in electronic health record (EHR) documentation systems and their use would add value to health outcomes and healthcare, and to the goal of decreasing health disparities. Using three rigorously developed and linked classifications: NANDA International (NANDA-I), Nursing Interventions Classification (NIC), and Nursing Outcomes Classification (NOC) (called NNN [NANDA-I, NIC, NOC]) to demonstrate the usefulness of SNLs in EHRs, we mapped NNN to five Healthy People 2030 SDOH domains/objectives, revealing the comprehensiveness, usefulness, and value of these classifications. We found that all domains/objectives were addressed and NNN terms often mapped to multiple domains/objectives. Since SDOH, corresponding interventions and measurable outcomes are easily found in standardized nursing classifications, more incorporation of SNLs into electronic health records should be occurring, and projects addressing SDOHs should integrate SNLs like NNN into their ongoing work.

Notes

Growing novel implementation science program infrastructure: Process and outcomes

Kathleen Russell-Babin

Inova Health System, VA

Implementation Science (IS) is an exciting and evolving extension of evidence-based practice (EBP) designed to address the gap between production/synthesis of evidence and sustained implementation (Eccles & Mittman, 2006; Wensig et al., 2020). Concurrently, we are experiencing one of the most challenging clinical worker retention periods in recent history. IS can help them find meaning in making a difference at work.

Facilitators to engaging CW in organizational improvement activities included:

- Using shared governance resources

- A training plan to create robust IS capability

- Creation of a step-by-step toolkit

- Facilitators to mentor each project

- Philanthropic funding

- Sharing and celebrating results

In addition to designing and acquiring the resources for the steps above, leadership built formalized communication plans, championed those engaged in IS projects, and evaluated and communicated results.

Programmatic results include:

- Trained 75 participants to date

- Developed 12 IS trainers

- Created nine project teams to engage in IS projects

An example was using IS to implement the Brøset Violence Checklist in 10 emergency departments. Outcomes were assessed per the Proctor Model (2011). The team found compliance to use in triage approach 90%, year-over-year workplace violence rate reductions and strong acceptability ratings.

Overall program results included a 76% retention rate of the participants in the program. The experience set the stage for leadership to submit and receive a 7-year PCORI contract for the Health Systems Implementation Initiative. Participants increased their IS competency development and those involved describe this work as fulfilling and meaningful.

Notes

ABSTRACT BOOK

Creative mental health education

Deborah O'Dell

Biola University, CA

Many students see no reason for taking a mental health course, but as mental health diagnoses increase, it has become very important! Clients who have a mental health diagnosis are 6.2 times more likely to be admitted for a medical reason, so nurses in all areas of the hospital will be interacting with these clients.

So...how can you help your students enjoy learning about mental health? There are many ways, and we will talk about creative pre-lecture assignments, interactive learning during class, unique simulations, and innovative clinical settings. Come prepared to be stimulated to thinking about new ways to help your students prepare for caring for mental health clients.

Notes

Bring on success! exploring the effectiveness of a prenursing introductory course: experiences of culturally diverse nursing students

Miriam L. Griffin

Bethune-Cookman University, FL

Greater ethnic and racial diversity in the nursing profession is needed to reduce health care disparities and provide culturally competent health care to an increasingly diverse patient population. The lack of diversity is a global nursing concern, and nursing programs and educators are tasked with attempting to recruit, retain, and graduate culturally diverse students. A need has been established to design early intervention success programs and pre-nursing preparation that focus on critical factors that contribute to student success and assist with decreasing attrition rates among culturally diverse students. A basic qualitative study was conducted to answer how culturally diverse students describe their experiences in a pre-nursing introductory course created to assist with matriculation beyond the first semester of a rigorous Bachelor of Nursing program at a historically Black university. An inductive thematic analysis revealed that students considered the course too easy and not reflective of the rigor of nursing programs, however, individual lessons taught in the course added value to their learning experience and contributed to their first-semester success.

Notes

ABSTRACT BOOK

Improving access to Hepatitis C treatment with peer support

Janet Carty

Kings College Hospital, London, UK

A Peer support model has been designed to help improve access to hepatitis C treatment for under-served patient groups. Peers are a very effective way to engage patients into treatment and improve equity of care to all with a coordinated approach.

Treatment for Hepatitis C (HCV) is now less complex, an all-oral regimen, shorter duration, minimal side effects and with improved outcomes.

We need improved engagement with high-risk groups eg, homeless/hostel population to improve access to treatment and equity of care. This cohort of clients/patients historically have a number of cultural and practical factors which ultimately inhibits access to HCV treatment/healthcare.

This programme has demonstrated how engagement can be very successful with very good treatment outcomes for patients attending both community healthcare and hospital clinics.

Notes

ABSTRACT BOOK

The effects of shared decision-making on patient participation in discharge meetings in a behavioral health unit

Shana Davis

Prisma Health, SC and Duke Johnson & Johnson Leadership Fellow, NC

Background: Research suggests persons diagnosed with behavioral health illnesses can benefit shared decision making. On an inpatient behavioral health unit, low Press Ganey scores related to satisfaction with involvement in care triggered a root cause analysis that identified patients did not feel engaged by nursing during their time together; and discharge meetings with the healthcare team were not required.

Aims: The purpose of this quality improvement project was to improve patient perception of involvement in their care as evidenced by increased Press-Ganey scores and increased numbers of patients involved in discharge meetings.

Methods: Nurses used an evidence-based model for nurse-patient communication, the Seeking information, engaging in conversation, Exploring options, and Deciding on treatment [SEED] and use of a Control Preferences Scale (CPS) to increase communication about treatment and discharge decisions.

Results: A total of 120 patients engaged in the intervention. Patient presence at discharge meetings increased from 39% to 82% ($p < .001$) and Press Ganey scores evidenced minimal change.

Conclusions: Use of the SEED model and Control Preferences Scale by nurses was effective in increasing patients' involvement in their treatment. Although findings were limited due to COVID-19, the study suggests that improving patient involvement from admission through discharge throughout hospitalization can improve patient experience scores.

Keywords: patient involvement, patient engagement, shared decision-making, mental health; mental illness; mental disorder; behavioral health illness.

Notes

Rationale and strategies for cultural humility in palliative and hospice care: the African American experience of living and dying in the US

Chaka Brittain

University of North Florida, FL

Compared to whites, blacks are more likely to die in the hospital and to use intensive care and life-sustaining treatments such as mechanical ventilation (MV), hemodialysis, and feeding tubes even when there is no indication that these interventions will yield any desirable outcomes. In addition, blacks also incur higher medical care costs in their last 12 months than whites with worse outcomes. The challenges of an aging population desiring a good end to their lives combined with soaring costs for medical care serve as a mandate for providers to be aware of both patient preferences and other factors influencing decision-making at the end of life. A one-size fits all approach to end-of-life care and chronic disease progression will not address the unique & multifaceted needs of the African American community. Lack of consideration of the of lived African American experience will continue to lead to missed opportunities for facilitating a peaceful transition of care at the end-of-life. This presentation will explore the many cultural and spiritual aspects of decision-making as it relates to EOL care in the AA community. Insights found in this comprehensive review of the literature could be helpful in determining attitudes and preferences about advance care planning that would allow healthcare providers to deliver quality end-of-life care in a culturally sensitive manner.

