April 17-19, 2013 • Boston, MA
Renaissance Boston Waterfront Hotel

BOOK OF PROCEEDINGS
www.enrs-go.org
**Schedule At a Glance**

*Please visit www.enrs-go.org to download the complete Conference Book of Proceedings.*

**Tuesday, April 16, 2013**

1:00 PM – 5:00 PM Hartford Center for Geriatric Nursing Research Pre-Conference

**Wednesday, April 17, 2013**

7:00 AM – 7:00 PM Registration Open
6:30 AM – 8:00 AM Doctoral Student Breakfast & Session
7:00 AM – 8:30 AM Continental Breakfast
7:00 AM – 8:00 AM Exposition Open
7:00 AM – 7:00 PM Registration Open
7:00 AM – 8:00 AM Exposition & Reception (invitation only)
8:00 AM – 9:00 AM Welcome & Opening Remarks
9:00 AM – 10:30 AM Poster Session I – Health of Older Adults
10:45 AM – 12:15 PM Scientific Series A
12:30 PM – 1:45 PM Opening Remarks & Plenary Session
2:00 PM – 3:00 PM How to Make Global Research Work Workshop
2:00 PM – 3:00 PM Redesigning Healthcare: Innovation, Evidence and Evaluation Workshop
2:00 PM – 3:00 PM NINR Research Funding Symposium Session A
3:15 PM – 4:45 PM Scientific Series A
5:00 PM – 5:45 PM Annual Business Meeting
6:00 PM – 7:00 PM ENRS 25th Anniversary Reception and Silent Auction
8:00 PM ENRS 25th Anniversary Gala Dinner (ticket required)

**Thursday, April 18, 2013**

6:30 AM – 8:00 AM Doctoral Student Breakfast & Session
7:15-7:45 AM NINR One-On-One Appointments
7:00 AM – 7:00 PM 25th Anniversary Awards Ceremony Brunch
7:00 AM – 8:00 AM Breakfast for Deans, Directors & Nurse Executives (invitation only)
7:15-7:45 AM NINR One-On-One Appointments
8:00 AM – 9:00 AM Poster Session II – Health Disparities: Reducing the Risk and Improving Care
3:15 PM – 4:45 PM Scientific Series A
5:00 PM – 5:45 PM Annual Business Meeting
6:00 PM – 7:00 PM ENRS 25th Anniversary Reception and Silent Auction
8:00 PM ENRS 25th Anniversary Gala Dinner (ticket required)

**Friday, April 19, 2013**

7:00 AM – 12:00 PM Individual Receptions
7:00 AM – 8:00 AM Exposition with Coffee & Tea
7:00 AM – 8:00 AM Breakfast for Deans, Directors & Nurse Executives (invitation only)
7:15-7:45 AM NINR One-On-One Appointments
8:00 AM – 9:00 AM Poster Session III – Meet the Researchers
9:15 AM – 10:45 AM Scientific Series E
11:00 AM – 12:30 PM Closing ENRS 2013 Awards Ceremony Brunch
12:30 PM Conference Adjournment

**Wednesday, April 17, 2013**

6:00 PM – 7:00 PM BS/MS, Early PhD
7:15-7:45 AM NINR-On-One

**Thursday, April 18, 2013**

3:15 PM – 4:45 PM Scientific Series A
5:00 PM – 5:45 PM Annual Business Meeting
6:00 PM – 7:00 PM ENRS 25th Anniversary Reception and Silent Auction
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9:15 AM – 10:45 AM Scientific Series E
11:00 AM – 12:30 PM Closing ENRS 2013 Awards Ceremony Brunch
12:30 PM Conference Adjournment
Welcome to ENRS’ 25th Annual Scientific Sessions! This year’s theme is *Nursing Research: A Bridge to the Future of Healthcare: Celebrating 25 Years of Eastern Nursing Research Society.* The conference begins on Wednesday April 17th with Dr. Martha A. Q. Curley’s keynote address on “Leading change — Science Supporting the Future of Nursing Practice.” Our Thursday April 18th plenary presentation will be delivered by Dr. Elaine Larson on “Building Bridges to the Future with Interdisciplinary Teams.”

Other highlights of our Silver Anniversary program include: student poster presentations, including the work of BS, MS, DNP, and early research doctoral students; paper, poster, and symposium presentations; opportunities for consultation with the National Institute of Nursing Research program staff; and workshops on “How to Make Global Research Work,” “Scientific Integrity/Conflict of Interest,” and “Redesigning Healthcare: Innovation, Evidence, and Evaluation.”

In short, there will be an abundance of opportunities for learning, networking, and sharing of ideas. The 25th Anniversary Gala Dinner on the evening of Wednesday April 17th at 8:00pm will be an opportunity to honor the first quarter century of ENRS. I am confident it will be an exciting evening of celebration!

In addition, I hope that you will attend the ENRS Annual Business Meeting from 5:00 p.m. – 5:45 p.m. on Wednesday, April 17th. At this time, proposed bylaws changes will be presented, updates on new initiatives and activities of ENRS will be provided, newly elected officers and newly elected or appointed committee members will be introduced, and outgoing officials will be recognized.

While at the conference, please consider attending ENRS’ Research Interest Groups (RIGS) luncheon on Thursday April 18th. This is a wonderful opportunity to get involved or stay engaged with others with similar research interests and to make important contributions to the growth of nursing science in the northeastern region. Current RIGs are: Aging; Bio-Behavioral; Chronic Comorbid Conditions; Comprehensive Systematic Review/Knowledge Translation; Criminal Justice, Trauma, & Violence; Family/Community-based Participatory Research; Mentoring Students for Research; Nursing Research in Clinical Settings; Qualitative Research; and Theory Development. In the event that there is not a RIG that matches your research interests, I welcome you to submit an application to develop a new RIG.

It takes a team to plan for and execute a successful conference. In particular, the Conference Planning Committee, chaired by ENRS President-Elect Dr. Wendy Budin, Dr. Dottie Jones and her subcommittee of Past-Presidents who planned for the 25th Anniversary celebrations, our abstract reviewers, and our management team lead by ENRS Executive Director Andrea Bower. All are greatly appreciated for their considerable work on a variety of critically important and time-consuming endeavors.

Finally, I extend my gratitude for the generous financial support of our sustaining and supporting partners, sponsors, and exhibitors—their contributions are critical to delivering a meeting of this caliber. I encourage you to visit the exhibit hall to view the many vendors’ products, services, and opportunities for education. Best wishes for a rewarding, educational, and memorable time at the 25th Annual Scientific Sessions.

Sincerely yours,

Susan J. Loeb, PhD, RN, FAAN
President, Eastern Nursing Research Society
ENRS Thanks Our Supporters of the 25th Annual Scientific Sessions

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25th Annual Scientific Sessions

Objectives

Target Audience
The 25th Annual Scientific Sessions appeals to all individuals interested in advancing nursing science, including practicing nurse researchers and dedicated nursing science students and faculty.

Conference Objectives
1. Describe the generation and application of nursing research to promote high quality, inter-professional health care for diverse populations
2. Propose innovative strategies for the use of nursing science to influence health policy
3. Examine approaches to promoting translation of research findings into practice
4. Explore theoretical and methodological approaches to addressing the multiple determinants of health.

Conference Highlights
• Nursing Research: A Bridge to the Future of Healthcare as presented in a number of podium, poster and symposium presentations.
• Opening Keynote Speaker Dr. Martha Curley will present "Leading Change — Science Supporting the Future of Nursing Practice."
• Thursday Plenary Session Speaker Dr. Elaine Larson will present "Building Bridges to the Future with Interdisciplinary Teams."
• 25th Anniversary Reception and Gala Celebration on Wednesday, April 17, 2013.
• BS/MS, Early PhD and DNP Posters, Exposition & Reception on Thursday evening.
• Networking opportunities with representatives of diverse academic and clinical settings.
Continuing Education Credit

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To receive a continuing education certificate, please follow these important steps:

- Sign the daily attendance sheet first thing every morning for the day you attend the conference. This list will be kept at the registration desk.
- Following the conference, an electronic evaluation will emailed to attendees that have signed in on the daily attendance sheets.
- Fill out the electronic evaluation indicating every session you have attended, as well as the overall evaluation of the conference.
- You must submit your evaluation electronically in order to receive your certificate.
- Your certificate will be emailed to you once the evaluations have been compiled.

Please note: No certificate can be issued to attendees that have not signed the daily attendance sheet.

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Mary Elizabeth Teixeira
Lisa Wolf
Donna Zucker
25th Anniversary Recognition of Influential Members of Eastern Nursing Research Society

Selection based upon sustained contributions to ENRS through leadership, mentoring, scholarship, and programs of research that advanced the discipline and knowledge of nursing science.

Dr. Cheryl Beck
Dr. Linda Cronenwett
Dr. Judith Erlen
Dr. Suzanne Feetham
Dr. Keville Frederickson
Dr. Terry Fulmer
Dr. Margaret Grey
Dr. Kathryn Hegedus
Dr. June Horowitz
Dr. Dorothy Jones
Dr. Maggie Kearney
Dr. Elaine Larson
Dr. Jean Miller
Dr. Nancy Redeker
Dr. Veronica Rempuscheski
Dr. Lillie Shortridge-Baggett
Dr. Suzanne Smeltzer
Dr. Cheryl Stetler
Dr. Patricia Stone
Dr. Mary C. Sullivan

Celebrating 25 Years of

Promoting Health through Nursing Science
The awards committee is proud to honor

**Dr. Patricia Stone, Columbia University, with the 2013 Distinguished Contributions to Nursing Research Award.**

The Distinguished Contributions to Nursing Research Award is given annually in recognition of sustained and outstanding contributions to nursing research by a Senior Investigator.

The awards committee is proud to honor

**Dr. Karla Damus, Senior Investigator, Northeastern University, with the 2013 Suzanne Feetham Nurse Scientist Family Research Award.**

The Suzanne Feetham Nurse Scientist Family Research Award is given annually in recognition of outstanding contributions by a Junior Investigator (earned doctorate in last 7 years with a developing program of family research and scholarship) OR Senior Investigator (has a well-established program of family research and scholarship).

The awards committee is proud to honor

**Cara Bicking Kinsey, The Pennsylvania State University, with the 2013 ENRS/Council for the Advancement of Nursing Science Dissertation Award.**

The ENRS/Council for the Advancement of Nursing Science Dissertation Award is given annually to a doctoral candidate enrolled in a program of nursing that awards a research doctoral degree requiring a dissertation.

The awards committee is proud to honor

**Dr. Maja Djukic, New York University with the 2013 Rising Star Research Award.**

The Rising Star Research Award is given annually to recognize a Junior Investigator that has shown promise in establishing a program of health and/or nursing research.

ENRS and ANF are proud to honor

**Dr. Lea Ann Matura, University of Pennsylvania and Dr. Xiaomei Cong, University of Connecticut as the 2012 winners of the ENRS/American Nurses Foundation Scholar Award.**

ENRS/American Nurses Foundation Scholar Award is an annual scholarship presented to a nurse researcher encouraging positive change in healthcare practice and policy.
This is truly an exciting time for nurse scientists who support the practice of nursing. Numerous investigations now link nurse-led interventions to improved patient outcomes. These data support a new reconfigured autonomous role for nurses practicing within acute care environments. This session will invite the audience to share a vision for acute care nursing practice; one that is patient and family centered, one where nurses create a healing environment for patients and their families, one where nursing practice is differentiated based on nursing expertise, and one where the practice of nursing is supported by systems that enhance nursing’s capacity to optimize patient and family outcomes. The bridge to this vision of nursing practice is supported by Nursing Science.
4:00 PM  Feasibility of NICU-PLAY: Understanding Aspects of Compliance
Jacqueline McGrath, University of Connecticut/Connecticut Children's Medical; RK Elswick, Virginia Commonwealth University; Hiedi Fidler, Virginia Commonwealth University; Stephen Walsh, University of Connecticut

4:15 PM  Working Memory as an Outcome: Measures for Children Born Prematurely
Michelle Kelly, Villanova University

4:30 PM  Neonatal Nurses' Perspectives in Pain Management: Results from the U.S. and China
Xiaomei Sophia Cong, University of Connecticut; Kimberly Chang, University of Connecticut; Laura Keating, University of Connecticut

Paper Session A2: Issues in Evidence-Based Nursing Practice

Pacific BC

3:15 PM  Evaluating the Essential Evidence-Based Practice Competencies in a Hospital-Based Clinical Scholar Program
Kristiina Hyrkas, Maine Medical Center; Kelly Lancaster, Maine Medical Center

3:30 PM  Perception of the Work Environment, Teamwork and Missed Nursing Care at an Academic Medical Center
Margarita de la Fuente, NYU Langone Medical Center; Wendy Budin, NYU Langone Medical Center

3:45 PM  Promoting Negotiative And Relational Caring: An Action Research Study Of Hospital-Based Nurse Educators' Reports Of The Instructional Strategies Used In Professional Development Curricula
Robin Louise Guisti, Quinnipiac University

4:00 PM  Innovation Units: Effective Testing Grounds For Change
Marianne Ditomassi, Massachusetts General Hospital; Jeanette Ives Erickson, Massachusetts General Hospital

4:15 PM  The Relationship Between Organizational Readiness to Change Assessment (ORCA) Scores and Implementation of Buffered Lidocaine as Local Anesthesia for IV Catheter Insertion in a Complex Hospital Organization
Kristiina Hyrkas, Maine Medical Center; Brooke Coombs, Maine Medical Center; Gertrude Kent, Maine Medical Center; Kelly Lancaster, Maine Medical Center; Debbie Michaud, Maine Medical Center

4:30 PM  Another Scar to My Soul: Secondary Traumatic Stress in Labor and Delivery Nurses
Cheryl Tatano Beck, University of Connecticut; Robert Gable, Johnson & Wales University

Paper Session A3: Challenges in Mental Health

Pacific F

3:15 PM  Predictors of Retention of Behavioral Health Nurses
Joan Arnold, Hunter College; Penelope R. Buschman, Columbia University; Husseim Tahan, New York Presbyterian Hospital

3:30 PM  An Examination of Reminiscence Functions in Black Adults: Implications for Nursing Practice and Research
Juliette M. Shellman, University of Connecticut; Karen Addison, Northend Senior Center; Gloria Adeogwe, University of Massachusetts-Lowell; Mukambi Brown, University of Massachusetts-Lowell; Charly Darius, University of Massachusetts-Lowell; Jeneba Jabbie, University of Massachusetts-Lowell; Deborah Stone, University of Massachusetts-Lowell

3:45 PM  The Effects of Nursing Student Home Visits on Social Isolation in Older Adults
Nicholas R. Nicholson, Quinnipiac University; Juliette M. Shellman, University of Connecticut

4:00 PM  Nurses' Attitudes Toward Suicide in Hospitalized, Medical-Surgical Patients
Kathleen L. Neville, Keen University; Nora Roan, Somerset Medical Center

4:15 PM  Correlates of Childhood Sexual Abuse in a Population at Risk
Kathleen Brewer-Smyth, University of Delaware; Monica Concernis, Medical University of South Carolina; Elisabeth Pickelsimer, Medical University of South Carolina

4:30 PM  The Lived Experience of Verbal Abuse for Military Wives
Linda Copel, Villanova University

Symposium Session A4: Effective Use of Critique and Dialog at Academic Conferences — Building a Community of Scholars

Pacific GH

Effective Use of Critique and Dialog at Academic Conferences - Building a Community of Scholars
Karen T. D'Alonzo, Rutgers University; Rosanna F DeMarco, Boston College; Susan DeSanto-Madeya, University of Massachusetts-Boston; June Andrews Horowitz, Boston College; Helene Moriarty, Philadelphia VA Medical Center; Margaret Shepard, University of Medicine and Dentistry of New Jersey

How to Think Like a Reviewer (What Makes a Great Aims Page)
Karen D'Alonzo, Rutgers University
Symposium Session A5: Nursing Excellence Guided by Evidence-Based Practice — Methods and Strategies to Realize a Transformational Model

Caspian

Nursing Excellence Guided by Evidence-Based Practice — Methods and Strategies to Realize a Transformational Model
Carolyn Davidson, Lehigh Valley Health Network

Effectively Translating VTE Evidence: Efforts to Stop the Clot!
Carolyn Davidson, Lehigh Valley Health Network; Joleen Schade, Lehigh Valley Health Network

Enhancing Bonding of Mother and Infant
Carolyn Davidson, Lehigh Valley Health Network; Krista Thomas, Lehigh Valley Health Network

Spring into Step: A Staff-Driven Mobility Initiative
Carolyn Davidson, Lehigh Valley Health Network; Christine Yatsko, Lehigh Valley Health Network

Thursday, April 18, 2013

6:30–8:00 AM  Doctoral Student Breakfast & Session –
Pacific BC

7:00 AM – 7:00 PM  Registration Open –
Pacific Foyer

7:00–8:15 AM  RIG Meetings
Chronic Comorbid Conditions RIG – Pacific A
Criminal Justice, Trauma, & Violence RIG – Pacific GH
Qualitative Research RIG – Pacific F

7:00–8:30 AM  Continental Breakfast
Sponsored by New York University College of Nursing

7:00–8:30 AM  Exposition Open –
Atlantic Ballroom

7:15–7:45 AM  NINR One-On-One Appointments –
Hospitality Suite

8:15–9:30 AM  Welcome & Plenary Session –
Building Bridges to the Future with Interdisciplinary Teams –
Pacific DE

The 25th Anniversary Gala is a special event designed to celebrate with friends and colleagues the many accomplishments of ENRS, recognize the leaders who have helped us advance nursing research within the Eastern Region and beyond, and introduce new opportunities that will showcase nursing research as we move ENRS forward.

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Elaine Larson RN, PhD, FAAN, CIC
Professor of Pharmaceutical and Therapeutic Research, Associate Dean for Research, Professor of Epidemiology, Joseph Mailman School of Public Health, Columbia University

Like the oft-cited quotation, “It takes a village,” it takes a team to produce high quality research that makes a difference in patient care and policy. In this presentation, Dr. Larson will describe the evolving teams of collaborators that have made possible a sustained program of scholarly inquiry to reduce risk of infections among patients, care providers and the community.
9:30–10:30 AM  
**Poster Session 1 – Meet the Researchers**  
*Atlantic Ballroom*

**Issues in Nursing Practice**

1. **The Experience of the Health Care Team Members Involved in Facial Transplant Surgery and Patient Care**  
*Linda Evans, MGH Institute of Health Professions*

2. **Post-Operative Urinary Retention Following Joint Surgery: Potential Risk Factors and Strategy for Prevention**  
*Kelly Nicholson, Middlesex Hospital*

3. **Predicting Falls in the Emergency Department**  
*Kelly Nicholson, Middlesex Hospital*

4. **Neonatal Nurses’ Perspectives on Pain Management in the NICU**  
*Victoria Vazquez, University of Connecticut; Sharon Casavant, University of Connecticut; Xiaomei Cong, University of Connecticut; Angela Dejong, University of Connecticut*

5. **THIRD Test: Diagnosing Hip Labral Tears with a New Physical Examination Technique**  
*Karen Myrick, Quinnipiac University*

**Organizations and Workforce Issues**

6. **Influence of the Nurse Manager: A Concept Analysis**  
*Kelly Reilly, Villanova University/Maimonides Medical Center*

7. **The Effectiveness of a Leadership Development Program on Self-Awareness in Leadership Practice**  
*Babara H. Weatherford, University of Massachusetts-Dartmouth*

8. **Enriching Undergraduate Clinical Education: A Randomized Study Comparing a Dedicated Education Unit (DEU) with Traditional Clinical Education**  
*Laura A. Mylott, Northeastern University; Gaurdia Banister, Massachusetts General Hospital; Joann Mulready-Schick, University of Massachusetts Boston*

9. **Knowledge Translation: A Nurse Practitioner Clinical Ladder Advancement Program in a University-Affiliated, Integrated Medical Center**  
*Lisa Paplanus, NYU Langone Medical Center*

10. **Nurse of the Future Nursing Core Competencies across the Academic/Practice Transition**  
*Kerry H. Fater, University of Massachusetts-Dartmouth; Kathleen Finn, St. Anne’s Hospital-Steward; Robert W. Ready, St. Vincent Hospital; Betty Jane Tanguy, Morton Hospital-Steward*

11. **A Qualitative Content Analysis of Patient Comments about Nursing Care**  
*Thomas Hagerty, New York Presbyterian Hospital*

12. **What is the Prevalence of Risk for Compassion Fatigue in Direct Care Registered Nurses within an Acute Care Institution?**  
*Debra Haas Stavarski, The Reading Hospital and Medical Center*

13. **The Effect of a Critical Reflective Inquiry Program on Self-Reflection, Insight and Reflective Thinking: A Pilot Study**  
*Marilyn Asselin, University of Massachusetts-Dartmouth*

*Dorothy Jones, Boston College/Massachusetts General Hospital; Jeffrey Adams, Massachusetts General Hospital; Marianne Ditomassi, Massachusetts General Hospital; Mary Duffy, Massachusetts General Hospital; Jeanette Ives Erickson, Massachusetts General Hospital*

15. **Relationship between Workplace Incivility and Turnover Intention in Registered Nurses in Acute Care Settings: An Integrative Review**  
*Jean McHugh, New York University*

16. **Advances in the Progressive Care Setting: Exploring the New Model of Tele-Monitoring at the Point of Care; The Effects of Clinical Decision Support and Nurse Workflow**  
*Mary L. Jahrsdoerfer, University of Massachusetts-Amherst*

17. **Management of Ethical Issues by Military Nurses in Wartime**  
*Janice Agazio, The Catholic University of America; Thomas Ray Coe, Carl R. Darnall Army Medical Center; Petra Goodman, Walter Reed National Military Medical Center; Peggy McNeil, Walter Reed National Military Medical Center; Ann Nayback, Brooke Army Medical Center; Diane Padden, Uniformed Services University of the Health Sciences; Nancy Steffan, Catholic University of America; Meryjia Throop, Walter Reed National Military Medical Center*

**Stress and Coping**

18. **Decreasing the Stress and Anxiety of Inpatient Health Care Team Members Through the Use of Auricular Acupuncture**  
*Patricia M. Reilly, Brigham & Women’s Hospital; Suellen Breakey, Brigham & Women’s Hospital; Teresa M. Buchanan, Brigham & Women’s Hospital; Carol Vafides, Brigham & Women’s Hospital*

19. **Isolation in Acute Care: Beyond the Mask**  
*Judith Hahn, Yale-New Haven Hospital*

20. **Journaling as an Intervention: A Case Study of Spiritual Coping**  
*Janice Bell Meisenhelder, MGH Institute of Health Professions; Charae J. D’Ambra, MGH Institute of Health Professions*

21. **Gender Differences in Effects of Childhood Adversity and Verbal Affection on Depression and Psychological Well-being into Adulthood**  
*Ann Polcari, Northeastern University; Elizabeth Bolger, McLean Hospital; Keren Rabi, McLean Hospital; Martin Teicher, McLean Hospital*

22. **The Chronic Stress Response to Adverse Childhood Experiences: A Pilot Study**  
*Karen Kalnakis, University of Massachusetts-Amherst*
Childbearing and Women's Health

23. Long Term Effects of Receiving Preconception Counseling During Early Adolescence in Adult Women with Diabetes
Jennifer Thurheimer, University of Pittsburgh; Dorothy Becker, Children’s Hospital Pittsburgh UPMC; Denise Charron-Prochownik, University of Pittsburgh; Ana Diaz, Children’s Hospital of Pittsburgh UPMC; Monica DiNardo, University of Pittsburgh; Feng Guo, University of Pittsburgh; A.B. Powell, University of Pittsburgh; Patricia Schmitt, University of Pittsburgh; Susan Sereika, University of Pittsburgh; Abigail Wilhite, University of Pittsburgh

24. Women's Experience of Decision-Making Regarding Medication Abortion
Joyce Cappiello, University of New Hampshire

25. Effects of a Smoking Cessation Educational Program on Perinatal Nurses' Knowledge, Attitude and Behavior Toward Counseling Against Smoking Relapse
Ann Feeney, Binghamton University; Geraldine Britton, Binghamton University; Geraldine Britton, Binghamton University

26. Navigating the Unfamiliar Health Care System during Childbirth: Korean Women's Lived Experience of Childbirth in the United States
Jin Young Seo, University at Buffalo; Suzanne Dickerson, University at Buffalo; Wooksoo Kim, University at Buffalo

27. Perceived Social Support, Self-esteem, and Pregnancy Status among Dominican Adolescents
Lynn Babington, Fairfield University; Linda Malone, Northeastern University

28. Preventing Falls in Pregnancy and Postpartum: Developing an Appropriate Intervention
Dorothy Brewin, University of Massachusetts-Lowell; Angela Nanini, University of Massachusetts-Lowell

29. Process Evaluation of a Clinical Trial in a Pregnant Population
Joyce Marie Rhodes-Keefe, Binghamton University; Geraldine Britton, Binghamton University; Teresa Mutiso, Binghamton University

30. Supporting Birth in the Hospital Setting
Eileen DiFrisco, NYU Langone Medical Center; Wendy Budin, NYU Langone Medical Center; Jessica Deeb, NYU Langone Medical Center; Amy Iomossi, NYU Langone Medical Center; Gladys Vallespir Ellett, NYU Langone Medical Center

31. Urban Women's Needs for Postpartum Self-Care and Parental Transition
Patricia Suplee, Rutgers University; Lynn Borucki, Rutgers University; Marcia R. Gardner, Seton Hall University

32. Specific Symptoms of Postpartum Depression (PPD) are Decreased in Mothers Supplemented with Docosahexaenoic Acid (DHA, 22:6n-3) During Pregnancy
Michelle Judge, University of Connecticut; Cheryl Beck, University of Connecticut; Holiday Durham, Louisiana State University; Carol Lammi-Keefe, Louisiana State University; Michele McKelvey, University of Connecticut

33. Perimenopause Joint Pain in Urban Hispanic Women: A Qualitative Study
Nancy Reame, Columbia University; Margaret Altemus, Cornell Medical Center; Yamnia Cortes, Columbia University; Rosario Jaime-Lara, Columbia University

Methods and Measures

34. Methodological Advances in Knowledge Synthesis to Transform Nursing Research and Practice
Robin Whittemore, Yale University; Ariana Chao, Yale University; Myoungock Jang, Yale University; Karl Minges, Yale University

35. A Comparative Analysis of Four Types of Grounded Theory
Qiaohong Guo, University of Massachusetts-Amherst; Cynthia Jacelon, University of Massachusetts-Amherst

36. Predictors of Readiness for HIV Testing Among Midlife Women
Susan Hamilton, MGH Institute of Health Professions

10:45 AM – 12:15 PM Scientific Series B

Paper Session B1: Child and Adolescent Health

10:45 AM Family Management of Children with Chronic Health Conditions: Perspectives of School-Aged Children
Barbara Beacham, University of Pennsylvania; Janet Deatrick, University of Pennsylvania

11:00 AM The Balance We Seek: A Sequential Narrative Analysis of Childhood Cancer Blogs
Catherine Heilferty, Holy Family University

11:15 AM Companions, Confidences, and Control: Urban Adolescent Girls' Perspectives on Romantic Relationships
Ellen Volpe, School of Nursing, Center of Health Equity Research; Mercedes Morales-Alemán, Michigan State University; Anne Teitelman, University of Pennsylvania

11:30 AM Using the Thoughts on Teen Parenting Surveys to Determine the Impact of Wise Guys
Judith Herrman, University of Delaware

11:45 AM Young Women's Perceptions of Violence: Policy Implications
Judith Herrman, University of Delaware

12:00 PM Safe Dates for Young Mothers: A Pilot Study
Judith Herrman, University of Delaware

Paper Session B2: Monitoring and Heart Failure

10:45 AM Improving ECG Monitoring Electrode Placement
Marjorie Funk, Yale University; Pei-Shiun Chang, Yale University; Barbara Drew, University of California San Francisco; Shelli Feder, Yale University; Kristopher Fennie, Florida International University; Jeanine May, Yale University; Kimberly Stephens, University of California San Francisco
11:00 AM  A Randomized Trial of Telemonitoring and Self-Care Education in Heart Failure Patients Recently Discharged from Home Care or Skilled Nursing Facility
Colleen Delaney, University of Connecticut; Beka Apostolidis, University of Connecticut; Susan Bartos, University of Connecticut; Heather Morrison, University of Connecticut

11:15 AM  Improving Heart Failure Self-Care: A Responder Analysis of an Educational Intervention
Corrine Jurgens, Stony Brook University; Barbara Riegel, University of Pennsylvania

11:30 AM  Development of a Tool to Determine Functional Status of Heart Failure Patients

11:45 AM  Exercise Counseling in a Low-Income Ethnic Minority Sample with Heart Failure: Baseline Functional Status and Physical Activity
Margaret McCarthy, New York University; Deborah Chyun, New York University; Victoria Vaughan Dickson, New York University; Stuart Katz, NYU Langone Medical Center

12:00 PM  The Utility of a Visual Analog Scale to Measure Perception of Burden Over Time in Patients and Their Caregivers.

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**Paper Session B3: Health Policy**

**Pacific GH**

10:45 AM  Nurses’ Perceptions of Barriers and Facilitators Affecting the Shaken Baby Syndrome Education Initiative: An Exploratory Study of a Massachusetts Public Policy
Leslie Rideout, University of Massachusetts-Boston

11:00 AM  How Can We Stop Those Rising Health Care Costs? Examining the Potential Impact of Independent Billing by Nurse Practitioners
Irena Pesis-Katz, University of Rochester; Xueya Cai, University of Rochester; Bethel A Powers, University of Rochester; Joyce Smith, University of Rochester; Ying Xue, University of Rochester

11:15 AM  Differences in Rates of Clinical Preventive Service Delivery Between Nurses and Physicians: Results from a National Study
Alex Hoyt, MGH Institute of Health Professions

11:30 AM  Mandatory Influenza Vaccination for Nurses and Other Health Care Workers: Implications for Health Policy and Practice
David Keepnews, Hunter-Bellevue School of Nursing; Theresa Yannaco, Hunter-Bellevue School of Nursing

11:45 AM  Identifying Educational Needs of Emergency Nurses in Rural and Critical Access Hospitals
Lisa Wolf, Emergency Nurses Association

12:00 PM  Examining the Geopolitical Environment in the Netherlands that Exemplifies a Successful Approach to Sexuality Education
Teri Aronowitz, College of Nursing and Health Science; Kathryn McCarthy, University of Massachusetts-Boston; Alexandra Moskaluk, University of Massachusetts-Boston

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**Paper Session B4: Palliative and End of Life Cycle**

**Pacific F**

10:45 AM  End-of-Life and Heart Failure Patient-Caregiver Dyads: Where Do Support Services Fit In?

11:00 AM  An Integrative Review of Factors Affecting Culturally Congruent Hospice Care for Hispanics
Susan Norris, Rutgers University-Camden

11:15 AM  Differences in healthcare Utilization and Opioid Use in the last Year of Life Among Medicare Beneficiaries with Advanced Illnesses
Susan Lowey, University of Rochester; Bethel A Powers, University of Rochester; Joyce Smith, University of Rochester; Ying Xue, University of Rochester

11:30 AM  Palliative Care Communication: Linking Patient Values, Prognoses, and Goals of Care
Sally Norton, University of Rochester; Robert Gramling, University of Rochester; Maureen Metzger, University of Rochester

11:45 AM  The Relationship between the Critical Care Nurse’s Professional Quality of Life and Their Perceptions of Preparedness and Ability to Care for the Dying
Vidette Todaro-Franceschi, Hunter College, City University of New York

12:00 PM  How do the Attitudes and Beliefs of Critical Care Nurses Impact Family Presence During Resuscitation
Jesus Cepero, Meritus Healthcare

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**Symposium Session B5: Building a Culture of Inquiry: A Framework for Scholarship and Praxis**

**Pacific BC**

The Bridge to the Future of Healthcare: A Framework for Building a Culture of Inquiry
Lily Thomas, North Shore-Long Island Jewish Health System

Theoretical Underpinnings of a Culture of Inquiry
Patricia Donohue-Porter, Adelphi University

Building a Culture of Inquiry: Informed Actions and Results
Myra Rabinowitz, North Shore-Long Island Jewish Health System

Building a Culture of Inquiry: Transforming Practice
Monica Latayan, North Shore University Hospital
12:15–1:30 PM  Lunch and RIG Meetings

Aging RIG – Pacific DE (Reserved Table)
Bio-Behavioral RIG – Pacific F
Comprehensive Systematic Review/Knowledge Translation RIG – Caspian
Family/Community-Based Participatory Research RIG – Pacific GH
Nursing Research in Clinical Settings ROG – Pacific A
Theory Development RIG – Pacific BC

1:45–3:15 PM  Scientific Series C

Paper Session C1: Childbearing and Women's Health
Pacific F

1:45 PM  Power, Energy, & Bonds: Military Providers' Perceptions of Group Prenatal Care
Holly Powell Kennedy, Yale University; Lisa Anne Braun, Yale University; Trisha Farrell, U.S. Navy; Shannon Hill, U.S. Air Force; Rima Jolivet, Centering Healthcare Institute; Regina Paden, U.S. Air Force; Sharon Schindler Rising, Centering Healthcare Institute; Jennifer Tramantana, Yale University

2:00 PM  Predictors of Insomnia Disorder Among Pregnant Latinas
Cynthia Connelly, University of San Diego; Rachel Manber, Stanford University

2:15 PM  Racial Differences in Body Mass Index, Affective Symptoms, and Inflammatory Markers during Pregnancy and Postpartum In Low-Income Women
Susan Groth, University of Rochester; Emma Robertson-Blackmore, University of Rochester

2:30 PM  The Effect of Chronic Pain, Stress, and Body Fat on Anti-Mullerian Hormone: A Pilot Study
Theresa Hardy, Inova Mount Vernon Hospital; Nicolaas Fourie, National Institutes of Health; Wendy Henderson, National Institutes of Health; Noriko Kitamura, National Institutes of Health; Ryan Longchamps, National Institutes of Health; Angela Martino, National Institutes of Health; Swarnalatha Reddy, National Institutes of Health

2:45 PM  Factors Associated with HIV Seropositivity in Black and Latina Women in New York City
Carol Roay, Hunter-Bellevue School of Nursing; Fabienne Snowden, City University of New York

Paper Session C2: Health Disparities: Reducing the Risk and Improving Care
Caspian

1:45 PM  Knowledge And Perceived Health Status as Predictors of Cardiovascular Health Promotion In Mexican-American Women
Viola Benavente, Boston College

2:00 PM  Assessing the Quality of Primary Care Provided to an Indigent Population as it Relates to Obesity and Cardiovascular Risk
Nadine Aktan, William Paterson University

2:15 PM  Mammogram Use and Self-Efficacy in an Urban Minority Population
Bonnie Jerome-D’Emilia, Rutgers University; Patricia Suplee, Rutgers University

2:30 PM  Preventive Health Screening Disparities by Disability, Gender and Race
Suzanne Smeltzer, Villanova University

2:45 PM  The Association between Discrimination and Depressive Symptoms among Older African Americans: The Role of Psychological and Social Factors
Sarah Nadimpalli, New York University; Lisa Barnes, Rush University Medical Center

3:00 PM  Bridge to the Future: Discourse on Research Supporting Global Health Equity
Marilyn Sommers, University of Pennsylvania

Paper Session C3: Challenges in Chronic Illness Care
Pacific GH

1:45 PM  Symptom Recognition and Treatment Delay During Acute Exacerbation of Chronic Obstructive Lung Disease
Elizabeth Chin, University of Massachusetts-Dartmouth

2:00 PM  Older Adults with Diabetes Benefit from Diabetes Education Similarly to Younger and Middle-Aged Adults
Elizabeth Beverly, Joslin Diabetes Center/Harvard Medical School; A. Enrique Caballero, Joslin Diabetes Center/Harvard Medical School; Shane Fitzgerald, Joslin Diabetes Center; Om P Ganda, Joslin Diabetes Center/Harvard Medical School; Katie Weinger, Joslin Diabetes Center/Harvard Medical School

2:15 PM  Examining the Relationship between Pain and Under-Use of Opioid Medication by Individuals with Cancer
Marie Flannery, University of Rochester

2:30 PM  Associations of Multiple Chronic Conditions and Cancer-Related Fatigue: An Integrative Review
S. Wright, New York University; Marilyn J. Hammer, New York University; Gail Melkus, New York University

2:45 PM  Factors Associated with HIV Seropositivity in Black and Latina Women in New York City
Carol Roay, Hunter-Bellevue School of Nursing; Fabienne Snowden, City University of New York
3:00 PM  Why Do Women Stop Taking Antiretroviral Medications?
Inge Corless, MGH Institute of Health Professions; John Brion, Duke University; Wei-Ti Chen, Yale University; Yvette Cuca, University of California San Francisco; Carol Dawson Rose, University of California San Francisco; Lucille Eller, Rutgers University; Dorothy Hickey, NYU College of Nursing; William L. Holzemer, Rutgers University; Alex Hoyt, MGH Institute of Health Professions; Emily Huang, University of California San Francisco; Scholastika Lipinge, University of Namibia; Mallory O. Johnson, University of California San Francisco; Jeannette Kempainen, University of North Carolina-Wilmington; Kenn Kirksey, Lyndon B. Johnson Hospital; Teri Lindgren, Rutgers University; Mary Maryland, Chicago State University; Patrice Nicholas, MGH Institute of Health Professions; Kathleen Nokes, Hunter-Bellevue School of Nursing; J. Craig Phillips, University of Ottawa; Carmen Portillo, University of California San Francisco; Paula Reid, University of North Carolina at Wilmington; Maria Rivero-Mendez, University of Puerto Rico; Elizabeth Sejic, Texas A&M University- Corpus-Christi; Kathleen Sullivan, University of Hawaii; Lynda A. Tjor-Viola, MGH Institute of Health Professions; Joachim Voss, University of Washington; Dean Wantland, Rutgers University; Allison Webel, Case Western Reserve University

3:00 PM  Commissioned by God: The Birth of American Nursing During the United States Civil War
Joyce S. Fontana, University of Saint Joseph

3:15 – 4:15 PM  Poster Session II – Meet the Researchers –
Atlantic Ballroom

Paper Session C4: Nursing Education
Pacific BC
1:45 PM  Outcomes of the Robert Wood Johnson Foundation New Careers in Nursing Program for Accelerated Students
Ann Marie Mauo, New York University

2:00 PM  A Study to Evaluate the Effectiveness of Eye-tracking Technology as a Method of Debriefing Following Clinical Simulation
Elizabeth Henneman, University of Massachusetts, Northampton; Helene Cunningham, University of Massachusetts-Amherst; Donald Fisher, University of Massachusetts-Amherst; Philip Henneman, Baystate Medical Center; Jenna Marquard, University of Massachusetts-Amherst; Brian Nathanson, Optistatim; Karen Plotkin, University of Massachusetts-Amherst; Joan Roche, University of Massachusetts-Amherst

2:15 PM  Effectiveness of a Problem-Based Learning Intervention on the Clinical Judgment Abilities and Ambiguity Tolerance of Baccalaureate Nursing Students During Simulation
Michelle McMahon, University of Massachusetts-Dartmouth

2:30 PM  A Comparative Study of Cultural Competence Curricula in Baccalaureate Nursing Programs
Donna Mesler, Seton Hall University

2:45 PM  Effectiveness of a Non-Didactic Intervention to Enhance Nursing Students’ Understanding of the Spirituality Component of Patient Care
Veronica Peeg, Molloy College; Agnes Bracken, Molloy College; Mercy Joseph, Molloy College

3:00 PM  Commissioned by God: The Birth of American Nursing During the United States Civil War
Joyce S. Fontana, University of Saint Joseph

Symposium Session C5: Emerging Research Methods that are Responsive to Families and Communities
Pacific A

Emerging Research Methods that are Responsive to Families and Communities
Margaret Shepard, University of Medicine and Dentistry of New Jersey; Susan DeSanto-Madeja, University of Massachusetts-Boston; June Andrews Horowitz, Boston College; Helene Moriarty, Philadelphia VA Medical Center

Challenges and Strategies When Context, Culture, and Time Affect Measurement in Family Research
June Andrews Horowitz, Boston College; Nancy DuBois, Thomas Jefferson University; Margaret Hayes, Boston College; Helene Moriarty, Philadelphia VA Medical Center; Dorothy Zirkle, Boston College

Community Engagement: A Tale of Two Low-Income Communities
Margaret Shepard, University of Medicine and Dentistry of New Jersey; Kathleen J. Jackson, University of Medicine and Dentistry of New Jersey

Using Qualitative Data to Understand and Inform Quantitative Data in Intervention Studies with Families
Helene Moriarty, Philadelphia VA Medical Center; Rosanna DeMarco, Boston College; June Andrews Horowitz, Boston College; Gala True, Philadelphia VA Medical Center; Laraine Winter, Philadelphia VA Medical Center

3:15 – 4:15 PM  Refreshment Break
Sponsored by the University of Rhode Island College of Nursing

3:15 – 4:15 PM  Poster Session II – Meet the Researchers –
Atlantic Ballroom

Nursing Education

1. Pedagogical Strategies for Teaching EBP and Translation of Research to Baccalaureate Nursing Students and Practicing Nurses
Kimberly Fenstermacher, York College of Pennsylvania; Linda Pugh, York College of Pennsylvania

2. Raising Consciousness: The Educational Milieu through the Eyes of Under-Represented and Under-served Students in Nursing
Cory Ann Boyd, Quinnipiac University; Mary Ann Cordeau, Quinnipiac University; Lisa O’Conner, Quinnipiac University

3. Constructing a Cultural Boot-Camp for New Nurse Residents
Kelly Nicholson, Middlesex Hospital; Elizabeth Molle, Middlesex Hospital

4. Emotional Intelligence and Spiritual Well-Being among Nursing Students
Audrey Beauvais, Sacred Heart University; Susan DeNisco, Sacred Heart University; Julie Stewart, Sacred Heart University
Chronic Illness

5. State of Science: Factors Associated with Medication Adherence in Adults with Hypertension
Hye-Won Yoon, New York University; Bernadette Capili, New York University; Deborah Chyu, New York University; Allison Squires, New York University

6. Cyber Support: Concerns of Caregivers of People with Pulmonary Hypertension
Annette McDonough, University of Massachusetts-Lowell; Sarah Lichenstein, Northeastern University; Lea Ann Matura, University of Pennsylvania

7. Impact of HIV/AIDS Peer Education Program on Peer Educators
Ganga Mahat, Rutgers University; Cynthia Ayres, Rutgers University; MaryAnn Scoloveno, Rutgers University

8. Support and Diabetes Self Care Activities in Older Adults: A Family Affair
Joanne Dalton, Regis College; Margherite Matteis, Regis College

9. An Integrative Review of Memory Interventions: A Bridge to Impacting Cognitive Performance
Jennifer Dunbar Viveiros, University of Massachusetts-Dartmouth; Kristen Sethares, University of Massachusetts-Dartmouth

Symptom Management

10. Dissemination and Implementation of Evidence-Based Methods to Measure and Improve Pain Outcomes
Susan Korber, The Miriam Hospital; Megan Begnoche, The Miriam Hospital

11. Trialing to Pain Control: A Grounded Theory Study
Deborah McDonald, University of Connecticut

12. Examining Nurses' Knowledge and Attitudes about Pain Management Using an Online Survey
Linda Alley, LVHN Community Health Dept; Kathleen Baker, Community Health & Health Studies Department, Jeff Etchason, Lehigh Valley Health Network; Michelle Flores, Lehigh Valley Health Network; Carol Folz, Lehigh Valley Health Network; Hannah Paxton, Lehigh Valley Health Network; Jennifer Wike, Lehigh Valley Health Network

Patricia Brucenithal, Stony Brook University; Joan Broderick, Stony Brook University; Doerte Junhaenel, Stony Brook University; Stephanie Schneider, Stony Brook University

14. Transitioning through Middle Age with an Incomplete Spinal Cord Injury: A Qualitative Description of Changes in Physical Function
Deborah King Armstrong, University of Massachusetts-Dartmouth

15. Diet, Inflammation, and Glycemic Control in Type 2 Diabetes: An Integrative Review of the Literature
Sarah Nowlin, New York University; Marilyn Hammer, New York University; Gail D. Melkus, New York University

16. Pilot Clinical Effectiveness Study of Behavioral Treatment for Insomnia in Primary Care
Nancy Redeker, Yale University; Nanette Alexander, Yale University; Ivy Alexander, Yale University; John Cline, Yale University; Samantha Conley, Yale University; Sangchoon Jeon, Yale University; Karen Sullivan, Manchester Family Practice; Robin Whittemore, Yale University

Addressing the Needs of Children and Adults with Cancer

17. Quality of Life in Children with Cancer: The State of the Science
Ijeoma J Eche, University of Massachusetts-Boston; Mary E Cookey, University of Massachusetts-Boston; Lisa Kennedy Sheldon, University of Massachusetts-Boston

18. Patient Involvement as a Patient Safety Strategy: Oncology Patients' Perspectives
Chasity Walters, New York University | Memorial Sloan-Kettering

19. Assessment of the Effectiveness of a Pre-Chemotherapy Teaching Session
Susan Korber, The Miriam Hospital

20. Impact of Patients' Awareness of Disease Status on Their Treatment Preferences and Quality of Life among Patients with Metastatic Cancer: An Integrative Review
Catherine Finlayson, New York University; Mei Fu, New York University

21. Access to Cancer Care: Facilitators and Barriers
Janet Van Cleave, New York University; Sarah Brosch, New York University; Molly Lawson, New York University

22. Description and Correlations of Initial Patient Reported Cancer Related Fatigue and Activity Diary Data: Outcomes from a Summer Student Internship
Jean Boucher, Dana-Farber Cancer Institute; Donna Berry, Dana Farber Cancer Institute; Rochard Boyajian, Dana Farber Cancer Institute; Kathleen McDermott, Dana Farber Cancer Institute; Kristin Roper, Dana Farber Cancer Institute; Meghan Underhill, Dana Farber Cancer Institute, University of Massachusetts-Boston; Michelle Walsh, Dana Farber Cancer Institute; Yating Yeh, Dana Farber Cancer Institute

23. Description of Baseline Data from a Nurse-Led Home Based Activity Intervention for Patients with Cancer Related Fatigue
Jean E. Boucher, University of Massachusetts-Worcester; Donna Berry, Dana Farber Cancer Institute; Richard Boyajian, Dana Farber Cancer Institute; Kathleen McDermott, Dana Farber Cancer Institute; Kristin Roper, Dana Farber Cancer Institute; Meghan Underhill, Dana Farber Cancer Institute, University of Massachusetts-Boston; Michele Walsh, Dana Farber Cancer Institute

24. Supporting Hope in Midlife Cancer Survivors: Intervention Workshop
Clare Butt, Holy Family University

25. Patient's Health as the Governing Factor: Understanding the Multiple, Interrelated and Dynamic Realities of Family Caregivers of Patients with Advanced Pancreatic Cancer
Deborah Witt Sherman, University of Maryland; David Free, Beth Israel Medical Center
26. Examining Opportunity for Cancer Clinical Trial Participation among Underrepresented Groups
Jessica Rearden, University of Pennsylvania; Marilyn Sommers, University of Pennsylvania

27. Finding the Balance: Decision Support Needs of Women without a Cancer Diagnosis with a Known Hereditary Predisposition to Breast and Ovarian Cancer
Meghan Underhill, Dana Farber Cancer Institute, University of Massachusetts-Boston; Cheryl Crotser, Roberts Wesleyan College

28. Self-Advocacy among Ovarian Cancer Survivors: A Discourse Analysis
Teresa Hagan, University of Pittsburgh; Beth Baldys, University of Pittsburgh; Heidi Donovan, University of Pittsburgh

29. Item Generation and Content Validation of the Cervical Cancer Belief Scale (CCBS)
Ditsapelo McFarland, Adelphi University Palliative and End-of-Life Care

30. Translating Evidence into Practice at the End-of-Life: Information Access, Needs and Usage by Hospice and Palliative Nurses
Michele Klein Fedyshin, University of Pittsburgh

31. Bridging the Gap: Exploring the Perceptions of Prisoners Facing End Of Life While Behind Bars

32. Factors Associated with End-of-Life Care and Hospice Use in a Community: Results from the Allegheny County Health Survey
Jennifer Seaman, University of Pittsburgh; Steven Albert, University of Pittsburgh; Todd Bear, University of Pittsburgh; Susan M. Sereika, University of Pittsburgh

33. Uncertainties of the Heart: Palliative Care and Adult Heart Failure
Diane Pastor, Stony Brook University; Gerri Moore, Molloy College

34. Family Members’ Perceptions of Most Helpful Interventions during End-of-Life Care of a Loved One
Julie Cronin, Massachusetts General Hospital

Gretchen Anderson Kilbourne, University of Massachusetts-Boston; Jacqueline Fawcett, University of Massachusetts-Boston

36. A Retrospective Analysis of Sibling Grief across the Lifespan
Joan Arnold, Hunter College; Penelope Buschman, Columbia University

4:30–6:00 PM Scientific Series D

Paper Session D1: Improving Health of Families

Pacific A

4:30 PM African American Mothers’ Self-Described Discipline Strategies with Young Children: Stability and Change over Time
Elizabeth LeCuyer, University of Rochester; Julie J. Christensen, University of Rochester; Margaret Kearney, University of Rochester; Horriet J. Kitzman, University of Rochester

4:45 PM Interventions with Children and Parents to Improve Physical Activity for Obesity Prevention and Treatment: A Meta-Analysis
Jane C. Dellert, Seton Hall University; Portia Johnson, Seton Hall University

5:00 PM An Examination of Family-Centered Care in the United States: Perceptions of Working with Children and Their Parents in Acute Care
Eileen Magri, Molloy College; Ann Marie Paraszczyk, Molloy College; Veronica Feeg, Molloy College; Christine Grippi, North Shore-Long Island Jewish Health System

5:15 PM Parents’ Perceptions of Family-Centered Care in Relation to Resolution, Hope, and Family Functioning
Mary Conway, Connecticut Children’s Medical Center; Ashley Pantaleao, Central Connecticut State University; Jill Popp, Connecticut Children’s Medical Center

5:30 PM The Health and Well-Being of Housing Unstable, Single Parent Families Living in Philadelphia
Therese Richmond, University of Pennsylvania; Terry Guerra, ACHIEVEability; Sara Jacoby, University of Pennsylvania; Laura Tuch, Cornell University; Douglas Wiebe, University of Pennsylvania

5:45 PM Correlates of Problem Solving Ability Among Family Caregivers of Patients with Memory Loss Living at Home
Judith Erlen, University of Pittsburgh; Melissa Knox, University of Pittsburgh; Jennifer Lingler, University of Pittsburgh; Susan Sereika, University of Pittsburgh; Lisa Tamres, University of Pittsburgh

Paper Session D2: Stress and Coping

Caspian

4:30 PM Role Stress, Eating Behaviors, and Obesity in Clergy
Nancy Manister, Fairfield University

4:45 PM The Experience of Healing from Child Maltreatment (CM)
Danny G. Willis, Boston College

5:00 PM Obstetrical Nurses’ Traumatic Experience of Being Present for a Perinatal Loss
Denise Puia, University of Connecticut; Cheryl Beck, University of Connecticut; Laura Lewis, University of Connecticut

5:15 PM The Need to Nurse the Nurse: Emotional Labor in the NICU
Roberta Cricco-Lizza, University of Pennsylvania
5:30 PM The Practice Environment, Stress and Burnout among Neonatal Health Professionals Before and After the Transition to Single Family Room NICU
Kathleen Hawes, University of Rhode Island; Rosemarie Bigshy, Women & Infants Hospital, Abbot Laptok, Women & Infants Hospital; Barry Lester, Women & Infants Hospital; Robin June Miller, University of Connecticut; James Paulbury, Women & Infants Hospital; Amy Salisbury, Women & Infants Hospital; Mary C. Sullivan, University of Rhode Island; Marybeth Taub, Women & Infants Hospital

5:45 PM Diurnal Patterns of Hypothalamic-Pituitary-Adrenal Axis and Sympathetic-Adrenal-Medulla Function in Preterm Infants at Young Adulthood
Suzy Winchester, Women & Infants Hospital of Rhode Island; Manuela Barcelos, Women & Infants Hospital of Rhode Island; Robin Miller, University of Connecticut; Erica Oliveira, Women & Infants Hospital of Rhode Island; Mary C. Sullivan, University of Rhode Island

Paper Session D3: Work Force Issues in Nursing Practice

Pacific BC

4:30 PM A Multi-State Assessment of Entry-level Nurses’ Participation in Hospital Health Care Quality Improvement Activities
Maja Djukic, New York University; Carol Brewer, University at Buffalo; Farida Fatchi, New York University; Christine Kovner, New York University

4:45 PM Verbal Abuse by Nurse Colleagues and Demographic Characteristics, Work Attributes and Work Environment of Early Career Registered Nurses
Wendy Budin, NYU Langone Medical Center; Carol S. Brewer, University of Buffalo; Ying-Yu Chao, University of Buffalo; Christine Kovner, New York University

5:00 PM Assessing the Relationships between Nurse Work Hours/Overtime and Nurse and Patient Outcomes: Systematic Literature Review
Sung-Heui Bae, University at Buffalo; Donna Fabry, University at Buffalo

5:15 PM Development and the Psychometric Testing of the Nurse Practitioner Primary Care Organizational Climate Questionnaire (NP-PCOCQ)
Lusine Poghosyan, Columbia University; Angela Namnini, University of Massachusetts-Lowell; Jingjing Shang, Columbia University; Arlene Smaldone, Columbia University; Jane Tuttle, University of Rochester

5:30 PM Building Bridges in Leadership Communication: LMX Theory’s Impact on Nursing Administrative Relationships
Patricia Donohue-Porter, Adelphi University; Patricia Eckardt, Stony Brook University; David Pratas, Adelphi University; K.C. Rondello, Adelphi University; Joyce Silberstang, Adelphi University

5:45 PM Connective Leadership: The Chief Nursing Officers’ Relationship with Staff Nurses
Mary Ellen Clyne, Clara Maass Medical Center

Paper Session D4: Health Promotion and Disease Prevention

Pacific F

4:30 PM Development and Testing of a Perinatal Smoking Status Assessment Tool
Geraldine Britton, Binghamton University; Gary D. James, Binghamton University; Joyce Marie Rhodes-Keefe, Binghamton University

4:45 PM The Effect of Oral Care Assessment Monitoring and Prevention as a Means of Decreasing Complications of the Hospitalized Patient
Dora Castillo, NYU Langone Medical Center; Sue Scibilla, NYU Langone Medical Center

5:00 PM Combined Effects of Healthy Lifestyle Factors on Cardiometabolic Health Risk Score Changes: Are There Sex Differences?
Laura L. Hayman, University of Massachusetts-Boston; John Morrison, Cincinnati Children's Hospital Medical Center; Ling Shi, University of Massachusetts-Boston; Libin Zhang, University of Massachusetts-Boston

5:15 PM Barriers to Referral for Elevated Blood Pressure in the Emergency Department
Kimberly Souffront, New York University

5:30 PM Building Partnerships Using CBPR to Explore Unhealthy Weight in Those with Intellectual and Developmental Disability (I/DD)
Kathleen Fisher, Drexel University; Thomas Hardie, Drexel University; Michel Miller, Drexel University; Margaret O’Neil, Drexel University; Carolee Palek, University of Delaware; Erika Shulkusky, KenCrest Services; Paulina Sockolow, Drexel University; Alison Ventura, Drexel University

5:45 PM Exploring Homeless Youth’s Knowledge and Experiences with Primary Prevention of HPV
Teri Aronovitz, University of Massachusetts-Boston; Shoshana Aronovitz, University of Vermont; Ijeoma Eche, University of Massachusetts-Boston; Rex John Galecia, University of Massachusetts-Boston; Jessica Messick, University of Massachusetts-Boston; Greg Perchuk, Bridge Over Troubled Waters; Ryan Rifkin, Tufts University

Symposium Session D5: A Bridge to the Future of Chronic Care: The Chronic Comorbid Condition Research Interest Group Symposium

Pacific GH

A Bridge to the Future of Chronic Care: The Chronic Comorbid Condition Research Interest Group Symposium
Harleah Buck, The Pennsylvania State University; Marilyn Hammer, New York University; Corrine Jurgens, Stony Brook University; Victoria Vaughan-Dickson, New York University

Comorbidity: What Do We Know vs. What Do We Think We Know?
Harleah Buck, The Pennsylvania State University; Sahimah Meghani, University of Pennsylvania; Janet Prvu Bettger, Duke University
Exploring Comorbidity and Heart Failure Symptoms Using Multi-level Modeling
Corrine Jurgens, Stony Brook University; Patricia Eckardt, Adelphi University

Self-Care Challenges of Cancer with Diabetes and/or Cardiovascular Disease
Marilyn Hammer, New York University; Frances Cartwright, NYU Langone Medical Center; Gail Melkus, New York University; Victoria Vaughan-Dickson, New York University

Self-Efficacy: When Multiple Comorbid Conditions Challenge Self-Care
Victoria Vaughan Dickson, New York University; Harleah Buck, The Pennsylvania State University; Barbara Riegel, University of Pennsylvania

6:00–7:00 PM BS/MS, Early PhD, and DNP Posters, Exposition & Reception
Sponsored by University of Connecticut School of Nursing – Atlantic Ballroom

BS/MS Posters

1. Violence Against Nurses in Emergency Departments
Kristine L. Ferro, University of Rhode Island

1A. Health promotion behaviors and disease prevention: Efforts to reduce catheter associate urinary tract infection
Pamela Bouten, University of Connecticut School of Nursing

2. Self-medication practices of undergraduate college students: Non-medical prescriptive stimulant use among college students
Kim Vo, University of Connecticut; Heather Buck, University of Connecticut; Kara Dazkevich, University of Connecticut; Patricia Neafsey, University of Connecticut; Michelle Santos, University of Connecticut; Kristin Summers, University of Connecticut

2A. Breastfeeding Attitudes and Knowledge in Second Degree Nursing Students
Aurora C. Vandewark, Villanova University; Michelle M. Kelly, Villanova University

3. Informal Caregivers' Experiences Caring for Spouses with LVAD-DT
Piper A. Fbright, The Pennsylvania State University

3A. Student Nurse Practitioner Communication Skills When Using Electronic Health Records (EHR) During Health History Taking
Clarissa M. Drill, University of Vermont

4. The Other Face of Organ Transplantation
Rachel Newton, Villanova University

4A. The Forgotten Mourners: Addressing Healthcare Provider Grief – A Systematic Review
Erin R Carton, The Pennsylvania State University

5. The Effects of Socioeconomic Status on Cardiovascular Health of Mexican-American Women
Mara Rosalie Renold, Boston College; Viola Benavente, Boston College

5A. Use of a checklist to assist novice nurses in effective management of alarm situations
Mary C. Clayton-Jones, University of Massachusetts, Amherst

6. Sleep and Performance Outcomes in Nurses: A Literature Review
Kimberly Tolentino, Rutgers University

6A. A New Approach To An Old Problem: Defining Nursing's Role In Successful Transitions To Long-term Residential Care
Kyleen P Aldrich, University of Massachusetts Boston

7. Factors Influencing Intensive Care Unit Nurses' Abilities to Recognize and Respond to Intimate Partner Violence
Kelly-Elaine Morrison-Faino, University of Scranton

7A. Implementing an Evidence-Based Alcohol Withdrawal Assessment Protocol
Ara Millette, University of Rhode Island/Newport Hospital; Marlene Dufault, University of Rhode Island

8. The Association Between Eating Disorders and Substance Use in the Pediatric Population: A Systematic Review
Elizabeth Roszel, Columbia University; Shannon More, Columbia University

8A. A Review of the literature on Guided imagery for Fibromyalgia Symptom Management
Nancy Lee, Hunter College

9. Teaching Kids to Cope with Anger
Jessica Lynne Weiner, University of Pittsburgh; Kathryn R. Puskar, University of Pittsburgh

9A. The Experiences of Nurse Practitioners Who Are Represented by a Nurses' Union
Shara Tarule, University of Vermont; Jean Coffey, University of Vermont; Jennifer Laurent, University of Vermont

10. Disparities in Transgender Healthcare
Erin M. Bell, Hartwick College

10A. Lead-Soil Contamination of Residential Properties Adjacent to Municipal Water Tanks in Rhode Island
Andrea M Burdon, University of Rhode Island; Marcella Remer Thompson, Brown University Superfund Research Program, Providence

11. Assessing Attitudes, Knowledge, and Behaviors of Tobacco Use on Campus Pre- and Post-Showering of the Film, 'Addiction Incorporated'
Edwin-Nikko Kabigting, Binghamton University; Elise Andresen, Binghamton University; Victoria Bogil, Binghamton University; Geraldine R. Britton, Binghamton University; Elena Cabrera, Binghamton University; Rosemary Collier, Binghamton University; Nichole Coradini, Binghamton University; Kali Gehring, Binghamton University; Gary James, Binghamton University; Christopher McAlpin, Binghamton University; Teresa Mutiso, Binghamton University, Remonde Polche, Binghamton University; Joyce Rhodes-Keefe, Binghamton University; Ariel Schnur, Binghamton University; Diana Siegel, Binghamton University; Diana Siraci, Binghamton University; Lori-Marie Sprague, Binghamton University; Alexandra Taylor, Binghamton University; Sarah Thompson, Binghamton University
11A. Nurses’ Experiences of Reminiscing with HIV Patients at End of Life  
Kelly Ramos, University of Massachusetts Lowell; Jenna Connolly, University of Massachusetts Lowell; Marisa Shuman, University of Massachusetts Lowell

12. Do Text Message Reminders Improve Diabetes Self-Management And Glycemic Control Among Patients With Diabetes?  
Ray Yue, New York University College of Nursing; Yoon Hee Cho, NYU College of Nursing; Julieta Hsieh Shan, NYU College of Nursing

12A. Sources of Perceptions of the Registered Nurse among Undergraduate Students of Health Care Professions  
Christine S. Ferrari, University of Scranton

13. Gender Inequality: When Women are Victims of Violence  
Cerasela Shiiba, Hunter College

13A. The Lived Experience of Patients on Contact Precautions  
Amanda Ray, Yale University; Laura Kierol Andrews, Yale University

14. Screening For Adolescent Depression  
Jengi Mlynarski Reilly, Binghamton University

14A. Assessing The Risk Of Hyperpharmacotherapy In A Group Of Older Adults  
Sarah E. Schnell, Rhode Island College

15. Knowledge of Cancer Stage Among Women With Non-Metastatic Breast Cancer  
Jenna Hinchey, Yale University; Jessica Goldberg, Yale University; Rebecca Linsky, Yale University; Sarah Linsky, Yale University; Dena Schulman-Green, Yale University

15A. Determining Efficacy in the Use of Chlorhexidine Baths Preoperatively to Reduce Infection  
Alana O’Connor, New York University; Danielle O’Reggio, New York University; Deniece France, New York University; Lisa Libonati, New York University; Sabrina Martini, New York University

Paula Brooks, Cape Cod Hospital

16A. Parental Caregivers’ Description of Caring for Children with Intractable Epilepsy  
Mary Poyner Reed, Boston College

17. Improving Provider Identification and Management of Overweight and Obesity in Primary Care  
Sarah Knoeckel, University of Connecticut

17A. Late Referral to Hospice Care  
Susan A. Flannigan, Quinnipiac University

18. Applying Evidence-Based Education, IT Support and a Patient Centered Medical Home Model to Improve Fall Risk Screening and Documentation in a Primary Care Practice  
Donna Lawlor, New York University

18A. Quality Of Life For Caregivers Of Persons With Alzheimer’s Disease: Joanna Briggs Institute Translation Model  
Karol DiBello, Pace University; Aileen Fitzpatrick, Pace University; Jane M. Hall-Alston, Pace University; Lillie M. Shortridge-Baggett, Pace University; Priscilla S. Worral, Pace University

19. Integrating Quality and Safety Education into Baccalaureate Nursing Curriculum through a Dedicated Education Unit  
Kelli Eldredge, York College of Pennsylvania

19A. Decreasing the Incidence of Central-Line Associated Bloodstream Infection in Children with Short Bowel Syndrome  
Janet Hunter Shields, York College of Pennsylvania

20. The Effect of Problem-based Learning (PBL) with Baccalaureate Nursing Students: An Alternative to Traditional Teaching Methods  
Susan Montenery, Duquesne University

20A. Implementing Evidence-Based Guidelines to Improve Recognition, Reporting, and Treatment of Substance Use Disorder Among Anesthesia Providers  
Nancy Schudtz, Rutgers University

21. Reducing Stigma Towards Persons With Mental Illness: Integrating Evidence-Based Practice Into Nursing Curriculum  
Catherine D. Jones, Chatham University

21A. Improving Performance and Reducing Infections Rates Following Insertion of Cardiac Devices: A Pilot Project  
Karen Discepolo, Quinnipiac University

Early Doctoral Posters

22. Perioperative Educational Experiences Essential to Prepare Perioperative Nurses: An Assessment  
Linda M. Perfatto, University of Connecticut; E. Carol Polifroni, University of Connecticut

22A. Service Learning In Nursing Understanding Transformative Perceptions  
M. tenNapel, Molloy College; Nicolette Fior-Lopez, Molloy College; Kathleen Lamaute, Molloy College

Emily Tuthill, University of Connecticut

23A. All Pain is Not the Same: Pain Qualities and Mobility in Older Adults with Chronic Pain  
Manu Thakral, University of Massachusetts Boston; Jonathan Bean, Spaulding Rehabilitation Hospital; Suzanne Leveille, University of Massachusetts Boston; Robert Schmerling, Harvard Medical School; Ling Shi, University of Massachusetts Boston

24. Essential components of efficacious interventions for multiple health behavior change in cancer patients and those at high risk: A systematic review of the literature  
Amanda C. Green, University of Massachusetts Boston; Mary Cooley, University of Massachusetts Boston; Laura L. Hayman, University of Massachusetts Boston
24A. Implementation and Outcomes of a Tailored Intravenous Heart Failure Therapy in a Non-dedicated Outpatient Infusion Center
Judith Schipper, Simmons College

25. A Quality Of Life Study With Patients Diagnosed With Mesothelioma
Toby Bressler, Molloy College

25A. Life in the Dark: Understanding the Concept of Cognitive Rest in Concussion Management
Melissa Varszegi, University of Massachusetts - Lowell

26. Empowering Classroom Experiences of Senior Level Nursing Students
Mary Tedesco-Schneck, Husson University and the University of Maine

26A. Nurse Perceptions Of Long Term Care Residents' Quality Of Life
Louise Sullivan, University of Massachusetts Dartmouth

27. Adapting A Parent Diabetes Education Intervention For Grandparents Using Focus Group Data
Laura L. Maguire, University of Massachusetts

27A. Factors Associated with the Use of Physical Restraints with Youth in Inpatient Pediatric Psychiatric Units: An Integrative Review
Elvira Maria Pertega Andia, NYU

28. Sleep Quality In Perimenopausal Women
Colleen L. Ciano, The Pennsylvania State University

28A. Concept Analysis: Nursing Work Environment
Lisa Broughton, Villanova University

29. Outcome Based Criteria For Initiation Of Veno-arterial Extracorporeal Membrane Oxygenation: An Integrative Review
Barbara Birriel, The Pennsylvania State University

29A. Model of Family Adaptation and Resilience
Kristine E. Batty, University of Massachusetts

30. Concept Analysis: Remediation in Nursing Education
Nicole Custer, Mount Aloysius College

30A. The Six Dimensions of Wellness and Cognition Among Community Dwelling Older Adults
Kelley A. Strout, University of New England

31. Adolescent Asthma Self-management: A Concept Analysis and Operational Definition
Jennifer R. Mammen, University of Rochester; Hyekyun Rhee, University of Rochester

31A. Couvade Syndrome: Rebirth Of The Concept For Contemporary Nursing
Janet A. Ierardi, University of Massachusetts, Lowell

32. Integrating Home Blood Pressure Monitoring Into Usual Care of Hypertensive Patients: A Quality Improvement Intervention
Marjorie M. Crabtree, University of Massachusetts Boston; Lindley Gifford, Harbor Health-Hyannis Community Health Center; Margaret McAllister, University of Massachusetts Boston; Eileen Stuart-Shor, University of Massachusetts Boston

32A. Nurses' Experiences Assessing for Oral Feeding Readiness in Premature Infants
Carrie-Ellen Briere, University of Connecticut

33. Early Physiological Predictors Of Cardiorespiratory Instability In Step-Down Unit Patients
Eliezer Bose, University of Pittsburgh; Marilyn Hravnak, University of Pittsburgh

33A. The Lived Experience Of Parental Bereavement
Christine Denhup, Seton Hall University

34. Mental Health Screening in Public Housing for Urban Older Adults
Diane L. Bradley, University of Delaware; Barbara E. Harrison, University of Delaware

34A. Health Literacy, Self-Efficacy, and Medication Adherence in Urban Cardiology Practices
June M. Como, Columbia University

35. Night Nursing: A Portrait Of A Subculture
Debra L. Grice-Swenson, NYU Langone Medical Center

35A. Assessment Of Baccalaureate Nursing Student's Interprofessional Collaborative Simulation Experiences
Suzanne M. Carr, University of Rhode Island

36. Utilization of Qualitative Methodologies in Addressing the Institute of Medicine (IOM) Future of Nursing Report Recommendations
Robbi K. Alexander, University of Delaware; Ronald R. Castaldo, University of Delaware; Cynthia Diefenbeck, University of Delaware; Bethany A. Hall-Long, University of Delaware; Veronica F. Rempusheski, University of Delaware

36A. Public Health Literacy: A Principle-based Concept Analysis
Yamnia I. Cortes, Columbia University; Joy Henderson, Columbia University; S. Raquel Ramos, Columbia University; Jinjiao Wang, Columbia University

37. Integrating Debriefing Throughout A Curriculum
Patricia Becker, Widener University

37A. Mental Stress, Psychological factors and Sudden Cardiac Death
Limet Liao, The State University of New York at Buffalo

38. Obstetric Risk Factors for Fecal Incontinence: A Systematic Review
Allison M. LaCross, Columbia University; Meredith L.. Groff, Columbia University; Gilbert Simpkins, Columbia University

38A. Influence of Nurse Work Environment on Patient Satisfaction: An Integrated Review
Stacy Hutton Johnson, Boston College

39. An Evaluation of A Nutritional intervention With latino Children And Their families To Prevent Childhood Obesity
Nelly Padua, University of Massachusetts-Lowell

39A. Effects of Using Nintendo Wii™ Exergames in Older Adults: A Review of the Literature
Ying-Yu Chao, SUNY Buffalo; Carolyn Montgomery, SUNY Buffalo; Yvonne Scherer, SUNY Buffalo
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<tr>
<th>Session</th>
<th>Title</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>40</td>
<td>Examining The Teaching Effectiveness Of Staff Nurses Who Serve As Preceptors for Senior Level Baccalaureate Nursing Students</td>
<td>Carolyn W. Griffin, Indiana University of PA</td>
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<tr>
<td>40A</td>
<td>Clinical Competence: An Evolutionary View</td>
<td>MaryAnn Hogan, University of Massachusetts Amherst</td>
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<tr>
<td>41</td>
<td>Facilitating Social Integration for People with Severe Mental Illness</td>
<td>Sheila Linz, Seton Hall University</td>
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<tr>
<td>41A</td>
<td>Use of Video Narrative in an SMI Population: Understanding Recovery</td>
<td>Hayley Germack, Hillman Scholar Center for Health Outcomes and Policy Research; Emma Biegacki, University of Pennsylvania; Marissa DeCesare, University of Pennsylvania; Nancy Hanrahan, University of Pennsylvania; Anthony Krumbhaar, University of Pennsylvania; Phyllis Solomon, University of Pennsylvania</td>
</tr>
<tr>
<td>42</td>
<td>Development Of A Prenatal Tobacco Effects Educational Video</td>
<td>Lori Sprague, Binghamton University; Geraldine Britton, Binghamton University; Rosemary Collier, Binghamton University; Ann Feeney, University of Scranton; Joyce Rhodes-Keefe, Binghamton University</td>
</tr>
<tr>
<td>42A</td>
<td>Description of binge eating in a non-clinical sample of college students</td>
<td>Kathryn Phillips, Boston College; Katherine Farrell, Boston College; Susan Kelly-Weeder, Boston College</td>
</tr>
<tr>
<td>43</td>
<td>Risky Sexual Behavior in Black Young Adults: A Concept Analysis</td>
<td>Ola Aloba, Rutgers University College of Nursing</td>
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<tr>
<td>43A</td>
<td>Usability of a Health Web Site in Older African-Americans with Heart Failure</td>
<td>Meriam F. Caboral, City University of New York</td>
</tr>
<tr>
<td>44</td>
<td>Building the Bridge from Pediatric to Adult Diabetes Care: Making the Connection</td>
<td>Eileen Egan, Winthrop University Hospital; Jean Corrigan, Winthrop University Hospital</td>
</tr>
<tr>
<td>44A</td>
<td>Examining the association of medication complexity with health-related quality of life in older adults receiving community-based long term services and supports</td>
<td>Claudia Beck, CUNY</td>
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<tr>
<td>45</td>
<td>The contribution of the nursing home caring profile to the probability of hospitalizing adult nursing home residents</td>
<td>Nancy M. Steffan, Suburban Hospital</td>
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**Friday, April 19, 2013**

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<tr>
<td>7:00 PM</td>
<td>RWJF Nurse Faculty Scholars Informational Reception –</td>
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<tr>
<td>7:00 PM</td>
<td>The Pennsylvania State University School of Nursing Reception –</td>
<td>Pacific A</td>
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<tr>
<td>7:00 PM</td>
<td>University of Massachusetts-Amherst School of Nursing Alumni and Friends Reception</td>
<td>Separate fee required $15.00 – Pacific H</td>
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<tr>
<td>7:00 PM</td>
<td>University of Massachusetts Lowell Reception –</td>
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**7:00 AM – 12:00 PM** Registration Open – Pacific Foyer

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<th>Time</th>
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<th>Location</th>
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<tr>
<td>7:00–8:00 AM</td>
<td>Exposition with Coffee &amp; Tea –</td>
<td>Atlantic Ballroom</td>
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<td>Refreshments sponsored by Villanova University College of Nursing</td>
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<tr>
<td>7:00–8:00 AM</td>
<td>Breakfast for Deans, Directors &amp; Nurse Executives –</td>
<td>(invitation only)</td>
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<tr>
<td>7:15–7:45 AM</td>
<td>NINR One-On-One Appointments –</td>
<td>Hospitality Suite</td>
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<tr>
<td>8:00–9:00 AM</td>
<td>Poster Session III – Meet the Researchers –</td>
<td>Atlantic Ballroom</td>
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**Child and Adolescent Health**

1. Pediatric Faces Pain Assessment Tools: A Systematic Review of the Literature
   Brenna Leda Quinn, University of Massachusetts-Boston; Mary Cooley, University of Massachusetts-Boston/DFCI; Lisa Kennedy-Sheldon, University of Massachusetts-Boston

2. Childhood Overweight/Obesity: Exploring the Reciprocal Relationship between BMI Change in Children from 2nd to 3rd Grade and Their Reported CATS Teasing Experiences
   Veronica Feeg, Molloy College; Laura Candelaria, Molloy College; Melissa I. Gebbia, Molloy College; Susan Krenitsky-Korn, Molloy College
3. A Phenomenological Study of the Experience of Being a Well School-Age Sibling of a Child with a Traumatic Injury
Mary Jo Bugel, University of Medicine & Dentistry New Jersey

Jennifer Emile Mannino, Molloy College; Veronica Feeg, Molloy College

5. COPE Program for Parents of Children with Neurological Conditions
Lisa Duffy, Boston Children's Hospital / Boston College

6. Appreciative Inquiry to Transform Nursing Practice
Kathleen Falk, New York City College of Technology

7. Non-Urgent Pediatric Patients and the Use of the Emergency Room
Kathleen M. Baker, Community Health & Health Studies Department; Krista Bilger, Lehigh Valley Health Network; Andrew Martin, Lehigh Valley Health Network; David Zimmerman, Lehigh Valley Health Network

8. Adolescents' Home Pain Management After Laparoscopic Appendectomy: Unexpected Findings
Jessica Cooper, Connecticut Children's Medical Center

9. Role of Parents and Guardians in Promoting Adolescent Sexual Health: An Evidence-Based Intervention with Implications for Practice, Education, Research and Policy
Kathleen S ternas, Seton Hall University; RoseMarie Peterkin, Friends and Families United; Mary Ann Scharf, Seton Hall University; Janet Summerly, Seton Hall University

10. Speeding, Stopping, and Traffic Check Errors in a Simulated Driving Assessment for Novice Teen Drivers
Catherine McDonald, University of Pennsylvania; Yi-Ching Lee, The Children's Hospital of Philadelphia; Thomas Seacrist, The Children's Hospital of Philadelphia; Jason T anenbaum, The Children's Hospital of Philadelphia; Flaura Winston, The Children's Hospital of Philadelphia

11. Social Support, Acculturation and Optimism: The Role They Play in Understanding Positive Health Practices in Asian American Adolescents
Cynthia Ayres, Rutgers University; Ganga Mahat, Rutgers University

12. Self-Management Interventions for the Treatment of Adolescent Obesity: A Systematic Literature Review
Ariana Chao, Yale University; Robin Whittemore, Yale University

13. The Stories of Homeless Street Youth: A Narrative Inquiry of Time Perspective, Health, and Health Promotion
Terri LaCoursiere Zucchero, Boston Health Care for the Homeless Program

14. Media Use and Ownership in Diverse Populations of Youth
Ann-Margaret Navarra, Columbia University; Elizabeth Cohn, Columbia University; Elaine Larson, Columbia University; Natalie Neu, Columbia University; Sima Toussi, Weil Cornell Medical College

15. Recognition of Delirium Superimposed on Dementia over Time by Nursing Home Staff Utilizing Standardized Case Vignettes

16. Occupational Attainment Influences Survival in Frontotemporal Degeneration
Lauren M. Massimo, University of Pennsylvania; Muray Grossman, University of Pennsylvania; Ann M. Kolanowski, The Pennsylvania State University; David Libon, Drexel University; Katya Rascovsky, University of Pennsylvania; Sharon X. Xie, University of Pennsylvania; Jarcy Zee, University of Pennsylvania

17. Successful Aging at Home: A Conceptual Clarification and Case Presentation
Sheila Pennell, University of Massachusetts-Amherst

18. Testing Selected Features of an Innovative Pill-Dispensing Console for Elders
Margaret Rascovsky, University of Pennsylvania; David Libon, Drexel University; Katya Rascovsky, University of Pennsylvania; Sharon X. Xie, University of Pennsylvania

19. The Effects of Resources on Caregiver Outcomes for Family Members Providing Care to Community Dwelling Older Adults
Gwen McGhan, The Pennsylvania State University; Rhonda BeLue, The Pennsylvania State University; Janice Penrod, The Pennsylvania State University

20. Transportation of Older Adult Members of a PACE Program: What Really Happens on the Vans?
Justine Sefcik, University of Pennsylvania; Christine Bradway, University of Pennsylvania; Pamela Z. Cacchione, University of Pennsylvania; Sandra Josf, University of Pennsylvania

Zachary Krom, Yale - New Haven Hospital

22. Uncertainty and Health Literacy: Correlates of Self-Care in Older Adults with Heart Failure One Month After Hospitalization
Margaret Mock, University of Massachusetts-Dartmouth; Kristen A. Sethares, University of Massachusetts-Dartmouth

23. Testing a Brief Guided Reflective Intervention to Improve Self-Care in Patients Recently Hospitalized with Heart Failure
Kristen Sethares, University of Massachusetts-Dartmouth; Marilyn E. Asselin, University of Massachusetts-Dartmouth

24. Who Else Is Going To Do It? Informal Caregiving Activities in Heart Failure: A Systematic Review
Rachel Wion, The Pennsylvania State University; Harleah Buck, The Pennsylvania State University

Living with Heart Failure

22. Uncertainty and Health Literacy: Correlates of Self-Care in Older Adults with Heart Failure One Month After Hospitalization
Margaret Mock, University of Massachusetts-Dartmouth; Kristen A. Sethares, University of Massachusetts-Dartmouth

23. Testing a Brief Guided Reflective Intervention to Improve Self-Care in Patients Recently Hospitalized with Heart Failure
Kristen Sethares, University of Massachusetts-Dartmouth; Marilyn E. Asselin, University of Massachusetts-Dartmouth

24. Who Else Is Going To Do It? Informal Caregiving Activities in Heart Failure: A Systematic Review
Rachel Wion, The Pennsylvania State University; Harleah Buck, The Pennsylvania State University
25. Perceptions of Social Support and Caregiver Burden Among Heart Failure Caregivers  

26. A Phenotype of Cognitive Impairment Risk in Adults with Heart Failure  
Kenneth Faulkner, Stony Brook University; Corrine Jurgens, Stony Brook University; Christopher Lee, Oregon Health & Science University

27. This poster has been withdrawn by request of author

28. Cardiac Acute Care Nurse Practitioner and Utilization Outcomes  
Lorriane Britting, Beth Israel Deaconess Medical Center; Joanne Dalton, Regis College and Beth Israel Deaconess Medical Center; Daniel David, Beth Israel Deaconess Medical Center

**Health Disparities**

29. Global Risk Assessment of Cardiovascular Disease in Resource Constrained Settings: Kenya  
Jacob Kigo Kariuki, University of Massachusetts-Boston; Eileen M. Stuart-Shor, University of Massachusetts-Boston; Jessica Demita, University of Massachusetts-Boston; Darren Golden, University of Massachusetts-Boston; Jaime Halliday, University of Massachusetts-Boston; Samuel Kimani, University of Nairobi; James Muchira, Tumutumu Hospital School of Nursing; Libin Zhang, University of Massachusetts-Boston

30. Rapid Oral Fluid Testing for HIV in Veterans with Mental Health Diagnoses and Living in Community-Assisted Living Residences  
Pamela Jackson-Malik, Philadelphia VA Medical Center; Mary McLaughlin, Philadelphia VA Medical Center

31. Skin Color to Quantify Injury and Therapeutic Outcomes in Diverse Populations: Intra- and Inter-rater Reliability of Digital Image Analysis  
Barbara L. Beacham, University of Pennsylvania; Jamison D. Fargo, Utah State University; Marilyn Sommers, University of Pennsylvania

32. Using Waist Circumference to Predict BMI Measures in a Low-Income Population of Families Attending a Community Health Fair: A Pilot Study  
Susan Krenitsky-Korn, Molloy College; Veronica D. Feeg, Molloy College

33. Knowledge of Hepatitis B Infection among Asian American Young Adults At-Risk.  
MinJin Kim, University of Massachusetts-Boston; Peter Kiang, University of Massachusetts-Boston; Sun Kim, University of Massachusetts Medical School; Haok Lee, University of Massachusetts-Boston; Torres Maria, University of Massachusetts-Boston; Halon Patricia, University of Massachusetts-Boston; Ling Shi, University of Massachusetts-Boston; Paul Watanabe, University of Massachusetts-Boston

34. Injection Drug Users Perceptions of Nursing Care Received: A Synthesis  
Kimberly Dion, University of Massachusetts-Amherst

35. Acceptability and Comprehension of Pictograph-Based Discharge Instructions for Low-Literate Older Adults after Hip-Replacement Surgery  
Jeungok Choi, University of Massachusetts-Amherst

36. Adapting Study Materials for Research in Underserved Populations  
Jennel Osborne, Columbia University; Yamnia Cortes, Columbia University; Nancy Green, Columbia University Medical Center; Dodi Meyer, Columbia University Medical Center; Arlene Small-done, Columbia University

9:15–10:45 AM Scientific Series E

**Paper Session E1: Improving Health Care of Older Adults**

Pacific GH

9:15 AM Development of a Frailty Measure for Older Adults: The Frailty Index for Elders (FIFE)  
Christine Tecchi, Yale University; Jane Dixon, Yale University; Ruth McCorkle, Yale University; Mary Naylor, University of Pennsylvania

9:30 AM Nursing Home Nurses Knowledge of Fall Causes and Their Prevention  
Deanna Gray-Miceli, Rutgers University; Giles Crane, Statistician Consultant

9:45 AM Elderly Fallers with Head Injury Residing in a Continuing Care Retirement Community: Who is at Greatest Risk?  
Deanna Gray-Miceli, Rutgers University; Sarah J. Ratcliffe, University of Pennsylvania

10:00 AM Cognitive Reserve in Persons with Delirium and Dementia: Lifetime Pattern and Correlates  
Nikki Hill, The Pennsylvania State University; Donna Fick, The Pennsylvania State University; Ann M. Kolansowski, The Pennsylvania State University; Esra Kurum, The Pennsylvania State University

10:15 AM Trajectories of Combined Laboratory and Real World-Based Speed of Processing in Community-Dwelling Older Adults: Predictors and Functional Outcomes  
Feng Lin, University of Rochester Medical Center; Din Chen, University of Rochester Medical Center; Mark Mapstone, University of Rochester Medical Center; David Vance, University of Alabama-Birmingham

10:30 AM Implementing a Computerized Cognitive Intervention in Long Term Care  
Elizabeth Howard, Northeastern University; Biana Korjevsky, Northeastern University, Kelley Stout, University of New England
### Paper Session E2: Culture and Cultural Competence

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<th>Time</th>
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<th>Authors</th>
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<tbody>
<tr>
<td>9:30 AM</td>
<td>A Metasynthesis of Lesbian Health Care Experiences</td>
<td>Marianne Snyder, University of Connecticut</td>
</tr>
<tr>
<td>9:45 AM</td>
<td>Socioeconomic Status, Acculturation, Risk Factors and Osteoporosis in Chinese Immigrants</td>
<td>Bing-Bing Qi, Villanova University</td>
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<tr>
<td>10:00 AM</td>
<td>Midwives Experiences of Providing Care to Asylum Seeking Women During Childbirth in Ireland</td>
<td>Carolyn L. Tobin, University of New Hampshire</td>
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<tr>
<td>10:15 AM</td>
<td>The Meaning of Cross-Cultural Service Learning for Nursing Students: Kenya Heart and Sole (KHAS)</td>
<td>Judith Healey Walsh, University of Massachusetts-Boston; Jacob Kariuki, University of Massachusetts-Boston; Eileen Stuart-Shor, University of Massachusetts-Boston</td>
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<tr>
<td>10:30 AM</td>
<td>Similarities and Differences in Recognition and Management of HBV Infection between Cambodian Americans and Korean Americans</td>
<td>Haek Lee, University of Massachusetts-Boston; JinHuang Yang, Inja University; Phala Chea, Lowell Public Schools; Peter Kiang, University of Massachusetts-Boston; Shirley S. Tang, University of Massachusetts-Boston</td>
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<tr>
<td>10:45 AM</td>
<td>A Situation-Specific Nursing Theory: Correlates of Hepatitis B Virus Health-Related Behaviors of Korean Americans</td>
<td>Haek Lee, University of Massachusetts-Boston; Jacqueline Fawcett, University of Massachusetts-Boston; Hie-Won Hann, Thomas Jefferson University; Jin Hyang Yang, Inja University</td>
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### Paper Session E3: Forensic Nursing and Correctional Health

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<tbody>
<tr>
<td>9:30 AM</td>
<td>Modeling Heterogeneity and Uncertainty with Meta-Analysis in Pediatric Survivors of Sexual Assault</td>
<td>Patricia Eckardt, Stony Brook University; Marie Marino, Stony Brook University</td>
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<tr>
<td>9:45 AM</td>
<td>Correlates of Adult Obesity Including Childhood Physical and Sexual Abuse in Females at Risk</td>
<td>Kathleen Brewer-Smyth, University of Delaware</td>
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<tr>
<td>10:00 AM</td>
<td>Giving Voice to Incarcerated Mothers</td>
<td>Margaret Oot Hayes, Regis College</td>
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<td>10:15 AM</td>
<td>Retention Strategies with Women in the Criminal Justice System: Lessons Learned</td>
<td>Alison Colbert, Duquesne University; Vanessa Durand, Duquesne University; Kelly Monk, Duquesne University</td>
</tr>
<tr>
<td>10:30 AM</td>
<td>Correlates of Violent Criminal Behavior in a Population at Risk</td>
<td>Kathleen Brewer-Smyth, University of Delaware; Monica Cornelius, Medical University of South Carolina; Elisabeth Pickelsimer, Medical University of South Carolina</td>
</tr>
<tr>
<td>10:45 AM</td>
<td>Recidivism as an Important Outcome in Nursing Research with Criminal Justice-Involved Populations</td>
<td>Lorie S. Goshin, Hunter-Bellevue School of Nursing; Darren Panicali, Hunter-Bellevue School of Nursing</td>
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### Paper Session E4: Health Issues Related to Sleep

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<tr>
<td>9:30 AM</td>
<td>Sleep Quality, Functional Outcomes, and Health Related Quality of Life in Adults with Type 2 Diabetes</td>
<td>Eileen Chasens, University of Pittsburgh</td>
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<tr>
<td>9:45 AM</td>
<td>Contending with Sleep Disturbances During Treatment for Advanced Lung Cancer</td>
<td>Suzanne Dickerson, State University of New York at Buffalo; Grace E. Dean, University At Buffalo</td>
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<tr>
<td>10:00 AM</td>
<td>Adverse Health Consequences of Sleep Deprivation in Urban Youth</td>
<td>Nancy White Street, Regis College; Bryn Austin, Harvard University School of Public Health; Marie McCormick, Harvard University School of Public Health; Beth Molnar, Harvard University School of Public Health</td>
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<tr>
<td>10:15 AM</td>
<td>Fatigue and Sleep Disturbance Related to Perceived Stress Level in Chinese HIV-Positive Individuals: A Mix Methods Study</td>
<td>Wei-Ti Chen, Yale University; Shih-Yu Lee, Georgia State University</td>
</tr>
<tr>
<td>10:30 AM</td>
<td>How Do Clinicians Assess, Communicate About and Manage Patient Sleep in the Hospital?</td>
<td>Lichuan Ye, Boston College; Patricia Dykes, Brigham and Women's Hospital; Stacy Hutton Johnson, Boston College; Kathleen Keane, Boston College</td>
</tr>
<tr>
<td>10:45 AM</td>
<td>Self-Reported Sleep and Work Variables in Emergency Nurses</td>
<td>Jeanne S. Ruggiero, Rutgers University; Tamara Avi-Itzhak, York College, City University of NY; Kimberly Tolentino, Rutgers University</td>
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### Symposium Session E5: Translating Research Findings to Enhance Exemplary Professional Practice: Using Outcomes to Guide Peer Review in a Magnet Hospital

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<tbody>
<tr>
<td>10:45 AM</td>
<td>Translating Research Findings to Enhance Exemplary Professional Practice: Using Outcomes to Guide Peer Review in a Magnet Hospital</td>
<td>Ann Dylis, Lahey Hospital &amp; Medical Center; Gayle L. Gravlin, Lahey Hospital &amp; Medical Center; Margie Hamilton Sipe, Lahey Hospital &amp; Medical Center</td>
</tr>
<tr>
<td>10:45 AM</td>
<td>Nurse Readiness Assessment for Peer Review</td>
<td>Margie Hamilton Sipe, Lahey Hospital &amp; Medical Center; Janet Habeshian, Lahey Hospital &amp; Medical Center</td>
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Investigating the Characteristics of Peer Matching in the Peer Review Process
Maureen O’Connell, Lahey Hospital & Medical Center; Grayce Massi Ventura, Lahey Hospital & Medical Center; Lisa Herlihy, North Shore Medical Center; Jonelle O’Connor, Spaulding Hospital Cambridge

Nursing Perceptions of Teamwork Prior to Implementation of the Nursing Peer to Peer Review Process
Ann M. Dylis, Lahey Hospital & Medical Center; Gayle L. Gravlin, Lahey Hospital & Medical Center; Margie Hamilton Sipe, Lahey Hospital & Medical Center

Institutional Peer Review Panel: Research, Administrative, Steering Committee, and Direct Care Nurse Perspectives
Ann M. Dylis, Lahey Hospital & Medical Center; Gayle L. Gravlin, Lahey Hospital & Medical Center; Paula Rock, Lahey Hospital & Medical Center; Doreen Sousa Kane, Lahey Hospital & Medical Center

11:00 AM – 12:30 PM  
Closing Awards Ceremony Brunch –  
Pacific DE  
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12:30 PM  
Conference Adjournment

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Susan W. Salmon, EdD, RN, ANEF, FAAN is dean and professor at UMDNJ-School of Nursing (UMDNJ-SN) and co-director of NEST, along with Cheryl Holly, EdD, RN, associate professor and chair of the Department of Capacity Building System at UMDNJ-SN. They are co-authors (with M. K. Saimbert) of Comprehensive Systematic Review as the Basis for Evidence-Based Nursing Practice. Yuri T. Jadotte, MD, is an assistant professor at UMDNJ-SN and the assistant director for education at NEST. Lead faculty hold train the trainer certification from the Joanna Briggs Institute.

