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WESTERN INSTITUTE OF NURSING

The Western Institute of Nursing (WIN) is the western regional nursing organization that succeeded the Western Council on Higher Education for Nursing (WCHEN). In 1985, following extensive deliberations by special committees, the decision to create an autonomous, self-supporting organization was implemented. At the first meeting of the new organization, nurses from collegiate schools of nursing and health care agencies adopted the bylaws and the new name of the organization, Western Institute of Nursing. The organization moved to Portland, Oregon on July 1, 1996. The Western Institute of Nursing was incorporated on November 3, 1998 in accordance with the Oregon Nonprofit Corporation Act.

WIN exists to bring together a diverse community of nurses in a shared commitment to transcend the boundaries of knowledge development and application to advance the discipline and drive improvements in practice, outcomes, and cost. The organizational structure includes the Membership Assembly, the Board of Governors, committees, and societies.

There are six categories of membership in WIN: agency, individual, student, retired nurse, associate, and honorary. Agency memberships are open to organized nursing education programs and organized nursing practices in one of the states designated by the Board of Governors as being in the western region. Individual membership is open to nurses who support the mission of WIN. Student members must be matriculated in a degree granting program. Associate memberships are open to individual non-nurses and to organizations, agencies, and businesses outside the western region that support the mission of WIN. Honorary memberships include those designated for Emeritus status and those who have made supporting contributions to WIN.

COMMUNICATING NURSING RESEARCH
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Volume 1: The Research Critique
Volume 2: Problem Identification and the Research Design
Volume 3: Methodological Issues in Research
Volume 4: Is the Gap Being Bridged?
Volume 5: The Many Sources of Nursing Knowledge
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The Cumulative Index of the Communicating Nursing Research Conference Proceedings, Volumes 1 to 25, (1968-1992) was published in 1992.

COMMUNICATING NURSING RESEARCH has been published annually by the Western Institute of Nursing. Each volume contains the abstracts of papers presented at the annual Communicating Nursing Research Conference.

PREFACE

The 58th Annual Communicating Nursing Research Conference, “Redesigning Nursing for New Frontiers in Health,” was held in Spokane, Washington from April 8-11, 2025.

The keynote address was delivered by **Beverly Malone**, PhD, RN, FAAN, President and CEO, National League for Nursing. State of the Science presentations were delivered by: **Rana Halabi Najjar**, PhD, RN, CPNP, Associate Professor, Oregon Health & Science University School of Nursing; **Sylvain Trepanier**, DNP, RN, CENP, FAONL, FAAN, Chief Nursing Officer, Providence; and **Elaine Walsh**, PhD, RN, PMHCNS-BC, FAAN, Associate Professor, University of Washington School of Nursing and Nurse Scientist, Seattle Children’s.

Two award papers were presented:

Distinguished Research Lectureship Award: **Nancy A. Pike**, PhD, RN, FNP-BC, CPNP-AC/PC, FAHA, FAAN, Professor and Founding Associate Dean for Research, Sue & Bill Gross School of Nursing, University of California, Irvine.

Carol A. Lindeman Award for a New Researcher: **Kimberly Brinker**, MSN, MPH, RN PhD Candidate University of Washington School of Nursing.

The Proceedings include the abstracts of symposium, podium, and poster presentations. One hundred and forty-eight papers were presented in podium sessions on a wide variety of topics. Forty-one papers were presented in eight symposia, and one hundred and seven papers were organized in twenty-two additional podium sessions. Two hundred and thirty-eight WIN peer-reviewed posters were presented, representing projects and research, completed or in-progress. An additional one hundred and seventy-five posters were presented by member institutions through the Research & Information Exchange.