Notes

Care coordination models for transition and long-term follow-up among childhood cancer survivors: a scoping review

Carmen Chan

The Chinese University of Hong Kong, Hong Kong

Background: Childhood cancer survivors (CCS) may experience complex health issues during transition from hospital to community and long-term follow-up (LTFU); therefore, high-quality healthcare is warranted. Care coordination is one of the essential concepts in high-level (? advanced) healthcare. Care coordination models vary among CCS in transition and LTFU. This scoping review aimed to identify care coordination models for CCS in transition and LTFU and synthesise key determinants of the models.

Methods: This scoping review was guided by the methodological framework from Arksey and O'Malley and reported in adherence with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). A systematic literature search was conducted on six databases (Medline, PubMed, Embase, Web of Science, CINAHL, and Cochrane Library) using possible combinations of terms relevant to CCS, transition/LTFU, and care coordination model. Data were analysed by descriptive and content analysis.

Results: Of 20,545 citations, six care coordination models were identified. The core concepts of these models were summarised as '3I': individualisation, interaction, and integration. Key components of the models include multidisciplinary cooperation, navigator/coordinator, needs-oriented approaches, and patient-centred and family-involved healthcare. Models' functions comprised risk assessment, primary care, subspecialty and supportive care, psychosocial support, health education and counselling, and financial assistance. Patients' health-related outcomes and clinical outcomes (including clinic referrals, patients' satisfaction, and cost-effectiveness) were assessed to evaluate the models' performance.

Conclusion: This scoping review summarised the core determinants of care coordination models for CCS in transition and LTFU. Future research is needed to identify optimal models for providing high-quality healthcare to CCS in transition and LTFU.

Notes

Expanding plan of care: Nursing in the community

Delia Santana

Charles R. Drew University of Medicine and Science, CA

Introduction: Public health nursing practice focuses on population health, promoting and preventing disease and disability. Nursing naturally engages in public health when considering health beyond the individual patient. Nursing in the community may be viewed directly through the lens of health determinants to make a broad impact on population health.

Background: Public Health has been a part of the nursing profession since its inception, and its value was not recognized until nursing in the community made the connection between health, and where disadvantaged people live, work, and play. Later, we determined that beyond the disadvantaged, all individuals and communities can benefit from a holistic view of health. Public health nursing practice thus evolved to provide a model to address the connection between health and the environment.

Purpose: This presentation considers a reinvigoration of the practice of public health nursing by bringing social determinants and equity to the forefront of interprofessional collaboration and interventions geared at reducing morbidity and mortality.

Findings: Public Health Nursing can strategically improve health by incorporating health determinants for social and public health policy development. The social determinants of health model can help nurses in enhanced communication and thinking around mobilizing existing infrastructures and building novel economic capacities to improve health.

Conclusion: A redeveloped Public Health Nursing and health determinants concept should be consistently applied to thinking about the health of the community to impact social and economic factors that help people live longer and healthier lives.

Notes

Influence of psychological capital on core competency for new nurses

Mengjie Xia, MAHSA University, Malaysia

Junqiang Wang, Taizhou Enze Medical Center, China

Background: The development of core competency is crucial for the success of new nurses, enabling them to deliver high-quality care. Psychological capital (PsyCap), encompassing self-efficacy, optimism, hope, and resilience, significantly influences individuals' abilities and achievements across various professions. However, limited research has specifically examined the impact of PsyCap on the core competency of new nurses. This study aims to bridge this gap by investigating the relationship between PsyCap and core competency development in new nurses, providing valuable strategic insights for improving PsyCap and promoting core competence acquisition.

Methods: 142 new nurses were chosen for the investigation using a convenient cluster sampling method. The questionnaire included components on socio-demographic characteristics, the Competency Inventory for Registered Nurses (CIRN), and the PsyCap Questionnaire-24 (PCQ-24). The t-test, One-Way ANOVA, Pearson correlation analysis and hierarchical multiple regression were used for statistical analysis.

Result: The number of valid questionnaires was 138, and the effective return rate was 97.2%. The overall mean score for core competencies was 171.01 (SD 25.34), and the PsyCap score was 104.76(SD 13.71). The PsyCap of new nurses was highly correlated with core competency, with a correlation coefficient of $r = 0.7$, $p < 0.01$. Self-efficacy of PsyCap is a significant independent predictor of core competency (adjust $R^2 = 0.49$).

Conclusion: Self-efficacy in PsyCap is an important predictor of new nurses' core competency. Nursing managers should pay sufficient attention to the cultivation and development of new nurses' PsyCap, with particular emphasis on enhancing self-efficacy to improve their core competency.

Notes

ABSTRACT BOOK

How patients with early gastrointestinal cancer cope with diagnosis disclosure: a phenomenological qualitative study

Amao Tang

Hangzhou First People's Hospital, Westlake University, China

Objective: To understand the attitude and psychological experience of patients with early gastrointestinal caner towards the disclosure of the disease diagnosis, thus, to guide development of humanized nursing interventions for patients with early gastrointestinal cancer and their families.

Methods: From June to August 2022, 12 outpatients with gastrointestinal cancer were recruited by purposive sampling from a tertiary hospital in Hangzhou City, Southeast China. Phenomenological qualitative interview approach was applied. Interview data were sorted, analyzed and described according to the Colaizzi methods.

Results: The psychological experience and coping style of patients with early gastrointestinal cancer were summarized into five themes: the differentiation of psychological reaction and emotional experience, different plans to cope with future, the adjustment of life and work focus on disease, the hope that hospitals could provide professional and convenient services, and a lack of disease could provide.

Conclusions: Study finding showed that the early diagnosis of gastrointestinal cancer varies between individual patients. Based on this study, implications for nurses to improve patient's disease knowledge and quality-of-life are suggested.

Notes

Tough choices: the experience of family members of critically ill patients participating in ECMO treatment decision-making: a descriptive qualitative study

Xiangying Yang

Hangzhou First People's Hospital, Westlake University, China

Objective: To explore the experience of family members of critically ill patients who were asked to consent to ECMO treatment and to gain insight into the factors that promote and hinder their decision-making.

Methods: A descriptive qualitative study. Data were collected using a semi-structured interview method and analysed using traditional content analysis approaches. The cohort included nineteen family members of critically ill ICU patients from a general hospital in China.