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Review of First Year’s Experience of a Donor Milk Program Compared to a Six Month Pre-Donor Milk Study in the NICU

Jacqueline M McGrath, University of Connecticut/Connecticut Children’s Medical; James Hagadorn, Connecticut Children’s Medical Center; Mary Lussier, Connecticut Children’s Medical Center; Kathleen Marinelli, Connecticut Children’s Medical Center

Background: Mothers’ own milk (MOM) is best nutrition for babies. Recent data demonstrates an exclusive human milk (HM) diet provides best protection vs. increased risk for necrotizing enterocolitis (NEC) for very low birth weight (VLBW) infants in the Neonatal Intensive Care Unit (NICU). Many VLBW mothers cannot provide all HM needed, supplemental donor human milk (DHM) is required for exclusive HM diet. Debate over cost/benefit of DM supplementation exists.

Objective: To compare VLBW enteral feeding outcomes in first 28 days in 6 month pre-HM as standard of care (PRE) to first year of donor milk availability (POST).

Design/Methods: All babies admitted to NICU 1500gms PRE (10/1/09-3/31/10) compared to those born after initiation of DHM program; POST (10/1/10-9/30/11). Demographics, daily enteral intake (volume/content), weight, complications, reason for NPO recorded. Univariate comparisons were performed with Student t-test or Mann-Whitney U test for continuous variables, with Chi-square or Fisher’s Exact test for categorical variables.

Results: 36 babies 1500gms admitted during PRE (4 excluded-2 died, 2 out-born); n=32; 66 admitted POST (3 excluded-2 transferred, 1 died); n=63. No difference in maternal age, primigravida, race, or insurance. Babies no different in birth weight (BW) or sex, but were different in gestational age: PRE 27.2 2.5; POST 29.0 2.7 (p=0.002). Days to regain birth-weight; on total parental nutrition (TPN) in first 28 days and time to first feed not significant between groups. Per NICU protocol, initial feeds begin within 48 hours, unless NPO criteria are met. Controlling for NPO by criteria, we found a decrease of 9.5 days on TPN in first 28 days (p=0.01); and 10 hour decrease in time to first feed (p=0.02) in POST group. No difference in sepsis; NEC all grades or surgical. In year one, $36,000 was budgeted to provide DHM for all babies 1800 gms or 32 weeks through approximately 10 weeks (70 VLBW/year);we spent $25,441, $10,000 < anticipated. Additionally, there was an average savings of $450 per baby on TPN for a total savings of $28,000. Thus we had a net savings of $3000.00 in TPN costs alone.

Conclusions: Adopting an exclusive HM (MOM +DHM) standard of care improves VLBW care by decreasing TPN days, decreasing formula use, and increasing HM use, without affecting MOM use. The cost of providing DHM as both a bridge and sole source for enteral feeding is not prohibitive and has significant clinical benefits for VLBW infants.
Milk Flow Rates from Bottle Nipples

Britt Pados, University of North Carolina; Hayley Estrem, University of North Carolina; William B Nix, University of North Carolina; Jinhee Park, University of North Carolina; Suzanne Thoyre, University of North Carolina

Background/Purpose: Many medically fragile infants experience physiologic instability with feeding. The rate at which milk transfers from bottle to mouth during sucking (i.e., milk flow) can affect infants’ ability to coordinate swallowing and breathing, and the degree of physiologic instability experienced. There are many nipples available for feeding infants, but there is no current data comparing milk flow between nipples to guide nipple selection to support early feeding skills. The purpose is to describe milk flow from bottle nipples commonly used to feed medically fragile infants.

Theoretical Framework: Feeding dynamics theory, a dynamic systems approach to feeding, is used to understand how milk flow may affect an infant’s ability to maintain physiologic stability during feeding.

Methods: A comparative descriptive study of 10 each of 15 types of nipples (n=150) was performed in the Biobehavioral Laboratory at UNC. A power analysis revealed that 10 nipples of each type were sufficient to achieve 80% power with an alpha of 0.05. Each nipple was attached to a breast pump. Using the highest suction setting, formula was expressed for one minute and the weight recorded. Suction pressure was tested every 50 trials to ensure consistency. Mean and SD milk flow (mL/min) of each nipple was calculated. One-way ANOVA was used to compare milk flow between nipples.

Results: Milk flow varies significantly between nipples. Enfamil Standard (18.92 mL/min), Slow (14.68), and Cross-Cut (2.10) all provided different flow. Similac Standard (6.61 mL/min) and Slow (7.49) were not different, but were both slower than Similac Premature (13.86). Bionix provides 5 levels of flow. Level 1 (6.29 mL/min) provided slower flow than the other 4 levels, but Levels 2-5 did not vary significantly from one another. Dr. Brown’s Preemie (7.28 mL/min), Level 1 (9.21), and Level 2 (14.96) were all different. Medela Calma (24.74 mL/min) provided the fastest flow of all nipples tested. Among advertised “slow-flow” nipples, Similac Slow and Dr. Brown’s Preemie were comparable, but Enfamil Slow was faster than either. The advertised “standard-flow” nipples all provided different flow.

Conclusions: The names of nipples (e.g., standard or slow) do not accurately describe milk flow rates. This study provides data to support the selection of nipples for early feeding of medically fragile infants and for slowly advancing milk flow as feeding skills progress.
Behavioral Responses to Nipple Feeding in Preterm Infants with BPD

Gail McCain, Hunter College

Background/Purpose: To describe behavioral responses of preterm infants with bronchopulmonary dysplasia (BPD) during the transition from gavage to nipple feeding. The purpose was to test the semi-demand method of feeding compared to the standard care (control).

Theoretical Framework: The semi-demand method is guided by Barnard’s model of reciprocal interaction between caregiver and infant. The interaction occurs as the infant expresses behavior and physiological signs to which the caregiver responds. The caregiver, interpreting the infant’s cues and signs accurately, responds in a way to optimize the feeding experience for the infant.

Methods: The setting was a 120 bed neonatal intensive care unit. A randomized, experimental design included 86 preterm infants with BPD who were assigned to the control condition (n = 42) (standard care) or the experimental method (semi-demand) (n = 44). Mean gestational ages at birth and birth weights were 25 + 1.54 weeks and 784 gm for the control group, and 25 + 1.48 weeks and 787 gm in the experimental group. Standard care consisted of gradual increases in the number of nipple to gavage feedings per day. The semi-demand method used infant behavioral and cardio respiratory signs to regulate frequency, length, and volume of nipple feedings. Behavior was measured with a modified Anderson Behavioral State Scale. The Mixed procedure was used for analyses.

Results: In the 10- minutes pre-feeding, experimental infants were significantly more often in quiet states. In pre-feeding, control infants were significantly more often in cry states. During feeding, experimental infants had significantly more quiet behavior. In the 10-minutes post-feeding, the experimental infants were significantly more often in the sleep state.

Conclusions & Implications: The semi-demand method produced quiet behavior at the onset of feeding and during feeding, and sleep after feeding. Alert, quiet behavior is optimal for nipple feeding, and the sleep state after feeding is beneficial in promoting digestion and growth.
Paper Session A1: Care of Newborns and Infants

Feasibility of NICU-PLAY: Understanding Aspects of Compliance

Jacqueline M McGrath, University of Connecticut/Connecticut Children’s Medical; RK Elswick, Virginia Commonwealth University; Hiedi Fidler, Virginia Commonwealth University; Stephen J Walsh, University of Connecticut

Background: The experimental protocol: NICU-PLAY (Parent-participative, Loving multi-sensory touch and massage, Age appropriate, with Your cue-based assessment) is designed to improve very preterm infant (VPI) growth, neuromotor development and maternal attachment. This analysis examines compliance in relationship to feasibility of NICU-PLAY: a phased-in intervention that begins soon after birth for VPIs supported by multi-media education modalities for parents within NICU-PLAY.

Purpose: Determine the feasibility of NICU-PLAY. Hypotheses related to compliance with NICU-PLAY, and retention of mothers and infants in the protocol from enrollment through a follow-up visit at 46 weeks post menstrual age (PMA), are examined.

Methods: Data collection began in the first week of life and included NICU-PLAY and instruments for evaluation of PLAY outcomes. Infant and mother feasibility variables were obtained at intake, at several time points during hospitalization, at discharge, and at follow-up visit. NICU-PLAY included EMPOWER videos, multimedia PLAY training, supported by written materials and parent journals. Mothers were expected to provide the intervention 3 times weekly.

Results/Conclusion: 19 VPIs and their mothers enrolled 16 completed most of the protocol (72%). Gestational age ranged from 26-30 weeks (M = 28.4). The number of maternal play occasions with NICU infants was significantly related to two variables: Pregnancies (p=0.043; ratio 1.111) and MAQ; Maternal Attitudes Questionnaire (p,0.001; ratio=0.851 at enrollment). There is a “trend” toward a significant relationship with Birth Weight (p=0.059; ratio= 1.001). Moreover, for each additional pregnancy, the number of play occasions weekly is multiplied (increases) by a factor of 1.111 and for each 1 point increase in MAQ score, the number of play occasions weekly is multiplied (decreases) by a factor of 0.851. The ratio for Birth Weight implies that, for each 1 gram increase in birth weight, the number of play occasions weekly is multiplied by (increases) by a factor of 1.001. Barriers to completion included distance from the NICU and availability of transportation. 88% of mothers completing protocol were satisfied and would recommend.

Implications: This study provides further support for integration of NICU-PLAY an evidence-based model that is easily translated into routine practice in the NICU, thereby moving the science forward, enhancing vital support to very pre-term infants and their families.
**Paper Session A1: Care of Newborns and Infants**

**Working Memory as an Outcome Measure for Children Born Prematurely**

*Michelle Kelly, Villanova University*

**Background information/Purpose:** Working memory is described as the ability to maintain task-relevant information to be utilized to direct future actions. Adequate working memory capacity is required for managing numerous everyday activities such as counting, remembering directions, mental arithmetic and reading comprehension. Children who are born prematurely are at risk for psychological, neurodevelopmental and behavioral impairments which may be related to an underlying limitation in working memory capacity. Overload of the working memory system may explain why children have difficulty learning new academic or social skills. In the classroom this may lead to frustration, task abandonment, arbitrary guessing, or being forced to start a task over. The purpose of this research was to assess the working memory capacity of 9-11-year-old children born prematurely and compare it to the working memory capacity of 9-11-year-old children born at term using the Automated Working Memory Assessment Screener.

**Theoretical Framework:** The conceptual model of child health utilized depicts the health of children as a kaleidoscope of overlapping circles (social environment, behavior, physical environment, biology) that interact within the context of policy and services.

**Methods:** The population studied included an experimental group of 9-11-year-old children born prematurely and a control group of term peers. All children completed the Automated Working Memory Assessment (AWMA) Screener, a computerized method of evaluating working memory capacity of children over 4 years of age. The AWMA Screener provides scores for the listening recall and spatial recall domains of working memory.

**Results:** This work suggests that in middle childhood, the working memory capacity of the children born prematurely approximates that of their peers. There was significant difference $\chi^2 (1) = 4.227$, $p = .04$, $\Phi = .21$ on the listening recall domain, however no significant difference was found for the spatial recall domain different between the two groups, $\chi^2 (1) = 1.803$, $p = .179$. Of the children identified as having low working memory on either score, 48% were also categorized as having a special health care need.

**Conclusion and Implications:** Utilization of computerized screening tools in the school and in the pediatric health care providers’ office may facilitate identification of children at risk. Of particular interest to the pediatric nurses, is the ease of administration of this tool.
Paper Session A1: Care of Newborns and Infants

Neonatal Nurses’ Perspectives in Pain Management: Results from the U.S. and China

Xiaomei Sophia Cong, University of Connecticut; Kimerbly S Chang, University of Connecticut; Laura S Keating, University of Connecticut

Background/Purpose: Neonatal pain management has been targeted as a priority, but 80% of infants do not have effective pain relief in the neonatal intensive care units. There are few studies that focus on nurses’ knowledge and practice towards neonatal pain. The purpose of this study was to investigate neonatal nurses’ perspectives in pain assessment and management in the U.S. and in China.

Methods: A descriptive survey design was used. A total of 343 neonatal nurses (237 American; 106 Chinese) completed an anonymous survey through National Association of Neonatal Nurses (NANN) website in the U.S. and through a conference in Beijing, China. A self-developed questionnaire including 45 questions with Likert scale was used.

Results: The majority of American nurses had a baccalaureate or higher degree (74%) and 5 to 10 years of neonatal care experience (70%). The majority of Chinese nurses had diploma or associate degree (97.2%) and had < 5 years experience (56.6%). Nurses’ responses regarding to neonatal pain reflected appropriate attitudes and knowledge, i.e. 89% American and 39% Chinese nurses strongly agreed that neonates are capable of experiencing pain, 89% American and 87% Chinese nurses agreed that neonates are subjected to many painful procedures. About 50% of American and Chinese nurses felt that they had adequate training and continuing education on pain management in their workplace. 29% American and 33% Chinese nurses reported that pain medications were not adequate in their unit. 1% American vs. 28% Chinese nurses felt that pain interventions are not necessary because many invasive procedures can be done quickly. 60% American vs. 27% Chinese nurses agreed that their pain guideline/protocols were research evidence-based.

Conclusions: The majority of nurses had knowledge about infant pain, but has not obtained adequate trainings in practical pain management. There were different perspectives in neonatal pain between American and Chinese nurses.
Evaluating the Essential Evidence-Based Practice Competencies in a Hospital-Based Clinical Scholar Program

Kristiina Hyrkas, Maine Medical Center; Kelly Lancaster, Maine Medical Center

**Background:** The improvement of patient outcomes relies on frontline staff having essential evidence-based practice (EBP) competencies. The Clinical Scholar Program is a unique educational offering designed to teach healthcare providers the basic principles of EBP and research using a mentorship model. At our institution, the annual Clinical Scholar Program consisted of seven, all day workshops until this year when it changed to five. The purpose of this study was to evaluate the learning of the EBP competencies and to determine if the change in number of workshops affected participants’ learning of the competencies for EBP as identified by Stevens.

**Theoretical Framework:** Schultz’s Clinical Scholar Model provides the framework for the program and the educational content is based on the concepts of observation, analysis, synthesis, application/evaluation, and dissemination.

**Methods:** The evaluation design was a pretest-posttest survey. The Clinical Scholar Program participants included thirty-four nurses attending seven workshops in 2011, and thirty-one attending five in 2012. A 10-question survey to identify baseline essential competencies (pre-test) was administered at the first and last workshops of the program (post-test) to identify the changes in essential competencies for both groups and to identify any differences between the groups.

**Results:** Data analysis using T-test and Mann-Whitney U test comparing the surveys of both groups demonstrated a significant difference ($p < 0.000$) in scholars’ assessments regarding their attainment of the essential competencies at program completion. An interesting and important finding was that there were no significant differences between the 2011 and 2012 scholars related to attainment of competencies.

**Conclusions & Implications:** The use of the Clinical Scholar Program for teaching essential competencies for EBP in nursing, demonstrated success with scholars being able to achieve the essential competencies of EBP as identified by Stevens in both a five and seven day series of workshops. The length of the program may not have an effect on competency attainment as long as workshop content includes the core concepts of the Clinical Scholar Model.
Perception of the Work Environment, Teamwork and Missed Nursing Care at an Academic Medical Center

Margarita de la Fuente, NYU Langone Medical Center; Wendy Budin, NYU Langone Medical Center

Purpose: Describe registered nurses’ (RNs) perception of the work environment, team work and missed nursing care at an academic medical center before and after implementation of lean strategies for problem solving on the patient care units.

Background /Significance: The relationship between RN satisfaction and patient outcomes has been established. Studies have also shown that RNs do not complete all patient care activities due to inefficiencies in the work environment and lack of teamwork. This study looks at whether decreasing inefficiencies in the practice environment and improving teamwork can lead to increased RN time with patients and less missed opportunities to engage in activities that improve patient care and RN satisfaction.

Methods: A self-report survey tool consisting of two validated instruments, The Missed Nursing Care Survey (MISSCARE) and the Nursing Teamwork Survey was administered to all RNs pre and post implementation of a lean six sigma project to improve the work environment. Descriptive and inferential statistics were used to analyze pre and post intervention survey results to determine effectiveness of the lean strategies for problem solving.

Results: Staff nurses were surveyed pre and post intervention with a 75% response rate for the pre-survey and an 80% response rate for the post survey. The nursing care activities that were frequently missed in the pre and post survey were ambulating patients 3 times a day or as ordered and feeding the patient while the food is still warm. Ambulating patients also was missed less frequently post survey, decreasing from a frequency of 93.3% to 74.2%. Teamwork was rated high at both pre and post survey and showed no significant difference. However, RNs cited Material Resources as less of a reason to missed nursing care post intervention.

Conclusions & Implications for Practice: Survey findings are consistent with previously published results. Although the lean pilot was designed to improve nursing workflow, it is unclear whether RNs would spend their free time on the missed nursing care activities. Future plans include creating a workgroup to discuss reasons for missing certain nursing care activities.
Promoting Negotiative and Relational Caring: An Action Research Study of Hospital-Based Nurse Educators’ Reports of the Instructional Strategies Used in Professional Development Curricula

Robin Louise Guisti, Quinnipiac University

Background/Purpose: Today’s healthcare is experiencing a paradigm shift that has moved the emphasis in evaluation of hospital-based patient care delivery from a technically rational focus to the more emotional and humanistic aspects known as expressive caring. It is important that hospital-based nurses are cognizant of patients’ expectations regarding the provision of healthcare, particularly as it relates to the emotional and humanistic aspects of care. Regulatory agencies, such as the Centers for Medicare and Medicaid Services, have increased the demand on hospital-based educators to ensure that expressive caring is demonstrated in nursing practice. The purpose of this study was to investigate how hospital-based nurse educators reported they used instructional strategies in professional development curricula to promote negative and relational caring. Based on participant reports, the researcher compiled best practices that promote aspects of caring in professional development curricula.

Theoretical Framework: Clarke’s Aspects of Caring was the conceptual framework that guided this study. When this theory is employed in professional development curricula, the following four aspects of caring are enhanced: physical, negotiative, relational, and motivational.

Methodology: This study employed an action research design inclusive of individual and focus group interviews. Research data were obtained from a purposive sample of seven hospital-based nurse educators employed at a small, community hospital. Data were analyzed using open, axial, and selective coding.

Results: Forty-five findings were collapsed and categorized into four conclusions: overlap of negative and relational caring, content-based instruction, autobiographical instruction, and reported best practices. These conclusions embrace a Caring Curriculum that could be used by professional development educators to promote aspects of caring in nursing practice.

Conclusions/Implications: The study highlighted areas worthy of further investigation by suggesting that hospital-based nurse educators who incorporate negative and relational instructional strategies in their professional development curricula could promote aspects of caring in nursing practice.
Paper Session A2: Issues in Evidence-Based Nursing Practice

Innovation Units: Effective Testing Grounds For Change

Marianne Ditomassi, Massachusetts General Hospital; Jeanette Ives Erickson, Massachusetts General Hospital

**Purpose:** Today’s dynamic health care environment is an opportune time to creatively design and trial new care delivery models that hardwire patient safety across the trajectory of care and better integrate patients and their families into decision-making. Massachusetts General Hospital has implemented a number of “Innovation Units” (IUs) as testing grounds for change. The goal of IUs is to improve the quality of care by making it safer, more efficient, timely, equitable, patient- and family-focused, and cost-effective.

**Background:** In March of this year, 12 inpatient IUs were launched. The interventions introduced on these units included: adopting a relationship-based-care philosophy, standardizing practices and processes, including strategies to enhance hand-over communication and give patients and families greater participation in the plan of care, inter-disciplinary rounding, the use of enabling technology, such as electronic white boards and hand-held electronic devices, introducing the “Attending Nurse” role to better coordinate the work of the inter-disciplinary team in addressing over-use, under-use, and mis-use of services across the continuum of care.

**Methods:** A mixed-method, multi-dimensional evaluation approach was used. Quantitatively, this included measuring patient and staff satisfaction; reviewing quality and cost indicators such as nursing sensitive indicators, length of stay, cost per case mix, and re-admissions; and conducting surveys to assess patients’ perceptions of feeling known, to what extent a culture of safety has been achieved, and staff’s perceptions of the practice environment. Qualitatively, there was a thematic analysis of information collected through observations, clinical narratives, journaling, and focus groups with staff, patients, and families.

**Results:** Early findings indicate that relationship-based care is becoming hard-wired; communication among the health-care team, patients, and families is improving; and care feels more coordinated. Patient-satisfaction scores are improving at a faster rate on IUs than non-IUs. IUs have realized a 5.3% decrease in LOS as compared to baseline measurements.

**Conclusions & Implications:** Preliminary results indicate that IUs are effective in quickly identifying what works and what doesn’t while keeping patients’ needs in the forefront. This new work requires striking a balance between implementing improvements while reducing costs.
The Relationship between Organizational Readiness to Change Assessment (ORCA) Scores and Implementation of Buffered Lidocaine as Local Anesthesia for IV Catheter Insertion in a Complex Hospital Organization

Kristiina Hyrkas, Maine Medical Center; Brooke Coombs, Maine Medical Center; Gertrude Kent, Maine Medical Center; Kelly Lancaster, Maine Medical Center; Debbie Michaud, Maine Medical Center

Background/Purpose: The Organizational Readiness to Change Assessment (ORCA) is intended to measure the readiness of an organization to successfully implement evidence-based practice changes. Organizations may support innovation, but the context and cultures of clinical units may not reflect that same support, which can affect the success of practice implementation. The purpose of the study was to examine the relationship between ORCA scores and successful implementation of the use of buffered lidocaine as local anesthesia for IV catheter insertion.

Theoretical Framework: The ORCA was developed by Helfrich and colleagues. It operationalizes the concepts of the Promoting Action on Research Implementation in Health Services (PARIHS) framework for evidence translation.

Methods (Design, Sample Setting, Measures, Analysis): RNs (n=109) from eight clinical units participated in this study. Units were chosen based on previous quality improvement data regarding the sustainability of the evidence-based use of indra-dermal buffered lidocaine as local anesthesia for IV catheter insertion. The study intervention involved RN participation in a facilitative educational process related to the use of buffered lidocaine for the four units with low sustainability of lidocaine use. The comparison group included five units demonstrating high practice sustainability. The ORCA was administered and scores of the five units with high practice sustainability were compared to the four units demonstrating low practice sustainability.

Results: The tool is composed of three scales: Evidence, Context and Facilitation. The Cronbach’s Alpha values for the scales were in the intervention units .962, .954 and .970 and in the comparison units .916, .934 and .831 respectively. Statistically significant differences were found between the intervention and comparison units regarding the respondents’ clinical experience (p<.010), perceptions of patient preference (p<.001), project resources and context (p<.016) and project evaluation (p<.041). The mean scores of the Evidence and Context Scales were consistently lower on the intervention units but in the Facilitation Scale six out of nine subscales were higher than on the comparison units.

Conclusions & Implications: The results of this study suggest that the ORCA was able to measure and identify differences in the organizational factors between the intervention and comparison units that also explained the high and low implementation of the practice.
Another Scar to My Soul: Secondary Traumatic Stress in Labor and Delivery Nurses

Cheryl Tatano Beck, University of Connecticut; Robert K Gable, Johnson & Wales University

**Purpose:**
(1) to determine the prevalence and severity of secondary traumatic stress in labor and delivery nurses, and (2) to explore nurses’ descriptions of their experiences attending traumatic births.

**Background:** Secondary traumatic stress is an occupational hazard for health care providers who care for traumatized patients. Secondary traumatic stress has been investigated with nurses in the areas of trauma/emergency, oncology, pediatrics, hospice, forensics, and cardiology. To date, however, no research has been conducted to investigate secondary traumatic stress in labor and delivery nurses who are present at traumatic childbirths.

**Methods:** A convergent parallel mixed methods design was used. A packet of materials regarding the study was sent by postal mail to a random sample of 3,000 labor and delivery nurses who were members of the Association of Women’s Health, Obstetric, and Neonatal Nursing. A total of 464 nurses returned the completed questionnaires. In the quantitative strand of this mixed methods study, participants completed the Secondary Traumatic Stress Scale. For the qualitative strand, the nurses were asked to describe their experiences being present at a traumatic childbirth. The quantitative data were analyzed using descriptive statistics (i.e., frequencies, percents, means and standard deviations). The relationships between the secondary traumatic stress levels and demographic variables were analyzed using t-tests and correlations. Krippendorff’s content analysis was used to analyze the qualitative data for themes.

**Results:** In this sample 35% of the labor and delivery nurses reported moderate to severe levels of secondary traumatic stress. Content analysis of the participants’ descriptions of being present at traumatic births revealed 6 themes: (a) Magnifying the exposure to traumatic births, (b) Struggling to maintain a professional role while with traumatized patients, (c) Agonizing over what should have been, (d) Mitigating the aftermath of exposure to traumatic births, (e) Haunted by secondary traumatic stress symptoms, and (f) Considering foregoing careers in labor and delivery to survive.

**Conclusions and Implications:** Nurses need to be educated about their vulnerability when working with traumatized patients in order to alert them to the possible impact their work may have on them.
Paper Session A3: Challenges in Mental Health

Predictors of Retention of Behavioral Health Nurses

Joan Arnold, Hunter College; Penelope R. Buschman, Columbia University; Hussein Tahan, New York-Presbyterian Hospital

Background/Purpose: Behavioral health nursing is associated with stress and burnout resulting from intense involvement and interaction with patients suffering from severe mental illness in unpredictable environments. The literature demonstrates the serious problems associated with caregiver fatigue and burnout in the everyday work lives of behavioral health nurses.

Theoretical Framework: Hildegard E. Peplau, leader and visionary of psychiatric nursing, applied interpersonal theory to nursing practice and, most specifically, to nurse-client relationship development. Establishing a framework for psychodynamic nursing, Peplau focused on the nurse’s understanding of personal behavior when caring for patients.

Methods: An empirical pilot study was designed to determine predicative factors for burnout and post-traumatic stress disorder, the likelihood of being a victim of violence, and consequences of violence. A single survey instrument was adapted for the acute behavioral health care environment from the Personal Belief in a Just World, Maslach Burnout Self Checklist, Vaux Modes of Support, and the Violence Survey scales. The survey was self-administered by behavioral health nurses and returned in a sealed envelope to a locked box. Nurses were provided with a letter indicating confidentiality would be protected and survey data kept anonymous. They were given the opportunity to opt out by not completing the instrument with no repercussions to employment.

Results: Behavioral health nursing differs from other nursing specialties in the intensity of patient relationships, engagement in preventing self-harm, and the level of challenging behaviors in the environment. The environment is seen as an important determinant of nurse and patient well-being and therapeutic milieu.

Conclusions/Implications: Low social support and short professional tenure predict exposure to violence while exposure to direct and vicarious violence predict PTSD. Low social support, exposure to direct and indirect violence, and PTSD symptoms predict burnout and all predict intent to leave the field. Strategies to support behavioral health nurses are discussed.
An Examination of Reminiscence Functions in Black Adults: Implications for Nursing Practice and Research

Juliette M Shellman, University of Connecticut; Karen Addison, Northend Senior Center; Gloria Adegwe, University of Massachusetts Lowell; Mukumbi Brown, University of Massachusetts Lowell; Charly Darius University of Massachusetts Lowell; Jeneba Jabbie, University of Massachusetts Lowell; Deborah Stone, University of Massachusetts Lowell

Purpose: Reminiscence functions have been shown to be associated with positive mental health and well-being in certain adult populations. However, there is little known regarding the patterns and functions of reminiscence in Black adults. The purpose of this study was to examine the patterns and functions of reminiscence functions in a sample of Black adults.

Theoretical Framework: This program of reminiscence research is based on O’Rourke’s Theory of Cognitive Adaptation (2002). The way people interpret their interpersonal relations and life histories is significantly associated with mental health and physical wellness in later life. Method: A descriptive study design using survey methodology was employed. Data were collected by trained Black research assistants using the Modified Reminiscence Functions Scale in two urban areas in the Northeast. Demographic characteristics were obtained by self-report. Data were analyzed using descriptive statistics and standard multiple regression.

Results: The convenience sample of Black adults consisted of 185 males (55.2%) and 150 females (44.8%). The mean age of the group was 53.6 (SD=15.3). Fifty-eight percent of the sample was born in the United States, twenty-three percent reported their birthplace in Africa, and eighteen percent were born in the Caribbean. Results show these participants reminisce very often for the purposes to teach/inform (M=3.7, SD=.68), for intimacy maintenance (M=3.8, SD=.85) and self-regard (M=3.6, SD=.74) On the other hand, respondents reported they rarely reminisced for the functions of death preparation (M=2.1, SD=.51), boredom reduction (M=2.6, SD=.72) or bitterness revival (M=2.2, SD=.80). Regression results indicate age, church attendance, education, and recent losses predict reminiscence frequency (F=4.41, df 4, 330, p<0.01) accounting for 22% of the variance in this sample.

Conclusions: Results from this study suggest that there are differences in the functions of reminiscence in this sample when compared to Webster’s Taxonomy of Reminiscence Functions derived from an all-white sample. The findings have implications for: 1) how reminiscence is facilitated with this population for mental health and well-being, 2) reminiscence intervention development, and 3) future reminiscence research with different ethnic groups.
The Effects of Nursing Student Home Visits on Social Isolation in Older Adults

Nicholas R Nicholson, Quinnipiac University; Juliette M Shellman, University of Connecticut

Background/Purpose: Older adults reporting social isolation are at increased risk for numerous negative health outcomes including depressive symptoms, decreased quality of life and cardiovascular disease. Research has demonstrated that social isolation has a detrimental effect on one’s health status (Berkman & Syme, 1979; Kaplan et al., 1988). The purpose of this study was to test the effects of a university-student model of care intervention (CARELINK) on social isolation in a sample of community-dwelling older adults (N=56).

Theoretical Framework: The Partners in Caring model was used to outline this.

Methods: A two group post-test only design was used to test the hypothesis that older adults who are in the CARELINK program will have significantly less social isolation when compared to those who are not in the CARELINK program. A second hypothesis to determine if participation in the CARELINK program predicts lower levels of social isolation while controlling for age, gender, marital status, race, and length of time in CARELINK was also tested. The experimental group was made up of the sample of clients currently enrolled in the CARELINK program who were randomly selected to be in the study. The comparison group was a convenience sample comprised of all new admissions to the CARELINK program who had not yet received any home visits from students. The Lubben Social Network Scale (LSNS-18) was used to assess the social isolation status of the participants. A general demographic questionnaire consisting of five demographic items, seven health items, and six items related to possible antecedents of loneliness and social isolation derived from the literature was developed. Data were analyzed using SAS Version 9.2. Logistic regression was performed in order to control for likely confounding variables.

Results: Older adults in the comparison group, who had not yet received the CARELINK intervention were nearly 12 times (OR = 11.63, p = 0.006) more likely to be socially isolated. Results indicate CARELINK had positive effects on reducing social isolation in older adults.

Conclusions and Implication: The CARELINK program has important implications for nursing as it provides an uncomplicated and inexpensive intervention to decrease social isolation for older adults in the community.
**Paper Session A3: Challenges in Mental Health**

**Nurses’ Attitudes toward Suicide in Hospitalized, Medical-Surgical Patients**

*Kathleen L Neville, Kean University; Nora Roan, Somerset Medical Center*

**Background/Purpose:** Internationally, suicide represents a major health issue. Despite underreporting, suicide is the 9th leading cause of death in the United States. Inpatient suicide is the 2nd most common sentinel event reported to The Joint Commission and has been identified as a National Patient Safety Goal. Suicide prevention is affected by the nurses’ ability to accurately assess a patient’s suicide risk. Evidence suggests that unfavorable attitudes towards suicide negatively impacts health care delivery and patient safety. The purpose of this study was to investigate nurses’ attitudes towards suicide in hospitalized, medical-surgical patients to gain a better understanding of factors influencing the identification and management of the hospitalized patient at risk for suicide and ultimately improve the safety for these patients. Additionally, further use of the newly developed scale, The Attitudes towards Attempted Suicide Questionnaire (ATAS-Q) (Ouzouni & Nakakis, 2009) will contribute to the psychometric properties of this new instrument.

**Theoretical Framework:** Due to the descriptive, exploratory nature of this investigation, no theoretical framework was used and hypotheses were not formulated; rather a research question was generated from gaps in the literature.

**Methods:** A non-experimental, descriptive exploratory investigation using a convenience sample of nurses (n = 45) employed in an community hospital was used. Nurses completed a demographic sheet and the ATAS-Q, an 80 item questionnaire in 5 point likert format to measure nurses attitudes towards suicide.

**Results:** Findings revealed that nurses’ age and education correlated with positive attitudes towards suicide risk (p = .03), and religion was a significant predictor of positive attitudes toward suicide risk.

**Conclusions and Implications:** Nurses held positive attitudes towards suicide in the hospitalized medical-surgical patient with statistically significant differences in attitudes towards suicide between younger and older nurses. Implications are the need for further education on suicide prevention, including opportunities for nurses to explore the impact of their attitudes on accurate suicide risk assessment.
Correlates of Childhood Sexual Abuse in a Population at Risk

Kathleen Brewer-Smyth, University of Delaware; Monica Cornelius, Medical University of South Carolina; Elisabeth Pickelsimer, Medical University of South Carolina

Background/Purpose: Recent media reports of sexual activity between an adult and child suggest limited understanding of the serious nature of childhood sexual abuse (CSA) and urgency to report and protect victims. CSA severity, prevalence, and its relationship to public health require attention.

Theoretical Framework: It is critical to continue to build upon theories and constructs by defining expanding contexts associated with CSA in order to identify those at risk and to develop effective interventions throughout the lifespan.

Methods: Private interview data from 320 adult male and 316 female prisoners in South Carolina were analyzed with logistic regressions comparing victims of CSA to non-victims.

Results: Univariate regression showed CSA victims had 1) less social support (OR=0.90; 95%CI=0.88-0.93); 2) more traumatic brain injuries (TBIs) by age 15 (OR=1.41; 95%CI=1.10-1.80); 3) more TBIs in their lifetime (OR=1.40; 95%CI=1.26-1.57); 4) greater childhood physical abuse (CPA) (OR=2.51; 95%CI=1.96-3.23), 5) higher adult body mass index (BMI) (OR=1.56; 95%CI=1.09-2.22); 6) greater abuse as adults (OR=3.34; 95%CI=2.65-4.22); 7) cognitive dysregulation (OR=1.54; 95%CI=1.16-2.04); 8) major depression (OR=1.02; 95%CI=1.01-1.02); 9) anxiety (OR=1.02; 95%CI=1.01-1.03); 10) anger (OR=1.07; 95%CI=1.04-1.10); 11) schizotypal disorder (OR=1.02; 95%CI=1.01-1.02); 12) borderline personality (OR=1.03; 95%CI=1.02-1.03); 13) bipolar (OR=1.03; 95%CI=1.02-1.04); 14) antisocial disorder (OR=1.02; 95%CI=1.02-1.03); 15) post-traumatic stress disorder (OR=4.883; 95%CI=3.338-7.141); 16) committed a violent crime in lifetime (OR=1.49; 95%CI=1.05-2.12), and 17) were more likely to be female (OR=8.28; 95%CI=5.46-12.56) than non-victims. Multivariate regression revealed victims of CSA were more likely female (OR=13.10; 95%CI=7.26-23.62), experienced greater CPA (OR=2.17; 95%CI=1.532-3.08), decreased social support (OR=.94; 95%CI=.90-.98), decreased psychopathy (OR=0.97; 95%CI=.95-0.99), greater adult abuse (OR=1.74; 95%CI=1.32-2.31), increased anxiety (OR=1.02; 95%CI=1.01-1.03), and more likely committed a violent crime (OR=2.53; 95%CI=1.51-4.25).

Conclusions & Implications: Identifying victims of CSA and effective prevention and rehabilitation interventions is critical in order to decrease serious public health threats including greater risk for CPA, poor mental health outcomes, abuse as an adult, and violent behavior including homicide perpetrated by victims.
The Lived Experience of Verbal Abuse for Military Wives

Linda C. Copel, Villanova University

**Purpose:** The objectives were to describe the experience of verbal abuse by military spouses, determine if verbal abuse was an antecedent to other types of abuse, and construct a model explaining the experience of verbal abuse for military spouses.

**Background:** Although literature supports that verbal abuse is an antecedent of other forms of abuse and is a health risk affecting the well-being of women, there is limited information on verbal abuse experienced by military wives. Research indicates that military wives were at risk for abuse, especially if their partners are diagnosed with Post Traumatic Stress Disorder (PTSD). Presently, some military wives seek counseling related to relationship difficulties and verbal abuse.

**Methods:** A phenomenological research design was used to address verbal abuse experienced by female military spouses. A convenience sample of 17 military spouses was recruited from a counseling center. Each woman was engaged in individual counseling at the time of the interview. Transcripts were analyzed using Colaizzi’s phenomenological method.

**Results:** The findings included a description of the verbal abuse experience. Six themes, disagreements and arguments, outbursts of anger, intolerance for concerns of others, emotionally disconnected, feeling alone and isolated, and spousal unwillingness to participate in counseling, were identified. The women shared their experiences of verbal abuse, and individually met with the researcher to validate the proposed model.

**Conclusions and Implications:** Verbal abuse was problematic in the marital interactions. The wives believed it was their responsibility to mollify their spouses and to minimize their spouses’ verbal abuse. Additional research is needed to support or modify the model and to determine its psycho-educational use. After further validation, the model will be used to educate health care providers, military spouses and their partners about verbal abuse and how it is a precursor to intimate partner violence and associated with PTSD.
Symposium Session A4: Effective Use of Critique and Dialog at Academic Conferences- Building a Community of Scholars

Effective use of Critique and Dialog at Academic Conferences- Building a Community of Scholars

Karen T. D’Alonzo, Rutgers University; Rosanna F. DeMarco, Boston College; Susan DeSanto-Madeya, University of Massachusetts Boston; June Andrews Horowitz, Boston College; Helene J. Moriarty, Philadelphia VA Medical Center; Margaret Shepard, University of Medicine and Dentistry of New Jersey

Scholarly conferences present ideal occasions for nurses to analyze the state of the science through interactions with colleagues. Ironically, nurses often avoid public displays of constructive criticism at these venues. By stifling critique and dialog, nurses limit opportunities for professional growth and advancement of nursing science. This presentation presents an alternative to the “silencing” of nurse colleagues at research conferences (DeMarco, Horowitz & McCurry, 2005). The Model of Intraprofessional Alliances (DeMarco, Horowitz and McCurry) provides the framework for the symposium. In this model, participants interact in an atmosphere of mutual communication, resulting in an honest and straightforward appraisal of the researcher’s work. Debate among individuals with opposing viewpoints is encouraged rather than stifled, in order to stimulate new ideas. Our symposium will conduct a mock review to provide feedback to researchers developing competitive research grant applications. The review will focus on a critique of the Aims Page, the cornerstone of a competitive grant proposal. The Aims Page will be evaluated by two experienced grant reviewers, who will then facilitate constructive discussion among small groups of audience members. The review process for competitive grant applications is characterized by rigorous critique designed to improve the application and increase the likelihood of acceptance. Professional conferences should adopt a similar philosophy in their quest to build a community of nursing scholars.
How to Think Like a Reviewer (What Makes a Great Aims Page)

Karen T. D’Alonzo, Rutgers University

Purpose: To support the development of nurse investigators engaged in a program of research related to families and/or communities through a mock review of the Aims Page of a grant proposal.

Background: Valuable opportunities for professional growth occur when nurses gather together to share their research with each other in a conference setting. Conferences serve as an opportunity for mentoring and socializing those new to the discipline, building a professional reputation, as well as developing alliances and networks. Conference meetings may also provide opportunities for critiquing work. One such example is to stage a mock review to provide feedback to researchers regarding the development of individual grant proposals. APPROACH: Prior to the conference, proposals will be solicited from members of the Family/Community Based Participatory Research (CBPR) RIG who are developing competitive research grant applications. Four abstracts (two from family and two from community based proposals) will be selected from the pool of those submitted. Applicants whose abstracts are accepted will submit a copy of their Aims Page for critique during the conference session. The Aims Page will first be evaluated by two experienced grant reviewers, using the standard NIH review criteria. The two reviewers will then provide a formal critique of the proposal and facilitate constructive discussion among small groups of audience members.

Major Points and Rationale: The goal of this mock review is to create a venue for specific, constructive feedback to strengthen the applicant’s grant application prior to actual submission and to increase the likelihood of success. The opportunity for critique and dialogue is designed to affirm and strengthen the nurse researcher’s knowledge development and thinking about the research proposal, specifically the Aims page, and to assist junior and senior researchers alike in the development of a network of research colleagues. Additional benefits of the critique model include increasing the visibility and membership of RIGs, fostering interaction among RIG members, and encouraging participation among doctoral and early post-doctoral students.

Conclusions: Scholarly conferences can serve as a valuable setting for dialogue and critique. The use of mock reviews at a research conference can encourage effective scholarly debate, critique, and dialogue while concurrently promoting positive and productive interactions among colleagues.
Symposium Session A5: Nursing Excellence Guided by Evidence Based Practice – Methods and Strategies to Realize a Transformational Model

Nursing Excellence Guided by Evidence-Based Practice – Methods and Strategies to Realize a Transformational Model

Carolyn L Davidson, Lehigh Valley Health Network

This symposium details a Magnet™ organization’s methods and strategies to realize a transformational model for nursing excellence. The IOWA Model of Evidence-Based Practice (EBP) guided development of the framework, inclusive of 3 components: clinical care, research and education. Four elements support the components and are essential to enculturation of EBP: knowledge, attitudes, behaviors, and beliefs. A variety of structures and processes impact the elements to actualize the model. Though all will be reviewed, the focus is upon one strategy - the EBP FellowS2 (Sharing Science) Program. The program is 12 weeks of didactic and project development, with an added 8-12 week mentored process to project completion. Participants are selected based on a question that has potential to improve patient care through the translation of evidence into practice. FellowS2 include dyads of a masters prepared educator and bedside nurse. A doctorally prepared nurse researcher serves as coach to the project teams. FellowS2 complete question formulation, an evidence review, project development, implementation, evaluation, and dissemination. The inaugural EBP FellowS2 program included 6 dyad teams; presentations within the symposium will detail 3 of these investigations. Although the importance of EBP is readily acknowledged and ascribed to, studies show a dismal percentage of nurses incorporate research findings into practice. The work described in this symposium is a model that can be adapted in a wide variety of healthcare settings to facilitate the integration of evidence into practice.
Effectively Translating VTE Evidence: Efforts to Stop the Clot!

Carolyn L Davidson, Lehigh Valley Health Network; Joleen Schade, Lehigh Valley Health Network

Background/Purpose: Venous thromboembolism (VTE), inclusive of deep vein thrombosis (DVT) and pulmonary embolism (PE), is considered the most common preventable cause of hospital death. The AHRQ calls thromboprophylaxis against VTE the “number one patient safety practice” and the failure to execute VTE prevention has been recognized by the American Public Health Association as a “public health crisis.” Despite this compelling acknowledgement of evidence, there is a disconnect between the evidence and translation into practice. Case findings from two 30-bed medical units in an academic Magnet™ hospital further confirmed this disconnect associated with VTE risk and prevention and staff compliance with ordered prophylaxis. Root cause analysis revealed insufficient nursing documentation, lack of follow-through, failure to follow physician orders to initiate/maintain chemical or mechanical prophylaxis, and lack of patient education related to VTE risk and prevention.

Theoretical Framework: These case findings and analysis prompted an evidence-based practice (EBP) quality improvement project within the EBP FellowS2 (S2=Sharing Science) Program. The IOWA Model of EBP guided the scientific inquiry.

Methods: An evidence review was conducted to determine VTE risk and prevention best practice. It was determined a sufficient research base exists related to best practice VTE prophylaxis. Initial fact finding within the designated organization confirmed physician risk identification and ordering practices were consistent with the current VTE protocol. The project’s focus was then to address staff non-compliance with ordered prophylaxis. Evidence translation strategies included pre- and post-assessment of nurse awareness of VTE risk and prevention; rigorous education for all staff; development of a multidisciplinary VTE Risk and Prevention Guideline; revisions of patient teaching materials; and, monitoring of compliance with designated prophylaxis measures and transparent communication of the results.

Results: Evaluation metrics include pre- and post-assessment survey results and monitoring outcomes with prophylaxis compliance.

Conclusions and Implications: The work described in this presentation offers an example that can be adapted in a wide variety of healthcare settings to facilitate the integration of evidence into practice. More specifically, it offers pragmatic learnings to effectively translate VTE evidence to improve compliance with VTE prophylaxis and ultimately impact patient safety.
Enhancing Bonding of Mother and Infant

Carolyn L Davidson, Lehigh Valley Health Network; Krista Thomas, Lehigh Valley Health Network

Background/Purpose: Evidence ties rooming-in of infants with mothers to better attachment, emotional stability, infant protection from infection, and liklihood to breastfeed. Despite the evidence, this care model was often not selected, especially during night hours, in a Magnet™ hospital, prompting an evidence-based practice (EBP) quality improvement project within the EBP FellowS2 (Sharing Science) Program. The project had a twofold.

Purpose: increase mother/baby attachment by continuous rooming-in; and, support a mother’s confidence to care for her baby.

Theoretical Framework: The IOWA Model of EBP guided scientific inquiry.

Methods: The PICO question was: In newborns of first-time mothers with vaginal deliveries, does rooming-in (non-separation) with mother, compared to staying in the nursery, have a positive effect on mother/baby attachment, as evidenced by positive patient and staff perceptions and a decreased number of babies in the nursery? The literature search used CINAHL, Medline and EBSCO host. Key words were: rooming-in, non-separation, mother-baby attachment, and post-partum. Following review of the evidence, staff and patient surveys were conducted to evaluate scope of the problem and attitudes regarding room-in. Patient surveys determined mothers’ perceptions of rooming-in. A data collection tool was designed to record the number of babies taken to the nursery and reasons the baby was not at the mother’s bedside. Identified barriers to rooming-in included: nurse attitudes; fear of culture change; maternal perception of exhaustion; prenatal education which encouraged utilization of the nursery, and lack of physician support for rooming-in. Strategies to overcome barriers and impact evidence translation were: education about evidence favoring rooming-in to staff and patients; creation of ‘nurse champions’ to promote rooming-in using a scripted explanation; and, pre-natal reinforcement on the importance of non-separation.

Results: Evaluation metrics include: numbers and percentages of babies in the nursery; and, patient, family and nurse satisfaction indicators tied to rooming-in.

Conclusions and Implications: The work offers an example that can be adapted in a wide variety of healthcare settings to facilitate the integration of evidence into practice. More specifically, it offers pragmatic learnings to effectively translate evidence to increase mother/baby attachment by continuous rooming-in and, support a mother’s confidence in caring for her baby.
Symposium Session A5: Nursing Excellence Guided by Evidence Based Practice - Methods and Strategies to Realize a Transformational Model

Spring into Step: A Staff-Driven Mobility Initiative

Carolyn L Davidson, Lehigh Valley Health Network; Christine Yatsko, Lehigh Valley Health Network

Background/Purpose: Hospitalized older adults begin to experience a decline in function within forty-eight hours of admission to an acute care setting, leading to increased susceptibility of iatrogenic events. Promoting out of bed time and ambulation during hospitalization improves functional status, supports patient satisfaction, and can decrease length of stay (LOS). These facts prompted an evidence-based, performance improvement (PI) project to enhance knowledge and facilitate compliance by bedside direct care providers with an existing physician-ordered mobility protocol.

Theoretical Framework: The IOWA Model of EBP guided the scientific inquiry.

Methods (Design, Sample, Setting, Measures, Analysis): A first step in the project was review of the literature, which resulted in selection of an evidence-based mobility classification tool. This tool assesses risk of functional decline based on age, cognition and function. Another initial action was design and completion of a staff survey to elicit perception and knowledge regarding mobility of the hospitalized geriatric patient. The next step involves registered nurses (RNs) on two medical-surgical units using the aforementioned selected tool to assess baseline mobility status on newly admitted patients aged 65 and over, who live in the community, and are able to ambulate with a minimum assistance of one. Patients are then enrolled in an aggressive mobility protocol. Upon discharge, the mobility status is reassessed to determine maintenance or improvement in mobility status.

Results: Findings from the staff survey prompted standardized education, including reinforcement of the existing physician-ordered mobility protocol. Evaluation metrics include baseline and post-implementation results on adherence to ordered mobility status, falls and pressure ulcers.

Conclusion/Implications: This presentation will chronicle the processes utilized to develop and initiate a staff-driven mobility program based on the RN’s baseline assessment and in conjunction with a physician-ordered mobility protocol. More specifically, it offers pragmatic learnings that can be applied within a wide variety of healthcare settings to utilize and translate evidence to the bedside.
Poster Session I: Issues in Nursing Practice

Poster 1

The Experience of the Health Care Team Members Involved in Facial Transplant Surgery and Patient Care

Linda Evans, Massachusetts General Hospital Institute of Health Professions

Purpose: The purpose of this study was to explore the experiences of the health care team members involved in facial transplant surgery and patient care.

Background: The professional caregiver’s perception of involvement in solid organ procurement and transplant procedures has been found to be morally complex. The perception of the health care team involved in facial transplant surgery and patient care were unknown. However the ethical acceptability of facial transplant surgery was extensively discussed during the conceptual phase of the procedure. Situations which highlight our mortality, present ethically-laden questions, and are innovative in nature may have long term personal and professional effects on caregivers and consequently directly or indirectly impact patient care.

Methods: A qualitative descriptive method was used. The Specific Aims of the study were guided by “Moore’s Criteria for the Ethical Acceptability of a Surgical Innovation”; criteria first described in 1965 by Dr. Francis Moore, Chief of Surgery of the institution which performed the first successful kidney transplant. Study participants (N=26) included staff members from a variety of settings within one institution. Data collection consisted of individual, private, semi-structured interviews. Thematic analysis was supported by NVivo software and data comparisons were carried out within and between disciplines.

Results: Overall, the participants believed that the risk-benefit ratio of facial transplantation favored proceeding with the operation in the clinical scenarios with which they had been exposed. The participants expressed personal fulfillment, including many expressing a spiritual element, as a result of the opportunity to be involved in the transformation of another human being’s life in an extraordinary way. Moreover, the entire effort signified highly effective team work which exhibited esprit de corps, was guided by superior leadership, and leveraged the historical significance of successful organ transplantation at their institution.

Conclusions and Implications: The study concluded that the findings represent a “surgical innovation cluster;” a revised framework which incorporates the thematic findings of this study with Dr. Moore’s Ethical Criteria for Surgical Innovation. The revised framework expands Dr. Moore’s criteria and serves as a guide for surgical innovative efforts which represent major paradigmatic shifts in both scientific effort as well as in social philosophy.
Poster Session I: Issues in Nursing Practice

Poster 2

Post-Operative Urinary Retention following Joint Surgery: Potential Risk Factors and Strategy for Prevention

Kelly Nicholson, Middlesex Hospital

Background/Purpose: The risk of post-operative urinary retention (POUR) following joint replacement surgery is significant and associated with further complications including prolonged hospital stay, detrusor stretch injury, acute kidney injury, infection and sepsis. The purpose of this study is to explore and stratify by salience risk factors for POUR following joint replacement surgery.

Theoretical Framework: The Roy Adaptation model provides the theoretical framework. If the range of adaptation to avoid POUR can be assessed for, the nurse can intervene and expand adaptation skills for patients if urinary retention is anticipated following surgery.

Methods: This study is an observational prospective cohort design. The sample will consist of patients undergoing planned joint replacement surgery during a 12 month period at a 275 bed community Magnet hospital. Data collected will be captured in the electronic medical record documentation of usual care provided for these patients. Positive patients will be monitored for POUR and managed per clinical pathway and standard of care. POUR cases are identified as patients having 300 ml or more via ultrasound and confirmed through actual catheter yield. Type of catheter used in surgery and following, time of removal, and time until any confirmed post op POUR will be recorded. Data will be analyzed via regression to determine variables associated with POUR.

Results: Data collection will begin in fall 2012 with preliminary results available for reporting in the spring of 2013.

Conclusions and Implications: Identifying variables associated with increased risk for POUR will improve the care of patients following joint replacement surgery by allowing nurses to intervene early to assist post-surgical adaptation. Variables confirmed as predictive of POUR will constitute a nursing risk assessment checklist for POUR to facilitate monitoring and early intervention.
Predicting Falls in the Emergency Department

*Kelly Nicholson, Middlesex Hospital*

**Background/Purpose:** Prevention of falls is an ongoing national patient safety goal for hospitalized adults. Consequences of falls are far reaching to include economic and financial burdens as well as increased length of stay, complications and potential for litigation. Assessing risk for falls has become a priority in all types of healthcare institutions and while it has been fairly well studied among inpatient populations, it has gone understudied in the Emergency Department (ED). The purpose of this study is to identify and describe risk factors that contribute to falls in the emergency department setting.

**Theoretical Framework:** The Roy Adaptation model provides the theoretical framework. If the range of adaptation can be assessed for likelihood of ED falling, nurses can intervene and expand adaptation skills for patients appropriately.

**Methods:** This was a retrospective chart review descriptive study in a 275 bed community Magnet hospital ED with an annual visit total of approximately 88,000. Data were obtained via individual chart audits over a 48 month period, where a total of 51 falls were reported. For each of the 51 patients who fell, 2 patients were selected randomly from non-fall ED patients matched to case by month of presentation, resulting in 102 patients as a comparison group. Logistic regression was used to determine associations between various patient characteristics and falling.

**Results:** Preliminary results reveal that characteristics predictive of falling include gender, alcohol on presentation, psychiatric diagnosis, chief complaint, Emergency Severity Index, fall history, anxiety and bipolar diagnoses, and intravenous status.

**Conclusions and Implications:** This study is the first step of content validity assessment to construct an assessment instrument for use in the ED. These objective data will be used to create a population specific Fall Risk Assessment tool to quantify fall risk in the ED as a precursor to introducing fall prevention strategies.
Poster Session I: Issues in Nursing Practice

Poster 4

Neonatal Nurses’ Perspectives on Pain Management in the NICU

Victoria Vazquez, University of Connecticut; Sharon Casavant, University of Connecticut; Xiaomei Cong, University of Connecticut; Angela Dejong, University of Connecticut

Background/Purpose: Infants in neonatal intensive care units (NICU) suffer from numerous painful procedures, but 80% do not have effective pain relief. Few studies focus on neonatal nurses’ knowledge and attitudes towards neonatal pain and barriers to effective pain management. The purpose of this study was to explore neonatal nurses’ perspectives on pain assessment and management.

Methods: A content analysis, using Krippendorff’s method for thematic content analysis, was conducted in analyzing open-ended questions from a larger survey. A total of 235 neonatal nurses nationwide completed an anonymous online survey through the National Association of Neonatal Nurses (NANN) website.

Results: Regarding effective non-pharmacologic and pharmacologic methods used in current practice, 55% believed their unit used analgesics appropriately. Regarding non-pharmacologic methods in the NICU, 22% - 11% responded using oral sucrose, pacifier, swaddling, and Kangaroo care. Regarding pharmacologic methods, 53% - 12% responded using opiates (Fentanyl alone 31%), Tylenol, and lidocain. In response to perceived barriers to effective infant pain management, five main themes emerged: 44% referred to resistance, 23% referred to knowledge, or lack of knowledge, 15% referred to perceived fear, 13% lack of time and 13% lack of trust of the pain assessment tools. Nurses perceived three main strategies that could improve pain management: 45% referred to providing education, 15% to using/disseminating current research and 6.6% to more open/ongoing communication with the treatment team.

Conclusion: Neonatal pain is inadequately managed in NICU’s. The majority of nurses do not use non-pharmacological interventions in the NICU, even though evidence shows that non-pharmacological methods are effective and safe for neonatal pain. The results of this study indicate that education is one of the leading strategies to overcoming barriers to, and improving assessment and management of, neonatal pain in NICUs.
THIRD Test: Diagnosing Hip Labral Tears with a New Physical Examination Technique

Karen Myrick, Quinnipiac University

Background/Purpose: The nursing art of hands on physical examination has discovered a new way to diagnose patients without, costly, painful and invasive procedures. The understanding of hip labral tears has dramatically increased in the past decade. Unfortunately, the ability to diagnose them is still difficult and often delayed because the current radiologic and physical examination techniques lack sensitivity and specificity. Hypothesis: THIRD test will agree with MRI arthrogram and hip arthroscopic findings in at least 95% of cases. Additionally, THIRD test’s results will be more specific than MRI arthrogram results as referenced to hip arthroscopic findings. This study was undertaken to determine the correlation between The Hip Internal Rotation with Distraction (THIRD) test - a newly defined hip physical examination technique and MRI arthrogram and arthroscopic findings for determining hip labral tears.

Theoretical Framework: Joyce Fitzpatrick Rhythm Model

Methods: A retrospective review over 6 years with an N of 100 patients with the chief complaint of hip pain, who had a physical examination including THIRD test, a MRI arthrogram, and hip arthroscopy was performed. Correlation of THIRD and arthroscopy and MRI arthrogram were performed.

Results: Correlation between THIRD and arthroscopy indicates that THIRD is a significant predictor of hip labral tears, p<.001 by arthroscopy. Correlation between MRI and arthroscopy indicates that MRI has predictive value that is equal to random guess.

Conclusions and Implications: THIRD test is highly sensitive and specific. The inclusion of this test will improve diagnosis and establishment of treatment plans in the evaluation of patients with hip pain. The hands on physical examination technique has the potential to replace costly, invasive, and less accurate testing currently used. The next phase of the study is underway with a multisite database and this preliminary data will be included.
Poster Session I: Organizations and Workforce Issues

Poster 6

Influence of the Nurse Manager: A Concept Analysis

Kelly Reilly, Villanova University/Maimonides Medical Center

Purpose: The aim of this presentation is to examine the concept of influence as it relates to the role of the nurse manager with patient, staff, and organizational outcomes.

Theoretical Framework: Social Exchange Theory frames relationships that are formed by using subjective cost-benefit analysis and comparisons of alternative narratives. Social Identity Theory combines theories of leadership, motivation, power, and group decision making and is used to predict the underpinnings of organizational culture. Complexity theory is used to understand the multilevel interconnected networks that make up organizational behavior.

Method: A literature search was conducted using CINHAL, Proquest, and MEDLINE databases using the keywords of influence, nursing, leadership, and management. Walker and Avant’s (2011) concept analysis procedure is used to describe and explain the elements of influence of the nurse manager and to determine its internal structure and external impact. Articles were examined to identify major themes across three disciplines. The concept of influence was analyzed through its characteristics, antecedents, and consequences. Positive and negative outcomes of influence are explored. Model, borderline, and contrary cases are presented.

Findings: Influence is classified into three categories of hard, relational, and soft tactics. Antecedents of influence include intrapersonal traits, strength of interpersonal relationships, and scope of social networks. Positive consequences of nurse manager influence include cooperative working environments and trusting relationships that foster mutual respect and support. Negative consequences of nurse manager influence include stress, negativity, and favoritism. Influence tactics and leadership styles are related. Influence tactics used to balance transformational and transactional leadership approaches create a leadership style that is highly relational and empowering producing positive outcomes. Positive and negative outcomes of nurse manager influence are found to affect the efficiency and effectiveness of staff performance and the quality and safety of care delivery.

Implications: Influence of the nurse manager impacts organizations in positive and negative ways. Implications of this concept analysis potentially include desirable intrapersonal traits of nurse managers upon hire, and educational or developmental goals of nurse managers to achieve organizational outcomes. Future research is needed.
Purpose: Explore the effectiveness of a nursing leadership development program (LDP) on self-awareness in leadership practice.

Background: Nursing leadership development is a key component in achieving the goal of strong nursing leadership in the healthcare system. The IOM report (2010) recommended preparation the workforce for leadership positions. There is little published research on outcome related to LDPs or measures to determine outcomes. Kirkpatrick's evaluation framework was used which addresses reaction to learning, actual learning, behavior on the job and results impacting the organization. The Theoretical Model of Leadership guided the study. Research questions were: How does a leadership development program (LDP) enhance learning about self as a component of leadership practice? and What changes do nurse leaders incorporate into their leadership practice following participation in a LDP?

Methods: A convenience sample of nine participants of the first cohort from a LDP) were attended focus groups. A structured interview guide was to elicit responses related to self as leader and its impact on leadership practice. Sessions were taped, transcribed for analysis and coded independently by two researchers to identify themes and reach consensus. Three other researchers then reviewed the coding for consistency.

Results: Nine themes about self as leader emerged from participant comments about their leadership practice including self-awareness, self-learning, self-confidence, self-control, self-care, self-reflection, handling crucial conversations, managing emotions, and juggling priorities. The conclusion of this phase of the evaluation indicates that a LDP focused on self as leader has a high impact on changing leadership behavior in nurse managers.

Implications for continued study include sustaining changes over time.
Enriching Undergraduate Clinical Education: A Randomized Study Comparing a Dedicated Education Unit (DEU) With Traditional Clinical Education

Laura A Mylott, Northeastern University; Gaurdia Banister, Massachusetts General Hospital; Joann Mulready-Schick, University of Massachusetts Boston

**Background and Purpose:** A DEU clinical education model was developed to enrich student nurses’ experiential learning and address declining faculty resources. This innovative approach responds to recommendations from recent national reports that changes are needed to prepare students to practice in contemporary health care environments. In a DEU, new partnerships are created between nurses in service and academia to create an enhanced culture of learning and mentoring. To date no rigorous evaluation of DEU outcomes exist.

**Theoretical Framework:** The DEU is conceptually grounded in Benner and colleagues description of clinical practice development as social, contextual and clinically situated.

**Methods:** A randomized controlled study compared outcomes of junior nursing students and clinical preceptors participating in DEU and Traditional models of clinical education in 3 academic medical centers during 2010-2012. Students’ perceptions of learning opportunities and achievements were measured at the end of the clinical experience using 3 instruments: a modified “Student Evaluation of Clinical Education Experience” (SECEE) survey and two investigator developed/validated instruments: Nursing Knowledge Skills, Ethics, and Professional Development (KSEP) and Quality and Safety Competency Development (QSEN). Clinical nurse preceptors’ work satisfaction and professional growth were measured using a modified “Nursing Satisfaction Scale” and “Work Stress Scale” and two additional investigator developed/validated instruments, Job Benefits Scale and Teaching Challenge Scale. Multivariate analyses were used to compare the scores of participants.

**Results:** The 255 students who consented to participate were randomized to the DEU or the Traditional model. 66% completed instruments for analysis (DEU=109; Traditional = 53). DEU students had significantly higher mean scores on the SECEE subscales, Instructor Quality and Clinical Learning (all p< .001), the KSEP (p<.01) and QSEN items, safety (p<.05), teamwork, informatics and quality improvement (p<.01). DEU faculty reported more professional growth and work satisfaction.

**Conclusions and Implications:** DEU models provide students with a greater perception of experiential learning achievement, particularly in areas essential for contemporary practice. Clinical nurses are effective teachers in partnership with academic faculty. The DEU model is a promising response to the national issues of education reform and faculty shortage.
Knowledge Translation: A Nurse Practitioner Clinical Ladder Advancement Program in a University-Affiliated, Integrated Medical Center

Lisa Paplanus, NYU Langone Medical Center

Background / Purpose: Often Nurse Practitioners (NPs) practice without organizational support for: continuous professional development; clinical excellence recognition, or a competency-based evaluative schema of clinical experience; academic preparation; professional accomplishments; translational research activities; and community service involvement. A viable solution was the implementation of a Nurse Practitioner Clinical Ladder (NPCL) Advancement Program to provide the requisite structure and processes supportive of professional role development, potential actualization, and enhanced job satisfaction.

Theoretical Framework: Donabedian’s Model (1982), Benner’s Model (1984), the Marker Model (1988), and the ANCC Forces of Magnetism Model provided the organizational underpinnings for the NP Clinical Ladder Advancement Program at NYUHC.

Methods: Quantitative descriptive survey design. Sample of NPs at NYU Langone Medical Center using the Misener Nurse Practitioner Job Satisfaction Survey (Misener and Cox, 2011) to collect data on NP job satisfaction pre- and post-implementation of the NP Clinical Ladder. Independent t-test statistic applied to group means.

Results: Overall, the pre-NP Clinical Ladder survey findings revealed NPs were minimally satisfied to satisfied with their jobs. They were dissatisfied with monetary rewards outside of salary and with the opportunities to receive compensation for services outside of normal duties. Newly hired NPs had extensive registered nursing experience but limited NP clinical practice. Although they rated the orientation program favorably they were dissatisfied with their ability to function independently after orientation. Additionally, NPs expressed a need for ongoing mentorship and support. Applications for advancement on the clinical ladder will be accepted by the NP Clinical Ladder Review Committee starting January 2013 and post-NP Clinical Ladder job satisfaction data will be collected and analyzed thereafter in 2013.
Poster Session I: Organizations and Workforce Issues

Poster 10

Nurse of the Future Nursing Core Competencies across the Academic/Practice Transition

Kerry H. Fater, University of Massachusetts Dartmouth; Kathleen Finn, St Anne’s Hospital-Steward; Robert W. Ready, St. Vincent Hospital; Betty Jane Tangney, Morton Hospital-Steward

Background/Purpose: An education-service partnership was formed between a university and major healthcare organizations (HCO) in the Southeast region of Massachusetts. The purpose was to examine the extent to which practicing nurses (transitioning newly licensed nurses, and their preceptors,) are informed regarding Massachusetts Department of Higher Education (MDHE) Nurse of the Future Nursing Core Competencies (NOFNCC), and their ability to incorporate them into practice. These competencies are central to the achievement of the professional knowledge, attitudes, and skills. Educational strategies were developed and incorporated into agency orientation and preceptor education. Two distinct models of newly licensed nurse (NLN) orientation were studied. The nurse competency assessment tool (NCAT) knowledge and attitude scale/score was developed and used to assess the progress of nurses before and after competency-designed education.

Theoretical Framework: MDHE Nurse of the Future Nursing Core Competencies provided the framework for the study. It reflects the work of the IOM and Quality and Safety Education.

Methods: A quantitative design using pretest-post-test was employed to: a. establish a baseline assessment re: extent of being informed or having gaps regarding NOFNCC; b. determine the effectiveness of educational interventions for transitioning graduates. A transitioning new graduate is defined as a licensed Registered Nurse with less than one year of acute care experience.

Results: Several gaps in knowledge and attitudes were noted among newly licensed nurses and their preceptors. Findings indicated differences across the educational models. Recommendations for revision and refinement of the NCAT are offered.

Conclusions & Implications: This project has far-reaching implications for the retention of newly licensed nurses in acute care settings. Competency-based education has the potential for streamlining orientation programs and strengthening the nurse workforce. This project was funded by a grant from the MDHE Nursing Education Redesign Grant Program.
A Qualitative Content Analysis of Patient Comments about Nursing Care

Thomas A Hagerty, New York Presbyterian Hospital

Purpose: This study was done to better understand what patients think about the care they receive from nurses. Design: This study utilized qualitative content analysis methods to identify the themes that characterized hospitalized patients’ experiences with nursing care in five intensive care units and 16 medical-surgical units in an urban teaching hospital. Setting: New York Presbyterian Hospital – Columbia Campus. Participants/Subjects: 15,252 written comments under the categories of “Nurses” “Personal Issues” and “Intensive/Critical Care Unit” on the Press Ganey patient satisfaction surveys returned by 10,504 former patients from January 1st, 2005 to December 31st, 2010.

Methods: Comments from intensive care unit patients were analyzed first, and themes were inductively generated from the data by the researchers. The κ score for inter-coder reliability was 0.95. Comments for med-surg patients were then analyzed, and previous themes were supported and expanded.

Results/Outcomes: Six themes emerged from patient comments related to nursing care: Affect, Etiquette, Helping, Informing, Competency, and Overall Quality. Content-based descriptors and examples of these themes were established.

Implications: Patient-generated comments represent an underutilized source of patient satisfaction data. Qualitative analysis utilizing the six themes generated by this research may assist nursing staff to identify areas of strength and weaknesses for their own patient population.
Poster Session I: Organizations and Workforce Issues

Poster 12

What Is The Prevalence Of Risk For Compassion Fatigue In Direct Care Registered Nurses Within An Acute Care Institution?

Debra Haas Stavarski, The Reading Hospital and Medical Center

**Background/Purpose:** Compassion fatigue (CF) occurs when nurses work closely with patients and begin to absorb patient’s trauma and pain (McHolm, 2006). Three components of compassion fatigue are compassion satisfaction, burnout, and secondary traumatic stress. Recent compassion fatigue research has been conducted on acute care nurses in a variety of settings.

**Theoretical Framework:** The Figley (2002) compassion fatigue model was the study framework, which draws on a stress process framework and involves concepts such as empathetic ability, therapeutic relationships and therapeutic responses.

**Methods:** Non-experimental design utilizing quantitative and qualitative data obtained through survey methodology. Participants: Convenience sample of emergency and inpatient direct care registered nurses (defined by the National Database of Nursing Quality Indicators). Setting: Large tertiary hospital in the northeast. Data Collection: Participants completed electronic surveys consisting of the ProQOL instrument, the Brief COPE instrument, and a Demographic Form.

**Data Analysis:** Scores were computed using SPSS® for compassion satisfaction. To assess coping mechanisms employed by nurses, responses were rank ordered for each activity listed in the Brief COPE Instrument. Additional analyses were performed to determine associations between compassion fatigue risk and work or personal related stressors.

**Results:** Of 1161 nurses invited to participate, 330 completed the survey. Exposure to a traumatic event at work was statistically significant for burnout and stress. Nurses with a tendency to sacrifice personal needs to satisfy the needs of the patient scored higher for burnout. All three components of compassion satisfaction were related to teamwork. The two most frequent coping mechanisms employed by nurses were “looking for something good in what is happening” and “accepting the reality of the fact that it has happened”.

**Conclusions and Implications:** The need for self-care for nurses is evident in the data, which is driving implementation of Relationship Based Care.
The Effect of a Critical Reflective Inquiry Program on Self-Reflection, Insight and Reflective Thinking; A Pilot Study

Marilyn E. Asselin, University of Massachusetts Dartmouth

Purpose: To determine whether staff nurses’ participation in a critical reflective inquiry program makes a difference in nurses’ self-reflection, insight and reflective thinking about clinical practice situations.

Background: While reflection is viewed as a critical component of professional practice there is realization it is a skill involving complex critical thinking. Use of a structured process may assist nurses to achieve insight into self and practice and implement practice change. There is limited practice research on the use of any one reflective model. The CRI Model (Kim, et al. 2010) offers a structured reflective approach, including reflective narratives, which has potential for use with nurses and nursing students.

Methods: A one group pre-test/post-test mixed method design employing quantitative and qualitative approaches was utilized. Twenty registered nurses from two hospitals in Northeastern US attended 3 two-hour classes based on the CRI Model. Quantitative data was collected through the Self-reflection and Insight Scale (SRIS) which measures the tendency toward and need for reflection and clarity of thoughts (insight). The SRIS was administered pre and post program and at six weeks post program. Data was analyzed using two-way RM-ANOVA. Qualitative data consisted of 56 written narratives plus a transcribed audio-taped interview with each participant 6 weeks post program. Qualitative content analysis of narratives was guided by the CRI Model. Interview data was analyzed through content analysis.

Results: A significant difference was found in engagement in self-reflection over time. Nurses had significantly higher engagement in self-reflection immediately post program which remained constant at six weeks. There was no significant difference in insight. Interview analysis however indicated participants perceived a change in the way they think about practice situations. Analysis of narratives indicated depth in detail, analysis of thoughts, feelings and actions improved across time. Nurses’ narratives indicated development of intentions to change practice or specific actions taken as a result of the reflection.

Implications: Critical reflective inquiry has potential to enhance clinical reflective practice. A larger scale study is needed. Instrument development specific to nursing reflective practice should be considered.
The Psychometric Evaluation of Three Measures of Professional Practice Environments

Dorothy A. Jones, Boston College/Massachusetts General Hospital; Jeffrey Adams, Massachusetts General Hospital; Marianne Ditomassi, Massachusetts General Hospital; Mary Duffy, Massachusetts General Hospital; Jeanette Ives Erickson, Massachusetts General Hospital

Evidence suggests a link between work environment, quality outcomes and workforce satisfaction. Evaluation of practice environments can enhance provider creativity, foster positive change. The purpose of this abstract is to report the psychometric properties for three instruments used to evaluate interdisciplinary and unlicensed staff perceptions a professional practice environment. Methodology: Psychometric evaluation using random sample and cross validation procedures were undertaken establish the psychometric properties for each instrument.

Conclusions: The Revised Professional Practice Environment (RPPE) Scale contains 8 elements and has been found to be a reliable measure of staff’s perception of the professional practice. Alpha coefficients for each of element range from .78 to .88. Factors include elements such as Control over Practice, Handling Disagreement and Conflict and Internal Work Motivation. The Leadership Influence over Professional Practice Environments (LIPPES) has been found to be a reliable measure of leaders’ perceptions of influence over the work environment they oversee. The tool contains 6 elements with alpha coefficients ranging from 90 -.94 (e.g. collegial administrative approach, internal strategy and resolve, access to resources was validated with a national sample of non-direct care nurse administrators including Chief Nurses and Nursing Directors. The Patient Care Associate-Practice Environment Scale (PCA-PES) instrument PCA-PES was designed for use with unlicensed staff. Psychometric properties of the tool were established in a multi-site study. The tool has been found to be reliable measure (.74 to .93) with a 5 component structure (e.g. direct patient care, communication and teamwork) evaluating unlicensed staff’s perception of the practice environment.

Results and Implications: Three reliable instruments have been developed and tested to measure staff perceptions of the practice environment. Each provides a vehicle for caregivers to evaluate perceptions about work environment. Findings can identify areas for improvement, system redesign and innovation. Continued testing and refinement across sites and populations is essential.
Relationship between Workplace Incivility and Turnover Intention in Registered Nurses in Acute Care Settings: An Integrative Review

Jean McHugh, New York University

**Purpose:** A stable RN workforce, job satisfaction of RNs and the quality of nursing practice environments play an important role in securing high quality patient outcomes. Empirical evidence suggests that workplace incivility (WPI) (overt and covert disrespect and rudeness) from colleagues and coworkers contribute to job dissatisfaction for RNs. However, there is paucity of research examining RNs’ experiences with WPI and turnover intention. The purpose of this integrative review was to summarize the current literature examining relationships between WPI and turnover intention in RNs in acute care settings.

**Methods:** Several combination search terms related to WPI, nursing work environment, and turnover intention were used to search six electronic data bases. The sample included 8 quantitative and 2 qualitative studies. Inclusion criteria were primary research studies, in English, published between 2000 and 2011, on studies that correlated RNs experiences with WPI and turnover intention in acute care settings. Exclusion criteria included unpublished manuscripts, studies pertaining to WPI in non-nursing populations and, studies conducted in non-acute care settings. Studies were critically appraised and data were extracted based on design, purpose, setting and sample, instruments, method of data collection, statistical analysis and major findings.

**Results:** All ten studies showed evidence that suggest that WPI exist among RNs in acute care settings. Six of the eight quantitative studies revealed statistically significant relationships between WPI and turnover intention in RNs in acute care settings at either the p=.01 or p=.05 level. One study found associations with WPI and specific physical symptoms including angina, weight loss, and fatigue; and psychological symptoms including fear, nervousness, depression, sadness, anxiety and mistrust. Additional consequences of RNs experiences with WPI included poor morale, decreased productivity and increased errors.

**Conclusions/Implications:** The findings suggest that WPI is a significant determinant of turnover intention in RNs in acute care settings both in the U.S. and internationally, but our confidence is limited by exclusive reliance on self-reported data, cross-sectional designs and inconsistent definition and measurement of WPI. This study demonstrates the need for further research in this area of inquiry to inform evidence-based practice.
Advances in the Progressive Care Setting; Exploring the New Model of Tele-Monitoring At The Point Of Care: the Effects of Clinical Decision Support and Nurse Workflow

Mary L. Jahrsdoerfer, University of Massachusetts Amherst

**Purpose** Measure impact of wearable patient monitor in relation to clinical decision support and nurse workflow in the progressive care telemetry unit.

**Background** Nurses are often first to detect early signs of clinical deterioration in their patient, making vigilance and timely response to alarms critical. Appropriate interventions to protect patients can only be effective if vital information is communicated rapidly to the nurse. Traditionally information is centrally monitored via telemetry, yet the nurse is unable to visualize clinical data and alarms at the point of care.

**Methods** A mixed-methods study using a convenience sampling of 42 regular staffed nurse participants on a progressive care telemetry unit at a mid-size teaching hospital. Using a pre/post design, effects were measured using a threefold approach: 1) nurse worn pedometer, 2) number of nurse calls to the technician at central station, 3) nurse perception via survey. Baseline data were collected over a 5 week period using their current telemetry system. Staff were then educated on new tele-view instrument. The subsequent 5 week period was studied using the tele-view device on every patient that required monitoring. Analysis was done using frequencies and a simple t-Test.

**Results** Pedometer data were not significant while ‘nurse-call’ model was utilized. However, the opposite outcome was true of their primary routine (call to technician at central station instead of nurse walking back to validate data). 89% less calls were made from patient bedside. The nurse can now see vital waveforms/alarms directly on the telemetry device. Time saved is 243 hours/year (=20 shifts/year); 40 minutes/day. Survey: 98% nurses find tele-view useful as clinical decision support tool at point of care, 100% claim fewer steps back to central-station, 93% find screen data useful prior to administering medication, 100% nurse’s state useful to view waveforms & alarms while transporting or ambulating a patient.

**Conclusions and Implications** The use of the mobile monitor significantly improves clinician workflow by providing vital information at the point of care. It functions as a clinical decision support tool for monitoring during patient transfer, as well as for patient ambulation. Local alarms alert nurses of patient condition changes no matter the patient’s location in the hospital. This outcome improvement correlates with the call to develop hospital-specific processes for remediation strategies for alarm response events.
Purpose: The purpose of this study is to address the research question: How do military nurses identify, assess, manage, and personally resolve ethical issues occurring in nursing practice during wartime deployments?

Background: Ethical issues emerging from the current conflicts in Iraq and Afghanistan have mainly considered those encountered by medical officers in triage and most recently with enemy prisoners of war. Aside from anecdotal accounts, less is known about the ethical issues encountered by military nurses in wartime. Studies prior to the current conflict have focused upon military nursing advocacy and moral distress. One study, conducted prior to the current conflicts detailed the frequency and distress associated with issues emerging from Operation Desert Storm/Desert Shield and humanitarian missions, is dated in light of the intensity and duration of the Iraq and Afghan wars.

Methods: Using a grounded theory design, military nurses from all three services will be interviewed to elicit their experiences with ethical issues while deployed in support of Operation Iraqi Freedom or Operation Enduring Freedom. Data collection and data analysis will occur simultaneously using the constant comparison method in order to build a theory of ethical issues management during wartime. A sampling grid will be used to recruit nurses representative of the demographics deployed in support of both wars. Using a focused interview guide, interviews will be conducted until theoretical saturation is achieved. Data analysis will be conducted using methods detailed by Strauss and Corbin (1998). Rigor will be maintained in study methods and analysis using tenets from Lincoln and Guba (1985) and Morse et al’s (2002) verification strategies.

Results: Interviews are currently underway and no conclusions have been determined at this time.

Conclusions & Implications: The proposed outcomes from this project are: 1) a description of the process military nurses use to resolve nursing practice ethical issues during wartime; 2) an “ethical issues toolkit” for nurses in future deployments; and 3) beginning development of a current military ethical issues instrument for more wide dissemination to assist military and nursing leaders for use training and policy. By better understanding how nurses defined, assessed, and managed the ethical situations they encountered, we can better prepare our deploying Nurse Corps officers for future conflicts.
Poster Session I: Stress and Coping

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Decreasing the Stress and Anxiety of Inpatient Health Care Team Members Through The Use Of Auricular Acupuncture

Patricia M. Reilly, Brigham & Women’s Hospital; Suellen Breakey, Brigham & Women’s Hospital; Teresa M. Buchanan, Brigham & Women’s Hospital; Carol Vafides, Brigham & Women’s Hospital

Background: Research demonstrates that health care providers exhibit symptoms of stress, anxiety, burnout and compassion fatigue as a result of witnessing patients’ negative and traumatic experiences. Over time, these symptoms can affect providers’ abilities to support patients and families by inhibiting their ability to connect, and empathize with those for whom they care.

Purpose: To determine (1) if auricular acupuncture (AA) decreases stress and anxiety in health providers and (2) if AA increases providers’ self-reported capability to enter into caring relationships with patients and families.

Theoretical Framework: Jean Watson’s Theory of Human Caring was used to guide this study.

Methods: Using a pretest-posttest design, participants were asked to complete a pre-intervention survey to measure stress and anxiety, compassion fatigue, and caring ability prior to the intervention and again at the end of the intervention. The AA intervention consisted of 5 AA sessions performed on-site by a licensed acupuncturist to be completed over a 16-week period. The study was conducted on the inpatient Burn/Trauma service at an urban academic medical center in the Northeast. Any provider who worked on service was eligible for participation. Sampling goal was 50. Measures used were the STAI-Y (anxiety), ProQOL-X (compassion and burnout), and CAI (caring ability).

Results: The intervention phase of the study is ongoing. To date, 92 providers have consented to the study. Of those, 77 have completed pre-survey; 28 (16 RNs) have completed the intervention; 24 have completed post survey. Once the study is complete, paired t-tests will be performed to test for significant differences between pre and post intervention mean scores for each measure.

Conclusions/Implications: conclusions cannot be drawn and the implications cannot be determined until the study is complete and the data are analyzed.
Poster 19

Isolation in Acute Care: Beyond the Mask

Judith Hahn, Yale-New Haven Hospital

**Purpose:** The aim of this study is to integrate qualitative studies on isolation from the patient’s perspective. The primary research question is: What is the patient’s perception of being isolated as part of treatment in an acute care setting?

**Background:** Hospital-acquired infections are a growing problem for health care institutions. These infections require health care workers to isolate infected patients and utilize barrier techniques to provide care. Another population of patients affected by isolation are those who are undergoing bone marrow transplant and/or significant myeloablative therapies resulting in an extremely immunocompromised state. While isolation is effective in preventing infections and keeping patients safe, the literature suggests it also causes a significant amount of stress for patients including higher levels of anxiety and depression.

**Methods:** Using Noblit and Hare’s (1988) approach, a metasynthesis of 13 qualitative studies on isolation in acute was conducted. Qualitative studies from both source and protective isolation were included.