The conference was planned and organized by the WIN Program Committee, and we extend our gratitude to Committee members: Kristin Lutz, Chair, AK; Michael Aldridge, CO; Alycia Bristol, UT; Andra Davis, OR; Catherine De Leon, CA; Cara Gallegos, MT; Perry Gee, UT; Abigail Gomez-Morales, AZ; Martha L. Grubaugh, CO; Seiko Izumi, OR; Ahlam Jadalla, CA; Ryoko Kausler, ID; Hannah Kim, CA; Mary Koithan, WA; Cherry Leung, CA; Lauri Linder, UT; Paula Meek, UT; Joanne Noone, OR; Jessica Rainbow, AZ; Krista Scorsone, CO; Ruth Taylor-Piliae, AZ; Doria Thiele, OR; Alice Tse, HI; Teresa Ward, WA; Kristi Westphaln, CA; Fang Yu, AZ; and Shumenghui Zhai, WA.

We extend our gratitude to all those who submitted papers and participated in the 2025 conference.

Lauren Clark, PhD, RN, FAAN
President, Western Institute of Nursing

Kristin Lutz, PhD, RN
Chair, Program Committee, Western Institute of Nursing

The Distinguished Research Lectureship Award Paper

TRANSITION FROM NURSE PRACTITIONER TO NURSE SCIENTIST: DEVELOPMENT OF A HEART-MIND PROGRAM OF RESEARCH

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Professor and Founding Associate Dean for Research
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University of California, Irvine

Thank you to the Western Institute of Nursing Board of Governors and Program Committee for this tremendous honor and recognition of my research career. I am extremely proud to be the recipient of the 2025 Distinguished Research Lectureship Award. I would like to acknowledge a few colleagues that were pivotal to my career as a nurse scientist. First, Dr. Kathleen Dracup, former Dean at the University of California, San Francisco, who was my cardiopulmonary master's degree advisor and professor at UCLA. I consider myself lucky to have received your guidance and wisdom as I embarked upon my career as an advanced practice nurse. Second, Dr. Lorraine Evangelista who first was my master's degree classmate, and then later became my PhD advisor, and mentor at UCLA. I will forever be grateful for her time and patience in teaching me scholarly writing and mentorship over the past decade. Lastly, Dr. Mary Woo, Professor Emeritus at UCLA who "took me under her wing", guided me through the ups and downs of academia and considered me worthy to be a part of her interdisciplinary research team/lab. She taught me how to write a successful NIH grant and for that, I am forever grateful. I truly believe in "paying it forward" as I pass these skills on to my students and mentees.

To my new colleagues at University of California, Irvine, I would like to thank Drs. Adey Nyamathi, Distinguished Professor and Dean Emeritus at the Sue and Bill Gross School of Nursing and Lorraine Evangelista for nominating me for this prestigious award, and my current Dean, Dr. Mark Lazenby, for his support and leadership in my new role as Associate Dean for Research.

This lecture is directed to the students, the post-doctoral fellows and the early career faculty in the audience. I want this to be a message of hope during these uncertain and challenging times. I am going to take you on my research journey, which was not a traditional path, but one that was right for me. I will discuss my transition from a nurse practitioner to nurse scientist, and how my years of clinical practice informed my bedside to bench approach in the development of a heart-mind program of research in children and young adults with congenital heart disease. I received great advice and learned valuable lessons along my way which I will share as you navigate your own research journey moving forward as nurse scientists.

Acknowledgements:

- Grant support from the National Institutes of Health # 1R01NR013930, 1R01NR016463, NIH/NCATS UL1TR00188, R21NS131850-01, R21AG081720, F31NR020976-01
- Thank you to former patients, families and students for permission to share some of the pictures used in this presentation.

The Carol A. Lindeman Award for a New Researcher Paper

HEALTH DEPARTMENT FACTORS THAT AID CROSS-SECTOR COLLABORATION FOR PHYSICAL ACTIVITY

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Introduction

When considering social determinants of health (SDOH) in community-based obesity prevention efforts, it is important to consider structural determinants that lead to population health inequities and disparities.[1] The built environment is considered the whole of places designed by humans with key attributes including land use, population density, and location relative to community destinations.[2] Built environment characteristics associated with physical activity in adults include neighborhood walkability, mixed-land use, grid-like street connectivity, safety, active transport, pedestrian-supportive infrastructure, and the social environment.[3,4]

Research efforts by the Robert Wood Johnson Foundation have focused on street-scale built environment enhancements for safety and physical activity for low-income racial and ethnic populations that have been marginalized.[5] Adult populations that identify as Hispanic could benefit from such interventions as the prevalence of physical inactivity is highest in this group at 32% when compared with those who identify as non-Hispanic Black (30%), non-Hispanic white (23%) and non-Hispanic Asian (20%) in the U.S.[6] Factors specific to the Hispanic population, such as undocumented status, could impact perceptions of safety that reduce the likelihood of participating in physical activity outdoors.