Results: Eleven family members consented to ECMO treatment, and 8 refused. 5 themes and 15 subthemes emerged: (1) tough choices: unpreparedness, contradictions and entanglements, guilt and self-blame; (2) rationalisation of decision-making: decision-making tends to risk seeking; ethics and morality guide decision-making, expected assumptions of efficacy and previous decision-making experience; (3) decision-making generation: independent decision-making, group decision-making, decision making based on patient preferences; (4) facilitators of decision making: effective communication, abundant support, trust and (5) barriers to decision-making: lack of knowledge, ineffective communication, weak support.

Conclusion: It is difficult for family members of critically ill patients to form rational decisions in the face of great psychological pressures and interference by external factors. When family members of critically ill patients participate in the decision-making process of ECMO treatment, there is a complex interplay between each component of the decision-making process.

Notes

ABSTRACT BOOK

Return to work experience of young and middle-aged patients with acute Myocardial Infarction: a longitudinal qualitative study

Qian Zhang

Hangzhou First People's Hospital, Westlake University, China

Objective: In this study, we aimed to explore the lived experiences and change processes of young and middle-aged patients with AMI at the different stages of RTW.

Methods: A descriptive qualitative approach was used. Patients aged 20-59 years with AMI were recruited from the Department of Cardiology of three general hospitals. Data were collected via semi-structured interviews. Data analysis was performed by conventional content analysis methods.

Results: In total, 18 participants were included. Five main themes emerged: (1) "chaos", (2) "rebuilding", (3) "conflict", (4) "coping", and (5)"benefits". Patients may be more concerned about physical recovery during the initial clinical event. They then begin to plan and adjust for a RTW. Patients in the maintenance phase need strategies to prevent, identify, and respond to conflicts and challenges to maintain long-term stable work.

Conclusion: We identified several post-AMI stages spanning from the initial illness event to the maintenance of stable work. We described their perceived barriers, coping strategies, and support needs at these various stages. These data are crucial for healthcare professionals to develop improved vocational rehabilitation strategies for patients with AMI.

Notes

ABSTRACT BOOK

Virtual Presentations

Neurocognitive science in nursing education: cultivating creative thinking and innovation

Rita Cola Carroll

Drexel University, PA

At the end of the session, participants will be able to:

1. Describe creativity and innovation and their role in the modern health care space.

2. Summarize the role of the brain's default, executive and salience networks in creativity and innovation.

3. Describe the internal and external conditions that support creative cognition and innovative thinking.

Abstract: Creativity and innovation are central to promoting clinical excellence and strong health outcomes, advancing health initiatives, and optimizing healing environments. Health care institutions expect that graduates are prepared to manage the existing and new challenges they face with creative and collaborative approaches that spur innovation and fuel progress in health care. This drive for creativity and innovation is further emphasized by the New Essentials: Core Competencies for Professional Nursing Education, mandated by the American Association for College Nursing. These standards recommend facilitating professional development grounded in creative and innovative thinking, as they are viewed as integral to excellence in clinical practice and leadership.

To that end, nursing programs are called upon to offer curricula that foster students' creativity and innovation through instructional design and professional development in the areas of problem solving, change management, health care practices, interprofessional collaboration and leadership. In addition to providing diverse experiences that promote these skills, nursing programs can take this development a step further by providing students with targeted training in the neuroscience of creativity and innovation. This can help students to understand the brain's creative process and the factors that support creative cognition and innovative thinking. Doing so will allow graduates to be better prepared to guide and inspire colleagues, and cultivate environments that promote and value creativity and innovation as essential tools in navigating the challenges and opportunities in today's health care. This is how we innovate!!

Notes

A systems-based approach to advanced practice registered nurse leadership integration and operations

Erin M. Dugan

Atrium Health Levine Children's, NC

Amidst a rapidly evolving healthcare landscape, the advanced practice provider (APP) workforce is increasingly leveraged to expand health system capacity for high-quality and cost-effective care delivery to improve access to care. Despite the tremendous growth in roles for advanced practice registered nurses (APRNs) and physician assistants (PAs) within health systems, there is little guidance on how to structure APP leadership to optimize the utilization of this workforce. This article describes a systems-based approach to APP leadership integration and operations pioneered by Atrium Health.

Key Points:

1. APP leadership is crucial to provide consultation to the organization on scope of practice, regulatory, and optimization opportunities.

2. APPs are uniquely poised to partner with other key stakeholders in the organization to drive quality outcomes, revenue and performance improvement initiatives.

3. Creating an APP leadership structure provides career development opportunities and professional aspirations to APPs beyond the bedside.

Notes

Don't we want the best for our patients?: barriers identified as to why registered nurses were not using pretreatment prior to IV insertion

Vera Campbell-Jones

Southeast Missouri State University, MO

Objective: Don't we want the best for our patients? The purpose of this project were to identify the barriers to RNs using pretreatment analgesic prior to IV insertion more consistently.

Methods: A mixed method of nonexperimental descriptive pre- and post-survey was used. The data was collected from 48 registered nurses' pre- and post-surveys indicating descriptive analysis. The design was a one group pre/post-test design using content qualitative analysis to further identified seven barriers as why nurses did not use pretreatment before IV insertion procedures.

Results: The results revealed 83% of the participants were not aware of the hospital's IV pretreatment policy of intradermal anesthesia with Lidocaine before IV insertion prior to the DNP project. The conclusions of this project provided an important overview of the seven barriers to change in clinical practice for registered nurses with IV skills.

Conclusions: Implications for nursing, evaluation for leaders and recommendations include a policy change from traditional pretreatment (no pretreatment) to intradermal pretreatment offered to patients requiring IV insertions; the addition of intradermal pretreatment policies for hospitals which do not presently have a policy in place; the compliance of registered nurses with current hospital intradermal pretreatment policies; the addition of hospital inservice educational and training programs to develop the skills registered nurses need to be successful in performing intradermal pretreatment prior to IV insertion; the usage of an educational tool—simulation or low-fidelity; and nursing administrative and managerial support and encouragement for hospital registered nurses to perform intradermal pretreatment before IV insertion procedures.

Key Words: Intradermal, Nursing, Pretreatment, Barriers

Notes

Engaging and educating elders in the sure steps fall prevention program

Karin L. Ciance

Anna Maria College, MA

Purpose: This pilot study was to determine the effects of reducing the incidence of falls for adults aged 65 years and older living in their homes.

Rationale and Significance: In the United States, every second of the day an adult aged 65 years and older falls. The Centers for Disease Control and Prevention estimates (CDC) that at least 25,000 older adults in the US die as a result of falls (CDC, 2021). The World Health Organization (WHO) estimates globally, 646,000 individuals die from falls each year (WHO, 2018).

Description of Methodology: Phase 1: Nurses reviewed with the participants' a medication log, a symptom log, and the guidebook. Physical therapists obtained a Falls Efficacy Scale (FES) score, providing individualized education related to balance and exercise routines. Phase 2: Follow-up telephone surveys were conducted on a monthly basis for one year, consisting of ten questions while reviewing the Falls Efficacy Scale assessment.

Subjects: Ten adults aged 65 years and older living in the community receiving services from the Visiting Nurses Association (VNA) were enrolled.