**Results:** Five overarching themes emerged that represented five perspectives involving the patient’s isolation experience in acute care: (a) Keeping informed; (b) Keeping in touch; (c) Keeping stigmas in check; (d) Keeping caged in; and (e) Keeping in control.

**Conclusions and Implications:** Patients in source and protective isolation experience similarities and differences in their experiences. They differ specifically related to educational needs and yearning for information. Nursing interventions related to each of the five themes are identified related to supporting patients in isolation.
Poster Session I: Stress and Coping

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Journaling as an Intervention: A Case Study of Spiritual Coping

Janice Bell Meisenhelder, Massachusetts General Hospital Institute of Health Professions; Charae J. D’Ambra, Massachusetts General Hospital Institute of Health Professions

**Purpose:** This case study identified patterns of spiritual coping in a personal prayer journal of a 19 year-old woman fighting cancer, discovered after death.

**Background:** This private journal was begun nine months into treatment and continued past re-diagnosis with metastatic disease to near end-of-life, representing 22 prayers over 10 months.

**Methods:** Two researchers independently performed three levels of thematic analysis, comparing notes at each level: line-by-line labeling, clustering into groups, and broader categorization. Thirteen patterns of prayer were identified, examined also for frequency, chronological order, and coping effectiveness.

**Results:** Three positive clusters were continuous across the time span with equally strong representation: Seeking (42), Asking (38), and Thanking (39). The Seeking cluster included prayers asking for closeness with God (6) and offering her life to God (Take Me)(12), as well as Forgive Me (13) and I Need You (11) themes. Asking included solicitations for an ability to follow God (24), opportunities to help others (12), as well as personal healing (2). Thanking included expressions of trust (5), praise (8) and thanksgiving (26), a predominant theme through the last entry. The fourth cluster, Questioning (17), represented turmoil and distress: Will You Punish Me? (5), Where Are You? (9), and Can I Trust You? (13). The questioning prayers were found in only four entries prior to and shortly following the re-diagnosis.

**Conclusions & Implications:** The data provides strong evidence for positive spiritual coping via the mechanism of a written journal. Expressions of positive feelings predominated throughout the time span. Distressed prayers were limited in time and seemed to represent a process of dialog through which she re-gained a sense of peace. The results illustrate the therapeutic potential of journaling as a vehicle for spiritual coping, expressing emotions and clarifying existential meaning through written letters to God.
Gender Differences in Effects of Childhood Adversity and Verbal Affection on Depression and Psychological Well-being into Adulthood

Ann Polcari, Northeastern University; Keren Rabi, McLean Hospital; Martin Teicher, McLean Hospital

**Background/Purpose:** The role of adverse childhood experiences including emotional abuse in contributing to adult psychopathology is well-established. Previous research has shown that frequent exposure to parental verbal aggression has been associated in adulthood with increased ratings of depression, anxiety, dissociation and degree of drug use. We have previously reported a path analysis in a large sample of young adults from a multi-study community survey database, showing significant direct associations between parental verbal aggression and ratings of depression, anxiety, somatization, and hostility, and parental verbal affection direct and independent associations with measures of physical well-being, contentment, relaxation and friendliness. A key question that has not been addressed is whether there are clinical outcomes associated with these mood effects, and if effects for males and females differ.

**Methods:** Clinical psychiatric interview were conducted with 383 participants (247 females and 136 males) with mean age 22.15 SD 2.14, enrolled from the previously reported survey sample. Clinical diagnosis was determined by SCID-I interview for Lifetime presence of Major Depressive Disorder (MDD). In addition, participants completed the Psychological Well-being Scale (Ryff, 1989).

**Results:** Multiple regression analysis suggests that sons and daughters may be somewhat differentially affected by maternal and paternal verbal aggression and affection, on measures of MDD and psychological wellbeing. Both males and females confirmed the strong harmful effect of mother’s verbal aggression during childhood on increasing depression, and decreasing sense of self-acceptance and competence in everyday life. Sons were significantly effected by both mother’s and father’s verbal aggression while daughters were only effected by mother’s verbal aggression. Father’s verbal affection significantly decreased depression, and increased psychological wellbeing suggesting a protective role for both males and females.

**Conclusions/Implications:** These findings suggest that children with less exposure to parental verbal affection may be missing a chance during development to foster feelings of wellbeing that extend into adulthood. The findings emphasize the detrimental role of maternal verbal aggression, suggesting providers of care should screen for this type of childhood adversity as a way to understand symptoms and adult psychological functioning.
Poster Session I: Stress and Coping

Poster 22

The Chronic Stress Response to Adverse Childhood Experiences: A Pilot Study

Karen Kalmakis, University of Massachusetts Amherst

Background/Purpose: The purpose of this study is to develop and refine data collection procedures and measurement methods and provide pilot data for a larger study that will test whether childhood adversity predicts a neurobiological stress response in a population of young adults. Adverse childhood experiences (ACEs), such as physical abuse or neglect, are associated with health problems later in life. Socio-environmental factors, such as ACEs, represent persistent stressors that may impact various neurobiological stress response systems including the hypothalamic-pituitary-adrenal axis (HPAA). Over stimulation of the HPAA is associated with disease outcomes. However, the neurobiological pathways linking stress and health in the context of environment is an underdeveloped area of research.

Theoretical Framework: The study uses McEwen’s theoretical model of the neurobiological stress response, which proposes pathways by which psychosocial factors related to the social and family environment may impact allostatic and ultimately unfavorable health outcomes.

Methods (Design, Sample, Setting, Measures. Analysis): A cross-sectional correlational design is used to examine the relationship of adverse childhood experiences (ACE) and the HPAA mechanism of the neurobiological stress process as measured by hair cortisol. Socioeconomic status (SES) and individual demographics are considered as possible confounding variables. Young adult subjects are asked to complete on-line questionnaires intended to measure of socio-environmental factors. An innovative new technique to measure of chronic cortisol levels in hair is employed as a measure of persistent stress.

Results: Study is currently under way. results will be available at the time of the ENRS presentation, projected completion December 2012.

Conclusions & Implications: The goal of this research trajectory is to broaden our understanding of the long-term effects of childhood adversity on health, and to use this knowledge to inform disease prevention in clinical nursing practice.
Long Term Effects of Receiving Preconception Counseling During Early Adolescence in Adults Women with Diabetes

Jennifer Thurheimer, University of Pittsburgh; Dorothy Becker, Children’s Hospital Pittsburgh UPMC; Denise Charron-Prochownik, University of Pittsburgh; Ana Diaz, Children’s Hospital of Pittsburgh UPMC; Monica DiNardo, University of Pittsburgh; Feng Guo, University of Pittsburgh; A.B. Powell, University of Pittsburgh; Patricia Schmitt, University of Pittsburgh; Susan Sereika, University of Pittsburgh; Abigail Wilhite, University of Pittsburgh

Purpose: Women with pre-gestational diabetes and their infants have a higher incidence of pregnancy-related complications when the pregnancy is unplanned. Preconception counseling (PC) helps women with diabetes plan to achieve tight glycemic control inexpensively and reduces their risks of complications from 9% to 2%. READY-Girls is a PC program tailored for teens with T1D. The purpose of this study was to evaluate the relationship between having received PC during adolescence on preventing unplanned pregnancies, and pregnancy planning in adult women with T1D. Framework: READY-Girls (Reproductive-health Education and Awareness of Diabetes in Youth) is a validated PC program (DVD/book) based on the Expanded Health Belief Model.

Methods: This long-term follow-up study used a prospective cohort design with repeated measures modeling, to recontact previous subjects (n=112) who participated in the two READY-Girls studies and evaluate whether receiving PC during early adolescence had a long-term effect on the use of effective family planning, seeking and receiving preconception counseling and care, and metabolic control. Currently at baseline with completion of an online questionnaire, subjects (n=46) will be compared to women matched on age and race from a diabetes research registry who received standard care only (n=25).

Results: 71 women with T1D between 18-34yrs (mean=24.5yrs) were 96% Caucasian, 54% completed at least some college, 72% had a husband/boyfriend, 26% were married, 13% had a biological child, 72% had private insurance, 25% earned income less than 40,000/yr, 43% were Roman Catholic. Mean age of sexual debut was 18.5yrs (range 15-28yrs). 67% (n=48) of total sample reported having received PC. Women who had attempted to get pregnant had more frequent A1C glucose blood tests (metabolic control) (r=.38, p=.002); A1C values were correlated to self-management (r=.47, p<.001).

Conclusion/Implications: Only 48 women had ever received PC, with 46 of our sample having received it during adolescence. Age of sexual of debut appears to be older than the norm. There appears to be a relationship in planning pregnancies and metabolic control in this sample. Analyses will be conducted comparing women who received READY-Girls with women who received standard care only. Future analysis by repeated measures is warranted.
Women’s Experience of Decision-Making Regarding Medication Abortion

Joyce Cappiello, University of New Hampshire

Purpose: The purpose of this study was to explore women’s decision-making regarding medication abortion.

Background: In the U.S., nearly ½ of pregnancies are unintended, and ¼ of unintended pregnancies are terminated. In 2001, medication abortion became available. The current literature has focused on women’s experiences with medication abortion in clinical trials; the literature is sparse on women’s experiences with an option now widely available.

Methods: 22 U.S. women participated in in-depth interviews, occurring 2-16 weeks postabortion, conducted 9/2004-12/2006. Ten health care providers from various professional backgrounds were interviewed from 6/2006-6/2007 to inform development of the emerging theory. Charmaz’s constructionist grounded theory method was used.

Results: A need for personal control in decision-making was the central phenomenon based on three general concepts. The first concept was: 1) taking control of the unintended pregnancy by researching information, 2) confirming the pregnancy with home-based pregnancy testing, and 3) deciding to terminate the pregnancy based on personal influences of values, beliefs, and life circumstances. Current decision-making theory does not explicitly address patterns of decision-making seen in this study. The second concept, choosing medication abortion, was based on: 1) avoiding “surgery”, 2) appreciating the perceived naturalness of a process similar to the known process of a miscarriage, 3) respecting the “baby” with a gentler termination method, 4) timelier scheduling, and 5) the home environment providing privacy and more options for pain management. The third concept was maintaining control of decision-making while interacting with HCPs. Women felt well cared and commented positively on the health care provided by APNs. Women felt less in control when information was confusing or when the option of viewing the ultrasound image was not provided.

Conclusion: An interpretative, substantive grounded theory of personal control of medication abortion decision-making was constructed from the findings and provides a foundational framework for understanding women’s decision-making in choosing medication abortion. This study adds to the literature for the acceptability of APNs as providers of medication abortion and should reassure policy makers in countries where abortion provision is restricted to physician providers.
Purpose: To assess the effectiveness of a smoking cessation educational program on perinatal nurses’ knowledge, attitude and behavior regarding smoking cessation and relapse prevention counseling in the postpartum period.

Background: There have been significant gains in smoking cessation among pregnant women, but the rate of postpartum relapse remains high. The high early relapse rate suggests that cessation and relapse strategies begun in the prenatal period must continue soon after delivery. Hospital based perinatal nurses are in the ideal position to provide these interventions, but many do not feel confident to do so.

Theoretical Framework: Ajzen’s Theory of Planned Behavior (TPB) combined with constructs from Bandura’s Social Cognitive Theory and Self-Efficacy Theory were used in the formation of a new model, the Nurse-managed Behavioral Change Model.

Methods (design, sample, setting, measure, analysis): A multi-site, interventional study is planned using a quasi-experimental, pre-test/post-test design. There will be a total of 120 participants, 40 nurses from each of three hospitals. The program will be offered four times at each hospital. The independent variable is the educational program titled: “Helping Patients Quit Smoking During Pregnancy and Beyond”. The dependent variables are: knowledge, attitudes, and behaviors related to smoking cessation and relapse prevention counseling of the nurses measured pre and immediately post program and one month later. Descriptive statistics will be used to measure the baseline characteristics of the participants, t tests will be used to evaluate the mean differences in scores, and logistics regression to identify relationships and predictors among the variables.

Results: IRB approvals have been obtained and data collection is planned to begin this fall with analysis of data in January 2013. The hypothesis is that nurses who complete the smoking cessation educational program will have a statistically significant increase on follow up test scores compared to preprogram scores.

Conclusions/Implications: The results will be used in the development of appropriate educational programs for nurses caring for women who smoked at the beginning of pregnancy.
Poster Session I: Childbearing and Women’s Health

Poster 26

Navigating the Unfamiliar Health Care System during Childbirth: Korean Women’s Lived Experience of Childbirth in the United States

Jin Young Seo, University at Buffalo, State University of New York; Suzanne S. Dickerson, University at Buffalo, State University of New York; Wooksoo Kim, University at Buffalo, State University of New York

Purpose: The purpose of this study is to understand Korean women’s childbirth experiences of utilizing the U.S. health care services.

Background: Despite the rapid increase in the number of Korean women in the U.S., Korean women’s perceptions and experiences regarding childbirth practices and health care service utilization during childbirth in the U.S. has rarely been studied.

Methods: This qualitative study was designed and guided by the Heideggerian interpretive (hermeneutical) phenomenology. A purposive sample of 15 Korean women who had experienced childbirth within 5 years in the U.S. was recruited from online Korean community. Data were collected by semi-structured telephone interviews and analyzed by team approach based on a modified Diekelman, Allen & Tanner (1989) method.

Results: Four related themes and 1 constitutive pattern emerged from the interpretation of the interview text. Korean immigrant women faced multifaceted barriers in unfamiliar sociocultural contexts. However, Korean women tried to navigate health care system based on their own cultural backgrounds as a Korean living in the U.S. During childbirth in the U.S., Korean women navigated the unfamiliar health care system using various sources to seek information and to link with available resources. Furthermore, they learned to develop their own strategies to bridge the gap and overcome barriers. Korean women learned through their own childbirth experiences.

Conclusions: While going through childbirth in the U.S., Korean women navigated the unfamiliar health care system and selectively accepted new cultural beliefs with some modifications based on their own cultural context and developed own distinct birth culture. Implication: The results facilitates nurses’ understanding of Korean cultural traditions and the need to navigate care, which would facilitate removing barriers to access and ultimately provide culturally congruent care for Korean immigrant women.
Poster Session I: Childbearing and Women's Health

Poster 27

Perceived Social Support, Self-esteem, and Pregnancy Status among Dominican Adolescents

Lynn M Babington, Fairfield University; Linda L Malone, Northeastern University

Background/Purpose: Adolescent pregnancy is a major health concern among Dominicans in the US and in the Dominican Republic (DR). Twenty three percent of adolescents age 15-19 have experienced pregnancy and this trend is rising. The purpose of this study was to explore and compare social support, self-esteem and pregnancy experience between Dominican adolescents in the DR with those who have immigrated to the US.

Theoretical Framework: Self-esteem and social support in adolescents are postulated to be important to adolescents risk taking behaviors.

Methods: This study used an exploratory, descriptive design and included a study sample in the DR of 28 teens attending high school and 19 teen mothers. The US sample included 25 teens in high school and 24 teen mothers who were not attending school. The study questionnaire included the Personal Resource Questionnaire-85 measuring social support (SS), and Rosenberg’s Self-esteem Scale measuring self esteem (SE). Means and frequencies were calculated and one way ANOVA were computed to explore if SS and SE varied by pregnancy experience and varied between groups. Simple and multiple regression analyses were conducted to determine whether SS and SE individually or together predict pregnancy experience.

Results: Analysis showed that young women with higher SE and stronger SS experienced lower pregnancy rates in the DR sample and in the US sample and among teens who were presently in school and those who were not. Neither self esteem or social support were found to be predictors of pregnancy.

Implications: Understanding what may influence pregnancy outcomes for adolescents will help those who work with teens develop interventions aimed at improving adolescent health.
Poster Session I: Childbearing and Women’s Health

Poster 28

Preventing Falls in Pregnancy and Postpartum: Developing an Appropriate Intervention

Dorothy Brewin, University of Massachusetts Lowell; Angela Nannini, University of Massachusetts Lowell

Background: Trauma is the most common cause of non-obstetrical morbidity and mortality in pregnancy, affecting an estimated 5-8% of all pregnant women. From 2001-2004, 3% of all pregnant women in Massachusetts sought hospital care for fall related injuries. Multiple studies have determined that trauma or injury during pregnancy, despite perceived severity, may cause delayed morbidities. A systematic review on the outcomes the trials to prevent falls in healthy elders living in a community setting identified individual interventions such as information sharing, balance training, and home exercises and group exercise programs, like tai chi and yoga as effective. Multi focal programs were the most consistently successful intervention. Since the subjects in those trails were comparable to healthy pregnant women, similar fall prevention programs may be beneficial for pregnant women. Study Goal: The research aim is to better understand the consumer’s and the provider’s perspective of an evidenced based intervention to prevent falls in pregnant and postpartum women. The ultimate goal is to formulate a replicable intervention to prevent falls during pregnancy and the postpartum period.

Methods: Utilizing a qualitative phenomenological research methodology, separate consumer and provider focus groups, as well as individual interviews, were conducted during the Spring and Fall of 2012. Guided by a focus group protocol, discussion of fall prevention strategies was enhanced by 1 to 3 minute videos on the proposed intervention. All focus groups were audio recorded using an Apple I pod, transcribed and analyzed using NVivo 9 software.

Results: Early findings suggest that providers are very open to introducing a fall prevention intervention. Consumer preferences included direct provider counseling, yoga and pilates.

Implications: results of this study will be used to plan an intervention study that is delivered early in prenatal care.
Process Evaluation of a Clinical Trial in a Pregnant Population

Joyce Marie Rhodes-Keefe, Binghamton University; Geraldine Britton, Binghamton University; Teresia Mutiso, Binghamton University

Purpose: To conduct a process evaluation of a pilot study testing the reliability and validity of a prenatal smoking status assessment tool, in order to assess recruitment strategies, the availability and willingness of subjects to enroll and the ease of survey administration via the iPad.

Background: Conduct of clinical trials poses many challenges to the nurse researcher. A process evaluation is useful in documenting steps involved, and troubleshooting problems.

Methods: Study was conducted in an urban obstetrical clinic serving high risk, low income populations. After IRB approval training sessions for the clinic staff were held. A procedure manual was provided with reference material as well as forms for the staff to log patients, catalogue acceptance rates, and document problems, comments and suggestions. Incentives included ten dollars to each nurse/clinic for each urine specimen obtained and twenty dollar gift card to each patient enrolled.

Results: Staff was very receptive to being co-investigators on the study and completed human subjects training. Patients willingly agreed to participate in the study and there were no problems with administration of the survey including use of the iPad. Ninety percent of patients who met recruitment criteria agreed to enroll in the study. Of the six women declining to participate, one was due to a language barrier and five stated they were not interested. Only one of the 54 subjects stated she did not understand a term used on survey. Issues of urine specimen collection, labeling and analysis, and transport resulted in modification of urinary assay type.

Conclusion: results of the process evaluation highlight the importance of active staff and patient participation as well as an organized approach to specimen collection and processing. It also underscores the value of ongoing detailed evaluation of studies in progress. Results will be used to enhance future studies.
Supporting Birth in the Hospital Setting

Eileen DiFrisco, NYU Langone Medical Center; Wendy Budin, NYU Langone Medical Center; Jessica Deeb, NYU Langone Medical Center; Amy Imossi, NYU Langone Medical Center; Gladys Vallespir Ellett, NYU Langone Medical Center

Background/ Purpose: Research has shown that labor support and the birth environment can influence positive outcomes for birth. Childbirth classes have traditionally provided expectant mothers with the knowledge and skills to cope with labor. Little is known about how the knowledge and skills learned in childbirth classes are translated into practice in the hospital setting. The purpose of this study is to describe what labor support strategies mothers learned in prenatal childbirth classes and to determine which of these strategies were used and rated as helpful during labor and delivery. Framework: Stress/coping and labor support guided this descriptive study. Methodology: An anonymous web-based survey was used to identify labor support strategies mothers learned in prenatal classes and to compare them to what they experienced on the labor and delivery unit. Mothers who participated in childbirth classes and delivered at an urban academic medical center in the northeast received a link to the survey after discharge via email. Data were collected during a three month period.

Results: 103 mothers responded to the survey. 76% found childbirth education classes prepared them well or very well for the birth experience. Non-pharmacological comfort measures learned most often in classes included breathing techniques (97%), walking/movement (90%), having a support person (86%), shower (74%), and massage (73%). Comfort measures rated as somewhat or very helpful while laboring in the hospital included having a support person (93.6%), breathing techniques (81.9%), changing positions (62.9%), relaxation (60.7%) and resting (61.6%). Comfort measures that were encouraged most often by nurses, included breathing (58%), resting (47%), relaxation (36%), and walking/movement (33%).

Conclusions/ Implications: Results show that if women use the comfort measures learned in childbirth classes, they found them to be helpful. When nurses encouraged the use of comfort measures, women found them to be more helpful. Childbirth education empowers women to make informed choices to support their labor experience. By understanding the patient’s labor experience; we can identify patient’s needs and implement evidence-based labor support skills that will promote, protect and support the birthing experience. Our goal is use this information to enhance the childbirth experience by developing strategies that bridge the gap between prenatal childbirth education and labor and delivery.
Urban Women’s Needs for Postpartum Self-Care and Parental Transition

Patricia Suplee, Rutgers University; Lynn Borucki, Rutgers University; Marcia R. Gardner, Seton Hall University

Purpose: Describe urban, first time mothers’ self-care and parenting needs during the first three months postpartum.

Background: According to the CDC, of the four million infants born in the US in 2010, 40% were to Hispanic or Black women experiencing a first birth. Poverty and associated health risks tend to be higher in this population of women. Several studies have examined women’s postpartum concerns and learning needs in the immediate postpartum period; however, little is known about such issues in low income, urban-dwelling minority women, whose experiences and needs differ from those previously studied. Cultural discordance, language barriers, and health literacy influence health in this population group. Appreciation of these factors should ultimately inform postpartum education practices. Optimally-timed education focused on self- and infant care across the first years of a child’s life may have positive effects on both immediate and long-term health of urban women and their children. To design targeted educational strategies, a clearer picture and understanding of their needs in the postpartum period is crucial.

Methods: Naturalistic inquiry will guide this study. Urban, low-income women who have delivered their first baby within the past three months will be recruited from community locations including churches, pharmacies, grocery stores, and daycare centers located in a city in the Northeast. Researchers will audio-record semi-structured interviews in mutually agreed upon locations using an interview guide to elicit women’s concerns, needs, stresses, supports, resources, and experiences during their transition home after delivery of their first infants. Interviews will be conducted in both English and Spanish, translated and then analyzed in Atlas.ti to derive themes describing these components of their experiences. Sample size will depend on saturation.

Conclusion and Implications: Findings from this study can help illuminate the actual needs and concerns of low-income, urban residing women, related to health promotion in the postpartum period.
Specific Symptoms of Postpartum Depression (PPD) are Decreased in Mothers Supplemented with Docosahexaenoic Acid (DHA, 22:6n-3) During Pregnancy

Michelle P. Judge, University of Connecticut; Cheryl Beck, University of Connecticut; Holiday Durham, Louisiana State University; Carol Lammi-Keefe, Louisiana State University; Michele M. Mckelvey, University of Connecticut

Background/Purpose: DHA is a major structural component of neural tissue critical to neurotransmission and mood regulation. Poor maternal dietary intake, coupled with accelerated maternal-fetal transfer of DHA, increases risk for maternal deficiency. Lower intake of DHA during pregnancy has been associated with higher risk for PPD. The purpose of this investigation was to evaluate if maternal DHA supplementation in pregnancy reduces PPD symptoms.

Theoretical Framework: Higher DHA intake during pregnancy improves maternal DHA availability. As more DHA is available neurotransmission is optimized resulting in improved mood during the postpartum period.

Methods: In a randomized, double-blind, placebo-controlled trial 53 women were assigned to i) Placebo (corn oil capsule, n=29) or ii) DHA (300 mg DHA, fish oil capsule, n=24) for consumption (5d/wk) between weeks 24-40 of pregnancy. PPD symptoms were assessed at 2 & 6 wks, and 3 & 6 mos postpartum with the Postpartum Depression Screening Scale (PDSS). Proc Mixed procedure was used to compare group differences in total PDSS scores.

Results: PDSS total scores were significantly lower (p=0.02; 46.03 ±2.17, Intervention vs. 52.11±2.4, Placebo) in the intervention group with less anxiety/insecurity (p=0.03), emotional lability (p=0.04) and loss of self (p=0.02) upon comparison of PDSS individual domain scores.

Conclusions & Implications: These results offer a basis for guidelines for DHA consumption by pregnant women and for community-based efforts to increase awareness of the value of DHA/fish consumption for maternal mental health. (Supported in part by: Donaghue Foundation, Hartford, CT, LodersCrokaan, UCONN School of Nursing and LSU AgCenter.)
Poster Session I: Childbearing and Women’s Health

Poster 33

Perimenopause Joint Pain in Urban Hispanic Women: A Qualitative Study

Nancy E Reame, Columbia University; Margaret Altemus, Psychiatry, Cornell Medical Center; Yamnia Cortes, Columbia University; Rosario Jaime-Lara, Columbia University

Purpose: To describe the symptom experience and coping strategies for managing joint pain attributed to the perimenopause in urban Hispanic women.

Background: Although older Hispanic-Americans experience high rates of chronic pain, the role of menopause is poorly understood. Menopause has been proposed as a time of new onset or exacerbation of joint pain due to the progressive withdrawal of estrogen’s anti-nociceptive effects on cartilage, ligaments and bone. There is some emerging data from large longitudinal studies that joint pain is one of the most common symptoms of menopause, second only to hot flashes, but in-depth assessments of the nature and quality of this symptom, or ways that culture influences how women cope are lacking.

Methods: A cross-sectional, IRB-approved, qualitative study is underway using 4 focus groups, recruited through convenience and snowball sampling, composed of 6-10 Hispanic women, ages 45-55, recruited from the Washington Heights/Columbia University Medical Center community who report the new onset or worsening of musculoskeletal pain during the perimenopause. All subjects must have experienced the onset of irregular menstrual periods or the cessation of menses (spontaneous or surgical) within the past 12 months, and not taking hormones. Participants receive $25. Using the methodology and conceptual frameworks used by Villareul et al (2002) to guide a qualitative study of non-pain symptoms in postmenopausal Mexican women in the Midwest, transcripts of audiotaped recordings of the group interviews will be analyzed by a bilingual research team within the broad categories of the meaning of the perimenopausal pain on health; physical, behavioral and emotional changes; management and coping strategies. NVivo software (QSR International) will be used to help organize and code themes, subthemes and relationships.

Results: In progress.

Implications: This CTSA-(NCATS grant#UL1 TR000040) and NIH-supported (#2 P30 AG022845) pilot project will provide preliminary findings for a larger study about tailored interventions for pain relief in midlife urban, Hispanic women.
**Poster Session I: Methods and Measures**

**Poster 34**

**Methodological Advances in Knowledge Synthesis to Transform Nursing Research and Practice**

*Robin Whittemore, Yale University; Ariana Chao, Yale University; Myoungock Jang, Yale University; Karl Minges, Yale University*

**Purpose:** The purpose of this presentation is to highlight recent advances in knowledge synthesis methodologies and reporting guidelines.

**Background:** While knowledge synthesis is critical to advancing nursing practice, research, and policy, synthesizing knowledge from an often-heterogeneous body of literature in a clear and accurate manner has proven to be challenging. Established knowledge synthesis methods include the integrative review, systematic review, meta-analysis, and meta-synthesis. More recently, methods on mixed-studies review have been proposed. Methodologies and reporting guidelines continue to be revised in order to enhance the rigor of knowledge synthesis, particularly with respect to quality appraisal, qualitative synthesis methods, and reviews that include non-experimental designs.

**Methods:** A review of recent advances in knowledge synthesis and reporting guidelines for health sciences research was completed using a Google search, Medline, CINAHL, and PsychInfo. Databases and websites were also searched to identify publications on the creation and recommended use of proposed guidelines. Information was critiqued and summarized for applicability to nursing science and practice.

**Results:** Recent guidelines from Cochrane Collaboration, Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), Meta-analysis Of Observational Studies in Epidemiology (MOOSE), and Mixed Studies Review will be discussed. Methods of quality appraisal (ie., quality scores, risk of bias) will be critiqued. Resources for improving the quality of research reporting (ie., EQUATOR - Library for Health Research Reporting), taxonomies describing essential features of interventions, and challenges to the implementation of reporting guidelines will also be presented. We will use the CONSORT table recommendations for e-Health interventions and behavioral health interventions as case examples.

**Conclusions:** Advancements in methodology of knowledge synthesis and reporting guidelines have the potential to improve nursing science and translate evidence into clinical practice and health policy recommendations. Rigorous knowledge synthesis methods enhance the quality, scope, and applicability of results; thus improving nursing care and advancing health policy.
Poster Session I: Methods and Measures

Poster 35

A Comparative Analysis of Four Types of Grounded Theory

Qiaohong Guo, University of Massachusetts Amherst; Cynthia S. Jacelon, University of Massachusetts Amherst

**Purpose:** To compare and contrast four types of grounded theory methods.

**Background:** Grounded theory is a qualitative research method that was developed by Barney Glaser and Anselm Strauss in 1967. It has been commonly used in nursing. Up to now, there are four types of grounded theory, including Glaser’s classic grounded theory, Strauss and Corbin’s Straussian grounded theory, Charmaz’s constructivist grounded theory and Clarke’s situational analysis.

**Methods:** This is a comparative analysis paper, using the comparative approach and matrix method (Garrard, 2010) to analyze information regarding to four types of grounded theory based on a review of the following books: Discovery of Grounded Theory, Theoretical Sensitivity and Basics of Grounded Theory Analysis - Emergence verses Forcing by Glaser; Basics of Qualitative Research (1st, 2nd, 3rd Editions) by Strauss and Corbin; Constructing Grounded Theory by Charmaz; and Situational Analysis by Clarke.

**Results:** The grounded theory methods have evolved from positivism, objectivism to postmodernism and relativism; from looking at singular social process to analyzing complex situations; from researcher as “tabula rasa” to a much more active role. Four types of grounded theory share some basic principles, such as comparative analysis, theoretical sampling, theoretical sensitivity, memo-writing. However, they are to some extents different in research purpose, philosophical position, conceptual infrastructure, data sources, role of researcher, coding procedure, research report, as well as evaluation criteria. Comparable data were developed in this paper.

**Conclusions & Implications:** Four types of grounded theory methods that use original and innovative approaches have made considerable contributions to the field of grounded theory research. It is necessary for researchers to get familiar with each type of grounded theory before they decide which one is the best for their research.
Predictors of Readiness for HIV Testing Among Midlife Women

Susan L Hamilton, Massachusetts General Hospital Institute of Health Professions

Background/Purpose: An estimated 21% of people with HIV do not know they are infected. Midlife and older women have the lowest levels of HIV testing and are more likely to be diagnosed late and to die earlier from HIV. Health providers do not routinely recommend HIV testing to persons they consider at low risk for HIV infection. The purpose of this study was to identify predictors of the readiness of midlife women to have an HIV test.

Theoretical Framework: Health Belief Model.

Methods: This cross-sectional study used a survey mailed to a random sample of women ages 50 to 59 in MA (n = 369, 11% Hispanic, 8% Black). The survey instrument was validated in a pilot test and included measures of perceived susceptibility, seriousness, barriers, benefits, and cues to action. Readiness to have an HIV test was measured by 4 indicators of a latent outcome variable. Convergent and discriminant validity was established using CFA and a full latent variable structural equation model was used for hypothesis testing.

Results: 75% of women were likely or very likely to have an HIV test if one were recommended by their NP or MD, with significantly fewer likely to test if given an opportunity (38%), or to intend to have an HIV test (12%). The structural equation model explained 56% of the variance in readiness to have an HIV test. Perceived susceptibility to HIV (β = .53) and cues to action from talking about HIV testing (β = .46) or from knowing someone with HIV (β = .48) increased readiness to have an HIV test. Seriousness (β = -.91), or perceived social costs of HIV testing, decreased readiness to have an HIV test.

Conclusions and Implications: Readiness to have an HIV test among midlife women in this study was increased by talking about HIV testing with a PCP or family member, from knowing someone with HIV, and by perceived susceptibility to HIV. Perceived social costs of HIV decreased readiness to have an HIV test. Increased discussion of HIV testing by NPs and other providers, social marketing to increase knowledge of HIV prevalence among women and to decrease HIV stigma may help to increase the rates of HIV testing and of early diagnosis of HIV among midlife women.
Paper Session B1: Child and Adolescent Health

Family Management of Children with Chronic Health Conditions: Perspectives of School-Aged Children

Barbara L. Beacham, University of Pennsylvania; Janet A. Deatrick, University of Pennsylvania

Purpose: The purpose of this study was to give voice to children with chronic health conditions regarding family management of their condition to improve our understanding and identify potential areas where interventions may be tested.

Background: Family Management of chronic health conditions in children has been well studied from the parents’ perspective. Less is known about how the child, especially the school-aged child, views this phenomenon. Addition of the child’s perspective is useful in constructing interventions models to improve child development and outcomes. We used the Family Management Styles Framework to guide the study.

Methods: This qualitative descriptive study recruited participants from four specialty clinics (diabetes, cystic fibrosis, asthma, and hematology) at a major children’s hospital in the northeast. The 40 children enrolled were between 8 - 13 years old and had been diagnosed with a chronic health condition for at least six months. Each child participated in one semi-structured interview in their home and was asked to talk about the chronic health condition and how it affected them during their daily activities, especially probing their perspectives of family condition management. Content analysis was conducted to identify the child’s understanding of family condition management. These findings were compared to the definitions provided for the dimensions and components of the Family Management Styles Framework (FMSF) developed from the parental perspective.

Results: Preliminary themes pertaining to parental agency in management were identified that are similar to the FMSF. Additional preliminary themes were identified, including family identity (family agency) and socialization (child agency). The resulting model therefore, includes interplay between child self-care and family management.

Conclusions & Implications: Condition management for the school-aged child is a balance between family management and self-care. Adding the school-aged child’s perspective to Family Management assessments increases our understanding and provides insights into areas where family and self-care interventions may be useful. Further study is required to assess the interface between family management and child self-care and test child and family interventions.
The Balance We Seek: A Sequential Narrative Analysis of Childhood Cancer Blogs

Catherine M Heilferty, Holy Family University

Purpose: The research aimed to identify the narratives and themes about the experience of parenting a child with cancer as expressed in parent blogs and in the social interaction present between blog authors and readers.

Background: Treatment for childhood cancer has evolved into a mixed-blessing labyrinth of treatment options and unstable wellness states. Healthcare providers have begun to examine family Internet use during illness for help in improving care. To date, no research has been published on blogging during childhood cancer. Method: Narrative analysis was used to explore the text of nine illness blogs created by parents of children with neuroblastoma and five by parents of children with acute lymphoblastic leukemia found using modified snowball sampling. Parents consented to inclusion of their blogs from the first entry to the entry preceding the date of consent.

Results: Analysis of these parent blogs resulted in three overarching themes: balance, ballast and co-creation. Families expressed efforts to balance complex and often contradictory feelings and obstacles. Ballast was defined as readers’ efforts to support and affirm the blogger. Co-creation was recognized as the process through which blogger and reader influenced both the illness experience and the narrative being shared.

Conclusions and Recommendations: The findings suggest that attention to parent blog content can aid understanding of the day-to-day experiences of parents with children with cancer. More needs to be known about the relationship between blogging and measures of uncertainty, anxiety and identity change in the experience of childhood cancer. Proposed grounded theory research on Internet use of all types during illness will lead to a middle range nursing theory of online communication in illness. Research into the role of direct contributions to the medical record by parents and patients is warranted.
Companions, Confidences, and Control: Urban Adolescent Girls’ Perspectives on Romantic Relationships

Ellen Volpe, Center of Health Equity Research; Mercedes M. Morales-Alemán, Michigan State University; Anne M. Teitelman, University of Pennsylvania

Purpose: The purpose of this paper was to describe romantic relationships from the perspective of urban, adolescent girls in order to address gaps in our understanding of relationship dimensions that may impact health outcomes.

Background: Minority adolescents are over-represented in sexually transmitted infections incidences but under-represented in research that examines romantic relationship contexts. Therefore, we used Collins’ (2003) organizing framework to explore girls’ opposite sex romantic relationships. Collins identifies the following relationship features pertinent to adolescents 1) involvement, 2) partner selection, 3) content, 4) quality, and 5) cognitive and emotional processes.

Methods: This qualitative study engaged participants who self-identified as African-American, Hispanic or multi-racial (N=17). Participants were recruited from community programs targeting low-income adolescents in a mid-size US city. Private semi-structured interviews aimed to elicit understanding of the adolescents’ perspectives on their own relationship dynamics and experiences. The research team conducted conventional and directed content analysis of the interviews.

Results: Two major themes emerged regarding relationship involvement: frequency of male pursuit and social pressures. Partner selection seemed to be commonly influenced by social dimensions and specific partner traits. Time spent talking and companionship dominated discussions of relationship content. The majority of relationships contained low- and high-quality characteristics. Low quality characteristics included controlling behaviors and mutual violence. High-quality characteristics were emotional support, friendship, respect, and open communication. Cognitive and emotional processes common to the participants were relationship intensity, trust, commitment, and sexual decision-making.

Conclusions & Implications: This study provides a rich, comprehensive description of romantic relationships from the perspectives of urban, adolescent girls. Most salient findings emerged across Collins’ features and included social pressures surrounding romantic relationships, relationship intensity, and a combination of both positive and negative attributes. Implications include intervention development at the community level to address social pressures and norms, recognition of positive adolescent relationship attributes, and facilitation of girls’ skills to identify and address low-quality relationship characteristics.
Paper Session B1: Child and Adolescent Health

Using the Thoughts on Teen Parenting Survey to Determine the Impact of Wise Guys

Judith W. Herrman, University of Delaware

Purpose: Efforts to encourage responsible sexual behavior in teens have focused largely on young women. Wise Guys is one of the few programs designed to increase sexual health knowledge and promote healthy sexual behavior in teen males. The purpose of this project is to determine the impact of the Wise Guys program on young men's perceptions of the impact parenting would have on their lives.

Theoretical Framework: The Thoughts on Teen Parenting Survey (TTPS) is based on the theory of reasoned action in which individuals weigh the costs and rewards of actions to inform the decision-making process. This theory dictates that it is individuals' assessments of these costs and rewards that frame their intention to engage in a behavior, in this case responsible sexual behavior and prevention of a partner's pregnancy and potential parenting.

Methods: The Wise Guys program includes ten sessions and is designed to promote responsible sexual behavior by addressing values, masculinity, sexuality, dating violence, abstinence and contraception, sexually transmitted diseases, goal-setting, decision-making, and parenthood. A sample of 70 adolescent males completed the program and pre/post-tests. The TTPS was used as the pre/post-test and asks teens to consider the impact a teen birth would have on their lives in such areas as friends, family, intimate partners, work, money, education, personal characteristics, and life in general. The TTPS yields a total score and subscale scores in which higher scores indicate more positive attitudes and lower scores indicate more negative attitudes toward the parenting experience. The TTPS, developed by the PI, has demonstrated high levels of validity and reliability and was used in several other research projects assessing teens' attitudes toward the teen parenting experience.

Results: Wise Guys was effective in reinforcing less positive perceptions of teen parenting. Statistical evaluation, using paired T-tests, of the Wise Guys Program showed that it successfully changed adolescent views on teen pregnancy and parenting as demonstrated by the statistically significant values for the Money and Life in General subscales and the cumulative scores.

Conclusion and Implications: The Wise Guys program was successful. This research will add to this body of knowledge and will provide further testing of the reliability and validity of the TTPS. Nurses may use Wise Guys as one means to prevent teen pregnancies.
Purpose: Violence among young women, whether as victims, witnesses, or perpetrators, has dramatically increased in recent years. The number of teen women adjudicated for violent crime has tripled since the 1980's. Little is known about young women’s perspectives on violence. The purpose of this study was to fill this gap in the research and to determine teen women’s perceptions of violence and their thoughts on prevention.

Background: Crime and violent behaviors are complex issues and may relate to previous emotional, physical, or sexual abuse; be in reaction to poverty or other marginalization; or be a defense in an increasingly crime ridden environment characterized by gangs, drugs, and gun violence. Gathering young women’s perceptions about their experiences with violence is a critical element in designing prevention policies and programs.

Methods: Four focus groups were conducted in community-based organizations in an urban setting. The purposive sample included 32 young women, ages 12-18 years, who were incarcerated, affiliated with the juvenile justice system, or self-identified as living in disadvantaged neighborhoods. Focus group questions asked participants to consider their participation in violent behavior, exposure to violence, experience with violence in their community, and thoughts on violence prevention. Audiotaped focus groups were transcribed verbatim and analyzed using a template analysis based on the interview guide.

Results: Recursive, iterative analysis identified key concepts and exemplar quotes allowing for the organization of the data around and the emergence of seven themes: Violence is Learned, Violence is Contagious, Violence is Unstoppable, Violence is Necessary to Manage Stress and Conflict, Violence is Belonging, Violence is Connected to other Crime, and Maybe it can be stopped. These themes, additional data, and the girls’ own words provide a rich picture of violence from the perspectives of young women.

Conclusion and Implications: The analysis of young women’s perceptions about violence and crime may provide insight into the lives of selected populations and serve as a foundation for prevention efforts. Nursing research has a key role in exploring stakeholder perceptions, reconceptualizing violence as a public health issue, and informing policies designed to prevent, decrease, and deal with violence.
Paper Session B1: Child and Adolescent Health

Safe Dates for Young Mothers: A Pilot Study

Judith W. Herrman, University of Delaware

Purpose: This pilot study assesses the effectiveness of an adapted curriculum, Safe Dates for Young Mothers (SDYM), in increasing knowledge about and decreasing perpetration and victimization of dating violence among teens who are pregnant or parenting. Teen dating violence is believed to occur in one-in-seven girls in the United States. This number climbs to one-in-three when young women are pregnant or parenting. The stress of teen parenting, compounded by social, economic, and environmental stressors, causes both young mothers and children to be especially vulnerable. A review of the literature failed to yield a curriculum addressing the unique needs of this population. An existing evidence-based program, Safe Dates, was adapted using findings from focus groups and insights from the literature to inform changes. The evaluation tool was also adapted to ensure validity with the changes in content.

Theoretical Framework: The Safe Dates curriculum is based on cognitive development theory. This theory provided a framework for introducing teens to conflict management skills, relationships, and gender stereotyping and guides teen decision-making related to acceptable norms, behaviors, consequences, and peer influences.

Methods: The ten-class adapted program was implemented at three sites of a school designed for the unique needs of young mothers. Nursing students received intense training and conducted the program. A final ethnically-diverse sample (n=41) of young women, ages 14-19, participated in the pilot study. The 143 item evaluation tool measured knowledge, attitudes, and behaviors in 12 domains and was administered on the first and last days of each session and one month after program completion. The pre/post-test design allowed for assessment of the curriculum and the evaluation tool.

Results: Preliminary analyses demonstrate that the SDYM program was effective in influencing 4 of the 12 domains, indicating promising results requiring further study. Analysis on the third administration is currently underway and will be available for this presentation.

Conclusion and Implications: A larger sample may produce more significant findings; therefore, ongoing research is planned. The SDYM curriculum may provide an important resource to ensure the safety of this population of young women and their children.
**Improving ECG Monitoring Electrode Placement**

Marjorie Funk, Yale University; Jeanine May, Yale University; Kimberly Stephens, University of California San Francisco; Kristopher Fennie, Florida International University; Pei-Shiun Chang, Yale University; Shelli Feder, Yale University; Barbara Drew, University of California San Francisco

**Background/Purpose**: Continuous electrocardiographic (ECG) monitoring is ubiquitous in hospitals. Proper placement of monitoring electrodes on the torso is essential. Misplacement off the designated anatomic site can alter waveform morphology and lead to misdiagnosis of arrhythmias and myocardial ischemia. The purpose of this analysis was to determine if an online ECG monitoring education program and strategies to implement and sustain change in practice improved the placement of electrodes.

**Theoretical Framework**: Knowledge Transfer Theory (Lavis et al., 2003), which provides 5 determinants that direct planners in the transfer of knowledge to recipients, guided this study.

**Methods**: This analysis is part of the Practical Use of the Latest Standards of Electrocardiography (PULSE) Trial, a 5-year multi-site randomized clinical trial addressing ECG monitoring. Three research nurses observed electrode placement on 3,261 patients over a 5-day period in cardiac units at each of 17 hospitals in the US, Canada, and China. After obtaining baseline data, the intervention was implemented in hospitals randomized to the experimental group. We then obtained follow-up data. We used the Extended Cochran-Mantel-Haenszel Chi Square to determine significant differences over time by group in the proportion of instances that electrodes were placed correctly.

**Results**: The sample of patients was 57.7% male and 82.5% white, with a mean age of 65.4±15.4 years. For the subset of 2,450 patients with the standard 5-electrode configuration, the proportion with correct electrode placement at baseline ranged from only 19.7% for the V electrode to 86.7% for the right arm electrode. After the intervention, the proportion with correct electrode placement in the experimental group ranged from 59.3% for the V electrode to 90.4% for the right arm electrode. The experimental group improved significantly more compared to the control group on the right arm and left arm electrodes p<.0001, left leg electrode p=.0026, and V electrode p=.0003. The right leg electrode can be placed anywhere on the body, so was almost always correct.

**Conclusions & Implications**: An online ECG monitoring education program and strategies to implement and sustain change in practice can result in significant improvement in electrode placement. Particular emphasis on placement of the V electrode is indicated. Improved electrode placement should result in more accurate diagnosis of arrhythmias and myocardial ischemia.
A Randomized Trial of Telemonitoring and Self-Care Education in Heart Failure Patients Recently Discharged from Home Care or Skilled Nursing Facility

Colleen Delaney, University of Connecticut; Beka Apostolidis, University of Connecticut; Susan Bartos, University of Connecticut; Heather Morrison, University of Connecticut

Background/Purpose: Heart Failure (HF) is a chronic, progressive condition that is characterized by poor physiological and psychological outcomes. Older patients who have been recently discharged from a home care agency or skilled nursing facility (SNF) following a hospitalization for HF are a particularly vulnerable group at risk for poor outcomes and high service use. The primary aim of this experimental study was to determine the efficacy of a telemonitoring (TM) and self-care education intervention in reducing all cause 90-day rehospitalization. Secondary outcomes included 30-day rehospitalization, quality of life (QOL), and patient’s knowledge of HF.

Theoretical Framework: The conceptual model of Self-Care in HF provided the conceptual basis for the development of an intervention focused on promoting self-care among community-dwelling elders with HF.

Methods (Design, Sample, Setting, Measures, Analysis): This randomized controlled trial enrolled 100 patients with HF recently discharged from home care or SNF (mean age 78.9, range 45-92). Participants were assigned randomly to TM and self-care intervention (n = 50) or control (n = 50) groups. Intervention group patients received 90 days of telemonitoring and a self-care education packet. Attention control group patients received usual care and a medication tracker. QOL was assessed using the Minnesota Living with Heart Failure questionnaire. HF knowledge was assessed using the Dutch Heart Failure Knowledge Quiz.

Results: Ninety-three participants completed the study (46 in the intervention group and 47 in the control group). The primary outcome of 90-day hospitalizations was significantly reduced in the intervention group compared to controls (p = .046). For the secondary outcomes, there were no significant group differences in 30-day rehospitalization rates. HF knowledge (p = .013) and QOL (p = .004) were significantly increased in intervention group patients in comparison to control group patients’ at the study endpoint.

Conclusions & Implications: A telemonitoring and self-care education intervention was effective in reducing 90-day rehospitalizations and improving HF knowledge in HF patients recently discharged from home care or SNF. Further research is needed to examine if this intervention improves quality of care and outcomes for older home care patients with HF.
Improving Heart Failure Self-Care: A Responder Analysis of an Educational Intervention

Corrine Y. Jurgens, Stony Brook University; Barbara Riegel, University of Pennsylvania

Background/Purpose: The most effective method of improving heart failure (HF) self-care is unknown. The purpose of this study was to assess a 4-part self-care intervention to identify the most effective component.

Method: We performed a responder analysis of data from a randomized controlled trial of 99 HF patients randomized to a self-care intervention or usual HF care. All participants received a weight scale and HF self-care booklet. The intervention group also received interactive symptom recognition training using a 6-minute walk test and training in use of a daily symptom graph with reinforcement during a home visit or call one week later. HF self-care was measured using the Self-Care of HF Index (SCHFI) maintenance scale at baseline and 6 months; scores range 0-100, higher scores indicate better self-care. Each of the 4 intervention components (scale and booklet, 6-minute walk test, visit or call, symptom graph) was assessed in terms of effectiveness in improving self-care with chi square, paired t tests and repeated measures ANOVA. The effect of combining components was then examined. As both groups received an intervention, the groups were combined for this analysis.

Results: The sample was 67.7 years, SD 12.1, 32% female, 89% White and functionally compromised (85% NYHA III-IV). Providing a scale and booklet significantly increased self-care maintenance scores (60.8 to 74.3, p=.048). Providing a scale and booklet plus a home visit further improved self-care maintenance scores (60.8 to 80.9, p=.048). The 6-minute walk test did not contribute to improvements in self-care (72.7 vs 74.9, p=.31) nor did training in use of symptom graphs (73.7 vs 75.2, p=.96).

Conclusions and Implications: Providing both a weight scale and follow-up was sufficient to improve self-care in this sample. Although conceptually appealing as an approach to improving symptom recognition, the 6-minute walk test and symptom graphing were not important elements of this intervention.
**Development of a Tool to Determine Functional Status of Heart Failure Patients**


**Purpose:** The purpose of this study was to develop a reliable tool for evaluation of patients with heart failure to determine the NYHA functional classification.

**Background:** Functional status in heart failure patients is often determined by using the NYHA heart failure classification. The existing classification system has been shown to have limited reliability among users and typically is completed in person, which places limitations on its utility. There is a need for a reliable tool that can be utilized both in person and over the phone to follow changes in functional status over time. Reliable assessment would allow healthcare providers to identify changes that may warrant additional interventions or treatments.

**Methods:** Based on the descriptions of NYHA classes, questions were generated by a team of heart failure researchers and validated by heart failure experts. The questions were developed and tested as part of an algorithm used during monthly recorded interviews with Stage D heart failure patients. To determine utility and inter-rater reliability of the final set of questions, seven members of the research team read transcribed responses and independently classified the heart failure patient.

**Results:** After multiple iterations a brief algorithm was developed to consistently determine NYHA heart failure class during phone interviews. The questions were tested during 35 patient telephone interviews. The series of questions were simple to administer and clearly understood by patients. The algorithm was found to be highly reliable (Cronbach’s alpha= .973).

**Conclusions:** The algorithm is a simple, reliable instrument to determine functional status. It can be implemented by multiple users to consistently determine NYHA classification. Additionally, the algorithm allows for the determination of functional status for patients who are not physically being seen by the provider. Further testing is required to determine if the patient’s verbal responses match observed functional status.
Exercise Counseling in a Low-income Ethnic Minority Sample with Heart Failure: Baseline Functional Status and Physical Activity

Margaret M. McCarthy, New York University; Deborah A. Chyun, New York University; Victoria Vaughan Dickson, New York University; Stuart D. Katz, NYU Langone Medical Center

Background: A primary symptom of heart failure (HF) is exercise intolerance. Exercise has been shown to be safe and efficacious, but attempts to promote exercise in patients with HF are not always successful, especially given low levels of functional status and baseline physical activity (PA), as well as lack of insurance coverage for cardiac rehabilitation (CR). Additionally, ethnic minority individuals are the most inactive and have the highest prevalence of HF. Therefore, the purpose of this analysis was to examine the baseline functional status and PA levels in a low-income ethnic minority sample with HF.

Theoretical Framework: The Situation-Specific Theory of Heart Failure Self-care guided this study, as exercise is viewed as part of HF self-care maintenance.

Methods: This was a pilot study of brief exercise counseling followed by 12 weeks of phone follow-up, with measures taken at baseline and 12-weeks. Twenty low-income ethnic minority men and women (60% male; 65% Black; 75% with government insurance) with NYHA class I-III HF were recruited from an urban HF clinic. Functional status was assessed using the Duke Activity Status Index (DASI) and 6-minute walk test (6MWT); PA was assessed with the International Physical Activity Questionnaire (IPAQ). Data were analyzed using SAS 9.2 and include descriptive statistics on socio-demographic factors. Mean values of the baseline DASI, 6MWT and IPAQ were also calculated.

Results: The mean age of the subjects was 52±8 years with a mean HF duration of 4.6±5.4 years. Mean BMI was 31±7 kg/m² and ejection fraction was 33±19%. The mean DASI was 19.2±6.6 ml oxygen (approximately 5 metabolic equivalents [METS] or the ability to walk at a leisurely pace); mean 6MWT was 379.45±96.8 meters. The mean total IPAQ score was 1654±2281 MET-minutes/week (MMW); this moderate level of activity consisted mostly of walking (893±870 MMW) with less moderate (285±459 MMW) and vigorous (476±1451 MMW) activity.

Conclusion: Results indicate moderate levels of functional status and PA in this fairly young HF population. Given the progressive nature of HF, continued exercise counseling in the clinical setting may help maintain or improve levels of PA and functional status, especially given the lack of opportunity to attend CR.
The Utility of a Visual Analog Scale to Measure Perception of Burden over Time in Patients and Their Caregivers.


Purpose: To test a visual analog scale (VAS) to measure perceptions of burden of disease, treatment, and care giving in patients and family caregivers. The VAS was developed to capture change over time as the patient and caregiver transitioned from living with advanced heart failure (HF) to living with a left ventricular assist device as destination therapy (LVAD-DT).

Background: The current measures used in heart failure to measure QOL such as the SF-36 and the Minnesota Living with Heart Failure Questionnaire are utilized to capture change in patients living with advanced HF. Although patients with devices such as an LVAD-DT still have HF, the specificity of the above measures in terms of the questions related to HF are no longer appropriate for the patients with an LVAD-DT. A more generic measure is needed to assess burden that will adequately capture changes after device implantation.

Methods: VASs measuring burden of disease, treatment, and caregiving were developed. The scales were anchored by 0 as “not at all burdened” to 100 as “extremely burdened.” Twenty-five patients and their family caregivers were asked to rate burden on the three scales both pre and post-LVAD-DT.

Results: The VASs measuring burden of treatment and disease were found to be easily understood and showed variability over time in both patients and caregivers. The VAS caregiver scale was problematic, related to the use of the word “burden.” Although caregivers verbalized the difficulty of their roles, they thought the word “burden” implied the patient was a burden.

Conclusion: The VASs burden scales were found to be easy to administer and demonstrated change over time as individuals transitioned from living with a disease to living with a device. Additional investigation is warranted with the terminology in the caregiving VAS and to determine the validity and reliability of the tools.
Paper Session B3: Health Policy

Nurses’ Perceptions of Barriers and Facilitators Affecting the Shaken Baby Syndrome Education Initiative: An Exploratory Study of a Massachusetts Public Policy

Leslie Rideout, University of Massachusetts Boston

Objective: To assess nurses’ perceptions of barriers to and facilitators of implementation of the shaken baby syndrome (SBS) public policy.

Background: A legislative Act providing for the prevention of SBS was passed in Massachusetts in November 2006. A stipulation of this Act was the provision of a program to educate parents/guardians of newborns about SBS prevention. The Conceptual Model of Nursing and Health Policy (Fawcett & Russell, 2001; Russell & Fawcett, 2005) and the Neuman Systems Model (Neuman & Fawcett, 2011) guided this study.

Methods: A cross-sectional survey of 13 Massachusetts birthing hospitals was completed using a Web-based survey (hosted by Qualtrics, Provo, Utah). Selected hospital, nurse, patient, and guideline characteristics were analyzed using descriptive, bivariate, and logistic regression analyses. Qualitative analysis was completed for responses to two open-ended survey questions.

Results: Hospital nurses’ responses (N:922, 155 responded) revealed barriers to and facilitators of SBS guideline implementation. The disadvantage of Web-based surveys as they relate to the challenges of enlisting cooperation, and a lack of direct access to the nurses may have attributed to the low response rate (17%) for this study. Themes from the qualitative analysis revealed a lack of SBS brochures and an inability to provide SBS education for non-English speaking parents/guardians as barriers to SBS education. Nurses who agreed or strongly agreed that there were SBS brochures available in different languages were three times more likely (OR=3.04) to always implement each of the SBS guidelines (p=0.012, 95% CI=1.27-7.27) compared to those nurses who disagreed or strongly disagreed. An atmosphere of supportive leadership facilitated implementation of the SBS guidelines by nurses. This hospital characteristic had a significant effect on nurses’ provision of the SBS brochure (OR=3.275, p=0.045, 95% CI=1.02-10.44), and documentation about SBS education in the medical record (OR=7.90, p=0.010, 95% CI=1.62-38.45).

Conclusion: A lack of SBS brochures in different languages and inability to provide SBS education for non-English speaking parents/guardians were perceived by nurses to be barriers to implementation of SBS education. The results of this study can be used to inform future research. A larger sample size would help to improve the generalizability of study findings.
How Can We Stop Those Rising Health Care Costs? Examining The Potential Impact Of Independent Billing By Nurse Practitioners

Irena Pesis-Katz, University of Rochester; Xueya Cai, University of Rochester Medical Center; Joyce A. Smith, University of Rochester; Jane Tuttle, University of Rochester

Purpose: Since NPs are allowed to bill independently in NYS, the objective of this study is to examine the number of office visits billed by nurse practitioners (NPs) and estimate potential cost-savings through increased incentives or regulations for independent billing.

Background: Healthcare costs within the U.S. have been continuously rising during the past several decades. Office visits comprise more than 50% of all billed outpatient services and are provided by both physician and NPs. Evidence suggests that the quality of care provided by NPs in office visits is similar to the quality provided by physicians. However, the costs of office visits provided by NPs are lower than those provided by physicians.

Methods: We used claims data from all private insurers in New York State. The data were subpoenaed by the NYS Office of Attorney General as part of out-of-network benchmark rates investigation. We evaluated the claims billed by NPs compared to physicians and examined the cost differences across provider types for office visits. We also utilized the publicly available National Plan and Provider Enumeration System data to obtain the number of NPs and physicians in NYS, who can provide office visits. The study included all claims, billed to private insurers in NYS during CY2007. Overall, we included 29,977,347 and 40,510 claims, submitted by physicians and NPs respectively.

Results: We found that although NPs comprised almost 14% of office visit providers, they submitted independent bills for only 0.13% of all office visits claims. We also found that NPs’ share of office visits ranged between 0.11%-0.32% with shorter visits (i.e. 5- and 10-minutes visits) having a relatively larger share. The mean costs of office visits performed by NPs were about 10% lower than those performed by physicians. The median cost for a 40-minute office visit by a physician in 2007 was $118, compared to $96 by an NP.

Conclusions and Implications: Given the differences in office visits costs between NPs and physicians, there is great potential for cost savings without changing services performed or compromising quality of care. Changing financial incentives or regulations to increase incentives for NPs’ independent billing is crucial for reducing costs of at least 10% of outpatient services performed annually. This translates to a potential annual cost savings of over $85 million dollars in NYS alone and only for office visits.
Differences in Rates of Clinical Preventive Service Delivery between Nurses and Physicians; Results from a National Study

Alex Hoyt, Massachusetts General Hospital Institute of Health Professions

Background: Screening and counseling for behavioral health issues, substance use, and obesity are recommended by numerous clinical practice guidelines, yet the rates of service delivery in primary care remain low. Theoretic Framework - Nurses, due to their health promotion training, may be more likely to conduct these services compared with their physician colleagues. This research utilizes systems theory to account for multiple influences on service delivery.

Method: In Healthcare for Communities, there were 5,464 respondents who reported a PCP visit in the previous 12 months of whom 4,700 had previously stated that their usual provider was a physician, 106 a nurse, and 658 reported either no usual provider, other profession, didn’t know, or had missing data. Data from all respondents were analyzed for inquiries about alcohol/drug use and anxiety/depression. Interventions were studied in subsets of 1,651, 1,216, and 1,332 respondents who previously met criteria for behavioral health problems, obesity, and tobacco use, respectively. Regression models controlled for demographics, socioeconomics, and health status and data were weighted to be nationally representative.

Results: In bivariate analyses, those with nurses as their usual provider of care reported higher levels of alcohol/drug and anxiety/depression inquiry as well as interventions for a behavioral health problems compared with those who reported physicians as their usual provider. By contrast, those reporting physicians as their usual provider of care reported higher levels of obesity and smoking cessation interventions. These bivariate differences were not robust in multivariate models with the exception of smoking cessation – those with nurses as their usual provider of care were 70% less likely to report smoking cessation counseling compared with those who reported physicians (p=.009).

Conclusions: Consistent with previous research on the quality of care delivered by nurses, there were no differences between rates of inquiry for alcohol/drug use and anxiety/depression symptoms as well as interventions for behavioral health problems and obesity counseling. Reasons for the lower rate of smoking cessation counseling by nurses are not clear and require further research but may be due to restrictions on prescribing, inadequate training, or a lack of comfort.
Mandatory Influenza Vaccination for Nurses and Other Health Care Workers; Implications for Health Policy and Practice

David M Keepnews, Hunter-Bellevue School of Nursing; Theresa Yannaco, Hunter-Bellevue School of Nursing

Purpose: The purpose of this study was to determine the factors that have shaped legislative, regulatory, and system-level policies regarding mandatory influenza vaccination for health care workers (HCWs) and the responses of organizations representing nurses and other HCWs. The study focused primarily on proposals in three states (New York, Washington State and Massachusetts) as well as national-level policy proposals.

Background: Influenza vaccination rates among HCWs have remained low, generating ongoing concerns about transmission of influenza from HCWs to vulnerable patients. Initiatives to increase uptake have included proposals by governments and health care systems to mandate vaccination. These have often generated strong opposition from nurses and other HCWs. These conflicts have often placed nursing and other HCW groups at odds with public health officials and organizations. While the important ethical implications of mandatory vaccination have been widely discussed, the policy and practice implications of these initiatives – and of the controversy that has been associated with many of them – have remained relatively unexplored.

Methods: We examined efforts to mandate influenza vaccination for HCWs, focusing primarily on New York, Washington State, Massachusetts and national-level efforts. We examined relevant policy documents, organization position statements hearing transcripts and transcripts of semi-structured interviews with 20 key informants.

Results: Advocates and opponents of mandatory influenza vaccination have generally adopted polarized positions. Political, legal and practical considerations have yielded more nuanced approaches, including a variety of policies and practices, most of which depend on efforts instituted and enforced by individual health facilities and systems. Proposals and current policies differ widely; even mandatory vaccination policies vary in important respects, including the breadth of opt-out provisions and consequences of non-compliance.

Conclusions and Implications: Initiatives to increase vaccination rates among nurses and other HCWs continue to generate controversy. Efforts to institute mandatory vaccination have resulted in fragmented approaches. Their impact on vaccination rates and on patient (and HCW) health remains unclear. An ongoing question remains how consistent and collaborative approaches involving nurses, other health care workers, public health officials and health system leaders can be achieved.
Purpose: to determine the specific educational needs of emergency nurses working in rural and critical access hospitals, and to explore challenges and facilitators to accessing educational activities in this population of nurses.

Background: Although 50% of all Emergency Department visits to Critical Access Hospital Emergency Departments (CAHs) were categorized as low acuity cases, the average transfer rate of 4% for is significantly higher than the 1.8% overall transfer rate reported in the CDC study. Nursing issues identified in the literature include the required breadth and depth of skill for emergency nurses in recognizing, stabilizing, and transferring the patient requiring a higher level of care. Access to continuing education is critical to the maintenance and improvement of these skills, and education in these settings requires ingenuity and flexibility.

Methods: A qualitative descriptive method. Sample: 3 groups of 6-8 emergency nurses practicing in rural hospitals or critical access hospitals recruited at the Emergency Nurses’ Association Annual Conference in September, 2012. A focus group format was used to answer the following questions: What are educational content needs? What challenges participation in educational activities? What facilitates participation in educational activities? The focus group discussion was transcribed in its entirety and constant comparison was used to identify commonalities and themes.

Results: A total of 33 nurses participated in 3 focus groups. Identified knowledge gaps included care of critically ill, bariatric, geriatric, trauma, and psychiatric patients. Common themes included feelings of educational isolation and resource depletion in the form of both lack of education and lack of physician expertise to support nursing practice.

Conclusions & Implications: Access to continuing education is crucial for emergency nurses practicing in rural and critical access environments. Further work in developing and delivering educational modalities for this significantly isolated practice community is vital for both nursing practice and safe patient care.
Examining the Geopolitical Environment in the Netherlands that Exemplifies a Successful Approach to Sexuality Education

Teri Aronowitz, College of Nursing and Health Science; Kathryn McCarthy, University of Massachusetts Boston; Alexandra Moskaluk, University of Massachusetts Boston

Purpose: To explore social and political paradigms through which sexuality is addressed within a Dutch context in order too contrast these issues between The Netherlands and the United States (US).

Background: Compared to other developed countries, the US has the highest pregnancy rates among 15-17-year-olds. Teen pregnancy rate in the Netherlands is 4.3 per 1000 compared to the US rate of 71.5 per 1000. US and Dutch teens have similar levels of sexual activity; however, Dutch teens are much more likely to use contraceptives.

Methods: In-depth semi-structured interviews were conducted with 12 individuals that are administrators/teachers in Dutch governmental agencies that develop &/or implement sexuality education. All interviews were audio-taped and transcribed verbatim. Participant observation over a three-week period was also employed.

Results: The core category that emerged was pragmatism. This philosophical viewpoint has a historical origin impacting public policy. With consistent support from the government, the Dutch have been providing sexuality education in school starting in kindergarten for the past 3 decades.

Conclusion & Implications: Impacting sexuality education in the US has been challenging, because we have a more complex philosophical viewpoint to public policy regarding sexuality. It would be difficult to approach sexuality education the same way it has been employed by the Dutch. One approach to transforming research-based knowledge into public policy can be through an evidence-based practitioner model. Focus could be on supporting fellowships for graduate students at the doctoral level (PhD) to increase skilled individual practitioners, who can appraise the research base to meet the need of increasing comprehensive sexuality education across the lifespan. Additionally, the clinical graduate level curriculum (DNP) needs to be revised to include research-based sexual health knowledge so that practitioners will be able to incorporate into organizational processes and guidelines for practice that focus on sexuality education across the lifespan.
End-of-Life and Heart Failure Patient-Caregiver Dyads: Where Do Support Services Fit In?


**Purpose:** To describe the experiences of advanced heart failure (HF) patients and their caregivers regarding support services utilized during the end-of-life (EOL) trajectory.

**Background:** Deaths attributed to HF remain high with a five-year mortality rate around 50%. Despite these alarming numbers, support services such as palliative care or hospice continue to remain underutilized as an EOL service for HF patients and their families.

**Methods:** HF patients and their caregivers were enrolled in a longitudinal study of palliative care needs for the dyad when the patient had a predicted survival of less than one year. Dyads completed individual in-depth monthly interviews until the patient’s death. Caregivers completed an additional interview post patient. Data were thematically analyzed to determine the use of support services preceding the patient’s death.

**Results:** Thirteen HF patient-caregiver dyads completed interviews for up to seven months. EOL support services were viewed by the dyad as typical home healthcare interventions such as rehabilitation, blood draws, and assistance with ADLs. Caregivers did not view HF as terminal and often felt that death was unexpected, even though they were receiving support services such as hospice. Inability to accept the prognosis resulted in lack of planning for end-of-life issues for both the patient and caregiver.

**Conclusions & Implications:** The ultimate goal of EOL support services such as palliative care and hospice is to improve the quality of life for HF patients and their caregivers including the end-of-life course. Services were presented to patients and their family as an extension of home health services instead of addressing the holistic needs of patients and their caregivers. Services were introduced late in the death trajectory: most within the last weeks of life. Death was still viewed as unexpected and little EOL planning occurred.
An Integrative Review of Factors Affecting Culturally Congruent Hospice Care for Hispanics

Susan Norris, Rutgers University-Camden

Purpose: The purpose of this integrative literature review was to identify and describe the major barriers to providing culturally congruent hospice care for Hispanics, and use the results to construct a visual tool for clinical use by nurses.

Background: Research has demonstrated that although hospice care is widely available in the United States, it is underutilized by Hispanics, now the largest ethnic minority. Studies have documented numerous logistic and cultural factors impacting hospice acceptability and preferences for end of life care. However, the evidence for providing culturally congruent nursing care remains limited.

Methods: An integrative literature search of CINAHL, PubMed and Medline was performed for the time frame 2000-2012. Primary qualitative, quantitative and mixed methods studies in the English language that addressed barriers to hospice access and utilization by Hispanics were included. Data extraction was completed on the included articles and a thematic analysis was performed to synthesize the findings.

Results: Nineteen articles meeting the inclusion criteria were critically appraised and subjected to data extraction and synthesis. Findings from these studies are grouped under three general categories for providing culturally congruent hospice care to Hispanics: communication, knowledge, and perspective. Each category was further subdivided to reflect the multifactorial nature of cultural interactions. A graphic was developed to provide nurses with a tool for understanding, exploring and bridging the potential barriers to hospice care.

Conclusion: Recent research in palliative and hospice care has identified the significant barriers to hospice access and utilization by Hispanics. More effort should be devoted to transcultural nursing research that addresses these barriers and furthers the development of models for providing culturally congruent hospice care to Hispanics.
Paper Session B4: Palliative and End of Life Cycle

Differences in Healthcare Utilization and Opioid Use in the Last Year of Life among Medicare Beneficiaries with Advanced Illnesses

Susan E. Lowey, University of Rochester; Bethel A Powers, University of Rochester; Joyce A. Smith, University of Rochester; Ying Xue, University of Rochester

Background/Purpose: Previous research indicates an abundance of resource use among older adults with end-stage illnesses as they near the end of life. Many patients live in a cycle of intermittent hospitalizations and home care services yet with inadequate symptom management. The purpose of this study was to describe the relationship between hospitalizations, home care, hospice, and opioid use among Medicare beneficiaries with heart failure, COPD, and lung cancer during their last year of life.

Theoretical Framework: Using ideas grounded in Anderson’s health utilization model, we explored correlations between various individual characteristics within our population and their relationship to health services use.

Methods: In a retrospective cohort study, we examined healthcare utilization and opioid use among 213,042 Medicare beneficiaries with heart failure, COPD, or lung cancer who died between January 1, 2009 and December 31, 2009 using data obtained from the Chronic Condition Warehouse (CCW). Data was analyzed using SAS 9.2. Descriptive analyses and Chi square tests were conducted for categorical variables to examine opioid and healthcare use among the diagnosis groups.

Results: Preliminary results indicate patients who received hospice were more likely to use opioid medications, particularly beneficiaries with lung cancer alone or with another diagnosis. Beneficiaries diagnosed with heart failure (32%) or heart failure and COPD (24%) had the most home care claims in the last year of life. Patients with lung cancer and COPD, with or without coexisting CHF, were more likely to be given opioids than patients with other diagnoses.

Conclusions/Implications: Disease-driven care is predominant among patients with heart failure or COPD in their last year of life, whose focus often lacks symptom management, such as hospice. These findings lend support to a national movement of providing palliative care concurrently with disease-driven care in order to ameliorate symptoms in patients nearing the end of life.
Palliative Care Communication: Linking Patient Values, Prognoses, and Goals of Care

Sally A Norton, University of Rochester; Robert Gramling, University of Rochester; Maureen Metzger, University of Rochester

**Purpose:** To describe content and processes of prognostic communication in the context of palliative care consultation goals of care (GOC) discussions.

**Background:** Discussions about patient GOC are the primary intervention of PC and prognostic communication is an essential component of such conversations. Although we know that PC in general, and GOC discussions in particular are linked to positive outcomes, there is little empirical evidence describing how GOC conversations occur in their natural setting and how they might be linked to patient outcomes.

**Methods:** We used dimensional analysis in the context of a mixed method study design to examine communication processes during GOC consultations. We audio recorded initial adult PC consultations between PC clinicians (n= 15) and hospitalized adult patients (n= 71) and/or their family members, who had been referred to PC for GOC discussions. The majority (58%) of patients had an estimated survival of 2 weeks or less. We used purposeful sampling to extract all communication segments containing conversation about the future. The conversations were recorded over a 4 month period at a 750 bed academic medical center in upstate NY.

**Results:** Clinicians connected patients’ clinical conditions, their possible treatment options, what to expect in the course of the various treatments, likely outcomes with patient values. Five core communication processes used in isolation or in combination are described: 1) The current path doesn’t lead to hoped for destination, 2) The current path leads to a different destination, 3) Juxtaposing destinations and patient values, 4) Signposting the crossroads, and 5) Choosing new destinations.

**Conclusions:** The identified processes allowed for nuanced discussions of patients values and goals for care in the context of clinical feasibility. Understanding how prognoses, goals, and treatment option discussions occur naturalistically is imperative in articulating the work of PC and designing replicable communication interventions.
The Relationship between the Critical Care Nurse’s Professional Quality of Life and Their Perceptions of Preparedness and Ability to Care for the Dying

Vidette Todaro-Franceschi, Hunter College, City University of New York

**Purpose:** A study was performed to explore the relationship between the nurse’s professional quality of life (PQOL) and their perceptions of preparedness and ability to care for the dying.

**Background** PQOL transforms the way nurses go about caring for people.

**Methods** An exploratory descriptive design with quantitative and qualitative components was used with web-based survey technology and a convenience sample of critical care nurses. After IRB approval, nurses were recruited through AACN’s electronic newsletter. Two tools were used, one, piloted in this study to measure perceptions of preparedness/ability to provide EOL care, and the ProQOL, an established tool, comprised of three sub-scales which measure compassion satisfaction, burnout, and compassion fatigue. Pearson correlations were obtained to estimate the bivariate associations between Ability and Preparedness predictors and the PQOL outcomes. Additional data analysis included a series of multiple linear regressions (MLR) to identify unique predictors of PQOL outcomes. Qualitative data from participants was subjected to thematic analysis.

**Results** Significant relationships (N =473) were found between PQOL scores and perceptions of preparedness and ability to provide quality EOL care. Ability was moderately strongly associated with Compassion (r=.40, p < .001) and weakly associated with Compassion Fatigue (r = -.12, p< .01) and Burnout (r -.10, p < .05). Educational Preparedness yielded a small association with Compassion (r = .20, p < .001), and showed a trend toward significance of association with Burnout (r = .09, p=. .058). Eighty percent of participants did not perceive that their basic nursing education prepared them to provide care to the dying and their loved ones.

**Conclusion** End of life care education will help to enhance PQOL for nurses, especially those working with acutely and critically ill patients.
Paper Session B4: Palliative and End of Live Cycle

How do the Attitudes and Beliefs of Critical Care Nurses Impact Family Presence Resuscitation

Jesus Cepero, Meritus Healthcare

Understanding critical care nurses’ attitudes and beliefs regarding FPR can help identify what interventions can be used to promote and support the family presence during resuscitation in the ICU setting. The purpose of this research study was to describe the attitudes and beliefs of the critical care nurse and develop a beginning theory describing the process and practice critical care nurses use regarding family presence during resuscitation. Grounded theory methodology (Glaser, 1992) based on symbolic interactionism was used. The conceptual orientation influencing this project is the Patient Family Centered Care model.

Results: Nurses’ use constructs of attitude and beliefs as their basis to support their understanding that FPR is “the right thing to do” and “putting the patient first”. The first priority at the initiation of the resuscitation is for the patient; that the resuscitation begins in a timely manner, and that all members of the team are present. During this crucial time, the nurses ask family members to leave the room for the resuscitation. When the resuscitation outcomes are expected to end with the demise of the patient, the staff then begins to address the needs of the family and the need for a FPR event. In this study participants identified that family facilitator availability is crucial in making a decision to allow a FPR event to occur. This study also identified a new phenomenon of allowing or involving family members input in regard to the decision to end resuscitation. Participants expressed this practice as common in critical care settings. It is unclear as to the benefit to the family or the efficacy of this practice based on evidence. Data from the conceptual model themes were used to develop the beginning theoretical model for FPR in critical care the “Justice Model”. Central to this model that critical care nurses are guided by the ethical principles of “Justice” their right to be there, and beneficence to first do no harm to the patient first (resuscitation attempt) and family second for closure.
A nursing culture that encourages and supports the spirit of inquiry is essential for clinical scholarship and translation of nursing science into practice. This scholarly approach enables appreciation of various perspectives, reflection upon and respect for individualized evidence based practices (EBP) and research that creates desired patient outcomes. To that end, we established the spirit of inquiry as a professional standard, value, and behavior for over 10,000 nurses working in our 15 hospital health system. A culture of inquiry stimulates the curiosity of clinicians to ask vital questions regarding care delivery and provides support for clinical decision making using EBP and research. This symposium will include four presentations highlighting the framework for building a culture of inquiry as follows: 1) structures and processes used to build the culture of inquiry, 2) theoretical underpinnings, 3) results of informed action, and 4) practice changes for transforming care in a large multi-site health system. Lessons learned will be shared. A shift to a culture of inquiry requires a significant commitment of resources of time, leadership, infrastructures and processes to build capacity for research and EBP. This culture of inquiry is the bridge to the future of health care.
Symposium Session B5: Building a Culture of Inquiry: A Framework for Scholarship and Praxis

Building a Culture of Inquiry: Informed Actions and Results

Myrta Rabinowitz, North Shore Long Island Jewish Health System

A culture of inquiry that optimizes research and EBP in the context of care delivery will lead to the highest quality of care and best outcomes for patients, practitioners and the organization. This presentation will describe the results of actions taken to build and sustain a culture of inquiry in a multi-site health system. The presentation will identify the macro, meso, and micro level results. Organizational commitment for research and evidence based practice (EBP) resulted in the investment of resources to maximize the capacity for research and EBP. A leadership position was created at enterprise level to guide research and EBP along with formal structures that spanned across meso- micro system levels. A robust research agenda resulted in investigator- initiated, organizational, and national studies; sixty-five IRB approved studies were conducted in the last three years. Examples of the formation of national collaborative and partnerships will be given. Having a culture of inquiry enabled our participation in the multi-site landmark Time Motion Study, Transforming Care at the Bedside, and implementation of TeamSTEPPS, an evidenced based strategy to improve patient safety and team performance. Collaboration with the Improvement Science Research Network has resulted in the health system leading a national study on preventing medication administration errors. Over twenty invited and peer-reviewed presentations were delivered at the regional, national, and international forums in 2011.
Building a Culture of Inquiry: Transforming Practice

Monica Latayan, North Shore University Hospital

Building a culture of inquiry is a prerequisite for transforming clinical practice and achieving desired patient outcomes. The commitment to building and sustaining the culture of inquiry in the health system fueled and facilitated practice changes that transformed care delivery. Clinical practice is driven on research and EBP. Examples include the utilization of over 192 clinical guidelines for care delivery, utilization of EBP for the development of policies and procedures, participation in investigator-initiated and organizational studies, as well as engagement with a national agenda for research. This presentation will focus on changes resulting in transforming practice and will provide an exemplar highlighting the discovery of a phenomenon in clinical practice, the subsequent research question, conducting the study, findings, and implications for practice changes in end of life care as well as implications for public policy changes. Consequently, the plan of care for patients with this observed phenomenon Trombley Brennan Terminal Tissue Injury (TBTTI) has facilitated timely end of life decisions by the patient, family and healthcare practitioners. This ominous sign alerts staff that the end is near and empowers nurses to engage the patient and family in preparing for a dignified end of life. Another exemplar of the nursing theory-based practice change of moving inter-shift report to the bedside will be highlighted. The dissemination of the findings of the above through publications and the responses from the nursing community is now fueling further studies. Future implications include scale up and spread of the practice changes as well as public policy change. The multiple components of inquiry sustain the quest to advance nursing research, the bridge to the future of healthcare.
Symposium Session B5: Building a Culture of Inquiry: A Framework for Scholarship and Praxis

The Bridge to the Future of Healthcare: A Framework for Building a Culture of Inquiry

Lily Thomas, North Shore-Long Island Jewish Health System

A culture of inquiry should serve to enhance clinical scholarship by stimulating ongoing questioning to guide decisions and allow for challenging non-scientific assumptions and traditions in care delivery. To respond effectively to the questions the practitioner should have the capacity and competence for evidence based practice (EBP), research, and implementation science. This requires an environment that facilitates and supports the integration of research and EBP in clinical practice. A culture of inquiry is critical for promoting the translation of nursing science to clinical practice influencing care delivery, health promotion, and optimum patient outcomes. This presentation will provide the framework used to build a culture of inquiry in a multisite health system. The system has 15 hospitals, two long term care facilities, ambulatory care, hospice, and home care. The vision for nursing research was to establish the spirit of inquiry as a professional standard, value, and behavior for over 10,000 nurses working in our 15 hospital health system. Donabedian’s paradigm was used as the foundation for establishing structures and processes that build the research and evidence based practice capacity in the practitioner as well as the organization. The structures, functions and processes created at the macro-meso- micro-system levels to build and sustain a culture of inquiry will be presented. This will include the enterprise level (health system, regional, and national), organizational level (acute care, long term care, and ambulatory care sites) as well as the individual practitioner level; exemplars will be provided to enhance understanding.
Theoretical Underpinnings of a Culture of Inquiry

*Patricia Donohue-Porter, Adelphi University*

The theoretical underpinnings that support building and sustaining a culture of inquiry are constructed and dedicated to three areas of intellectual development. This development applies to the individual nurse as well as the organization as a community of learning. The first is a commitment to enhancing the scholarly qualities of mind, the next is the promotion and extension of nursing theoretical guides and the third is a striving for a level of excellence in thought and action, central to praxis. Scholarly qualities of mind including curiosity, creativity, dialogue, critique and reflection will be addressed. The theoretical perspective of Jean Watson and how that directly informs this specific culture of nursing inquiry will be described. Excellence, as an organizational vision, will be discussed as the foundational tenet of this nursing culture. Examples of how these theoretical bridges in each of the macro-meso-micro system levels allow for an underpinning of the culture of inquiry will be given. With strong theoretical foundations in place, nursing knowledge and improved practice changes can be advanced and sustained.
Purpose: The purpose of this prospective RCT was to examine the effects of group prenatal care (GPNC) on military family readiness and health care. A qualitative arm of the study explored providers’ experiences with GPNC.

Background: Approximately 1 million prenatal visits are conducted yearly for the TRICARE population. It is critical that the military health care system assures prenatal care is both clinically and cost effective. GPNC delivers innovative prenatal care through a supportive group approach, facilitating family-centered care and is associated with decreased preterm and low birth rates.

Methods: Narrative analysis was employed to interpret open-ended interviews with providers and staff (N=30) about their experience with GPNC at two US Navy and US Air Force hospitals. Interviews lasted approximately 30-60 minutes, were transcribed verbatim, and managed with Atlas.ti. Iterative and interpretive analysis was conducted and checked for accuracy and discrepancies.

Results: Nurses, nurse practitioners, midwives, obstetricians, physical therapy, and administrative/clerical staff were represented. Three broad themes were identified that captured their perceptions of GPNC as a model with power, energy, and an ability to create bonds between them and the women in their care and among women themselves. 1) “Why group is important!” describes their assessment of GPNC value for women and themselves; 2) “navigating group prenatal care challenges” revealed the difficulties of implementing the model; and 3) “group practicalities” summarized concrete strategies to enhancing GPNC efficiency.

Conclusions: Care efficiency coupled with best outcomes is a goal across health systems. These findings propose that providers value GPNC and provide practical suggestions for its implementation. Group care has potential to enhance care to other groups as a method to provide information and health care within a supportive, facilitated process.
Predictors of Insomnia Disorder Among Pregnant Latinas

Cynthia D. Connelly, University of San Diego; Rachel Manber, Stanford University

**Background/Purpose:** Poor and insufficient sleep is an important, often neglected facet of pregnancy; indeed few mothers are either identified or treated. For most, disruptions to sleep continuity are caused by pregnancy related factors; 29% to 46% attribute sleeplessness to other factors. When nocturnal sleep disturbances are substantiated and associated with clinically significant distress a probable insomnia disorder (PID) diagnosis is warranted. Research highlights deleterious sequelae of perinatal PID: i.e. intrauterine growth restriction/preterm delivery. Little is known about the sleep of Latinas in general and even less is known about PID during the perinatal period. The **Purpose** of this study is to examine PID and its’ associated demographic and clinical characteristics among pregnant Latinas.

**Conceptual Framework:** A heuristic framework composed of conceptually related variables derived from the literature and informed by the tradition of symptom management theory is used for this study.

**Methods:** Design: Cross-sectional. Sample/Setting/Measurement: Data were collected from 1289 Latinas receiving perinatal services at 10 southern CA OB/GYN clinics. Measurement: Assessment including the Insomnia Severity Index, EPDS, patient/pregnancy related questions in language of choice (Spanish, English) administered by bilingual-bicultural research assistants. Analytic approach: Descriptive characteristics of the sample were compared using t-tests for continuous variables and chi-square tests for categorical variables. Logistic regression was used to evaluate PID predictors (EPDS, trimester, language of measure completion, household income, marital status, education).

**Results:** 217 (16.8%) met criteria for PID. Regression analysis showed depressive symptom level, language of completion, trimester, marital status, household income, and educational level explained 34% of the variance in PID based on Nagelkerke R², χ² = 231.4, p < .001. Significant predictors were higher EPDS, English completion, and trimester.

**Conclusion and Implications:** Identifying and treating insomnia is a health priority; unlike other risk factors for poor perinatal outcomes, disturbed sleep is modifiable. Latina PID during pregnancy is particularly high among women with elevated depressive symptom severity. Acculturation may contribute to insomnia among Latinas and deserves further study, to identify specific factors to target for development of personalized prevention early intervention strategies.
Racial Differences In Body Mass Index, Affective Symptoms, And Inflammatory Markers During Pregnancy And Postpartum In Low-Income Women

Susan W Groth, University of Rochester; Emma Robertson-Blackmore, University of Rochester

Background/Purpose: Obesity and affective symptoms have been associated with inflammatory markers. The study purpose was to examine the relationship of BMI to IL-6, TNFα, depression, state anxiety, and worry over time and to determine variation by race.

Theoretical Framework: Allostasis explains the dynamic regulation of body systems to maintain physiological stability in response to stressful life experiences. Allostatic load refers to when adjustments lead to chronic dysregulation. Little is known about measurement of allostatic load in pregnancy.

Methods: Data were collected at four time points across pregnancy and postpartum in a prospective, longitudinal cohort study of 171 low-income women. Mixed effects regression models were used to incorporate repeated measures and model the relationships of BMI, IL-6, TNFα, depression (EPDS), state trait anxiety (STAI) and worry (PSW), parity, education and marital status.

Results: There was a significant race difference in IL-6 (p = .02): African-American (AA) women (n=81) had significantly higher levels than non-AA women (n=90). However, after controlling for pre-pregnant BMI the race effect went away and the samples were combined for additional analyses. Controlling for parity, education, marital status, and depression, BMI was positively related to IL-6 (p < .001). There was a depression*race interaction (p = .02) in the model examining worry: the slope for AA women with increasing depression was less steep than the slope for non-AA women. For anxiety there was a BMI*race interaction (p =.03): anxiety was negatively correlated to BMI for AA women, but positively correlated for non-AA women. Conclusions/Implications: IL-6 differed over time by race, likely due to higher pre-pregnant BMIs in AA women. Interaction effects suggest that there appears to be a difference in phenotypic presentation of anxiety and worry between AA and non-AA women. Furthermore, BMI appears to confer different inflammatory profiles that potentially influence allostatic load in pregnancy.
Paper Session C1: Childbearing and Women’s Health

The Effect of Chronic Pain, Stress, and Body Fat on anti-Mullerian Hormone: A Pilot Study

Theresa Hardy, Inova Mount Vernon Hospital; Nicolaas Fourie, National Institutes of Health; Wendy Henderson, National Institutes of Health; Noriko Kitamura, National Institutes of Health; Ryan Longchamps, National Institutes of Health; Angela Martino, National Institutes of Health; Swarnalatha Reddy, National Institutes of Health

Purpose: The purpose of this pilot study was to explore the influence of chronic abdominal pain (CAP), stress (Perceived Stress Scale, cortisol and ACTH), and body fat (% body fat and intra-abdominal distance) on AMH levels, as well as associations between AMH and physiological indicators of reproductive function (LH, TSH, FSH).