SDOH have been found to affect exposure to conditions influencing physical inactivity.[7] In local communities, governmental local health departments (LHDs) can play a role in population-specific interventions that address and prevent health disparities. Implementation science is an approach that offers formative evaluations to assess the effectiveness of interventions based on context, through the use of determination frameworks.[8] One such framework, called the Chronic Disease Prevention/Healthy Lifestyle Promotion (CDP/HLP) Framework[9] was developed specifically for public health within the context of organizational capacity determinants for building and maintaining partnerships. This study aimed to use the CDP/HLP Framework to identify factors within LHDs that assist in maintaining engaged and sustainable cross-sector collaborations that promote physical activity (PA) in the Hispanic community.

Methods

We used data from a prior quantitative study (Brinker, unpublished) in which data collected from LHDs for the 2013 National Study of Local Public Health Activities to Prevent Obesity[10] were analyzed. We focused on LHDs drawn from this 2013 sample because we aimed to identify factors that assist LHDs in maintaining engagement in cross-sector collaborations. Therefore, this sample from 2013 was useful in terms of asking questions about prior and current organizational capacity to sustain these cross-sectoral collaborations.

For this qualitative study, we sampled LHDs from the list of LHDs identified as moderately/highly engaged. LHD engagement was characterized by active involvement and participation in cross-sector obesity prevention activities and level of LHD engagement was quantified through a composite score derived from metrics associated with both healthy eating (HE) and PA policies supporting improvements of the built environment.

From the purposive sample identified in the quantitative analysis, LHD representatives from moderately/highly engaged agencies were identified for the qualitative analysis either (1) via LHD chronic disease prevention websites or (2) by Health and Human Services (HHS) region public health agency contacts of a member of the research team, utilizing a snowball sampling strategy. A total of 28 LHDs from 16 states within the U.S. were contacted, representing each of the 10 HHS regions and drawn from our sample of LHDs that had been identified as moderately/highly engaged in cross-sector obesity prevention activities as per the 2013 data we examined.

From June through November 2024, we conducted semi-structured interviews with staff from 11 LHDs leading chronic disease programs or health equity initiatives from the LHDs in our sample. Interview questions addressed LHD staff roles, funding, sustainability, and the advancement of health equity initiatives for the Hispanic-identifying population in cross-sector collaborations promoting PA. We focused on PA because in the prior quantitative analysis, we found that for a LHD that had staff scattered across program areas and could not, therefore, estimate the number of FTEs dedicated to obesity prevention, the odds of having high engagement in PA were lower compared to if the LHD had dedicated FTE for obesity prevention. Additionally, for a LHD serving a population of size greater than 500,000, the odds of having high engagement in PA were higher compared to if the LHD was serving a population of size at most 50,000 (Brinker, unpublished). These differences were not observed in the HE index. We used Atlas.ti v23 software to complete a thematic analysis. Both the lead author and another researcher coded transcripts separately.

A codebook was developed for deductive analysis, based on the CDP/HLP framework (Table 1). However, additional codes were added for inductive analysis, based on interviewee responses. A total of 12 interviews were completed, and at least one interview was conducted with an LHD representative located in each HHS region. In one case, two interviews were conducted for one LHD but with representatives from two different roles. Additionally, two LHDs were located within one state that included one small LHD and the one mid-sized LHD included in the sample. In total, four small LHDs (defined as serving a population ≤50,000), 1 mid-sized LHD (serving between 50,001-500,000), and 6 large LHDs (serving >500,000) were included, categorizing population size similarly to prior studies.[10,11]

Table 1. Chronic Disease Prevention/Healthy Lifestyle Promotion (CDP/HLP) Framework[9] and Associated Interview Questions

CDP/HLP determinants and outcomes of organizational capacity	Cross-Sectoral Physical Activity Promotion Questions
Structural determinants	Are staff or FTEs dedicated to promoting physical activity specifically in your LHD? If so, how many, and what are their roles?
Organizational determinants	As far as you know, do you have some form of a formal, written strategy in your local health department for addressing physical inactivity? If so, what type of strategy is in place? (e.g., contract, memorandum of understanding, etc.)