Findings: No falls were reported by participants over the one-year timeframe. Their FES scores improved or remained the same.

Conclusions: The program decreased the fall risk for the sample group while increasing their overall confidence with their ability to prevent a fall. Connecting clients with the program and collaborating with other visiting nurses and homecare agencies could catalyze and provide more detailed definitive data on program outcomes across the United States and around the world.

Notes

Early referral saves lives in patient with advanced heart failure

Yu (Janet) Wu

University of California San Francisco, CA

Heart failure (HF) is a chronic, progressive medical condition affecting millions of people worldwide. Despite the advancement of HF treatments, the mortality rates remain high. Primary care providers play a crucial role in diagnosis and treatment of HF as well as HF referral. Timely referral yields a better patient outcome. This presentation illustrates the diagnosis and treatments of HF and a clinical pathway that can be used by primary care providers when considering referral of a patient with advanced HF (AHF) to an AHF center for management and possible advanced therapies.

Notes

ABSTRACT BOOK

Interprofessional education program to mitigate failure to rescue events in trauma

Paula Garvey, The Ohio State University College of Nursing, OH

Failure to Rescue events are common among trauma patients admitted to medical/surgical units. During and after the pandemic, healthcare providers are suffering from exhaustion and burnout, both of which pose a challenge for educators to deliver necessary content in a time and manner that will promote attendance, as well as limit negative effects on productivity. The authors developed an innovative, interactive, interprofessional educational program to mitigate FTR events in trauma patients on a medical/surgical unit. The authors used survey software with branching logic to present interactive, online quality case modules that used real trauma FTR events including the patient's medical history, assessments, laboratory findings, and medications in a daily timeline format. After answering the module questions, participants attended a live interprofessional discussion of their module responses led by the trauma educator and several trauma surgeons. Following the discussion, the authors conducted several in-situ, high-fidelity simulations, in which each simulation scenario was created as an exact replication of a real patient's admission events on the unit and focused on the events that ultimately led to the FTR event. All unit nurses, advanced practice providers, trauma residents, and trauma surgeons were expected to participate if they were on duty during the simulation times. Staff nurses believed that the interactive online modules were worth the time to complete, and the in situ simulations were very valuable and worthwhile to attend. All respondents indicated perceived improvement in their ability to recognize and manage clinical decline.

Notes

Tools to prepare student nurses for mental health clinical rotations

Amerita Hamlet

Northern Arizona University, AZ

This presentation will provide guidelines for preparing student nurses with the necessary skills, objectives, and nursing knowledge to create a positive mental health clinical rotation. We will explore Dorothea Orem's Self-Care Deficit Theory and familiarize ourselves with Self-Care and the Nursing System while maintaining life, health, and well-being. This will alleviate anxiety and stress for our student nurses, who will have the recommended tools to work with during clinical rotations.

Notes

ABSTRACT BOOK

Improving pain management in PICU: First steps in objective evaluation of pain in nonverbal pediatric patients

Eleni Tamvaki

Great Ormond Street Hospital for Sick Children, London, UK

Pain management in pediatric ICUs remains until today a significant clinical issue which affects the quality of care in critically ill children. Various biomarkers, which are easily obtained and measured in a clinical setting have been investigated in children with chronic pain over the last two decades with positive results in pain assessment. Based on these findings, an experimental observational study was conducted in a large pediatric hospital in Athens to evaluate the use of pain neuropeptides as an objective indicator of pain in children in PICUs. Sixty-three children with a mean age of 7±5.6 participated in the study. Visual Analogue Scale and the COMFORT B pain scale were used for the pain assessment in calm and during painful procedures. Blood tests were obtained at the same time. ELISA tests were used to detect the neuropeptides Neurokinin A (NKA) and Neuropeptide Y (NPY) in calm and during painful procedures. Non - parametric statistical analysis was performed with the use of the software IBM SPSS. Strong correlation was found between pain scales in calm and during painful procedures ($p<0.001$). The levels of neuropeptides NKA and NPY were also correlated in calm and during painful conditions ($p<0.001$). NPA levels in calm conditions were correlated with the COMFORT B scores ($P<0.05$). This study, although it has some significant limitations, including the small sample size from only one center, it is the first attempt to evaluate the use of pain neuropeptides measurements as an objective indicator of pain in critically ill children in ICUs.

Notes

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Notes

Gender, work-family inter-role conflict, and work-resources among nurses: impact on psychophysical health conditions according to life stages

Maria Clelia Zurlo

University of Naples Federico II, Italy

The present study aimed at examining the impact of Gender, Work-Family Inter-role Conflict (Work-Family, Family-Work Conflicts), and Work-Resources (Job-Control, Social-Support, Job-Satisfaction) on nurses' psychophysical health conditions (Anxiety, Depression, Somatization) according to six Life Stages, namely <34 years old-with no children, <34 years old-having at least a child, 35-53 years old-with no children, 35-53 years old-having at least a child, >54 years old-with no children, >54 years old-having at least a child. Overall, 497 nurses completed a questionnaire comprising Socio-demographics, the Work–Family and Family–Work Conflict Scales, the Job-Content-Questionnaire, the Job-Satisfaction Subscale, and the Symptom Checklist-90-Revised. Descriptives and Hierarchical-Multiple-Regressions were conducted according to the six Life Stages. Data revealed that Work-Family Inter-role Conflicts have a detrimental effect in all life stages but for nurses>54 years old-with no children. Nurses<34 years were at higher psychological risk linked to perceived Family-Work Conflict, irrespective of having children, whereas nurses >35 years old were at higher psychological risk linked to perceived Work-Family-Conflict. Gender (Women) emerged as a further risk factor only for nurses >35 years old having children. Overall, work-resources were found able to act as significant aid fostering psychological health across life stages, yet job satisfaction played as a specific protective role only for nurses between 35-53 years old. Specificities in risks profiles and resources according to the outcomes were also found. Findings can be used to develop tailored interventions reducing perceived work-family inter-role conflicts, fostering work-resources and promoting psychophysical health conditions among nurses which also address the specificities of nurses' life stages.