Background: Anti-Müllerian Hormone (AMH) levels reflect ovarian follicular reserve. Current research suggests that the hormone may be a useful indicator of reproductive health in women.

Methods: Female participants (n=36, age 19-39 years, mean ± SD: 27.11 ± 5.03) were recruited and consented to a natural history protocol between days 3 and 10 of their menstrual cycle. Participants were grouped by CAP or no-CAP, and oral contraceptive use. Body fat percentage was measured using whole-body air displacement plethysmography (BOD PODTM) and hormones of interest were quantified using ELISA Methods. CAP patients were defined as participants with self-reported pain for ≥ 6 months. Variation in AMH was examined using stepwise multiple regression analysis. A linear mixed model was constructed to evaluate whether any differences in AMH concentrations between CAP and no-CAP cohorts existed while controlling for covariates and random effects in the model.

Results: AMH concentrations declined significantly with age as previously reported in the literature. After controlling for the effect of age and contraception use, we found significantly greater variability in AMH levels within CAP patients (CAP = 4.31 ± 4.17ng/mL, no-CAP = 3.81 ± 1.87ng/mL). No other significant effects were found.

Conclusions: Our findings suggest that further differentiation of the CAP phenotype may be warranted to better understand the mechanisms underlying the variability of AMH in CAP patients. AMH may be a useful tool to aid in identifying factors that influence ovarian functioning, and therefore may be clinically relevant to the promotion of health in women.
Paper Session C1: Childbearing and Women’s Health

Women’s Experiences of Transitioning to Endocrine-Based Oral Therapy

Jane Flanagan, Boston College; Karleen Habin, Massachusetts General Hospital; Kathryn Post, Massachusetts General Hospital; Loren Winters, Massachusetts General Hospital

Purpose/Aims: The specific aims of this study were to: 1) Describe the transition to endocrine based oral therapy (EBOT) experience of women with estrogen receptor positive breast cancer. 2) Determine what women transitioning to EBOT describe as facilitating and hindering the transition experience during the first year of treatment.

Background: Eighty per cent of breast cancers in women over 45 years of age are estrogen receptor positive cancers. At the end of what is typically a yearlong, aggressive treatment period, these women are expected to initiate 5-10 more years of ongoing treatment of EBOT. Women on EBOT experience many distressing symptoms and as a result as many as 25% of patients discontinue treatment in the first year. To date, there are no nursing studies in the literature that address this transition experience of women on EBOT.

Methods: Van Manen’s hermeneutic phenomenological (HP) design guided data collection and analysis. This study used convenience sampling of all women who were in the first year of EBOT treatment at a large academic cancer center in the northeast United States.

Results: Twelve women aged 42-77 years were interviewed one time for 40-60 minutes at a private place that was mutually convenient. Five themes were identified: 1) Being abandoned in the face of illness(es) despite highly skilled medical care 2) Going it alone and wondering why the journey is so lonely 3) Everything is just fine: staying and appearing strong for others 4) Needing to connect….cautiously 5) Processing the trauma, moving toward healing, being aware

Conclusions and Implications: Each participant described the experience as traumatic and identified many unmet needs throughout the breast cancer experience. Older women who had several chronic illnesses reported more difficulty transitioning to oral therapy. This study provides information about women’s survivorship needs specifically the need to: 1) create an environment of care that is responsive to the development of a nurse patient partnership over time and 2) develop mindfulness strategies to assist women with healing.
Content Analysis of Internet Information and Support Needs in Women with Breast Cancer

Sheryl P. LaCoursiere, University of Massachusetts Boston; Elizabeth Gallagher, University of Massachusetts Boston; M. Tish Knobf, Yale University

Purpose: The purpose of this study was to conduct a content analysis of secondary data in women with breast cancer who participated in the Breast Cancer Internet Information and Support (BCIIS) study.

Background: Each year, over 226,870 women in the U.S. will be diagnosed with breast cancer, and 39,510 will die. The five year survival rate for localized cancer is 99%, with a decrease to 84% for regional, and 23% for distant sites (Siegel, Naishadham, & Jemal, 2012). The most common treatments include chemotherapy, radiation, lumpectomy and/or mastectomy. Starting with diagnosis, and continuing through treatment and into survivorship, women have information and support needs related to all aspects of the management of their disease. These needs are increasingly satisfied in an online environment (Fox, 2012).

Methods: Design: Content analysis of secondary data. Participants: 426 women who participated in the Breast Cancer Internet Information and Support (BCIIS) study. Setting: Online Data Collection: Convenience sample, survey Analytic Approach: Content analysis of Comments area text box in the Breast Cancer Internet Information and Support (BCIIS) survey. Participants had the ability to write in 1000 characters on thoughts related to any aspect of their diagnosis.

Results: The contents of the comments section were analyzed, and similar comments grouped together. A total of nine themes were identified in participants: 1. Support with Similar People, 2. Trust of the Healthcare Community, 4. Interaction with Others, 5. Coping with Difficult Experiences, 6. Spirituality and Religion, 7. Empowerment, 8. Informational Needs, and 9. The Breast Cancer Experience. Themes reflected a varying timeline of needs depending on the woman’s stage of cancer. For instance, newly diagnosed women described more informational needs, whereas women in later stages described more of a need for empowerment.

Conclusions and Implications: Women dealt not only with daily coping skills required of a cancer diagnosis, but also higher level psychological needs related to a transformational life experience. As more women seek online information and support, content tailored to common experiences has the potential to enhance self-efficacy in traversing the breast cancer trajectory. The Results of this study will enable better understanding of the experiences of women with breast cancer, and help to develop online programming congruent with womens’ needs and preferences.
Knowledge And Perceived Health Status As Predictors Of Cardiovascular Health Promotion In Mexican-American Women

Viola G Benavente, Boston College

Background/Purpose: The risk of coronary heart disease (CHD), the leading cause of death in the United States (US), is disproportionately escalated among Mexican-American women when compared to non-Hispanic white and other women. Despite health promotion efforts, knowledge and awareness among Latinas has shown little improvement in the last decade. Other intrinsic motivators, such as perceptual beliefs and cultural values can facilitate cardiovascular health promotion, largely reducing cardiovascular risk and/or delaying disease progression. Hence, the Purpose of this study was to identify the effects of knowledge and perceptions of Mexican-American women for cardiovascular health promotion.

Theoretical Framework: Underlying assumptions from the Reasoned Action Approach (Fishbein, 2010) were used to organize study variables and determine analytic approaches.

Methods: A descriptive cross-sectional study design targeted adult Mexican-American women residing in Philadelphia, PA, and the Delaware Valley. The sample consisted of 128 women, who were at least 18 years old and free of a CHD diagnosis. The Predictive Analytic Software (PASW) Statistics Version 18 was used for data analysis. Correlational statistics and multiple regression analysis were used to determine existing relationships and degrees of influence of predictor variables on cardiovascular health promotion.

Results: Statistically significant correlations occurred between cardiovascular health promotion and CHD knowledge ($r = .305, p = .001$) and with perceived health status ($r = .495, p = .001$). After model adjustments were made, only perceived health status maintained significance with cardiovascular health promotion ($b = .112, 95\% CI = .058 - .165, p < .001$), such that women with positive health perceptions engaged more frequently in cardiovascular health-promoting activities.

Conclusions & Implications: This study extends what is known about cardiovascular health promotion in an under-researched ethnic subgroup of the Hispanic population. Appealing to one's perceptions of health and illness through culturally-tailored and sex-specific interventions can eliminate cardiovascular health disparities among Latinas residing in the US today.
Assessing the Quality of Primary Care Provided to an Indigent Population as it Relates to Obesity and Cardiovascular Risk

Nadine M. Aktan, William Paterson University

Purpose: The purpose of this study is to evaluate the quality of services provided to an indigent population seeking primary care at a free medical clinic.

Theoretical Framework: The theoretical framework which guided the study was the Healthy People 2020 initiatives of General Health Status such as Chronic Disease, Diet, and Physical Activity and Determinants of Health including Access.

Methods: The methods were to extract data directly from the medical record in combination with the findings ascertained from the clients served using a self-report instrument. Longitudinal data were collected on 109 participants. Overall, the patients surveyed were satisfied with the quality of care received. Hypotheses that statistically significant decreases in body mass index, blood pressure, and point-of-care HgBA1C would occur over a three month period were not supported. A statistically significant relationship was found between BMI and: systolic BP (p=.002; r=.302); diastolic BP (p=.015; r=.234); and HgB A1C (p=.002; r=.353). Overall the population studied was relatively young, obese, pre-diabetic and many were hypertensive and pre-hypertensive. Findings suggest that these modifiable risk factors may be affected by the provision of quality health care services provided at free medical clinics, yet they may be influenced by a variety of confounding variables such as recovery from addictive substances, and that clients are, in fact, satisfied with the quality of primary care services. Nurse practitioners play an integral role in the provision of primary care to the indigent provided.
Mammogram Use and Self-Efficacy in an Urban Minority Population

Bonnie Jerome-D’Emilia, Rutgers University; Patricia Suplee, Rutgers University

**Background/Purpose:** Breast cancer in Hispanic and African American women is more often diagnosed at a later stage, which may be related to decreased rates of mammogram screening. Self-efficacy has been proposed as a Theoretical Framework with which to predict or explain mammogram use. To examine the relationship between self-efficacy and race/ethnicity and self-efficacy and the likelihood of ever having had a mammogram in a population of urban Hispanic and African American women.

**Theoretical Framework:** Self-efficacy refers to an individual’s beliefs about their ability to achieve a desired health outcome. Yet in studies of racially and ethnically diverse women, it is likely that social and cultural factors may modify or strengthen self-efficacy. This study evaluates the utility of the construct self-efficacy to predict/explain mammogram use in a diverse population.

**Methods:** A cross sectional research design was used. A convenience sample of 73 Hispanic and African American women over the age of 40 attending services at two churches in Camden, New Jersey were surveyed using a demographics survey and the Mammography Specific Self-Efficacy Scale. The main research variables were mammogram specific self-efficacy and the likelihood of ever having had a mammogram.

**Results:** Differences were noted in total mammography specific self-efficacy delineated by race/ethnicity and whether or not a woman had ever had a mammogram; the differences were not statistically significant. Total self-efficacy was not significantly associated with being screened. Insurance status was significant, insured women were 11.6 times as likely as uninsured women to have been screened.

**Conclusions and Implications:** Self-efficacy, while positively associated with screening in diverse populations, may not adequately capture the determinants of preventive health seeking in this population. Social and cultural factors, if added to the self-efficacy framework, may provide a model that is more relevant to poor and minority women who experience significant structural barriers and cultural norms that differ from the experiences of the majority White population. Although insured women were more likely to be screened, providing insurance is not sufficient to increase screening rates. Understanding the cultural and social norms and values and developing interventions to increase a woman’s self-efficacy will allow nurses to take a proactive role in helping women seek mammogram screening.
Preventive Health Screening Disparities by Disability, Gender and Race

Suzanne C Smeltzer, Villanova University

Background: Health disparities in preventive health screening are common in racial minority and disability groups. Little research has addressed health disparities among racial minority populations with disabilities in comparison to Caucasians with disabilities. With growing populations of people with disabilities and racial minorities, there is a need to examine preventive health screening in African-American (AA) and Caucasian populations if disparities in health screening are to be reduced.

Purpose: This study compared health disparities in preventive health screening (Pap tests, mammogram, colon cancer screening, and prostate specific antigen [PSA]) in African-Americans and Caucasians with and without disabilities. Framework: Goodall’s Interface model of disability served as the framework for the study; it addresses the intersection of disabling conditions and the experience of living with a disability, and factors that affect health of those with disabilities, including gender and race. Design: A descriptive, comparative study used secondary analysis of the 2008 National Health Interview Survey (NHIS) dataset. The sample included 19,998 African-American and Caucasian men and women who completed the survey. All data included in the NHIS data set are de-identified. Data were analyzed using chi square with p value < .05.

Results: The sample was comprised of 11,302 (56.5%) women and 8,696 (43.5%) men, including AA women (18.9%) and men (15%). There were significant differences in the prevalence of disability by gender and by race. Women reported a higher prevalence of limitations than men, and AAs a higher prevalence than Caucasians. There were no significant differences in PSA screening and fecal occult blood testing in AA and Caucasian men, but significant differences in mammography and Pap testing in AA vs. Caucasian women with disabilities. AA women with disabilities reported much less frequent Pap testing and mammography than Caucasian women with disabilities (p = .000 and .004, respectively).

Conclusions & Implications: AA women with disabilities are less likely to undergo preventive health screening than Caucasian with women with disabilities. Because AA women with higher mortality rates than Caucasians and preventive screening is obtained less often in those with disabilities, there is a need to identify strategies to encourage women with disabilities, particularly AA women, to have health screening and to ensure accessible facilities for screening.
The Association between Discrimination and Depressive Symptoms among Older African Americans; The Role of Psychological and Social Factors

Sarah B. Nadimpalli, New York University; Lisa L. Barnes, Rush University Medical Center

**Background:** Several studies have demonstrated a link between perceived discrimination and depression in ethnic minority groups, yet most have focused on younger or middle-aged African Americans and little is known about factors that may moderate the relationship.

**Theoretical Framework:** Previous literature suggests that stress may be the underlying mechanism between discrimination and depression. We conceptualized psychological and social factors as resources that individuals use to manage stress.

**Methods:** Participants were 433 older African Americans (ages 65 - 97) enrolled in the Minority Aging Research Study, an epidemiologic study of aging and dementia. Experiences of discrimination, depressive symptoms, and psychological and social resources were assessed via interview using validated measures. Tobit regression models were used to assess the relationship between discrimination and depression adjusting for demographic variables. Subsequent models tested whether this relationship was moderated by hardiness, Purpose in life, social isolation, and social networks.

**Results:** In models adjusted for age, sex, education, and income, perceived discrimination was positively associated with depressive symptoms (OR, 1.18; 95% CI, 1.1 to 1.3, p<.001). However, there was no evidence of effect modification by hardiness, Purpose in life, social isolation, or social networks (all ps <.5).

**Conclusion and Implications:** Findings provide support for accumulating evidence on the adverse mental health effects of discrimination among older African Americans. Because the association was not modified by psychological or social factors, these findings do not support a role for a buffering effect of personal resources on discrimination and depressive symptoms. Further studies are needed to examine a wider range of coping resources among older adults.
Bridge to the Future: Discourse on Research Supporting Global Health Equity

Marilyn S. Sommers, University of Pennsylvania

**Purposes:** I will explore the conceptual issues surrounding the terms, “health equity” and “health disparity,” propose a model that can be used to guide health disparities research in nursing science with a global health perspective, and recommend steps to move equity science forward.

**Background:** Health disparities are those differences in health outcomes between groups that reflect social inequalities. Health outcomes disparities are differences in health status that occur in populations despite equal access to health care services. Health care disparities are those health differences that occur in populations because of access to, utilization of, and/or quality of health care. Health equity is the absence of systematic differences in health care access, utilization, quality, or outcomes between groups with different levels of social advantage/disadvantage, wealth, power, or prestige.

**Methods:** I will present a conceptual model derived from Ecological Systems Theory and drawn from the work of scholars who address health disparities.

**Results:** The model illustrates the complex inter-relationships among the environmental, societal, individual, family, community, national, and system factors that influence health.

**Conclusions and Implications:** Four steps are needed to move equity science forward: 1) Conceptualization of terms; 2) Application of theoretical thinking to research supporting health equity; 3) Standardizing measurement strategies to quantify disparities; 4) Incorporation of health equity concepts, linguistics, Methods, and ethics into nursing curricula. The discipline of nursing has the knowledge and skills to incorporate equity science into global scholarship.
Paper Session C3: Challenges in Chronic Illness Care

Symptom Recognition And Treatment Delay During Acute Exacerbation Of Chronic Obstructive Lung Disease

Elizabeth Chin, University of Massachusetts Dartmouth

Purpose: The Purpose of this qualitative descriptive study was to explore and describe symptom recognition and treatment delay in individuals experiencing an acute exacerbation of chronic obstructive pulmonary disease (COPD).

Background: Chronic obstructive pulmonary disease (COPD) is a major health problem in the United States. Acute exacerbations of COPD are primarily responsible for the physical, psychological and economic burden of this disease. Early identification and treatment of exacerbations is important to improve patient and healthcare outcomes. Little is known about how patients with COPD recognize an impending exacerbation and subsequently decide to seek treatment.

Methods: Using semi-structured interviews, fourteen adults hospitalized in Southeastern Massachusetts for an acute exacerbation of COPD were asked to describe their symptom experience and self care behaviors, including treatment seeking, in the days to weeks prior to hospitalization. Data was analyzed using qualitative content analysis.

Results: Content analysis revealed one main theme: Recognizing, responding and reacting to change, and six subthemes: Something’s coming, Here we go again, Seeking urgent treatment, Riding it out, Not in charge anymore and My last day that richly described the COPD exacerbation experience. The study revealed that patients experience an illness pro-drome prior to exacerbation and have a recurrent exacerbation symptom pattern that was self-recognized. Treatment seeking was most influenced by the speed and acuity of exacerbation onset, severity of breathlessness, fears of death, nature of patient-provider relationship and the perception of stigmatization during prior healthcare encounters.

Conclusions and Implications: These findings are important for the development of interventions to improve patient recognition and management of COPD exacerbations in the future. They are also important for influencing health policy regarding the development and funding of chronic care management programs for individuals with COPD.
Older Adults with Diabetes Benefit from Diabetes Education Similarly to Younger and Middle-Aged Adults

Elizabeth A Beverly, Joslin Diabetes Center/Harvard Medical School; A Enrique Caballero, Joslin Diabetes Center/Harvard Medical School; Shane Fitzgerald, Joslin Diabetes Center; Om P Ganda, Joslin Diabetes Center/Harvard Medical School; Katie Weinger, Joslin Diabetes Center/Harvard Medical School

**Purpose:** The value of group diabetes education for older adults remains controversial. Thus, we examined whether older adults with diabetes realize equal A1C benefit from group diabetes education compared to middle-aged and younger adults.

**Theoretical Framework:** The Expanded Health Belief Model provided the framework for examining the relationships among patient characteristics, psychosocial factors, and glycemic control.

**Methods:** Seventy-one older adults (aged 60-75 years) and 151 middle-aged and younger (aged 21-59 years) adults were randomized to attend structured behavioral group education, standard group diabetes education, or individual education. We measured A1C, self-care (3-day pedometer readings, blood glucose checks, frequency of self-care), and psychosocial factors (quality of life, diabetes distress, frustration with self-care, depression, self-efficacy, coping styles) at baseline, 3, 6 and 12 months post-intervention. Linear mixed models for longitudinal data assessed changes in A1C, self-care and psychosocial outcomes over time. Included in the model were age, time, group effects and their interactions.

**Results:** Both older (mean age=67±5 years, mean A1C=8.7±0.8%, mean duration=20±12 years, 30% type 1 diabetes, 83% White, 41% female) and younger (mean age=47±9 years, mean A1C=9.2±1.2%, mean duration=18±12 years, 59% type 1 diabetes, 83% White, 55% female) adults improved A1C equally over time (older delta A1C=0.44%; younger delta A1C=0.40%; time p=0.002; time*age p=0.87), with greatest improvement in the two group conditions. Importantly, in group conditions older and younger adults maintained A1C improvements similarly at 12 months. Further, frequency of self-care, blood glucose checks, depressive symptoms, quality of life, distress, frustration with self-care, self-efficacy and emotional coping improved in both older and younger participants at follow-up.

**Conclusions and Implications:** Our findings suggest that older adults receive equal glycemic control benefit from participating in group diabetes education as do younger adults. Importantly, group education has a positive impact on psychosocial factors, perhaps due to the social support provided in a group setting. Clinicians can safely recommend group diabetes interventions to older adults in poor glycemic control. The value of group diabetes education needs to be evaluated in populations age 76 years and older.
Purpose: The purpose of this research was to examine the relationship between pain and medication use in advanced cancer. For patients with moderate to severe cancer pain the standard treatment is round-the-clock (RTC) and as needed (PRN) opioids. Yet, consistent findings demonstrate that unrelieved cancer pain remains a significant problem for up to 70% of individuals diagnosed with advanced cancer. One proposed hypothesis for this discrepancy is that lack of pain relief occurs because of under-use of opioids by individuals however, little is known about the extent of under-use. Theory and practice posit a direct positive relationship between pain level and the behavior of medication use. A descriptive repeated measures design was conducted. Thirty nine subjects participated, mean age 60 years old, 56% women, with lung and breast cancer the most common primary cancer sites. All subjects were prescribed RTC and PRN opioids. Recruitment was from an academic medical cancer center.

Methods: The primary methods of data collection were pain and medication journals maintained for 10 days and self-administered questionnaires during two home visits (Brief Pain Inventory, Medication Side Effects, and Barriers Questionnaire). Analysis included repeated measures multiple regression. RTC use averaged 91.3%, but PRN use ranged from 0-100%, M= 37.1% (sd =26.6). Pain severity was significantly positively correlated to PRN use (β1.6, p<.01). Two distinct patterns were seen, 8 subjects took the same dose of PRN every day and the second pattern was to vary PRN use by day. For individuals with both patterns pain severity level predicted PRN use, however the mean pain severity in the group with stable behavior was 2.2 (sd=1.8), significantly lower than for the group who varied PRN use, pain severity 5.2(sd=2.5). As expected pain severity predicted medication use however, even for those with severe pain daily PRN use was less than 50% of available dose. Establishing the extent and range of PRN underuse provides a baseline measure to evaluate the efficacy of interventions aimed at enhanced pain management.
**Paper Session C3: Challenges in Chronic Illness Care**

**Associations of Multiple Chronic Conditions and Cancer-Related Fatigue: An Integrative Review**

*Fay Wright, New York University; Marilyn J. Hammer, New York University; Gail D. Melkus, New York University*

**Background and Purpose:** Chemotherapy treatments (CTX) to eradicate or diminish cancer results in symptoms that interfere with physical functioning and quality-of-life; cancer-related fatigue (CRF) the most distressing symptom. The impact of CRF and co-morbid conditions in cancer patients has not been well explored.

**Purpose:** The purpose of this study was to examine associations between CRF and multiple chronic conditions (MCC) through an integrative review (IR) of the literature.

**Methods:** Using the Theoretical Framework of Dodd Symptom Management, abstract databases (PubMed, CINHAL, EMBASE, Cochrane and ProQuest Dissertation Abstracts) were searched from 2000-2012 to examine primary research studies published in English that examined prevalence and/or severity of CRF associated with either an aggregate number of MCCs or single comorbidity. Search terms included: CRF, co-morbidities, chronic disease and cancer. Inclusion criteria were: solid-tumor cancers that were being actively treated with CTX or had been treated with CTX. Studies were excluded if CRF was not an outcome (n=59) or MCC reported as demographic data only (n=32).

**Results:** Of 329 abstracts, 21 studies were included in the analysis. The relationship of MCC and CRF was mostly reported in aggregate with a mean of 2.9MCC per subject in the sample. The relationships of single comorbidity with CRF were also reported. Arthritis, hypertension, and cardiovascular disease were most often associated with increased prevalence and severity of CRF. Underlying physiological mechanisms were not revealed.

**Conclusions and Implications:** MCC are related to increased prevalence of CRF in patients with solid tumors, especially during early months of diagnosis and treatment. Results indicate there is a breadth of research reporting MCC and CRF but with limited congruence in conceptual definitions and measurements. Future research should consider addressing these differences.
Factors Associated With HIV Seropositivity In Black and Latina Women In New York City

Carol F. Roye, Hunter- Bellevue School of Nursing; Fabienne Snowden, City University of New York

**Purpose:** Studies of HIV in women have evaluated suspected risk factors in uninfected women. Few have examined HIV-positive women to discern which factors actually increase the odds of infection. Furthermore, there are multiple determinants of HIV-seroconversion. This study compared HIV-infected and uninfected Black and Hispanic women on hypothesized risk factors.

**Background:** HIV/AIDS disproportionately affects Black and Latina women. The rate of HIV/AIDS is 15 times higher among Black women, and 4 1/2 times higher among Latinas than whites.

**Methods:** This mixed Methods study, based on Human Ecology Theory, used a matched, case-control design. HIV-positive women, aged 19 – 50 (N=21) were recruited at HIV-service sites in New York City. They were asked to refer a female friend or relative to the study (N=20). All participants completed a questionnaire about behaviors, mental and physical health. Questionnaires were completed on the computer, using ACASI. The questionnaire also included the Sexual Relationship Power Scale (SRPS). HIV-positive women completed the questions while thinking about the time before their diagnosis. Data were analyzed using chi-squared and logistic regression. In addition, HIV-positive women participated in an interview eliciting their perceptions about what places women at risk for HIV and what can be done to reduce risk. These data were analyzed using thematic analysis.

**Results:** The two groups of women were similar on age and ethnicity. HIV-negative women had significantly higher education. A cumulative risk index was created, based on factors that were significant predictors of HIV in univariate analyses: psychiatric diagnosis, history of incarceration, trading sex for money, and use of two or more drugs (Pearson R <.001). Each additional risk factor increased the O.R. of HIV by a factor of 11. Women with lower scores on the SRPS were significantly more likely to be HIV-positive (p<.001). The interviews provided context for the qualitative findings. Women said that social factors such as racism and poverty place women at risk, e.g. because of high incarceration rates among Blacks and Latinos, joblessness and the need to trade sex for money.

**Conclusions and Implications:** This study highlights risk factors in women. Nurses should focus HIV-prevention education to the needs of this population and develop risk-reduction interventions that incorporate sociocultural as well as behavioral risks.
Why Do Women Stop Taking Antiretroviral Medications?

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Background: The importance of antiretroviral (ARV) medication adherence for the health of HIV-infected persons as well as for prevention of HIV transmission requires greater emphasis on factors that impede individuals from maintaining ARV adherence. Given the significance of stigma, depression, stressful life events, health care provider (HCP) engagement and symptom intensity as factors affecting HIV-infected persons we investigated the impact of these variables in discriminating between women who stop medications on the advice of their HCP and those who decide independently and compared the Results with men in our sample.

Methods: With Social Action Theory and its’ emphasis on self-protective behavior as the Theoretical Framework, a convenience sample of 2,182 PLHIV was enrolled from HIV sites in Canada, China, Namibia, Puerto Rico, and the U. S. The questionnaire assessed reasons for ARV medication cessation (stopped medications on their own; stopped medications with HCP), stigma (Berger Scale), depression (CES-D scale), stressors (Stressful Life Events scale), and symptom intensity and frequency (SSC scale) for the 36 women and 74 men no longer taking ARVs. Data analyses included descriptive statistics, chi square, t-tests, and step-wise regression.

Results: For our subsample, 15 (41.7%) of the women stopped medications in collaboration with their HCP and 21 (58.3%) stopped on their own compared with men who were more likely to stop on their own (67.57%) than with their HCP (32.43%). Factors that differentiated whether women stopped on their own or with their HCP included engagement with HCP (p=.01), symptom intensity (p=.03), and symptom frequency (p=.01). Only the latter was a significant (p=.05) predictor for men in the decision to stop medications. The symptoms related to how this decision was made were different for women and men with four symptoms 95.8% predictive of whether women would stop medications on their own or with their HCP, and five other symptoms being 93.3% predictive for ARV cessation in men.

Conclusions: Our findings indicate that there are different reasons why women and men stop medications, and whether they decide on their own or with their HCP. To reduce ARV failure to adhere, a public health as well as a patient issue, symptoms need to be addressed for both women and men. The importance of the relationship with the HCP cannot be over-emphasized, particularly for women.
Purpose: The aim was to assess the outcomes of the Robert Wood Johnson Foundation New Careers in Nursing (NCIN) Scholarship Program to provide leadership development and mentoring to accelerated baccalaureate (BS) nursing students from underrepresented and/or disadvantaged groups.

Background: The IOM (2010) has called for transformation of the nursing workforce to meet the complex health needs of future diverse populations and the call for more nurse leaders and faculty. This requires increasing the number of nurses from underrepresented groups, funding support for accelerated students to meet the nursing shortage, and cultivating highly educated entry-level nurses who can become future leaders and educators.

Methods: Program outcomes were measured using mixed methods. Students (N = 25) were enrolled in a 15-month accelerated BS curriculum and were selected for the NCIN Program from a competitive applicant pool. Descriptive statistics were calculated for program evaluation scores; cumulative GPA; retention, 15-month graduation, and first-time NCLEX pass rates; as well as enrollment in graduate study. Periodic assessments through reflective journals and comments on program evaluations were analyzed for themes using content analysis.

Results: Retention, graduation, and first-time NCLEX pass rates were 100% with an average cumulative GPA of 3.53 and graduate enrollment of 27% for the first cohort. Students currently enrolled have a GPA of 3.51, and are engaged as student leaders. Overall ratings for all NCIN program activities were excellent (mean = 4, on 1-4 scale). Comments on program offerings included the themes: 1) feeling prepared for the accelerated BS program, 2) increased self awareness, and 3) developing new ways of thinking. Content analysis of the reflective journals revealed five themes: 1) full engagement, 2) time flying by, 3) personal and academic growth, 4) connections between education and practice, and 5) professional development through mentoring and support.

Conclusions and Implications: The NCIN Scholarship Program to support accelerated entry-level nursing students from underrepresented and/or disadvantaged groups through leadership development and mentoring has been successful. Continued cultivation of highly educated nurses representing diverse populations with the potential to be future leaders and educators is necessary to transform the nursing workforce in order to provide quality health care to patients with complex needs.
A Study to Evaluate the Effectiveness of Eye-tracking Technology as a Method of Debriefing Following Clinical Simulation

Elizabeth A. Henneman, University of Massachusetts; Helene Cunningham, University of Massachusetts; Donald Fisher, University of Massachusetts; Philip Henneman, Baystate Medical Center; Jenna Marquard, University of Massachusetts; Brian Nathanson, Optistatim; Karen Plotkin, University of Massachusetts; Joan Roche, University of Massachusetts

**Background:** The debriefing process is a critical part of the use of simulation as an educational method. Current evaluation Methods such as direct observation present significant limitations to an effective debriefing process. These drawbacks limit the usefulness of simulation as a teaching and evaluation strategy. New Methods of providing data to students and educators during the debriefing process are needed if simulation is to be used to its maximum potential.

**Theoretical Framework:** The nursing model for error recovery served as the Theoretical Framework for the study. (Henneman and Gawlinski, 2004) This model describes how organizational, technical, and human failures, alone or in combination, can lead to dangerous situations that ultimately may negatively affect the patient. New technological approaches to nursing education have the potential to promote safe practice and decrease adverse patient outcomes.

**Methods:** An experimental study using a pre-test, post-test design was used to compare the effectiveness of three types of debriefing feedback, i.e., verbal, eye tracking and combined verbal plus eye-tracking, to determine the most effective method for improving student knowledge and performance. The study was conducted with student volunteers from a four-year undergraduate program on the east coast.

**Results:** Forty-two senior nursing students participated in the study. Data from 11 students (25%) was unable to be used, because of technical difficulties (e.g., problems calibrating the eye-tracker). Of the 31 remaining students, 13 were enrolled in the verbal only group, 10 in the eye-tracker only group, and 8 in the combined eye-tracker/group. Student performance was scored using direct observation by trained observers and was based on the number of correct actions as per the evaluation criteria. McNemar’s test for calculating p values was used to test for significance (p<0.05). All groups performed better in the post-test evaluation than in the pre-test. Certain safety practices improved significantly in the eye-tracker only group. These criteria were those that required a verbal and visual comparison of 2 artifacts such as “Compares patient stated name with name on ID band “.

**Conclusion:** Eye-tracking technology offers a unique opportunity to provide students with objective data about their behaviors during simulation experiences and improved outcomes related to safety practices.
Paper Session C4: Nursing Education

Effectiveness of a Problem-Based Learning Intervention on the Clinical Judgment Abilities and Ambiguity Tolerance of Baccalaureate Nursing Students During Simulation

Michelle A. McMahon, University of Massachusetts Dartmouth

**Purpose:** To assess both feasibility and effectiveness of a problem-based learning (PBL) intervention on clinical judgment (CJ) in baccalaureate nursing (BSN) students when evaluated during high-fidelity simulation (HFS). Additional aims were to examine if individual student tolerance for ambiguity (TA) was related to CJ ability during HFS and to determine if a group PBL intervention could mediate low TA in student nurses.

**Background:** The use of CJ in healthcare delivery is a nurse expectation and especially vital when the context surrounding a clinical situation is complex, or the nurse interprets the situation as ambiguous. Best educational practices for facilitating CJ in BSN students have yet to be determined. However, PBL and HFS are Methods that show promise for enhancing student CJ. Tanner’s (2006) CJ model provided the Theoretical Framework for this study.

**Method:** A quasi-experimental pre-post design, employing both quantitative and qualitative Methods, was used. Nineteen senior-level students completed either an independent preparation (Control n=10) or a 4-week on-line PBL intervention (PBL n=9) as a pre-HFS activity. Group CJ outcomes, based on the Lasater Clinical Judgment Rubric (LCJR), were compared using t-tests. In addition, TA, measured by the Multiple Stimulus Types Ambiguity Tolerance scale II (MSTAT-II) was examined by paired t-tests and two-way ANOVA. Feasibility of the PBL intervention was assessed by qualitative descriptive analysis.

**Results:** Quantitatively, no statistically significant differences were found between groups in regard to CJ or TA. In addition, results did not support PBL for improving low TA in student nurses. However, qualitative analysis of data yielded findings, which indicate benefits and challenges of both the PBL and HFS experience. PBL transcripts demonstrated that participant comments encompassed all aspects of the Tanner CJ model.

**Conclusion & Implications:** Clinical judgment and PBL were found to have congruency, supporting PBL’s potential to facilitate CJ in student nurses. Future research with a larger sample is needed to determine CJ outcomes when PBL is done in a greater dose, over longer duration, and/or in an alternate format. It is also acknowledged that cost-benefit analysis is needed before justifying curriculum integration of PBL.
A Comparative Study of Cultural Competence Curricula in Baccalaureate Nursing Programs

Donna Mesler, Seton Hall University

Although cultural competence education has been mandated by accrediting bodies and professional organizations, there are currently three different forms of cultural competence curricula found in baccalaureate nursing programs: Those with a nursing culture course, those with a non-nursing cultural course and those that integrate culture content throughout the nursing curriculum.

**Purpose:** The primary Purpose of this study was to determine if one of these forms of curricula is more efficacious in improving cultural competence and confidence in nursing students than the other two forms, and the secondary Purpose was to determine if one of the three forms of curricula is more efficacious in improving cultural competence and confidence across academic levels.

The Cultural Competency Model and Theory (Campinha-Bacote, 1999, 2002) and the Cultural Competence and Confidence Model and Theory (Jeffreys, 1994), form the foundation for this study.

This study utilized a quantitative methodology with an exploratory, between-groups, cross-sectional and correlational research design to measure cultural competence and confidence in baccalaureate nursing students across three different forms of curricula and three different academic levels. A convenience sample of 759 baccalaureate nursing students across six schools of nursing participated in this study. Students completed two surveys, The Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals (Campinha-Bacote, 2002) and The Transcultural Self-Efficacy Tool (Jeffreys, 1994). Demographics were analyzed and a two-way ANOVA followed by Tukey’s HSD were used to analyze the survey data.

Only students in the Nursing Culture Course Program reached a level of cultural competence. Cultural competence and confidence increased significantly from freshman to junior year in all three programs, but not from junior to senior year.

All BSN programs need to revise their curricula to include a nursing culture course, taught by nursing faculty and consider including methods to incorporate a patient’s culture into their plan of care. More research is necessary to confirm these results and to explore faculty perceptions and whether or not pseudo immersion would facilitate greater cultural competence and confidence levels in junior and senior year students. Longitudinal studies are necessary to follow students from baseline through graduation and into practice.
Effectiveness of a Non-didactic Intervention to Enhance Nursing Students’ Understanding of the Spirituality Component of Patient Care

Veronica Feeg, Molloy College; Agnes Bracken, Molloy College; Mercy Joseph, Molloy College

Background/Purpose: Spirituality is recognized as an important component of planning care for patients, however, often limited in many health settings today. The literature describes the lack of spirituality education or opportunities for self-reflection in nursing programs. Teaching-learning experiences related to spiritual dimensions of care are minimal.

Purpose: The purpose of this project was to test the effectiveness of a specially selected video/film, absent of direct spiritual title or didactic instruction, with discussion and guided self-reflection on nursing students’ recognition of their own spirituality: self-reported spiritual well-being and adjustment.

Theoretical Framework: The study combines the educational framework of Knowles’ adult learning with Watson’s spiritual dimension of human caring science.

Methods: The design was a non-randomized pre-test post-test design of 2 treatment groups of students over 3 semesters, with one group serving as control. Each of 3 classes of early baccalaureate nursing students were recruited as part of their coursework to observe and discuss the treatment film. Measures included 2 scales: Jarel Spiritual Wellness Scale (JSWS) with 3 valid and reliable factors and a new measure developed by the researchers on spiritual adjustment. A total of 153 students participated with n=36 completing the post measures and n=64 controls.

Results: Analyses support the expectation that students (53%) reported being at least “somewhat” changed from observing the film. Several items and one factor were statistically significant (p<.05) for the post-video group compared to the control group. Several items on both instruments yielded significant differences that give insight on students’ spiritual self-reflection from the intervention.

Conclusions: If students can self-report a new understanding of spirituality in themselves from a focused discussion prompted by a sensitive film, new strategies can be implemented in nursing education to enhance the spiritual related non-didactic education that students receive. This can help them care for patients better in their nursing careers.
Purpose: The Purpose of this study was to investigate the impact of the American Civil War on the development of the profession of nursing in the United States.

Background: No previous critical analysis of historical data related to the Civil War was discovered in the literature. The review determined that coverage of the development of our profession in America in nursing text books is almost nonexistent.

Methods: This study used both historiography and a critical social analysis of the historical findings to identify lessons from our past, for our future. Review of primary sources and archives as well as scholarly works related to the medical and surgical history of the Civil War formed the data.

Results: Just as the country was unprepared for the magnitude of the Civil War in 1861, so too was the Medical Department of the Army. General military hospitals and trained army nurses did not yet exist. Into this context, women of America came forward to nurse the sick and wounded. Sometimes welcome, unwelcome more often than not, they defied military protocol and did what needed to be done to save their husbands, brothers and sons. Largely ignored by historians, absent from our own nursing text books, these women changed forever the way nursing was understood by this country. Whether part of the newly formed army nurse corp., agents of the Sanitary Commissions, Sisters of various religious communities or independent women who saw the horrors of the war publicized throughout the land, these brave women have been forgotten and the lessons from their experiences, while significantly benefitting the women’s suffrage movement, have not benefitted our profession.

Conclusions and Implications: The birth of nursing as a profession in America occurred during the Civil War. As heroes, these nurses exemplify the ideals and values that founded our profession and unite us with our past, and to each other. Without truly understanding the formation of our profession by studying our past, we allow others to define us. We struggle today with the same issues that fragmented nurses in the Civil war: Lack of unity and leadership from without. We have distilled our past into the life of one woman rather than celebrate the rich tapestry of those who founded our profession in the United States.
Symposium Session C5: Emerging Research Methods that are Responsive to Families and Communities

Emerging Research Methods That Are Responsive To Families And Communities

Margaret Shepard, University of Medicine and Dentistry of New Jersey; Susan DeSanto-Madeya, University of Massachusetts Boston; June Andrews Horowitz, Boston College; Helene J. Moriarty, Philadelphia VA Medical Center

Research of families and communities is a challenging endeavor. To be responsive to diverse populations with whom we enter into partnerships, methodological approaches need to be carefully crafted. Approaches that are culturally relevant, developmentally appropriate, respectful, and appreciative of the naturalistic context are warranted. A multitude of factors—sociocultural, community, emotional, and economic—come into play and must be considered in the planning and conduct of research focused on family and community issues. In this symposium, emerging innovative Methods for research of families and communities are addressed. The first paper begins with a description of challenges when context, culture, and time affect measurement in family research. Exemplars are used to highlight strategies to address the challenges. In the second paper, the authors discuss how mixed Methods offer valuable opportunities to better understand the impact of family interventions and the processes occurring during these interventions. The benefits of mixed Methods in family intervention research are illustrated through two studies. In the third paper, the author describes a pilot study, utilizing a community-based participatory approach, that guides the development of a palliative care intervention. Finally, in the fourth paper, the author presents a community engagement study to enhance access to care by residents in two lower-income neighborhoods. The symposium ends with dialogue around how the Methods advance our knowledge and care of families and communities.
Symposium Session C5: Emerging Research Methods that are Responsive to Families and Communities

Challenges and Strategies When Context, Culture, and Time Affect Measurement in Family Research

June Andrews Horowitz, Boston College; Nancy DuBois, Thomas Jefferson University; Margaret Hayes, Boston College; Helene J. Moriarty, Philadelphia VA Medical Center; Dorothy Zirkle, Boston College

**Purpose:** To examine issues, challenges, and strategies when context, culture, and time affect measurement in family research.

**Background:** Development of family measurement approaches involves rigorous testing. Once a measure has established reliability and validity, its use can skyrocket. However, reliability and validity may not transfer across populations. Re-testing with different populations, including translation and back-translation, is a standard approach to such dilemmas. Yet such effort may be inadequate when meaning can differ across groups and changes over time can render items out-of-date.

**Methods:** Exemplars of measurement approaches are identified to illustrate how context, culture, and time can affect reliability and validity. Selected measurement approaches are discussed to illustrate how even widely used techniques and instruments with established reliability and validity can pose challenges for use across populations.

**Results:** Challenges are identified from a review of measurement approaches. Issues are explored and strategies suggested regarding adapting measures as well as adapting individual items. Presenters’ experiences will inform suggested strategies. For example, established family measures may not be applicable to specific populations due to particular influences of context such as in studies of family reunification involving mothers after release from prison and their children. Another exemplar is the challenge of setting clear definitions of a clinical condition that reflects a family perspective. For example, family members’ perspectives that may not match the views of health care professionals can affect definitions of severity of disability. Examples of emerging approaches to online research are explored that have potential for being more nimble than traditional research approaches in responding to fast-paced technological changes such as widespread smart phone adoption and communication via social networking. Challenges are discussed regarding minor versus major adjustments to established instruments and requirements for re-testing. Issues in cross-cultural measurement are examined, and mixed method strategies proposed.

**Conclusions & Implications:** Measurement in family research poses many challenges involving context, culture, and time. This paper explores these challenges and proposes strategies and possible guidelines. Dialogue with the audience is planned to explicate Implications.
Symposium Session C5: Emerging Research Methods that are Responsive to Families and Communities

Community Engagement: A Tale of Two Low-income Communities

Margaret P Shepard, University of Medicine and Dentistry of New Jersey; Kathleen P Jackson, University of Medicine and Dentistry of New Jersey

Background/Purpose: Affordable health care resources are available in Camden, NJ, however, residents of two low-income housing neighborhoods describe seemingly insurmountable barriers to accessing quality care. This community-based participatory research (CBPR) project was launched by a partnership of faculty, students, and community residents from two low-income housing communities. The specific aims were: to identify reliable strategies for reducing barriers to essential health care services, develop meaningful learning contexts for students, and to measure and disseminate efficacy outcomes. In this paper, we describe the processes of coalition building toward the common goal of improving access to health care resources in the community.

Theoretical Framework: Principles of Community Engagement identified by the CDC (2011) including: outreach, collaborative planning and shared leadership were used to guide the CBPR project. The social ecological model was used to conceptualize health as affected by the interaction between the individual, community, and the physical, social, and political environments. Access to care was defined by the coalition as: the ability to plan for and receive high quality, cost effective, respectful and equitable, health care services, on time.

Methods: Coalition building was predicated on regular meetings with formal and informal leaders from each of the housing communities. Outreach consisted of health information from students, faculty, and representatives of provider organizations, and general health screenings, including blood pressure and blood glucose monitoring. Evaluations are a continuous process of measuring participation by all constituents across all activities. Focus groups were used to measure perceived access barriers.

Results: Community residents were discouraged about their health and distrustful of health care providers. Trusting partnerships were built on mutual respect, and exchanges of information. A key feature of the partnership was encouraging residents to identify the health related strengths of their communities.

Conclusions: Residents reported that partnering with the school of nursing, helped to legitimize their concerns about health care access, and it helped them to make their voices heard. Community engagement helped to empower community residents to become informed consumers and to advocate for access to quality health care. Project efficacy to improve health is yet to be determined.
Symposium Session C5: Emerging Research Methods that are Responsive to Families and Communities

Using Qualitative Data to Understand and Inform Quantitative Data in Intervention Studies with Families

Helene J. Moriarty, Philadelphia VA Medical Center; Rosanna F. DeMarco, Boston College; June Andrews Horowitz, Boston College; Gala True, Philadelphia VA Medical Center; Laraine Winter, Philadelphia VA Medical Center

In research of families, the majority of nursing studies have focused on family members’ responses to health and illness. Fewer nursing studies have tested family interventions, but more family intervention studies are emerging over time. Researchers outside of nursing and within nursing are emphasizing the need to examine not just the Results of the intervention, but also the process, or what happens inside the intervention. Mixed Methods offer family investigators valuable opportunities to better understand the impact of family interventions and the processes occurring during the interventions. In this paper, the authors describe the utility and value of mixed Methods in two intervention studies with different populations of families experiencing severe stressors. In the first study, an evaluation of an in-home intervention with veterans with traumatic brain injury (TBI) and their families, two qualitative data sources are used to augment quantitative data. Outcome data, collected before and after the intervention, consist of standardized quantitative measures and three targeted qualitative outcomes that the veteran and family member identify as the most important problems TBI has caused for them. In addition, focus groups are conducted with veterans and family members after they have received the intervention to understand how participants experienced the overall intervention and specific components of the intervention. The second study involved an intervention for mothers with postpartum depression. Qualitative interviews and focus groups with participants were conducted after the clinical trial concluded to evaluate study processes and learn about women’s experiences of participating. The qualitative findings became critically important in helping to explain unexpected findings of no significant differences in depression severity or quality of maternal-infant interaction between the experimental and control groups over time. Challenges and benefits of using qualitative data to inform, complement, and explain quantitative data in intervention with families will be highlighted. The promise of mixed Methods to develop effective family interventions that help patients and their families prevent, manage, and live with their health problems will also be addressed.
Poster Session II: Nursing Education

Poster 1

Pedagogical Strategies for Teaching EBP and Translation of Research to Baccalaureate Nursing Students and Practicing Nurses

Kimberly Fenstermacher, York College of Pennsylvania; Linda C. Pugh, York College of Pennsylvania

Purpose: This presentation will describe creative pedagogical approaches used to engage nursing students and practicing nurses in collaborative learning to appraise research and synthesize findings to promote the translation of research into practice.

Background: Nurse educators must be intentional in their efforts to equip baccalaureate nursing students with the knowledge and skills to implement EBP and translate research into practice as new clinicians. Moreover, many currently practicing nurses do not fully understand how to implement EBP and translate research. Thus, there is a critical need for pedagogical strategies to prepare future nurses and practicing nurses with the requisite knowledge and skills they need to meet the demands of practice in an ever-changing healthcare system.

Methods: During a junior level research course, students from a private college are partnered with staff nurses from a local hospital to conduct collaborative EBP projects guided by the Johns Hopkins EBP Model. Together they develop clinical PICO questions. Participants perform literature searches, appraise the literature, synthesize evidence and identify practice recommendations. The groups meet jointly three times during the semester, mentored by faculty and the hospital’s Director of Nursing Research. The students present the final product of the project in a poster session which is presented to invited nursing staff and faculty. If the evidence for practice change is compelling, staff nurses translate the evidence into practice using the Hopkins model as a guide. If the outcome is that more needs to be known, a research proposal is developed to explore the question further. Students and nurses are challenged to value research and to develop skills to synthesize research findings for use in practice.

Results: Since the inception of this course format, students have completed more than 20 EBP projects. Nine students presented their posters in a regional EBP conference. Two projects have moved into research studies. Clinical practice guidelines have been developed. Qualitative and quantitative evaluation suggests that participants are very satisfied with the collaborative EBP project experience.

Implications: The collaborative format of engaging students and staff nurses to learn EBP and translation skills is a mutually beneficial experience and provides a forum for synthesizing the knowledge and skills learned in the classroom to advance the translation of knowledge.
Purpose: This study examined the experiences of under-represented/underserved (URUS) students in an accelerated second-degree BSN (ABSN) program.

Background: When ABSN students begin studies in nursing, they must adapt to new environments, learn a new language, and internalize the beliefs, values, and traditions of nursing while mastering the science of nursing. ABSN students must learn to balance full-time school and often the responsibility of caring for their families. For ABSN students, this process can be stressful and difficult to manage since they are highly motivated learners who strive to excel in the classroom and the clinical setting. Numerous studies have focused on descriptions of ABSN students’ experiences while enrolled in accelerated programs and their preferred methods of teaching and learning but there few known studies that focus on the experiences of URUS ABSN students. With the need to enroll and graduate students who are URUS in nursing, this study examines the experiences of this population in an ABSN program.

Methods: Photo-voice and the U-Heuristic method for contextualizing and codifying the photographs were utilized to reveal the experiences of the student participants. Students, with faculty investigators guiding the process, convened for round-table discussions seven times during their 12-month accelerated BSN program to explore responses to posed questions. Photographs taken and related journaling were discussed. Using the U-Heuristic method, the students completed their study by identifying shared experiences and subsequent common themes. Transcripts gleaned from the photo-voice discussions will be formally analyzed by the investigators using Yin’s case study method. Transcript analysis is in progress.

Results: Student themes related to financial, academic, and family pressure emerged. Of significance was their described sensitivity to their individual differences in gender or ethnicity. Faculty analysis of transcripts is pending. It is anticipated that the findings will provide evidence for interventions related to recruitment, mentoring, and leadership development for URUS ABSN students.
Constructing a Cultural Boot-Camp for New Nurse Residents

Kelly Nicholson, Middlesex Hospital; Elizabeth Molle, Middlesex Hospital

Background/Purpose: Transcultural nursing care is a multidimensional approach of incorporating various behaviors into routine nursing encounters to meet patient’s values, beliefs and spiritual expectations during hospitalization. Nurses are exposed to cultural obstacles daily, but limited studies exist establishing the best pedagogy for teaching culturally congruent care. Educational intervention studies have included: didactics, immersions, service learning, videos and case based learning. The purpose of this study is to evaluate simulation as an effective pedagogy for teaching these skills.

Theoretical Framework: Bandura’s self-efficacy theory provides the framework for this study. Nurses with stronger self-efficacy will approach building cultural knowledge more readily and be more successful at the task.

Methods: A pre-post test educational intervention study took place at a 275 bed Magnet community hospital and was designed to evaluate the effectiveness of simulation. Seven simulation cases containing standard nursing interventions were intertwined with cultural obstacles. The Transcultural Self-Efficacy Tool (TEST) was the evaluation tool used to measure self-efficacy for providing culturally congruent care. TEST consists of 83 questions and 3 subscales: cognitive, practical, and affective; subscale scores range from 25 to 300; total scores from 83 to 830. Both content and construct validity have been documented for the tool (Jefferys, 1999). Cronbach alpha has ranged .92-.98.

Results: A cohort of 10 nurse residents participated. The pretest mean scores were: cognitive 5.3 (SD 0.85); practical 5.58 (SD 1.17) and affective 7.6 (SD 1.15). Total pre-scores ranged from 442/830 to 633/830. Consistent with other published studies the nurses scored highest in the affective domain, however unlike other studies, this cohort scored lowest in the cognitive subscale. The post test and analysis will be completed in March 2013.

Conclusion and Implications: This study may impact the delivery of cultural education and help organizations meet regulatory compliance with cultural competency.
**Poster Session II: Nursing Education**

**Poster 4**

**Emotional Intelligence And Spiritual Well-Being Among Nursing Students**

_Audrey M Beauvais, Sacred Heart University; Susan DeNisco, Sacred Heart University; Julie Stewart, Sacred Heart University_

**Purpose:** To examine the relationship between emotional intelligence and spiritual well-being among nursing students.

**Theoretical Framework:** Mayer and Salovey’s emotional intelligence model. Emotional intelligence is the ability to reason with, and about emotions. It combines feelings with thinking.

**Methods:** A descriptive correlational design was utilized. A convenience sample was recruited at one New England University. Background data was collected in addition to administering the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) and the Spiritual Well-Being Scale (SWBS).

**Results:** There were 124 participants. The sample was predominately Caucasian (88%), female (97%), and mean age 30 years. There were 86.2% undergraduate and 13.8% graduate students with a 3.49 mean grade point average. The mean score (scaled) for emotional intelligence was 95.75, SD ± 12.605 indicating moderate emotional intelligence. The mean score for spiritual well-being was 91.08, SD ± 16.94 indicating moderate spiritual well-being. Although overall scores were not significantly correlated, additional analyses found a weak but statistically significant relationship between the emotional intelligence branch four (managing emotion) score and spiritual well-being. In addition, there was a moderate but statistically significant relationship between branch four (managing emotion) score and existential well-being.

**Conclusion and Implications:** The significant relationship between emotional intelligence (Branch 4-managing emotions) and spiritual well-being as well as existential well-being in this study supports the statements in the literature that spirituality is related to both emotions and the rational application of those emotions. Emotional intelligence may aid in spiritual development, well-being, and education as emotions are a basis of awareness and engagement within humanity. Research is needed to examine if strategies to enhance emotional intelligence can facilitate the process of increasing spiritual well-being with a test-retest design. Emotional intelligence and spiritual well-being ought to be examined in relationship to other outcomes measures such as student performance, workplace performance, resilience, empowerment, and health benefits.
Poster Session II: Chronic Illness

Poster 5

State of Science: Factors Associated with Medication Adherence in Adults with Hypertension

Hye-Won Yoon, New York University; Bernadette Capili, New York University; Deborah A. Chyun, New York University; Allison Squires, New York University

Background and Purpose: Poor medication adherence is one of the crucial contributors on uncontrolled hypertension over 52% out of 76 million hypertensive adults in the United States. Since ‘adherence’ is differentiated from ‘compliance’ to emphasize a patient’s agreement to a treatment regimen, there is a need to identify factors associated with antihypertensive medication adherence (AMA). The purpose of this review was to identify factors associated with AMA among hypertensive adults.

Methods: The review was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. The PubMed, PsycINFO, CINHAL, and Web of Science databases were searched for articles published in English with combination terms of medication adherence, patient compliance, adults, and hypertension. Inclusion criteria were: published in 2007-2012; defined medication adherence with specified measurement; defined medication compliance with specified measurements using medication adherence interchangeably; both quantitative and qualitative studies. To assess transparency and risk of bias in the research methodology, methodological quality rating was conducted by a modified scale from McNamara & Shaw instrument.

Results: Thirteen quantitative studies and 3 qualitative studies out of 535 articles were included. Assessment of AMA was done by self-report, pharmacy record, and electronic monitoring device. Associated factors on AMA were reported as 1) intrapersonal factors: age, gender, ethnicity, living circumstances, knowledge/attitude for medication; 2) interpersonal factors: social support, relationship with healthcare provider; 3) clinical factors: depression, comorbidity; 4) others: side effects, lifestyle modification. Age was the most frequently reported associated factor; younger adults were identified significantly less adherent than older adults. None of the reviewed studies addressed systemic factors related to AMA. Total mean score of quality rating varied from 1.2 to 2.0.

Conclusions and Implications: Discordance between conceptual definition and operational definition of AMA was captured as a threat to construct validity. In future studies, refining age group is needed to develop age-specific interventions. Using a patient-nurse relationship term rather than the patient-healthcare provider is suggested to identify the role of nurses on AMA.
**Poster Session II: Chronic Illness**

**Poster 6**

**Cyber Support: Concerns of Caregivers of People with Pulmonary Hypertension**

*Annette McDonough, University of Massachusetts; Sarah Lichenstein, Northeastern University; Lea Ann Matura, University of Pennsylvania*

**Purpose:** The purpose of this study was to gain an understanding of how caregivers of patients with pulmonary hypertension (PH) are using an online Discussion Board.

**Background:** The chronicity and complex medical needs of patients with PH warrant a holistic nursing approach combining the patient and caregiver concerns to adequately address their needs.

**Methods:** Qualitative descriptive methodology was employed. A convenience sample was used over an 18-month period of those caregivers who posted internet messages to the Pulmonary Hypertension Discussion Board. Socio-demographics collected were age and gender of the person with PH and the relationship of the caregiver to the person with PH. Clinical variables collected were medications and oxygen use, and years since diagnosis. Thematic analysis was used to identify themes.

**Results:** A total of 98 caregivers posted to the Discussion Board during the 18 month period, 46% of those posting were mothers of children with PH. Four themes emerged: Telling our story; So many questions; Someone to listen, and Moving on with life. These themes characterize how caregivers of patients with PH were using the Discussion Board.

**Conclusions:** Caregivers of patients with PH may need more information and support from their healthcare providers to adequately care for those with PH.

**Implications:** The findings from this study suggest that healthcare providers should be assessing caregivers of patients with PH as well as patients. Additional informational resources about the disease process, symptomology, medication management, and the effects on quality of life should be provided to caregivers. Encouraging participation in support groups and counseling may also be beneficial.
Impact of HIV/AIDS Peer Education Program on Peer Educators

Ganga Mahat, Rutgers University; Cynthia G Ayres, Rutgers University; MaryAnn Scoloveno, Rutgers University

Purpose: The purposes of this study are to investigate peer educators’ HIV/AIDS knowledge and self-efficacy after implementation of the Teen for Aids Prevention (TAP) peer education program to a sample of Nepalese adolescents.

Background: Nepalese youth have much lower HIV knowledge than their counterparts in industrialized countries (UNAIDS, 2008). Because of their vulnerability to HIV/AIDS and lack of knowledge, it is essential to target Nepalese adolescents for HIV prevention. Peer education programs have shown to be efficacious in increasing adolescent HIV knowledge and self-efficacy. However, there is sparse research on the evaluation of the effects of the peer educational program on peer educators themselves.

Methods: A quasi-experimental design was used for this study. The sample of peer educators, aged 14-17 included ten tenth grade volunteers from one of the private high schools in Nepal who were selected by the researcher and a teacher based on their leadership capabilities, gender, and age range 16-17. At baseline, the peer educators were tested on their HIV knowledge and self-efficacy for limiting sexual risk behaviors. Subsequently, they were trained by the researcher in the delivery of five TAP sessions. The peer educators implemented the peer education program to 9th grade students of their own school. The participants (n=118) were very similar in age and ethnicity to the peer educators. Their ages ranged from 13 to 15 years. The instruments for the study included a demographic survey and reliable and valid HIV/AIDS knowledge and self-efficacy for preventing sexual behavior questionnaires. Paired t-test was used to analyze the data. Results: Paired t-test showed that HIV/AIDS knowledge (t= 4.564, df= 8, p=.002) and self-efficacy (t=2.665, df=8, p=.029) among peer educators improved significantly after the peer education program.

Conclusions & Implications: This study demonstrated that peer education program had influence on peer educators’ knowledge, attitudes and self-efficacy. The peer educators also felt that they had gained self-confidence in being leaders for their adolescent cohorts. Inter-professional collaboration among educators and nurses demonstrate efficacy in preventing adolescent risk-taking behavior. Reference UNAIDS (2008). Reports on the global AIDS epidemic: Status of the global HIV epidemic. UNAIDS: Geneva (pp. 3-30)
Support and Diabetes Self Care Activities in Older Adults: A Family Affair

Joanne M Dalton, Regis College; Margherite Matteis, Regis College

Background/Purpose: Diabetes is a family affair. Individual diabetes outcomes need to be addressed, but family support and interaction are also important factors to consider in the care of the patient who has diabetes. Patient disease management strategies need to be incorporated into family life so that goals and objectives can be set for both the patient and family to promote family wellness. The purpose of this pilot study is to examine the relation between family support and relationships and older adults’ (65 and older) diabetes self-care activities. The research questions for this study were: 1. What is the relation between family support and diabetes self-care activities in older adults? 2. What is the relation between family relationships and diabetes self-care activities in older adults?

Theoretical Framework: Orem’s Self-Care Deficit Theory of Nursing provided the conceptual framework for this study. Orem’s concepts of basic conditioning factors (family support and relationships) and self-care guided the study.

Methods: A quantitative correlational descriptive design was used. Data from a convenience sample of 16 older adults (65 and older), with diabetes were collected from 2 New England home health agencies. Data were collected using three measurement tools: Family Relationships Index (FRI); The Diabetes Family Behavior Checklist II (DFBC-II); and the Diabetes Self-Care Activities Measure (SDSCA). Using SPSS version 20, demographics were analyzed using descriptive statistics. Pearson’s Correlation Coefficients were used to answer the 2 research questions.

Results: The mean age of was 74.69. Most were female and all were white. Fourteen (87.5 %) subjects had type 2 diabetes. Most participants lived alone (n= 7, 43.8 %). The most frequent areas for assistance were exercise, diet, and physician appointments. No significant correlations were found between family relationships and diabetes self-care activities. Family nonsupport was negatively related to exercise self-care activity (r = -.554, p=.04). However, negative and positive family support were positively related (r = .556, p=.039).

Conclusions and Implications: The findings raised issues about the meaning of self-care and multidimensionality of family support. The non significant findings may be due to the small sample size. The knowledge obtained from the experience of collecting data from elders and the findings from this study will be utilized to develop a larger scale study.
An Integrative Review of Memory Interventions: A Bridge to Impacting Cognitive Performance

Jennifer Dunbar Viveiros, University of Massachusetts Dartmouth; Kristen A. Sethares, University of Massachusetts Dartmouth

Purpose: The Purpose of this review was to synthesize what is known about memory interventions in the chronically ill. The ability to perform self-care is essential and limited by cognitive impairment, specifically memory deficit in the HF population. Therefore, there is an immediate need for interventional research as it relates to influencing memory deficit in the heart failure population. Findings from this review are intended to integrate what is known in inter-professional research to promote high quality interventions among diverse populations, especially patients with heart failure.

Methods: An integrative review of the literature was conducted. The search strategy outlined by Whittemore and Knafl (2005) was employed for this review. The electronic databases, CINAHL, PsychINFO, ERIC, and PubMed were searched using the following search terms memory and intervention, training, remediation, or rehabilitation. This search generated 1310 articles after the duplicates were removed.

Results: Thirty-eight interventional studies met review criteria. Physical activity and cognitive interventions were the most frequently studied interventions. Sample populations ranged in age, gender and diagnosis. Physical activity interventions demonstrated mixed Results. Almost half of the studies identified some improvement in memory function; however generalization of findings were limited by issues in study design, including self-report and sample size. Cognitive interventions, especially computer-based cognitive exercises, demonstrated the most positive findings among the studies reviewed. There were no consistent factors that determined this effect among studies. The heterogeneity of the samples, interventions and definitions were problematic for review.

Conclusions: This integrative review of interventional memory research helps to identify the important need for continued work in the area of memory performance for the chronically ill. Findings demonstrate that: a) there are few high quality memory intervention studies identified in the literature and only 1 in the HF population; b) current evidence-based data support memory as a modifiable outcome variable; c) interventional research in this area poses considerable opportunities for future research on interventions that impact memory. Inter-professional research in this area can be guided by the findings from this review to promote high quality healthcare for diverse populations with memory deficit.
Dissemination and Implementation of Evidence-Based Methods to Measure and Improve Pain Outcomes

Susan Korber, The Miriam Hospital; Megan Begnoche, The Miriam Hospital

Purpose: The goal of this National Database of Nursing Quality Indicator’s (NDNQi) project was to evaluate an innovative research program to measure and improve pain care processes and outcomes. Pain and perceptions of care are subjective experiences, data reflecting patient’s perception would be used to help nurses assess practice. The Robert Wood Johnson Foundation supported project included dissemination, implementation and evaluation activities. The lead investigator was Susan Beck, co-investigator Nancy Dunton. Framework: This was the first time NDNQi has gathered information by asking patients directly about their experience. Eligible for inclusion were English speaking patients on non-critical care units, minimum length of stay 24 hours, pain reported and intervention.

Methods: Staff nurses with pain resource training, co-researchers, verbally consented and interviewed patients one day in November 2011 and April 2012. All data was de-identified and recorded before submission. Patients were asked to rate their pain, degree of severity, receipt of medication, availability, relief obtained, side effect management, non-pharmacologic interventions, nurse belief of pain report and team communication. Responses were either numeric 1-10 scale or a 6 point strongly disagree to strongly agree scale. Intervention between study dates involved nursing education and consistent rounding, pain as a focus topic.

Results: Results were received by individual study unit and as hospital aggregate with all hospital comparative data. After intervention, responses were favorable in all questions except: non-pharmacologic interventions, side effect education, and the healthcare team’s involvement of the patient in their pain plan of care. Results were shared with nurses on each unit. Unit based action plans were developed reflecting the specific patient population and unique needs. Hospital wide efforts were led by the pain steering committee, satisfaction and nursing resource teams.

Conclusions: Results of the study drove a “Comfort Bundle” program including intentional presence, pharmacologic/non-pharmacologic interventions, education, communication, and teamwork. Combining the action plans and “Comfort Bundle” implementation has improved patient satisfaction results and team engagement. This project demonstrated the impact of staff nurse participation in nursing research, the use of research data to drive changes in patient care and improvements in patient outcomes.
Poster Session II: Symptom Management

Poster 11

Trialing to Pain Control: A Grounded Theory Study

Deborah D. McDonald, University of Connecticut

Purpose: Pain afflicts an estimated 116 million American adults. The purpose of this research was to uncover the basic problem and the social psychological process involved in managing inadequately relieved chronic pain in adults.

Background: Glaser’s grounded theory approach was used. Grounded theory provides a method for developing theory while attending to the process through which the theory unfolds.

Methods: Data included transcripts from ambulatory medical visits of 23 older adults with osteoarthritis pain and their five physicians, interviews with four expert pain management practitioners, and interviews with four adults with pain. Constant comparative analysis with the basic six C’s and the consensus coding families was used until the core variable emerged that linked the data together to form the emerging theory. Substantiated repeated instances of the basic problem and basic social process used to resolve the problem occurred across the three data sources.

Results: The basic problem with pain management was perception of running out of treatment options. Patients and practitioners used trialing to help patients gain control over their pain. Trialing starts with perseverant patients finding the right practitioner to treat their pain. The right practitioner gets to know the patient, the patient’s pain, and response to treatment, and re-examines previously discarded pain treatments that might not have been prescribed or administered properly. Trialing continues with pain treatment trial initiation which differs from prescribing new pain treatments and emphasizes the need to communicate about problems that might arise during treatment. Trialing continues with treatment adjustments until pain reaches a level acceptable to the patient. Trialing proceeds with continued monitoring and fewer adjustments over time. As patients gain freedom from previous unbearable pain they gain control over their pain and re-engage in their lives while continuing to live with the pain that might remain.

Conclusions & Implications: Trialing provides an emerging theory to guide chronic pain management policy and research. Trialing emphasizes methodically adjusting treatments over time to achieve significant pain control. Trialing requires frequent communication between patients and practitioners. Information technology mechanisms are needed to support frequent pain management communication without burdening practitioners, patients, or the system.
Poster Session II: Symptom Management

Poster 12

Examining Nurses’ Knowledge And Attitudes About Pain Management Using An Online Survey

Linda G. Alley, VHN Community Health Dept.; Kathleen M. Baker, Community Health & Health Studies Department; Jeff Etchason, Lehigh Valley Health Network; Michelle Flores, Lehigh Valley Health Network; Carol Foltz, Lehigh Valley Health Network; Hannah D. Paxton, Lehigh Valley Health Network; Jennifer Wike, Lehigh Valley Health Network

Background/Purpose: Past studies suggest that healthcare providers’ decisions and behaviors regarding pain management are influenced more by their own attitudes and beliefs about pain than by a thorough assessment of their patients’ current status. Acknowledging this, the researchers’ main purpose for this descriptive study was to examine the pain management knowledge and attitudes of nurses working in the Lehigh Valley Health Network.

Theoretical Framework: An adaptation of Michael Harrison’s model of an organization as an open system was used. The model provides a broad organizational context in which pain management can be examined.

Methods: The study population was all registered and licensed practical nurses working on inpatient units in the Network’s three hospitals. The Knowledge and Attitudes Survey Regarding Pain (Ferrell & McCaffery, 2008), the Accountability for Pain Management Questionnaire (Alley, 2001), and demographic questions were incorporated into a web-based survey. Analyses using descriptive and correlation statistics are ongoing.

Results: 675 nurses completed the entire online survey (response rate=38%). Most respondents felt they were accountable for some basic actions consistent with good pain management practices (assessing pain; initiating care plan changes). However, many also felt responsible for two outdated actions that are inconsistent with good pain care: preventing drug tolerance, 56%, n=433; preventing addiction, 32%, n=250. Over half (59%, n=397) scored correctly on 50-75% of the knowledge/attitudes items; another 40% (n=268) answered 75-100% correctly. General pain management items received the highest survey scores; analgesics/pharmacology items received the lowest scores.

Conclusions and Implications: A major limitation in interpreting the results is the low response rate, thus the issue of non-response bias will be addressed. Nevertheless, nurses’ 24-hours a day presence in hospitals positions them to be the most influential force in improving pain care and developing relevant policies. Nurse education programs will focus on improving knowledge about analgesics/pharmacology and drug tolerance/addiction.
Poster Session II: Symptom Management

Poster 13

Achieving Competence in a Coping Skills Training Intervention Improves Pain Management Delivered by Nurse Practitioners

Patricia Bruckenthal, Stony Brook University; Joan Broderick, Stony Brook University; Doerte Junhaenel, Stony Brook University; Stephan Schneider, Stony Brook University

Background/Purpose: Coping Skills Training (CST) is effective in improving pain related outcomes in patients with osteoarthritis when delivered by psychologists. Previous pilot work suggested that NP-led CST was comparable to psychologist-delivered CST across several outcome measures. Effectiveness of a CST training model for NP’s has not been tested. The purpose of this study was 1) to develop a CST model for NP’s and 2) to test the effectiveness of CST based on NP level of CST delivery competence. This study was the result of a secondary analysis of a larger RCT investigating the effectiveness of NP led CST for patients with osteoarthritis.

Theoretical Framework: Social Learning Theory was used to guide both the CST training model and the CST delivery intervention

Methods: Training took place at two sites associated with academic medical centers. Six Adult/Family NP’s participated in the CST training. Initial training consisted of didactic overview of skill, role playing, skills practice, and practice session feedback, followed by supervision sessions. NP skill performance ratings (1=poor, 5=excellent) were assigned using a priori treatment fidelity criteria applied during review of audiotaped treatment sessions.

Results: Initial training varied from 21-30 hours, followed by weekly supervision (range 5-30 weeks) and monthly supervision (range 9-12 months). All NP’s achieved satisfactory competency performance ratings ranging from 3-5. CST was effective on multiple outcome measures with effect sizes ranging from .12-.60 relative to usual care. There was no difference in intervention effects based on NP ratings.

Conclusions and Implications: NP’s can achieve competence (rating 3-5) to deliver CST effectively using a core training model adapted to individual learning needs. Widespread implementation of a CST training course for NP’s will increase access to this intervention. Future research should determine a threshold of CST delivery competence necessary for effective intervention.
Transitioning through Middle Age with an Incomplete Spinal Cord Injury: A Qualitative Description of Changes in Physical Function

Deborah King Armstrong, University of Massachusetts Dartmouth

Purpose: The purpose of this study was to describe the changes in physical function experienced by participants with a traumatic incomplete spinal cord injury (SCI) aging through middle age.

Background: Over 260,000 Americans are living with a traumatic SCI. Medical advances have increased the longevity of individuals living with SCI into middle age and beyond. The majority of these individuals are living with an incomplete SCI (NSCISC, 2012), and the proportion of incomplete injuries is rising (DeVivo, 2012). There is little research that specifically examines the changes in physical function experienced by individuals aging with a traumatic incomplete SCI.

Methods: In this qualitative descriptive study, data were collected through moderately structured individual interviews, in either a face-to-face (n=6) or an email (n=11) format. The seventeen participants ranged in age from 35 to 65 years, with a 16 to 36 year duration of injury. Data were analyzed using qualitative content analysis.

Results: Participants described changes in various body systems and recalled the timing of those changes as they transitioned through their middle years. Participants described primarily gradual changes including decreased muscle strength, decreased endurance, weight gain, and wear and tear changes. When asked to identify sources of information about physical changes, participants predominantly emphasized their lack of knowledge about anticipated changes. Further content analysis revealed three themes related to this transition. Participants likened their experience to traveling through uncharted territory. They described strategies for living in uncharted territory that help them to prevent or manage changes in physical function, with sub-themes of being vigilant in their self-assessment and self-management practices, investing time in figuring out what changes they experienced and why those changes happened, and staying positive. They also described the importance of recognizing the impact of changes.

Implications: These findings provide a foundation for understanding this age-related transition, and identify the need for further research to support effective self-management strategies and efficient mechanisms for disseminating this knowledge to people with SCI, their caregivers and families. In acute and chronic patient care settings, nurses are well-positioned to be a valuable support and information source for individuals living with an incomplete SCI.
Poster Session II: Symptom Management

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Diet, Inflammation, and Glycemic Control in Type 2 Diabetes: An Integrative Review of the Literature

Sarah Nowlin, New York University; Marilyn Hammer, New York University; Gail D. Melkus, New York University

Background and Purpose: Type 2 diabetes (T2D) is a growing national health problem affecting 35% of adults >20 years of age in the United States. Recently, diabetes has been categorized as an inflammatory disease, sharing many of the adverse outcomes as those reported from cardiovascular disease. Medical Nutrition Therapy is recommended for the treatment of diabetes; however, these recommendations have not been updated to target the inflammatory component, which can be affected by diet and lifestyle.

Methods: A comprehensive search of the PubMed, CINAHL, Scopus, and Web of Science databases from January 2000 to May 2012 yielded 786 articles. A final 16 studies met the selection criteria including randomized control trials, quasi-experimental, or cross-sectional studies that compared varying diets and measured inflammatory markers.

Results: The Mediterranean and DASH diets along with several low-fat diets were associated with lower inflammatory markers. The Mediterranean diet demonstrated the most clinically significant reduction in glycosylated hemoglobin (HbA1c).

Conclusions: The Mediterranean diet is an extremely palatable diet rich in fruits, vegetables, fiber, and olive oil which has been shown with and without the addition of alcohol to improve inflammation, prevent the onset of T2D, and improve glycemic control in established T2D. Information on best dietary guidelines for inflammation and glycemic control in individuals with T2D is lacking. Continued research is warranted.
Poster Session II: Symptom Management

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**Pilot Clinical Effectiveness Study of Behavioral Treatment for Insomnia in Primary Care**

Nancy S. Redeker, Yale University; Nanette Alexander, Yale University; Ivy M. Alexander, Yale University; John Cline, Yale University; Samantha Conley, Yale University; Sangchoon Jeon, Yale University; Karen Sullivan, Manchester Family Practice; Robin Whittemore, Yale University

**Background/Purpose:** Although as many as a third of patients seen in community-based primary care settings report insomnia and efficacious treatments are available, insomnia is under-detected and under-treated in these settings. The purpose of this study was to evaluate the feasibility, acceptability and preliminary effectiveness of cognitive behavioral therapy for insomnia (CBT-I) delivered by a nurse practitioner (NP) in a community-based primary care setting.

**Theoretical Framework:** “3-P” (predisposing, precipitating, and perpetuating factors) Model of Insomnia and the RE-AIM Framework.

**Methods:** We conducted a pilot clinical effectiveness study in which 5 patients received enhanced usual care (sleep hygiene); and 10 patients underwent brief CBT-I (2 sessions with 2 telephone calls). Inclusion/exclusion criteria included a score > 7 on the Insomnia Severity Index (ISI); the absence of acute medical or mental health conditions; no more than mild obstructive sleep apnea (or adherence to treatment for sleep apnea). Participants were screened for sleep apnea and severe anxiety or depression. Measures of insomnia severity (ISI), objective (actigraphy) and self-reported (Pittsburgh Sleep Quality Index) sleep quality; anxiety, depression, daytime functional performance (MOS-SF36) and daytime sleepiness (Epworth Sleepiness Scale) were obtained. Indicators of feasibility and reach included attendance and the numbers of participants recruited and retained. Participants and the NP were interviewed to determine perceptions of the barriers and facilitators to implementation and maintenance of treatment. Treatment acceptability and satisfaction were evaluated with the Insomnia Treatment Evaluation Scale.

**Results:** Data analysis is now underway.

**Conclusions & Implications:** Implications for future research, including a possible randomized clinical effectiveness study and factors related to reach, implementation, and maintenance of CBT-I delivered by NPs in community-based primary care settings will be discussed.
Poster Session II – Addressing the Needs of Children and Adults with Cancer

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Quality of Life in Children with Cancer: The State of the Science

Ijeoma J Eche, University of Massachusetts Boston; Mary E Cooley, University of Massachusetts Boston; Lisa Kennedy Sheldon, University of Massachusetts Boston

Background: Although childhood cancer is considered a life threatening condition, survival rates have markedly improved over the last three decades. In children with brain tumors (BT) and acute lymphoblastic leukemia (ALL), the five–year survival rates are approximately 70% and 80% respectively. Quality of life (QOL) is considered an important outcome measure due to the increasing survival rates. This review describes the state of the science related to quality of life in childhood cancer.

Theoretical Framework: Ganong’s (1989) theoretical framework was used to guide this systematic literature review.

Methods: CINAHL and PubMed were searched for publications of research findings using the terms: childhood cancer, quality of life, and health-related*, for papers published between January 1, 2002 and April 28, 2012 in English language. Exclusion criteria were non-research articles, literature reviews, and participants > 18 years old. Data were extracted from included studies and content analyses were done to synthesize the

Results: Fourteen articles met all the inclusion criteria. All included studies focused on aspects of QOL including physical, psychosocial, social, and spiritual functioning in children with cancer. However, most studies emphasized physical and psychosocial functioning more than other QOL dimensions. The most commonly affected QOL domain was physical with symptoms of fatigue, pain, and nausea associated with decreased QOL. Impaired psychosocial functioning was also associated with decreased QOL. Children who received cancer treatment within the previous 12 months experienced more emotional outbursts and behavioral problems than those who received treatment more than 12 months ago. Children with hematologic malignancies such as ALL had better QOL compared to those with other types of childhood cancers.

Conclusions and Implications: This literature review indicates that children with cancer experience changes in QOL related to treatment and specific diagnoses. Impairments in two QOL dimensions, physical and psychosocial functioning, were most often associated with decreased QOL. Children with non-hematologic malignancies and brain tumors experienced lower QOL compared to those with hematologic malignancies. Future research is needed to examine the changes in the physical and psychosocial QOL domains with a focus on those diagnoses at higher risk for lower QOL.
Patient Involvement as a Patient Safety Strategy: Oncology Patients’ Perspectives

Chasity Walters, New York University | Memorial Sloan-Kettering

Purpose: The purpose of this study was to explore the perceptions of hospitalized oncology patients regarding involvement in their care as a patient safety strategy.

Background: Infringements on the safety of hospitalized patients increase healthcare costs, increase morbidity and mortality, and result in mistrust in the healthcare system. In response, the US healthcare system is challenged to set performance standards, examine practices, and support the development of research related to patient safety. The latest and most prominent of such initiatives is to encourage patient involvement as a patient safety strategy. While campaigns to encourage patient involvement are prolific, they are dominated by the perspectives of healthcare professionals, resulting in a paucity of evidence addressing what role patients wish to play and the way providers may support patient involvement.

Methods: This descriptive qualitative study utilized semi-structured interviews to elicit patient perceptions regarding involvement in their healthcare as a patient safety strategy. Purposive sampling procedures were employed to recruit 15 hospitalized oncologic patients between July and September 2012. Maximum variation sampling was employed to ensure diversity in the sample across a range of health literacy levels. Interviews continued until saturation was achieved. Grounded theory methods were used to analyze the data, which was then integrated with participants’ health literacy level, demographics, and the extant literature.

Results: Participants conceptualized their role in patient safety in terms of the impact of their own behaviors on their safety, as opposed to influencing providers’ behavior and the processes of healthcare. Participants described their involvement as a right, while indicating the responsibility for patient safety should fall on the healthcare system.

Conclusions & Implications: Campaigns to encourage patient involvement as a patient safety strategy encompass a wide range of behaviors that patients do not accept as their role. This discordance between patients’ wishes and/or capabilities and the demands of the healthcare system are a potential source of healthcare disparities.
Assessment Of The Effectiveness Of A Pre-Chemotherapy Teaching Session

Susan Korber, The Miriam Hospital

Background: Pre-chemotherapy teaching sessions, coordinated by nurses, are an opportunity to educate patients on side effects, schedule, medications for toxicities such as nausea and how to contact the oncology team if adverse events develop. Our hospital nurses provide a structured 60 minute nurse-coordinated pre-chemotherapy teaching session. Framework: The aims of this study were to evaluate whether pre-chemotherapy teaching sessions improve patient knowledge, preparedness, and anxiety in relation to chemotherapy.

Methods: Patients were offered the opportunity to participate in the study after their medical oncologist had reviewed their treatment regimen. After informed consent was obtained, participants were administered a 10-question survey assessing knowledge of treatment adverse effects, treatment schedule, management of complications, accessing their medical team and patient anxiety. Subjects then participated in a pre-chemotherapy teaching session with an oncology nurse. The survey was readministered when patients returned for their first and second cycles of chemotherapy. The questionnaire used a 1-4 rating scale (1=no knowledge, 2=minimally informed, 3=reasonably informed, 4=well informed). A pre-defined mean change of 1 on the rating scale was considered to be clinically significant. Paired one-sided t-tests were performed to evaluate the mean change in groups between each of the three surveys. p values <0.05 were considered statistically significant.

Results: Analysis showed that 78 patients had completed a pre-chemotherapy teaching session and all three surveys. After participating in a teaching session, there was an increase in patient’s perceived knowledge of side effects (mean score of 2.3 vs.3.5, p<0.001), knowledge of treatment schedule (mean score of 2.4 vs 3.5, p<001) and medications to prevent nausea (mean score of 1.4 vs. 3.1, p<0.001). There was also a statistically significant reduction in patient anxiety in relation to treatment, p<0.001.

Conclusions: These results show that a nurse-coordinated, pre-chemotherapy teaching session increases patient knowledge and reduces anxiety regarding their upcoming treatment. The inclusion of defined pre-chemotherapy teaching sessions should be considered in developing oncology practice models of care.
Impact of Patients’ Awareness of Disease Status on Their Treatment Preferences and Quality of Life among Patients with Metastatic Cancer: An Integrative Review

Catherine S. Finlayson, New York University; Mei Fu, New York University

Background: Advances in science and technology have made it possible for patients who are diagnosed with cancer to choose treatments and therapies that may improve their survival and quality of life. Research has investigated the factors, such as the patients’ awareness of disease status that may impact their treatment preferences and quality of life.

Purpose: This integrative review was to evaluate the evidence of the impact of patients’ awareness of disease status on their treatment preferences and quality of life.

Theoretical Framework: No theoretical framework was identified to guide this integrative review.

Methods: Six electronic databases were searched and 490 articles were retrieved; 15 met inclusion criteria. An established quality assessment tool was used to assess the quality of the included studies.

Results: The overall quality of the 15 studies was adequate. A critical limitation of current literature is the lack of conceptual or operational definitions for the construct of patients’ awareness of disease status. All the studies used researcher-created questions to assess this construct. The review revealed that patients who were aware of their disease status were less likely to choose or use life-extending treatments or measures. Patients’ awareness of disease status had either negative or positive impact, sometimes even no statistical impact, on the patients’ quality of life.

Conclusions and Implications: Patients’ awareness of disease status does have an impact on their treatment preferences and quality of life. Conceptualization and operationalization of the construct and development of a reliable and valid instrument to measure the construct is needed to better characterize the impact of patients’ awareness of disease status on the patients’ treatment preferences and quality of life.
Poster Session II – Addressing the Needs of Children and Adults with Cancer

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Access to Cancer Care: Facilitators and Barriers

Janet H. Van Cleave, New York University; Sarah Brosch, New York University; Molly Lawson, New York University

Purpose: The purpose of this study was to investigate factors that facilitate or create barriers to cancer care access and the subsequent impact on patient outcomes.

Background: Over 12 million individuals in the United States carry a diagnosis of cancer. Access to cancer care impacts the morbidity and mortality of these individuals. However, there is limited information regarding the facilitators and barriers to cancer care.

Methods: An integrative review concept analysis method was used for this study. A search of the literature published between 2001 and 2011 in Medline/PubMed using the terms cancer care, barriers, outcome, and neoplasms generated 35 candidate titles. Among these, 14 articles did not address cancer and were excluded from the analysis. Data were abstracted from the remaining 21 articles and coded according to the Behavioral Model for Health Services Use (Andersen, 1995).

Results: We found the facilitators and barriers to access to cancer care as presented in the literature represent an interactive process consisting of both environmental and individual factors, coupled with patient outcomes. Environment included delivery system, availability, economic, and political factors. Individual factors included health beliefs, self-care, literacy, education, and language. Outcomes included satisfaction, diagnostic services use, and function.

Conclusions: Our findings suggest that facilitators and barriers to cancer care access may influence patient outcomes by the interaction of economic and political support for availability of delivery systems and individual health care beliefs and practices. Further investigation is warranted to generate evidence regarding the economic and political value of nursing interventions to improve cancer care access.
Description and Correlations of Initial Patient Reported Cancer Related Fatigue and Activity Diary Data; Outcomes from a Summer Student Internship

Jean E. Boucher, Dana-Farber Cancer Institute; Donna Berry, Dana Farber Cancer Institute; Rochard Boyajian, Dana Farber Cancer Institute; McDermott Kathleen, Dana Farber Cancer Institute; Kristin Roper, Dana Farber Cancer Institute; Meghan Underhill, Dana Farber Cancer Institute, University Massachusetts Boston; Michelle Walsh, Dana Farber Cancer Institute; Yating Yeh, Dana Farber Cancer Institute

Background/Significance: Cancer related fatigue (CRF) is a multifaceted, bio-psychosocial symptom often reported in patients with cancer. Physical activity is an effective and practical non-pharmacological method to improve CRF. The Symptom Management Excellence (SME) for fatigue is an initiative implemented in 2010 that aims to improve CRF through the use of the Web-based Electronic Self Report Assessment-Cancer (ESRA-C) intervention for patients with cancer to monitor and report their CRF, as well as other cancer related symptoms, and activity through a home-based intervention.

Purpose: Describe baseline fatigue symptom experiences and self reported activity diary entries for a sample of post-transplant lymphoma participants who have utilized the SME intervention. Methodology: Patients with fatigue scores of > 4 on a 0-10 scale were invited to participate in this descriptive, longitudinal study. Our project describes baseline patient reported demographic and fatigue data. Additionally, we summarize the activity diary entries from 5/24/2011 to 6/21/12, which included frequency of activity, reported activity type, and number of pedometer steps taken. Fatigue was measured on a 0-10 intensity scale. Variables were examined through descriptive and correlation statistics.