Organizational capacity	What capacity does your LHD have to influence policy change efforts that address physical inactivity inequities under the umbrella of other agencies such as housing, transportation, etc.?
Facilitators	How does your LHD collect or use data to support community collaborations and engagement related to physical activity? Regarding physical activity promotion, how does your LHD allocate resources to support the meaningful participation of community partners, that are themselves experiencing health inequities, in decision-making and prioritization that affects the community?
Outcomes of organizational capacity	Describe how engaged your LHD is in promoting physical activity. How does your LHD engage communities experiencing health inequities to inform assessments of the policy environment related to physical activity? Regarding physical activity promotion, how does your LHD evaluate its community engagement efforts, to ensure continuous learning and impact of partnering with communities? Is there anything else you'd like to add that is relevant to how your agency serves the Hispanic population surrounding physical activity in particular?

Results

Regarding the Hispanic community, most LHD staff acknowledged that having diverse, bilingual staff, interpreters, and Spanish-translated materials were essential. Themes specific to serving the Hispanic population among the mid-sized and large-sized LHDs, but not the small-sized LHDs, included the need for (1) prioritizing various subgroups within the Hispanic community, (2) taking a more cultural approach, and (3) partnering with Hispanic businesses, community-based organizations (CBOs), and faith-based organizations to integrate SDOH into PA promotion.

We also identified congruent themes among both the small/mid-sized LHDs and the large LHDs, but noted two themes specific only to the large LHDs. The large LHDs discussed the importance of building and maintaining long-term relationships with community partners and mentioned that, while champions with a passion for PA work were important drivers, gains were often short-lived due to workforce changes. Themes consistent among the small/mid-sized LHDs and the large LHDs included the value of Community Health Workers (CHWs), community navigators, and community-based participatory research (CBPR); sharing resources among agencies to integrate SDOH into planning PA initiatives; and planning for future and back-up funding mechanisms, given recent funding and budget cuts related to PA programs. The small/mid-sized LHDs and the large LHDs also both noted that a barrier to PA promotion is that PA is sometimes not prioritized within a community's Community Health Assessment (CHA) or Community Health Improvement Plan (CHIP).

Small and Mid-Size LHDs

Commonalities included reporting of particularly low ("minimal to medium") current organizational capacity for individual PA programs. Some LHDs had PA programs included in their state-level health initiatives, but these activities were dispersed among various chronic disease programs, including tobacco cessation and injury prevention. A couple of LHDs reported participating in making improvements to the built environment for safety. Specific to populations identifying as Hispanic, the small LHDs noted having bilingual staff, interpreters, and translated materials available. Collaborations with external entities, however, were rarely mentioned. One small LHD noted they partner with a local medically-focused CBO that serves the Hispanic community. The mid-sized LHD mentioned collaborating with local grocery stores and churches that serve the Hispanic community, as well as engaging with radio stations broadcasting in Spanish for media campaigns related to PA. However, specifics surrounding any collaboratives, such as initiatives or projects formed through partnerships, remained unclear.

Large LHDs

Similar to the small LHDs, the large ones also had PA promotion dispersed among various chronic disease programs. However, the large LHDs reported a higher capacity to support SDOH work as defined by Health in All Policies (HiAP), a strategy for improving population health and supporting health equity through coordination of policy sectors.[12] For example, large LHDs reported the recent creation of positions including a HiAP approach coordinator and a public health liaison specifically dedicated to forming partnerships. Some LHDs had entire health equity teams, and one reported a position for a quality improvement specialist dedicated to reviewing data for making strategic improvements in health equity related to PA and other health promotion efforts. A couple of LHDs noted collaborations with associations that either allowed their leaders to work through legislative processes or their divisions to participate in innovative projects for improvements to the built environment in particular neighborhoods. On a larger scale, one LHD reported that a policy office was formed around 2013 to look at the intersection of policy and public health and continues to do so, including for PA-related initiatives.