Notes

Patterns of coping strategies among nurses: impact on perceived demands, resources, and psychological health

Federica Vallone

University of Naples Federico II, Italy

Based on a valid multidimensional model to evaluate work-related stress and wellbeing among nurses, namely the *Demands Resources and Individual Effects Model Among Nurses* (DRIVE-NURSES Model), the present study has a twofold objective: 1. to identify specific patterns of coping strategies adopted by nurses to deal with stress (Problem-Focused, Social Support, Self-Blame, Wishful-Thinking, and Avoidance Coping Strategies); 2. to explore potential differences in perceived levels of *Demands* (Effort, Job Demands), *Resources* (Rewards, Job Control, Social Support), and *Psychological Health conditions* (Anxiety, Depression, Somatization, Phobic-Anxiety, Obsessive–Compulsive, Interpersonal-Sensitivity, Hostility, Psychoticism, Paranoid Ideation) according to the emerged patterns of coping. Overall, 265 nurses completed a questionnaire consisting of the Ways of Coping Checklist-Revised, along with the Effort-Reward-Imbalance test, the Job-Content Questionnaire, and the Symptom-Checklist-90-Revised. Non-hierarchical k-means cluster analysis was employed to derive patterns of coping, identifying three stable and meaningful patterns nurses may adopt for dealing with stress, which were labelled as *Active-Solution Oriented*, *Dysregulated-Emotion focused*, and *Passive-Disengaged*. ANOVAs revealed statistically significant differences in perceived *Demands*, *Resources* and *Psychological Health conditions* according to the different patterns of coping. Nurses belonging to *Dysregulated-Emotion focused* group emerged to be at higher risk for perceiving higher Effort, lower Resources, and higher psychological disease - followed by those belonging to *Passive-Disengaged* group – in comparison with nurses belonging to *Active-Solution Oriented* group. Findings can be used to develop evidence-based interventions fostering more engaged and solution-oriented approaches, as well as to support more suitable emotion regulation strategies for stress management among nurses.

Notes

ABSTRACT BOOK

Development and evaluation of a mobile web-based food allergy and Anaphylaxis management educational program for parents of school-aged children with food allergy: a randomized controlled trial

Hwayuong Kwen

NYU Langone Health, NY

Purpose: This study aimed to develop a mobile web-based food allergy (FA) and anaphylaxis management educational program for parents of school-aged children with food allergies and evaluate its effectiveness.

Methods: A mobile program was developed based on a web-based teaching-learning system model. Its effectiveness was subsequently evaluated using a parallel, randomized controlled pre- and post-test design. The experimental group (n = 37) participated in a 2-week mobile web-based educational program that covered major topics in FA and anaphylaxis management. An educational booklet was provided to the control group (n = 36). Participants completed a pre-test and two post-test questionnaires to evaluate the impact of the program. The assessment tools were the Food Allergy Knowledge Test, Food Allergy Self-Efficacy for Parents, and Food Management and Adaptation Scale.

Results: The experimental group experienced greater improvement in the knowledge of FA (post-intervention t = 14.51, p < .001; 2 weeks post-intervention, t = 16.15, p < .001), FA self-efficacy (post-intervention t = 77.99, p < .001; 2 weeks post-intervention, t = 76.09, p < .001), and practice behavior in FA management (post-intervention t = 28.10, p < .001; 2 weeks post-intervention, t = 27.98, p < .001) after web-based FA education.

Conclusion: This study revealed improvements in the knowledge, self-efficacy, and practice behaviors of parents regarding FA and anaphylaxis management. Therefore, the mobile web-based educational program can contribute to the effective management of food allergies and anaphylaxis for parents of school-aged children.

Notes

Impact of a rounding tool and clinical champion on trauma patient screening, brief intervention, and referral to treatment for alcohol use disorder

Emily Lopez

TriStar Skyline Medical Center, TN

Background: Early identification and treatment of alcohol misuse among trauma patients is the standard of care for trauma centers. Yet, trauma programs face significant barriers in adherence to sustained alcohol misuse screening.

Objective: This study aims to evaluate the impact of a rounding tool and clinical champion on screening, brief intervention, and referral to treatment compliance rates for alcohol use disorder in trauma patients.

Methods: This is a single-center, retrospective cohort design measuring the impact of a nursing rounding tool and clinical champion on screening, brief intervention, and referral to treatment for alcohol use disorder in trauma patients older than 14 years. Retrospective reviews were conducted over a 5-year period from 2017 to 2021 for all admitted trauma patients as defined by the National Trauma Data Standard.

Results: More than 5,000 trauma patients were included during the study period. The nurses' rounding tool and clinical champion intervention led to an increase in the alcohol use disorder screening rate from an average of 59% for the first 3 months of the study (May to July 2017) to 95% for the last 3 months of the study (March to May 2021).

Conclusion: Our findings show that a dedicated clinical champion and nurse rounding tool increases compliance for screening, brief intervention, and referral to treatment for alcohol use disorder in trauma patients.

Key Words: Clinical champion, Screening, brief intervention, and referral to treatment (SBIRT), Trauma patients

Notes

Cognition and Dementia with Raymond and Brain: curriculum development and evaluation using interactive animated flipped-classroom modules to impact nursing students' attitude toward dementia care

Bryan Brown

University of Hawaii John A. Burns School of Medicine, HI

Aim: To develop a curriculum using character animation modules to improve knowledge and attitudes regarding dementia care among pre-clinical nursing students.

Background: The need for nurses well-trained and interested in dementia care is growing in the United States. Flipped classrooms using video show promise, but little is known about the impact of animation techniques on knowledge and attitudes in preclinical nursing education.

Methods: Kern's six-step curriculum development process was applied, including 1) general needs assessment (literature review), 2) targeted needs assessment (faculty meetings, student focus group, baseline surveys) 3) learning objectives optimization 4) Identification of interactive animated modules as pedagogical approach 5) implementation across three nursing schools, and 6) assessment and program evaluation (i.e. learner surveys and metadata).

Results: Needs assessments confirmed the importance of prior experiences, sense of mission, and affective factors in mitigating learners' baseline receptiveness to dementia-focused work. Students at all three institutions rated the modules' impact on these attitudes highly, but significantly less so when both modules were delivered as a single assignment at one site. Knowledge significantly increased from baseline at all three sites. Acceptability—compositing clarity, relevance, entertainment, attention, and complexity—was rated highly, but attention and entertainment decreased when both modules were administered as a single assignment.

Conclusion: *Cognition and Dementia with Raymond and Brain* successfully blends animation workflows with best practices of curriculum development to create a novel module series that is acceptable and effective in priming nursing students with the attitudes and knowledge to continue learning about cognition and its disorders.

Notes

Nursing students' knowledge of and attitudes towards near-death experiences

Laura Lee Varela

University of the Incarnate Word, TX

Incidence of reported near-death experiences (NDEs) has increased over decades; however, they continue to be inappropriately pathologized or dismissed. These types of responses to disclosures of NDEs by patients can potentially lead to them having problems integrating the experience into their lives. The purpose of this study was to assess undergraduate nursing students' levels of accurate knowledge of and attitudes towards NDEs and to determine the predictors of nursing students' knowledge of and attitudes toward NDEs. Additionally, the sources in which nursing students acquire NDE knowledge were explored. This was accomplished using a cross-sectional, correlational research study design. Data was obtained from BSN students using an online questionnaire to gather quantitative and qualitative data.

Study participants had a low level of accurate NDE knowledge. In addition to the low knowledge level, just under two-thirds of participants could not identify at least one strategy to use when caring for patients who have or are suspected of having an NDE. The lack of sufficient knowledge and inability to identify appropriate strategies indicates a lack of preparedness to provide proper care to NDErs. Furthermore, participants had neutral to positive leaning attitudes towards NDEs. These positive leaning attitudes were evident in participants' expressed desire to learn more about NDEs and their belief that the topic should be included in nursing education. In conclusion, the identified lack of preparedness has the potential to have a negative impact on patients' NDE disclosures and overall care.