Data/Results: Out of this sample of 17 participants, 58.8% are female, 76.5% were between the ages of 20-59, 41.2% attended a 4-year college, 88.2% were married, and 94.1% were Caucasian. Average fatigue scores at baseline were a mean of 5.5 (SD=1.4). Preliminary data demonstrates that overall, most participants engaged in walking. The average length of activity was reported as 30.9 (SD=22.9) minutes and average steps taken were 2732.45 (SD=2275.67). Minutes of activity was negatively correlated to fatigue level (r=-.073, p<.05). No significant relationship was found between fatigue and number of steps.

Conclusion: This sample of patients experienced significant CRF. The sample reported engaging in moderate activity and this activity was related to fatigue. Further exploration is needed to understand how to implement activity as an intervention to reduce CRF.
Description of Baseline Data from a Nurse-led Home Based Activity Intervention for Patients with Cancer Related Fatigue

Jean E. Boucher, University of Massachusetts Worcester; Donna Berry, Dana Farber Cancer Institute; Richard Boyajian, Dana Farber Cancer Institute; Kathleen Mcdermott, Dana Farber Cancer Institute; Kristin Roper, Dana Farber Cancer Institute; Meghan Underhill, Dana Farber Cancer Institute, U Mass Boston; Michele Walsh, Dana Farber Cancer Institute

Background/Significance: Integrating scientific knowledge into actual patient care is of increasing priority within oncology nursing and often focuses on patient reported symptom experiences that have effective and tested interventions ready for patient and nurse utilization. Cancer related fatigue (CRF) is a common and often severe symptom. High level evidence identifies physical activity as an effective method to prevent or mitigate CRF. The Symptom Management Excellence (SME) for fatigue initiative was implemented in 2010 by direct care nurses within the Dana-Farber Cancer Institute post-transplant lymphoma clinic. This intervention utilizes a symptom monitoring support intervention allowing patients with cancer to monitor and report CRF, other cancer related symptoms, and activity through a home-based intervention.

Purpose: Describe the baseline feasibility data from initially implementing SME fatigue integrated into usual follow up care of patients post-transplant. Methodology: Patients with fatigue scores of > 4 on a 0-10 scale were given access to a Web-based daily activity and fatigue diary, and a self-reported symptom and quality of life assessment (ESRA-C) and telephone support with a nurse every two weeks for 4 months (8 time-points). Data was tracked through the intervention software and the nurse documented each follow-up telephone appointment. Descriptive statistics were used for the analysis. Real world experiences and implementation strategies were monitored by the study team.

Data/Results: From 5/24/2011 to 6/21/12 17 patients consented to participate and 7 remained active on the study for the full duration. Two participants chose to continue reporting their activity for an additional 1 month past study completion. Three patients ended participation due to return to work or lack of time. Rates of activity diary completion averaged 90.9 (26.6) and ranged from 67-130. Throughout the 4 months of on-study participation, completion of symptom monitoring ranged from 5-10 times (7.4(2.1)). Mean number of nurse telephone contacts was 7(4.1) and ranged from 4-16 times.

Conclusion: To date, patients and nurses were able to complete the SME fatigue methods and procedures, including practicing the intervention. Variation was identified in completion and access rates.
Supporting Hope in Midlife Cancer Survivors: Intervention Workshop

Clare M Butt, Holy Family University

Purpose: To test the Mid-Life Directions Workshop as an intervention to support hope and quality of life (QOL) in midlife cancer survivors.

Background: After completing active primary treatment, cancer patients lack information and support needed to make the transition to survivorship. Midlife survivors may experience greater distress and have greater needs than younger or older survivors.

Methods: A multimethod experimental design randomly assigned midlife adults with solid tumors, stages I-III, within 28 months of completing primary treatment to either the treatment or control group. Two hospital-affiliated cancer centers in the northeastern United States were the setting for the study. The treatment group received the Mid-Life Directions Workshop, and the control group a nutrition program, over six sessions. The Herth Hope Index, and the City of Hope Quality of Life Instrument, Patient/Cancer Survivor version were used to measure hope and QOL pre- and post-intervention for both groups. Treatment group participants created written reflections of their experiences of the workshop post-intervention. T-tests were used to compare group means for hope and QOL. Thematic analysis was used to derive themes from the written reflections.

Results: Twenty-six midlife adults (23 women, 3 men, mean age = 54.3 years, range 40-65) with breast, lung or colorectal cancer and malignant melanoma participated in the study, 17 in the treatment group and 9 in the control group. Mean time since completion of active primary treatment was 11.5 months (SD = 6.67, range, 0-28 months). Quantitative measures revealed a significant increase in hope for the control group (p = .047). The treatment group reported positive effects on hope and QOL by means of written reflections. Six themes emerged: 1) examining what is, 2) feeling connected, 3) accepting what is, even the painful, 4) embracing one’s life experiences, 5) exploring new possibilities, and 6) moving forward with enthusiasm.

Conclusions & Implications: The Mid-Life Directions Workshop demonstrated positive effects on hope and quality of life for this group of midlife cancer survivors. The richness of the qualitative findings highlights the importance of multimethod design for future studies. The Nutrition Program also merits further study. This study provides an increased understanding of interventions that may support hope and improve QOL in midlife cancer survivors following active primary treatment.
Patient’s Health as the Governing Factor: Understanding the Multiple, Interrelated and Dynamic Realities of Family Caregivers of Patients with Advanced Pancreatic Cancer

Deborah Witt Sherman, University of Maryland; David C. Free, Beth Israel Medical Center

Background: Pancreatic caregiving populations are different from other types of cancers as there is a rapid decline to death with an illness trajectory of approximately 12 to 18 months. Given that family caregivers are neglected by the health care system and remain an at-risk and vulnerable population, they must be recognized as “care recipients” in their own right. It is important to examine both the negative and positive aspects of caregiving to develop interventions that support caregivers and promote their quality of life and ability to serve as caregivers for patients with advanced pancreatic cancer. Design: Descriptive qualitative pilot study guided by Pearlin’s Stress Process Model. Sample: Eight family caregivers of patients with advanced pancreatic cancer.

Results: The results identified the unit of care and circle of association, the trigger event of symptoms, the shock and crisis of diagnosis, violation of assumptions, contextual factors, primary and secondary stressors associated with caregiving, coping strategies, discoveries and gains related to caregiving, transitions/changes during the illness trajectory, and the unmet needs of caregivers of patients with advanced pancreatic cancer.

Implications: This study provided valuable information on which to base the development of interventions to support the well-being of family caregivers of patients with advanced pancreatic cancer, understand their perceptions and role as caregivers, the transitions/changes experienced across the illness trajectory and caregivers’ needs.
Examining Opportunity for Cancer Clinical Trial Participation among Underrepresented Groups

Jessica Rearden, University of Pennsylvania; Marilyn S. Sommers, University of Pennsylvania

Purpose: The purpose of this project is to examine opportunity for cancer clinical trial (CCT) participation and discuss the theoretical implications of these findings.

Background: Racial and ethnic minority populations, older adults, and the socioeconomically disadvantaged are underrepresented in CCTs. Decreased representation limits the generalizability of trial results to these groups. A conceptual framework developed by Jean Ford and colleagues examining the determinants of trial participation for underrepresented populations suggests that in order to accept or refuse participation, a patient must be aware that a trial exists and have the opportunity to participate. Research examining CCT participation in underrepresented populations has focused on patient attitudes and beliefs, with significantly less focus on opportunity.

Methods: We defined opportunity for participation as an offer from a healthcare provider or researcher for screening/enrollment in a CCT. We performed a literature review using CINAHL, Medline, PubMed, and EBSCO MegaFile, as well as the following keywords: cancer clinical trial, opportunity, participation, underrepresented, diverse, recruitment. Results were used to develop a theoretical framework specific to examining opportunity for CCT participation.

Results: Eligibility criteria may disproportionately exclude underrepresented groups who often present with advanced disease and poorer health status, limiting trial offers. Provider awareness, trial selection and referral patterns may also contribute to inequities in opportunity. Socio-demographic variables such as race, ethnicity, sex, age, insurance status, and primary spoken language are associated with enrollment in CCTs, but we know little about how these factors intersect to influence whether or not a patient is given the opportunity for participation.

Implications: Differences in opportunity for participation among underrepresented groups is a potential source of inequity in cancer clinical trials that has not been adequately explored. Future work should examine the influence of intersecting socio-demographic variables, trial selection procedures, and varying referral patterns on opportunity for participation across populations.
Poster Session II – Addressing the Needs of Children and Adults with Cancer

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Finding the Balance: Decision Support Needs of Women without a Cancer Diagnosis with a Known Hereditary Predisposition to Breast and Ovarian Cancer

Meghan Underhill, Dana Farber Cancer Institute, University of Massachusetts Boston; Cheryl Crotser, Roberts Wesleyan College

Purpose/Aims: Describe health communication and decision support needs in healthy women with known BRCA1/2 gene mutations predisposing them to breast and ovarian cancer. Aims: (1) Describe perceptions of health communication and support from health care providers related to cancer risk reduction and detection, (2) understand experiences making health decisions related to cancer risk, and (3) identify practical support strategies described as important to guide health related decisions.

Background/Significance: Recommendations for women with known genetic predisposition to breast and ovarian cancer include complex medical decisions related to cancer risk reduction and detection. Current science has not yet fully elucidated decision-making needs and decision support needs women face when living with medical consequences associated with known hereditary cancer risk.

Methods: The original researchers completed an interpretive secondary qualitative data analysis of 24 phenomenological narratives collected between 2008 and 2010. The Ottawa Decision Support and Patient Centered Communication frameworks guided the analysis. Participants were recruited from two metropolitan areas of upstate New York and from Facing Our Risk of Cancer Empowered conferences and website postings. Participants ranged in age from 19 to 65.

Results: Women in this sample described an evolving pattern wherein breast and ovarian cancer risk, health related recommendations and decisions, and personal values were prioritized over time based on their life context. Knowing versus acting on cancer risk was not a static process but an ongoing balancing act of considering current and future personal and medical values, further compounded by the complexity of recommendations. Anticipatory, physical and emotional consequences of the decision making experience were evident. Practical support and communication needs of women also changed over time and were reflected in the narratives. Differences were noted based on the participant’s age, family status and whether the participant was recruited from an online or local community.

Conclusions and Implications: The decision making experience and support needs of women with hereditary breast and ovarian cancer risk are dynamic, complex and multidimensional. Findings have the potential to generate future research and decision support intervention development for use by all health professionals providing care for women with hereditary breast and ovarian cancer risk.
Purpose: To explore the discourse on self-advocacy by comparing the self-advocacy experiences of women with ovarian cancer with published patient education guides about self-advocacy.

Background: A growing emphasis on patient self-advocacy has emerged in the medical and public discourse on cancer. Policy, research, and healthcare literature demands that cancer survivors self-advocate, or stand up for themselves. This discourse shapes patients’ conceptualizations about self-advocacy and, in turn, influences their healthcare attitudes and behaviors. To date, no study has analyzed how the discourse on self-advocacy is interpreted and enacted by cancer survivors.

Methods: This analysis is guided by the Discursive Action Model in which a discourse’s impact on individuals’ social practices is systematically analyzed and critiqued. Two sources of written texts will be analyzed in order to undercover the discourses of self-advocacy as they relate to patient attitudes and behaviors: 1) focus group transcripts of a study of ovarian cancer survivors’ experiences of self-advocacy, and 2) a patient education guide to self-advocacy published by the National Coalition for Cancer Survivorship. Discursive features of the ways in which self-advocacy is discussed will be highlighted including narrative patterns, common story lines, and power relationships.

Results: Cancer survivors’ discourse will reveal their attitudes and behaviors of self-advocacy including how self-advocacy relates to their healthcare practices, relationships, and identity. The patient education guide’s discourse will reveal an advocacy group’s conceptualization of self-advocacy along with the actions and outcomes that the group associates with it. A comparison of the two written texts will highlight similarities and differences in the two discourses while emphasizing the challenges and inconsistencies between patient and organizational discourses.

Conclusions & Implications: A critical exploration of the discourse on self-advocacy as represented by cancer survivors and published patient education guides provides keen insight into how self-advocacy is enacted by survivors and how it is discussed by advocacy organizations. Identifying the commonalities and differences between survivors’ experiences and the patient education available to them may help nurses assist cancer survivors’ attempts to self-advocate as well as lead to improved self-advocacy patient education.
**Poster Session II – Addressing the Needs of Children and Adults with Cancer**

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**Item Generation and Content Validation Of The Cervical Cancer Belief Scale (CCBS)**

*Ditsapelo M. McFarland, Adelphi University*

**Purpose:** To present data on item generation and content validation of the CCBS. Data are preliminary findings of the larger on-going study designed to develop and evaluate psychometric properties of an instrument that would measure beliefs about cervical cancer and Pap smear testing among black women.

**Theoretical Framework:** The Health Belief Model (HBM)

**Methods:** Phase 1: Item Generation: 15 items were generated from literature review and qualitative data (McFarland, 2003) for each of four conceptually defined HBM constructs: Perceived susceptibility, severity, benefits, and barriers (Version 1). Phase 2: Content Validity: Initially, CCBS items were evaluated for relevance to the constructs by five faculty members with expertise in women's health, instrument development, and the HBM. Items were revised for relevance and reworded (Version 2). Content validity was evaluated by 4 experts who were advanced practice nurses of African descent and were familiar with the content and the HBM. Experts rated the items on a 4-point Likert scale ranging from: 1=not relevant, 2=somewhat relevant, 3=relevant & 4=very relevant. 55 items that had achieved 75 to 100% agreement of the judges were retained for instrument development (Lynn, 1991): Perceived susceptibility =11, severity =14, benefits=15, & barriers = 15 (Version = 3). All items measuring on 4-point Likert scale ranging from: Strongly disagree =1, Disagree =2, Agree =3, and Strongly agree =4. Phase 3: Pilot testing: The instrument was pilot tested on a convenient sample of 30 women in Botswana. “Not sure” column was added to the Likert Scale as recommended (Version = 4). Items were revised for clarity as needed. Phase 4: Use of the instrument in a larger sample in Botswana for reliability testing. (This phase is in progress).

**Conclusion:** Nurses are committed to the development of programs designed to promote health and prevent illness across diverse populations. This instrument is developed to achieve this goal.
Poster Session II – Palliative and End-of-Life Care

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Translating Evidence into Practice At The End-Of-Life; Information Access, Needs And Usage By Hospice And Palliative Nurses

Michele Klein Fedyshin, University of Pittsburgh

**Purpose:** Hospice and palliative nurses are often unaffiliated with academic institutions. The project’s primary goals are to identify their (1) current access to evidence-based practice resources, (2) skill levels in information literacy and (3) need for training.

**Background:** Information literacy is increasingly important for evidence-based nursing practice and quality patient care. Being able to recognize information needs, locate scientific knowledge, critically appraise the retrieval and apply it in practice is vital to nurses. There is no current U.S. based study on information literacy and training needs of hospice/palliative care nurses who are often community-based. How nursing science is retrieved and translated into hospice/palliative nursing practice and unit policy is uncertain.

**Methods:** The experimental design is a descriptive assessment in online or paper form with many questions from validated instruments. The participants are members of the Hospice & Palliative Nurses Association located in 4 ENRS states. The methodology is an exploratory study which will yield descriptive statistics on information needs and literacy skills. Assisted by a Clinical and Translational Science Institute, data analysis will include the frequency distribution of the assessment items, cross-tabulation of responses, and a chi-square test to test the null hypothesis. Psychometric analysis of the instrument will be conducted.

**Results:** Data collection is ongoing with a response rate of about 28% so far.

**Conclusions & Implications:** In 2010, an estimated 1.58 million patients received care from hospice organizations (NHP-CO). Hospice nurses can be located in the community and may have limited access to evidence. The frequency of information need, purpose, evidence-based sources available and their use in this environment delineates how well evidence is translated into practice at the end of life. This study will assess the scientific basis of hospice care, identify any needed educational approaches and which types are preferred. It will ascertain information literacy competencies and use of health literacy strategies which are among the Institute of Medicine’s Attributes of a Health Literate Organization.
Bridging the Gap: Exploring The Perceptions Of Prisoners Facing End Of Life While Behind Bars

Erin Kitt-Lewis, The Pennsylvania State University; Christopher Hollebeak, The Pennsylvania State University College of Medicine; Susan J. Loeb, The Pennsylvania State University; Gwen McGhan, The Pennsylvania State University; Janice Penrod, The Pennsylvania State University; Carol A. Smith, The Pennsylvania State University

Purpose: The purpose of this study was to enhance understanding of EOL care needs of prison inmates by examining the values, beliefs, and perceptions of current and future consumers of EOL care.

Background: In the US one in ten prisoners is currently serving a life sentence. Prisons are among the most complex of organizations; charged with balancing the care, custody, and control of inmates. The aging population, get tough on crime laws, limited opportunities for early release, and parole revocation policies all contribute to growing numbers of prisoners who will age and die of chronic illness behind bars. Prison care providers are being challenged to ensure humane EOL care with limited resources. This study was generated by a larger community based PAR study that proposed adequate insights on EOL care needs could be gleaned from the perspectives of front line staff. Analysis of participant interviews with key stakeholders of the prison system (n=188) revealed the importance of clarifying the first-hand perspectives of the inmates to better determine the type of care that is needed.

Methods: This qualitative descriptive study was conducted with 21 male prisoners from four state prisons in a mid-Atlantic state. The two groups of inmate perspectives obtained were of inmate consumers who are currently receiving EOL care in the prison infirmary and inmates with chronic health conditions who are likely to be future consumers of EOL care. Face-to-face interviews were conducted using a semi-structured discussion guide. Data were analyzed using content and thematic analyses techniques.

Results: Barriers, facilitators, and needs in regard to EOL care were identified and key themes emerged relative to provision of humane EOL care for people dying within the context of prison. Themes included: addressing physiological needs; obtaining compassionate and equitable care; seeking human interaction and support; lacking or difficulty accessing resources.

Conclusions/Implications: Improved understanding of inmate perceptions at EOL are a key to addressing actual needs, and barriers to humane care. More research is needed that defines the context of care to design the facilitators to humane EOL care, critical to caring for the growing number of prisoners who will continue to age and eventually die behind bars.
Factors Associated with End-of-Life Care and Hospice Use in a Community: Results from the Allegheny County Health Survey.

Jennifer B. Seaman, University of Pittsburgh; Steven M. Albert, University of Pittsburgh; Todd M Bear, University of Pittsburgh; Susan M. Sereika, University of Pittsburgh

Purpose: The purpose of this study is to describe: the proportion and characteristics of those who arrange and provide care at EOL and the association of hospice service utilization with the demographics of care providers, the location of death, and satisfaction with care at EOL.

Theoretical Framework: As the US population ages and the array of options for end-of-life (EOL) care expands, it is vital to understand the EOL experiences of the local population including patterns of caregiving, place of death, satisfaction with decision-making and care, and the impact hospice service utilization may have on EOL experiences. Use of a population-based survey offers insight into these important aspects of EOL care and caregiving in the community.

Methods: The 2009-2010 Allegheny County Health Survey, a county-wide population-based telephone survey of 5,442 residents, included an 8-item EOL caregiver module and had an overall response rate of 66%.

Results: Survey results indicated that 7.8% (95%CI=7.0, 8.6) of adults in Allegheny County had arranged or provided care for a close friend or family member who died in the previous 12 months. These caregivers, which we termed “EOL caregivers”, were more likely to be older and female when compared to non-caregivers who experienced a death (p < .05). Caregivers in deaths with hospice involvement were more likely to have annual household incomes above $25,000 (OR=1.5; 95%CI=1.0, 2.4) but did not otherwise differ demographically from caregivers in deaths without hospice involvement. The odds of dying at home or a location other than the hospital were 3 times greater when hospice was involved (OR=3.08; 95%CI=1.9, 5.2). The odds of reporting excellent quality of dying (OR=3.0; 95%CI=1.9, 4.8) and satisfaction with decisions about care or treatment (OR=2.0; 95%CI=1.1, 3.6) were significantly greater when hospice was involved. Conversely, caregiver burden was greater for caregivers where hospice was involved. Caregivers were more likely to report time off work and medication giving when hospice was involved (OR=1.9; 95%CI= 1.0, 3.6 and OR=1.7; 95%CI=1.1, 2.9, respectively).

Conclusion and Implications: Overall, the use of hospice services at EOL was associated with beneficial outcomes; however, the burden for caregivers, especially older adults, is noteworthy. With the aging of the population, further study and a greater public health focus on support for EOL caregiving is needed.
Purpose: The purpose of this integrative review is to examine the use of palliative care (PC) for community-dwelling adult patients with HF.

Background: Chronic heart failure (HF) is a growing public health concern in industrialized nations. Incidence of HF increases with age, and demographics in the U.S. support a growing HF population. Over 100,000 people are admitted to a hospital each year as a result of HF. Patients with chronic HF experience a highly morbid and life-limiting illness while suffering from substantial physical and psychosocial burdens. Family caregivers provide the majority of care for HF patients at home.

Methods: A review of the scientific literature was conducted using keywords ‘palliative care’ and ‘heart failure’ in three electronic databases (CINAHL, Medline, ProQuest). Full text English articles from 2006-2011 which addressed needs of HF patients at home were included. Fifteen articles were reviewed and then a hand search of the studies identified was completed.

Results: Eleven of the studies noted that HF patients are much less likely to receive PC than patients with cancer. For adults with HF, there is a large unmet need to address: (1) advance care planning, (2) improved communication among health care professionals, HF patients and caregiving families and attending physicians, (3) knowledge deficits about HF for patients and families and (4) symptom management along an uncertain HF illness trajectory. Tailored PC programs can address all of these needs.

Conclusions and Implications: Home health care professionals are in a unique position to identify HF patients who may benefit from palliative care programs delivered across care settings. This includes developing ongoing relationships with patients and family caregivers, designing interventions which focus on the palliative care needs of these patients, and assisting them with advanced care planning, knowledge about their illness and symptom management.
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Family Member’s Perceptions of Most Helpful Interventions during End-of-Life Care of a Loved One

Julie A Cronin, Massachusetts General Hospital

Purpose: The purpose of this study is to better understand what the needs of family members are and which nursing interventions can be provided to increase their comfort and well being during the time their loved one is receiving end of life care.

Background: Most literature is focused on hospice and end of life care surrounding a dying patient. There is very little literature that aims to understand the interventions that can be provided to family members to improve their comfort, well being and quality of life during this time. Good nursing care at the end of life attends to the needs of the family members present as well as to the needs of the patient.

Methods: A convenience sample of family members with loved ones receiving hospice care on a gynecology/oncology unit were studied between December 2011 and December 2012. One or two first degree relatives and/or loved ones were recruited by the investigator and provided information explaining the study’s details. Participants were asked 5 open ended interview questions. Basic content analysis was followed to interpret the descriptive data. The investigator used a process of engagement with the raw data and codes, and utilized field and reflective notes to assure reliability and validity of the developed themes.

Results: 7 participants consented and completed the interview(s) over a one year period. 6 themes such as “nursing presence”, “self comfort/self care”, “reassurance”, “communication”, “trust and confidence” and “peace and privacy” were indentified.

Conclusions/Implications: Although this is a small sample, these data shed light on the needs of this often neglected, and difficult to study population. Expanding the setting to other units is vital. It is the hope that information gathered from this study will benefit future family members with loved ones receiving end of life care.
Systematic Scoping Review: Parent-Witnessed Resuscitation and The Effects On Parental Bereavement

Gretchen Anderson Kilbourne, University of Massachusetts, Boston; Jacqueline Fawcett, University of Massachusetts, Boston

Background/Purpose: Bereaved parents suffer from increased rates of psychosocial, physical and spiritual problems. Evidence suggests that parent-witnessed resuscitation (PWR) has the potential to help improve parental bereavement. The purpose of this paper is to explore the current nature and extent of the research addressing the beneficial and detrimental effects of PWR on parental bereavement, identify gaps in the literature, and highlight implications for research and practice.

Theoretical Framework: The Roy Adaptation Model was used to guide the exploration of the literature about the effects of PWR on parental bereavement.

Methods: A systematic scoping review was conducted. Included articles were categorized according to design, country of study, type of intervention, outcome measures, sample size and participant criteria, and parents’ perceptions. One reviewer extracted all data.

Results: The effects of PWR on parental bereavement were categorized using the four modes of adaptation of the Roy Adaptation Model. Findings for the self-concept mode revealed that parents found PWR helpful with grief and coping. Findings for the interdependence mode revealed that parents experiencing PWR were likely to hold the patients during the event. Findings for the physiologic mode revealed that parents found that being present at the bedside helped improve their child’s physical health. Findings for the role function mode revealed that relatives were grateful to be allowed to remain at the bedside. Gaps in the literature include little evidence regarding long-term effects of PWR as well as a lack of distinction between PWR among parents with acutely ill versus terminally ill children.

Conclusions/Implications: Although much controversy exists about the appropriateness of PWR, the benefits of offering PWR outweigh any potential detrimental effects. Therefore, hospitals should implement a policy that supports the appropriate use of PWR. Keywords: Child and Adolescent Health; Family; Family Management; Pediatrics; Health Policy; End of Life Care; Stress and Coping; Mental Health
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A Retrospective Analysis Of Sibling Grief Across The Lifespan

Joan Arnold, Hunter College; Penelope R. Buschman, Columbia University

Purpose: The death of a sister or brother is a profound loss for surviving and subsequent siblings. The impact of sibling grief while acknowledged as a significant loss has received scant attention in the research literature. To extend and deepen current understanding of sibling grief, a survey instrument was developed combining quantitative and qualitative measures.

Background: Sibling grief and its trajectory are significant to personal, interpersonal, and family development across the life span. When sibling death occurs in a family the resultant grief is recognized as an ongoing and complex process. Whether in childhood or adulthood, sibling grief is influenced by and alters the development of individuals and families. Cause and circumstances of sibling death further compound grief.

Methods: A retrospective, self-administered on-line survey was developed specifically to study sibling grief. The survey includes demographic data, questions adapted with permission from the Grief Experience Inventory, and open-ended opportunities for participants to describe their experience of loss and grief. The sampling frame consisted of alumni of an urban school of nursing spanning multiple decades. Thematic content analysis was conducted. Illustrative quotes were used to identify emerging themes and patterns. Key contrast groups were created for quantitative analysis based upon emergent themes.

Results: The study offers empirical support for sibling grief as ongoing and profound. Development is influenced by sibling grief in myriad ways. Timing, cause, and circumstances of death are among the factors which influence the grief experience.

Conclusions and Implications: The findings serve to inform the development and provision of services for grieving families. Further clinical research should explore the unique challenges of sibling grief across the lifespan. Sibling grief can be recognized not only as a health concern for children and adolescents but also for adults and older adults.
African American Mothers’ Self-Described Discipline Strategies with Young Children: Stability and Change Over Time

Elizabeth A LeCuyer, University of Rochester; Julie J Christensen, University of Rochester; Margaret Kearney, University of Rochester; Harriet J Kitzman, University of Rochester

Purpose/Background: African-American (AA) parents have been described as using more non-abusive physical discipline with their children than European-American (EA) parents. Few studies, however, have documented AA parents’ use of disciplinary strategies in their own words. Two qualitative studies were conducted toward this purpose. The first used archival 1992 interview data from 51 lower-income AA mothers with very-young children in Memphis, Tennessee (LeCuyer, Christensen, Kitzman, & Kearney 2011). To examine strategies used by present-day mothers, a second set of interviews was conducted in 2011-12.

Methods: Mothers in both samples were low-income and living in Memphis with their children age 12-24 months. Mothers’ ages ranged from 13-27 (m = 18), and 16-20 (m = 19), respectively. Interview data consisted of mothers’ responses to the same 8 questions and a vignette, about behavior regulation and discipline of very young children. The same 2 readers performed content analyses in both studies, using an iterative process of theme and exemplar identification, and refinement to consensus.

Results: In both samples most mothers (77%, 80%) described verbal teaching/telling along with non-abusive physical strategies, such as tapping their children’s hands. Mothers in both samples also expressed awareness of not being too strict, awareness of their children’s developmental limits, and used non-physical methods such as child-proofing and distractions, consistent with positive accepting parent-child relationships. Most mothers in the 2011-12 sample, however, also described the use of time-out procedures (80%), rarely described in 1992.

Conclusions/Implications Together these findings indicate both stability and change in parenting strategies over time, among low-income AA mothers in Memphis. Findings are discussed from the perspective of intergenerational transmission and change in disciplinary strategies, and socio-cultural influences on parenting. The findings will assist practitioners to engage in supportive conversations with present-day low-income AA mothers about physical and non-physical disciplinary methods with very young children.
Interventions with Children and Parents to Improve Physical Activity for Obesity Prevention and Treatment: A Meta-analysis

Jane C Dellert, Seton Hall University; Portia Johnson, Seton Hall University

**Purpose:** Interventions targeted at parents and children together may be more effective for obesity prevention and treatment. Meta-analysis examined the effect of interventions with parents and children on children’s physical activity and body mass index. Method: Meta-analysis of 21 studies published between 2002 and 2010 was conducted using a random effects model. Sample: Computerized searches for English-language, intervention-testing studies of children, parents, or families with outcomes of physical activity or body mass index published between 1990 and 2010 from peer-reviewed journals, dissertations and theses yielded 40 studies. Studies were eliminated if there was not a control or comparison group; a continuous variable was not an outcome measure; if physical activity/exercise and/or body mass index was not an outcome; or if the study did not report complete statistics necessary for meta-analysis. Analysis: The post-intervention difference between treatment and control groups was used in calculating intervention effect size d for each study. Meta-analysis of effect sizes yielded an estimate of Mean Weighted Effect Size (MWES), assessed dispersion of effects, and computed a summary effect.

**Results:** MWES were statistically significant for physical activity (Z = 2.92, p = 0.002) when interventions were with parents and children, and for body mass index (BMI) (Z = -2.10, p = .02) when interventions were with children only.

**Conclusions and Implications:** There was a significant effect on children’s physical activity when parents were involved and received an intervention along with the children. The results suggest that nurses and other health professionals should involve parents along with their children in programs intended to increase physical activity and control excessive weight.
An Examination Of Family Centered Care In The United States: Perceptions Of Working With Children And Their Parents In Acute Care

Eileen P. Magri, Molloy College; AnnMarie Paraszczuk, Molloy College; Veronica Feeg, Molloy College; Christine Grippi, North Shore-Long Island Health System

**Background/Purpose:** The purpose of this study was to determine attitudes to working with children and working with parents of hospitalized children held by staff at two academic teaching facilities.

**Theoretical Framework:** Family-centered care (FCC) is a way of caring for children and their families within health services which ensures that care is planned around the whole family, not just the individual child/person, and in which all the family members are recognized as care recipients.

**Methods:** An anonymous survey was distributed to health care personnel who care for children and their families in pediatric and neonatal units at two major academic teaching facilities. Subjects received a cover letter describing the study along with the survey tool which included demographic data as well as the survey questions related to working with children and their families. Consent was implied when participants chose to return the survey in the envelopes provided. The semantic differential tool has been widely used internationally with established validity and reliability. Nurses, resident doctors, and ancillary staff working in Pediatrics and NICU have responded to the study (return rate range from 20-84% across settings; n= 288).

**Results:** Preliminary analyses confirmed no significant differences between hospitals/units so that all data could be combined for analyses. Significant differences confirmed the hypotheses that nurses and physicians differ in their attitudes about caring for parents and caring for children (p<.000). Select demographic characteristics of nurse and physician subjects also demonstrated significant differences in their attitudes about caring for parents (p<.05). Professional practice, education, certification, age, and having children were among the important variables.

**Conclusions and Implications:** While there is abundant literature that suggests FCC is a laudable model for care delivery, its attainability is doubtful. Findings from this study suggest that intrinsic attitudes about caring for parents of children in the context of Family-centered Care ought to be addressed or new models ought to be fostered.
Parents’ Perceptions Of Family-Centered Care In Relation To Resolution, Hope, And Family Functioning

*Mary Conway, Connecticut Children’s Medical Center; Ashley Pantaleao, Central Connecticut State University; Jill Popp, Connecticut Children’s Medical Center*

**Purpose:** Examine parents’ perceptions of FCC and staffs’ impact on level of hopefulness, resolution, and family functioning.

**Background:** The diagnosis/treatment of childhood cancer can be traumatic for parents. Parents are responsible for the medical care and symptom management of their child before they have a chance to accept the cancer diagnosis and resolve these feelings. Unresolved caregivers experience greater distress and may cope more poorly with the cancer experience. One concept not well understood in relation to parental resolution is parent hopefulness and how this is impacted by healthcare providers’ care. Hope is a fragile concept for these families due in part to treatment intensity and uncertainty of outcomes. Care provided in a family-centered care (FCC) model may impact parents’ hopefulness level. More research is needed on the impact healthcare providers have on fostering parental hope.

**Methods:** A convenience sample of 35 caregivers of children receiving cancer treatment were interviewed and completed: •The Reaction to Diagnosis Interview: Parent’s feelings about the child’s diagnosis and classification as either resolved or unresolved. •Measure of Process of Care: Perceptions of family-centered care. •Trait Hope Scale: Level of Hopefulness. •Open ended interview questions related to staff impact on level of hope. Themes were developed and examined with findings from quantitative instruments.

**Results:** Forty percent (n=14) of caregivers were unresolved with their child’s diagnosis regardless of time since diagnosis or perceived severity. Unresolved caregivers perceived receiving a significantly greater amount of information (t= -3.00; p<.01) compared to resolved caregivers. FCC was not related to caregiver hopefulness. Unresolved mothers tended to report less hopefulness.

**Conclusions & Implications:** This study builds upon previous research regarding characteristics of resolved vs. unresolved parents; overall rates of resolution were consistent with previous studies. This is the first study to look at caregiver resolution in terms of perceptions of FCC. Our findings suggest that caregivers are soliciting or healthcare providers are giving more information to unresolved parents. Nurses and doctors may perceive that a family needs more information based on assessment of parent stress and retention of information, or complexity of protocol and care needed. With a larger sample size other findings may emerge related to hopefulness.
The Health And Well-Being of Housing Unstable, Single Parent Families Living In Philadelphia

Sara Jacoby, University of Pennsylvania; Terry Guerra, ACHIEVEability; Laura Tach, Cornell University; Douglas Wiebe, University of Pennsylvania; Therese S. Richmond, University of Pennsylvania

**Background/Purpose:** To describe the physical, mental, and social dimensions of health among housing unstable, single parent families living in Philadelphia.

**Theoretical Framework:** Social determinants of health.

**Methods:** A cross-sectional assessment was conducted among 98 of the approximately 120 current participant parents in the ACHIEVEability Family Self-Sufficiency Program in Philadelphia. Survey questionnaires included demographic data, dimensions of healthcare access and self-rated disability, perceived stress, satisfaction with life, depression, and perceptions of physical and mental health. Each adult who completed a survey was asked to complete a survey on the health of one randomly selected child between the ages of 0 to 18 years. These surveys included demographic data, dimensions of healthcare access and measures of the child’s psychosocial strengths and difficulties, physical and mental health. Data were analyzed to identify significant correlations and mean differences that described the health and well-being of study participants and their children.

**Results:** Compared to a national norm, participants perceive themselves as physically healthy with access to healthcare resources. However, participants report disproportionately high levels of depressive symptomatology and difficulty with mental well-being in their daily lives. Depressive symptoms were significantly associated with participants’ physical function, pain, role performance, perceived stress, and overall disability. Parents report that their children are physically, socially and emotionally well and able to carry out their daily activities with little difficulty. A higher burden of depressive symptoms among parents was significantly associated with more conduct and peer problems, limitations on role performance, and lower self-esteem in their children.

**Conclusions & Implications:** The burden of depression emerges as a health concern that is associated with participants’ broader sense of well-being and dimensions of their children’s well-being. Interventions that address psychosocial assessment and support have potential to positively impact the health and well-being of housing unstable, single parent families living in Philadelphia.
Correlates of Problem Solving Ability Among Family Caregivers Of Patients With Memory Loss Living At Home

Judith A. Erlen, University of Pittsburgh; Melissa L Knox, University of Pittsburgh; Jennifer H. Lingler, University of Pittsburgh; Susan M Sereika, University of Pittsburgh; Lisa K Tamres, University of Pittsburgh

Background/Purpose: Problem solving is an essential skill for caregivers who are managing the care of a family member with memory loss which may be progressive. This study examines correlates of problem solving ability among family caregivers of individuals living at home and having memory loss and other co-morbid conditions.

Theoretical Framework: Bandura’s social cognitive theory provided the theoretical framework. Key components within this theory are self-efficacy and problem solving which enable the achievement of a health behavior outcome such as care management.

Methods: This study used the baseline data from the parent study, a randomized controlled trial testing the effect of a cognitive behavioral intervention designed to improve caregiver mediated medication management. Using a descriptive correlational design and standard measures we assessed problem solving ability and its association with social support, conscientiousness (ability to attend), depressive symptoms, health literacy, caregiver cognitive function, self-efficacy, and selected demographic characteristics. Analysis included the use of descriptive statistics, correlations, and multiple linear regression.

Results: Our sample of 86 caregivers, recruited primarily from community sites, was comprised of 70% female and 85% white participants. On average caregivers were 67 years of age with 15 years of education. Problem solving showed significant associations with conscientiousness ($r=-.677, p<.001$), social support ($r=-.307, p=.007$), self-efficacy ($r=-.333, p=.004$), and highest educational degree obtained ($r=-.315, p=.006$). Multiple linear regression analysis identified two predictors jointly associated with problem-solving ability: conscientiousness and highest educational degree obtained ($R^2=.542, n=67$).

Conclusions & Implications: Health literacy, depressive symptoms, caregiver cognitive ability, and age were unrelated to problem solving ability, whereas social support, self-efficacy, higher education and conscientiousness were associated with better problem solving ability. Education and conscientiousness, a personality factor, may be essential elements or predictors to consider when designing an intervention targeting problem solving among family caregivers who are managing care within the home setting.
Role Stress, Eating Behaviors, And Obesity in Clergy

Nancy Manister, Fairfield University

Purpose: In looking for solutions to the obesity epidemic, the role of community leaders in promoting community health is considered. However, clergy, who are important community leaders, are reported to have high rates of obesity themselves. The literature also suggests that clergy have unique role stressors. The Purpose of this study was to examine a potential explanation of obesity in clergy: the relations between role stress, eating behaviors, and obesity.

Theoretical Framework: The Neuman Systems Model (Neuman, 2011) and Kahn and colleagues (1964) Organizational Role Theory, were used as the theoretical framework.

Methods: This was a randomized, cross sectional, web based study (N = 430) of a nationwide sample of Lutheran Church Missouri Synod clergy, response rate 38%. Subjects completed the Role Conflict and Ambiguity Scales (Rizzo, House, & Lirtzman, 1970); Emotional and Restrained Eating Behavior Scales of the Dutch Eating Behavior Questionnaire (Van Strien, Frijters, Bergers, & DeFares, 1986), and self-report of height and weight for BMI calculation. Additional questions were asked to examine the impact of occupational culture of the clergy role on the study variables. Multiple regression and bootstrapping were used in data analysis.

Results: Obesity was high (overweight/obese 81.4%, obese 36.7%), and emotional eating partially mediated the relation between role stress and obesity (: 77 – 78%). Restrained eating was not a mediator, but ancillary analysis revealed it to be a moderator of the relation between emotional eating and obesity. Low social support was the most significant contributor to role stress (r = -.41, p < .0001), which was moderate. Obesity was significantly correlated with lower general health (r = -.42, p < .0001), lower life satisfaction (r = -.18, p < .0001), hypertension (r = .27, p < .0001), diabetes (r = .21, p < .0001), and high cholesterol (r = .13, p < .0001).

Conclusions and Implications: These findings provide biobehavioral insight into the complex relations between role stress, eating behaviors, and obesity. As health in clergy is seldom studied, this analysis also provides valuable awareness of the impact of occupational culture on health. This study also provided theory testing of theoretical linkages of the core response in the Neuman model, and provides recommendations for revisions for testing these relations.
Paper Session D2: Stress and Coping

The Experience Of Healing From Child Maltreatment (CM)

Danny G. Willis, Boston College

**Purpose:** The purpose of this research was to describe and understand the meanings adult male survivors of child maltreatment (CM) ascribe to healing from CM.

**Background:** CM is a significant public health problem. Numerous long-term pathological aftereffects are well researched for both women and men, especially child sexual abuse (CSA). Research has primarily focused on child and adult female survivors of CSA with scant research on adult men’s experiences of healing from CM. While research on pathological aftereffects has been important for advancing knowledge, a primary focus on aftereffects has not been adequate to describe the common experiences and meanings of healing and positive outcomes such as healthy lifestyle, sense of well-being, and success in work, relationships, or education. Thus, garnering better understanding of men’s experience of healing from CM and achieving positive outcomes will add to the scientific database for developing interventions for male survivors.

**Methods:** A hermeneutic phenomenological research method (Cohen, Kahn & Steeves, 2000) was used to obtain in-depth descriptions of experiences of healing from adult male survivors of CM. A purposive, maximum-variation sample of 52 community-dwelling adult male survivors healing from CM was recruited from within a Northeastern metropolitan area. Participants were interviewed face-to face using a broad open-ended question and follow-up semi-structured questions. Data were analyzed using a hermeneutic phenomenological team approach.

**Results:** Healing from CM is a complex life process involving five primary tasks and sub-tasks: (1) breaking through the masculine veneer; (2) meaning making toward living with less suffering; (3) choosing and actualizing daily transformations in sense of well-being; (4) participating in integrative and life affirming experiences; and (5) engaging in positive social interactions.

**Conclusions:** Healing is possible for men in the aftermath of CM. The findings reveal primary features of healing that can serve as the basis for intervention.
Obstetrical Nurses’ Traumatic Experience of Being Present for a Perinatal Loss

Denise Puia, University of Connecticut; Cheryl Beck, University of Connecticut; Laura Lewis, University of Connecticut

Purpose: A secondary analysis was conducted to discover the impact of perinatal loss on obstetrical nurses.

Background: Perinatal loss has a profound effect not only on the parents, but also on the healthcare providers. Obstetrical nurses must provide physical care to the infant and emotional support to the family while remaining professional and coping with their own emotions.

Methods: In the parent study obstetrical nurses were provided with an open-ended statement asking them to describe in writing the experience of being present during a traumatic childbirth. For the current study a secondary qualitative analysis was performed on those cases in which a perinatal loss was described as traumatic in order to answer new research questions. A total of 464 cases were included in the parent study. There were 150 cases that described either fetal or infant death. Of those 91 cases had a rich description and were able to be analyzed for this study. The data were analyzed using Krippendorff’s (2013) method for qualitative content analysis. Responses were clustered in order to allow themes to emerge. Nurses’ experiences of fetal and infant loss were analyzed individually and then compared and contrasted for overarching themes.

Results: Six themes each emerged from the fetal and infant loss experiences, with the final overarching themes from perinatal loss including: getting through the shift, symptoms of pain and loss, frustrations with inadequate care, showing genuine care, recovering from traumatic experience, and never forget.

Conclusion: Results from this study provide a comprehensive view of the impact of perinatal loss on nurses. Distinct differences emerged between nurses’ reactions to fetal and infant loss. Perinatal loss can have a lasting effect on nurses, and thus continued support may be needed.
The Need to Nurse the Nurse: Emotional Labor in the NICU

Roberta R. Cricco-Lizza, University of Pennsylvania

Purpose: To examine the emotional labor of NICU nurses and explore their coping strategies.

Background: NICU nurses, who maintain a continuing presence at the bedside, work under emotionally charged conditions with diverse stressed families. These conditions reflect the close face-to-face encounters of emotional labor as classically defined by Hochschild. Little is known about the nature of the emotional labor of nurses who care for these fragile babies and anxious parents, or how nurses cope with these everyday demands.

Methods: An ethnographic approach was utilized with participant observation and interviewing over a 14-month period in a Level-IV, US, pediatric hospital. General informants included 114 purposively selected NICU nurses. From this group, 18 nurses served as key informants. There was an average of 13 interactions with each key informant and 3.5 with each general informant. Audio-taped interviews and observational field notes were gathered about emotional labor and coping strategies. NUD*IST aided data management and analysis.

Results: The emotional labor of NICU nurses was a hidden component in the care of vulnerable infants and families. The nature of this labor included complex personal, professional, and organizational layers of demand on the emotions of NICU nurses. Nurses used wellness strategies, support from other nurses, focus on the positive outcomes, and avoidance of painful emotions to cope with multiple demands. These strategies were not always successful during times of high stress and infant death. Strong, “tough-it-out” NICU values also conflicted with acceptance of psychosocial support from other professionals.

Conclusions and Implications: Emotional labor of NICU nurses needs to be recognized and supported on personal, professional and organizational levels to promote emotional health maintenance of the staff nurses. The findings can contribute to the development of interventions to “nurse-the-nurse” and to ultimately facilitate their nurturance of stressed families. This has implications for staff retention, job satisfaction, and delivery of care.
The Practice Environment, Stress And Burnout Among Neonatal Health Professionals Before And After The Transition To Single Family Room NICU

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Purpose: Intensive Care Units are stressful environments for patients, families, and staff. There is a national trend to transform the traditional bay style Neonatal Intensive Care Unit (NICU) design to a single family room design (SFR). The years-long process involving the planning and execution of a large-scale move of an intensive care nursery raises a myriad of challenges to NICU health professionals. The purpose of this study was to examine the NICU staff transition from a bay style to SFR design over a 4 year period.

Theoretical Framework: The framework of role stress-strain posits that work stress contributes to burnout. Burnout is a response to prolonged environmental stress in the workplace.

Methods: A prospective, longitudinal, descriptive study of NICU clinical staff, including physicians, nurses and allied health completed anonymous self-administered survey questionnaires at 15 months (Time 1) and three months (Time 2) prior to the move to the new SFR NICU and eight months (Time 3) and 20 months (Time 4) after. Questionnaires included; Professional Practice Environment Scale (PPE), Expanded Nurse Stress Scale (ENSS-adapted), Maslach Burnout Inventory (MBI) and a demographic form. Correlation and ANOVA were conducted.

Results: Among all staff the PPE characteristics of ‘internal work motivation’ and ‘cultural sensitivity’ were lowest at Time 1. PPE characteristics of ‘control over practice’ and ‘teamwork’ were lowest at Time 2. Staff stress (ENSS) was lowest at Time 3, specifically ‘uncertainty concerning treatment’. The burnout dimension (MBI) of ‘emotional exhaustion’ was lowest at Time 3. For staff nurses ‘internal work motivation’ and ‘cultural sensitivity’ were lowest at Time 1; ‘control over practice’ was lowest at Time 2 and 4. Overall stress was not changed from Time 1 to Time 4. Emotional exhaustion was lowest at Time 3.

Conclusions and Implications: Some indicators of the practice environment, stress and burnout were less optimal in the period immediately preceding the move to the SFR NICU and were most improved in the immediate period after the transition to the new NICU. Most environment, stress and burnout factors showed no difference from Time 1 to Time 4. Understanding the timing and dynamics of NICU staff during structural transitions informs administrative approaches to ensure optimal family centered care.
Diurnal Patterns Of Hypothalamic-Pituitary-Adrenal Axis And Sympathetic-Adrenal-Medulla Function In Preterm Infants At Young Adulthood

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Background/Purpose: One in eight babies are born prematurely annually. Despite improved survival rates, complications of prematurity impact subsequent health and development. An Institute of Medicine report recommended long term outcome studies into young adulthood for preterm infants to determine the extent of recovery and the onset of adult disorders. The purpose of this study is to examine diurnal patterns of two stress response systems in preterm and full term infants at young adulthood: the hypothalamic-pituitary-adrenal axis (HPA) and the sympathetic-adrenal-medulla system (SAM).

Theoretical Framework: The Developmental Origins Theory proposes that prenatal and perinatal stress provokes adaptive changes in endocrine and metabolic processes that become permanently programmed and impact adult health. Two markers of stress are cortisol and salivary alpha-amylase. Cortisol, a primary indicator of HPA axis function, is a glucocorticoid essential for regulation and support of metabolism, immune response, vascular tone, and general homeostasis. Salivary alpha-amylase is an enzyme involved in digestive function, oral health, and a marker for SAM function in response to psychological or physical stress.

Methods: This is a prospective, longitudinal study of a 213 infants followed to age 23. Full term infants and premature infants categorized by neonatal morbidity (healthy, medical, neurological, small for gestational age) were recruited at birth. Five diurnal salivary samples were collected in timed intervals during a typical day. Enzyme immunoassay analyses were conducted in duplicate by Salimetrics, Inc. Multivariate ANOVA and linear regression analyses were used.

Results: Full term subjects displayed normal diurnal rhythm for neuroendocrine markers of stress. In contrast, the diurnal cortisol pattern of preterm subjects with neonatal risk was marked by a sharp increase upon awakening, followed by a sharp decline and lower bedtime levels. Their diurnal alpha-amylase pattern demonstrated a slight decline post-awakening, followed by a gradual rise and lower bedtime levels.

Conclusions & Implications: Although not statistically significant, distinct patterns for full term and preterm groups suggest that these biomarkers may be early indicators of risk. The Developmental Origins framework offers a lifespan perspective on preterm birth and adult outcomes, with potential for early identification of those at risk for later stress-related disease. Research supported by NIH NINR RO1 NR 003695
A Multi-State Assessment of Entry-level Nurses’ Participation in Hospital Health Care Quality Improvement Activities

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Background/Purpose: Registered nurses (RNs) participation in quality improvement (QI) processes is necessary to promote high quality health care, yet systematic assessments of RNs involvement in QI are lacking. We aimed to examine the RN-reported participation in hospital QI in two cohorts of entry-level RNs, surveyed in October, 2008 and 2010.

Theoretical Framework: We theorized that changes in external environment, including the Centers for Medicare and Medicaid Services reimbursement policy reforms targeting nurse-sensitive quality indicators and growth of several initiatives bolstering education and engagement of RNs in QI, such as Quality and Safety Education in Nursing and Transforming Care at the Bedside would result in increased involvement of RNs in QI over time.

Methods: We used a cross-sectional, descriptive, comparative design. RNs initially licensed to practice between August 2004 and July 2005 (Cohort 1) and between August 2007 and July 2008 (Cohort 2) were studied. Samples were drawn from 25 Metropolitan Statistical Areas and 2 rural areas in 15 U.S. states. Based on the combined sample size for the two cohorts (N = 541) we had 80% power to detect small effect sizes. A Dillman Tailored Design method mixed-mode survey was used to collect data. The research team developed the 95-item survey which included 14 questions about participation in QI processes. A five-member expert panel established content validity. To determine differences between the two cohorts we used Fisher’s exact chi-square test for categorical variables and independent sample t-tests for non-categorical variables.

Results: We found only one significant difference (p < .05) in reported participation across 14 QI processes between the two cohorts: a greater percentage of Cohort 2 (62.4%) reported always using strategies to improve hand-washing compliance for all clinical professionals in their work unit than Cohort 1 (48.7%).

Conclusions and Implications: Our data suggest that restructuring payment policies to focus on nurse-sensitive quality indicators and bolstering education of RNs in QI has not yet resulted in increased participation of entry-level RNs in hospital QI. As improvement of health care quality is unlikely without increased RN engagement in QI, further research is needed to determine what schools, hospitals, and policy makers can do to effectively increase RN participation in QI.
Verbal Abuse by Nurse Colleagues and Demographic Characteristics, Work Attributes and Work Environment of Early Career Registered Nurses

Wendy C. Budin, NYU Langone Medical Center; Carol S. Brewer, University of Buffalo; Ying-Yu Chao, University at Buffalo; Christine Kovner, New York University

Background/ Purpose: A culture of safety and quality depends on teamwork, communication and a collaborative work environment where no intimidating or disruptive behaviors should be tolerated. The most frequently reported disruptive behavior is verbal abuse. This study examined the relationships of levels of verbal abuse from nurse colleagues with demographic characteristics, work attributes and environment of early career registered nurses (RNs). Framework: Concepts derived from the literature on interpersonal conflict and work environment guided this descriptive correlational study.

Methods: Data are from the fourth wave of a national panel survey of early career RNs begun in 2006 (response rate for Wave 4 was 74%). Data were collected using an emailed and mailed survey. The final analytic sample included 1328 RNs. Descriptive statistics (i.e., means, percentages) were used to describe the sample, ANOVA to compare means with a Tukey correction, and Chi square to compare the categorical variables, with Bonferoni corrections for multiple comparisons.

Results: Nurses who reported higher levels of verbal abuse from nurse colleagues were more likely to be unmarried, work in hospital setting, or non-magnet hospital. They also reported lower job satisfaction, organizational commitment, autonomy, intent to stay, and perceived unfavorable work environments including workgroup cohesion, lower supervisory and mentor support, and higher quantitative workload, and organizational constraints.

Conclusions and Implications: More verbal abuse from nurse colleagues is seen in environments with unfavorable working conditions, and nurses working in such environments tend to have less favorable work attitudes. However, one cannot assume causality. It is unclear if poor working conditions create an environment in which verbal abuse is tolerated or if verbal abuse creates an unfavorable work environment.
Assessing the Relationships between Nurse Work Hours/Overtime and Nurse and Patient Outcomes: Systematic Literature Review

Sung-Heui Bae, University at Buffalo; Donna Fabry, University at Buffalo

**Background/Purpose:** Both shiftwork and quick returns resulting from overtime and long work hours are associated with nurse poor-quality of sleep and fatigue. Previous studies found the relationships between nurse long work hours and adverse patient outcomes. However, there is not a systemic review of the relationship between nurse overtime/long work hours and nurse and patient outcomes. Therefore, this study evaluated systematically nurse overtime/long work hours and synthesized the literature dealing with the association with nurse and patient outcomes.

**Theoretical Framework:** N/A

**Methods:** The systematic review search strategy was guided by a preliminary literature review revealing that several key words had an association with nurse and patient outcomes. A search of six electronic bibliographic databases was conducted for primary research published in English, from January 2000 to May 2011. Inclusion criteria was: a study published in peer-reviewed journal with population consisting of nurses working in healthcare facilities; reporting a measure of analysis of the relationship between nurse work overtime/long work hours and nurse and patient outcomes with a quantitative design. The studies were assessed for quality of design, sample, measurement and statistical analysis.

**Results:** After removal of duplicates, we reviewed 2,795 titles. After screening titles and abstracts, a total of 21 titles met the inclusion criteria. Forty three out of 66 relationships were found as work hours increased, nurse adverse outcomes increased. We found 40 nurse work hours and patient outcome relationships. Only 18 relationships were as expected; greater working hours, greater patient adverse outcomes.

**Conclusions & Implications:** We found rigorous positive relationships between nurse work hours and adverse nurse outcomes. However, the relationships with adverse patient outcomes need a more investigation. As more states join to regulate nurse work hours and mandatory overtime, it is important to find evidence to support the relationship between nurse overtime/long work hours and nurse and patient outcomes. The finding of this study provides solid evidence to policy makers and nurse managers about the impact of nurse overtime on adverse outcomes. Professional nursing groups as well as health care employers need to promote such policies to regulate nurse long work hours and mandatory overtime.
Paper Session D3: Work Force Issues in Nursing Practice

Development and the Psychometric Testing of the Nurse Practitioner Primary Care Organizational Climate Questionnaire (NP-PCOCQ)

Lusine Poghosyan, Columbia University; Angela Nannini, University of Massachusetts Lowell; Jingjing Shang, Columbia University; Arlene Smaldone, Columbia University; Jane Tuttle, University of Rochester

Background/Purpose: While favorable organizational climate in primary care settings is necessary to recruit and retain the nurse practitioner workforce and promote their practice, no NP-specific tool exists to measure primary care organizational climate. This study developed and psychometrically tested the Nurse Practitioner Primary Care Organizational Climate Questionnaire (NP-PCOCQ).

Theoretical Framework: Organizational and social theories guided the study. Organizational climate derives from sociology, resides at the organizational level, and is a set of work environment characteristics as experienced by people working in those environments.

Methods: Using instrument development design, the organizational climate for NPs was identified. Items were generated from review of literature and qualitative data from NPs. Face and content validity were established through two expert meetings. The 86-item pool was reduced to 55 items and pilot-tested with 77 NPs using mailed surveys. Data were entered into SPSS 18 for item analysis and reliability testing. Following this step, 35 items were retained and field-tested with 278 NPs in New York State using an online survey. Exploratory Factor Analysis was used to extract the factors which were rotated with both varimax and promax rotations. The models were evaluated for their ability to produce factors with item loadings higher than 0.3. Cronbach’s alphas were calculated to assess internal consistency of each subscale.

Results: NP-PCOCQ has face and content validity. Content Validity Index was 0.9. All but two of the 35 items yielded loadings higher than 0.3 on five factors which represent each NP-PCOCQ subscale: NP-Physician Relations; Organizational Support and Resources; Autonomy and Independent Practice; NP-Administration Relations; and Professional Visibility. Each subscale had high internal reliability; Cronbach’s alphas were above 0.9.

Conclusions & Implications: While two items did not yield strong loadings on the factors, overall the NP-PCOCQ performs well and is a psychometrically valid and reliable instrument with the potential to promote future research and practice toward improvement of the NP organizational climate.
Building Bridges in Leadership Communication: LMX Theory's Impact on Nursing Administrative Relationships

Patricia Donohue-Porter, Adelphi University; Patricia Eckardt, Stony Brook University; David Prottas, Adelphi University; K.C. Rondello, Adelphi University; Joyce Silberstang, Adelphi University

**Background/Purpose:** Improved quality of patient care is influenced by nurses working within a cohesive team. This interdisciplinary research, a collaborative undertaking between a School of Nursing and School of Business, examined leadership behaviors of nurses and nurse managers.

**Theoretical Framework:** Leader-member exchange theory (LMX) was used to examine the dyadic relationships that often vary in quality between a leader and members of the group that is led.

**Methods:** (Design, Sample, Setting, Measures, Analysis) The design was a cross-sectional descriptive correlational predictive study of self-reported survey data of a convenience sample of nurses (n= 206) of a total population of 750 within a 600 bed acute care community teaching hospital setting. The survey mode was paper and pencil. The measures used included the Leader Member Exchange Scale (Graen & Uhl-Bien 1984); Job Diagnostic Survey (Hackman & Oldham 1974), Organizational Commitment Scale (Allen & Meyer 1997); and the Organizational Citizenship Behaviors Scale (Podsakoff, MacKenzie, Moorman & Fetter 1990). The analysis focused on the work-units, and the nurse managers and RNs that comprise them. The hypotheses were: a better perception of relationship with immediate supervisor is associated with, and is a significant predictor of: higher reported satisfaction in nursing, and higher self-reported organizational commitment. The analysis of the constructs that are part of LMX theory included descriptive and correlational statistics and multilevel mixed models.

**Results:** A better perception by staff nurses of their relationship with immediate supervisor was statistically significantly correlated with higher reported job satisfaction, r (167) = .312, p < .05, and organizational commitment, r (171) = .619, p < .001. Perception of relationship with immediate supervisor by staff nurses was found to be a statistically significant predictor of reported satisfaction in nursing, F (14, 191) = 1,051, p < .001, and higher self-reported organizational commitment, F (14, 191) = 1,218, p < .001.

**Conclusions & Implications:** LMX theory can explain job satisfaction and organizational commitment. Understanding the complexity of workforce relationships is essential in retaining nurses of the future. Uncovering member/leader communication styles can inform nurse managers’ leadership styles.
**Connective Leadership: The Chief Nursing Officers’ Relationship with Staff Nurses**

_Mary Ellen Clyne, Clara Maass Medical Center_

**Purpose:** The purpose of this study was to describe and understand the nature of the CNOs relationship with SNs from an acute care hospital setting.

**Background:** According to the Health Care Advisory Board (2006), forty six percent of staff nurses (SNs) from the acute care hospital setting are not satisfied with their Chief Nursing Officer (CNO). Additionally, SNs were found to have the lowest employee satisfaction scores compared to all health care workers from an acute care hospital. The study findings indicated that SNs felt the CNO was removed from the reality of the SNs work day; in addition, the CNO did not care about things that were of concern to the SNs; and the CNO was not a visible advocate for nursing in the organization. The SNs also reported that hospital administration does not respect the contributions of nursing in their Health Care Organizations. There is no research regarding the nature of the CNOs relationship with SNs from an acute care hospital setting.

**Method:** The method of inquiry utilized for this study was phenomenology. Six CNOs participated in the study. Interviews with each participant were conducted and each interview was recorded, transcribed, and analyzed by utilizing qualitative techniques as described by Ely (1991). Patterns and themes emerged from the lived experience of each participant. Each theme was identified and described.

**Results:** Four main themes were identified: developing and sustaining the relationship, creating a positive work environment, brave leadership, and return on the investment in the relationship. One metatheme was discovered: connective leadership. Connectivity leadership captured the essence of the relationship between the CNO and SNs.

**Conclusions and Implications:** Seven research-based recommendations are presented for the practice of nursing administration. Key Words: Chief Nursing Officer, Staff Nurses, relationship, connective leadership, phenomenology, nursing leadership, qualitative.
Development and Testing of a Perinatal Smoking Status Assessment Tool

Geraldine Britton, Binghamton University; Gary D James, Binghamton University; Joyce Marie Rhodes-Keefe, Binghamton University

**Purpose/Background:** Among the barriers to successful implementation of smoking cessation interventions, especially in the pregnant population in the clinical setting is the lack of a systematized method to identify the smoker. The self-report assessment tools that do exist were either not tested for reliability and validity, are based on data collected decades ago, or are not tailored to the pregnant population. The purpose of this study, therefore, was to develop and test a reliable and valid tool.

**Methods:** In order to measure content validity, a literature review was conducted. A survey of 15 leading experts in the research field of smoking cessation across the nation then provided “best practice” items to be included in the tool. In a follow-up survey these same experts ranked the items for inclusion. One focus group of 12 local experts/health care providers reviewed the items and two focus groups of 10 pregnant smokers assessed appropriateness of items and clarity of questions. The 22 item tool was then administered to 100 pregnant women electronically via iPads at their first prenatal visit and urine samples were sent for cotinine assay.

**Results:** Pilot study data of 51 participants (100% Medicaid insured, 84% single marital status, 64% education high school or less) found that 33% had cotinine values indicating active tobacco use; 27.4% with very active use (>500ng/ml). Preliminary data on survey items that best predict smoker status showed that questions about past tobacco use and about knowledge of tobacco’s effects on the fetus and child were significantly associated. Further analyses will use an iterative item analysis that maximizes Cronbach’s alpha to winnow the number of items, and factor analysis will confirm the retained items.

**Implications:** These findings will be utilized to influence perinatal health care policy regarding evidenced-based care regarding tobacco use assessment and intervention.
Paper Session D4: Health Promotion and Disease Prevention

The Effect of Oral Care Assessment Monitoring and Prevention as a Means of Decreasing Complications of the Hospitalized Patient

Dora H Castillo, NYU Langone Medical Center; Sue Scibilla, NYU Langone Medical Center

Background: The CDC and the Health Infection Control Practices Advisory Committee (HICPAC) recommends guidelines to reduce the incidence of pneumonia and other severe, acute lower respiratory tract infections in the acute-care setting. In reviewing the literature, there is strong evidence that correlates poor oral hygiene with pneumonia and systemic infections in the hospitalized patient. The Oral Care Council has for the past six years worked extensively on improving oral care practices at NYU Langone Medical Center.

Purpose: 1. Identify patients who are at risk of oral or other systemic complications by looking at the admission oral assessment score. 2. Identify plan of care on admission for patients with oral assessment scores 6 or greater (high risk patients) based on oral care guidelines. 3. Track documentation of oral assessment scores during patient’s hospital stay. 4. Identify areas where further quality improvement of oral hygiene is required. Methology Oral Care Assessment scoring system was used. Each oral assessment generates a score, alerting the staff of patient’s oral assessment as normal (1-5), moderate dysfunction (6-10) or severe dysfunction (11-20) and recommendations for care.

Results: Based on the data collected from May of 2011 to February 2012, we were able to identify on admission, patients who were at risk of complications during their hospital stay. Of 3,645 patients that were evaluated, 88% had scores of 5 or less, 11% had scores of 6-10, and 1% had scores of 11-20. 445 Patients with scores of 6 or higher required more frequent oral hygiene as per protocol. Patients were monitored throughout their hospital stay. 81% of these patients were discharge home or to sub acute facility with lower scores. 19% of the patients had high scores on admission or during their hospital stay and either expired or were transferred to a hospice facility.

Conclusion: Based on the data collected, compliance with Oral Care Documentation was greater than 94%. This allowed early identification of high risk patients on admission and more intensive interventions implemented in consultation with the Physician or NP. The Oral Care Committee continues to educate, mentor, monitor for compliance and remain on the forefront of clinical research regarding oral care practices.
Combined Effects of Healthy Lifestyle Factors On Cardiometabolic Health Risk Score Changes: Are There Sex Differences?

Laura L Hayman, University of Massachusetts Boston; John A Morrison, Cincinnati Children's Hospital Medical Center; Ling Shi, University of Massachusetts Boston; Libin Zhang, University of Massachusetts Boston

**Background:** Although individual lifestyle factors associate with cardiometabolic disease (CMD) outcomes, the combined effects of lifestyle on CMD risk changes in adulthood and sex differences in these effects remain uncertain. Conceptualized within a life course health promotion framework, this population-based study was designed to examine the association of lifestyle factors with changes over time in CMD risk scores in black and white men and women.

**Methods:** We compared CMD risk changes in 431 parent-participants (20% black) in the NHLBI Lipid Research Clinics (LRC)’s Princeton School (1973-8) and Princeton Follow-up Studies (PFS) (1998-2003), at mean ages 39 +/- 6.5 and 66 +/- 6.5 respectively, with healthy lifestyle practices at PFS. Risk scores combined BMI, blood pressure, glucose, and lipids measured with standard protocols. We assessed healthy lifestyle factors including fruit and vegetable intake, smoking, alcohol consumption, TV viewing, physical activity, and derived a combined healthy lifestyle score. Multivariate logistic regression analyses and the Wald test assessed overall changes and sex-differences in associations.

**Results:** Healthy lifestyle scores at PFS were associated with smaller increases in CMD risk (OR=0.71; 95% CI, 0.57-0.88) from LRC to PFS, adjusting for age, race, and sex. Each additional healthy lifestyle factor associated with smaller increases (p-trend = 0.003 overall and 0.031 (men) and 0.050 (women). Compared with participants without any healthy lifestyle practices, CMD risk changes were 48% less in subjects with one healthy lifestyle factor (OR=0.52; 95% CI: 0.29-0.91), 60% less in subjects with two healthy lifestyle factors (95% CI: 0.22-0.75), and 61% less in subjects with three or more healthy lifestyle factors (95% CI: 0.18-0.83). Corresponding ORs were 0.40 (95% CI: 0.17-0.93), 0.36 (95% CI: 0.15-0.88) and 0.34 (95% CI: 0.12-0.95) for men and 0.62 (95% CI: 0.28-1.37), 0.45(95% CI: 0.19-1.05) and 0.43 (95% CI: 0.14-1.33) for women. No sex-differences were observed (p=0.96).

**Conclusions and Implications:** Healthy lifestyle factors were associated with smaller changes in CMD risk scores in both men and women. Maintaining or adopting healthy lifestyle behaviors, even later in life, can be beneficial for cardiometabolic health. Future research should focus on population-based approaches to life course health promotion.
Background/Purpose: Hypertension (HTN) is a serious health problem globally and is often left undiagnosed or under-treated. A significant proportion of patients who are treated in the emergency department (ED) have elevated blood pressure (BP). Emergency department providers have a responsibility to identify and refer hypertensive patients for further evaluation of elevated BP. However, despite a clinical policy guideline for the evaluation and management of adult patients who have an incidental finding of HTN during their ED visit, existing literature suggests that adherence to this guideline is suboptimal.

Theoretical Framework: This study was guided conceptually using Cabana et al. (1999) to examine ED provider barriers - knowledge of JNC 7 HTN definitions and ACEP recommendations, provider attitudes, and external factors that are associated with referral of patients with BP ≥ 140/90 mmHg.

Methods: A random multidisciplinary sample of ED providers (n = 450) were surveyed. The appropriate bivariate and multivariate regression analysis was conducted to examine factors associated with referral.

Results: This study achieved a 51% response rate and determined that few provider-attitudes, patient, guideline, and organizational factors are associated with referral. Providers who reported they have the skills, knowledge, confidence, who take ownership, and perceive less of a medical liability refer 1.4 times more than those who do not perceive these factors (p = .001, 95% CI 1.1 – 1.6). In addition, the odds of referral increased by 2.1 for awareness of the ACEP Policy (p = .08, 95% CI 1.1 – 4.7).

Conclusions and Implications: In order to change policy a multi-faceted and multi-disciplinary approach is necessary. Nurses need to take a more active role in recommending patients for BP follow-up. The potential the ED provider has in helping to eliminate the adverse outcomes associated with undiagnosed or under-treated HTN in ED patients is significant.
Paper Session D4: Health Promotion and Disease Prevention

Building Partnerships Using CBPR to Explore Unhealthy Weight In Those With Intellectual And Developmental Disability (I/DD)

Kathleen Fisher, Drexel University; Thomas Hardie, Drexel University; Michel Miller, Drexel University; Margaret O’Neil, Drexel University; Carolee Polek, University of Delaware; Erika Shulkusky, KenCrest Services; Paulina Sockolow, Drexel University; Alison Ventura, Drexel University

Purpose: Complexities surround conducting research with persons with intellectual and developmental disability (I/DD), necessitating frameworks like CBPR to study, find solutions and develop interventions that promote optimal health and trust in the research process.

Background: CBPR is an applied participatory research process that acknowledges equal partnerships in defining a research problem, and creating an action plan to interpret and apply study findings that focus on change in community health, systems, programs and health care policies.

Methods: Phase 1: Create partnerships to engage in collaborative design of a research study to include: goal setting, conceptualization, active planning, implementation, and evaluation. Phase 2: Share knowledge and experience to develop relevant research question to explore unhealthy weight (i.e. overweight and obesity). Phase 3: Develop Action Plan to include collaborative grant writing to secure funding. Develop checklist for baseline assessment. Phase 4: Develop unhealthy weight screening tool for use by caregivers and care recipients to monitor weight.

Results: Engaging community partners is essential to establish a workable plan and ensure a healthy working relationship. This has been established between a community agency and academic researchers using a CBPR process. This team has secured foundation funding for a medical record review. The development of the Unhealthy Weight Screening Tool allows caregivers and families to assess and monitor unhealthy weight and can be used as a baseline measure to monitor effectiveness of health promotion programs.

Conclusions & Implications: In response to the high prevalence of unhealthy weight in individuals with I/DD, a collaborative process (CBPR) was shown to be successful. Using CBPR, the team gained knowledge of the health problems for persons with I/DD while designing research activities and an action plan to explore unhealthy weight issues. Further the team has learned valuable lessons in understanding the unique needs of this vulnerable population while building capacity for future research.
Purpose: To gain an understanding of the needs of homeless youth in regard to HPV knowledge and their experiences with health care providers.

Background: There are an estimated 1.5 million young people in the US that have been homeless at some time in the previous year. Homeless youth may engage in subsistence strategies that place them at greater risk of partner violence, such as survival sex. Studies find that approximately 27.5% of street youth and 9.5% of shelter youth report having participated in survival sex. This can increase their risk for sexually transmitted infections, including HPV.

Methods: Following grounded theory methodology in-depth semi-structured interviews were completed with 60 homeless youth, 46 were interviewed on two occasions. The youth were recruited from shelters in the Northeastern US. The interview guide was adapted with each interview following constant comparative analysis procedures. Interviews were audio-taped and transcribed verbatim.

Results: The core category that emerged from the data was misinformation. Their sex education was informal, mostly from siblings and peers. The majority of youth witness sexual activity of family members during early childhood, with no education about what they witnessed. Although most of the youth recall a ‘sex ed’ class in middle school, they did not retain the information. All the youth has some information about HIV but most did not know what HPV stood for. Many confused HPV with HIV ‘like HIV but the female strain’ and only two were immunized. The youth had experienced feelings of shame and stigmatization from health care providers.

Conclusion & Implications: Since homeless youth have minimal knowledge regarding HPV and feel stigmatized by health care providers, it is critical that an intervention be directed not only for these youth but also with health care providers to increase their cultural competence working with these youth.
Symposium Session D5: A Bridge to the Future of Chronic Care; The Chronic Comorbid Condition Research Interest Group Symposium

A Bridge to the Future of Chronic Care: The Chronic Comorbid Condition Research Interest Group Symposium

Harleah G. Buck, The Pennsylvania State University; Marilyn J. Hammer, New York University; Corrine Y. Jurgens, Stony Brook University; Victoria Vaughan-Dickson, New York University

Approximately half of all Americans live with at least one chronic condition. The purpose of the Chronic Comorbid Condition Research Interest Group symposium is to integrate the research findings of group members to promote translation of this research into practice. To this end the symposium will summarize the conclusions of the individual studies and then present potential strategies for advancing the nursing science and improving quality of care in chronic illness. Each of the papers presented will address a different element of the Wagner’s Chronic Care Model, the organizing framework. Before current structural deficiencies in comorbidity management can be addressed there needs to be a thoughtful discussion of the current conceptualization and measurement of comorbidity. Buck’s paper presents the current state of comorbidity conceptualization, exploring the theoretical and methodological limitations that exist. Dickson’s paper presents the effect of comorbidity on patient’s self-management. Hammer’s paper addresses comorbidity’s impact on cancer patients. Jurgen’s paper introduces a disease specific comorbidity index which improves symptom burden prediction. Finally, we will examine the implications for advancing nursing science from these papers and discuss future directions and strategies for improving quality of care through translating these findings into practice.
Comorbidity: What Do We Know vs. What Do We Think We Know?

Harleah G. Buck, The Pennsylvania State University; Salimah Meghani, University of Pennsylvania; Janet Prvu Bettger, Duke University

**Purpose:** To systematically review what is known about the definition, use, and measurement of the concept of comorbidity using a specific population; those with a triad of cardiovascular diseases (CVD) – acute myocardial infarction, heart failure, and stroke as an exemplar of the complexity surrounding comorbidity.

**Background:** Everything known about the roles, relationships, and repercussions of comorbidity is shaped by how comorbidity is conceptualized and measured.

**Methods:** From 5,917 papers accrued from PubMed, CINAHL, ISI, and PsychInfo an evolutionary analysis of a randomly selected sample of empiric studies (n=60) was conducted to create a conceptual definition of the use of comorbidity and a subsequent analysis of prospective CVD trials (n=26) was performed to examine measurement practices.

**Results:** The concept comorbidity can be defined as a dynamic, complicating variable used by clinicians and researchers to predict or explain outcomes on personal, disease, and system levels. Comorbidities were used heterogeneously among reviewed studies with most (55%) controlling for their presence. The majority (81%) measured and then analyzed comorbidity as the presence of individual diseases, conditions, or risk factors/laboratory values (i.e., lipid levels) without pre-specified criteria given for what was or was not counted as comorbidity. Comorbidity data were obtained from 1-4 different sources for a single study including medical records (50%), clinician judgment (30%), self/proxy report (27%), or DMS-III criteria (12%). In 35% of the CVD studies the data source for comorbidities was not reported.

**Conclusions & Implications:** The term comorbidity is rarely defined and includes diseases or diseases plus lifestyle factors. Comorbidities are used heterogeneously with most studies controlling for their presence. The measurement of comorbidity remains limited to a list of conditions without stated rationale or standards. These conceptual and measurement limitations increase the likelihood that the prevalence of comorbidity is underestimated and the knowledge of effect on outcomes is limited.
Exploring Comorbidity and Heart Failure Symptoms using Multi-level Modeling

Corrine Y. Jurgens, Stony Brook University; Patricia Eckardt, Adelphi University

Background: Patients with heart failure (HF) report multiple symptoms. Comorbid illness is common.

Purpose: The purpose of this analysis was to explore the capacity of multi-level models (MLMs) of comorbid illness to predict symptom burden. MLMs allow examination of both individual and group contributions to phenomena of interest. Identification of robust typologies to explain symptom burden is important for tailoring interventions.

Theoretical Framework: The theory of unpleasant symptoms informed this analysis as it describes the multidimensional nature of the symptom experience together with the potential interactions of multiple symptoms. Method: Multi-level modeling was used to explore the usefulness of comorbidity and related variables to explain HF symptom burden in a sample of patients with HF (n=105). The HF Somatic Perception Scale, an 18-item, 6-point Likert scale, was used to assess awareness and perceived distress of HF symptoms. Scores range 0 to 90 with higher scores indicating higher perceived distress. The Charlson Comorbidity Index (CCI) was compared with an 8-item HF specific comorbidity index created for this analysis. Variables theoretically relevant to symptom burden and comorbid illness explored in the models included the Self-Care Maintenance subscale of the Self-Care of HF Index, age, self-assessed health, and functional status.

Results: The majority of the sample was elderly (mean age 67.9±12.3 years), male (69%), white (88.6%), and functionally compromised with 84% NYHA class III/IV. Individual level heterogeneity accounted for the majority of variance in symptom burden (ICC= 0.001 and 0.1 respectively) with self-assessed health also being a significant individual predictor (p=.01) in the MLMs. At the grouping level, the CCI did not account for any variance in symptom burden, whereas the HF specific comorbidity index was statistically significant at group level in accounting for more of the variance in symptom burden. Age, self-care, and functional status did not add to the prediction power of the model.

Conclusions & Implications: Although the CCI is reported to have prognostic value, it was not an effective predictor of HF symptom burden. The HF specific comorbidity index was a better grouping variable in the setting of a heterogeneous population. The increase in the intra-class correlation estimate supports the value of a HF specific comorbidity index.
Self-Care Challenges of Cancer with Diabetes and/or Cardiovascular Disease

Marilyn J. Hammer; New York University; Frances Cartwright, NYU Langone Medical Center; Gail D. Melkus, New York University; Victoria Vaughan-Dickson, New York University

Purpose: To assess self-care needs among patients with hematological malignancies who also have type 2 diabetes (T2D) and/or cardiovascular disease (CVD).

Background: Individuals with cancer often present with chronic comorbid conditions, commonly T2D and/or CVD, prior to or following the start of treatment for cancer. The associations between cancer, T2D, and/or CVD are complex and often bidirectional. Diabetes places CVD patients at risk for increased morbidity, mortality, and health care costs. Similarly, cancer can confound CVD and diabetes. Comorbidities also strongly impact the patient’s daily life through the aggregated symptom experience of multiple diseases.

Methods: A mixed methods pilot study (N = 30) incorporating a quality-of-life measure (SF36v2), self care measures (Summary of Diabetes Self-Care Activities, Self Care of the Heart Disease Index), a sociodemographic questionnaire, the Charlson Comorbidity Index, and a 30-minute recorded interview to capture quality-of-life and self-care needs of patients with chronic comorbid conditions is being conducted. Descriptive statistics and non-parametric Spearman rho correlations are being used to analyze the quantitative data. Themes that emerge from the qualitative data will then be compared to the quantitative data using triangulation methods.

Results: A preliminary analysis revealed a predominately older adult population (mean age 75.5 years old; range 63 – 86 years) whose symptoms drive their primary concerns more than the diagnoses themselves. It was also difficult, at times, to distinguish which condition was responsible for which symptoms. A secondary challenge for these patients was coordination of healthcare providers for management of each of their conditions.

Conclusions & Implications: Patients under treatment for hematological malignancies with the co-occurrence of T2D and/or CVD are at risk for burdensome symptoms that cannot always be identified and/or associated with a particular condition. Enhanced coordination of care between providers is essential. Continued investigation for improved understanding of these co-occurring chronic conditions and subsequent interventions to mitigate symptoms and improve care coordination is critical.
Symposium Session D5: A Bridge to the Future of Chronic Care; The Chronic Comorbid Condition Research Interest Group Symposium

Self-Efficacy: When Multiple Comorbid Conditions Challenge Self-Care

Victoria Vaughan Dickson, New York University; Harleah G. Buck, The Pennsylvania State University; Barbara Riegel, University of Pennsylvania

Purpose: To explore the influence of self-efficacy in HF self-care among adults with HF and a comorbid condition.

Background: Most heart failure (HF) patients report multiple comorbid conditions. Multiple conditions may lower self-efficacy in self-care and interfere with one’s ability to manage HF.

Methods: Secondary analysis of 4 mixed methods studies (n=114). Self-care was measured by the Self-Care of Heart Failure Index (SCHFI). Comorbid conditions were identified by the Charlson Comorbidity Index (CCI). Parametric statistics were used to examine the relationship between comorbidity and self-care. Qualitative data were re-examined to yield themes about self-efficacy in self-care and to explain the influence of comorbid conditions on HF self-care.

Results: Most (79%) reported at least 2 chronic conditions. There was a significant relationship between self-care and the number of comorbid conditions (r= -.25; p=.03). Those with fewer comorbid conditions reported better self-care maintenance (p=.04) and management (p=.03). Self-efficacy emerged as an important variable influencing self-care by shaping how individuals prioritized self-care of one condition over another and integrated multiple and often competing self-care instructions. Overall, self-care confidence and number of comorbid conditions explained 25% of variance in self-care management (p<.01) and 15% of variance in self-care maintenance (p<01).

Conclusions & Implications: Individuals with multiple chronic conditions are vulnerable to inadequate self-care related to poor self-efficacy. Methods of improving self-efficacy may improve skill in self-care in those with multiple chronic conditions.
BS/MS Poster Session

Poster 1

Violence Against Nurses in Emergency Departments

Kristine L. Ferro, University of Rhode Island

Abstract Violence against healthcare workers is a significant occupational hazard. Emergency Department nurses are particularly vulnerable due to the overcrowding, long waits, and hostile patients and family members. The review of literature shows under-reporting, lack of manager support, and insufficient policies and procedures leads to an increase in ED violence. Though the identification of violence is discussed and researched there is a lack of evidence showing how the development of protocols and policies to identify potential violence and response to those threats will increase safety for nurses working in Emergency Departments. This is a quasi-experimental study used to assess the nurse’s perception of safety before and after the implementation of a Critical Incidence Response Policy (CIRP). The CIRP is used to identify and respond to threats of violence. 182 nurses working in Anderson Emergency Center, a level 1 trauma center, part of a 719 bed urban, non-profit, private, teaching hospital, will be sent via email a questionnaire before implementation of the CIRP and six months after implementation. The questionnaire assessed the nurse’s perception of job safety, management safety practices, and safety programs. Using a modified Work Safety Scale (WSS) nurses perception of the threat of violence before and after implementation of the CIRP will be assessed.
Health promotion behaviors and disease prevention: Efforts to reduce catheter associate urinary tract infection

Pamela Bouten, University of Connecticut

Background/Purpose Efforts to reduce Catheter Associate Urinary Tract Infection (CAUTI) rates within acute care settings have focused on hospital policy rather than a system where there is clear ownership of infection prevention between care providers. Current data reflects that CAUTIs continue to be the most common nosocomial infection responsible for 40% of all nosocomial infections. Urinary catheters continue to be utilized without proper indications and remain in place longer than necessary. Adverse effects lead to; increased costs, increased length of stay, prolongs healing time of primary infection, delays recovery time in patients, and morbidity and mortality. Purpose is to implement guidelines for urinary catheter use and prompt removal by placing autonomy in the hands of the Registered Nurses for increased awareness and earlier removal by implementing a nurse driven protocol to prevent nosocomial infections.

Theoretical Framework Based on the work of Dorothea Orem's Self Care Deficit Nursing Theory incorporating the Theory of Self Care Theory of Self Care Deficit and the Theory of Nursing Systems. “Using Orem’s model, the outcomes and goals (become) congruent with the nursing diagnosis to enable the patient to become an effective self-care agent” (George, 2002)

Methods For study purposes, all inpatients within our 110 bed facility, with a urinary catheter will be evaluated. CAUTI will be identified as the consequence of having an indwelling urinary catheter in place or an infection within 48 hours of the catheter removal over a six month period. There is room for improvement for our institution has committed to a goal of less than 2% and currently we are at 4.6%.

Results This is an ongoing study however, there is significant evidence in other areas of research that supports the concept that nurse driven protocols are effective and lead to better patient outcomes.

Conclusions & Implications This policy needs to be recast as a true nurse driven protocol because as currently written it is not being followed and is open to individual interpretation. Nurses are not assuming medical decision-making regarding catheter utilization however; nurses are supporting, enabling and promoting self-care. A nurse driven protocol is a true application of evidence-based practice.
Self-medication practices of undergraduate college students: Non-medical prescriptive stimulant use among college students

Kim Vo, University of Connecticut; Heather Buck, University of Connecticut; Kara Dazkevich, University of Connecticut; Patricia Neafsey, University of Connecticut; Michelle Santos, University of Connecticut; Kristin Summers, University of Connecticut

Purpose: The purpose of this study was to determine self-medication practices of undergraduate students enrolled at the University of Connecticut in attempt to inform future educational efforts on drug misconceptions in order to encourage safe medication practices among incoming undergraduate students.

Background: Non-medical use of stimulants prescribed for attention-deficit/hyperactivity disorder (ADHD) treatment has gained attention due to non-medical prevalence rates in U.S. colleges. Current literature investigates circumstances, demographics and motives in sample populations that increase student misuse of these prescription medications.

Methods: Design: Multi-method research strategy investigating the perceived focus group coded data to the actual self-reported Adhere Tx Know My Meds™ online survey. Analysis of the perceived versus actual data attempts to identify students awareness of stimulant use and the actual prevalence of stimulant use. Participants: Undergraduate students (18+) enrolled at the University of Connecticut that voluntarily responded to participate in campus focus groups and/or to the online survey.

Results: Focus Group: Of the discussed medications that were coded via a focus group communication content analysis the second most common mentioned product was the use of Adderall at 28 counts behind energy drinks at 41 counts. Students reported that they believed others used Adderall to help them: study, stay awake in general, stay awake to drink alcohol and/or suppress ones appetite. Survey Data: Over one hundred participants (5.4%) reported using a prescription stimulant to treat one or more of the conditions listed on the survey questionnaire: Enhance mental performance (61%), stay awake (27%), weight loss (1%), anxiety/depression (2%), pain relief (2%), mix with alcohol (5%) and/or drinking preparation (2%).

Conclusions & Implications: Perceived focus group rational use of ADHD medication was reflected in self-reported survey results. Reported stimulant use included enhancing mental performance, staying awake, weight loss and drinking preparation. Implications: results will be developed into educational awareness planning and interventions for incoming undergraduate students to encourage safe medication practice.
**Breastfeeding Attitudes and Knowledge in Second Degree Nursing Students**

*Aurora C. Vandewark, Villanova University; Michelle M. Kelly, Villanova University*

**Background/Purpose:** Breastfeeding is identified as an important health topic worldwide, although a lack of breastfeeding knowledge is noted among nursing students and health care professionals. This study was conducted to explore the relationship between breastfeeding knowledge and attitude among second degree nursing students.

**Methods:** Undergraduate nursing students participated in an electronic survey that measured attitudes towards, knowledge of, and personal and/or professional background with breastfeeding. The attitude portion utilized the Iowa Infant Feeding Attitude Scale and the knowledge portion of the survey was based on the Breastfeeding Knowledge Questionnaire. Open-ended questions permitted students to elaborate upon their experiences and beliefs. Comparison took place between students beginning their nursing education and those in the last semester of their nursing education.

**Results:** Attitude scores did not differ significantly between the two groups. Total knowledge scores between groups differed significantly (p = .04). Correlations between total knowledge and total attitude scores, regardless of group, were significant (r [45] = .49, p < .000). Respondents reported a belief that nursing education effectively teaches breastfeeding. The belief that breastfeeding advocacy through patient education is a crucial role of the nurse was identified.

**Conclusions/Implications:** Nursing students’ knowledge and attitudes are strongly related. Student nurses reported believing that they will be (incoming students) or were (graduating students) adequately prepared to provide breastfeeding education by their nursing education. Nursing students identified breastfeeding education as an important teaching topic for families.
Informal Caregivers’ Experiences Caring for Spouses with LVAD-DT

Piper A. Foight, The Pennsylvania State University

Purpose: To understand the informal caregivers’ experiences of caring for spouses following the implantation of Left Ventricular Assistive Devices as destination therapy.

Background: Spouses are the primary source of informal caregivers for patients with heart failure. In prior research four themes have emerged related to these caregivers: perceived sacrifice, positive experience, burden, and coping and adapting strategies. Due to limited research on patients with LVADs and their caregivers, the literature reviewed focused on patients with conditions similar to that of an LVAD.

Methods: This was a descriptive, exploratory study, used previously collected interview data. The sample included 10 spousal caregivers who were interviewed about their experiences as a caregiver for a spouse with a LVAD-DT. The semi-structured phone interview lasted 45-60 minutes. A secondary thematic analysis of these data was completed.

Results: Eight themes emerged from the interviews related to caregiving: were: burden, perceptions of improved patient health after the LVAD was implanted, increased family support, references to life in the long-term, preparedness for caring, change in caregiver role, sacrifices on the by caregivers, and support from religious beliefs.

Conclusions: The placement of an LVAD improved patient outcomes and caregivers felt better about the patient’s health. Caregivers also adapted to the new caregiving role, although it was stressful and required additional family support and sacrifice on their part. Although caregivers were taught how to care for the LVAD, little education was provided about what to expect for the long-term with the LVAD therapy.
Student Nurse Practitioner Communication Skills When Using Electronic Health Records (EHR) During Health History Taking

Clarissa M Drill, University of Vermont

Purpose: Nurse practitioner (NP) students’ EHR communication skills were studied to inform future teaching.

Background: The Health Information Technology for Economic and Clinical Health Act (HITECH) is requiring use of EHRs to improve quality and efficiency of patient care. Development of EHR communication skills is needed. Theoretical Framework: Orlando’s Dynamic Nurse-Patient Relationship.

Methods: NP students, recently instructed on EHR use, were videotaped conducting a health history (n=20). In this descriptive study, these observational strategies were employed: 1. Using OD LOG software, time spent typing and talking, typing only, and looking at computer without talking were measured. 2. Two observers completed a 10-point communication skills checklist. 3. Students’ placement of the laptop computers was recorded. Using descriptive statistics, the total time of the history-taking was measured (mean and range). Times spent using the computer were summed and a percent of the total interview calculated. Students’ rating on each skill and most common computer position were calculated. Inter-rater reliability was 0.84.

Results: The mean history taking time was 11.4 minutes with 3.5 minutes spent: typing and talking (76.56 sec) typing only (88.35 sec) and looking at computer not talking (82.2sec), totaling 38.9% of the visit. Students scored lowest on communications skills associated with EHR use (77.5% educated patient about the EHR use, 70% explained long periods of typing and 62.5% positioned computer so patient could see it).

Conclusions/Implications: Of the time spent taking the health history, more than a third was spent on the computer, and nearly two thirds of that time was spent without communicating to the patient at all. With the introduction of the EHR into the nurse/patient relationship, attention must be paid to communication skills. This research is a beginning step to understanding how to instruct student nurse practitioners on mastery of these skills.
BS/MS Poster Session

Poster 4

The Other Face of Organ Transplantation

Rachel Newton, Villanova University

Purpose: This literature review examined research on long-term (>five years) solid organ transplant outcomes of adults receiving transplants secondary to end-stage organ failure in order to provide healthcare providers (HCPs) with information to better advise patients about significant lifestyle and end-of-life choices.

Background: Successful short-term outcomes (1-3 years) grew steadily over the subsequent decades as did the promise of survival for thousands of individuals with end-stage organ failure. The absence of actual long-term data caused researchers to project long-term outcomes based on half-life estimates extrapolated from the one-year graft survival. This resulted in long-term survival rates increasing as short-term graft survival improved (Lohdi et al, 2011). The maturation of transplant science provided actual data on long-term outcomes and on the effects of chronic immunosuppression.

Method: A literature review was conducted from a PubMed search that identified 208 relevant studies and review articles. Ultimately, 143 were used as well as data provided by the Organ Procurement and Transplantation Network (OPTN) and Scientific Registry of Transplant Recipients (SRTR) 2011 Report and the 2012 National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC).

Results: The research indicated that the most challenging obstacle to the transplant population's long-term survival was inadequate screening, treatment and management of pre-existing co-morbidities and the iatrogenic sequelae of immunosuppressive agents. These recommendations exposed a tragic redundancy; extending graft survival, if provided as lifetime primary care, would prevent the development of end-stage organ failure from chronic conditions (The Joint Commission, 2004).

Conclusion: In a culture of rapid technological advancement, staying abreast of current research in one’s clinical specialty as well as broader trends affecting public health promotion presents a formidable challenge. The compartmentalization of knowledge subordinates public wellness and drives the financial escalation of American healthcare. The failure to prevent sickness—the failure to manage unavoidable sickness—is the exigent condition. Studying the powerful influence of an end-staged medical sub-specialty underscores the importance that holistic considerations of health promotion and financial sustainability rather than technological ability drive American healthcare practice and policy.
The Forgotten Mourners: Addressing Healthcare Provider Grief – A Systematic Review

Erin R Carton, The Pennsylvania State University

Purpose: To review the literature on services available addressing healthcare provider (HCP) grief following patients’ deaths.

Background: HCPs, such as nurses, physicians, and social workers, often experience the death of a patient in their care. This can result in grief reactions, which if not adequately addressed can lead to burnout, compassion fatigue, and psychological distress.

Methods: A systematic search of the literature using PubMed, PsycInfo, and CINAHL databases for English-language articles was performed focusing on services available to address HCP grief. Key search words included: bereavement, grief, death, health personnel, debriefing, crisis intervention, death counseling, and psychological support. Additionally, reference lists of relevant articles were reviewed.

Results: Twelve articles were identified for review. Five studies were quasi-experimental; the remaining seven were non-experimental mixed method studies. Ten of twelve studies focused on HCPs in pediatrics, oncology, or both. Measurement tools varied considerably between studies. Outcomes were variable and often inconclusive.

Conclusions & Implications: HCP grief can have serious implications for individual care providers as well as the healthcare system as a whole. More experimental research is needed on how to effectively address this grief. Future research should also focus on interventions for HCPs of adult patients and those from varied specialties.
The Effects of Socioeconomic Status on Cardiovascular Health of Mexican-American Women

Mara Rosalie Renold, Boston College; Viola Benavente, Boston College

Cardiovascular disease (CVD) is the leading cause of death among women. In the past decade, myths regarding CVD as a “man’s disease” have been discredited with increasing public awareness. However, death rates of women with CVD in the United States (US) continue to increase. According to recent research, Mexican-American women are more likely to be overweight or obese, have high triglyceride levels, type 2 diabetes, hypertension and high LDL cholesterol levels than non-Hispanic whites. Abounding research shows low socioeconomic status (SES) is linked to increased levels of CVD risk factors, morbidity, and mortality. There is a shortage of research regarding the effects of SES on CVD among Hispanics in the US.

Purpose: The purpose of this study is to determine the effects of SES indicators on the cardiovascular health of Mexican-American women. Theoretical framework: This study was a secondary analysis. Underlying assumptions from Fishbein’s Reasoned Action Approach were used in the parent study that investigated predictors of cardiovascular health promotion in Mexican-American women.

Methods: A secondary analysis of 104 adult women explored SES effects for cardiovascular health. Cardiovascular health was described the major CVD risk factor cluster of hypertension, diabetes, high cholesterol/other lipids, and obesity/overweight. Simple linear regression analysis using the Predictive Analytic Software Statistics Version 20 was used.

Results: Results indicated SES, consisting of employment, education, housing and income, does not affect cardiovascular health for this population of mostly Spanish-speaking Mexican-American women. This finding suggests Mexican-American women who indicate low SES are able to engage in health-promoting lifestyle behaviors for cardiovascular health.

Conclusions/Implications: This study reveals low SES does not inhibit Mexican-American women from practicing cardiovascular health promotion behaviors. Further research is necessary regarding the effects of acculturation on cardiovascular health.
BS/MS Poster Session

Poster 5A

Use of a checklist to assist novice nurses in effective management of alarm situations

Mary C. Clayton-Jones, University of Massachusetts Amherst

**Purpose**: In response to an identified need to help new and novice nurses be more organized and effective in the management of alarm situations the P-A-N-I-C mnemonic checklist (pause and plan; assess the patient; navigate the situation by taking action; inform someone; chart) was developed and assessed in this pilot study.

**Background** and significance: Alarm Fatigue and patient surveillance have been identified as areas of concern in patient care. Use of a checklist to assist novice nurses in the management of alarm situations may increase patient surveillance and decrease alarm fatigue by reducing working memory load and increasing selective attention. Checklists have been shown to be helpful tools in environments requiring prioritization of tasks and critical thinking. Based on the review of the literature a portable, flexible and easy to remember a mnemonic checklist was developed.

**Methods**: This pilot study asked seven junior nursing students to use the checklist during one full clinical day. A fifteen-minute, in class training was provided. Each student was given a laminated badge with the mnemonic printed on it. A ten-question survey including multiple choice and open-ended questions was used to collect the data. Data analysis included summarizing responses to multiple-choice questions and identifying themes in the narrative responses.

**Results**: Five of the seven students responded to the survey. The students (n=3) who had the opportunity to respond to more than five call bells during their shift utilized the mnemonic checklist 75-90% of the time and found it a very helpful tool. Each of those students also found that the mnemonic helped them remember to go and inform someone. Two found some of the words used on the laminated card confusing but performed the action none-the-less. Those students who did not have the opportunity to respond multiple call bells did not find the checklist useful.

**Conclusion and implications**: The mnemonic is a flexible tool that novice nurses may find helpful when organizing their thoughts and actions as they respond to multiple call bells. Preliminary analysis indicates patient surveillance increased and use of the checklist reminded the novice nurse to share information. In order to ascertain the affect on alarm fatigue further data needs to be collected and analyzed.
Sleep and Performance Outcomes in Nurses: A Literature Review

Kimberly Tolentino, Rutgers University

Purpose: The purpose of this literature review is to synthesize the existing literature regarding the sleep deprivation and fatigue that nurses experience when working day, evening, and night shifts and the resulting effects on performance outcomes.

Background/Introduction: Sleep deprivation and fatigue affect nurses’ performance, including impaired psychomotor vigilance, medical errors, and motor vehicle accidents. Reducing sleep deprivation and fatigue could help decrease these negative effects and improve patient safety and nurses’ health and well-being.

Method: A literature search was conducted utilizing the CINAHL, Medline, and PsychInfo databases, in addition to a hand search of reference lists from the articles. Search terms included: sleep loss, fatigue, sleep deprivation, performance outcomes, sleepiness, errors, patient safety, shift workers, night shift nurses, and nurses. The search yielded a total of 15 possible articles, which was further narrowed down to the seven most relevant research articles. Most included convenience samples and the majority used self-report measures.

Results: Nurses who work in acute hospital settings are often sleep deprived from the nature of their shifts and long hours they have to work. The longer the hours nurses work, the higher the chances are for them to be sleep deprived and sleepy at work and subsequently experience errors and accidents. Although a majority of nurses in general experience sleep deprivation and fatigue, night shift and rotating shift nurses, in particular, experience a higher level of sleep deprivation and fatigue, and consequently, have a higher likelihood of committing an error.

Conclusion/Implications: Interventions designed to improve fatigue and sleep patterns would help nurses to be more focused and awake and lead to better, safer patient care. In order to create effective and evidence-based interventions to improve sleep quality among nurses, further examination of the patterns of shift workers’ sleep and performance outcomes is needed in larger, randomized samples.
A New Approach To An Old Problem: Defining Nursing’s Role In Successful Transitions To Long-term Residential Care

Kyleen P Aldrich, University of Massachusetts Boston

**Background/Purpose:** A growing body of nursing research addresses the transitional period for older adults entering long-term residential care. However, gaps exist in our understanding of nursing’s role in the transition process. Our aim is to develop a model of nursing strategies and interventions to ease the transition to long-term care. This model describes interventions that nurses can incorporate into everyday practice.

**Methods:** We conducted a literature review to examine the transitional care needs and interventions for older adults with a goal of developing a model addressing transitions to long-term care.

**Results:** Most nursing studies provided descriptive information about patient experiences, nursing roles or long term care characteristics. Very few reports described intervention trials. Our proposed model includes domains of respect and dignity in care, therapeutic communication, initiating and maintaining therapeutic relationships, management of patient and institutional routines, patient’s perspective and priorities, promoting social engagement, family involvement, and communication and, environment modification, and incorporating empathic care within current institutional constraints. In the model, the domains comprise the delivery of individualized person-centered care in the long-term care setting. Proposed quality outcomes include measures of patient satisfaction, patient adjustment, quality of life (including function), and health status (clinical and physiologic measures).

**Conclusions/Implications:** This model will identify key issues and gaps in nursing care relevant to this patient population as they enter the long-term care setting. The model will provide a guide for future research, initially observational studies, and subsequent development and testing of innovative strategies to promote a successful transition. Further consideration will be given to questions related to how the transition is facilitated in assisted living versus nursing home settings, how nurses can influence the transition experience, where the transition originates, unique challenges for cognitively impaired versus mobility impaired older adults experiencing residential transitions, and how successful transitions are measured.
Factors Influencing Intensive Care Unit Nurses’ Abilities to Recognize and Respond to Intimate Partner Violence

Kelly-Elaine Morrison-Faino, University of Scranton

Background: The topic of factors influencing nurses’ abilities to recognize and respond to intimate partner violence (IPV) has been largely researched in emergency departments, obstetrics/gynecology, and mental health settings. The intensive care unit (ICU) has been suggested as an area for future research, although little is known about this phenomenon in the ICU setting. What research has found is that nurses fail to respond the majority of IPV cases in other settings. Theoretical Framework: Orlando’s Theory of Effective Nursing Practice; McLeroy, Bibeau, Steckler & Glanz’s Ecological Perspective on Health Promotion; and Azjen and Fishbein’s Theory of Reasoned Action.

Methods: Cross-sectional, descriptive survey design using a questionnaire mailed to 500 Registered Nurses working in adult ICU settings in three states. Statistical analyses were performed using PASW Version 18.0. Chi-square analyses and t-tests were used. Demographic information collected was used to assess for relationships between comfort in recognizing and responding to IPV and gender, years of work experience, and personal experience with IPV.

Results: Eight constructs were identified in this study: preparedness, self-confidence, practitioner lack of control, comfort following disclosure, professional support, practice pressures, abuse inquiry, and practitioner consequences of asking. Results showed that nurses felt uncomfortable in all eight constructs. No significant relationship was found between either gender or years experience and comfort with IPV; personal experience with IPV was strongly correlated with increased comfort with IPV.

Conclusions and Implications: Recommendations for practice, education and research include the following: formal IPV training for ICU nurses with ongoing follow-up; administrative support; mandating nationwide standards for introducing forensic nursing at the undergraduate level; and further research about this phenomenon in adult ICU settings.
Implementing an Evidence-Based Alcohol Withdrawal Assessment Protocol

Ara Millette, University of Rhode Island/ Newport Hospital; Marlene Dufault, University of Rhode Island

An estimated 1 of every 5 patients admitted to hospitals abuses alcohol. Symptom-triggered approaches to assess the patient for a more diverse set of symptoms, often seen in acute alcohol withdrawal is needed. This study’s purpose is to test an evidenced-based symptom-triggered protocol, including a modified version of the CIWA-Ar for assessing medical-surgical patients for acute alcohol withdrawal. Though widely used in current practice, there is no empirical data on feasibility, usefulness, or effectiveness to support use of the CIWA-AR protocol for improving safety and quality outcomes in these patients. The proposed modified assessment tool uses a 0-3 score to rate symptom severity to increase inter-rater reliability. It is hypothesized that the new protocol will decrease confusion among clinicians who may lack advanced skills in assessing for acute alcohol withdrawal. It is hypothesized that implementing and testing the protocol through the use of multi-modal state-of-the-science simulation technology, nurses will become more attuned to discrete clinical changes, with quicker response to the safety and care needs of this growing population. A pretest posttest evaluation research design will be used to determine protocol effectiveness with outcome variable metrics including: - Incidence of rapid response team activation for acute alcohol withdrawal issues- Incidence of code blue activations for acute alcohol withdrawal issues- Incidence of code grey (security team) activation for patients scored for acute alcohol withdrawal- Falls in patients scored for acute alcohol withdrawal- Nursing adherence to timely assessment guidelines- Accurate calculations of numeric categorical assignments- Length of stayData will be analyzed using univariate descriptive statistics, Independent t tests, and Fisher’s exact test with p<.05 level of significance. This empirical comparative study will help shed light on the challenges posed with caring for this growing population, and improve the quality and safety through evidence-based guidelines for practice.
The Association Between Eating Disorders and Substance Use in the Pediatric Population: A Systematic Review

Elizabeth Roszel, Columbia University; Shannon More, Columbia University

Background/Purpose: Among adolescents, the prevalence of eating disorders continues to rise as the media continues to promote unrealistic and unhealthy standards for weight and body image. Currently, eating disorders are the leading cause of mortality/morbidity among mental health disorders, affects growth and development, and has long-term complications. The purpose of this systematic review was to appraise the literature to examine the association between disordered eating behaviors and co-morbid substance use in the pediatric population.

Theoretical Framework: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guided the conduct of this study.

Methods: A literature search of PubMed, PsycInfo, and OvidMedline was conducted using the keywords eating disorders, substance use, substance use disorder, substance abuse, drug abuse, comorbidity, alcohol abuse, drug dependency, anorexia nervosa, bulimia nervosa and binge-eating disorder. Two reviewers independently appraised studies meeting eligibility criteria for quality using the Downs & Black checklist. Of a possible 22 quality points, studies with scores of ≥18 were considered high quality.

Results: Of 1,475 articles identified by the search, 10 cross-sectional studies met inclusion/exclusion criteria and were included in the review. Of these, 6 were deemed high quality. Two studies reported a significant association between eating disorders and overall substance use. Of eight studies that examined specific types of substance use (alcohol, tobacco, marijuana, illegal drugs), 6 reported significant associations. Of interest, one study found a significant decrease in alcohol use. Of note, only one study failed to identify a significant association. Quantitative synthesis using meta-analytic methods is in progress.

Conclusion: Results suggest that youth with eating disorders are at increased risk for various types of substance use compared to the general population. Given this risk, screening and assessment for both substance use and disordered eating behaviors should be a part of routine care to allow for early identification and intervention. Future research should focus on management and prevention of substance use in this population.
A Review of the Literature on Guided Imagery for Fibromyalgia Symptom Management

Nancy Lee, Hunter College Bellevue School of Nursing

Purpose: The aim of this literature review was to explore guided imagery (GI) for management of symptoms associated with fibromyalgia (FM).

Background: FM is a chronic pain condition. Prevalence estimates in the United States range from 3.7-6 million adults. FM has no cure at this time and usually progresses to significant disability if not managed properly. Current management involves high cost health services and medications with risks for adverse reactions and dependence. GI may present a safe, patient-controlled, low-cost therapy to be used in addition or as an alternative to traditional approaches.

Methods: CINAHL, MEDLINE and PsycINFO were searched for randomized controlled trials and systematic reviews to evaluate the efficacy of GI for persons with FM. Four RCTs and 1 meta-analysis were reviewed.

Results: Research revealed modest support for the use of GI as an adjunct to usual care of FM. Findings suggest that GI may be most effective at improving self-efficacy and functional status, and less so with pain management. No studies were found that assessed GI alone. Methodological issues in the reviewed studies limit confidence in currently recommending GI for FM patients. GI interventions differed in potentially important ways across trials. Follow-up time frames were short, and attrition bias may have affected the longer studies. Small, predominately White samples also limit external validity.

Conclusions: GI is a safe adjunct to traditional FM symptom management approaches. Insufficient evidence exists to recommend GI as a stand-alone treatment. Additional research is needed to address identified gaps in the literature. Psychological treatments such as GI have not been well studied or utilized in FM; however with further research, they may prove effective and more affordable therapy for the management of FM pain and its associated symptoms. Nurse researcher expertise in symptom management can be the driving force to understand and advance alternative modalities to support comfort and quality of life in patients with FM.
Teaching Kids to Cope with Anger

Jessica Lynne Weiner, University of Pittsburgh; Kathryn R. Puskar, University of Pittsburgh

The leading cause of death among adolescents—injuries, homicide, and suicide—share a common characteristic: anger. Unattended anger often leads to violence, a pervasive problem among United States’ teens. One in six rural families live in poverty, and many live under high unemployment and economic pressures, putting stress on teens. This stress leads to an increased risk of delinquency, alcohol and substance abuse, depression, school failure, poor relations with peer, loss of self-confidence, and anxiety. Thus, youth who reside in rural areas are susceptible to anger management difficulties which are further compounded with a lack of access to mental health services. This escalation in violence, which caused horrific tragedies at Columbine, Jonesboro, and other rural communities, has made instituting strategies among this population absolutely essential.

**Purpose:** The purpose is to report the longitudinal effect of Teaching Kids to Cope with Anger (TKC-A) program on self-reported anger in rural youth. **Theoretical Framework:** Stress and coping theory were used.

**Methods:** One hundred and seventy nine youth 14 to 18 years of age from three rural high schools consented to be randomized into a control (N = 86) and an eight session intervention group (N = 93). They completed questionnaires that included the STAXI-2 anger instrument at baseline, post intervention, six months, and one year. For analysis, descriptive and independent t-test statistics were used to compare the difference between the control and intervention group over time.

**Results:** A significant difference was reported between the control and intervention group in the composite Anger Index subscale of the STAXI-2 at one year post intervention. Thus showing that this community based behavioral intervention had positive effects on coping with anger.

**Conclusion:** Nurses can teach stress coping skills in schools, hospitals, and health clinics in order to prevent violence and its repercussions. **Keywords:** Stress and Coping
The Experiences of Nurse Practitioners Who Are Represented by a Nurses' Union

Shara Tarule, University of Vermont; Jean Coffey, University of Vermont; Jennifer Laurent, University of Vermont

Purpose: This phenomenological study illuminated the experiences of nurse practitioners who were represented by a nurses' union.

Background: Nurse practitioners are frequently included in unions that represent nurses. Available literature is focused on examining specific aspects of registered nurses who are represented by unions, such as patient outcomes, job satisfaction, and job retention. Very little is written about nurse practitioners who are represented by unions with most of the literature focused on considering which collective bargaining unit is most appropriate for nurse practitioners.

Methods: A phenomenological approach guided recorded interviews with seven participants employed at an academic medical setting in the northeast who were recruited through a professional organization distribution list. Colaizzi’s approach to data analysis was implemented with exhaustive themes derived from clustered meanings of significant statements. Findings were returned to original participants for validation with reactions incorporated in the final discussion.

Results: Four themes illuminating the experiences of nurse practitioners who are represented by a nurses’ union emerged. They are identity and professionalism, unclear understandings of how nurse practitioners came to be included in the nurses’ union, implications of union involvement, and which collective bargaining unit is the best fit for nurse practitioners.

Conclusions and Implications: Findings generated from this study may benefit the nurse practitioner considering inclusion in a collective bargaining unit, organizations that advocate for the profession, future union development, and policy and practice in healthcare institutions.
BS/MS Poster Session

Poster 10

Disparities in Transgender Healthcare

Erin M. Bell, Hartwick College

Abstract
Problem statement Throughout history, those who do not conform to social expectations of gender and sex have been ostracized, considered mentally ill, and at worst persecuted as criminals. Transgender individuals feel incongruence between their natal sex and gender, a social construct. Those who identify as transgender experience healthcare disparities that lead to decreased health outcomes. The research questions seek to illuminate why these disparities exist; (1) What are the experiences of transgender people in the healthcare setting, and (2) What are nursing perceptions of these patients?

Theoretical Framework: Transfeminist theory was used to guide interpretation of the literature review.

Methods: A literature review was conducted to compile the best information pertinent to the research questions. Ten research articles that met the inclusion criteria were analyzed and synthesized to determine main themes. Results of the literature review were incorporated with data from key informant interviews who self-identified as transgender.

Results: The research validated previous findings of decreased quality of care for transgender people. Themes from the key informant interviews emerged as hesitancy to seek care, substandard delivery of care, and outright refusal of care. The literature echoed these findings, as well as adding nursing perceptions of inadequate preparedness to care for the needs of transgender patients.

Conclusion: Implications for future research include improving the quality of the research itself in reporting on instrument/content validity and conducting more randomized controlled trials. Also, diversifying the literature to include topics other than the primary focus of STDs and HIV/AIDS. Nursing education must address the deficit in teaching regarding culturally competent care of the LGBT community. The field of nursing as a whole must advocate for the specific needs and vulnerabilities of transgender individuals through accessing existing standards for care.
Lead-Soil Contamination of Residential Properties Adjacent to Municipal Water Tanks in Rhode Island

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Purpose: The purpose of this study was to describe the distribution of lead-soil contamination found on adjacent residential properties by soil depth and distance from the center of the water tower; compare these results to current state and federal regulations; and evaluate the efficacy of current Rhode Island Department of Health soil sampling procedures to detect lead-soil contamination.

Background: Prior to 1978, the exteriors of Rhode Island’s municipal water towers were painted with lead-containing paint. Some of these elevated tanks have not been maintained. Over time, this lead-containing paint either flaked-off or was mechanically removed. As a result, lead may have deposited on adjacent residential properties.

Methods: Researchers interviewed key government personnel, reviewed written accounts of events, reviewed current national and state regulations. Researchers also performed a secondary data analysis and extracted and compiled lead data from environmental soil sampling on 31 residential properties adjacent to six municipal water towers located in Rhode Island. Researchers used Practice-Based Evidence as described by Brownson & Jones (2009). While evidence-based practice informs policy and regulation, practice-based evidence may confirm or disprove regulatory relevance and efficacy in the context of real world practice.

Results: While no properties were misclassified with regard to remediation, analysis indicated the potential for misclassification was approximately 14% using department of health sampling criteria. For properties deemed initially “lead free”, the total number of samples was too few to analyze. Five post-remediation lead-soil concentrations suggest the extent of lead contamination may have been deeper than initially determined.

Conclusions and Implications: Overall, contamination was inversely related to distance from the tower. Modifications to current soil sampling procedures and congruency across state government regulations are recommended. Additional data would improve the ability to draw more meaningful and generalized conclusions.
BS/MS Poster Session

Poster 11

**Assessing Attitudes, Knowledge, and Behaviors of Tobacco Use on Campus Pre- and Post-Showing of the Film, ‘Addiction Incorporated’**

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**Background and Purpose:** Health is an integral component of a vibrant university community that is conducive for learning. Tobacco use in any form, active, and/or passive, is a significant health hazard. The purpose of this study was to assess tobacco use on the campus of a northeastern university, to identify knowledge of the effects of tobacco, and attitudes regarding a tobacco free campus. In addition, we tested the effect of showing the documentary, “Addiction Incorporated.”

**Methods:** A pre and post-test design was utilized. We developed a 24-item survey adapted from the “Leave the Pack Behind” questionnaire. This survey was administered to 187 attendees including students, faculty, and community members (mean age 24 years, 78.6% female, 91% full time students, 37% third year undergraduates, 26.7% live on campus, 77% non-smokers). Analysis of data utilized Chi Square, t-test, and ANOVA.

**Results:** Respondents estimated that 36% of students used tobacco products, and that the average number of cigarettes smoked per day was 5.5. Eighty three percent would be proud to have a tobacco-free campus and 89% think it provides a healthy work and study environment. However, 72% think it infringes on tobacco users choices and 75% believe this policy is too hard to enforce. Post-test analysis will also be reported in the poster.

**Conclusions and Implications:** Preliminary findings indicate that implementing a tobacco-free policy on this northeastern campus is supported; however, a multi-disciplinary approach is imperative. Increasing awareness, involving stakeholders, including students and community members would be necessary. A showing of “Addiction Incorporated” may serve as the first step in developing further support and increasing knowledge. Post-test analysis will suggest appropriateness of these interventions for utilization.
Nurses’ Experiences of Reminiscing with HIV Patients at End of Life

Kelly Ramos, University of Massachusetts Lowell; Jenna Connolly, University of Massachusetts Lowell; Marisa Shuman, University of Massachusetts Lowell

Purpose: To explore nurses’ experiences of facilitating integrative reminiscence with HIV patients at end of life.

Background: Researchers define reminiscence as the process by which an individual recalls past events in his or her life (Webster, 2010). This therapeutic technique elicits numerous benefits and is therefore used by health care providers to improve the quality of life for their patients. Nurses use integrative reminiscence to assist patients to come to terms with unresolved conflicts, reaffirm their self-esteem and identity, and increase life satisfaction.

Methods: A pilot qualitative study utilizing a phenomenological approach was employed. The purposive sample (N=4) included nurses caring for HIV patients in the hospital and/or community setting. Data were collected by trained nursing students using structured interviews lasting approximately 60 minutes. Audio-taped interviews were transcribed and analyzed using the immersion/crystallization technique described by Borkan (1999).

Results: Preliminary results reflect that nurses’ use of integrative reminiscence with their HIV patients created powerful relationships at end of life. Consequently, their patients’ expressed increased levels of life satisfaction and the ability to accept death more peacefully.

Conclusions: Data collection will continue until data saturation. Recommendations including the need for formalized reminiscence and end of life care training at all levels of nursing education and practice will be presented.
Do Text Message Reminders Improve Diabetes Self-Management And Glycemic Control Among Patients With Diabetes?

Ray Yue, New York University; Yoon Hee Cho, New York University; Julieta Hsieh Shan, New York University

Background/Purpose: Text messaging programs offer potential as a cost-effective and convenient intervention in the self-management of chronic diseases such as diabetes. The purpose of this systematic review was to evaluate the effectiveness of text messaging reminders in diabetes self-management interventions for improving glycemic control (HbA1c).

Methods: The search included four electronic databases (PubMed, Ovid MEDLINE(R), Web of Science, CINAHL) using the following terms: diabetes or blood glucose and texting, short message service, text reminders, mobile phone, reminder system, or self-management program. Clinical studies that used mobile phone intervention and reported changes in HbA1c values in patients with diabetes were reviewed. Data-based peer reviewed articles published between 2002 and 2012 were included for this systematic literature review.

Results: A total of 5,414 studies were retrieved, with 76 studies meeting the inclusion criteria that were then subsequently reviewed. Each study was read by three independent reviewers. Sixty-eight studies (90%) used text messaging in conjunction with other supplemental interventions such as e-mail, cell phone-based software, and web-based social networking systems to improve HbA1c levels. The average duration of the experimental studies was three to 12 months; only eight studies had follow-up with an average of three months. Multiple outcomes were assessed and varied across studies, however statistically significant improvement in HbA1c levels were found, with an average decrease of 2.03% (P < 0.02).

Conclusion & Implications for Practice: The selected studies showed use of a text messaging intervention led to improved HbA1c levels and diabetes self-management. Patients were satisfied with their results and the medical and psychosocial support from the virtual healthcare team. The research promotes innovative methods for healthcare providers to improve patient-centered care in chronic disease management. However, many of these studies lacked sufficient intervention duration; thus, future research is needed that includes longer follow-up.
BS/MS Poster Session

Poster 12A

Sources of Perceptions of the Registered Nurse among Undergraduate Students of Health Care Professions

Christine S Ferrari, University of Scranton

Purpose: The aim of this study to explore the sources of the perceptions of nurses held by undergraduate students of allied health care professions.

Background: Collaboration among health care professionals is vital for high-quality, safe patient care. Interprofessional education (IPE) prepares students to effectively collaborate within the health care team by allowing them to accurately understand the role of each member. Through IPE, misperceptions of other professions, which can impede successful collaboration and communication, are prevented or remediated. The vast misperceptions among health care providers have been studied and well-documented; however, the literature has not yet addressed the sources of these misperceptions.

Methods: This study employed a qualitative, descriptive design. Ten students from pre-medical, pre-physical therapy (PT), and occupational therapy (OT) programs were asked to provide narrative, written responses to three open ended items that assessed their perceptions of and previous experiences with nurses. The responses were then analyzed for themes.

Results: Students’ responses revealed educational and personal experiences to be the primary sources of exposure to nurses. IPE discussions and personal experiences tended to lead to more accurate perceptions of the nurse’s role. Common perceptions among these students included seeing the nurse as a compassionate patient advocate, a valued member of the health care team, and a well-educated professional. Shadowing experiences tended to result in less accurate perceptions of the nurse’s role. Common perceptions of these students included seeing the nurse as subordinate to the physician, poor critical thinker, and unknowledgeable in pathophysiology.

Conclusions and Implications: These findings can help guide the design of future IPE initiatives and curricula for allied health care professions. Educators will be able to more effectively prepare students to collaborate as health care professionals to provide better and safer patient care.
Gender Inequality: When Women are Victims of Violence

Cerasela Shiiba, Hunter College

Up to one in three women worldwide will experience violence at some point. Nationally, one in four women experience domestic violence in her lifetime. Women suffer violent death directly or indirectly. Violence is an important cause of morbidity with multiple mental, physical, sexual, and reproductive health outcomes. It is linked to known risk factors for depleted health, including, alcohol and drug use, smoking, and unsafe sex. When the cumulative impact on mortality and morbidity are assessed, the health burden is often higher than for other more commonly accepted public health priorities. Violence is expressed in a myriad of ways as well as being culturally defined and sanctioned. Reducing gender inequality and empowering women is one of the Millennium Development Goals of the United Nations which specifies eliminating gender disparity in all levels of education. Empowering women includes access to health information and control of health resources while providing support for gender-responsive policies and programs. Current research includes engagement of men to promote gender equality and focuses on men's health from personal to global perspectives, as contributing members of families and communities. The resilience potential of each human being is the essential focus of nursing care and research. The Society-to-Cells Framework provides a holistic approach understanding resilience as resistance, recovery, or rebound of mental and physical health after a challenge. This framework, from micro and macro levels, is used to examine gender inequality and strategies to promote equality and end violence against women.
The Lived Experience of Patients on Contact Precautions

Amanda Ray, Yale University; Laura Kierol Andrews, Yale University

Purpose: To examine the lived experience of hospitalized patients on contact precautions.

Background: Contact precautions are used to decrease the cross-contamination of hospitalized patients with infections. The need for and use of contact precautions is well studied, including understanding and compliance by health-care workers, but there is a lack of inquiry in the experience and effects on patients.

Method: Ten contact precaution patients were recruited from two medical/surgical units in a large tertiary hospital. Interviews were conducted in patients’ rooms with only the PI and patients present, digitally recorded and transcribed verbatim. Colaizzi’s phenomenological method was used to analyze the data. The research question was “what is your experience in being a patient on contact isolation?”

Results: Themes identified were: “patient understanding”, “cleanliness and dirtiness”, “patient priorities”, “family and visitor perceptions”, “delays in care and staff attitudes”, and “protection”.

Conclusions and Implications: Patients understood the rationale for being on precautions and did not feel it negatively impacted the care they received. They knew that being a patient on contact precautions was necessary, not a significant burden, and was only instituted to help them get well. The use of contact precautions and how it affects hospitalized patients must be addressed by nurses to anticipate and focus interventions to improve patient outcomes.
BS/MS Poster Session

Poster 14

Screening For Adolescent Depression

Jengi Mlynarski Reilly, Binghamton University

**Purpose:** A fifteen year literature review evaluating implementation of evidence based practice recommendations when screening for adolescent depression was completed.

**Background:** Adolescence is a critically important time period for assessing, identifying and treating depression. About 20% of adolescents will experience depression before reaching adulthood and about 5% of adolescents suffer from major depression at any given time. Despite these statistics, many adolescents are not identified and do not receive treatment for depressive symptoms. Most adolescents visit a healthcare provider annually providing an excellent opportunity for Nurse Practitioners (NP’s) to integrate depression screening. Method CINAL, PubMed and Medscape were searched for evidence based practice recommendations using the key words adolescent, depression, screening and mental health. Articles chosen for this review included only those addressing screening techniques, tools and skills.

**Results:** Screening has been found to be simple, effective and well received by parents, adolescents and providers. A variety of screening tools allow the clinician to quickly evaluate a patient. These instruments have repeatedly demonstrated good reliability and would support early identification, assessment and management of adolescent depression. The screening process would include preparing for the visit, administering the screen, a post screen interview and treatment and/or referral.

**Conclusion and Implications:** The implications for Nurse Practitioners are significant since only about a quarter to a third of depressed teens receive treatment. This could change if screening became a part of routine adolescent care. NP responsibilities include the expert clinician role to screen, identify and assess the illness. The educator and counselor roles work with the patient on adapting to the mood disorder. The collaboration role, utilizing cooperation with other interprofessional clinicians implements strategies to improve patient outcomes. Finally, the NP role of researcher employs conducting studies on depressive symptoms and adaptation strategies and translates into practice. Key words: Adolescent, Depression, Screening, Evidence Based Practice, Nurse Practitioner
BS/MS Poster Session

Poster 14A

Assessing The Risk Of Hyperpharmacotherapy In A Group Of Older Adults

Sarah E. Schnell, Rhode Island College

Purpose: The purpose of this research was to determine if a convenience sample of elderly adults meeting at their senior center were utilizing their prescriptions correctly.

Background: The U.S. population aged 65-years-old and older are the high risk of hyperpharmacotherapy and its adverse effects. Research has revealed that 29.4% are prescribed six or more concurrent medications and 15.7% are prescribed one or more potentially inappropriate drugs (Budnitz, et al., 2011).

Methods: Design - Qualitative, semi-structured interviews with adults age 65 to 93. Sample - A convenience sample of elderly women and men who responded to a poster advertising three medication review sessions at the senior center. Ethics - Volunteers indicated a desire to participate by making an appointment and then bringing in their medications to a private room. Before the interview started a consent form was signed and contact information was given. Procedure - After hearing an overview of process and having procedural questions answered the interview commenced. The AGS 2012 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults (AGS Beers Criteria, 2012) was used. Analytical Approach - Themes were identified in the transcripts of the interview.

Results: Self-sufficient elderly, capable of independent living revealed low health literacy related to their prescribed medications. All participants were placed at risk due to possibility of medication interactions and accidental overdosing. Many participants were reluctant to question prescribers regarding their medications.

Conclusions and Implications: These elderly desired to know more about their medications and take an active role in their pharmacotherapy. They willing talked with nurses in their senior center. The use of the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults in a Brown Bag health education event revealed the risk of hyperpharmaco-therapy to these elderly adults.
Knowledge of Cancer Stage Among Women With Non-Metastatic Breast Cancer

Jenna Hinchey, Yale University; Jessica Goldberg, Yale University; Rebecca Linsky, Yale University; Sarah Linsky, Yale University; Dena Schulman-Green, Yale University

**Background/Purpose:** Discrepancies often exist between what oncologists communicate and what patients understand about their cancer diagnosis. Although patients usually understand the type of cancer they have, they may be unclear about its stage. Lack of clarity around cancer stage carries important implications for patients’ understanding of their prognosis and participation in treatment decision-making. The purpose of this study was to determine if women with non-metastatic breast cancer could identify their stage of cancer during a face-to-face interview.

**Theoretical Framework:** Self and Family Management Framework

**Methods:** As part of an ongoing larger feasibility study testing a self-management intervention, women with non-metastatic (Stage I-III) breast cancer completed a clinical information form during a face-to-face interview at an infusion clinic. Participants were asked to identify if they had Stage I, II, III, or IV breast cancer. Women were considered to have correctly identified their stage if they knew their basic stage of cancer, i.e., women with Stage IIb cancer who responded “Stage II” were considered to have correctly identified their stage. Responses were compared to patients’ electronic medical records for validation. Descriptive analysis was used to calculate means and frequencies.

**Results:** Participants (n=74 out of a target of 110) had a mean age of 53 years (range 30-75) and were mostly White (86.5%), and married (64.9%). The mean time since diagnosis was 3.9 months (n=62, range 1-7 months). Sixteen participants had Stage I, 35 had Stage II, 21 had Stage III, and 2 had bilateral (Stages I and II, Stages II and III) breast cancer. Twenty-one participants (28.4%) were unable to correctly identify their stage of cancer (3 (14.3%) with Stage I, 9 (42.9%) with Stage II, 8 (38.1%) with Stage III, and 1 (4.8%) with Stages I and II bilateral breast cancer). Of this group, 10 (47.6%) provided vague responses, e.g., “stage 2.5”, 7 (33.3%) reported an incorrect stage, and 4 (19%) reported that they did not know their stage.

**Conclusion and Implications:** Nearly a third of participants could not correctly identify their stage of breast cancer, suggesting that they subsequently may not understand the implications of their stage. As patients are increasingly encouraged to participate in their health care, it is important for them to understand their cancer stage and its implications so that they may effectively collaborate with their healthcare team.
BS/MS Poster Session

Poster 15A

Determining Efficacy in the Use of Chlorhexidine Baths Preoperatively to Reduce Infection

Alana O’Connor, New York University; Danielle O’Reggio, New York University; Deniece France, New York University; Lisa Libonati, New York University; Sabrina Martini, New York University

Background: Surgical procedures pose a major risk of surgical site infections. Surgical site infections have been associated with increased lengths in hospital stay, increased cost, and higher incidences of morbidity and mortality (Centers for Disease Control and Prevention, 2012).

Purpose: The purpose of this paper is to determine the efficacy of the use of preoperative chlorhexidine bathing for the reduction of infection rates, when compared with traditional soap and water bathing.

Methods included: 1) a strategic electronic search of evidence, 2) a critical appraisal of three selected meta-analyses using gold standard critiquing criteria, 3) using the principles that evidence of the highest level (e.g., level I evidence- meta-analyses) and of the highest quality should be used when making recommendations for practice and/or further research (Levin, 2011), and 4) determining recommendations for practice and further research.

Conclusions: Although three high level studies (meta-analyses) were chosen, the findings between and among these reviewed studies did not provide clear evidence that the use of preoperative chlorhexidine bathing in patients reduced infection rates.

Recommendations: Infection control efforts should be more focused in areas that have clearly demonstrated efficacy in reducing infection rates and therefore further studies are warranted.
Doctor of Nursing Practice Poster Session

Poster 16

A Policy for Urinary Catheter Removal and Prevention of Catheter-Associated Urinary Tract Infections at Cape Cod Hospital

Paula Brooks, Cape Cod Hospital

Purpose: To reduce the incidence of hospital acquired urinary tract infections utilizing a nurse directed protocol for removal of urinary catheters as soon as the patient does not meet criteria for necessity.

Theoretical Framework: Catheter-associated urinary tract infection (CAUTI) remains one of the most common types of hospital-acquired infections and is associated with increased morbidity, length of stay and patient care costs. Each day the urinary catheter remains in place, the risk of CAUTI increases by 5%. Twenty-five percent of patients who have a urinary catheter > 7 days will develop a CAUTI. National studies have demonstrated that up to 50% of these catheterizations are unnecessary and an estimated 17% to 69% of CAUTI may be preventable with recommended infection control measures.

Methods: A small-scale pilot study was conducted to determine the feasibility of instituting a facility wide project for documentation that will assist in early Foley catheter discontinuation and institute the SCIP Inf-9 measure and the Joint Commission’s new National Patient Safety Goal (NPSG) for 2012. Initially, a retrospective chart review was performed prior to implementing the paper-based reminder, to determine if there was documentation in any of the patient charts explaining why the indwelling Foley catheter needed to remain in place greater than two days post operatively. Data was then collected prospectively over an eight week period from all patients with catheters who were admitted to the eight general surgeons on a surgical floor at Cape Cod Hospital.

Results: With intervention of a paper-based reminder, Statistical analysis confirmed that a 94% compliance rate for Foley catheter removal by post operative day two was achieved (P =<0.000005, two-sided Fisher’s exact test).

Conclusions and Implications: These findings suggest that implementing procedure specific guidelines for post operative Foley catheter removal is an effective approach minimizing the duration of the indwelling catheters. This supported the need for hospital wide policy and the development of a nurse driven protocol for removal of urinary catheters as soon as the patient does not meet criteria for necessity. This policy helps to improve documentation, reduce the risk of CAUTI, meet regulatory requirements, is derived from evidence-based standards and is cost effective.
Doctor of Nursing Practice Poster Session
Poster 16A

Parental Caregivers’ Description of Caring for Children with Intractable Epilepsy

Mary Poyner Reed, Boston College

This study is significant for nursing practice since it examines the gap(1) in identifying the different etiologies of strain in the transition of caring for a healthy child to one with intractable epilepsy, (2) gap understanding the discrepancy between the perspective of the profession and that of family caregivers’ as to what defines support(3) gap in qualitative and/or qualitative studies depicting the daily life experience that gives rise to suggestions for decreasing stress of the parental caregiver. Most of the literature is quantitative in nature and used a survey approach to assess knowledge of caring for a child with epilepsy. The literature lacks descriptive qualitative research which is pivotal to revealing the daily experience and ongoing adjustment in family function related to parental adaptations in caring for a child with epilepsy. It is essential to hear what parents have to share about care-giving so the nursing profession can tailor education, care and resources to meet the caregivers and child’s individual situation. This qualitative descriptive method study relies on data obtained from one-on-one interviews with parental caregivers of children with intractable epilepsy. Qualitative descriptive is directed towards discovering the who, what and where of events and experiences (Sandelowski, 2000). A purposive sample of 8-12 parental caregivers will be interviewed in their home environment after being recruited from a epilepsy clinic with the help of a CITI-certified nurse epilepsy coordinator. Sample size, estimated to be 8-12 will be achieved when data saturation is reached. Saturation is defined as the point when no new information is learned from additional interviews. Interview data will be audio-taped and transcribed verbatim by a CITI and HIPPA certified transcriptionist. Data will be entered into HyperRESEARCH a qualitative analysis software program that is useful for coding and retrieving data new conduct analysis of data.
Improving Provider Identification and Management of Overweight and Obesity in Primary Care

Sarah Knoeckel, University of Connecticut

**Background/Purpose:** Overweight and obesity are in epidemic proportions in the United States. This is alarming given that obesity is a risk factor for many secondary health conditions. Primary care providers (PCPs’) are responsible for weight management interventions in clinical settings, yet obesity treatment guidelines are infrequently applied in practice. The purpose of the proposed study is to examine primary care providers’ attitudes, beliefs, and behaviors as they relate to overweight and obesity.

**Theoretical Framework:** This study will be use the Theory of Planned Behavior as a guide for assessing PCP attitudes and beliefs about obesity management.

**Methods (Design, Sample, Setting, Measures. Analysis):** A two sample, quasi-experimental pre- post test design will be used. Participants will include primary care providers employed in five Federally Qualified Health Centers. A multifaceted intervention approach will be used. Measures will include an obesity attitude questionnaire, two interactive workshops, primary care provider’s performance assessment and feedback of patient care data and educational outreach visits. Outcomes will include primary care providers’ attitudes, identification and documentation of overweight and obesity, and documentation of a weight management plan.

**Results:** Not yet gathered as the study will be implemented in the next few months.

**Conclusions & Implications:** The investigator will use the data to describe PCPs’ attitudes about managing obesity and determine if a correlation exists between PCP attitudes and PCP documentation patterns. Finally, this study will seek to determine if the proposed multifaceted educational intervention improves PCP’s obesity documentation and management. Keywords: Bio-behavioral Research, Evidence-based Practice, Family, Health Promotion Behaviors and Disease Prevention, Outcomes Research/Comparative
Late Referral to Hospice Care

Susan A. Flannigan, Quinnipiac University

**Problem Statement:** Improving quality of life at the end of life is a national challenge. Terminally ill adults who die in acute care hospitals often experience unnecessary pain, emotional distress, and poor quality of life. This places survivors at risk for complicated grief. A large proportion of patients are enrolled into hospice and palliative care in the last week or less of life. This is not enough time to establish relationships, manage complex symptoms or to provide high quality hospice and palliative end of life care. In addition to the high personal costs, end of life healthcare costs associated with multiple acute care admissions in the last two months of life are estimated at over $50 billion per year. The literature on late enrollment includes evidence pointing to less than optimal communication often attributed to the patient’s fear of dying, provider discomfort with end of life discussions, deficient knowledge regarding hospice and palliative care services and an over-evaluation of prognosis. A clearer understanding about the origin of late referrals is an important step prior to developing appropriate educational interventions aimed at reversing this trend.

**Proposed Project Plan:** After appropriate institutional review board approval is obtained, admission data from a hospice facility in southeastern Connecticut will be analyzed to determine the referral sources for new admissions over a specified time period. Selected demographic variables will also be examined for correlations to late referral. The findings of this secondary data analysis will inform the development of educational interventions tailored to the particular source of late referrals. Content aimed at increasing communication skills, and knowledge of palliative care will be included. The outcome of effectively implemented educational interventions may yield a reversal in the trend of late referrals for terminally ill adults to this institution.

**Implications for Practice:** It is anticipated that an appropriate educational intervention will facilitate more timely admissions to hospice and palliative care. This may allow for greater benefit to be derived by terminally ill adults and their families, as well as contribute to lowering end of life health care costs.
Applying Evidence-Based Education, IT Support and a Patient Centered Medical Home Model to Improve Fall Risk Screening and Documentation in a Primary Care Practice

Donna Lawlor, New York University

**Background:** Falls among older adults is a major health concern that places them at increased risk for functional decline, loss of independence, and higher morbidity and mortality rates. Although the risk of falling steadily increases with age, adults over 80 years often fail to receive recommended preventative services. The Timed Up and Go (TUG) is a validated fall risk assessment tool for use with older adults. Embedding the tool in the clinical decision support system of the electronic health record (EHR) might increase the number of older adults who are screened and referred for appropriate intervention. Early identification should decrease the incidence of and complication from falls.

**Objective:** To train the interprofessional health care team to integrate fall risk screening for older adults into preventative care services.

**Setting:** An outpatient Level III medical home accredited by the National Committee for Quality Assurance that provides primary and specialty care to low-income immigrant workers and families.

**Patients:** Patients are predominantly non-white and poor with limited English literacy. Twenty-five percent are Medicare beneficiaries with 20% of those over 80 years of age.

**Intervention:** Using the Patient Centered Home Model, educational sessions were conducted for all interprofessional team members to increase the rate of fall risk screening in older adult patients. The educational sessions focused on when, who, and how to screen for falls. Medical assistants were trained to perform initial fall risk screening using the EHR template, thus allowing primary care clinicians to focus on evaluating patients at high risk, perform more detailed assessments, and refer more promptly as indicated.

**Measurements:** Project outcomes include successful implementation and use of the TUG in the EHR, improvement in number of older adult patients screened, and accurate documentation of screening. Data will be analyzed using descriptive statistics. Future projects will focus on intervention strategies.
Doctor of Nursing Practice Poster Session

Poster 18A

Quality Of Life For Caregivers Of Persons With Alzheimer’s Disease: Joanna Briggs Institute Translation Model

Karol DiBello, Pace University; Aileen Fitzpatrick, Pace University; Jane M. Hall-Alston, Pace University; Lillie M. Shortridge-Baggett, Pace University; Priscilla S. Worral, Pace University

Alzheimer’s disease is a debilitating, progressive disease that affects millions each year. The number of persons affected by this disease is predicted to grow three fold as our population ages. Alzheimer’s disease not only impacts the persons with the disease, but also has an extraordinary impact on their caregivers. The quality of life of the caregivers, as a subjective measure, has been shown to affect not only the caregiver’s life, but also the person with Alzheimer’s life as well leading to poor health outcomes and to higher health care costs for both. Using the Joanna Briggs Institute Translation Model for developing an effective clinical focused question, performing an evidence summary, formulating a practice recommendation and then further developing audit criteria and outcome indicators, the DNP candidates were able to formulate an evidence based intervention for the caregivers of persons with Alzheimer’s. As a unique focus for health care, an intervention for the caregiver, supported by the evidence, offers opportunities for other health care providers to have a positive impact on the quality of life of the caregivers.
Integrating Quality and Safety Education into Baccalaureate Nursing Curriculum through a Dedicated Education Unit

Kelli Eldredge, York College of Pennsylvania

**Background/Purpose:** The Quality and Safety Education for Nurses (QSEN) guidelines suggest core competencies for nurses practicing at the baccalaureate and graduate level. The competencies are aimed at improving nursing practice in the areas of patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics. In spite of the recommendation to infuse these competencies throughout nursing curricula, recent data suggest that only 23% of newly graduated baccalaureate nurses feel prepared with the required knowledge and skills to engage in activities aimed at improving quality and patient safety. Thus, the purpose of this project is to develop, implement, and evaluate a Dedicated Education Unit (DEU) to pair nursing students with staff nurses to learn safety and quality competencies in the clinical setting.

**Theoretical Framework:** The Model for Improvement and the Plan, Do, Study, Act (PDSA) will guide this project. The Inquiry Component of the model suggests three key questions to encourage detailed analysis of the problem. The Activity Component uses the PDSA framework to promote careful planning and cyclical evaluation.

**Methods:** Staff nurses with a strong commitment to exemplary practice, quality, and safety will be educated in preparation to be paired with a student nurse on a DEU in order to teach the students the six QSEN competencies.

**Results:** Outcomes will be measured with an evidence-based tool designed to measure nursing students’ self-reported levels of preparedness in the six QSEN competencies.

**Conclusions/Implications:** The utilization of a DEU to integrate QSEN competencies may have a profound impact on quality and patient safety outcomes as future nurses learn from expert nurses prior to entering the workforce. This experiential learning experience narrows the gap between education and practice and provides new nurses with the knowledge, skills, and attitudes needed for successful transition in an ever changing healthcare environment.
Decreasing the Incidence of Central-Line Associated Bloodstream Infection in Children with Short Bowel Syndrome

Janet Hunter Shields, York College of Pennsylvania

**Background/Purpose:** Children with short bowel syndrome are chronically ill and medically fragile; often hospitalized numerous times a year for complications arising from receiving home parenteral nutrition via a central line. The costs of treating children with central line associated blood stream infections (CLA-BSI) are high both in terms of frequent hospitalization, as well as the impact on the quality of life for the child and the family. Thus, the purpose of this project is to reduce the incidence of CLA-BSI in children with short bowel syndrome who require parenteral nutrition via central line in the home environment through the introduction of a maintenance bundle to be utilized by the family caregivers and home care nurses.

**Theoretical Framework:** This project employs the cyclical Plan, Do, Study, Act quality improvement framework as explained by Deming.

**Methods:** After collection of baseline data via retrospective chart review, a project team, led by an advanced practice nurse, will implement a standardized central line maintenance care bundle as proposed by Miller et al. (2010, 2011) to the family caregivers and nurses who are caring for children with short bowel syndrome in the home. Simulation will be used to educate the family caregivers and home care nurses to the new protocol for central line dressing changes. Compliance will be monitored and CLA-BSI data will be collected after implementation.

**Results:** Outcome measures of CLA-BSI and readmissions will be monitored monthly.

**Conclusions/Implications:** The cost of treating a CLA-BSI is estimated at approximately $45,000 per occurrence. The added economic impact on families for lost time from work and additional in home support services adds to the complexities associated with caring for a chronically ill child. This project has potential to decrease the incidence of CLA-BSI and thereby reducing healthcare costs and improving the quality of life in a vulnerable population of medically fragile children.
Doctor of Nursing Practice Poster Session

Poster 20

The Effect of Problem-based Learning (PBL) with Baccalaureate Nursing Students: An Alternative to Traditional Teaching Methods

Susan Montenery, Duquesne University

Purpose: Problem-based learning (PBL) supports collaboration, development of effective problem solving skills and motivation of students. A first-time comparison of problem-based learning to traditional classroom lecture methods with senior nursing students was conducted in order to study the effects on student test scores and satisfaction. This pilot project aimed to determine if there is a correlation between the students’ aptitude for self-directed learning and their actual performance in a medical surgical nursing course. Theoretical Framework: Constructivism is the theoretical framework supported through this active student involvement. This philosophy views learning as a process of constructing knowledge rather than acquiring it as the learner also contributes experiences and cultural components to the learning process.

Background: Today’s teaching methods and strategies influence students’ perception of the value of their educational experience. Problem-based learning (PBL) is an active learning strategy where students work in small groups with an experienced facilitator to understand and solve a salient case scenario. The goal of problem-based learning is to facilitate learning outcomes, critical thinking, communication, and interdisciplinary collaboration by emphasizing self-directed learning for students.

Methods: This pilot project employed a non-experimental descriptive design with senior students enrolled in a medical surgical course during the fall of 2012. Students completed the Self-Directed Learning Readiness Scale for Nurses. Students then divided into five groups and participated in a practice PBL scenario. A series of relevant PBL scenarios were implemented throughout the semester. Upon completion of scenarios, students participated in instructor created exams. Following the last scenario and examination, students completed the Problem Based Learning Environment Inventory and final course evaluation.

Results: Twenty students completed the study, 6 males and 14 females. Further data analysis to determine data correlation between performance and propensity for PBL is underway.

Conclusion: Problem based learning is an active learning process that improves students’ clinical judgment and problem solving skills and facilitates trouble shooting clinical situations and complex cases. Further research is necessary to determine if PBL is more effective than lecture methods on test scores and student satisfaction.
Implementing Evidence-Based Guidelines to Improve Recognition, Reporting, and Treatment of Substance Use Disorder Among Anesthesia Providers

Nancy Schultz, Rutgers University

Background/Purpose: Substance use disorders (SUDs) are a serious problem among anesthesia providers, with an incidence of approximately 10%. Colleagues in the workplace are ideally situated to identify and intervene in suspected cases of SUDs. Nonetheless, research shows that healthcare providers often fail to report colleagues with suspected SUDs for various reasons. If SUDs go unrecognized and unreported, patient safety is at stake and provider health is compromised. Anesthesia departments need to have state specific policies and resources in place to address SUDs when they occur.

Theoretical framework: The Iowa Model of Evidence-Based Practice by Titler et al. (2001) was utilized to guide the development and implementation of this evidence-based improvement project in a clinical practice site composed of 70 anesthesia providers. The model is appropriate because it allows for the combination of evidence with the expertise of the practitioner and healthcare team.

Methods: This quality improvement project involved development of an evidence-based SUDs policy for an anesthesia department in New Jersey and SUDs education for anesthesia department members. Education on elements of the SUDs policy with pretest/post-test evaluation was administered to department members. Results were analyzed using SPSS version 20.

Results: Department members showed significant improvement in knowledge of SUDs recognition and reporting after the educational program and many reported feeling better prepared to deal with a colleague they suspected of SUDs.

Conclusions/Implications: All anesthesia departments should have a comprehensive SUDs policy and annual educational inservices on SUDs so that employees are prepared to deal with a colleague suspected of impairment.
Doctor of Nursing Practice Poster Session

Poster 21

Reducing Stigma Towards Persons With Mental Illness: Integrating Evidence-Based Practice Into Nursing Curriculum

Catherine D. Jones, Chatham University

Background/Purpose: Stigmatizing attitudes towards persons with mental illness are widely identified in healthcare providers including nurses and nursing students. Stigma is a barrier to the nurse-patient relationship and creates disparity in the provision of healthcare services. This project integrated a structured, evidence-based stigma reduction program including education and contact with persons with mental illness into the psychiatric-mental health nursing course content of a pre-licensure, baccalaureate nursing program.

Theoretical Framework: A conceptual-theoretical-empirical (C-T-E) framework provided structure for the project design. Sullivan’s Interpersonal Theory of Psychiatry served as the conceptual model. The Theory of Interpersonal Relations was the theoretical component. Finally, mean subscale scores of the Community Attitudes Towards the Mentally Ill (CAMI) Questionnaire served as the empirical indicator.

Method: The target population was a voluntary convenience sample that included: pre-licensure, baccalaureate nursing students enrolled in a mid-Atlantic, urban, public, Carnegie category I research-oriented university; who were > 18 years of age, male, female; and who had not completed or were going to complete the targeted psychiatric-mental health theory course and associated clinical laboratory experience during the fall 2012. Participants were provided an eight-week stigma reduction program. Comparison of baseline and post-project CAMI mean scores in the subscales of authoritarianism, benevolence, social restrictiveness, and community mental health ideology was conducted using independent t-tests.

Results: Significant differences (p< 0.01) from baseline to post-project measurement were noted in all four CAMI subscales indicating more positive and less stigmatizing post-project attitudes towards persons with mental illness.

Conclusions and Implications: Stigmatizing attitudes can be effectively reduced while simultaneously increasing positive attitudes towards persons with mental illness. Reducing students’ stigmatizing attitudes prior to entry into the professional workforce reflects an opportunity for mental health advocacy. Replication and expansion of this project to include greater numbers of students in different schools of nursing and different clinical sites is encouraged. The application of this project in other nursing education settings such as hospital orientation or staff development should be explored.
Doctor of Nursing Practice Poster Session

Poster 21A

Improving Performance and Reducing Infections Rates Following Insertion of Cardiac Devices: A Pilot Project

Karen D’Onofrio, Quinnipiac University

This project aimed to decrease postoperative surgical site infections (SSIs) of implanted cardiac devices (ICDs) in a cardiac catheterization lab. Lifesaving cardiovascular implantable devices carry a surgical site infection risk of 7% and can lead to costly hospital readmissions, re-implantation, and death. SSIs are preventable however despite technological improvements, standardized protocols, and published guidelines, infections related to cardiac implantable devices are increasing. In addition, catheterization labs are not held to the same standards as operating rooms that are required to employ checklists and time out procedures. The Institute of Healthcare Improvement model was used to address this practice concern. Assessment of processes and patterns in the lab revealed that the infection rate was 5% and timely antibiotic administration was inconsistent. Prophylactic antibiotics were given within one hour of incision less than 50% of the time. Consistent with literature on prevention of operating room errors, anesthetists were designated to monitor preoperative antibiotic administration by nursing staff by implementing a surgical safety checklist including a time-out and to document the time of antibiotic administration. Results documenting compliance with antibiotic administration one hour before incision were displayed on a data wall. The clinical team met weekly to update the data wall, review results, and evaluate the rate of surgical site infections within 6 months. After several test cycles, administration of prophylactic antibiotics one hour prior to incision increased to 100%. Preliminary results suggest that the patients who received timely prophylactic antibiotics per the guidelines have a lower rate of infection 4 weeks post insertion. The SSI Prevention Team will continue to meet monthly to monitor the long term impact of the intervention on hospital readmissions and outpatient treatment for site infections. These practices may also be effective in improving adherence to practice guidelines, and reducing costly complications in non-OR settings.
Perioperative Educational Experiences Essential to Prepare Perioperative Nurses: An Assessment

Linda M. Perfetto, University of Connecticut; E. Carol Polifroni, University of Connecticut

**Background/Purpose:** Registered nurses are important members of the perioperative team, however in the United States recruitment to this specialty is increasingly difficult; the researchers posit that a primary reason for this difficulty is due to a decline in the quality and quantity of time that nursing students spend in clinical learning experiences in the OR/perioperative environment (Trice, Brandvold, & Bruno, 2007). Research into the use of the OR as a learning site for nursing students is limited to few studies (Silen-Lipponen, Tossavainen, Turenen, & Smith, 2004; Callaghan, 2010). The intent of this study was to examine current practices within perioperative nursing education.

**Theoretical Framework:** Wiggins & McTighe’s (2005) backward design served as the Theoretical Framework for the study. In this approach where you want to end is the actual starting place and then one works backward from there. Thus we started with AORN standards and are working backward to an assessment of current practice to be followed by a new design of educational strategy related to perioperative nursing.

**Methods:** (Design, Sample, Setting, Measures, Analysis) A descriptive study explored the inclusion of theoretical, laboratory and clinically based perioperative nursing learning experiences in associate and baccalaureate nursing programs. A geographic purposive sample of programs throughout the US yielded a 40% return rate. Data were analyzed using descriptive statistics.

**Results:** Less than 15% of program surveyed incorporate teaching and learning experiences that focus upon perioperative nursing as a specialty. There is much sporadic attention to surgical principles but little organized planned approaches.

**Conclusions & Implications:** Promotion of the perioperative environment for clinical learning experiences is needed and it may serve to increase exposure of students to inter-professional collaboration as it is the nature of nursing in the perioperative arena (Solomon,P.; Salfi,J., 2011).
The purpose of this study was to explore student nurses’ service learning experience working with the homeless and how it altered their personal and professional values and perceptions. The background/problem under investigation was homelessness and humanism as seen through the eyes of nursing students. Over 3 years, college nursing student participants from a school in suburban New York were selected from a pool of applicants to be immersed in a service learning experience for one week of their Spring semester. The location was New Orleans, Louisiana living in the post Katrina environment where students were expected to explore and learn more about the concepts of social justice. Qualitative phenomenology method was used to look at the lived experience of the student nurses through journal entries of a service learning experience over the 1 week time period. Thirty student’s journals (n=30) provided data from 3 cohorts. Data were organized for inductive analysis by two independent research assistants in this phenomenological study. Transcribed phrases and corroborated evidence from the professor and students’ journaling were assessed for trustworthiness. In vivo coding revealed from words, clusters of ideas and finally themes and trends that service learning does transform student nurses personally. Exemplars highlight the themes in this presentation. This qualitative study has the potential to influence the future of nursing students who are able to seize the opportunity for service learning. This community based research experience has enabled nursing students to “see and feel” the world through a variety of perspectives enhancing their abilities to think critically and comprehensively about the quality of human life and the determinants of social justice. It has taught students that service-learning can be transformative and when linked to a community action as seen in this “lived experience” can become a catalyst for incremental life-altering transformational change.
Early Doctoral Poster Session

Poster 23

The Lived Experiences Of Healthcare Providers With Prevention Of Mother-To-Child Transmission Of HIV Programs In Limited-Resource Settings: A Phenomenological Pilot Study

*Emily Tuthill, University of Connecticut*

**Purpose:** The aim of this study is to understand the meaning of prevention of mother-to-child transmission (PMTCT) of human immunodeficiency virus (HIV) in limited-resource settings from the perspective of healthcare workers.

**Background:** In 2010 approximately 370,000 children were newly infected with HIV worldwide as a result of mother-to-child transmission. Exclusive breastfeeding (EBF) is the cornerstone to public health measures focused on child survival and improved overall infant health. Through PMTCT programs healthcare providers counsel HIV-positive mothers on EBF following the World Health Organizations recommendations to EBF for the first 6 months of life. Despite increased resources and participation by mothers in PMTCT programs EBF remains a rarely practiced behavior.

**Methods:** This pilot study used a descriptive phenomenological method of inquiry. Purposive sampling was used to conduct interviews with healthcare workers from South Africa, Zimbabwe and Ethiopia. Colaizzi’s (1978) seven-step approach was employed to analyze the data: extracting significant statements, formulating meanings, and identifying themes.

**Results:** Each healthcare worker told of their experience within the complex circumstances of counseling and caring of HIV-positive mothers making difficult decisions for themselves and their infant. Each expressed the challenges surrounding mother’s choice in infant feeding in the face of cultural norms, changes in WHO guidelines and fear of disclosure. Achieving successful support systems for HIV-positive women will be influenced by stigma, cultural norms, disclosure and the uptake of breastfeeding among all women.

**Conclusion:** Learning from current healthcare providers will enable nurse researchers to address the needs of HIV-positive women through well-targeted interventions that effectively address infant feeding. The United Nations General Assembly Special Session (UNGASS) 2011-2015 Millennium Goals 4,5 and 6 include decreasing mother and child mortality in the context of HIV/AIDS as well as UNGASS’ (2011) targeting zero childhood HIV transmission by 2015. To meet these goals PMTCT programs must improve their effectiveness.
Early Doctoral Poster Session

Poster 23A

All Pain is Not the Same: Pain Qualities and Mobility in Older Adults with Chronic Pain

Manu Thakral, University of Massachusetts Boston; Jonathan Bean, Spaulding Rehabilitation Hospital; Suzanne Leveille, University of Massachusetts Boston; Robert Schmerling, Harvard Medical School; Ling Shi, University of Massachusetts Boston

Purpose: Very little is known about pain descriptors, or pain qualities reported by older adults. The purpose of this study is to investigate the prevalence of pain qualities and their relation to mobility performance and disability in a population-based sample of community-living older adults who have chronic pain.

Theoretical Framework: The World Health Organization’s International Classification of Functioning, Disability and Health, was used to conceptualize disability in the context of a dynamic interaction among health conditions, personal, and environmental factors.

Methods: The MOBILIZE Boston Study is a population-based study of 765 community-living adults aged 70 and older. Pain qualities were assessed using an expanded list based on the McGill Pain Questionnaire, including soreness, like a bruise, cramping, unbearable, miserable, numb, nagging, penetrating, tiring, exhausting, burning, tender, sharp, gnawing, troublesome, stabbing, shooting, throbbing, stiffness, and aching. Poor mobility performance was defined as a score <10 on the Short Physical Performance Battery (SPPB). Self-reported mobility difficulty was defined as difficulty walking ¼ mile or climbing stairs. Multivariable logistic regression was used to evaluate the relation between pain qualities and mobility outcomes adjusted for demographic and health characteristics.

Results: Among the 581 participants with chronic pain, the most prevalent pain qualities reported by more than 50% of the study sample, in descending order, were aching, stiffness, troublesome, soreness, and nagging. Lower education was correlated with reports of throbbing, miserable and unbearable pain. Self rated health was correlated with most pain qualities, the highest correlations with miserable, tiring or exhausting pain. Pain qualities did not vary according to age. Persons reporting exhausting or unbearable pain also reported the greatest pain severity and pain interference with activities. Pain qualities independently associated with poor mobility performance were: aching, tiring, miserable and exhausting. Most pain qualities were associated with mobility difficulty.

Conclusions: Variations in the prevalence and associations of pain qualities with mobility problems suggest that this set of pain characteristics may offer clinically important information, providing new insights that may improve assessment and management of geriatric pain. Further studies are needed to better understand pain quality reporting and associated functional detriments in older adults.
Essential components of efficacious interventions for multiple health behavior change in cancer patients and those at high risk: A systematic review of the literature

Amanda C. Green, University of Massachusetts Boston; Mary Cooley, University of Massachusetts Boston; Laura L. Hayman, University of Massachusetts Boston

Background: While the etiology of some cancers remains to be fully explicated, research suggests making changes in multiple adverse health behaviors (HBs) may decrease the morbidity and mortality associated with cancer. The purpose of this systematic review was to identify essential components of efficacious interventions for multiple behavior change in cancer patients and individuals at high risk for developing cancer.

Methods: A systematic review of literature was conducted using the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA). Databases searched between 1990 and 2012 included Medline, Cumulative Index to Nursing and Allied Health Literature (CIHAHL), Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews and PubMed. Inclusion criteria for article selection: evidence of more than one health behavior examined; sample included cancer patients or individuals at high risk for cancer (by family history); experimental study design with measurement of change in health behaviors; and published in English language. Exclusion criteria: observational or epidemiologic studies and studies that did not measure health behavior outcomes.

Results: 583 articles were retrieved; 469 (80.4%) were screened, 70 (12%) had full-text assessment and 11 randomized controlled trials (1.8 %) met the criteria and were included in the final review. Eight of these studies focused on cancer patients (breast, prostate, colorectal and endometrial cancer); 3 included individuals at high risk for cancer (by familial risk or adenomatous polyps). All of the studies addressed multiple health behaviors, including diet (11/11), physical activity (9/11) and smoking (3/11).

Conclusions and Implications: Preliminary analysis suggests that interventions targeting positive change in multiple health behaviors in cancer patients and those at high risk for cancer have common components. Specifically, they are theory-based with an emphasis on patient empowerment and self-efficacy, delivered by multidisciplinary teams, and intensive. Analysis in progress is designed to further clarify the dose, duration and intensity of interventions necessary for multiple behavior change in cancer patients and those at high risk for cancer. Results also indicate the need for additional research designed to develop effective and efficient interventions that target multiple adverse health behaviors in cancer patients and those at high risk for cancer.
Early Doctoral Poster Session
Poster 24A

Implementation and Outcomes of a Tailored Intravenous Heart Failure Therapy in a Non-dedicated Outpatient Infusion Center

Judith Schipper, NYU Langone Medical Center

Symptoms related to volume overload are the most common cause for hospitalization in patients with chronic heart failure. Intravenous loop diuretic therapy is guideline-recommended therapy for reduction of congestive signs and symptoms in the inpatient setting, but the clinical utility of intravenous diuretics post-hospital discharge has not been well characterized. We developed a program for the concurrent delivery of intravenous loop diuretic therapy and self-care education for heart failure patients, who are at high risk for re-hospitalization, within an existing non-specialized outpatient infusion center facility at an academic urban medical center. A dedicated certified heart failure nurse practitioner worked with full-time infusion center staff nurses to implement a protocol for furosemide administration (bolus dose and 4-hour infusion based on patient weight, volume status, and renal function administered by nursing staff) coupled with a self-care behavior educational program administered by the heart failure nurse practitioner during infusion sessions. The frequency of sessions was individually tailored to patient needs. Since December 2009, we have treated 31 individuals (mean age 70 years) at a total of 309 visits. Left ventricular ejection fraction (EF) of patients was evenly split with 52% of patients having LVEF >45%. The mean bolus dose of furosemide was 96.5 mg and mean infusion dose was 53 mg/hr with mean urine output 1 liters and mean weight loss 1 kg. Infusions were well tolerated with minimal change in blood pressure (mean decrease 3 mmHg systolic blood pressure), and rare transient hypokalemia without clinical arrhythmia. Hospital admissions decreased from 60 in the 90 days pre infusion to 24 in the 90 days post infusion. Similarly, hospital days decreased from 534 to 150, readmissions within 30 days decreased from 29 to 8, and emergency room visits decreased from 36 to 20 in the the 90 days post infusion. These preliminary findings demonstrate that heart failure specific therapy can be effectively and safely implemented within existing infusion facilities that are primarily dedicated to other disease states (cancer and rheumatological diseases). This model is a cost efficient strategy that may increase outpatient treatment options where a dedicated heart failure infusion clinic is not feasible.
A Quality Of Life Study With Patients Diagnosed With Mesothelioma

Toby Bressler, Molloy College

**Purpose:** Despite tremendous progress over the last 2 decades improving quality of life of patients with cancer, there remains a sub-population of oncology patients with mesothelioma diagnosis that still experience health disparity from the dearth of valid research pertaining to their QOL. The primary purpose of this study is to examine the QOL of patients diagnosed with mesothelioma who currently receive chemotherapy treatment. Previously conducted QOL studies have shown individuals diagnosed with cancer experience emotional, physical, and social changes. The primary objectives of this study; examining effects of chemotherapy & overall QOL with patients’ living with mesothelioma utilizing transdisciplinary collaborative approach of physician, social-work & nursing. The secondary objective; develop a baseline for follow-up study to determine whether QOL of sub-population who attend this conference is different from patients who do not attend.

**Theoretical Framework:** It is known that QOL is a subjective & multidimensional construct. The broad areas of functional status, social wellbeing & perception of health & disease/treatment related symptoms.

**Methods:** Quantitative methods using likert-scale questionnaire. 30 questions were designed using both the lung cancer QOL & ovarian cancer QOL tool to obtain information that will help the cancer community & others understand the impact of living with mesothelioma. 30 patients will be asked to participate in the study. Each patient will be asked 30 questions. Inclusion criteria; patients must be diagnosed with cancer or have been previously diagnosed and in remission (excluding non-mesothelioma patients & non-English speaking patients). Patients recruited during breakout sessions at the Mesothelioma Applied Research Foundation Conference, where we had a booth for potential patients who were given the opportunity to participate in the study. Following completion: informed consent, they were asked to complete a one-time questionnaire.

**Results:** In process

**Conclusion:** The physical, psychological, social & financial burdens of patients treated for malignant mesothelioma are multifaceted. Due to limited number of centers & experts who routinely treat patients with this diagnoses, many individuals diagnosed with other types of cancer travel long distance; expenses associated with travel, lodging & medical treatment can become burdensome to patients & families. Further research regarding QOL of patients with mesothelioma is necessary to guide practice & policy.
Life in the Dark: Understanding the Concept of Cognitive Rest in Concussion Management

Melissa Varszegi, University of Massachusetts Lowell

**Background:** There is extensive information about a ‘return-to-play protocol’ related to concussion management with the major focus being centered on when it is safe for patients to go back to their normal levels of physical activity. However, a singular definition of cognitive rest does not exist to improve a practitioner’s level of knowledge.

**Purpose:** The primary goal of this poster is to provide conceptual understanding of cognitive rest in the management of concussive injury in support of future research. Including an analysis that will seek to define cognitive rest in terms that can be used during discharge patient education after a concussive head injury.

**Theoretical Framework:** The theoretical framework chosen to support this body of research is the Health Belief Model (HBM). The constructs of the HBM includes perceived susceptibility, perceived benefits, perceived barriers, perceived seriousness, cues to action, and self-efficacy. Definitions of each of the constructs will be provided to enhance the understanding of the topic.

**Methods:** A thorough review of current literature was completed with the construction model, contrary, related, and borderline cases to formulate defining criteria of cognitive rest. As well, the construction of antecedents and consequences aided in clarification of the concept.

**Results:** Based upon extensive research and reading, cognitive rest is defined by this researcher as ‘the withdrawal of stimuli that can cause increased metabolic activity within the brain that would likely exacerbate or cause a return of symptoms experienced by a concussive brain injury patient’.

**Conclusions:** Cognitive rest is defined as the withdrawal of stimuli that can cause increased metabolic activity within the brain that would likely exacerbate or cause a return of symptoms experienced by a concussive brain injury patient. This definition can be highly individualized based upon a patient’s symptoms, the severity of symptoms, cognitive impairment experienced, and the length of time needed for recovery. With this new definition of cognitive rest further research is required to reach concept maturity, thus there are implications for both future research and nursing practice. Research should include a survey of neurology and concussion experts to gain a clearer picture of brain function and the effects of concussion, which will further the understanding of a state of cognitive rest including recommendations for implementation.
Empowering Classroom Experiences of Senior Level Nursing Students

Mary Tedesco-Schneck, Husson University and the University of Maine

**Purpose:** What nursing classroom experiences do senior-level undergraduate baccalaureate nursing student attending an accredited program in the U.S.A. perceive as empowering or disempowering? a. What is a perceived level of learner empowerment, as measured by the learner empowerment scale in the classroom of a nursing course identified by students as the most meaningful? b. What meaning do senior-level undergraduate baccalaureate nursing students attending accredited program in United States ascribe to empowering or disempowering classroom experiences?

**Background:** To meet the ever-growing challenges facing healthcare and maintain holistic care fundamental to nursing as a profession, nurses need to be confident, critical thinkers engaged with the larger healthcare community (Candella, 2011). Oppression, a force that has plagued nursing through its evolution as a profession, may hinder nurses’ confidence in their practice thus adversely affecting both nurses and patients (Pope, 2008). Roots of oppression in nursing often begin in pre-licensure education as the majority of faculty continue to use behaviorist pedagogies characterized by “frontal lecture teaching styles, authoritarian controlling practices that limit the autonomy of students (and faculty) and by continually focusing on content rather than on developing reasoning skills” (Scarry, 1999, p. 424). The opportunity exists for faculty utilizing empowering pedagogies to break the cycle of oppression in nursing during this formative period (McAllister, 2005).

**Methods:** The research design for this study is a sequential transformative mixed method typology. All senior level nursing students over the age of 18 enrolled at Husson University during the 2012-2013 academic year will be invited to participate. Quantitative data will be collected by having participants complete the Learner Empowerment Scale followed by a qualitative semi-structured interview. Data will be collected during the 2012-2013 academic year. Analysis will include comparing scores on the learner empowerment scale with thematic analysis of student perceptions.

**Results, Conclusions and Implications:** Pending
Early Doctoral Poster Session

Poster 26A

Nurse Perceptions Of Long Term Care Residents’ Quality Of Life

Louise Sullivan, University of Massachusetts Dartmouth

**Purpose:** The purpose of this integrative review was to explore nurse perceptions of factors influencing QOL and how nurses feel they promote QOL.

**Background:** Quality of life (QOL) of elderly in long term care (LTC) has been studied extensively by soliciting LTC resident’s perceptions. Perceptions of nurses, who have a consistent presence in the lives of residents, regarding elderly QOL are less often addressed. Agreement between residents and nurses is critical in order to design interventions that effectively influence LTC residents’ QOL.

**Method:** Thirteen empirical articles were analyzed using Whittemore and Knafl’s (2005) integrative review framework.

**Results:** Factors were categorized into physical, behavioral/emotional, social support, environmental, and spiritual factors. Promoting trust, advocacy, person-centered care, providing quality care, despite challenges of time and work stress were factors in how nurses promoted QOL. Perception gaps between nurse and resident perceptions were found.

**Conclusion and Nursing Implications:** Nurses should reflect on how they promote QOL and involve residents in discussions about their perceived QOL. A culture capitalizing on respect for individuality of residents, and advocacy for social engagement and functional maintenance, and facilitation of trust between all involved were viewed as priorities. Nursing education in LTC about QOL is suggested with longitudinal studies to measure its impact. Further exploration of nurse perceptions of resident QOL may validate effective QOL-promoting practices that nurses routinely incorporate into care.
Early Doctoral Poster Session

Poster 27

Adapting A Parent Diabetes Education Intervention For Grandparents Using Focus Group Data

Laura L. Maguire, University of Massachusetts Worcester

**Purpose:** To adapt the Parent Education through Simulation (PETS-D; NINR: 1R01NR011317, in progress) intervention for use with grandparents of grandchildren with Type 1 Diabetes (T1D). PETS-D uses human patient simulation (HPS) to educate parents of young children newly diagnosed with T1D. Aims included describing grandparents’:
- Receptivity to HPS education
- Customary methods of learning T1D management
- Recommendations for adapting the PETS-D intervention

**Background:** T1D affects approximately 1 of 400 children and adolescents, thus the potential population of grandparents having grandchildren with T1D is considerable. T1D requires complex management. Little is known about how grandparents learn T1D management.

**Methods:** Focus groups were conducted to inform adaptation of the PETS-D intervention for grandparents. During focus groups, hypoglycemia management was demonstrated using a child simulator, to elicit grandparent receptivity to HPS T1D education. Focus groups were segmented by grandparent participation (active vs. inactive) in grandchild T1D caregiving. Note-based analysis, incorporating participant observation, was conducted.

**Results:** The sample included two grandparent groups (N=19, M=69 years old, SD=7; 8 male/11 female); group one grandparents were active participants in their grandchild’s T1D management (n=11, 5 male/6 female); group two grandparents were not (n=8, 3 male/5 female). All grandparents reported receptivity to learning T1D management using HPS. Customary grandparent learning of T1D management will be presented. Grandparent recommendations for adaptation of PETS-D included: supplemental materials; extended session length; and timing intervention at least two months post-diagnosis.

**Conclusions:** All grandparents viewed HPS positively. The PETS-D intervention is adaptable for feasibility testing with grandparents.
Factors Associated with the Use of Physical Restraints with Youth in Inpatient Pediatric Psychiatric Units: An Integrative Review

Elvira Maria Pertega Andia, New York University

Purpose: The purpose of this integrative review is to examine and summarize the currently-available research regarding the factors associated with the use of physical restraint (PR) with youth in inpatient pediatric psychiatric units (IPPU).

Background: The use of PR in psychiatric settings is a common practice extended throughout the world. The high rates and negative consequences of PR are particularly serious with youth.

Methods: An integrative review of the literature was conducted utilizing the general framework proposed by Whittemore and Knafl. A comprehensive computer assisted search and manual search served to abstract international literature written in English or Spanish, published or unpublished between 1999 and 2012 related to the use of PR in youth in IPPU. Main search terms included: restraint, children and mental health. Data collection and synthesis A two step iterative process of reviewing the articles facilitated synthesis of the studies. Quantitative findings reported in the studies were used to assess the relative importance of the factors identified. The narrative of the reports, were also analyzed from a qualitative approach in order to explore and assess salient factors. Data were analyzed through a process of constant comparison. Quantitative and qualitative data were merged without and with transformation through an adaptation of the qualitative metasummary method. Findings were cross-validated.

Results: Of 766 abstracts, 13 integrative reviews, 18 empirical studies and 6 articles imputed as missing data were included in the analysis. 44.4% of the studies reported the presence of a subgroup of youth with higher rates of PR episodes. The characteristics of children most likely to be restrained include behavioral disorders (29.4%), male gender (23.5%), younger age (23.5%) and non-white ethnicity (17.6%). The factor-themes youth, setting and staff were present in more than 70% of the studies while history, economic and family were present in less than 35%.

Conclusions & Implications: The analysis of the factors associated with PR in youth in IPPU shows a complexity not addressed by the current-available literature. This lack of knowledge is compounded by beliefs, assumptions and opinions that maintain a debate without providing effective solutions. Broadening the scope of research beyond youth characteristics and explore a wider range of factors is suggested for further research.
Sleep Quality In Perimenopausal Women

Colleen L. Ciano, The Pennsylvania State University

**Background/Purpose:** The prevalence and frequency of sleep complaints escalate in women as they enter the perimenopausal transition. Sleep complaints increase from 16% during premenopause to 47% in perimenopause. Studies predicting sleep quality identified that women who experience other perimenopausal symptoms are more likely to report sleep problems. Sleep quality in the perimenopausal transition is a significant concern however there is little evidence about patient characteristics and self-care behaviors to address a problem that affects 38% of women between 40 and 55 years of age. To address this gap in our current knowledge, the proposed study will examine the symptom experience of sleep quality in perimenopausal women.

**Theoretical Framework:** The Symptom Management Theory’s (SMT) three interrelated concepts are symptom experience, symptom management strategies and symptom outcomes. As we intend to gain insight about the sleep quality among perimenopausal women, the SMT concept of symptom experience underlies the proposed research. Symptom experience is an interaction between symptom perception, evaluation and response in the context of women’s characteristics, health and environment.

**Methods:** A descriptive correlational design is proposed to examine the perception of sleep quality during perimenopause. The target population is women in the perimenopausal stage of midlife, the period immediately before and one year after menopause. Study participants will be recruited from an academic medical center. Objective and subjective sleep quality will be measured using the Pittsburgh Sleep Quality Index, actigraphy and focus groups.

**Results:** N/A

**Conclusions & Implications:** The results of the proposed study will provide new insights to sleep quality in perimenopausal women and potentially support development and testing of innovative management strategies in future clinical trials.
Early Doctoral Poster Session
Poster 28A

Concept Analysis: Nursing Work Environment
Lisa Broughton, Villanova University

Purpose: The Institute of Medicine (2004) has identified the nursing work environment as having many threats to patient safety. Little agreement exists on what the environment is and how to conceptualize it. The purpose of this concept analysis is to define and clarify the meaning of the concept of work environment within nursing practice.

Method: Data sources for the literature review CINAHL, PubMed, Business Source Premiere, and Psychlit databases, resulting in articles from 1968-2011 that were searched using the terms work environment and organizational environment.

Results: Work environment is defined as the circumstances, objects, or conditions by which one is surrounded while performing the labor, task, or duty that is an individual’s livelihood, and is comprised of external and internal forces.

Conclusions: Work environment is theoretically and empirically discussed in terms of many characteristics, rather than a clear definition. This leaves ambiguity in the literature when discussing work environment and its implications for professional nursing practice and the promotion of safe, high-quality care.
Early Doctoral Poster Session

Poster 29

Outcome Based Criteria For Initiation Of Veno-arterial Extracorporeal Membrane Oxygenation: An Integrative Review

Barbara Birriel, The Pennsylvania State University

**Purpose:** The purpose of this review is to explore the current criteria used for initiation of veno-arterial extracorporeal membrane oxygenation (VA ECMO) and evidence for related outcomes.