Notes

Building competency in providing inclusive perinatal care for 2SLGBTQQIA+ people

Melanie Murdock

Queen's University, Canada

Background: Providing client-centered perinatal care that is inclusive of Two Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, or additional gender non-conforming individuals (2SLGBTQQIA+) is an important step toward limiting the discrimination and health disparities they experience, especially when accessing highly gendered perinatal healthcare. To remedy this issue, international studies confirm the importance of pre-licensure education for healthcare providers that is specific to the needs of 2SLGBTQQIA+ people. Providing inclusive care is especially critical during a time when 2SLGBTQQIA+ rights are threatened.

Objective: Research on how to train midwives, and other providers, to provide 2SLGBTQQIA+ inclusive care is limited. My objective was to help define 2SLGBTQQIA+ inclusive midwifery care in the literature, determine how midwives are trained to provide such care, and establish practical strategies to support inclusive practice.

Methods: Ethics approval was obtained to perform semi-structured interviews with midwives who self-identified as advocates for providing inclusive care to 2SLGBTQQIA+ people. Queer Theory was applied as a theoretical framework.

Results: When defining 2SLGBTQQIA+ inclusive care and making recommendations for pre-licensure education, midwives described the following principles: using inclusive language, changing the clinical environment, amending documents and websites, and tailoring care for each client. Midwives contributed to the development of a 2SLGBTQQIA+ Inclusivity Checklist for perinatal health workers.

Implications: All healthcare workers are responsible for providing inclusive care to marginalized groups, including 2SLGBTQQIA+ people. My research provides a preliminary understanding of 2SLGBTQQIA+ inclusive perinatal care and informs the need for consulting 2SLGBTQQIA+ people to determine the care they need and want.

Notes

Sepsis: strategies to improve bundle compliance and reduce readmissions

Katharine Thompson

Penn Medicine Lancaster General Health, PA

Understanding the Centers for Medicare and Medicaid Services SEP-1 bundle compliance can be challenging, and the guidelines are strict and difficult to conquer. In order to increase SEP-1 core measure compliance for improved outcomes, rapid recognition is essential for early treatment. The difficulty with sepsis recognition is that many illnesses not only present with the same signs and symptoms of other underlying disease processes, but also sepsis has significant variations among individuals with multiple comorbidities. The value-added role of a sepsis coordinator initiated a sepsis program to improve SEP-1 compliance and transition of care for sepsis survivors. The coordinator's review of data from cases, which did not meet bundle compliance, focused initiatives on education, order set revisions, documentation support, and the utilization of a 24/7 sepsis monitoring process. The coordinator's idea to use the continuous monitoring unit for tracking sepsis best practice advisory alerts, initiated a new nurse-driven workflow process to improve sepsis early recognition, treatment interventions, and post-acute transition care resources. The new innovative monitoring process improved team collaboration, bundle compliance, and sepsis care across the continuum. Providing a platform for nurses and providers to collaborate to bring timely evidence-based care to patients is vital to impact outcomes. The ongoing collaborative work with providers, pharmacists, nursing department, case management, and the organization's home health agency continues to improve SEP-1 compliance and reduce readmissions.

Notes

Surgical treatment of nutcracker syndrome results in improved pain and quality of life

Eleanor Dunlap

University of Maryland Medical Center, MD

Background: Nutcracker syndrome (NCS) refers to the compression of the left renal vein (LRV) between the aorta and superior mesenteric artery that leads to chronic pain. The compression causes an outflow obstruction leading to venous hypertension which causes the development of venous tributaries, pelvic venous and lumbar venous reflux. Herein, we present a novel surgical technique to address this venous compression and chronic pain, left renal venous decompression and arterial denervation.

Methods: We performed a retrospective chart review of all patients who underwent left renal vein decompression and renal artery denervation surgery which identified eleven patients. Baseline demographic, surgical details, and post-operative courses were assessed and analyzed in addition to validated survey pre- and post- operatively as well as during their three month follow up assessments.

Results: The patients were 100% female with the average age 28.6 years old (18-56), and underwent surgical LRV decompression and left renal artery denervation. Other medical history included POTS in 73% (8 out of 11), MALS in 82% (9 out of 11), SMAS in 18% (2 out of 11). Pre-operatively, LRV compression was confirmed with venogram using intravascular ultrasound (IVUS), with average stenosis 75% (range 57%-91.1%). The patients experienced chronic abdominal pain for an average of 3.8 years (1-8 years) prior to surgical intervention. The average NRS for pain before intervention was 8.9 (range 9.6-7.6) which improved to pain rating 5.6 (range 1-6.6) at the 3 month follow up. Pain intensity before intervention was very severe to severe and improved too mild to severe. VascuQoL-6 survey scores before intervention averaged 8.5 (range 6-11) improved to an average of 15.7 (range 9-19). Nine of the patients have been followed for more than 3 months post operatively and report pain score average pain score 1 (range 2.5-0), pain intensity mild to no pain, and VascuQol-6 score 22.1 (range 13-24).

Conclusion: Left renal vein decompression and left renal artery denervation for treatment of NCS addresses venous compression, collateral development, and chronic pain. This novel approach has lead to improvement in quality of life for these patients with chronic pain.

Notes

Text message intervention for Latino adults to improve diabetes outcomes

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Introduction: Determine the effectiveness of a diabetes text message intervention to improve diabetes outcomes in Latino adults at a free clinic in the southeastern United States. Methods: A pre–post, one-group design was used with a convenience sample (n=24) of Latino adults with type 2 diabetes and A1C ≥7 who consented to participate. Over 8 weeks, participants were sent 23 educational and motivational text messages that were based on the American Association of Diabetes Educators (AADE) 7 self-care tasks and the American Diabetes Association (ADA) Standards of Medical Care in Diabetes Mellitus (DM). Diabetes knowledge, self-efficacy, self-care, and A1C were measured. Results: Diabetes knowledge, self-efficacy, self-care, and A1C improved after 8 weeks. Statistically significant results ($p < .05$) were seen in two of the four evaluation instruments administered (Spoken Knowledge in Low Literacy in Diabetes Scale [SKILLD], $p=.001$, Diabetes Self-Efficacy Scale [DSES], $p=.000$). A1C improvements were significant (0.86 or 10 mmol/mol) from the pre-intervention (M=9.06 [76 mmol/mol], SD =1.49) to the post-intervention (M=8.20 [66 mmol/mol], SD =1.27, t [23] =3.02, $p=.006$). Conclusion: Personalized communication, education, and follow-up via text messages improved diabetes knowledge, self-efficacy, self-care, and A1C among pilot project participants. Text messages are a useful tool for diabetes management.

Notes

The impact of social determinants of health and type 2 Diabetes Mellitus among Asian Indians in New Jersey: a secondary analysis of BRFSS survey from 2013-2017

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Introduction: Asian Indians (AIs), the second largest immigrant population in the US are disproportionately affected by type 2 diabetes mellitus (T2DM) at a lower age and Body Mass Index (BMI) compared to other ethnicities. This study examined the relationship between social determinants of health (SDOH) and the diagnosis of T2DM among AIs in New Jersey (NJ).

Methodology: This was a secondary data analysis of the Behavioral Risk Factor Surveillance System (BRFSS) for NJ from 2013 to 2017. Statistical analyses included descriptive and inferential statistics.

Results: In a sample of 1132, 16% had T2DM or prediabetes (PDM) and 69.2% were overweight or obese. The risk for T2DM was significantly associated with internet use, age greater than 45 years, medical checkups, and having a personal doctor (p = <0.05).

Discussion: These findings inform culturally congruent care by underscoring the importance of weight management, earlier screening, and provider involvement in diabetes prevention strategies for AIs

Notes

Enhancing nursing education: a clinical skills refresher approach

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Traditional nursing education often emphasizes early clinical skill acquisition, yet this approach can lead to skill decay without routine, ongoing practice and feedback. In addition, clinical partners have expressed concerns about the impact of the COVID-19 pandemic on the confidence and self-efficacy of new graduate nurses. They have requested nearby educational institutions to focus on innovative strategies to enhance student success and confidence. One such strategy is the innovative implementation of clinical skills refresher courses in the skills laboratory using clinical case studies at regular intervals throughout the nursing program. We conducted a clinical skills refresher course which was integrated into the curriculum preceding the final year of the nursing program, aiming to bolster student confidence and success.

Identifying essential skills crucial for practice, nursing educators collaborated with laboratory staff and student workers to orchestrate a comprehensive refresher experience. The two-day program engaged a cohort of students in four intensive skill sessions, meticulously designed to reinforce fundamental nursing competencies.

Each session was comprised of live demonstrations, interactive discussions, and ample practice opportunities coupled with constructive feedback. Employing a novel "skills passport" format, students navigated through clinical case studies with skills intricately woven into each station, fostering clinical judgment, critical thinking, and collaborative problem-solving.

Upon completion, students reported notable gains in knowledge, skill proficiency, and confidence, underscoring the effectiveness of the refresher in fortifying their readiness for upcoming clinical rotations.

This approach not only enhances clinical skill proficiency but also fosters a comprehension of patient care.

Notes

Using human-centered design to address growing pains in the ED

Mikael L. Avery

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In 2021, a large urban university-based hospital transitioned to a new two-floor emergency department. Despite the new environment, there were usability and workflow challenges with the space. The authors of this paper created a multidisciplinary human-centered design collaborative of clinicians, university faculty, and students to increase Emergency Department efficiency. After thorough design-research and clinician-focused collaboration, the authors and design team identified the need to improve medical supply retrieval time, which directly impacts patient care and clinician satisfaction. The primary interventions consisted of a redesign that: (a) created standardized icons related to organ system; (b) increased visibility of supply labels; and (c) reorganized supplies based on usage data. Although a successful project, it was not without several barriers discussed in this article, including design-researcher and clinician level-setting and engagement, academic/institutional policies, and conflicting schedules. In addition, the lessons learned from implementing human-centered design concepts into clinical workflow sets forth future research opportunities and inspiration for other institutions to collaborate.

Notes

Fostering self-efficacy among Filipino nursing students post-pandemic: effective ness of dedicated education units

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The COVID-19 pandemic has posed unprecedented challenges to nursing education in the Philippines, prompting the exploration of innovative strategies to support students' self-efficacy. This study investigates the implementation of the Dedicated Education Unit (DEU) model in Filipino nursing education post-pandemic. Drawing from international research and theoretical frameworks such as Bandura's Social Cognitive Theory, the study explores the potential benefits of DEUs in enhancing students' self-efficacy. A pre-test post-test experimental design was employed to evaluate the impact of DEU implementation on nursing students' self-efficacy levels. Statistical analyses reveal a significant increase in students' self-efficacy post-intervention (*p-value=0.003*), indicating the efficacy of the DEU model in fostering students' confidence and belief in their clinical abilities. The average score before the intervention was 2.81, while after the intervention it increased to 3.67. Discussion highlights the positive outcomes associated with DEUs, including improvements in student self-efficacy, critical thinking, and successful transition to professional practice. The study concludes with implications for future research and practice, emphasizing the importance of continued exploration and adaptation of innovative clinical education models to meet the evolving needs of nursing students and healthcare systems.

Keywords: Dedicated Education Units (DEU), Self-Efficacy, Nursing Students, post-pandemic

Notes

Efforts to support learners and instructors using a nursing/pathology-related diagram joint creation app

Akiko Williamson

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This research began with the development of an app to make digital records in order to solve the problem that instructors spend large amount of time to decipher   nursing/pathology diagrams submitted by nursing students. We developed this app in March 2022 and have begun using it on a trial basis for nursing students.

A feature of this app is that multiple students gather on one sheet on the website and work together to create related diagrams. Students no longer have to rewrite the drawings by hand over and over again, and instructors find it easier to read it. The development team is currently working on research to calculate the degree of contribution of participants using log data.

If the purpose of creating related diagrams is to evaluate performance, instructors will require individual work. However, if this research and development makes it possible to appropriately calculate the degree of contribution to collaborative work, students will be able to have fun working together to create related diagrams and acquire a broader range of knowledge. Additionally, instructors who work in clinical fields and are dealing with students should be able to read diagrams efficiently and provide effective advice.

That is the hope of our research team. We would like to introduce our current situation and future plans.

Notes

Challenges in conducting real-time online class for skills education

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"Real-time online demonstration" (RTOD) for fundamental skills education is defined as using synchronous audio-visual conferencing function via the online platform (e.g., Zoom) to conduct the nursing skills for the nurse learners. "Real-time" which means "live online", it can maintain direct interaction between teachers and students during teaching and learning process. This methodology is different from those asynchronous learning by only delivering packaged learning materials or video clips to students conduct self-learning. Since the teaching and learning process is real-time, the teacher can conduct his/her skills class using a more normalized mode as a regular class and have direct conversation and communication with students. This methodology is especially important during the prolonged COVID-19 pandemic period. The students experienced long time "study from home" which might reduce their interaction with others. Having real-time class, it provides students a chance to "meet" their friends and discuss with teachers in the live online platform. It supports a more humanistic learning. However, to conduct RTOD is not easy. The challenges can be come from three aspects. First, by using this synchronous online conferencing platform, they rely heavily on stable Wi-Fi connectivity. Second, RTOD requires teachers and students well prepared, physically and psychologically. Especially teachers, it is a challenge to have them playing multiple roles in the platform, for example camera man, teacher and demonstrator at the same time. It also requires students' adaptation to the change of skills learning. More support should be provided. Third, it may be a challenge to teachers developed outstanding digital and filming competency to illustrate their skills education in real time via the online platform. These three challenges provide insights to nurse educators on how to equip ourselves multiple competencies to face future challenges.