**Background:** There are well-defined criteria for initiation of veno-venous extracorporeal membrane oxygenation (VV ECMO) for respiratory support based on the CESAR trial (2006) that compared conventional ventilation to VV ECMO in the treatment of severe adult respiratory failure. VA ECMO primarily provides cardiac and circulatory support for heart failure while also providing respiratory support. Reliable criteria for identifying the patients most likely to have positive outcomes after initiation of VA ECMO for cardiac and respiratory support are not clearly defined.

**Methods:** A systematic search of multiple databases was conducted to identify primary, secondary, and tertiary source material related to VA ECMO. All variations of terms for VA ECMO were used. Papers were abstracted for primary diagnosis, initiation criteria, study design, and study outcomes.

**Results:** Patient populations are defined both in studies and published institutional reports based on medical conditions (heart failure, therapy resistant low cardiac output, etc.) without strict criteria for inclusion or exclusion. Minimal literature exists on criteria used for initiation of VA ECMO or related outcomes.

**Conclusions and Implications:** In the absence of outcome-based studies, there is a large gap in our understanding of the criteria used when initiating VA ECMO. The criteria currently used must be described more fully. Once these criteria are elucidated, then the effect of each of the identified criteria on patient outcomes during and after treatment with VA ECMO can be studied. The long-term goal is to delineate criteria that aid in objective decision making with the outcome of appropriate utilization of a technologic resource, minimizing the risks, and achieving improved patient outcomes.
Early Doctoral Poster Session

Poster 29A

Model of Family Adaptation and Resilience

Kristine E. Batty, University of Massachusetts

**Background/Purpose:** Diabetes is a dynamic and complex illness that affects the individual with the disease and the family as well. In an effort to define and describe how families adapt and remain resilient in the setting of a chronic illness, specifically diabetes, the model of Family Adaptation and Resilience in Diabetes has been developed. This model is the foundation necessary to assist nurses in having insight into families dealing with diabetes and how to provide education to them to promote resilience or positive coping. This model will provide a framework for further research in interventions for families living with diabetes.

**Theoretical Framework:** This model is a synthesis of the Adapting to Diabetes theory (Whittemore and Roy) and Family Resilience (Walsh) through the bridge of the AADE 7 Diabetes Self Care Tasks.

**Results:** The Adapting to Diabetes theory component of self management equates the diabetes care concepts that are the foundation of AADE 7. The use of these self care concepts in the education of families will strengthen the factors of positive outlook, flexibility, communication, financial management, time together, mutual recreation, family member accord, routine and rituals interests and social support, spirituality that are the framework of family resilience.

**Conclusions and Implications:** Diabetes affects families living with the disease. In order to assist families to adapt to and live well with diabetes, identifying the factors and self care tasks that will result in adaptation and resilience is necessary. The model of Family Adaptation and Resilience provides the framework necessary to assist families to live healthy with diabetes.
Early Doctoral Poster Session

Poster 30

Concept Analysis: Remediation in Nursing Education

Nicole Custer, Mount Aloysius College

Purpose: The purpose of this poster is to present a concept analysis of the concept of remediation in nursing education using the Walker and Avant method.

Background: A downward trend in National Council Licensure Examination for Registered Nurse (NCLEX-RN) pass rates and unsuccessful student completion of nursing education programs has increased remedial measures in nursing education over the past decade. Lack of empirical research on utilization of remediation in higher education, including nursing education, indicates that students receive varied remediation approaches and methods. Utilization of various forms of remediation and declining NCLEX-RN pass rates necessitates the development of a standardized definition and use of remediation in nursing education programs.

Methods: Concept analysis using the Walker and Avant method.

Results: In progress

Conclusions and implications: In progress
The Six Dimensions of Wellness and Cognition Among Community Dwelling Older Adults

Kelley A. Strout, University of New England

Background and Purpose: The percentage of adults entering old age will increase over the next several decades. These adults face increasing risk for cognitive impairment. Identifying factors that maintain wellness and protect cognitive health throughout the aging process will enable nurses to intervene with effective strategies. The purpose of this project was to evaluate a method to measure wellness among community dwelling older adults and to examine the relationship between wellness and cognitive health.

Theoretical Framework: William Hetter’s Dimensions of Wellness serve as the guiding framework for this research. Five of the six dimensions, physical, emotional, spiritual, social, and intellectual are examined in this study.

Methods: Senior housing members of the COLLAGE consortium complete an annual Wellness Assessment and Community Health Assessment on each resident. Using a historical, correlational cohort study design within a secondary analysis, data was extracted from the COLLAGE repository and represented 5,604 older adult residents living in continuing care retirement communities (CCRCs) across the U S. Composite wellness dimension scores were created using the Rasch analysis and Master’s Partial Credit to 22 items from the Wellness Assessment that align with the theoretical definitions for the five dimensions of wellness. Weighted scores for each variable were combined to create a score for each of the 5 dimensions of wellness. Cognition was measured with 5 items from the Community Health Assessment and Wellness Assessment tools that comprised the Cognitive Performance Scale, a tool that correlates highly with the mini-mental status exam. Discriminant analyses and logistic regression will be used to test the hypotheses.

Results: Both the Wellness Assessment and Community Health Assessment are expected to serve as useful tools to examine wellness and cognition among community-dwelling older adults.

Conclusions & Implications: Composite scores for each dimension of wellness provide the ability to “profile” older adults to determine how wellness supports cognition in aging. Knowledge of the dimension of wellness most predictive of cognitive health protection in aging will lead to the development of evidence-based interventions targeted at the most protective dimension(s). Knowledge of multiple wellness dimensions’ contribution to cognitive health will enable nurses to support patient-specific interventions that promote cognitive health in aging.
Adolescent Asthma Self-management: A Concept Analysis and Operational Definition

Jennifer R. Mammen, University of Rochester; Hyekyun Rhee, University of Rochester

Purpose: To analyze the concept of adolescent asthma self-management and to develop an operational definition, which can be used to guide instrument development and future research in this area.

Background: Adolescents with asthma have higher risk of morbidity and mortality than other age groups. Asthma self-management has been shown to improve outcomes, however, the concept of asthma self-management is not explicitly defined.

Methods: We use the Norris method of concept clarification to delineate what constitutes the concept of asthma self-management in adolescents. Five databases were searched to identify components of the concept of adolescent asthma self-management, and lists of relevant sub-concepts were compiled and categorized.

Results: Analysis revealed four specific domains of self-management behaviors: (a) symptom prevention; (b) symptom monitoring; (c) acute symptom management; and (d) communication with important others. These domains of self-management were mediated by intrapersonal/cognitive and interpersonal/contextual factors.

Conclusions and Implications: Based on the analysis, we offer a research-based operational definition for adolescent asthma self-management and a preliminary model that can serve as a conceptual base for further research and instrument development.
Background/Purpose: Since current societal expectations are for men to participate increasingly in the transition to birth, parenthood, and childrearing, it is imperative that healthcare providers consider physical, emotional and psychological needs of men as they support their female partners and transition into fatherhood. Couvade syndrome is a phenomenon documented in literature from many cultures and throughout history. The syndrome is often classified as a psychological syndrome in men who have physical characteristics that mimic a woman’s pregnancy. Incidence rates of the syndrome are widely variable in the literature. In order for society to ensure the health of all individuals, it is important to clarify the concept of Couvade syndrome to provide understanding, education and true family-centered care for those men who experience the phenomenon in their transition to fatherhood. Method: This concept analysis utilizes the Walker and Avant framework for proposition of a clearer definition for nursing. A historical search of the literature was conducted yielding items from 1948-2007. The literature was also categorized by discipline of study. Interest in the phenomenon occurred in the disciplines of men’s studies, psychology, medicine, reproductive health, but few items exist in the nursing literature.

Results: The proposed definition of Couvade syndrome as a result of this exercise in concept analysis is: “an expression of physical or psychological symptoms in a male which mimic those of the pregnant partner in the early and late periods in gestation (including the postpartum period) which may cause concern or distress.”

Conclusion & Implications: If Couvade syndrome is identified as an expression of physical and/or psychological symptoms in response to partner’s pregnancy, then nursing must provide understanding and empathic care towards men in order to ensure the health of the entire family. Nurses are well positioned to partner with colleagues in the fields of medicine and mental health to assist men in management of their symptomatology as they undergo the crucial developmental transition to fatherhood.
Integrating Home Blood Pressure Monitoring Into Usual Care of Hypertensive Patients: A Quality Improvement Intervention

Marjorie M. Crabtree, University of Massachusetts Boston; Lindley Gifford, Harbor Health-Hyannis Community Health Center; Margaret McAllister, University of Massachusetts Boston; Eileen Stuart-Shor, University of Massachusetts Boston

Adequate blood pressure control is associated with lower morbidity and mortality in hypertensive patients, however many patients do not achieve their goal BP. Home blood pressure monitoring (HBPM) is an evidenced based, self-monitoring tool that has been shown to improve hypertension control in chronic care patients.

Purpose: The purpose of this practice improvement project was to integrate HBPM into usual care at one community health center.

Background: Wagner’s Chronic Care Model guided the intervention and Rogers’ Diffusion of Innovation theory informed the implementation strategy.

Methods: A convenience sample of adult, non pregnant, patients with BPs >140/90 or who were at risk for developing hypertension, who were willing to participate were invited to join. The project is being carried out at a federally qualified community health center on Cape Cod. Approximately 90% of the health center patients are low-income (defined as ≤ 200% of the federal poverty level) and approximately 35% speak Portuguese as their primary language. The providers and RNs were trained on the use of digital HBPMs, motivational interviewing counseling techniques, and culturally competent patient self management skills for health promotion. Patients were trained on the use of digital HBPMs and self management skills and received care consistent with the evidence based guidelines for hypertension chronic care. The IHI improvement model and mixed methods guided the implementation and evaluation, a work in progress, which will include a patient assessment questionnaire, provider interview questions, and descriptive statistics. Clinical data collected from the EMR and scheduling will be entered onto an excel spread sheet for data interpretation.

Results: Implementation is completed (n=50) and program evaluation and data analysis is in progress.

Conclusions/Implications: Home blood pressure monitoring has the potential to improve BP control in patients with chronic illness and decrease risk for morbidity. Self BP monitoring may contribute to increased self-care management skills.
Nurses’ Experiences Assessing for Oral Feeding Readiness in Premature Infants

Carrie-Ellen Briere, University of Connecticut

**Purpose:** The purpose of this research was to explore the nurse’s experience assessing for oral feeding readiness in premature infants. Currently there are no universal feeding guidelines for nurses to implement oral feedings in premature infants. It is essential to describe and understand the background and significance of a phenomenon as a basis for consistent nursing caregiving practices.

**Background:** Each year in the United States, one out of every eight babies is born prematurely before 37 weeks gestational age (March of Dimes, 2010). Most of these infants are admitted to a Neonatal Intensive Care Unit (NICU) and one major developmental task they must master before discharge is oral feeding. Nurses play an integral role in determining when to begin offering oral feedings, but their experiences and decision-making around infant feeding are not well documented. An important neonatal nursing goal is to delineate more consistent feeding practices within the NICU, but first it is necessary to explore these nursing experiences.

**Methods:** This study utilized Colaizzi’s (1978) method of descriptive phenomenology to explore the essence of assessing for oral feeding readiness in premature infants. This pilot study included nurses who all worked in Level III NICU’s in New England. Individual interviews were transcribed verbatim and extensively reviewed. Significant statements were identified. (Colaizzi, 1978). A formulated meaning was generated from each statement and similar meanings were grouped together into themes.

**Results:** Five major themes emerged that explained the experiences of nurses in determining feeding readiness. Themes included 1) Assessment and Implications of Experiences, 2) Why Can’t you Eat? The consequences of Expectation versus Reality, 3) Barriers and Inconsistency, 4) Recognizing Frustration and Disappointment, and 5) Celebrating Success. Each of the themes focused on the different aspects of feeding readiness that nurses regularly encounter. These pilot data describe the extent of emotional involvement in feeding initiation and progression from the nurse’s perspective.

**Conclusions and Implications:** Although this was a pilot study, the results are promising and acknowledge the experiences of nurses in feeding premature infants. Each individual theme provides nurses with a better understanding of the entire process and may help to increase understanding about what education and support is needed to implement best-practice feeding guidelines.
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Poster 33

Early Physiological Predictors Of Cardiorespiratory Instability In Step-Down Unit Patients

Eliezer Bose, University of Pittsburgh; Marilyn Hravnak, University of Pittsburgh

Background: Patients hospitalized on step-down units (SDUs) undergo continuous physiological monitoring due to presumed risk for cardiopulmonary instability (CRI), which occurs in only a subset of patients but is associated with significant morbidity and mortality. Early detection and recognition of CRI is crucial.

Purpose: To: 1) identify and compare the characteristics of SDU patients who develop CRI (unstable) with patients who never develop CRI (stable), 2) identify interactive differences in dynamic physiologic patterns of stable and unstable patients, and 3) develop models to predict CRI before its overt manifestation.

Methods: Prospective, longitudinal evaluation of a retrospective convenience sample of SDU patients over 8 weeks (n=646; 32,000 monitoring hours). An amalgamated database containing patients’ continuous physiologic data streams, clinical characteristics (age, gender, race, diagnoses, comorbidities), and CRI class will be created. A MATLAB filter will be applied to the continuous physiological signals to identify and tag CRI, defined as 1) HR <40 or >140 bpm, 2) RR <8 or >36 bpm, 3) systolic BP <80 or >200 mmHg, 4) diastolic BP >110 mmHg or 5) SpO2 <85%. Patients who at any point cross a CRI threshold are classified as unstable, and patients who never did as stable. Stable and unstable patients will be compared to identify which characteristics are either singly or in combination associated with instability. Rolling 5-minute time windows of the physiologic data will be assessed for emerging interactive pattern differences leading to overt CRI using a weighted threshold test based on standard deviation of the changes. Regression models incorporating various iterations of physiologic and clinical data to dynamically predict instability will be developed, and prediction accuracy evaluated in 30% of the sample not used for calibration. Implications: Study findings will provide direction for improved CRI detection and prediction, to shift CRI care from a reactive to preemptive approach.
Early Doctoral Poster Session

Poster 33A

The Lived Experience Of Parental Bereavement

Christine Denhup, Seton Hall University

Purpose/Aim: The aim of this proposed qualitative research study is to describe the lived experience of bereaved mothers and fathers who have experienced the death of a child due to cancer.

Background: The death of a child is considered to be one of life’s most difficult, intense, and traumatic experiences regardless of the cause. Bereaved parents are at high risk for serious negative health outcomes and are in great need of compassionate and informed nursing care. Therefore, nurses need to understand the concept of parental bereavement. Although the literature offers some initial insight about parental bereavement, there is a lack of literature about the lived experience of bereaved parents in the United States from the perspective of parents who have lost a child 18 years of age or less due to cancer. Since it is mothers who participate in most studies, generation of knowledge that includes the experience of bereaved fathers is also warranted. This phenomenological scholarly inquiry is needed to address these gaps in the literature. Methodology: van Manen’s (1997) phenomenological method will guide data collection and analysis to answer the research question, “What is the lived experience of bereaved mothers and fathers who have experienced the death of a child due to cancer?” Requests for participants will be made through established bereavement support organizations, such as The Compassionate Friends, Inc. (TCF) or Bereaved Parents of the USA (BP/USA). Interviews between the researcher and participant will occur in person or over the phone at a mutually convenient time. Interviews will be audio taped with the participant’s informed consent. One to three interviews, lasting one to two hours in length, will be conducted with each parent.

Results and Conclusions/Implications: While findings will be representative of those parents who participate in the study and not beyond, this is the nature of qualitative research. Since there is no research on the experience of parental bereavement as mothers and fathers perceive their experience to be, this qualitative study will provide rich descriptions of parental bereavement from the perspective of mothers and fathers filling a significant gap in the nursing literature. Further, these rich descriptions will make it possible for nurses to decide if the findings are transferable to their practice. Therefore, the study will provide significant contributions to nursing knowledge and ultimately to the state of nursing science.
Mental Health Screening in Public Housing for Urban Older Adults

Diane L. Bradley, University of Delaware; Barbara E. Harrison, University of Delaware

**Background/Purpose:** Depression greatly influences the health of older adults. Many studies have documented the impact of depression on the older adult population, but few have sampled older adults living in public housing. Older adults living in low-income, urban senior housing may be especially vulnerable to depression due to financial concerns, chronic health issues and ethnic disparities. The purpose of this pilot study is to identify the prevalence of depressive symptoms and related health and social factors among older adults living in a public housing building in Wilmington, Delaware.

**Theoretical Framework:** George’s (1994) Stage Model of Social Antecedents of Depression provides a framework for analyzing the role social factors play in the onset of depression. George’s model includes the following six stages of risk factors: demographic factors, early events and achievements, later events and achievements, social integration, vulnerability and protective factors, and provoking agents and coping efforts.

**Methods:** A cross-sectional, descriptive design will be used in this pilot study. Subjects will include adults age 62 years and older living in a public housing building in Wilmington, Delaware. Three questionnaires will be administered: investigator developed evidence-based demographic survey, 8-item Center for Epidemiologic Studies Depression Scale, and Short Portable Mental Status Questionnaire. Subjects will complete the questionnaires using an iPad or paper and pen. Feasibility data on acceptance of iPad also will be collected. Study protocol approved by University Institutional Review Board. Descriptive and logistical regression analysis will be utilized to answer the research questions.

**Conclusions/Implications:** The results of this pilot study will identify the prevalence of depressive symptoms and related health and social factors among older adults living in a public housing building in Wilmington, Delaware. These data will be used for planning a larger study (dissertation) of older adults in urban senior housing apartments.
Health Literacy, Self-Efficacy, and Medication Adherence in Urban Cardiology Practices

June M. Como, Columbia University

Purpose: Investigate health literacy (HL) and self-efficacy (SE) as possible predictors of medication adherence (MA) in heart failure (HF).

Background: The relationship between health outcomes and HL, inability to read, write, comprehend, and perform basic math may be determining factor in poor health. Self-efficacy, the belief or confidence that one can be successful in performing an action to attain an outcome, has been associated with MA in various populations. Additional research to establish relationships among factors impacting HL and health outcomes is needed. Theory-Paasche-Orlow & Wolf conceptual model with Bandura’s Self-efficacy theory. Method-175 New York Heart Association (NYHA)Class I-IV patients enrolled in a non-experimental cross section study from 5 urban cardiology practices in NYC. Demographic, Short Test of Functional Health Literacy, Self-Efficacy for Appropriate Medication Use, Morisky Medication Adherence Scale, and SF-12v2 instruments completed (Cronbach’s α .565 - .898). Data Analysis-Using SPSS 20.0, descriptive, univariate/bivariate analyses, and multiple hierarchical regression analyzed relationships among HL, SE, and MA.

Results: Multiple regression model accounts for 29.5% of MA variance; controls (11.4%) and SE (18.1%) p<.001. MA is lower by .152 for those with college degrees compared to those with < High School (HS) (p=.045) and by .251 for African Americans compared to other ethnicities (p<.001). MA is higher by .440 for each SD increase in SE scores (p<.001). 54.3% had low/marginal HL scores but no associations were found between HL and MA. An association between HL and SE was found: SE increases with increased reading comprehension (p=.035) but decreases with higher numeracy scores (p=.009).

Conclusions: Understanding that different education levels and ethnic backgrounds may impact MA behaviors can aid in meeting the needs of a diverse HF population. HCPs must identify and direct culturally sensitive targeted interventions towards improving MA with emphasis on SE supports & MA strategies using clear health communication, simply written health material, and reinforcement of information (patients’ main problems, what they need to do, when to contact their HCP, and why it is important) to effect improvements in MA in HF.
Night Nursing: A Portrait Of A Subculture

Debra L. Grice-Swenson, NYU Langone Medical Center

**Purpose:** The purpose of this study is to observe, examine and describe the subculture of night nursing and the role of the night nurse in an acute care setting.

**Background:** 50 percent of a patient’s stay in the hospital is under the care of a night nurse, yet very little is known about what a night nurse does. Most new graduates in nursing are required to work the night shift very early in their careers, yet have been taught very little about the nuances of night nursing.

**Methods:** This study will be guided by ethnographic methodology, which is characterized by the researcher as the instrument, fieldwork in a natural setting, a cyclical nature of data collection and analysis, and a focus on culture. The sample will include nurses who work the night shift in an acute care setting. Data will be collected through participant observation on several nursing units in up to 3 different acute health care settings at night, and through formal semi-structured interviews with up to 30 night nurses. The interviews will be conducted in a private setting and will be audiotaped and then transcribed. Voluntary participation and informed consent for both the observations and interviews will be obtained. Hospital documents such as timesheets, staff meeting minutes, turnover statistics, orientation packets for new nurses, and policy and procedure manuals will be examined.

**Results:** All data will be analyzed using a descriptive ethnographic methodology identifying domains, themes and patterns, and the final report, called an ethnography, will be written.

**Conclusions and Implications:** It is anticipated that the results of this study will enlighten nurses, educators, researchers and administrators about the existence of a subculture of night nursing and about the role of a night nurse. Preparation of new nurses as they transition into the profession and onto the night shift may be enhanced as a result of this study. Administrators will benefit from the results of this study by becoming aware of the existence of subcultures within organizations and the impact they may have on the organization as a whole.
Assessment Of Baccalaureate Nursing Student’s Interprofessional Collaborative Simulation Experiences

Suzanne M. Carr, University of Rhode Island

Purpose: Interprofessional Education is essential for students to develop the skills necessary for successful future collaboration in healthcare teams to ensure quality patient care. The purpose of this pilot project is to have an increased understanding of an Interprofessional Collaboration through simulation workshops with health professional students. The simulation experience will help guide the professional students towards understanding the importance of collaboration with other disciplines for improved practice. This project will serve as a stepping stone for evaluating the relationship between Interprofessional Education curriculum, simulation and collaborative practice.

Hypothesis: Interprofessional education using simulated patient activities will increase the knowledge, skills and attitudes about collaboration in patient care.

Theoretical Framework & Literature Review: This project will be based on Kolbs Experiential Learning Theory, the Interprofessional Collaborative Practice Competency Domains and the simulation model. Research indicates that interprofessional collaborative practice improve quality of care and patient outcomes. Respect and trust between team members are enhanced when healthcare providers develop a deeper understanding of each other’s roles and responsibilities with benefits to workplace cultures and morale (Suter, et al., 2009). Method: This project is based on Simulated Interprofessional Education program provided to nursing students. The program was originally developed by nursing and pharmacy faculty. Nutrition, medicine and social work faculty also collaborated in the simulation workshops in an effort to provide Interprofessional Education. This pilot study will be a descriptive post survey design for the nursing students involved in the program using the Collaborative Practice Assessment Tool Short- Form (CPAT-SF).

Results: Results will be reported in April 2013

Conclusion & Implications: This project will nurture additional research ideas in promoting Interprofessional Education programs to enhance professional collaborations and safe practice.
Utilization of Qualitative Methodologies in Addressing the Institute of Medicine (IOM) Future of Nursing Report Recommendations

Robbi K. Alexander, University of Delaware; Ronald R. Castaldo, University of Delaware; Cynthia Diefenbeck, University of Delaware; Bethany A. Hall-Long, University of Delaware; Veronica F. Rempusheski, University of Delaware

Purpose: To present the use of qualitative methodologies in addressing two unique research questions derived from the IOM Future of Nursing Report recommendations.

Background: Two qualitative methodologies were employed to investigate two unique research questions which addressed recommendations #1 and #4 of the IOM Report. Researchers collected pilot data to refine proposed dissertation research using two examples of qualitative methodologies; a case study approach and exploratory descriptive approach. In the descriptive case study that addressed recommendation 1, two nursing leaders were interviewed on the topic of stakeholder perceptions of APRN Consensus Model implementation in Delaware. In the descriptive study that addressed the call for enhanced nursing workforce diversity in recommendation 4, two African-American non-nursing science majors at the University of Delaware were interviewed about perceptions of nursing as a career.

Methods: In both pilot studies, the primary method of data collection was audiotaped, semi-structured face-to-face interview utilizing a researcher-developed interview guide. The exploratory descriptive approach included the use of an adapted version of the Nursing Profession Instrument. Data collection and analysis occurred simultaneously. Interviews were transcribed verbatim, verified against the recordings, and coded through an inductive process.

Results: Four consistent themes emerged from the data about non-nursing science majors’ perceptions of nursing careers: Blind to Nursing as a Career Option, Nursing Exists within a Medical Hierarchy/Continuum, Dependence/Independence Dichotomy: Nurse Practitioner as the Bridge, and Science as a Vehicle to a Career. Three major themes emerged from the data about implementation of the APRN Consensus Model: Barriers, Concerns, and Benefits.

Conclusions and Implications: Both pilot studies provided information on which dissertation research will be based; a discussion of the conclusions for each will be included in a poster presentation. Qualitative methodologies provided effective approaches to examine research questions derived from the recommendations of the IOM Report Future of Nursing Report.
Public Health Literacy: A Principle-based Concept Analysis

Yamnia I Cortes, Columbia University; Joy Henderson, Columbia University; S. Raquel Ramos, Columbia University; Jinjiao Wang, Columbia University

Purpose: To examine the empirical and conceptual maturity of public health literacy.

Background: Public health literacy is a concept that has emerged in response to the growing need of improving population health. The importance of public health literacy has become apparent following 9/11 and the public’s demand for greater accessibility to accurate, up-to-date health information. The increasing use of public health literacy by researchers and policy makers indicates a need to examine this concept.

Methods: A principle-based concept analysis was performed to evaluate the empirical and conceptual maturity of public health literacy. The data included 19 English-language empirical investigations published from 1995 to 2012 and retrieved through Ovid Medline, PsycINFO, CINAHL, Cochrane Library, and Web of Science. Four investigators reviewed each article independently to identify four key elements: epistemological, pragmatic, linguistic, and logical maturity. The team of investigators met regularly to reach consensus across the four key elements.

Results: The analysis revealed that the conceptual development of public health literacy is both empirically and theoretically immature. Overall, public health literacy has not been clearly defined nor well differentiated by investigators. Nonetheless, this analysis revealed a working definition of public health literacy as the ability to think about and act on individual and community health concerns.

Conclusions & Implications: While this analysis revealed that the conceptual development of public health literacy is immature, a working definition of the concept was produced to stimulate research and advance public health literacy as a significant community and population-based concept. Concepts related to public health literacy include social determinants of health, knowledge of the impact of social and environmental forces on health, community empowerment and civic participation. This analysis suggests that future research is needed to advance the conceptual maturity public health literacy.
Integrating Debriefing Throughout A Curriculum

Patricia Becker, Widener University

**Background:** Nursing education continues to need transformative approaches to educate student nurses. The unique application of debriefing in the classroom may offer one such innovative strategy to engage students. It is essential that students be provided with the opportunity to reflect upon what they have learned, to integrate and incorporate past with current knowledge, to promote the transfer of knowledge, and to learn how to develop queries that lead to hypotheses. Integrating debriefing throughout the curriculum is one alternative for the nurse educator.

**Theoretical Framework:** Dewey was one of the first theorists who proposed that learners need to understand the relationship between learning in the present and the need to connect this information with past experiences. Additional frameworks include that of constructivism, experiential, and transformative learning theory. Experiential theory emphasizes the active learning, interaction, and reflection in debriefing while transformative theory looks at the change that occurs with reflection.

**Methods and Results:** The benefits of debriefing, which have been well documented in simulation, include fostering the development of meaningful learning and clinical reasoning skills. Reflection, an integral component of debriefing, can also assist the educator to assess the effectiveness of prior teaching strategies in order to plan future modalities. Reflection is a critical attribute of experiential and transformative learning theory as well as debriefing and can therefore be employed in both simulation and the classroom.

**Conclusions and Implications:** Debriefing is an interactive and dynamic innovative teaching strategy that can be utilized to identify and organize thoughts, promote engagement, professional modeling, metacognition, and scaffolding for both the novice and expert student and nurse. Some examples of how debriefing may be used in the classroom include journaling, peer debriefing, and role-playing.
Mental Stress, Psychological Factors and Sudden Cardiac Death

Limei Liao, The State University of New York at Buffalo

Background and Purpose: Psychological factors (i.e. depression, anxiety, type D personality and hostility) have been found to be related with the risk of sudden cardiac death (SCD) in previous prospective studies. The purpose of this literature review is to identify the mechanisms through which psychological factors increase the risk of SCD when people are facing mental stress.

Methods: The following databases were used to identify the relevant literature since 1985: PsycINFO, PubMed and CINAHL. The keywords were mental stress, psychological factors and cardiovascular responses. Non-English and interventional studies were excluded. Studies investigating social, physical or chronic stress were excluded.

Results: 345 articles were screened and 17 articles were involved in this review. Mental stress was induced with many strategies and the most frequently measured cardiovascular response was hemodynamic change. The effects of hostility, depression and trait-anxiety on the cardiovascular responses were controversial. Anger had no effect on the cardiovascular responses to mental stress. Type D personality increased the reactivity in systemic vascular resistance and decreased the reactivity in heart rate. The effects of type D personality on blood pressure and cardiac output were controversial.

Conclusions: Current investigations cannot provide conclusive information on the effects of psychological factors on the cardiovascular responses to mental stress. Implications: Researchers should select sensitive cardiovascular responding indicators for SCD for their study. An identical strategy which is used to induced mental stress should be developed and heterogeneous subjects should be recruited to improve the comparability and generalization of results.
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Obstetric Risk Factors for Fecal Incontinence: A Systematic Review

Allison M. LaCross, Columbia University; Meredith L. Groff, Columbia University; Gilbert Simpkins, Columbia University

Background/Purpose: Obstetric anal sphincter injury (OASI) contributes to maternal morbidity and long-term sequelae from pelvic floor muscle injury. Episiotomy was considered by many obstetricians throughout much the 20th century as a safer alternative to the risk of spontaneous perineal laceration. Despite contrary, and poor, evidence in a 2005 review, episiotomy continues to be used for this purpose. The objective of this review was to evaluate current evidence to examine the association between episiotomy and spontaneous 3rd/4th degree perineal laceration and fecal incontinence in parous women.

Theoretical Framework: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guided conduct of this study.

Methods: A search of PubMed, Ovid (Medline), Cochrane Trails and CINAHL was conducted using keywords anal sphincter injury, laceration, episiotomy and fecal incontinence from years 2000 to 2012. The study design was not restricted. Three reviewers independently appraised the quality of studies using the Downs & Black Quality Appraisal Tool. A score ≥17 (out of 22 points) was deemed high quality.

Results: Of 470 articles retrieved by the search, 9 studies (4 prospective cohort, 3 retrospective cohort, 1 nested case-control, 1 cross sectional) met inclusion criteria and 3 studies met criteria for high quality. Sample sizes ranged from 114 to 2640 participants. All 9 studies examined episiotomy, and 3 found a significant association between episiotomy and fecal incontinence. Four studies examined 3rd/4th degree laceration, and found a significant association between laceration and fecal incontinence. Three studies found there was no relationship between either episiotomy or spontaneous laceration as an obstetrical risk factor for fecal incontinence. Quantitative synthesis of finding through meta-analytic techniques is in progress.

Conclusion and Implications: Findings of this systematic review suggest that both spontaneous 3rd/4th degree perineal laceration and episiotomy are associated with risk of subsequent fecal incontinence in parous women. Overall, it is prudent for providers to avoid OASI during childbirth by protecting the status of the perineum through a well controlled 2nd stage of labor to decrease the risk of pelvic floor injury sequelae in childbearing women.
Influence of Nurse Work Environment on Patient Satisfaction: An Integrated Review

Stacy Hutton Johnson, Boston College

Background/Purpose: As the United States (US) implements the 2010 Affordable Care Act, an area of emphasis is on the perspective of the patients. Patients’ satisfaction with care is a way of doing this. One needs an understanding of the factors related to patients’ satisfaction with care in order to drive improvements. Therefore, the purpose of this integrated review was to synthesize the current science regarding the relationship between nursing work environment and patient satisfaction outcomes in the US acute care setting. Theoretical Framework: The study was conducted using guidelines put forth by Whittemore and Knafli (2005).

Methods: The design was an integrated review, and the sample was obtained via a comprehensive review of the literature utilizing the Cumulative Index of Nursing and Allied Health Literature (CINAHL), PubMed, and PsychInfo databases. An initial search using the key words: work environment AND patient satisfaction was conducted, which was refined by limiting to English language and peer-reviewed research articles. The inclusion criteria were primary research examining the acute-care nursing work environment as an independent variable and patient satisfaction as a dependent variable. Ancestry searching was also conducted. This resulted in eleven articles for analysis.

Results: The nursing work environment had a statistically significant positive relationship with patient satisfaction across all studies that used the PES-NWI tool (subscales: managerial support, nurse participation in hospital affairs, RN-MD relations, staffing adequacy, and nursing model of care delivery.) Other factors associated with patient satisfaction included: adequate support services for nurses, RN work engagement, workgroup cohesion, perceived nurse caring, and RN skill mix.

Conclusion/Implications: While findings indicate an association between nurse work environment and patient satisfaction, longitudinal studies are needed to provide evidence of causality. There are two key design implications. First, the most appropriate unit of analysis (patient, care unit, or hospital) to assess patient satisfaction needs to be considered. Second, research is needed regarding the processes in the work environment that impact patient satisfaction. Future studies should focus on both the structures and processes that impact patient satisfaction.
An Evaluation Of A Nutritional Intervention With Latino Children And Their Families To Prevent Childhood Obesity

Nelly Padua, University of Massachusetts Lowell

Purpose: This study will evaluate whether participants perceived an increase in the consumption of fruits and vegetables during the duration of the voucher program and their beliefs regarding consumption long term, after the voucher program has ended.

Background: Research has shown that childhood obesity disproportionally affects low income and minority children and that overweight and obese Latino children are at high risk of developing diabetes (CDC, 2009; Cortes, 2001). The Fruit and Vegetable Prescription (FVRX) Program is a nutritional voucher program funded by the Wholesome Wave Foundation.

Methods: A convenience sample of 38 Latino families with 44 children ages five to 18 participating in the FVRX Program who are considered to be obese or overweight. In this prospective design, the participants were interviewed and demographic data were collected. The participating children’s health records were reviewed for height, weight, BMI, sex, and age. Data will be analyzed using descriptive statistics via SPSS to assess whether participants believe that 1) they changed their consumption of fruits and vegetables during the intervention, and 2) they increased their consumption of fruits and vegetables over the long term after the intervention ends.

Results: Preliminary results show that parents believe there was an increase in the consumption of fruits and vegetables during the intervention and that they want to continue consumption after the intervention has ended. Preliminary results also show that in some cases, participants found the choices of fruits and vegetables available at the farmer’s market not ethnic appropriate.

Implications for practice: Nutritional interventions can be effective in preventing childhood obesity in Latino children when the intervention involves the family and is designed with consideration of nutritional and ethnic cultural differences.
Effects of Using Nintendo Wii™ Exergames in Older Adults: A Review of the Literature

Ying-Yu Chao, SUNY Buffalo; Carolyn Montgomery, SUNY Buffalo; Yvonne Scherer, SUNY Buffalo

Purpose: The Nintendo Wii™ exergames (entertaining video games that combine game play with exercise) has been widely used in long term care settings. However, the synthesis of the effects of Wii exergames intervention in older adults is lacking. The purpose of this literature review is to summarize and synthesize the benefits of using Nintendo Wii™ exergames to promote physical activity in older adults.

Methods: A search was conducted using MEDLINE, CINAHL, PubMed, PsycINFO, and Web of Science databases. The search was limited to empirical studies in the English language from 2006 (Nintendo Wii™ exergames released commercially) to August 2012. Attention was paid to the effects of physical activity on cognition, physical function, and psychosocial benefits in older adults.

Results: A total of 13 empirical studies that met the inclusion criteria were included in this review. Studies using the Wii exergames were conducted in several countries, including Australia, Canada, France, United Kingdom, and United States. Settings included hospitals, rehabilitation units, nursing homes, assisted living facilities, and retirement communities. Sample size ranged from 7 to 44 and the mean age of participants ranged from 61.3 to 85 years old. The frequency of the exercise intervention ranged from 2 to 5 times a week, and lasted 10 to 60 minutes per session. Duration of exercise programs ranged from 2 to 20 weeks. Benefits from Wii exergames intervention included decreased anxiety and depression, improved physical function (i.e. balance and mobility), improved cognition, and a greater quality of life. Motivation and enjoyment with exercise, and greater socialization was also reported.

Conclusions: Evidence supports the use of Wii exergames as an exercise device resulting in greater physiological and psychosocial benefits for older adults. Future studies with larger sample sizes, longitudinal study designs, and a theoretical framework are needed to advance existing evidence.
Examining The Teaching Effectiveness Of Staff Nurses Who Serve As Preceptors for Senior Level Baccalaureate Nursing Students

Carolyn W. Griffin, Indiana University of Pennsylvania

Theoretical Background: The practice of assigning staff nurses as preceptors for senior baccalaureate nursing students has become common in the United States and internationally. As the continued use of staff nurses as preceptors for student nurses is growing, the need for empirical data which supports the pedagogical effectiveness of the staff nurse preceptors is essential.

Purpose: The aim of this study is to determine the characteristics of the assigned staff nurse preceptors as rated by their student nurse. Widely used to rate the characteristics of the best and worst clinical nurse faculty, the Nursing Clinical Teaching Effectiveness Inventory (NCTEI) will be pilot tested for use with staff nurse preceptors.

Methods: This descriptive, comparative study will provide a total individual score on the NCTEI tool as well as five category scores. Seventy students from a mid-size university in the northeastern United States will complete the NCTEI, a paper and pencil, 47 item, seven point Likert survey by rating their assigned preceptor’s characteristics. Students will add a four digit code to the first survey which will be repeated on the re-test survey administered two weeks later. Total scores of the paired surveys will be compared for frequency and central tendency. Pearson Product Moment Correlation will be used to determine test-retest reliability.

Conclusion: The established reliability of the NCTEI provides a means to examine the pedagogical effectiveness of staff nurses as preceptors. Determining the traits of the most and least effective preceptors may aid in the selection, preparation, support and rewards provided to the staff nurse preceptors to promote optimal learning outcomes for the nursing students. The pilot study was completed to determine reliability of the NCTEI which will be used to study the effectiveness of staff nurse preceptors for senior nursing students as the topic for PhD dissertation research.
Clinical Competence: An Evolutionary View

MaryAnn Hogan, University of Massachusetts Amherst

Purpose: Explore the concept of clinical competence of nurses and how it has evolved over time.

Background: Clinical competence of nurses is of critical importance to nurses, the public, other health professionals, health care employers, and regulatory bodies. Despite its widespread use, there remains a lack of consensus on the meaning of the concept. Interchangeable use of the terms competent and competency as synonyms for competence in the literature further clouds its conceptual meaning.

Methods: Rodgers’ evolutionary method was used to explore the concept of clinical competence of nurses. A search of CINAHL and PubMed databases from 1982-2012 using search terms clinical competence and nurses yielded 4,031 results. After applying exclusion criteria (duplicate citations, focus on health teams, graduate education, specific skills, or objective structured clinical examination), and adding classic or landmark publications, a final sample of 87 articles were reviewed.

Results: Attributes of clinical competence include being practice-oriented, having a connotation of measurability, having temporality (related to time), being multifaceted (containing lists of “categories” or “domains,” depending on author). Antecedents that are innate to the individual include personal traits, accomplishments, experiences, knowledge acquisition, and a sense of personal accountability and responsibility for own actions. External antecedents include defined parameters for expected behavior and a physical setting or environment in which competence can be demonstrated. Consequences are identified chiefly in terms of the end-products of demonstrations of competence (safe and effective nursing care, patient safety, and high standards of patient care). Related concepts include confidence, satisfaction, self-efficacy, adequacy, role transition, experience, and performance.

Conclusions and Implications: Consensus on a definition of clinical competence would add clarity for new knowledge development. Agreement on categories that comprise the facets of clinical competence would enhance standardization of instruments designed to measure clinical competence. This in turn would provide increased opportunity for secondary analyses of data, which may further advance knowledge of clinical competence in different practice settings and geographic locations. Implications of clinical competence for practice include increased patient safety, quality patient care, and positive patient outcomes.
Facilitating Social Integration for People with Severe Mental Illness

Sheila Linz, Seton Hall University

**Purpose:** The aim of the study is to explore and describe the experience of the worker on Assertive Community Treatment (ACT), an inter-disciplinary mental health outreach team, surrounding their efforts to facilitate social integration in the client with severe mental illness (SMI). ACT is very successful at assisting people with SMI to remain in the community. However, minimal focus has been devoted to improving social relationships. This area of concern regarding social integration warrants further exploration.

**Background:** The mental healthcare workers on ACT represent a variety of disciplines such as nurses, social workers, peer counselors, and substance abuse specialists. Working together, they provide comprehensive, long-term services in the homes for clients who are the most severely mentally ill in the community. As such, these frontline workers are very familiar with the difficulties and barriers associated with social integration for people with SMI.

**Methods:** This is a qualitative study using the Interpretive Description approach. Eighteen mental healthcare workers were individually interviewed about the topic of social integration; nine additional workers participated in two focus groups. The study participants represent workers on seven ACT Teams in two Northeastern states and represent rural, suburban, and urban populations. In addition, a blank document review was performed at each study site.

**Results, Conclusions and Implications:** Research is in progress. Results of this research will likely have implications for the development of targeted interventions based on the knowledge of successful methods used by ACT workers to facilitate social integration for their clients. An understanding of the barriers faced, as well as participant’s ideas for innovation could lead to a wealth of clinically useful information. Specific barriers to social integration could be formally addressed. Successful strategies, once tested and shown to be effective could be embedded into the model, benefiting all who receive services from ACT.
Early Doctoral Poster Session

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Use of Video Narrative in an SMI Population: Understanding Recovery

Hayley Germack, Hillman Scholar Center for Health Outcomes and Policy Researchm; Emma Biegacki, University of Pennsylvania; Marissa Decesaris, University of Pennsylvania; Nancy Hanrahan, University of Pennsylvania; Anthony Krumbhaar, University of Pennsylvania; Phyllis Solomon, University of Pennsylvania

Purpose: The purpose of this pilot study is twofold: 1) To evaluate the effectiveness of using a visual narrative (VN) intervention to improve Recovery Assessment Scale (RAS) scores for persons with SMI enrolled in recovery education programs; and 2) To analyze the content of video produced by persons with SMI to understand the recovery process.

Background: One in four adults in the US experience a mental health disorder in a given year. A much smaller proportion of these Americans—about 6%—live with a serious mental illness (SMI). Despite the burden of SMI, recovery is possible. Recovery is defined as a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and roles in relation to living with hope and wellness. There are programs that facilitate recovery including recovery education classes (RECs). In this project, we aim to use a VN method which has not yet been used in the SMI population to better understand recovery from a patient perspective. We will evaluate the effectiveness of using VN to improve RAS scores for persons with SMI enrolled in RECs.

Design: This project uses a mixed methods design. Participants will be randomized to either a control or intervention (VN) group. All participants will be answer questions from the RAS at recruitment and 12 weeks post recruitment; those randomized to the VN group will be interviewed at 4 weeks while they watch their VN with the researcher. Participants. We aim for n=40 with 20 randomized to the control group and 20 randomized to the VN group. Setting. Participants will be recruited from RECs put on by the provider.

Data Collection: Will take place between December 2012 and March 2013. Analysis. Quantitative analysis of RAS scores (pre and post intervention) and socio-demographic variables including comparison between regular treatment and VIA groups will be used to evaluate the effectiveness of VN. These results will be triangulated with qualitative content analysis of VNs, semi-structured interviews with participants, and researcher’s field notes to understand the recovery experience of persons with SMI.

We aim to work with persons with SMI to develop a video to share with lay persons, healthcare providers, and the SMI community about the recovery process. This has tremendous implications for transforming patient centered research into practice.
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Development Of A Prenatal Tobacco Effects Educational Video

Lori Sprague, Binghamton University; Geraldine Britton, Binghamton University; Rosemary Collier, Binghamton University; Ann Feeney, University of Scranton; Joyce Rhodes-Keefe, Binghamton University

Purpose: To develop an intervention that assists with smoking cessation for pregnant women.

Background: Smoking in pregnancy has been associated with several deleterious outcomes during pregnancy and after birth including cognitive and behavioral problems. However, NYS 2009 birth certificate data indicate that 36.5% of pregnant women in some rural counties smoke with up to 52% stating they smoked the 3 months before pregnancy. Our first study of 194 pregnant smokers enrolled in the Smoke Free Baby & Me Program found significant differences in validated smoking cessation at the postpartum visit in the group of women who had quit just prior to their first prenatal visit, but no differences among those who were still smoking at that visit.

Methods/Results: Therefore, we then conducted a series of nine focus groups with 66 participants. Three of those groups consisted of pregnant smokers and six of healthcare providers. The purpose was to increase the understanding of the pregnant smoker, including the motivation to quit and how providers can best deliver the stop smoking message. Putting a “face to the problem” of tobacco use during pregnancy similar to the Fetal Alcohol Syndrome was predominant theme. Participants felt a video would capture their interests when coming in for their prenatal visits. Provider and pregnant smoker input in the development of a prenatal educational video was explored. Four focus groups were held in two rural communities (n=36). A non-judgmental approach was viewed as optimal. Pregnant women felt that having children tell the story would be more effective and should be incorporated into the video design. After development of the first cut of the video two focus groups were held to evaluate it prior to the final version as a research intervention. All of the transcripts of these focus groups were analyzed individually and collectively for common themes until saturation was achieved.

Conclusions/Implications: The results highlight the importance of consumer input into the development of strategies regarding smoking cessation and pregnancy. These results will assist in launching an educational video series that will hopefully play a large role in smoking cessation in prenatal and postpartum settings.
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Description of binge eating in a non-clinical sample of college students

Kathryn Phillips, Boston College; Katherine Farrell, Boston College; Susan Kelly-Weeder, Boston College

Purpose: The purpose of this study was to describe the experience of binge eating in female and male college students.

Background: Binge eating (BE) is a disordered eating behavior frequently reported in college students and is of particular concern because of its link to the development of eating disorders and obesity. Studies of college students have most often focused on high-risk groups or students currently diagnosed with an eating disorder. Much less is known about community samples of college students and how they define this behavior.

Methods: An anonymous online survey was conducted. The sample consisted of 425 undergraduate students who reported BE behavior in the last 30 days. The mean age was 19.84 (SD=1.05; Range 18-22 yrs). Participants were predominantly Caucasian (79.8%) and female (75.1%). BE was defined in accordance with the American Psychological Association (2000) definition as eating an amount of food greater than what most would eat within a two hour time period while feeling unable to control or stop the behavior. Qualitative descriptive techniques were utilized. Codes were created for each category including antecedents, consequences, location, timing, and type of food eaten. Descriptive statistics were used for demographic data. Bivariate analysis was conducted using SPSS 17® to determine gender differences.

Results: Females were more likely to report stress and negative affect prior to and poor body image and negative affect following episodes of BE. Males were more likely to report substance use or hunger before, and feeling satisfied or full after BE. Frequently reported foods were chips, fries, cookies, and pizza. Most students reported BE at home with episodes lasting up to one hour.

Conclusions & Implications: Significant gender differences were noted indicating the need for tailored interventions. Although women experience higher prevalence rates of clinically significant eating disorders, both genders are subject to the health consequences of overeating and weight gain. Clinicians should screen college age students for disordered eating behaviors, substance use, as well as stress related coping skills.
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Risky Sexual Behavior in Black Young Adults: A Concept Analysis

Ola Aloba, Rutgers University

**Purpose:** To conduct a concept analysis across time and disciplines on risky sexual behavior (RSB) among Black young adults. Blacks are the ethnic group most affected by consequences of RSB in the form of sexually transmitted infections, Human Immunodeficiency Virus, and Acquired Immune Deficiency Syndrome. Although nine and one-half million new STIs and over 8,000 new HIV/AIDS cases are diagnosed annually among 15-24 year olds, and RSB is a concept that is broadly studied, it is poorly conceptualized. This concept analysis fills this gap in the literature. Framework: A modified Wilsonian concept analysis technique was chosen for the analysis.

**Methods:** A comprehensive literature search across disciplines from 1990-2012, resulting in 93 final articles was conducted using PubMed, Medline, CINAHL, Cochrane Library, PsycINFO, Web of Science, academic search premier, World Health Organization, and the Centers for Disease Control and Prevention databases.

**Results:** Uses of the concept, definitions, attributes, empirical referents, antecedents, consequences, exemplar models and implications for practice, research, and knowledge development are addressed in this review.

**Conclusions/Implications:** More precise use of terminology with regard to RSB will lead to the development of more effective theory-based interventions which target specific unsafe sexual practices among Black young adults.
Usability of a Health Web Site in Older African-Americans with Heart Failure

Meriam F Caboral, City University of New York

**Purpose:** Guided by the derived U.S.A.B.I.L.I.T.Y. model, with the Roy Adaptation Model (RAM) providing the theoretical foundation, the purpose of this quantitative study is to examine the usability of a health web site in older African-Americans (AA) with heart failure (HF).

**Background:** An aging population and diffusion of technology are two phenomena occurring simultaneously worldwide. The confluence of these two phenomena could present problems in their successful interface. Challenges in their interface could be addressed through usability studies. Usability is defined as “how well and how easily a user, without formal training can interact with an information system of a web site.”

**Methods:** Seventy-five AA ≥ 55 years of age with a diagnosis of HF (documented by a left ventricular ejection fraction of ≤45%) will be recruited. The participants will be asked to watch and evaluate the “Congestive heart failure” program from X-Plain, Medline Plus website. A U.S.A.B.I.L.I.T.Y. Survey © was developed for the purpose of the study to measure usability. The instrument is a 25-item survey on a 5-point Likert scale consisted of 4-item learnability, 9-item efficiency, 6-item perceived UX and 6–item PC. The developed instrument has a content validity of I-CVI = 0.99; S-CVI = 0.92; and S-CVI/Average – 0.92.

**Conclusion and implications:** This preliminary study will provide an assessment of how older adults with low or limited literacy perceive the usability of a health web.
Building the Bridge from Pediatric to Adult Diabetes Care: Making the Connection

Eileen Egan, Winthrop University Hospital; Jean Corrigan, Winthrop University Hospital

Over the past decade there has been a growing body of literature regarding transition of young adults with chronic illness from pediatric to adult care. Youth with type 1 diabetes have been shown to be at particular risk when it comes time for transition. There has been a significant amount of young adults who have become lost to follow up or who are dissatisfied with available care from adult endocrinologists. This is often due to disparity in care between pediatric and adult provider. Several transition programs have been implemented globally, with mixed results and sparse long term data supporting best practice methods. The purpose of this research is to evaluate the effectiveness and outcomes of a structured transition program for young adults with type 1 diabetes. Meleis’ Experiencing Transition Theory will be used to guide program process. Roger’s Diffusion of Innovation Theory will be used to promote systems change. A pilot program will be developed to test the hypothesis that our transition program will reduce diabetes related distress regarding transition, improve self-management skills, disease related knowledge, and adherence with follow up. Patients in the pediatric program, aged 18-26, will be identified. A transition coordinator will schedule appointments. A dedicated time and day will be established within the adult team’s office space to hold the program. Health care providers from both the pediatric and adult program will be present. Joint visits will be conducted with each participant. Additionally, with the consent of the young adult, we will offer the parents an opportunity to be present during the joint appointment as they have been instrumental in their child’s care thus far. Pre and post transition questionnaires will be administered to measure diabetes related distress and self-management skills. Chart review will be used to assess acute complications and adherence to follow up.
Examining the association of medication complexity with health-related quality of life in older adults receiving community-based long term services and supports

Claudia Beck, City University of New York

Background: While the complexity of a medication regimen is a concern for all individuals, it is of significant concern for community-dwelling older adults with multiple chronic illnesses. There is a paucity of data regarding the association of medication regimen complexity variables (number of active medications, number of therapeutic drug class, drug frequency, drug route) and HRQoL in adults 65 years of age and older. The findings from this study will assist in identifying which medication-related factors (number, type, complexity) are most important in impacting HRQoL. This study will examine the association among the number of active medications, the number of therapeutic drug classes, and the complexity of medication regimens with health-related quality of life (HRQoL) in older adults requiring long term care services.

Theoretical Framework: The theoretical framework is Wilson and Cleary’s health-related quality of life conceptual model of patient outcomes.

Method: a cross-sectional, descriptive design using secondary data analysis of baseline data collected by the primary study, Health Related Quality of Life: Elders in Long Term Care. The sample will consist of community-dwelling older adults. Measurement & Analysis. Medication complexity will be measured using the Medication Regimen Complexity Index (MRCI). The MRCI is a 65 item instrument that measures variables related to medication regimen such as the number of active medications, dosage frequency and dosage form. In addition, the investigator will develop a therapeutic drug class tool to measure the number of therapeutic drug classes represented in the participant’s medication regimen. The dependent variable, HRQoL will be measured by the 12-Item Short Form (SF-12). A regression analysis will be used to determine the direction of the effects of the medication variables on health related quality of life controlling for demographic factors such as age, ethnicity, race and gender.

Results: Pending, data analysis in progress.

Conclusions and Implications: Pending
The contribution of the nursing home caring profile to the probability of hospitalizing adult nursing home residents

Nancy M. Steffan, Suburban Hospital

**Background:** Over the past decade, the number of unnecessary and harmful hospitalizations from a nursing home has become a major area of concern among clinicians, policy analysts, patient care advocates, and the consumer. Research shows that a significant proportion of the hospitalizations of nursing home residents are avoidable and unnecessary. Nursing homes, therefore, have an interest in decreasing unnecessary hospitalizations of their residents.

**Purpose:** To examine the contribution of the nursing home’s caring profile to the probability of a hospitalization in adult residents while controlling for resident, provider, and family characteristics.

**Theoretical Framework:** Watson’s Theory of Human Caring will provide the theoretical framework for this study. A resident is in a state of homeostasis receiving the required care within the nursing home. A homeostatic imbalance in the resident may occur. The resident experiences a change in his or her condition, and it is recognized that an increase in care may be needed. At this crossroad, a decision must be made. Four factors exert an influence on the decision to hospitalize the resident which includes: resident characteristics, provider characteristics, family characteristics, and the nursing home’s caring profile.

**Methods:** Descriptive, correlational study

**Sampling Design:** Data will be derived from the 2004 National Nursing Home Survey (NNHS), a nationally representative sample of nursing home facilities, their residents, discharges, and staff.

**Statistical Equation**

\[ Y = \frac{\text{Probability (event=hospitalization)}}{\text{Probability (no event=no hospitalization)}} \]

\[ y = \text{Hospitalization – Yes/No} \]

Intercept = 0.05

\[ \beta_1 = \text{Resident demographics} \]

\[ \beta_2 = \text{Resident health status characteristics} \]

\[ \beta_3 = \text{Family characteristics} \]

\[ \beta_4 = \text{Provider characteristics} \]

\[ \beta_5 = \text{Nursing home caring profile} \]

**Contribution:** Understanding the contribution that a nursing home’s caring profile makes to the probability that a resident will be hospitalized is fundamentally important and can suggest institutional strategies to decrease future unnecessary hospitalizations.
Children, Families and Orthopedic Surgery in Nepal: A Qualitative Description of Pain Care

Kim Kancir, University of New Hampshire

**Study Purpose:** Nepal, one of the poorest countries in the world, has over 23,000 children living with significant orthopedic disability. As Western surgical corrections become more available, it is not clear how to best manage the pain experience of these children. Their pain experience is complex as their disability has often been painful for many years prior to the surgical correction. Therefore, this qualitative study aimed to develop a rich description of the pain experience from the child's and families' perspectives as they recall their pain management strategies before their surgery and through the post-operative and acute rehabilitation process.

**Methods/Results:** The semi-structured interviews of 10 children, ages six to sixteen, and their families who received surgery at Hospital and Rehabilitation Centre for Disabled Children in Nepal revealed patterns specific to their pain experiences. Before treatment, nine of the ten children described their experiences in terms of the barriers the disability caused— one child reported crawling 0.5 kilometer to school. Four received massage by a family member, but only one received pain medication at home. These nine children prioritized maintaining function rather than seeking pain relief before surgery. After surgery, children were usually given one dose of a narcotic and then further pain was managed with a muscle relaxant. Five of the nine children found that the medications decreased their pain with four only experiencing some relief. All the children reported using coping strategies. These focused on having family close by and using a variety of distractions.

**Conclusions:** Overall, the experience of pain as well as its management for these children focused on function, education and family connections, in contrast to reliance on medication. The children and their families drew on their resilience developed over their years of living with a disability in a challenging environment and successfully managed the challenges of acute pain post-operatively and in rehabilitation.
**Poster Session III: Child and Adolescent Health**

**Poster 1**

**Pediatric Faces Pain Assessment Tools: A Systematic Review of the Literature**

_Brenna Leda Quinn, University of Massachusetts Boston; Mary Cooley, University of Massachusetts Boston; Lisa Kennedy-Sheldon, University of Massachusetts Boston_

**Background/Purpose:** Pediatric pain assessment is a significant issue, yet the topic is understudied. Obtaining accurate assessments of pain is necessary to be able to effectively manage pain in children and improve quality of life. Assessing children’s pain is challenging, requiring selection of the appropriate assessment tool. The purpose of this article is to examine the use of faces pain assessment tools in the self-reporting pediatric population, to make recommendations for changes in practice, and suggest future research priorities. Framework: The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines provided a framework for this study.

**Methods:** Five computerized databases were searched to identify original research pertaining to the use of faces pain assessment scales. Relevant articles were identified and data were extracted from the studies. Content analysis was then used to synthesize the findings.

**Results:** Ten studies met inclusion criteria. Seven faces pain assessment tools were included in the selected studies. Overall, children are able to differentiate the meanings of pain and mood when asked. As children age, their ability to distinguish differences in pain intensity ratings increases. Children younger than seven years can only distinguish two to three response levels on pain assessment scales. This is problematic as faces pain assessment scales currently in use have more than three faces. A smiling face utilized to represent the absence of pain may cause overestimation of pain, as children may not select the smiling face when they are pain-free but unhappy.

**Conclusions and Implications:** Standardized use of faces pain assessment tools in practice settings is imperative. Due to response bias, the discontinuation of face scales utilizing a smiling face as an anchor is suggested to minimize the overestimation of pain levels and potential overtreatment. Development of faces scales that solicit more accurate assessment results and utilize technology is recommended. The body of knowledge regarding pediatric pain assessment tools needs to be critically appraised to provide accurate assessment to direct interventions that improve pain control and quality of life.
Poster Session III: Child and Adolescent Health

Poster 2

Childhood Overweight/Obesity: Exploring the Reciprocal Relationship between BMI Change in Children from 2nd to 3rd Grade and Their Reported CATS Teasing Experiences

Veronica Feeg, Molloy College; Laura M. Candelaria, Molloy College; Melissa I Gebbia, Molloy College; Susan Krenitsky-Korn, Molloy College

Background/Purpose: With the growing concern about the obesity epidemic and its related consequences, there is a growing interest in understanding the multiple biological and psychosocial factors that are associated with overweight children’s development. Although we know more about antecedents such as genetics, nutrition and exercise, we know less about the behavioral determinants of conditions that produce overweight or the consequential social effects on children who are overweight such as teasing or bullying. The purpose of this study is to describe the chronological changes in BMI in a group of children from 2nd to 3rd grade and their reported experiences of being teased.

Conceptual Model: The study is formulated on the developmental model of dynamic interactionism whereby the child’s physical characteristics influence the social environment, which may feedback and influence the child’s behavior that leads to the physical characteristics.

Method: The sample of elementary school children from a low-income charter school was followed from 2nd to 3rd grade in a community based project focusing on health promotion. BMIs were obtained on 50 children by the school nurse to be reported to the state at two intervals, approximately 1 year apart. With IRB approval, children received a packet of questionnaires that included the Child-Adolescent Teasing Scale (CATS) in both English and Spanish, allowing children to choose language (n=48).

Results: Data are in the process of being collated and analyzed for patterns that explore the dynamic influences of children reporting being teased on the 4 factors of the CATS scale with their current BMIs and/or if any fluctuations occurred over the study year.

Implications: Positive associations will help us understand the social consequences of weight-based teasing that may be precursor to bullying. In addition to interventions focusing on the behaviors that are most often associated with weight management, nurses will need a comprehensive approach in understanding the antecedents or consequences of weight-based teasing on children’s outcome behaviors.
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Poster 3

A Phenomenological Study Of the Experience of Being a Well School-age Sibling of a Child with a Traumatic Injury

Mary Jo Bugel, University of Medicine and Dentistry of New Jersey

Purpose: The aim of this study was to describe and understand the experience of being a well school-age sibling of a child recovering from a traumatic injury.

Background: School-age siblings experience a traumatic injury to their brothers or sisters in unique ways, yet there has been little research undertaken regarding the sibling perspective. Understanding what it is like to be a well school-age sibling of a child with a traumatic injury is largely unknown.

Method: Phenomenology was the method of inquiry used. Interviews were conducted with 7 school-age siblings ranging in age from 8 to 12 years, audio-recorded, transcribed and analyzed using traditional qualitative techniques (Ely, 1991). Identification of patterns and themes common to the experience were identified and described, and examples of the phenomenon existing in popular culture were sought.

Results: Four main themes emerged: the compassion of the siblings, a difficult experience, changes, and constants. Three metathemes were revealed: the experience is an emotional experience, an opportunity for growth, and a different world for siblings. Support for these themes were found in literary and artistic sources, such as art, songs, books, children’s television programming, and on internet sites frequented by siblings.

Conclusions: Research-based recommendations for clinical nursing practice will be presented. Key Words: traumatic injury, experience, siblings, sibling relationship, school-age.
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Poster 4


Jennifer Emilie Mannino, Molloy College; Veronica Feeg, Molloy College

Purpose: The purpose of this study is two-fold: (1) to refine and establish construct and concurrent validity of the Parent Needs Scale (PNS), an instrument used to measure the needs of parents or guardians of children with special health needs using known groups and an existing, valid and reliable scale - Impact on Family Scale (IFS); (2) to explore the concept of parent “resilience” via telephone interviews asking parents to share their experiences as a parent of a child with special needs specifically related to overcoming adversity.

Background: When providing care for a child with special needs often the increasing needs of parents are overlooked. Unmet parental needs may lead to stress, anxiety, and depression. A study of resilience allows for the discussion and development of intervention programs that nurture both individual and environmental attributes that mitigate parental risk and maladaptive behaviors.

Methods: The research is a mixed-method descriptive qualitative study that combines measures of parents’ needs (PNS) and impact on the family (IFS) with open-ended interview questions probing personal experiences of parenting a child with special needs. At the same time, the central phenomenon of resilience is explored using semi-structured, open-ended qualitative interviews questions. A convenience sample of 35 parents and/or guardians of children with special needs have been identified, invited and signed consents were mailed to the investigators. Each parent or guardian over the age of 18 with at least one child with special needs who speaks English was contacted by the researcher by telephone. The interview was a rehearsed, pre-scripted set of questions conducted in privacy lasting 20 – 30 minutes, transcribed and prepared for analyses.

Results: To date, 15 interviews have been completed. Preliminary findings reveal themes that include shock and denial, worry, blame, acceptance, and commitment to succeed. Scores from the IFS may represent a level of illness that is not acute; scores from the PNS represent how parents report problems at this time. The PNS may be a better tool to understand parents’ needs.

Conclusions and Implications: Findings may suggest how nurses can better understand parent resilience despite parenting a child with special needs.
Background/Purpose: Caring for a child with a neurological condition results in a constant feeling of uncertainty because symptoms are unpredictable. Uncertainty is associated with parental stress, decreased confidence in parenting ability, anxiety and depression which often result in behavior problems in the child. Stress can be relieved if parents are taught what behaviors to expect from their child and how to respond appropriately. COPE (Creating Opportunities for Parent Empowerment) is a nurse coached educational intervention that teaches parents how to recognize and interpret behavioral cues provided by their child. The purpose of this research study was to determine the preliminary efficacy and feasibility of COPE with parents of children with neurological conditions.

Theoretical Framework: The COPE intervention is based on control theory, the emotional-contagion hypothesis, and self-regulation theory.

Methods: This study utilized a randomized repeated measures design administered at three intervals: 1) 24 hours after hospital admission, 2) 3 days following discharge by telephone, and 3) 4-6 weeks after hospitalization. The sample consisted of 37 mothers and 9 fathers of children between the ages of 2 and 6 years who had been diagnosed with a neurological condition. The sample was recruited from an inpatient neurology unit at a teaching hospital. Data collection measures included: 1) Parent Belief Scale, 2) Beck Depression Inventory, 3) Parent State-Trait Anxiety Inventory, and 4) Behavioral Assessment System for Children. Data analysis was conducted using one-way analysis of variance (ANOVA), multivariate analysis of co-variance (MANCOVA), and logistic regression.

Results: Statistically significant results included: 1) parent anxiety was highest during the hospital admission for both intervention and control groups, and 2) demographic variables predicted attrition rates.

Conclusions and Implications: The findings from this study have important implications for future research. Stress associated with parenting a child with a neurological condition can have a significant impact on how the family functions. Nursing has the opportunity to provide these families with much needed support and education. Future studies need to be developed to further assess how to best facilitate coping among this vulnerable population to maximize quality of life for the entire family.
Appreciative Inquiry to Transform Nursing Practice for Children of Promise

**Kathleen Falk, New York City College of Technology**

**Purpose:** The purposes of this appreciative inquiry is for nurse mentors to (a) reflect on the existing strengths and effectiveness of the nurse-mentoring program for children with incarcerated parents, (b) lead the nurse-mentors to discover what is important, and (c) build a collective vision of the preferred future for mentoring this population. Through the appreciative inquiry (AI) process, nurses will transform their practice in assisting children toward healthy behaviors.

**Background:** Since 1991, the number of children who have imprisoned parents increased 79% with a 122% increase of incarcerated mothers. With structural racism and injustices in our judicial system, African American and Latino children are disproportionately affected. Children with incarcerated parents do not have the same opportunities as their counterparts to learn social and emotional skills that are foundational for healthy behaviors. The Nurse-Mentoring Program was implemented to promote optimal health and educational outcomes among children at high risk for transmission of intergenerational incarceration.

**Methods:** This action research study utilizes the AI qualitative method. Participants are RNs who were enrolled in a Baccalaureate program and worked for at least 60 hours as nurse-mentors. The setting is a public elementary school in which the RNs worked with the inter-professional team. Data were collected through individual interviews and focus groups that resulted in consensus for an action plan. A dialectic-hermeneutic approach was employed to interpret the texts of those who experience a phenomenon and construct personal meaning from them.

**Results:** An action plan is being carried out and will be evaluated after three months. Goals of the plan include: (a) taking steps toward a family centered approach to nurse-mentoring; (b) improving communication between nurses, children, and caregivers; (c) implementing and evaluating a nursing assessment tool that captures the needs of this population; (d) effective use of mentoring time with children; and (e) decreasing identification with negative models.

**Conclusions and Implications:** Through evaluating the action plan, a collective view will emerge regarding best nurse-mentoring practices for this and other programs for children with incarcerated parents. Recommendations for the next AI cycle will perpetuate the development of nursing knowledge to promote health and break the cycle of incarceration among vulnerable children.
Non-Urgent Pediatric Patients and the use of the Emergency Room

Kathleen M. Baker, Community Health & Health Studies Department; Krista Bilger, Lehigh Valley Health Network; Andrew Martin, Lehigh Valley Health Network; David Zimmerman, Lehigh Valley Health Network

**Purpose:** Nurses in a local urban Emergency Department (ED) noticed a number of pediatric patients using the ED for what appeared to be non-emergent scenarios, particularly those patients with a chief complaint of fever. The goal of this study was to 1. determine the magnitude of the problem and 2. identify descriptive characteristics of patients presenting for these seemingly non-urgent and inappropriate ED visits.

**Theoretical Framework:** Pender’s Health Promotion Model

**Methods:** This was a descriptive study using retrospective chart review for pediatric (18 yrs old and younger) patients with primary complaint of fever and at the Lehigh Valley Health Network’s (LVHN) Emergency Department at the 17th and Chew street site. IRB approval was obtained and data were pulled from the hospital database. Sorting criteria included pediatric patients, assigned ICD 9 code 760 & 760.8, treated at ED during FY 2011, and not admitted to the hospital. Further analysis determined a majority of patients were under the age of four, and had an Emergency Severity Index (ESI) of 4 or 5. These criteria were used as inclusion criteria for our patient population. The Barton Schmitt Telephone Triage Tool (BSTT) was retrospectively applied to the ED triage nurse’s note provided in the medical record. This tool was utilized to classify visits into an appropriate treatment locale. Only ED visits classified in the “Call 911 or Go to ED Now” classification were deemed appropriate for treatment in the ED. Information regarding the insurance, PCP, residence, gender, and ethnicity was also collected for each patient.

**Results/outcomes:** Eight hundred eighty-four patients met the inclusion criteria. For 803 of the 884 patient visits (or 91%) identified “Homecare” or “See in Dr. Office within 24 hours” as appropriate treatment local for these patients. The mean age of the population was 21.7 months and the mean temperature when presenting to the ED was 100.7 degrees Fahrenheit. Predominately, these patients were insured by Medical Assistance, Hispanic, were patients of the LVHN Children’s Clinic and lived locally in Allentown.

**Implications:** This study identified a large subset of pediatric patient population whose appropriate treatment local was not the ED. The next step is to better understand the determinants that lead caretakers to bring their children to the ED for treatment of a non-emergent fever.
Adolescents’ Home Pain Management after Laparoscopic Appendectomy: Unexpected Findings

Jessica Cooper, Connecticut Children’s Medical Center

Background: Appendectomy is the most common surgical reason for emergent pediatric hospital admission. Researchers report children experience moderate to severe pain during hospitalization after laparoscopic appendectomy. Yet, knowledge of children’s pain and analgesic use after discharge is limited. As opioid use for the treatment of pain has become more common, prescription opioid diversion has too. Most drug diversion occurs among friends and family. Of adolescents who reported misusing prescription opioids, 44% of males and 49% of females reported getting them from a friend or relative; but 23% of males and 18% of females reported getting them from a physician. One fifth of US adolescents self-reported sharing prescriptive drugs; 27.5% of girls and 17.5% of boys frequently gave away their scheduled medications. Prescribers need more information on the trajectory of post-surgical pain to assure whether they provide a sufficient amount of opioid analgesics for pain management without over prescribing and inadvertently contributing to the problem of controlled substance diversion and misuse.

Theoretical Framework: Describe children’s pain experiences and home opioid use after laparoscopic appendectomy.

Methods: An exploratory descriptive design. Data were collected through review of the subjects’ medical records and completion of 14 day home pain management diaries with pain intensity ledgers. Prescription opioid analgesics were dispensed with eCap technology to provide a secondary source of monitoring; eCap records the time the bottle was opened, not how many pills were removed. Phone contact was used to encourage diary completion.

Results: 15 patients enrolled; two withdrew and one failed to return the eCap or diary at follow-up. Two subjects reported never filling their prescription however; evidence indicated one prescription was filled at discharge. Consequently, eCap and diary data were available for 10 patients. The diaries, eCap data and pill counts for 6 patients were consistent with the expected trajectory of post-operative pain. Four cases had unexpected findings, suggesting aberrant opioid use.

Conclusions & Implications: Despite the small sample size, evidence of aberrant opioid analgesic use was found in 40% of the sample. The eCap technology provided an innovative way to capture and verify self-report data for prescription drug studies. This technology may be useful for monitoring medication use; identifying aberrant use or diversion.
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Role of Parents and Guardians in Promoting Adolescent Sexual Health: An Evidence-based Intervention with Implications for Practice, Education, Research and Policy

Kathleen A Sternas, Seton Hall University; RoseMarie V Peterkin, Friends and Families United; Mary Ann Scharf, Seton Hall University; Janet Summerly, Seton Hall University

Purpose: Early sexual activity is related to pregnancy, STD’s, depression in adolescents. Adolescent risky sexual behaviors are increasing. Family communication can reduce adolescent risky behaviors. This presentation describes outcomes for an evidenced-based intervention that promotes parent/guardian-adolescent communication about sexuality and rules, and compares outcomes of intervention and comparison participants.

Theoretical Framework: Bandura’s social learning theory guided the intervention which included discussions, mentoring/role modeling, health/fitness classes, cultural events/community service, recognition and parent/guardian education on effective communication about sexuality/rules.

Methods: Pretest post-test design. Four intervention schools(n=269; 183 girls/86 boys)/five comparison schools(n=220;123 girls/97 boys) participated. Participants were 6th to 8th grade students. Intervention participants were randomly selected. Comparison and intervention schools were matched on demographic variables. Measures: AFL Core Baseline/Follow-up and Demographic Questionnaires. Analysis: Pearson Chi Square, Mann Whitney U statistical tests and .05 level of significance. Post-Test I

Results: Significantly more intervention than comparison participants reported: dating/party rules(p=.005); higher age for alone date (p=.030); parents/guardians not calmly discussing broken rules (p=.039). Intervention participants reported: saying no to wrong activities(p=.005); self-confidence(p=.009); important to remain abstinent(p<.001); abstinence prevents pregnancy/STD’s/health problems(p=.002). More intervention than comparison girls reported: dating/party(p=.041)/where I am (p=.027)rules; no to wrong activities(p=.026). More intervention than comparison boys reported: no sex unless married(p<.001). Significantly more comparison participants reported: sex okay if dating long time(p<.001). More comparison girls reported: body/dating/alcohol/drug questions(p=.012); little life control(p=.008); can’t do things well(p=.030). More comparison boys reported: not talking with parents/guardians about alcohol/drugs/sex(p=.006); parents/guardians yell/shout/scream when break rules (p=.030).

Conclusions & Implications: Intervention participants have more significant outcomes related to parent/guardian-adolescent communication about sexual health than comparison participants. Findings suggest the intervention promotes parent/guardian-adolescent communication. Findings have implications for practice, education, research and policy on effective parent/guardian communication as an intervention for promoting adolescent sexual health.
Speeding, Stopping, and Traffic Check Errors in a Simulated Driving Assessment for Novice Teen Drivers


Background: Motor vehicle crashes are the leading cause of death in teens. Driving simulators are an innovative technology to examine driving performance. As part of a larger validation study for the development of a new simulated assessment, the purpose of this analysis was to compare driving performance metrics for speeding, stopping, and traffic checks in standardized intersections with novice teen drivers that did and did not crash/run-off-the-road (ROR) during the entire simulated assessment.

Theoretical Framework: This analysis is based on a model for risky driving and motor vehicle crashes.

Methods: Using a high-fidelity driving simulator and eye tracker, 20 novice teen drivers completed a new simulated driving assessment. We examined speeding, stopping, and traffic check error derived variables from simulator recorded and eye tracking data from three selected standardized intersections (2-way stop sign; 4-way stop sign; and left turn with a stop sign) in the assessment. We also examined crashes from simulator recorded data in all sections of the assessment. Descriptive statistics and independent t-tests were used to examine differences in performance between teens that did and did not crash/ROR.

Results: The 20 teens had a range of 0-14 speeding and stopping errors and 0-12 traffic check errors in the standardized intersections. In the sample, 50% of the teens were involved in one or more crashes/RORs during the entire simulated driving assessment. The teens who crashed had significantly more speeding and stopping errors (M=7.4 (sd 3.86) vs. M=2.2 (sd 3.85), t=-3.01, p=.007) and traffic check errors (M=7.7 (sd 3.97) vs. M=4.0 (sd 2.45), t= -2.45, p=.025) in the standardized intersections than the teens who did not crash/ROR.

Conclusions: These results provide supporting evidence of the validity of data for scoring speeding, stopping, and traffic check errors as critical metrics to help identify unsafe teen drivers in our simulated driving assessment.
Social Support, Acculturation and Optimism: The Role They Play In Understanding Positive Health Practices In Asian American Adolescents

Cynthia Ayres, Rutgers University; Ganga Mahat, Rutgers University

Background/Purpose: This study developed and tested theory to better understand positive health practices (PHP) among Asian adolescents.

Theoretical Framework: It tested theoretical relationships postulated in the literature between PHP and (a) social support (SS), (b) optimism, and (c) acculturation, and between SS and optimism and acculturation. Optimism and acculturation were also tested as possible mediators in the relationship between SS and PHP.

Methods: A correlational study design was used. A convenience sample of 163 Asian college students in late adolescence in an urban setting completed four questionnaires assessing SS, PHP, optimism, and acculturation and one demographic questionnaire. Data was analyzed using SPSS Statistical Software.

Results: There were statistically significant positive relationships between SS and optimism with PHP, between acculturation and PHP, and between optimism and SS. Optimism mediated the relationship between SS and PHP; acculturation did not.

Conclusions and Implications: Findings extend knowledge regarding these relationships to a defined population of Asian late adolescents. Implications for further research: Findings contribute to a more comprehensive knowledge base regarding health practices among Asian adolescents. The theoretical and empirical findings of this study provide the direction for future research as well. Further studies need to be conducted to identify and test other mediators in order to better understand the relationship between these two variables.
Self-Management Interventions for the Treatment of Adolescent Obesity: A Systematic Literature Review

Ariana Chao, Yale University; Robin Whittemore, Yale University

Purpose: The purpose of this systematic review is to synthesize the research on self-management interventions for adolescent obesity treatment.

Background: Though the global focus is shifting towards the prevention of obesity in youth, it is equally urgent to pursue treatment models that are effective for adolescents who are already overweight or obese. Given that self-management is crucial for the successful treatment of adolescent obesity, a comprehensive synthesis of these interventions is warranted.

Methods: A systematic search of PubMed, PsychINFO, and CINAHL was conducted to identify articles published in English between January 2002 and March 2012. “Obesity” and “treatment” were entered as keywords. Abstracts were reviewed to identify studies that asserted to be on self-management or contained at least one self-management component (i.e., problem solving). Studies that involved surgical or pharmacological management, strict dietary regimens, or included normal weight adolescents were excluded. Data were extracted on the characteristics of interventions, and individual and family outcomes. Risk of bias and quality of evidence were assessed using the Cochrane Risk of Bias Tool and GRADE approach.

Results: Forty-three articles on 26 interventions met criteria. The literature was heterogeneous in terms of interventions and outcome measures. While most interventions were implemented in outpatient settings (n=16) and by multidisciplinary teams (n=18), the mode of delivery, duration, self-management components, and content of classes varied widely. Fifteen studies demonstrated short-term improvements in BMI; however, most studies reporting on metabolic measures such as blood pressure did not report improvements. Though psychosocial outcomes were assessed in relatively few studies, all five studies reporting on self-esteem demonstrated improvements, and two out of three studies demonstrated improvements in quality of life. Only five studies evaluated family outcomes with mixed findings. All studies had a high risk of bias in at least one domain.

Conclusions: Although heterogeneity and high risk of bias limit interpretation, results suggest that self-management interventions lead to positive outcomes. Further research is necessary to determine the most effective self-management strategies for this population, and to evaluate psychosocial and family outcomes, sustainability, and long-term changes resulting from self-management interventions.
The Stories Of Homeless Street Youth: A Narrative Inquiry Of Time Perspective, Health, And Health Promotion

Terri L LaCoursiere Zucchero, Boston Health Care for the Homeless Program

**Purpose:** This study sought to gain a rich understanding of homeless street youth through individual story analysis and examination of youths’ time perspectives and the possible connection between time perspective, health, and health promotion.

**Background:** Homeless street youth are a large and highly vulnerable population that engage in high-risk “survival” behaviors and suffer disproportionate morbidity and mortality. Time perspective (TP), an interpersonal factor representing an individual’s way of relating to the past, present, and future (Zimbardo & Boyd, 1999), has not been explored with homeless youth but may play a role in their health and well-being. TP is believed to have a significant influence on human behavior including individuals’ attention, perception, judgment, decision making, and actions (Boniwell & Zimbardo, 2004).

**Methods:** A descriptive study design using narrative inquiry methodology was used. Thirteen homeless street youth participants between 18 and 21 years old were interviewed including six females, five males, and two female to male transgender individuals. Participants were asked to tell their story, in their own words, any way they wanted to tell it. Additional questions from a semi-structured guide prompted discussion of homelessness, time perspective, health, and health promotion. An adaptation of Polkinghorne’s narrative analysis procedure was used.

**Results:** The product of the narrative analysis was a collection of thirteen unique stories of homeless street youth with some similarities related to possible causes and consequences of homelessness including adverse childhood experiences, alcohol and drug use/abuse, survival strategies, health, health promotion, and time perspective. Two important findings in this study were: 1) many homeless street youth possess positive future time perspectives; and 2) a possible connection between time perspective, health, and health promotion may exist.

**Conclusions and Implications:** A temporal sense of one’s life has an effect on present actions and future goals (Polkinghorne, 1988). Understanding the time perspectives of homeless street youth is important for improving their health and health promotion as well as for preventing chronic homelessness. The findings from this narrative inquiry have significant implications for clinical practice, education, policy, and future research.
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Poster 14

Media Use and Ownership in Diverse Populations of Youth

Ann-Margaret Navarra, Columbia University; Elizabeth Cohn, Columbia University; Elaine Larson, Columbia University; Natalie Neu, Columbia University Medical Center; Sima Toussi, Weil Cornell Medical College

Background/Purpose: Media activities have replaced traditional forms of communication, resulting in novel ways of interpersonal connection and pervasive access to information. Yet the potential for digital inequality in diverse populations of youth has not been well described. The aims of this study were: 1) to examine media use and ownership in three distinct cohorts of youth, and 2) test a survey instrument designed to measure media use and ownership.

Methods: Using a cross sectional, descriptive design, a convenience sample of 88 youth, ages 13-24 years were recruited from three HIV specialty clinics and two campuses of an urban university. Media use and ownership were assessed using an adapted measure from the Kaiser Family Foundation 2010 Media Study. A sub-analysis was performed and included 53 college level participants, (15 undergraduate students with confirmed HIV-infection; 23 undergraduate and 15 graduate nursing students with unknown HIV-status). Descriptive statistics and bivariate analyses were computed with the level of significance set to 0.05.

Results: All 53 participants (100.0%) reported ownership of a cellular phone, and computer with internet access. Greater frequency of television ownership was observed among HIV-infected students (100.0%) in comparison to graduate nursing students (60.0%), p=0.017. No statistically significant differences were found in time spent with common media devices/activities (i.e. social websites, email, cellular phone time, texting), when comparing HIV-infected students to each of the other groups (p > 0.05). However, HIV-infected students spent more time television viewing and playing video games in comparison to the undergraduate and graduate nursing students, and less time reading offline in comparison to undergraduate students with unknown HIV-status (p <0.05).

Conclusions: Media access and patterns of communication were comparable in distinct cohorts of youth.

Implications: Although media ownership and consumption were similar between groups, increased television related activities and less time reading offline among HIV-infected participants warrants further exploration.
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Poster 15

Recognition of Delirium Superimposed on Dementia over Time by Nursing Home Staff Utilizing Standardized Case Vignettes


Background/Purpose: Delirium superimposed on dementia (DSD) occurs in over half of older adults with dementia and is associated with adverse outcomes such as decline in physical function, an increased rate of cognitive deterioration, and death. Previous studies have shown it is poorly recognized in acute care. Voyer and colleagues (2011) have shown that delirium is common in the nursing home, yet little is known about recognition or prevention of delirium in this setting.

Theoretical Framework: Nurses possess the skills necessary for the detection and management of delirium. Educational interventions in LTC are challenged by high turnover and a shortage of nursing leadership that must be better understood and addressed. The purpose of this study was to describe the recognition of DSD and delirium motoric subtypes among staff in long term care and to explore differences among settings and over time.

Methods: This study utilized data from a larger NINR funded clinical trial. Nursing home staff (RNs, LPNs, CNAs) across 7 sites in PA were surveyed every 6 months to assess recognition of delirium, delirium superimposed on dementia, dementia alone and delirium with different motoric subtypes utilizing previously published standardized case vignettes (Fick et al.; 2007).

Results: Overall, approximately 477 (25%) of the staff completed the vignettes. We found that 68% of the nursing home staff were able to correctly identify dementia in the vignette, but had difficulty correctly identifying DSD, as well as identifying the hypoactive form of delirium and DSD. Only 18% were able to correctly identify the hypoactive form of DSD, and 36% correctly identified hyperactive delirium alone in the case vignette. We will also report on differences seen across sites and over time.

Conclusions and Implications: This is the first study to report on recognition of delirium across multiple sites in long term care. Despite the high incidence of delirium in the elderly and the substantial mortality rate associated with it, it is poorly recognized in long term care (LTC). Prompt detection of delirium could enable staff to treat the person with delirium in their own setting avoiding costly hospitalizations and further decline. Interventions to increase early detection of delirium by nursing home personnel have the potential to decrease the severity and duration of delirium and to prevent unnecessary suffering and costs.
Occupational Attainment Influences Survival in Frontotemporal Degeneration

Lauren M Massimo, University of Pennsylvania; Muray Grossman, University of Pennsylvania; Ann M. Kolanowski, The Pennsylvania State University; David Libon, Drexel University; Katya Rascovsky, University of Pennsylvania; Sharon X Xie, University of Pennsylvania; Jarcy Zee, University of Pennsylvania

Background/Purpose: Higher occupational attainment and education may modify the effects of neurodegenerative brain pathology. Some work has associated these variables with slower cognitive decline in healthy aging and neurodegenerative diseases. Here we examined the influence of occupational attainment and education on survival in autopsy-confirmed cases of Frontotemporal degeneration (FTD) and Alzheimer’s disease (AD).

Theoretical Framework: Cognitive Reserve Theory (CR) posits that neural connectivity, mediated by education, occupation and mental engagement, may modify the course of longitudinal decline in neurodegenerative diseases.

Methods: We preformed a retrospective chart review of 105 autopsy-confirmed FTD (n=42) and AD (n=63) cases. The subject’s primary occupation was classified and ranked according to Wechsler Adult Intelligence Scale-Revised (WAIS-R). Highest level of education was recorded in years. Survival was defined as time from disease onset until time of death. Linear regression models tested associations between occupational attainment, education and patient survival.

Results: Median survival for FTD was 80 months and for AD 100.6 months. Years of education (mean=15.2 years for both groups) and occupational attainment were similar for both groups. We found that higher occupational attainment was associated with longer survival time in FTD (F=6.31, p=0.0006), but not AD. Educational level did not reach significance for either group.

Conclusions: Our results suggest that prognosis is poorer in FTD than AD, and that this is modulated by occupational attainment. This reserve may be the direct result of neuronal plasticity affected by professional experiences, or a secondary consequence of optimal neuronal connectivity on cognition that allows individuals to minimize the emergence of cognitive difficulties by implementing compensatory cognitive strategies. Additional work is needed to improve our understanding of the interaction between life experiences and neurodegenerative disease process. Identification of protective factors associated with CR has important implications for studying disease progression and interventions that slow cognitive decline in neurodegenerative diseases.
Poster 17

Successful Aging at Home: A Conceptual Clarification and Case Presentation

*Sheila Pennell, University of Massachusetts Amherst*

**Purpose:** The purpose of this inquiry was to fully appreciate the single case of a successfully aging individual living in the community, and to compare her story to the current literature.

**Background:** Successful aging is an outcome important to the future of healthcare. The up and coming baby boomer generation will challenge the healthcare system to re-define important outcomes to reflect consumer preference. Successful aging in the home environment is the consumer-driven mandate and desired outcome of aging care for many individuals.

**Methods:** A literature review of the concept of successful aging was completed and a single case participant was interviewed using qualitative case study methodology.

**Results:** This paper reports on a conceptual clarification exercise in which the concept of successful aging is explored in the context of home. The case of Violet, a 95-year old single American woman, is utilized to provide an expression of an ideal example of this concept in context.