Notes

Factors facilitating independent training using human patient simulators for nursing students

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Objectives: The ability to learn independently is important for nursing students. In Japan some students receive training in nursing skills and physical examination through independent training. Few studies have reported on student nurse attitudes towards independent training using a human patient simulator. This study investigated factors that would make independent training with simulation more accessible to nursing students.

Methods: An 11-item survey was sent to 454 students in the School of Nursing at a single university in Japan.

Results: Of the 147 respondents (32.4% response rate), almost all (96.6%) had experienced independent training, and 21.8% had used a human patient simulator. Most (85%) respondents indicated a desire take part in human patient simulator-based independent training, citing the need for practice-oriented learning and to practice nursing skills in a more realistic setting. Reasons reported for not having used a human patient simulator for independent training included not knowing how to independently operate the human patient simulator, and the effort required to set up and store the device following independent sessions.

Conclusions: Students' unfamiliarity with human patient simulator technical operations was a barrier to self-directed simulation-based independent training. Student acceptance of human patient simulators for independent training requires environments and procedures in which simulators are easily accessible and simulator setup and operation guidance.

Notes

Chinese nurses' moral resilience is negatively correlated to their occupational burnout: a cross-sectional study

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Background: The influencing factors of moral resilience of Chinese nurses and the correlation between moral resilience and job burnout remain unclear, and the cut-off value of the Chinese version of Rushton Moral Resilience Scale (Chi-RMRS) has not yet been established.

Purpose: To explore the influencing factors of Chinese nurses' moral resilience, the association between moral resilience and burnout, and establish the cut-off value for the Chi-RMRS.

Methods: A convenience sample of 466 Chinese nurses was recruited through an online platform from February to August 2023. Measures were the demographic data, Chi-RMRS, and Maslach Burnout Inventory Human Services Survey. Data were analyzed using descriptive statistics, independent-sample t-test, one-way analysis of variance (ANOVA), Pearson correlation coefficient, linear regression, and receiver operating curve analysis.

Results: The mean score of moral resilience and burnout of Chinese registered nurses were (2.79±0.42) and (43.65±17.79) respectively. Chinese registered nurses' moral resilience was highly negatively correlated to their burnout (r=-0.654). Gender, educational level, and professional burnout were factors influencing their moral resilience. The cut-off value of the Chi-RMRS was 2.6765, with an AUC value of 0.78.

Discussion: Chinese registered nurses' moral resilience is highly negatively associated with their professional burnout, and moral resilience will be affected by gender, educational level, and professional burnout. Administrators should elucidate specific pathways by which moral resilience mitigates burnout and develop or take effective strategies to foster moral resilience in specific groups of professional nurses who are at high risk for a relatively low moral resilience, thereby reducing the risk of professional burnout.

Notes

Effects of evidence-based nursing in preventing pressure ulcers in intensive care unit patients: a meta-analysis

Keping Yu

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To systematically analyse the effects of evidence-based nursing (EBN) in preventing the development of pressure ulcers (PUs) in intensive care unit (ICU) patients, we conducted a computerised search of the Embase, PubMed, Cochrane Library, Web of Science, China National Knowledge Infrastructure and Wanfang databases for randomised controlled trials on the prevention of PUs in ICU patients by EBN, published from the respective databases' inceptions until September 2023. Two investigators independently performed literature screening, data extraction and quality assessment. A meta-analysis was performed using Stata 17.0. Eighteen papers were included, comprising 2593 patients, of whom 1297 and 1296 received EBN and conventional nursing, respectively. The incidence of PUs was 2.70% and 12.04% in the EBN and conventional nursing groups, respectively. Meta-analysis showed a statistically significantly lower incidence of PUs in the EBN group than that in the conventional nursing group (risk ratio = 0.22, 95% confidence interval: 0.16–0.32, $p < 0.001$). EBN interventions are more effective than conventional nursing in preventing PUs in ICU patients. However, since the literature included in this study was from China, the conclusions require further confirmation via higher-quality studies.

Notes

Spiritual health of older adults with chronic obstructive pulmonary disease: survey and intervention

Yuyu Jiang

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Aims: To investigate the level of spiritual health in older patients with chronic obstructive pulmonary disease (COPD) from the core dimensions and to explore its associated factors.

Design: A cross-sectional study.

Methods: Participants were recruited from four hospitals between September 2020 and June 2021, using a convenience sampling. Older patients with COPD (n= 162) completed the demographic and disease-related information questionnaires, Function Assessment of Chronic Illness Therapy Spiritual Scale, 10-item Connor-Davidson Resilience Scale, General Self-efficacy Scale, Social Support Rating Scale, COPD Assessment Test, 15-item Geriatric Depression Scale and modified Medical Research Council Dyspnea Scale. Descriptive statistics, Pearson and Spearman correlation analyses, t-tests, one-way ANOVA and multiple linear regression models were used.

Results: Older patients with COPD have a moderate level of spiritual health. The multiple linear regression analysis showed that psychological resilience, general self-efficacy, social support, symptom burden and monthly income were associated with the core dimensions of spiritual health.

Conclusion and Impact: This study is the first to investigate the level of spiritual health in older patients with COPD from the core dimensions and to explore its associated factors, providing a basis for developing spiritual intervention programs. Our findings can help us realize that intervention strategies of psychological resilience, general self-efficacy and social support can all be used to enhance spiritual health. Nurses should focus on the spiritual health of older COPD patients with high symptom burden and low monthly income.

Notes

POSTER PRESENTATION

Development of a deep learning model to predict smoking status in patients with chronic obstructive pulmonary disease: a secondary analysis

Ja Yun Choi

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This study aimed to develop an accurate deep-learning model to predict the smoking status in patients with chronic obstructive pulmonary disease using big data.

In total, 5408 data instances were extracted that satisfied the diagnostic criteria for chronic obstructive pulmonary disease in the Korea National Health and Nutrition Examination Survey from 2007 to 2018.

This study conducted the process of data collection and preprocessing, model development, model validation and evaluation, and explanation to develop and compare a residual neural network model with previous approaches including five machine learning models (random forest, decision trees, Gaussian Naive Bayes, K-nearest neighbor, and AdaBoost), and two deep-learning models (multilayer perceptron and TabNet).

The suggested neural network model, featuring residual layers, achieved an area under the receiver operating characteristic curve of 0.73. Moreover, the final model attained an F1-score of 0.73, a sensitivity of 70.1%, and a specificity of 75.2%.

Our model provided an accurate prediction of smoking status in instances that meet the diagnostic criteria. After additional improvements of its performance measures, our model could be used as a decision support tool to guide the identification of smokers with chronic obstructive pulmonary disease at high risk for care management to improve outcomes.

Notes

ABSTRACT BOOK

We wish to see you

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Nursing Science-2024