**Conclusions and Implications:** Violet is a prime example of successful aging in the community. She utilizes adaptive strategies to maintain independence despite a high level of functional disability.
Testing Selected Features of an Innovative Pill-Dispensing Console for Elders

Margarete Zalon, University of Scranton; Herbert Hauser, University of Scranton; Robert Spalletta, University of Scranton; Christine Zakzewski, University of Scranton

Background/Purpose: Delirium is one of the most complex and serious problems faced by elders, resulting in hospitalization and serious adverse consequences. This project describes preliminary steps taken by our transdisciplinary team in changing the delirium detection paradigm from hospital to home with a novel technology-enhanced pill console that addresses delirium’s underdetection. We plan to use data from eye-tracking, a Kinect Xbox and sensors in a pill-console to develop sophisticated algorithms to detect early pattern change in elders’ cognitive processes including attention, and behaviors associated taking medication. The purpose was to determine whether aspects of our proposed technology for early detection of delirium were feasible and user-friendly. Framework: This study uses Sanders’ (2011) conceptualization of delirium’s pathogenesis as a breakdown in neural network connectivity resulting in a failure in integration and appropriate processing of information.

Methods: Our first pilot measured accuracy and latency in removing “pills” from an early pill-console prototype. A second pilot tested accuracy and latency with an attention task using an iPad interface to determine responses to an alert, and accuracy in remembering the last of 16 locations of a lighted square on an iPad in 4 successive trials. In each pilot, a brief survey provided feedback about the nature of the task and recommendations for improvement. Sample: Community-dwelling elders attending activities at a senior citizens center (Pilot 1, N= 15; Pilot 2, N = 23).

Results: The elders participating in the first pilot were able to accurately push buttons to gain access to a pill receptacle. The means and standard deviations (SDs) for the trials (1-4) in seconds were as follows: 8.21 (5.24), 8.95 (9.34), 4.04 (2.32) and 2.61 (1.32). In the second pilot, only 2 elders made errors in trials 1, 2 and 4, and 3 made errors in trial 3, with a total of 5, 8, 19 and 5 errors for trials 1-4. Means and SDs for reaction time (task completion time) for the trials (1-4) in seconds were as follows: 3.22 (3.87), 3.54 (6.92), 2.98 (4.83) and 2.2 (2.34). Elders generally had a positive reaction about the design concept. Elders did not find pushing buttons or pressing squares on an iPad to be difficult.

Conclusions and Implications: Results indicate that there is a learning curve, but that elders can use new technology when given the opportunity, and would accept medication from a small receptacle.
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The Effects of Resources on Caregiver Outcomes for Family Members Providing Care to Community Dwelling Older Adults

Gwen McGhan, The Pennsylvania State University; Rhonda BeLue, The Pennsylvania State University; Janice Penrod, The Pennsylvania State University

Background/Purpose: Health care outcomes for family caregivers is an important topic as providing care to a loved one has become a common occurrence. Caregiving can result in increased morbidity and mortality for the caregiver however; recent studies have shown positive outcomes such as improved well-being. In the caregiving role, resources can play an integral part in understanding both positive and negative caregiver outcomes. The purpose of this study is to describe if caregivers perceptions of the adequacy of different resources influence caregiver strain and satisfaction and ultimately their health outcomes.

Theoretical Framework: The Conservation of Resources model (COR) provided the framework for this study. COR allows for the examination of how environmental factors affect the resources available to caregivers and how resources in the caregiving role can result in both positive and negative outcomes for the caregiver.

Methods: Secondary analysis of data from the 2004 National Long-Term Care Survey, Informal Caregiver Supplement was completed using OLS Regression with moderation analysis (n=1471).

Results: The findings of greater demands in the caregiving role resulting in higher levels of caregiver strain are consistent with previous research. An interesting result from this study is resources in the form of family support reduces caregiver strain and positively moderates the effect of caregiver demands on strain levels whereas resources in the form of personal support has a stronger relationship with satisfaction than with strain.

Conclusions: More attention is required regarding the development and evaluation of services that respond to the resource needs of caregivers as this may lead to improved outcomes for the caregivers. Assessing caregivers’ perceptions of their resources and the impact this has on their health care outcomes will help to address what the needs of caregivers are and how different forms of resources may address those needs.
Transportation of Older Adult Members of a PACE Program: What Really Happens on the Vans?

Justine S Sefcik, University of Pennsylvania; Christine Bradway, University of Pennsylvania; Pamela Z Cacchione, University of Pennsylvania; Sandra Jost, University of Pennsylvania

Purpose: To explore van assistants’ experiences with transportation of Living Independently for Elders Center members.

Background: Programs for All-Inclusive Care for the Elderly (PACE) models are called Living Independently for Elders (LIFE) in Pennsylvania. LIFE members receive the majority of their care in a LIFE Center and 90% of our members are transported to the Center on LIFE vans. In our experience, geropsychiatric services are frequently consulted to evaluate and suggest interventions for managing behavioral disturbances and safety concerns that occur among LIFE members during van transportation. Current literature addresses the phenomenon of behavioral disturbances, including persistent vocalizations, physical aggression, and restlessness, among older adults who attend day centers in general; however, no evidence exists regarding the scope of or impact of these behaviors on van transportation safety for elders accessing day services.

Methods: This qualitative study solicited van assistants’ experiences with transporting LIFE Center members on vans. A convenience sample of 19 van assistants, all Certified Nursing Assistants, from one LIFE program attended one of two focus groups in August 2012. Directed content analysis was used to analyze focus group data. Findings: Three prominent behaviors emerged from the data. LIFE van assistants described: 1) being disturbed by LIFE members’ restlessness; 2) vocally abusive behaviors toward staff and other LIFE members; and 3) physical aggression toward the van assistants and van drivers. Restlessness while the vans are in motion was identified as the most frequent disturbing behavior and includes members unbuckling their seatbelts and attempting to get out of their seats, and attempting to get off the van before arriving at the appropriate destination.

Conclusions & Implications: Study findings bring attention to an important yet previously unexplored area: van assistants’ experiences dealing with behavioral disturbances that occur among older adults during van transportation to and from a LIFE Center. The behaviors identified pose potential safety risks to the LIFE van assistants, the van drivers, and the members on the vans. This study is the first step in examining this important issue and in developing additional strategies for evaluating and managing behavioral disturbances and safety issues that occur among LIFE Center members.
Poster Session III: Improving Health Care of Older Adults

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Nurses Perception of Physical Restraint Use: A Meta-synthesis

Zachary R. Krom, Yale - New Haven Hospital

Background: The use of restraints in the health care setting has been a topic of much debate over the last 20 years. Regulatory bodies such as the Centers for Medicare and Medicaid have policies and recommendations in place to reduce the use of physical restraints in the hospital setting (Department of Health and Human Services, 2008). There have been many qualitative studies focusing on psychiatric nurses and extended care facility nurses perceptions’ of restraining adult patients.

Purpose: The purpose of this unique meta-synthesis was to explore the perceptions of nurses having to restrain hospitalized adult patients outside of the psychiatric unit.

Methods: An extensive literature search was conducted by the author involving nursing, psychiatric and medical journals as well as unpublished data and dissertation findings ranging from 1988 to 2012. The inclusion time frame began in 1988 to correspond with the United States Congressional passage of the 1987 Nursing Home Reform Act (USA Social Security Department, 2012a; USA Social Security Department, 2012b). All qualitative and mixed method studies were included if two requirements were met: the focus was related to staff nurses’ perceptions of placing adult patients in restraints and non-psychiatric hospital-based staff nurses were represented in the sample. Nine studies representing 4 countries met the criteria for inclusion in the final sample. The data was analyzed using Noblit and Hare’s (1988) seven-step process for synthesizing qualitative literature, which involves extracting key metaphors and the formation of themes.

Results: Three overarching themes, “Safety first”, “How does it feel” and “What are the options?” emerged from the nine studies. “Safety first” depicted the priority of nurses to provide safe patient care. The next theme, “How does it feel” portrayed the emotions expressed by the nurses and the empathetic feelings had toward their patients when applying restraints. The final theme “What are the options” detailed nurses’ knowledge of and their desire to use alternatives to restraints. The first theme, preserving patient safety, was the most prominent perception across the nine studies.

Conclusions and Implications: The results of this meta-synthesis were very similar to the qualitative studies conducted in other settings in which nurses restrain their patients. As a result, a future study is warranted to combine all the mentioned research to find new key metaphors and themes.
Uncertainty and Health Literacy: Correlates Of Self-Care in Older Adults with Heart Failure One Month after Hospitalization

Margaret Mock, University of Massachusetts Dartmouth; Kristen A. Sethares, University of Massachusetts Dartmouth

**Background:** Older adults with heart failure (HF) demonstrate low health literacy and significant uncertainty regarding illness, both factors known to affect self-care behaviors. However, the link between these concepts and self-care at 30 days post discharge has not been explored.

**Purpose:** This pilot study explored the correlation between health literacy and uncertainty during acute hospitalization with HF self-care thirty days following discharge.

**Methods:** Twenty five older adults with HF (age= 78.9 years, 48% female, education =10.8 years, 88%, NY HF Class II & III, 48% low income) were recruited from an urban community hospital. Uncertainty was measured with the MUIS-A, with subscales measuring ambiguity, complexity, inconsistency & predictability (range 32-160, higher scores, indicating uncertainty), self-care (maintenance and management) with the Self-Care in HF instrument (SCHFI, scores > 70 adequate self-care) and literacy with the short Test of Functional Health Literacy in Adults (STOFHLA scores range from 0-36, 0-16 inadequate literacy, 17-22 marginal literacy and 23-36 adequate health literacy). Thirty days following discharge, participants completed the SCHFI by telephone interview.

**Results:** Health literacy was inadequate in 36% (Mean 21.56) of participants and HF self-care was inadequate in all participants (Mean 68, 41). Total uncertainty scores (92) and the subscales, ambiguity (39) and unpredictability (16) were high. Total uncertainty (r = -.415, p =.039) and uncertainty related to complexity (r = -.496, p=.012) correlated with health literacy. Unpredictability correlated with HF self-care maintenance (r = -.449, p=.062).

**Conclusions:** In this study, hospitalized older adults demonstrate inadequate health literacy, high uncertainty and inadequate HF self-care after discharge. In hospital, older adults with inadequate health literacy experience illness uncertainty related to lack of clarity between their illness, treatment regimen and expected outcomes. Lower literacy scores correlate with uncertainty related to complexity which supports the need for assessing and developing nursing interventions at different literacy levels. Additional research is necessary to understand the relationship between health literacy and illness uncertainty in hospitalized older adults and their effect on in-patient interventions aimed to optimize HF self-care.
Testing A Brief Guided Reflective Intervention to Improve Self-care in Patients Recently Hospitalized With Heart Failure

Kristen A. Sethares, University of Massachusetts Dartmouth; Marilyn E. Asselin, University of Massachusetts Dartmouth

Background: Structural changes in the brains of heart failure (HF) patients changes cognitive abilities and may limit the ability to learn self-care behaviors. Reflection changes learning into an active process with the patient as the center of the intervention. Through a guided reflective process, patients can think about their own past experiences with HF symptoms, express their ideas in their own words and generate new understandings.

Purpose: The purpose of this mixed methods pilot study is to evaluate the feasibility of translating a guided reflective intervention using Gibb’s reflective model to improve self-care behaviors.

Methods: Adults recently hospitalized with an acute exacerbation of HF were recruited. Cognitive status was measured with the Montreal Cognitive Assessment Tool (MoCA, range 0-30; < 26 mild impairment) and self-care with the Self-Care of HF instrument (SCHFI, scores > 70 adequate self-care). Then, a guided reflection was completed in the patient’s home using Gibbs reflective model. One month after the initial visit, an assessment of the feasibility of the reflective intervention was evaluated qualitatively and quantitatively with the SCHFI.

Results: The sample included 10 adults with HF (50% men; 50% systolic HF) with a mean age of 70.8 ± 12.8 years, 13.7 ± 4.2 years of education and a mean MoCA of 21.3 ± 3.2. Baseline self-care maintenance (Mn 57.9 ± 9.2) and self-care management (Mn 48.1 ± 18.7) scores were below recommended levels. Qualitatively, patients reported that guided reflection assisted them to understand symptom experiences and create a plan of action for the next time symptoms occurred. One month after intervention, self-care maintenance (Mn, 67.3 ± 10.8, p= .03) and self-care management (Mn 59 + 23.8, p = .07) scores improved.

Conclusions: The findings suggest that patients benefit from a brief guided reflective intervention for the purposes of understanding symptom experiences. A number of patients reported not being able to link symptoms, particularly shortness of breath, with the heart, and this has been previously reported in the literature. Guided reflection has been used for years to assist adult learners but has not been previously used in the adult HF population. The findings of this feasibility study suggest it is a useful and translatable to the home setting. A pressing need exists to develop innovative interventions that easily translate to the practice setting and promote patient self-care.
Who Else Is Going To Do It? Informal Caregiving Activities In Heart Failure A Systematic Review

Rachel Wion, The Pennsylvania State University; Harleah G. Buck, The Pennsylvania State University

Background/Purpose: More than 25% of Americans care for a family member or friend with cardiovascular disease (CVD) more than 20 hours a week for greater than 5 years. The purpose of this systematic review is to identify specific informal caregiving activities in a chronic illness, heart failure (HF).

Theoretical Framework: Grey, Knafl, and McCorkle’s Framework of Self and Family Management of Chronic Conditions informed the identification and analysis of the caregivers’ (CGs) activities.

Methods: A systematic review, using MEDLINE® accessed via PubMed® and the Cumulative Index of Nursing and Allied Health Literature with the terms heart failure and caregiv* resulted in 283 publications. Inclusion criteria: original data, CG was dependent or independent variable, adult patients, and available in English. Elements extracted: geographic setting, study design, sample size, relationship of CG to care recipient, their living arrangement, CGs activities (activity, time allotment, percentage of effort), or qualitative themes from the study.

Results: This systematic review included qualitative (n=15) and quantitative (n=19) studies published from 1994-2012. Sample sizes ranged from 5–1695. The relations of the CG to the patient included spouse/partners, children, siblings, parents, nieces, neighbors, and friends. Three categories of CGs contributions were derived in the analysis: activities of daily living (ADL) such as medical treatments and dressing changes 2) instrumental activities of daily living (IADL) such as planning activities and childcare, and 3) emotional support such as helping to manage depression and behavior problems. Only 74% of the studies actually reported CG activities; the balance reported global concepts such as HF knowledge and CG/HF patient relationships.

Conclusions/Implications: Informal CGs contribute a substantial amount of care that isn’t typically thought of as caregiving. These varied activities would be costly to replace. More support is needed for these frequently overlooked members of the health care team.
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Perceptions Of Social Support And Caregiver Burden Among Heart Failure Caregivers


Purpose: To describe the perceptions of social support and caregiver burden among caregivers of heart failure patients.

Background: A rise in the heart failure patient population has led to an increase in the number of family caregivers providing home care. Family members often take on caregiving tasks without preparation and with little or no outside support. Those who take on this role may experience physical, emotional, and financial strain. Little research exists pertaining to the needs of these vulnerable, burdened caregivers.

Methods: The sample included 25 caregivers of heart failure patients with Stage D heart failure who were part of a large longitudinal study exploring palliative care needs of patient-caregiver dyads. In-depth interviews with patients and caregivers investigated their needs across the heart failure illness trajectory. This secondary analysis of the initial interview focused on the questions related to social support and the burden associated with caregiving. Perceptions were categorized using thematic analysis.

Results: Perceptions related to social support and caregiver burden were evident within all the interviews. Three main themes of social support were present: available, provided, and lack of support. Four themes emerged relating to caregiver burden: financial, physical, psychological, and social burden. Two subcategories of burden were identified: feeling overloaded or overwhelmed, and a sense of obligation. Caregivers who verbalized lack of support expressed more burden than those with available or provided support.

Conclusions: Heart failure caregivers shared vivid perceptions of social support and burden shedding light on the caregiving experience. Family caregivers have a direct effect on heart failure outcomes and are essential in the care and quality of life of patients living with heart failure. Healthcare providers need to acknowledge the caregiver’s role, assess for needs, and initiate referrals as warranted.
A Phenotype of Cognitive Impairment Risk in Adults with Heart Failure

Kenneth Faulkner, Stony Brook University; Corrine Y. Jurgens, Stony Brook University; Christopher S. Lee, Oregon Health & Science University

Background/Purpose: Delay in seeking timely care for decompensating heart failure (HF) has been associated with poor symptom recognition, interpretation, and appraisal. The purpose of this study was to examine attributes of illness representation related to symptom worsening in chronically ill HF patients and to determine the effects on care seeking after onset of worsening symptoms.

Theoretical Framework: The Common Sense Model of Illness Representation was used as a guiding framework.

Methods: A cross sectional sample of 233 patients hospitalized for decompensating HF, recruited from 2 large tertiary care hospitals and 1 smaller community hospital, were interviewed during their hospital stay.

Results: Participants were primarily males (65%) and white (78%), and mean age 65.7 years (SD=14.8). Average left ventricular ejection fraction (LVEF) was 32% (SD=18.3). Mean time from onset of worsening symptoms to care was 21.3 days (SD=47.7) with median time of 6 days. Approximately half of the sample contacted a provider prior to hospitalization. Hierarchical regression showed that patient perceived health status was a significant predictor ($\beta= -.32$, $p< .05$) and uniquely predicted 7% of the variance in time to care. Logistic regression showed subjects who reported that they believed there would be consequences if they did not seek care were 1.2 times more likely to contact their provider prior to hospitalization ($95\% \text{ CI}= 1.01-1.43$).

Conclusions/Implications: Chronic HF patients who believe there will be consequences if they do not seek care are more likely to contact a provider for worsening HF. Poor perceived health status by the patient predicts longer time to care. This may explain why self-rated health has been found to independently predict hospitalization or death in chronic HF patients. A prospective study is needed to better understand if cognition of worsening HF and beliefs about self-perceived health play a role in care seeking and frequency of hospitalization.
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This poster has been withdrawn by the request of the author.
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Cardiac Acute Care Nurse Practitioner and Utilization Outcomes

Lorraine Britting, Beth Israel Deaconess Medical Center; Joanne Dalton, Regis College and Beth Israel Deaconess Medical Center; Daniel David, Beth Israel Deaconess Medical Center

Background and Purpose: Utilization outcomes of nurse practitioners (NP) in the acute care setting have not been widely studied. Hospitals are under increased pressure to decrease readmissions and costs. The purpose of this research is to determine the impact of an experienced nurse practitioner on a medical team taking care of patients that have been admitted to a cardiovascular intensive care unit (CCU) on patient outcomes.

Theoretical Framework: The Quality Health Outcomes Model guided this study. The model concepts that were included were client characteristics, interventions, and outcomes.

Methods: A retrospective two group comparative design was used. The sample (N=185) was obtained from a population of patients with MI and CHF who were admitted to a CCU in a tertiary 631 bed urban medical center. Data were collected from medical records form 12/1/08 to 09/1/10. Fourteen patient characteristics, which included patient history, assessment, medical interventions, discharge disposition, discharge time and 3 utilization outcomes (length of stay, 30-day readmission, and time of discharge), were collected. The patients received care from either the non-interventional group (medical team alone, n= 76) or from a medical team with a NP (interventional group, n= 109). Descriptive statistics were used to analyze the patient characteristics. T-test and chi-square were used to compare the two groups. Logistic regression was used to identify predictors of 30 day readmission.

Results: The patient characteristics of the two groups were not significantly different. Thirty day hospital readmission ($\chi^2(1, N=185) = 6.454$, $p=.011$) and 30 day return to emergency department ($\chi^2 (1, N=185) = 5.350$, $p=.021$) were significantly lower in the intervention group. Patients that received care from a medical team with a nurse practitioner returned to the hospital for an ED visit or readmission approximately 50 % less often when compared to a medical team without a NP (30 day ED return: 11.9% vs. 25.0%, 30 day readmit 13.8% vs. 28.9%). Logistic regression revealed the highest negative predictor of readmission was NP involvement with odds ratio (OR) of 3.003 ($p = .0064$).

Conclusions and Implications: The addition of a NP to a medical team caring for MI and CHF patients had a positive impact on 30 day emergency department and hospital readmission.
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Global Risk Assessment of Cardiovascular Disease in Resource Constrained Settings: Kenya

Jacob Kigo Kariuki, University of Massachusetts Boston; Eileen M Stuart-Shor, University of Massachusetts Boston; Jessica Demita, University of Massachusetts Boston; Darren Golden, University of Massachusetts Boston; Jaime Halliday, University of Massachusetts Boston; Samuel Kimani, University of Nairobi; James Muchira, Tumutumu Hospital; Libin Zhang, University of Massachusetts Boston

Background/Framework/Purpose: Current guidelines recommend using global risk assessment (GRA) to quantify the risk for developing CVD and to guide treatment. Most GRA tools require lipids, measures not readily available in resource-constrained settings. Two non-laboratory-based tools (Gaziano and Framingham) that substitute BMI for cholesterol, have been validated through comparative effectiveness analysis, can serve as proxies for laboratory-based GRA. The purpose of this study was to assess the feasibility of implementing a non-lab based GRA tool in a community-based cardiovascular screening/treatment program in Kenya.

Methods: A convenience sample of consecutive patients screened/treated for CV risk factors at 5 community health clinics by trained US/Kenyan teams using protocols for physiologic/behavioral measures. GRA variables include; age, gender, smoking, diabetes, SBP and antihypertensive treatment. Gaziano GRA was calculated with paper tool at the point-of-care and Framingham GRA was calculated from dataset. Clinical data abstracted/analyzed using Stata©. US/Kenyan IRB approval was obtained.

Results: 941 individuals (mean age 50.4 ± 17.4, 79% female, 100% black) screened and found to have: BMI 24.9±4.9, SBP 138±23.6, antihypertensive Rx (18.12%), hx of DM (6.89%), and smoking (6.29%). 71.4% (n=672) had 2+ risk factors. GRA score of risk for developing CVD in 10 years: Gaziano and Framingham scores were [ low risk (52.8%; 65.3% ), moderate risk (19.79%; 15.9%), high risk (27.4%; 18. 8%)] respectively and were highly correlated (0.79).

Conclusions/Implications: These data suggest that GRA scores can be generated at the point-of-care using simple screening information and paper tools; that the population screened had a high clustering of CV risk factors and high risk GRA scores; and that information can be available in real-time to guide clinicians in delivering evidence-based treatment. At the population level these data are needed to assess country-specific CVD risk, to plan risk reduction strategies and to guide health services policy in this resource-constrained country.
Rapid Oral Fluid Testing for HIV in Veterans with Mental Health Diagnoses and Living in Community Assisted Living Residences

Pamela Jackson-Malik, Philadelphia VA Medical Center; Mary McLaughlin, Philadelphia VA Medical Center

**Background/Purpose:** One in five people living with HIV in the United States remain untested. Veterans with mental health diagnoses and substance abuse, residing in assisted living, are probably more likely than most to have acquired HIV infection, although the HIV prevalence is not known. We wished to calculate this prevalence and determine if patients in this vulnerable population, familiar with our program nurses, would better accept rapid oral fluid testing as opposed to standard health care venue blood testing. Subjects were veterans with mental health diagnoses, residing in assisted living, and were not known to be HIV-infected.

**Theoretical Framework:** Homeless Community Outreach and Intervention.

**Methods:** Design-A prospective research intervention pilot that identified non tested subjects. Sample - N=200 veterans with mental illness and substance disorders who refused HIV screening and testing during primary care clinic visits for over five years. Setting - The HIV Clinic and Community Nurses piloted Rapid Oral HIV testing of veterans in their assisted living facilities (22 facilities). Measures - Clinical Chart Reviews that tracked veteran patients that refused testing over a five year period, diagnosis and co-morbidity data, demographic data and referred positive HIV veterans for Western Blots.

**Results:** This field study test piloted n=65 veterans. We found an HIV prevalence of 3.1% (2 of 64, 1 subject refused testing), with 98.5% of subjects agreeing to be tested. CDC’s national significant prevalence is _> 0.1%.

**Conclusions and Implications:** The very high acceptance to testing, even in a group with little prior HIV screening, and the high prevalence, suggest that this rapid testing method employed by nurses known to the subjects may prove to be a valuable model. Community testing can facilitate timely interventions, prevention programs, and care processes regardless where the testing is done.
Skin Color to Quantify Injury and Therapeutic Outcomes in Diverse Populations: Intra- and Inter-rater Reliability of Digital Image Analysis

Barbara L. Beacham, University of Pennsylvania; Jamison D. Fargo, Utah State University; Marilyn S. Sommers, University of Pennsylvania

Background and Purpose: Analysis of skin color is useful to compare injured and non-injured skin, describe pathology, and monitor outcomes from therapy. Capture of epidermal digital images allows for color analysis in diverse populations when advanced techniques such as spectrophotometry are not feasible. The purpose of the study was to determine the intra- and inter-rater reliability of data from an expert and a novice color analyst who was trained using a structured protocol for digital image analysis (DIA) of skin color.

Theoretical Framework: We used color space theory to guide the study. In the Commission Internationale de l’Eclairage (CIE L*a*b*) model, values L* (light/dark), a* (red/green), and b* (yellow/blue) are plotted at right angles to form a three-dimensional coordinate system.

Methods: The expert selected 10 participant files from a pre-existing data set with skin colors ranging from light to dark. Each participant had images from five epidermal skin sites, a mucous membrane site, and a vaginal wall site (70 images). Images were randomized to reduce the order effect. The expert and novice independently performed DIA using a detailed protocol for color analysis with Adobe® Photo Shop Creative Suite. Two DIA techniques were used: the lasso tool for areas of 120,000-150,000 pixels (epidermal sites) and the color sampler tool for areas as small as 1 pixel (mucous membrane and vaginal wall sites).

Results: Between rater intraclass correlations (ICC) were .95 for epidermal measurements of L*, .76 for a*, and .92 for b* values. ICC values for mucous membrane sites analyzed with the color sampler tool were: L* = .93, a* = .83, and b* = .64. ICC values for the vaginal wall sites were L* = .83, a* = .82 and b* = .74. Intra-rater reliability for the expert ranged from .91-1.00 and for the novice .81-1.00.

Conclusions & Implications: Novices can be trained to perform DIA reliably to maintain the reliability of skin color measurements. More intensive training is needed for color sampling techniques.
Using Waist Circumference to Predict BMI Measures in a Low-Income Population of Families Attending a Community Health Fair: A Pilot Study

Susan Krenitsky-Korn, Molloy College; Veronica D. Feeg, Molloy College

Background/Purpose: The obesity epidemic has catapulted efforts to deliver health promotion strategies in low-income, underserved populations, recognizing the logistical difficulties of implementing accurate screening techniques at community events. Simplicity is needed to screen for patients who can be identified at risk. In the community, a tape measure can be an effective tool for teaching mothers and children to self-monitor in a non-threatening activity. Targeted health teaching can be developed if the results can predict actual BMIs. The purpose of this pilot study was to determine if measurements of waist circumference in a busy community health fair could be feasible and useful in providing predictive information about BMI. A simple tape measure might be used to foster self-monitoring with a health promotion intervention.

Theoretical Framework: The Health Behavior Model serves as the base framework to institute a community based obesity prevention intervention.

Methods: A community based action project was organized to address health issues in a suburban, underserved community. The project culminated in a health fair that attracted over 170 participants – adults and children – who were engaged in 20 “health booth” activities. The investigators recruited and measured adults (n=10) and children (n=28) (heights, weights, waist circumference) at the “heights and weights” table and offered information on BMIs in English and Spanish.

Results: Data were entered into regression analysis and yielded statistically significant findings: waist circumference and age predicted calculated BMI (F=37.75; p<.000) with predictor variables accounting for 70% of the variance of the dependent variable (BMI) (R=.834; R square = .696).

Implications: The literature suggests that waist circumference has been useful in clinical measures. This pilot study provides some evidence that a tape measure can be useful in obesity prevention in community settings to serve as a tool for communicating with mothers and children about health promotion.
Knowledge of hepatitis B infection among Asian American young adults at-risk.

MinJin Kim, University of Massachusetts Boston; Peter Kiang, University of Massachusetts Boston; Sun Kim, University of Massachusetts Medical School; Haeok Lee, University of Massachusetts Boston; Torres Maria, University of Massachusetts Boston; Halon Patricia, University of Massachusetts Boston; Ling Shi, University of Massachusetts Boston; Paul Watanabe, University of Massachusetts Boston

**Purpose:** Chronic viral hepatitis B and C infection is 3 to 5 times more frequent than HIV in the U.S., and the highest prevalence of hepatitis B virus (HBV) infection occurs in Asian Americans (AA) with prevalence rates ranged from 2% to 20%. However, we have little information about knowledge, attitude, and belief of HBV infection among AA college students. Therefore, we examined HBV-related knowledge, attitude, and beliefs among AA college students and determined whether there were significant differences in the level of HBV knowledge, attitude, and beliefs among AA subgroups.

**Methods:** The campus based (community-based) participatory research (CBPR) was utilized. A total of 258 AA young adults completed a questionnaire to assess sociodemographic, HBV knowledge and beliefs as well as self-reported acculturation.

**Results:** Knowledge of hepatitis B infection was low and only 55% of the participants were able to correctly answer more than half of the questions. There were no significant differences between the subgroups of AA college students in total knowledge of HBV infection. However, the majority of the participants (78%) believed that HBV is hereditary, and 61% had the misconception that HBV can be acquired through sharing utensils, while 44% were unaware that HBV can be transmitted through sexual contact. Moreover, the results of the binary regression analysis of knowledge of HBV transmission indicated that after adjustment for the U.S. nativity and acculturation, Cambodian students were less likely to aware of transmission of HBV than Chinese students (adjusted OR=0.2; 95% CI, 0.1, 0.9, P<0.05).

**Conclusions/Implications:** Our study found that the level of knowledge of HBV infection was low among highly educated AA college students and call a call for actions to design of more effective educational programs for AA college students.
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**Injection Drug Users Perceptions of Nursing Care Received: A Synthesis**

*Kimberly Dion, University of Massachusetts Amherst*

**Purpose:** The purpose of this review of the literature is to describe the injection drug user’s (IDU) experience with nurses as health care personnel.

**Background:** The chronic use of IDU increases the risk for blood borne diseases and complications of injection site. This results in the IDU requiring frequent interactions with nursing personnel.

**Methods:** The review of the literature covered a fifteen year period of time from 1995-2010. The search included using three electronic search databases, CINAHL, PsychInfo and PubMed. Initial search terms included a combination of the keywords: intravenous drug user, substance user, injecting/injection drug user, attitudes or perceptions toward nurses, experiences with nursing and good nurse characteristics, social exclusion, health care personnel, health care delivery, and treatment barriers. A total of 36 abstracts were reviewed, nine of these met criteria of being written in English.

**Results:** Despite an extensive review of the literature, no research studies determining the IDU’s perceptions and attitudes toward nursing care received were discovered. Instead, the focus of the literature was physicians, nurses and counselors collectively. Findings could be organized into three broad categories: denial of services, less favorable treatment, and staff connection issues.

**Conclusions & Implications:** Discrimination, alienation, and demoralizing behaviors are commonly experienced by the injection user and this has shown to have an impact on both mental and physical health. Often it is the nurse that the IDU will first encounter and interact with when accessing health care. This interaction may influence the IDU’s decision to honestly disclose information, be receptive to education, and to implement harm reduction concepts. It is essential to recognize that a non judgmental health care provider must be part of the IDU’s health care team. Further studies are needed to determine if the nurse’s interaction with the IDU has an impact on when the IDU seeks health care.
Acceptability and Comprehension of Pictograph-based Discharge Instructions for Low-literate Older Adults after Hip-Replacement Surgery

Jeungok Choi, University of Massachusetts Amherst

Purpose: The aim of this study was to examine the acceptability and comprehension of pictograph-based discharge instructions for low-literate older adults after hip-replacement surgery.

Background: Current text-based discharge instructions are not suitable for low-literate older adults who have difficulty following written action-based instructions. To address this issue, we developed discharge instructions using pictographs, i.e., simple line drawings with stick figures showing explicit care actions for low-literate older adults after hip-replacement surgery.

Methods: A convenience sample of 15 low-literate older adults was recruited from one community hospital. Participants read the pictograph-based instruction booklet which includes 45 pictographs with simplified text, and then the author asked to identify if materials were clear and understandable, responsive to their needs and concerns, and acceptable. Participants’ comments were documented in a Word file. The author and the RA read through the printed Word file, taking notes on topics discussed in the interviews, and then compared and revised the categories individually arrived at and determined final coding categories.

Results: Overall participants perceived that the pictograph-based discharge instructions helped them understand the intended healthcare messages, especially for step-by-step procedures of discharge actions. The black-and-white line drawings were well received by all participants of various race/ethnicity. The participants made 76 comments on the negative aspects of pictographs and suggestions for improvement. Seven key topics emerged: compare and comparison of instructions; use of cues; one message per one pictograph; consistencies in accessory details; use of simple and specific terms; detailed and specific backgrounds and accessory details; use of inserts or callouts to add more details or complementary information. All these comments and suggestions were incorporated into the final version of discharge instructions.

Conclusions & Implications: A pictograph-based approach is an effective strategy for developing discharge instructions not only for patients with low-literate skills in acute healthcare settings, but also for immigrants with significant communication challenges. Future research is suggested to compare the effects of pictograph-based and text-based instructions on adherence to instructions and health outcomes.
Adapting Study Materials for Research in Underserved Populations

Jennel Osborne, Columbia University; Yamnia Cortes, Columbia University; Nancy Green, Columbia University Medical Center; Dodi Meyer, Columbia University Medical Center; Arlene Smaldone, Columbia University

Background/Purpose: Sickle cell disease (SCD), an inherited blood disease, affects underserved U.S. populations of African and Caribbean Hispanic descent. The study purpose was to modify validated surveys and education materials for low literacy, pilot in SCD youth/parents, and assess for usability and subject burden in preparation for a feasibility study to improve medication adherence.

Theoretical Framework: This study was guided by the Centers for Disease Control and Prevention “Simply Put” method.

Methods: Materials were jointly edited and formatted for low literacy with CTSA Research Literacy Service; pre/post Fleisch Kinkaid readability was assessed. English-speaking SCD youth 9-17 years and parents were approached for participation during a routine clinic appointment. Following consent, youth completed 6 questionnaires and 2 education handouts; parents completed 8 surveys and 2 education handouts. Instrument completion time and subject perceptions were recorded. Data were analyzed as descriptive statistics. Based on these data, projected survey packet completion time at each study data collection point was estimated to anticipate subject burden. Individual survey responses were not analyzed.

Results: Following modification/piloting readability grade level decreased from 7.6 to 6.1 (parent) and 7.8 to 5.5 (youth). 5 youth (60% female, 40% Latino, age 15±3.5 years) and 4 parents/caregivers (100% female, 50% Latino) piloted modified materials. Individual survey completion ranged from 1.2 to 4.8 minutes (youth) and 1.2 to 6.6 minutes (parent); estimated survey packet completion for data collection points ranged between 1.2±0.2 (months 1,2,4,5) and 15.4±9.7 (month 6) minutes (youth) and 5.5±1.4 (months 1,2,4,5) to 25.5±7.1(baseline) minutes (parent). Materials were reported as not burdensome.

Conclusions/Implications: Standard materials and questionnaires are often not suitable for low literacy research subjects. Reading level of materials decreased 1.5 and 2.3 grade levels for parents and youth through a modification and piloting process. Researchers should attend to readability assessment of research materials particularly for use in low literacy populations.
Development of a Frailty Measure for Older Adults: The Frailty Index for Elders (FIFE)

Christine Tocchi, Yale University; Jane Dixon, Yale University; Ruth McCorkle, Yale University; Mary Naylor, University of Pennsylvania

Background/Purpose: The term “frailty” is used to describe older adults who are in poor health and vulnerable to worsening morbidity, disability, and mortality. As the older adult population increases, we should anticipate increasing numbers of frail older adults. Therefore, it is important to identify individuals as frail or at risk for frailty. Without the ability to assess older adults for frailty, effective management, coordination of care, and research to prevent disability and mortality with be thwarted. The purpose of this study was to develop and validate a measure to identify frail older adults.

Theoretical Framework: The Vulnerability/Risk/Human Response/Care Model Methods Initial instrument development encompassed four steps: delineation of content domains; item generation; content validity; and quantitative content validity analysis. Next, psychometric analysis was conducted via secondary analysis derived from a longitudinal prospective descriptive study (parent study). Baseline data from the parent study was used for cross-sectional analysis of each item and scale level characteristics of FIFE. The sample was comprised of 156 elders living in an assisted living facility and 156 elders receiving home and community-based care in the metropolitan Philadelphia and New York areas.

Results: Findings indicated several points: 1) frailty is a complex concept and requires factors from multiple health domains for measurement; 2) the FIFE is comprised of 10 items representing five health domains; 3) the FIFE was able to predict depression; 4) the final frailty model (FIFE) was able to differentiate differences in demographic profiles by social support environment.

Conclusion and Implications: The FIFE is a valid instrument and items are easily extrapolated from existing holistic research and administrative datasets. The FIFE can be used to study the relationships among frailty determinants; provide standardized measurement to compare frailty among older adult populations; develop interventional studies and measure the effect of interventions to prevent frailty; and function as a quality of life outcome.
Paper Session E1: Improving Health Care of Older Adults

Nursing Home Nurses Knowledge of Fall Causes and Their Prevention

Deanna Gray-Miceli, Rutgers University; Giles Crane Statistician Consultant

Background/Purpose: Older adults in nursing homes (NHs) fall from a variety of clinical, environmental and situational factors. Falls prevention requires these nurses to possess accurate knowledge of underlying fall causal event factors before they can intervene appropriately. Although staff educators provide falls prevention programs, evaluation of program effectiveness, i.e. increased nursing knowledge is limited, time sensitive and fails to analyze staff nurses working knowledge of specific etiology and/or clinical decision making.

Theoretical Framework: Social-Ecological Model; case vignettes were based on the Biopsychosocial Model.

Methods/Design: Multi-NH randomized block design study of 50 English speaking employed staff nurses from a convenience sample of three NHs were recruited to participate in a 2 hour survey. The unit of randomization was 8 validated case vignettes which nurses read and responded to 6 questions. Demographic characteristics of the sample and confidence in the fall analysis were obtained. Logistic regression analysis, stratifying by degree type (RN v. LPN) was performed to determine the proportion of nurses who scored the correct response using the general linear modeling function of R-statistical package- version 2.15.

Results: 47 nurses (23 RNs; 24 LPNs) enrolled; 50% had up to 19 years experience and were associate (45.6%) or BSN prepared (19.56%). Three-quarters believed they were very knowledgeable, but only 25- to 87.5% responded correctly to the 8 vignettes. 72% of nurses scored below 75% correct. RNs performed best on falls due to chronic factors; LPNs were more accurate on falls due to behavior. Selection of the single best evidenced-based intervention to prevent falls ranged from 0 to 75% correct.

Conclusions and Implications: NH nurses knowledge of causative factors for fall events and their prevention is not up to par. Further study of intermediary explanatory factors are warranted.
Paper Session E1: Improving Health Care of Older Adults

Elderly Fallers with Head Injury Residing in a Continuing Care Retirement Community: Who is at Greatest Risk?

Deanna Gray-Miceli, Rutgers University; Sarah J. Ratcliffe, University of Pennsylvania

Background/Purpose: Falls are a leading cause of brain injury in those over age 75. In long-term care where falls are frequent, little evidence exists of risk factors and outcomes of residents with post fall head injury. This study sought to determine differences, if any in clinical and/or demographic factors between fallers with and without head injury.

Theoretical Framework: Public Health Model for Disease Control

Methods: Three-year facility-wide prospective study with pre-and post-test design in one Continuing Care Retirement Community located in the northeastern United States. Trained nurses used a comprehensive 30-item post fall assessment tool to determine underlying factors of a fall which generated a fall database. All data analyses used Stata MP 11.2. GEE was performed for 62 residents who had complete injury data.

Results: 173 falls were observed. Residents fell an average of 2.9 times. Residents were more likely to experience repeated falls after their first fall (111 repeat falls in 38 patients); be female (77.4%) and widowed (60%). Head injured residents were more likely than those without head injury to have hematomas than lacerations (66.7% vs. 14.7%), to live in assisted living (82.8% vs. 47.9% p=0.04), to be walking at the time of the fall (69% vs. 36%) and using an assistive device (75.9% vs. 53.5%). They reported loss of balance (58.6% vs. 0.7%) but exhibited no orthostatic hypotension (90% vs. 75.9%). No significant differences were observed between groups on anti-platelet agents, or pertinent past medical history of dementia, Diabetes Mellitus or Parkinson’s Disease.

Conclusion: Fallers with head injury were more likely to reside in assisted living; to be ambulatory and to use assistive devices.

Clinical Implications: A new look at the clinical practice protocol for ambulatory elderly residents in assisted living using assistive devices and are high risk to fall is warranted.
Cognitive Reserve in Persons with Delirium and Dementia: Lifetime Pattern And Correlates

Nikki Hill, The Pennsylvania State University; Donna Fick, The Pennsylvania State University; Ann M. Kolanowski, The Pennsylvania State University; Esra Kurum, The Pennsylvania State University

Background/Purpose: The purposes of this study were to: 1. Describe the cognitive reserve of individuals who presented with both dementia and delirium in our clinical trial; 2. Compare these data with those from a healthy normative sample of older adults; and 3. Explore the effects of the APOE e4 allele and personality on cognitive reserve in this sample.

Theoretical Framework: Cognitive reserve, the concept that individuals with more effective or compensatory neural processing are better able to cope with brain damage, has been linked to risk for dementia and, recently, to delirium in older adults. Educational attainment, occupation, and leisure engagement across the lifespan have been associated with increased cognitive reserve and are often utilized as proxy measures.

Methods: We used data from our ongoing NINR-funded randomized clinical trial to address the aims of the study. Ninety seven participants with dementia and delirium who were admitted to one of seven post-acute care rehabilitation settings and who met enrollment criteria were consented. Participants provided a buccal swab for genetic analysis and their legally authorized representative provided data for the Lifetime of Experiences Questionnaire (LEQ) and NEO Personality Inventory. Descriptive statistics and regression were used to analyze the data.

Results: Compared to healthy older adults, participants in this trial had lower total LEQ scores (66.0± 17.0 (N=97) vs. 75.5±20.0 (N=103); Valenzuela & Sachdev, 2007). The pattern of reserve scores from young adulthood through late life also differed from the normative sample. Extraversion, conscientiousness and the interaction between APOE status and gender explained over 43% of the variance in total LEQ.

Conclusions: Personality, genetic factors, and gender explain a significant amount of variance in cognitive reserve. Further exploration of these factors may offer direction for the prevention and treatment of delirium in persons with dementia.
Paper Session E1: Improving Health Care of Older Adults

Trajectories of Combined Laboratory- and Real World-Based Speed of Processing in Community-Dwelling Older adults; Predictors and Functional Outcomes

Feng Lin, University of Rochester Medical Center; Din Chen, University of Rochester Medical Center; Mark Mapstone, University of Rochester Medical Center; David Vance, University of Alabama at Birmingham

Background/Purpose: To characterize the trajectories of laboratory- and real world-based speed of processing (SOP) over five years and to explore associated baseline individual-level predictors and functional outcomes in older adults.


Methods: Design: Prospective cohort study; Sample: 2802 community-dwelling older adults; Settings: A nationally representative cohort from 6 regions; Measures: Laboratory- and real world-based SOP and functional outcomes over 5 years, and candidate individual-level predictors at baseline; Analysis: The finite latent growth mixture modeling, multinomial logistic regression, and generalized estimating equations.

Results: After controlling for intervention assignment and demographic information, four distinct trajectories were identified: 4.6% of older adults had poor laboratory-based SOP and very poor real world-based SOP that both declined substantially over time; 17.9% had poor laboratory- and real world-based SOP that declined moderately; 38.7% had neutral laboratory- and real world-based SOP that maintained stable; and 37.9% had good laboratory- and real world-based SOP that declined slightly. Non-White, depression, subjective memory complaints, and vascular factors predicted the trajectories. The trajectories significantly differed in the rate of decline in basic activities of daily living, instrumental activities of daily living, and grip strength over time.

Conclusions and Implications: Heterogeneous trajectories of SOP exist in old age. Future interventions addressing SOP should target the vulnerable group with poor SOP over time.
Implementing a Computerized Cognitive Intervention in Long Term Care

Elizabeth P Howard, Northeastern University; Biana Korjevsky, Northeastern University; Kelley Strout, University of New England

Purpose: This pilot project implemented a computerized cognitive exercise program and evaluated feasibility and clinical outcomes for long term care residents with no cognitive impairment, borderline intact cognition, and mild cognitive impairment.

Theoretical Framework: Cognitively stimulating activities may protect cognition as brain plasticity theory supports the concept that effectively trained older adults have neural recruitment and reorganization of neural circuitry to maintain cognitive function and compensate for processing decline.

Methods: The study, conducted at a long-term care facility, used a randomized control trial design to assign 57 residents to experimental and control groups. Three times weekly for 12 weeks, residents in the experimental group played 3 brain fitness games from the internet-based computer software program, “My Vigorous Mind” designed to train attention, memory, and speed of processing. The Minimum Data Set and 3 neuropsychological tools – Digit Span, Trail Making A and B, and Visual Search and Attention Test were used to collect data on cognition, function, mood, memory, processing speed and visual motor skills at baseline, post-intervention, and 3 month follow-up.

Results: There were no significant differences between control and experimental groups in terms of function, mood, cognition, and performance on neuropsychological assessments. The intervention was feasible, even among residents with declining cognitive abilities who demonstrated improvement in game scores over time. Notably, residents completing the intervention, having no prior computer experience, expressed great enjoyment and confidence.

Conclusion and Implications: Despite no significant clinical outcomes, a computerized cognitive intervention is feasible and favorable among long term care residents with cognitive impairment.
Paper Session E2: Culture and Cultural Competence

A Metasynthesis Of Lesbian Health Care Experiences

Marianne Snyder, University of Connecticut

**Purpose:** Presentation of this paper will provide the findings from a metasynthesis of lesbian women’s health care experiences between 2000 and 2011. The author presents implications for nursing education and practice.

**Background:** Lesbian women experience stigma in society and often feel vulnerable when they enter a health care system. They experience many challenges during health care encounters that lead them to exercise caution when navigating a system informed by heteronormative perspectives. Healthcare practitioners often provide primary care and preventive services to lesbian women without knowing or asking the patient her sexual identity. Receiving nonjudgmental care from a provider is essential to lesbians. Other factors have been identified and known to influence the perceptions these women have of their healthcare encounters. Method: Noblit and Hare’s 1988 meta-ethnographic approach was used to guide this metasynthesis of various qualitative studies about lesbian healthcare experiences. Through a process of reciprocal translation, a rich contextual understanding of these experiences emerged from a sample of 10 qualitative studies, including 275 lesbians from six countries.

**Results:** The following four overarching themes revealed the essence of these women’s health care experiences: (a) sizing up the provider and the environment, (b) to say or not to say: ‘paradoxes of disclosure’, (c) reactions to provider’s assumptions, (d) and acknowledging my partner. These women perceived their experiences as either positive or negative based on the nature of the relationship they established with the provider.

**Conclusion /Implication:** Lesbians are more apt to seek care from health care providers that respect and affirm their sexual identity, cultural beliefs, and family structures. Practitioners who are self-reflective and informed about lesbian health care concerns, help cultivate open and affirming environments where patient-provider relationships can flourish.
Socioeconomic Status, Acculturation, Risk Factors and Osteoporosis in Chinese Immigrants

Bing-Bing Qi, Villanova University

Background: Chinese immigrants have significantly lower bone mineral density (BMD) across a wide spectrum of age groups compared to Caucasians; Chinese American population’s risk of osteoporosis is also growing, making this a significant community health issue. However, little data exists regarding the effect of environmental factors such as acculturation and socioeconomic status (SES) influencing BMD, osteoporosis-related knowledge and lifestyle behaviors among the Chinese immigrants, despite their growing number.

Purpose: This study explored the risks for developing osteoporosis; evaluate the osteoporosis-related knowledge and protective behaviors; and examine the effects of SES and acculturation characteristics on BMD, physical activity and osteoporosis-related knowledge among foreign-born Chinese immigrants aged 45 years and older living in the U.S.

Conceptual Framework: Self-efficacy Theory

Methods: This descriptive study obtained baseline data for a randomized controlled trial intervention study of the self-efficacy enhanced osteoporosis preventive educational intervention among 110 foreign-born, Mandarin-speaking Chinese immigrants with a mean age of 63.44±9.63, living in Philadelphia’s Chinatown. Descriptive statistics, independent t-tests, one-way ANOVA and chi-square tests were used to compare means of outcome measures.

Results: The findings confirmed that Chinese immigrants in the U.S. are at high risk for osteoporosis. They also have a low level of knowledge about osteoporosis, an inadequate intake of calcium and low participation in bone-building exercise and other osteoporosis prevention strategies. Age, years in the US, and age-at-immigration were significantly associated with BMD. BMD was lowest in people who migrated from mainland China; people who don’t speak English; those who speak Cantonese at home; those who have lived in the U.S. for less than 10 years; and those who rated their health as poor. Income made a significant difference on BMD. Less exercise, consuming less dairy products, poor self-rated health and suffering frequent diarrhea were significant risk factors for low BMD.

Conclusion: SES and acculturation factors have played an important role in the process of osteoporosis prevention. Interventions that target Chinese immigrants and tailored to their culture, language and specific needs are critically needed to effectively reduce racial, ethnic and socioeconomic health disparities related to osteoporosis and fracture in this vulnerable group.
Midwives experiences of providing care to asylum seeking women during childbirth in Ireland

Carolyn L Tobin, University of New Hampshire

Purpose: To explore midwives experiences of providing care to asylum seeking women during pregnancy and childbirth in Ireland.

Background: Immigration and asylum seeking have become important social phenomena in Ireland since the mid 1990s. The experience of providing care to asylum seeking women is new to many nurses and midwives, posing unique challenges to the delivery of quality maternity care.

Methods: A qualitative approach using in-depth unstructured interviews, with thematic analysis of data was employed. A total of 11 participants were drawn from two hospital sites, one a large urban teaching hospital and the other a more rural setting. Ethical approval was granted from both institutions.

Results: Three major themes emerged from the data, firstly, the impact of language barriers on effective communication/quality of care. Secondly, the impact of cultural differences on the midwife/mother relationship, and thirdly, the impact of caring for women who had been traumatized.

Conclusions and Implications: Better access to properly trained interpreters is central to effective, high quality maternity care, the need for clear policy and procedure has been highlighted as a result of this study. The need for training in cultural sensitivity and cultural awareness is a basic requirement for all providers caring for women already traumatized by pre and post migratory stressors. Education and support for providers who care for severely traumatized women is crucial for the health of both mother and provider.
Paper Session E2: Culture and Cultural Competence

The Meaning of Cross-Cultural Service Learning for Nursing Students: Kenya Heart and Sole (KHAS)

Judith Healey Walsh, University of Massachusetts Boston; Jacob Kariuki, University of Massachusetts; Eileen Stuart-Shor, University of Massachusetts Boston

Background: Evidence suggests that experiential learning may be important to prepare nurses who are well-rounded citizens of the world; clinically/culturally/linguistically competent and committed to social justice and equity in the delivery of health care.

Purpose: This study analyzed the lived experience of US/Kenyan nursing students who were intentionally partnered (1:1) in a Kenyan-based service-learning project (clinical care, research, advocacy).

Methods: Phenomenological study; convenience sample of undergraduate and graduate nursing students who participated in KHAS; content analysis of student reflections (N=55; 35/US, 20/Kenyan) and transcripts from semi structured interviews (N=6), to extract and cluster participants’ thoughts, and identify the essential themes of the student experience.

Results: Six essential themes emerged. The overarching theme, “My eyes were opened” reflected the different ideas, values, issues and dilemmas students faced during their service-learning experience. Other themes included: reconciling a sense of self-efficacy and powerlessness as nurses, distinguishing cultural wealth, awakening to global inequities, working together and learning from the other, and being called to future commitment and action.

Conclusions/Implications: These findings suggest that the KHAS experience promoted the development of several attributes ascribed to cultural competence including: cultural awareness, cultural knowledge, and cultural humility, while also engendering a commitment to collaboration and social justice. The ability to provide culturally appropriate care is essential given the increasing diversity of the US population and the effects of globalization. Experiential models, intentionally structured on authentic partnering, reciprocity, an asset-based philosophy, and engaged scholarship, are needed in nursing education to foster students’ cultural awareness, understanding, and humility, while also promoting their willingness to work collaboratively with and learn from people of other cultures to achieve socially just health care goals.
Paper Session E2: Culture and Cultural Competence

Similarities and Differences in Recognition and Management of HBV Infection between Cambodian Americans and Korean Americans

Haeok Lee, University of Massachusetts Boston; JinHwang Yang, Inja University; Phala Chea, Lowell Public Schools; Peter Kiang, University of Massachusetts Boston; Shirley S Tang, University of Massachusetts Boston

Purpose: Few ethnic-specific studies have captured the sociocultural experiences of individual Asian American (AA) ethnic groups or explored factors influencing their health and health care and the similarities and differences among AA subgroups. To address this need, we investigated these issues in Cambodian Americans (CA) and Korean Americans (KA), focusing on HBV and liver cancer prevention behaviors.

Background: The racial/ethnic differences in liver cancer incidence and mortality reflect the heterogeneity of AA populations and their health behaviors.

Methods: The study used a qualitative design with semi-structured interviews informed by ethnography. A focus group interview with CA community health leaders (CHLs) and individual interviews with Korean American KA CHLs were audio-taped and transcribed. Findings: The participants were first-generation CAs in MA and KAs in CO, NJ, and NY; they ranged from 30s to 70s of age, and all were married except one CA and one KA, born in the U.S. Three categories that influenced HBV and liver cancer prevention emerged from both CAs and KAs: the socio-cultural, individual, and behavioral.

Conclusions: Differences between these two AA subgroups may reflect the consequences of historical patterns of immigration and socioeconomic factors at individual as well as group levels. Both CAs and KAs, however, have a low level of knowledge as well as significant misunderstandings about HBV infection specifically. These findings point to the critical need for targeted educational interventions among both AA subgroups.
A Situation-Specific Nursing Theory: Correlates of Hepatitis B Virus Health-Related Behaviors of Korean Americans

Haeok Lee, University of Massachusetts Boston; Jacqueline Fawcett, University of Massachusetts Boston; Hie-Won Hann, Thomas Jefferson University; Jin Hyang Yang, Inja University

Background/Purpose: Purpose of this paper is to explain the evolution of a situation-specific theory developed to enhance understanding of health-related behaviors of Korean Americans (KA) who have or are at risk for a chronic hepatitis B virus (HBV) infection.

Theoretical Framework (Organizing Construct): The situation-specific theory evolved from an integration of the Network Episode Model (Pescosolido, 1991), studies of health-related behaviors of people with HBV infection, and our studies of and practice experiences with Asian American individuals with HBV infection Findings: The major concepts of the theory are socio-cultural context, social network, individual-level factors, illness experience, and health-related behaviors.

Conclusions & Implications: The major propositions of the theory are that socio-cultural context, social network, and individual-level factors influence the illness experience, and that socio-cultural context, social network, individual-level factors, and the illness experience influence health-related behaviors of KAs who have or are at risk for HBV infection. This situation-specific theory represents a translation of abstract concepts into clinical reality. The theory is an explanation of correlates of health-related HBV behaviors of KAs. The next step is to develop and test the effectiveness of a nursing intervention designed to promote behaviors that will enhance the health of KAs who have or are at risk for HBV infection, that takes into account socio-cultural context, social network, individual-level factors, and illness experience.
Modeling Heterogeneity and Uncertainty with Meta-Analysis in Pediatric Survivors of Sexual Assault

Patricia Eckardt, Stony Brook University; Marie Marino, Stony Brook University

**Background/Purpose:** Nurse researchers are increasingly involved in the analysis of data to evaluate research evidence, including meta-analysis—the quantitative synthesis of data from a series of studies. Meta-analysis is becoming increasingly important in clinical decision-making and evidence-based practice because it provides relevant accumulated evidence answering a clinical question of interest. In the hierarchy of evidence, meta-analyses are relied on for valid results. This research provides a primer for nurse researchers by using traditional and more sophisticated modeling techniques on a selected meta-analytic data set and compares the stability of the overall meta-analytic results among four different models.

**Theoretical Framework:** Bayesian theory of assessing uncertainty and heterogeneity in parametric estimation provided the framework for this study.

**Methods:** The study design is a secondary meta-analysis of a sample of primary studies (n=31) examining the effects of pediatric sexual abuse on general medical complaints in adulthood. The measures consisted of estimated effect sizes constructed from inferential test statistics reported in primary studies on outcome of interest over a fourteen year period. The analyses consisted of a fixed effects meta-analytic approach, a random effects meta-analytic approach, a modified Bayes Hierarchical Linear Modeling (HLM) meta-analytic approach, and a full Bayesian approach to compare and contrast the findings of each approach.

**Results:** The result of the fixed effects model was limited in inference as the studies in the sample were very different. The random effects model provided more information and allowed estimates of true underlying effect sizes to vary. The modified Bayesian HLM approach provided results similar to the random effects and between study variance. A fully Bayesian approach to meta-analysis provided more valid inference by explicitly modeling the heterogeneity both within and between studies and the uncertainty around parameter estimates, specifically the uncertainty of the between study variance estimate.

**Conclusions and Implications:** Statistical analysis, including meta-analysis, is a constantly evolving discipline. Nurse researchers need exposure to newer methodological techniques to enable application of these methods which will enhance validity when reporting research results.
Correlates of Adult Obesity Including Childhood Physical and Sexual Abuse in Females at Risk

Kathleen Brewer-Smyth, University of Delaware

Background/Purpose: Obesity has increased significantly contributing to staggering health care costs from related morbidity and mortality. These related costs are particularly problematic for correctional settings where health care contributes significantly to overall criminal justice expenditures.

Theoretical Framework: Though obesity, body mass index (BMI) over 30 in adult women has been related to early trauma such as childhood sexual abuse (CSA), studies suggest the need to identify specific contexts of this relationship. This study tested the hypothesis that adult obesity is related to history of childhood physical and sexual abuse, traumatic brain injuries (TBI), suicide attempts, and smoking.

Methods (Design, Sample, Setting, Measures, Analysis: A cross sectional study of 84 females in a prison setting evaluated BMI and suspected contributing variables verified by history and physical examination evidence and documentation including severity of childhood physical and sexual abuse scores, TBI, suicide attempts, and smoking. Logistic regression statistical analysis compared those with BMI greater than 30 to those less than 30 for severity of childhood physical and sexual abuse, TBI, and suicide attempts, when controlling for smoking, current use of selective serotonin reuptake inhibitors (SSRIs), and Beck Depression Inventory II scores.

Results: BMI greater than 30 at the time of interview was significantly related to a history of greater severity of CSA (OR=1.209; 95% CI 1.019-1.435), and suicide attempts (OR=14.246; 95% CI 3.139-64.651), adjusting for severity of childhood physical abuse (OR=.879; 95% CI .775-.997), current smoking (OR=.218; 95% CI .046-1.034), number of TBI per person (OR=.678; 95% CI .477-.964), depression (OR=.1.009; 95% CI .944-1.078), currently using SSRIs (OR=.263; 95% CI .058-1.191), and age (OR=1.022; 95% CI .951-1.099).

Conclusions and Implications: Greater severity of CSA places females at greater risk for obesity, especially when those female CSA victims have attempted suicide. CSA is a very serious problem that often precipitates suicide attempts and obesity later in life. Increasing rates of obesity are associated with numerous multifaceted poor health outcomes. It is therefore critical to continue to study various precursors and methods to prevent underlying causes of obesity including CSA prevention and interventions for CSA victims.
Purpose: The purpose of this integrative research review is identify over a decade of research dedicated to the phenomenon of incarcerated mothers and describe the influence this research has had in giving voice to this population to include their experiences with incarceration and impact on policy particularly at the state level.

Background: The war on drugs campaign that began in the late 1970’s resulted in an explosive growth in the number of incarcerated women. In the past 20 years there has been nearly a 400 percent increase in the number of women entering prison in the United States. Seventy to eighty percent of these women are mothers, impacting the lives of approximately 2.4 million children under the age of 18 years. Many States have resorted to privatizing the prison system in an attempt to control the escalating costs of incarcerating the growing numbers of inmates. This practice has been proven to be unsafe, unethical, and more damaging to the families of incarcerated mothers.

Methods: Multiple methodological approaches have been utilized to gain a better understanding of incarcerated mothers and their families. Synthesis of the findings has isolated multiple themes: “Pregnancy: The Worst Health Care Struggle in Prison”; “Rebuilding the Mother/Child Relationship”; “Mending Family Relationships”; “Learning to Mother Again”; “Custody Battles”; “New Demands: Divided Loyalties”; “Family and Community Support: A Necessity for Reentry”; and “Home Again: The Honeymoon Phase”. Various methods of dissemination of the findings to policy makers were used to give voice to incarcerated mothers.

Results: The research findings have been used to influence change at a state level in support of Legislation including the appointment of a nurse by the state Governor to serve on a Legislative Council and Advisory Board to oversee corrections for women offenders. In addition, nurse researcher has been able to co-author documents to educate policy makers and the public regarding the dangers inherent in privatizing the prison system.

Conclusions and Implications: Incarcerated women are often referred to as “the forgotten population” and rarely have anyone to act as an advocate for their needs. Nurse researchers are in a position to disseminate their findings to policy makers in order to give voice to the challenges and opportunities nursing knowledge can offer to advancing the health and lives of incarcerated women.
Retention Strategies with Women in the Criminal Justice System; Lessons Learned

Alison M. Colbert, Duquesne University; Vanessa Durand, Duquesne University; Kelly Monk, Duquesne University

**Background and Purpose:** Retention of research participants is a challenge in any study, and can be especially difficult for researchers working with highly transient populations like adults in the criminal justice system. Issues such as trust, competing priorities, and misconceptions about the research process have been identified as barriers. In order to be successful, research protocols must include well-informed and evidence-based retention plans. The purpose of this presentation is to describe: 1) the retention plan of a study with a population traditionally difficult to reach in research, and 2) lessons learned from an intervention study for women as they are released from incarceration.

**Theoretical Framework:** The study was guided by the Vulnerable Populations Model. Vulnerability refers to social groups who have an increased susceptibility to adverse health outcomes, in this case, women with a history of incarceration.

**Methods:** The Women in Transition to Health (WITH) study is an 8-week intervention looking at the impact of intensive nurse case management on patient engagement and stress in women with chronic illnesses transitioning out of jail or prison. The original recruitment and retention plan for the randomized trial was based on strategies identified in a systematic review of the literature. After recruitment began, the research team met frequently to review strategies and revise the approach as needed.

**Results:** The drop-out rate for the study averages approximately 16%, but this does not adequately convey the study experience. Many times, continued participation was not feasible due to constraints of the criminal justice system and not the participant preferences. The most effective approaches from the literature include obtaining multiple alternative contact information, regular contact, and learning the network serving the population. Issues such as restrictions on communication, limitations to setting-up services and appointments, and unexpected and last minute changes to transition plans created significant challenges for retention and required creative solutions.

**Conclusions and Implications:** For the research team, flexibility and responsiveness to the constantly changing needs of the women in the study has shown to be the most critical component.
Correlates of Violent Criminal Behavior in a Population at Risk

Kathleen Brewer-Smyth, University of Delaware; Monica Cornelius, Medical University of South Carolina; Elisabeth Pickelsimer, Medical University of South Carolina

**Background/Purpose:** It is critical to define variables associated with violent criminal behavior in order to prevent this serious public health threat.

**Theoretical Framework:** This study builds on theories and constructs by defining contexts associated with violence in order to define risk factors and develop effective risk reduction interventions.

**Methods:** Private interview data from 320 adult male and 316 female prisoners in South Carolina were analyzed with logistic regressions comparing 231 inmates who reported having committed a violent crime compared with 400 who denied violent crimes.

**Results:** Among 231 reporting ever having committed a violent crime, 63% were male and 37% were female. Univariate analysis revealed that reporting a violent crime was significantly associated with male gender (45.6% of males vs 27.5% of females), slightly younger age, working for pay prior to incarceration, lower WRAT reading score, greater childhood physical and emotional abuse, increased neighborhood adversity, decreased social support, and greater number of traumatic brain injuries (TBI) by age 15 compared with those denying violent crimes. Psychiatric disorders including antisocial personality disorder, borderline personality disorder and schizotypal disorder were associated with having reported a violent crime. In addition, greater impulsivity, aggression, cognitive dysregulation, and psychopathy were associated with violent crime. Multivariate logistic regression revealed that perpetrators of violent crimes were more likely to be male (OR= 2.46; 95% CI=1.59-3.81), and have experienced greater child sexual abuse (CSA) (OR=1.35; 95%CI=1.09-1.659), greater childhood emotional abuse (OR=1.30; 95%CI=1.06-1.60), neighborhood adversity (OR=1.15; 95%CI=1.03-1.28), psychopathy (OR=.1.02; 95%CI=1.002-1.036), and were less likely to experience cognitive dysregulation (OR=0.58; 95%CI=0.41-0.82), or TBI by age 15 (OR=0.64; 95%CI=0.42-0.99) compared to those who denied having committed a violent crime, controlling for age (OR=0.97;95%CI=0.95-0.99).

**Conclusions & Implications:** Strong evidence suggests that interventions must occur during childhood and focus on decreasing neighborhood adversity and childhood emotional and sexual abuse. Rehabilitation is critical to prevent victims from becoming perpetrators of future violence. Though violent crimes were more frequently reported by male perpetrators, violence including homicide perpetrated by females was prevalent as well.
Recidivism as an Important Outcome in Nursing Research with Criminal Justice-Involved Populations

Lorie S. Goshin, Hunter-Bellevue School of Nursing; Darren Panicali, Hunter-Bellevue School of Nursing

Background: Criminal justice-involved populations experience a range of health disparities before, during, and after periods of incarceration. Criminal recidivism may further exacerbate disparities, making it an important target for nursing interventions with this population. This presentation discusses the public health significance of recidivism, the potential for nursing interventions to affect recidivism, and the methodological challenges nurse researchers may encounter in defining, measuring, and analyzing this concept.

Theoretical Framework: The Behavioral Model for Vulnerable Populations informed this exploration. In this model criminal behavior and history are predisposing factors that interact with enabling and need factors to affect health behaviors and outcomes.

Methods: A systematic review of the nursing, public health, and criminal justice literatures (Pubmed, Medline, CINAHL, Proquest Criminal Justice) was completed to determine (a) the connection between nursing intervention, health outcomes, and recidivism; (b) operational definitions of recidivism; (c) and measurement and analysis strategies specific to recidivism.

Results: Recidivism has received limited attention in the nursing literature on the health of criminal justice-involved populations. The public health literature, however, illustrates the potential for health interventions to decrease the risk of return to a correctional facility. Operational definitions, including follow-up time frames, differ greatly, and no one accepted standard currently exists. State administrative data is the most common information source. Survival analysis is being increasingly used to capture the effect of interventions and other variables on time to recidivism.

Conclusions & Implications: Recidivism is a significant, yet underexplored outcome in nursing research with criminal justice-involved populations. Tailored methodological information supports the valid and reliable use of this complex outcome.
Sleep Quality, Functional Outcomes, and Health Related Quality of Life in Adults with Type 2 Diabetes

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**Purpose:** Previous studies suggest that impaired sleep quality is associated with lower health related quality of life (HRQoL). The purpose of this study was to examine the association of sleep quality and functional outcomes sensitive to sleep disturbances on physical and mental HRQoL in adults with type 2 diabetes. Conceptual Framework: The study was based on Penders’ (1996) Health Promotion Model that proposes personal health related factors can act as a barrier to health promoting action and behavior.

**Methods:** The design is an analysis of baseline data from a double-blinded, randomized clinical trial (OSA, Sleepiness and Activity in Diabetes Management). Variables include 1) HRQoL measured by the Medical Outcomes Short-Form Physical Component (SF-36 PC) and Mental Component (SF-36 MC), 2) sleep quality measured by the Pittsburgh Sleep Quality Index (PSQI), and 3) functional outcomes sensitive to sleep disturbance measured by the Functional Outcomes of Sleep Questionnaire (FOSQ) total score and subscale scores for General Productivity, Social Outcomes, Activity Level, Vigilance, and Intimate Relationships and Sexual Activity. Demographic data was collected; height, weight, and A1C levels were measured. Descriptive and inferential statistics were done with IBM SPSS version 20, the level of significance was set at p<.05.

**Results:** The sample (n= 116, 55% female, 47% White) was overweight or obese (mean BMI =35 ± 6.76) and had impaired glucose control (mean A1C = 7.39 ± 1.57). Higher physical HRQoL (SF-36 PC) was associated with better sleep quality (r =-.25), improved total functional outcomes (r = .22), increased activity (r =.28) and general productivity (r=.22, all p-values <.05). Higher mental HRQoL (SF-36 MC) was associated with improved sleep quality (r =-.41), improved total functional outcomes (r = .49), increased activity level, social outcomes, vigilance, and general productivity (r =.33 to .55, all p-values <.01). Regression models found sleep quality significant (p<.05) in predicating physical HRQoL and mental HRQoL while controlling for age, race, educational level, BMI, and marital status.

**Conclusion:** Mental and Physical HRQoL in adults with type 2 diabetes is negatively affected by poor sleep quality and decreased functional ability due to sleepiness.
Contending with Sleep Disturbances During Treatment for Advanced Lung Cancer

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**Problem:** The purpose of this study is to explore sleep wake disturbances in individuals before, during and after treatment for non-small cell lung cancer through analysis of illness narratives. The specific aims were: 1.) to understand how perceptions of sleep patterns have changed since diagnosis and over time (baseline, 2nd and 3rd chemotherapy and at 6 months) and how the changes affect their daily lives; and 2.) to describe the patients’ beliefs and practical knowledge used in managing their sleep difficulties.

**Background:** Patients' with lung cancer have a high prevalence of sleep/wake disturbances, little is known about the related illness and treatment trajectory and the potential influence of poor sleep on their lives.

**Methods:** Interpretive phenomenology was used to obtain illness narratives over time of 26 individuals treated for lung cancer. Participants from VA Medical Center (n=10) and Roswell Park Cancer Institute (n=16) were interviewed and asked open ended questions about their diagnosis, their change in sleep and suggestions to help other patients. Twenty one completed the second interview, 15 the third and 8 completed the 6 month interview. For patients who entered hospice, most dropped out to the study. The seven stage hermeneutical process was used to analyze the narrative texts (Diekelmann, Allen & Tanner, 1989).

**Results:** All participants but 2 described poor sleep such as trouble falling asleep and frequent awakenings. Over time, as the treatment worsened their sleep symptoms, yet they still embraced treatment as hope for more time. This hope enabled them to tolerate the sleep wake disturbances and treatment side effects. As the treatment effectiveness declined, their hope changed. For some, the focus changed to spiritual meaning, or for others, to keep living life with a purpose.

**Conclusions & Implications:** The findings offer insight for nurses about the importance of providing balanced discussion about options for treatment and tips for improving sleep. By gaining understanding of the patients’ experiences in dealing with poor sleep, nurses gain insight in to the practical advice used to improve sleep and support personally effective outcomes.
Paper Session E4: Health Issues Related to Sleep

Adverse Health Consequences Of Sleep Deprivation In Urban Youth

Nancy White Street, Regis College; Bryn Austin, Harvard University School of Public Health; Marie McCormick, Harvard University School of Public Health ; Beth Molnar, Harvard University School of Public Health

Background: Sleep takes up one third of a person’s day and is known to be an important component of optimal health. Shortened sleep duration in adolescence has been found to be associated with adverse health outcomes. We studied the association between sleep and two health outcomes, aggressive behavior and risk for overweight. Using the Social Production of Disease Theory we included school level factors in our analyses. Life Course frames our work noting adolescence as a sensitive time period for the development of life long health behavior.

Methods /Results: In the first study, we examined the association between sleep duration and adolescent physical aggressive behavior amongst a sample of urban youth. Data came from the 2008 Boston Youth Survey, an in-school survey of 1,878 public high school students. 60% of our sample report obtaining insufficient sleep, categorized as 7 or less hours of sleep per school night. 40% of our sample reported some form of physical aggression at school or in their neighborhood in the past month. We calculated odds ratios of past month physical aggression, categorized as minor, moderate or severe, adjusting for school clustering, sex, age, race and ethnicity ,hours of homework and peer influence. Longer sleep duration (AOR=0.90, 95%CI 0.81, 0.99) was found to be significantly protective for the report of moderate physical aggressive behavior. Our second study examined the association of sleep duration and BMI-z scores and overweight/obese in the same sample, stratified by sex. We found 30% of girls and 34% of boys in this sample to be overweight/obese. Using a multi-level linear regression, adjusting for school clustering, age, race/ethnicity, depression symptom scores and screen time, we found sleep to be inversely associated with bmi-z for both sexes (boys: $\beta = 0.095$, 95%CI -0.17,-0.02; girls: $\beta = -0.06$, 95%CI -0.12,-0.00). In our multi-level logistic models we found sleep to be significantly protective for overweight/obese amongst boys when adjusting for age, race, depression score and television viewing and computer time (APR=0.93, 95%CL 0.86, 1.00).

Conclusions: A majority of our sample sleep less than the recommended nine hours. Findings from both studies support the importance of sleep for adolescents with regard to aggressive behavior and weight. Prevention and intervention programs addressing these outcomes for youth should include education on the importance of obtaining optimal sleep.
Fatigue and Sleep Disturbance Related to Perceived Stress Level in Chinese HIV-Positive Individuals: A Mix Methods study

Wei-Ti Chen, Yale University; Shih-Yu Lee, Georgia State University

Purpose/Aim: This study examined the relationships among perceived stress, level of sleep disturbance and fatigue in Chinese diagnosed with HIV in China.

Background: The worldwide AIDS pandemic, few studies of HIV+ individuals have examined the association of HIV-related stress with sleep disturbance and fatigue in the HIV-positive population in China. Especially, sleep disturbances and fatigue are common complaints among people with HIV.

Methods: A mixed method was used during data collection. A descriptive phenomenological approach with a cross-sectional audio computer-assisted self-interview (ACASI) was conducted. Three sets of quantitative data were collected from 107 convenient HIV+ patients (84% were male): 1) stress scale (Perceived Stress Scale for people living with HIV/AIDS), 2) General Sleep Disturbance Scale, and 3) Fatigue Scale. In-depth interview was conducted with 19 HIV+ Female. The study was conducted in Shanghai, China, from December 2009 to March 2010.

Results: Major themes emerged from the in-depth interviews included life stress with HIV, sleep disturbance and fatigue. Participants presented varying amounts of stress which induced sleeplessness, fatigue resulting from nightmares, worrying about whether to disclose their diagnosis, and whether they might transmit the disease to their partners or children. In cross-sectional data, the mean age of the participants is 37.6 (range from 23 to 59, SD=9.7). The range of HIV diagnosis from 1 to 16 years (M= 4.76, SD= 3.05). The study participants reported a moderate level of stress (M=2.98, SD=1). About 40% of the participants reported above a clinical significant sleep disturbances (GSDS> 3). The study participants experienced about 3 nights of disturbed sleep in the past week (M=2.87, SD= 1.21) and moderate fatigue severity (M = 5.24, SD=2.27). In addition, the perceived stress is positively correlated to the sleep disturbance (r=.57, p<.0001) and fatigue severity (r=.36, p<.0001). In the two-way ANOVA, the higher stress group significantly shown higher sleep disturbance (F=18.184, p<0.0001) and more fatigue (F=9.738, p<0.002).

Conclusions: In this study, Chinese HIV+ participants described how stress had caused them to become sleepless and fatigue. The quantitative data also proof of certain level of sleep disturbance and fatigue were all due to the perceived stress with HIV disease.
How Do Clinicians Assess, Communicate About and Manage Patient Sleep in the Hospital?

Lichuan Ye, Boston College; Patricia Dykes, Brigham and Women’s Hospital; Stacy Hutton Johnson, Boston College; Kathleen Keane, Boston College

Purpose: The purpose of this qualitative descriptive study is to describe how clinicians assess, communicate about and manage patient sleep, with the goal of identifying barriers and facilitators to sleep promotion in the hospital setting.

Background: A growing body of literature has suggested the importance of sleep for well-being and the critical need for improving sleep in hospitalized patients. Although sleep promotion is a collaborative effort in the hospital, clinicians have rarely been part of the scientific inquiry. Exploring clinician perspectives on assessment, communication and management of sleep in the clinical setting can inform future sleep promotion work.

Methods: This study utilized a qualitative descriptive design and took place at a large metropolitan teaching hospital located in the northeastern United States. Four focus style group interviews took place, three were audiotaped and one was recorded via researcher note taking. Basic content analysis methods were used to interpret the interview data from a total of 62 clinicians (54 nurses, 7 physicians, and 1 pharmacist). Content coding of data followed criteria of Creswell and Hsieh. First level coding involved assigning a defined referential code to interview text. Similar codes were grouped under categories and summarized thematically in second level coding. Credibility was ensured by high referential adequacy, confirmability was ensured via independent coding of the data between researchers.

Results: Clinicians reported they did not formally assess for patient sleep, which led to largely unmanaged sleep disruption during hospitalization. Major barriers to the effective management of sleep were noted to be the lack of a standardized tool for sleep assessment, limited understanding of importance of sleep, and inadequate communication mechanisms. Major facilitators of sleep promotion included individualized patient centered strategies and collaborative communication strategies within the health care team such as interdisciplinary rounds.

Conclusion & Implications: A standardized assessment tool for sleep and sleep disturbing factors is needed to trigger an individualized actionable plan to promote sleep in the hospital setting. It is critical to educate clinicians on the importance of sleep and facilitate collaboration among caregivers to promote sleep for hospitalized patients.
Self-Reported Sleep and Work Variables in Emergency Nurses

Jeanne S. Ruggiero, Rutgers University; Tamara Avi-Itzhak, City University of New York; Kimberly Tolentino, Rutgers University

Background: The purpose of this study is to explore relationships among work-related variables and six consecutive days of sleep in a sample of emergency nurses (ENs). Documented research in this area is limited.

Theoretical Framework: The two-process model of sleep regulation was used (an interactive process between circadian sleepiness rhythms and homeostatic sleep deficit accumulation) to explore sleep patterns.

Methods: We used a descriptive, correlational design; 35 RNs (20 day, 15 night shift) participated in their homes and work environments. Sleep diaries (completed at home daily upon awakening from main sleep period) were used to measure daily sleep attributes (sleep quality, wake after sleep onset [WASO], naps, total hours awake, total daily sleep), and caffeine usage. We used the Standard Shiftwork Index General Biographical Section to obtain work and scheduling data. Study packets were sent to participants via US Priority Mail and returned via pre-paid mailers. Data were entered into a personal computer and analyzed with IBM SPSS 20.

Results: Mean total daily sleep was 7.09 hours (SD 0.93) and participants were awake for an average of 16.39 hours (SD 1.43) in each 24 hour period. Number of nights worked per year was positively related to the number of daily naps (r= .43, p< .05) and negatively related to hours awake (r= -.39, p< .05). Higher levels of job satisfaction were positively related to WASO (r=.36, p< .01) and negatively related to total daily sleep (r= -.25, < .05). Caffeine usage was not significantly related to any variables.

Conclusions/Implications: Night work is associated with more naps and hours awake daily. Nurses with high job satisfaction experience less sleep and more WASO. Results of the present exploratory study provide a guideline to stimulate future research. We recommend further study of the relationships among sleep and job satisfaction in a larger sample.
Symposium Session E5: Translating Research Findings to Enhance Exemplary Professional Practice: Using Outcomes to Guide Peer Review in a Magnet Hospital

Translating Research Findings to Enhance Exemplary Professional Practice: Using Outcomes to Guide Peer Review in a Magnet Hospital

Ann Dylis, Lahey Clinic; Gayle L Gravlin, Lahey Clinic; Margie Hamilton Sipe, Lahey Clinic

Peer Review is the process where practicing registered nurses systematically assess, monitor, and make judgments about the quality of nursing care provided by peers as measured against professional standards of practice (ANA, 1988). This symposium presents how nurses in one Magnet hospital, which received an exemplar for its research program, participated in three IRB approved studies related to Peer Review. The symposium’s organizing framework was the recommendation by Magnet site appraisers of the need for a structured Peer Review process. This nurse driven peer to peer process is an essential component of Exemplary Professional Practice, a Magnet Domain. The first study collected baseline data to determine nurse readiness to participate in Peer review. The second study explored Peer Matching which identified essential characteristics needed in peer reviewers. In the third study, nurses completed a valid/reliable tool which documented perceptions of teamwork prior to Peer Review implementation. The symposium ends with a panel presenting research, administrative, Peer Review Steering Committee and direct care nurse perspectives on how the studies both addressed the Nursing Strategic Plan and provided outcomes related to enhanced care delivery and professional practice using the Swanson Caring Theory (1991) and the Benner Novice to Expert Skills Acquisition Model (1984).
Symposium Session E5: Translating Research Findings to Enhance Exemplary Professional Practice: Using Outcomes to Guide Peer Review in a Magnet Hospital

Investigating the Characteristics of Peer Matching In the Peer Review Process

Maureen O’Connell, Lahey Clinic; Grayce Massi Ventura, Lahey Clinic; Lisa Herlihy, North Shore Medical Center; Jonelle O’Connor, Spaulding Hospital Center

The Peer Review literature has investigated program structure/processes, and has provided recommendations as to best practice, successful strategies, and optimal timing for peer review. Peer review has also been associated with increased nurse satisfaction/retention, professional growth, and autonomy (Hart et al, 2000; McDermott et al, 2011; Pedersen et al, 2004; Sheahan et al., 2001). One area receiving little attention is the identification of qualities necessary in peer reviewers. To address this important gap, a non-experimental, descriptive, correlational, cross-sectional study was conducted to explore the essential characteristics chosen by nurses when identifying peers who would evaluate their nursing practice. The novice to expert levels of proficiency, described by Benner (1984) in her Skills Acquisition Model (1984), served as the theoretical framework. The study was conducted in a major New England Medical Center prior to the implementation of their formalized peer review process. A convenience sample of 55 nurses (69% response rate) from the Emergency Department and Ambulatory Surgery areas provided demographic data, including their self-identified level of proficiency. They also completed an instrument, adapted from an Advisory Board Company/Nursing Executive Center (2009) peer feedback exercise, which solicited agreement to statements about essential peer reviewer characteristics. Results were stratified by the self-identified level of proficiency. All nurses wanted peer reviewers to have enough clinical experience to identify their growth needs, but there were group differences on whether only a professional relationship was needed with a peer reviewer. Regardless of proficiency level, nurses strongly agreed that honesty, trust, confidentiality, and respect were essential characteristics.
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Institutional Peer Review Panel: Research, Administrative, Steering Committee, and Direct Care Nurse Perspectives

Ann M Dylis, Lahey Clinic; Gayle L Gravlin, Lahey Clinic; Dorreen Sousa Kane, Lahey Clinic; Paula R. Rock, Lahey Clinic

The symposium ends with a panel presenting research, administrative, Peer Review Steering Committee and direct care nurse perspectives on how the studies both addressed the Nursing Strategic Plan and provided outcomes related to enhanced care delivery and professional practice using the Swanson Caring Theory (1991) and the Benner Novice to Expert Skills Acquisition Model (1984). The Nurse Research Scientist will discuss research facilitators and barriers, share guidelines for successful IRB review, and suggest research methods that may prove helpful to other Magnet institutions. The Associate Chief Nurse for Education, Research, and Professional Development will present administrative perspectives on how these studies align with institutional initiatives, the nursing professional practice model, and Magnet re-designation criteria. The Steering Committee member will speak on the creation of the actual peer to peer review process based on the research data. The clinical nurse will speak on the role of nurses in the peer review process and how that process was created/revised based on feedback during the pilot phase of the nursing peer to peer review process. These different perspectives will highlight how nurses of all levels can participate and benefit from research studies around the integrated theme of Peer Review.
Symposium Session E5: Translating Research Findings to Enhance Exemplary Professional Practice: Using Outcomes to Guide Peer Review in a Magnet Hospital

Nurse Readiness Assessment for Peer Review

Margie Hamilton Sipe, Lahey Clinic; Ann M Dylis, Lahey Clinic; Janet Habeshian, Lahey Clinic

In every health care facility in which nurses practice and for each nurse in individual practice, provision for peer review should be an ongoing process. Peer review is one way of maintaining standards of nursing practice and upgrading nursing care to foster positive patient outcomes (ANA, 1988). This presentation will chronicle the multi-year development of one institution's formalized peer to peer review program with emphasis on how research informed all phases of this nursing initiative and responded to a Magnet recommendation. Feedback on peer review was initially solicited through an informal pilot survey distributed at strategic planning meetings to nurses in direct care and leadership positions. Highest visual analog scores from both groups revealed that constructive peer feedback was valuable and enhanced professional practice, yet the lowest scores indicated that nurses were neither actively soliciting this feedback nor comfortable in providing it. Qualitative comments indicated that three top concerns prior to initiation of a formalized peer review process were the need for clear guidelines, a non-punitive environment, and education. A newly convened Peer Review Steering Committee then used this data with the peer review literature, ANA standards/Code of Ethics, and the institution's guiding principles and professional practice model to construct a 21 item, anonymous, IRB approved, online survey where nurses were asked questions about practice, collaboration, feedback, and their peer review needs. Completed by 342 Registered Nurses (staff, case managers, and Nurse Practitioners), this survey provided institution specific baseline data that would determine nurse readiness to participate in peer review. These findings drove the design/structure of the process. They provided tangible evidence that nurses were participants in their own exemplary professional practice by being involved in each step of process development/implementation. The IRB sanctioned study fostered nurses' respect for the credibility of findings by translating the data into their practice.
Symposium Session E5: Translating Research Findings to Enhance Exemplary Professional Practice: Using Outcomes to Guide Peer Review in a Magnet Hospital

Nursing Perceptions of Teamwork Prior to Implementation of the Nursing Peer to Peer Review Process

Ann M Dylis, Lahey Clinic; Gayle L Gravlin, Lahey Clinic; Margie Hamilton Sipe, Lahey Clinic

Multiple studies validate that teamwork influences nursing job satisfaction, patient safety, and quality of care (Salas et al, 2007; Kalisch et al, 2010). Many studies acknowledge that teamwork and peer review are related, yet no research literature specifically addresses whether this relationship affects nurse or patient outcomes. In order to both address this gap and collect teamwork data that would enhance the previously collected peer review data, this institution conducted a study which measured nurse perceptions of teamwork. Nurses (N= 351), working in 31 discrete nursing units, anonymously completed the online Nursing Teamwork Survey (Kalisch, 2008; Kalisch et al, 2010), a valid/reliable 33 item instrument which provided phase I data in this longitudinal pre-post non-experimental study administered before Nursing Peer Review implementation. The Swanson Caring Theory (1991) and the Benner Novice to Expert Skills Acquisition Model (1984), the theoretical basis for this institution’s Professional Practice Model, also provided this study’s framework. This instrument measures percentage agreement to statements regarding teamwork. Chronbach alpha internal consistency reliability co-efficients were consistent with those reported in instrument development (Kalisch et al, 2010). Individual item analysis not only indicated that most nurses respected team members, understood their roles, and were aware of their strengths/weaknesses, but also revealed that nurses ignored rather than confronted mistakes/annoying behavior, had defensive responses when receiving feedback around areas for improvement, and avoided conflict. Participants also rated, on a 0-100 scale, two newly constructed analogs asking their level of satisfaction with teamwork on their unit (? = 72.01) and their use of newly introduced evidence based communication initiatives to foster teamwork (? = 66.27). Additional data analysis is in progress to determine if there are between or within group differences when stratified by unit or demographic characteristics. Results support the need for education on providing/receiving feedback from peers in a professional manner.