Specific to Hispanic-identifying adults, large LHDs reported having bilingual staff, interpreters, and translated materials just as the small LHDs did. One large LHD also noted obtaining ipads that offered translation services without the need for a human interpreter and felt this service worked well. One LHD partnered with organizations that had bilingual staff trained in community engagement principles so the community could choose the direction of the work. For PA promotion activities, two large LHDs noted collaborations with organizations specifically serving the Hispanic community, including those offering social and faith-based services. However, one LHD noted that to sponsor workshops with CBOs, supplementary funding was needed.

One LHD representative felt additional funding would be useful in taking a more cultural approach to population health improvement and that health equity work was mostly determined by geographical areas targeted because of health disparities. While this included the Hispanic community, there was no particular PA initiative specifically taking a cultural approach. Another LHD noted that the Hispanic community was often interested in more proximal wins, such as immediate programmatic activities that can be linked to improvements in chronic disease outcomes, in addition to the long-term equity goals pertaining to SDOH. As such, this was an important consideration for their PA initiatives. This same respondent also noted their LHD has had discussions surrounding the ability to compensate individuals to gain representation from various underrepresented subgroups within the Hispanic community for time spent participating in activities such as focus groups.

Discussion

Our study examined LHDs that had been identified as moderately/highly engaged in cross-sector obesity prevention activities from the 2013 data we examined. Many of these agencies appeared to still be engaged in obesity prevention activities related to PA. Themes pertaining to engagement in cross-sector collaborations included building/maintaining long-term relationships with community partners, the value of CHWs, community navigators, and community-based participatory research, and the importance of sharing resources among agencies to integrate SDOH into planning PA initiatives. To better serve their Hispanic populations, in particular, there appeared to be more need for prioritization of this community, culturally-specific approaches, and partnerships with Hispanic businesses, CBOs, and faith-based organizations.

With regard to PA promotion activities, LHDs varied in their continued engagement in and sustainability of such activities since 2013. Our findings suggest that larger LHDs have more capacity when compared with smaller health departments to have broad impacts on policy decisions surrounding the built environment for PA promotion and for incorporating SDOH to enhance health equity initiatives. Similarly, several recent studies found that LHDs were more apt to describe engagement in urban design, land use, and active transportation if the population they served was $\geq$ 500,000.[13,14] Small LHDs described only offering bilingual staff, interpreters, and translated materials as interventions for the Hispanic population. While these are useful in offering services, integration of SDOH and health equity interventions are necessary to make significant population health improvements.

Representatives from these smaller LHDs, however, did not perceive they have the funding and capacity necessary to build and maintain collaborations that would make them able to develop this infrastructure. Most of these smaller LHDs are rural in nature with populations, therefore, which often have higher prevalences of obesity.[15] Of note, community-wide interventions for built environment aspects that have been implemented by LHDs have been found to be associated with a lower obesity prevalence.[16] Thus, smaller LHDs would appear to need additional resources to accomplish health equity goals targeting chronic disease prevention.

For both small and large LHDs, PA promotion was noted in all interviews to be “sprinkled in” with other activities like nutrition, mental health, substance abuse, tobacco cessation, arthritis, and diabetes**.** Currently, some LHDs have CHIPs and strategic plans, but other chronic disease outcomes are often those described. Some strategic plans briefly mention PA without data collection prioritization for evaluation purposes, possibly hindering sustainability. Separating PA program and indicator specifics into a work plan would be beneficial for measuring progress in PA promotion, especially in rural areas where obesity prevalence is highest.[15–17]

One way to improve PA promotion in marginalized communities is through the development of public-private partnerships (PPP). A recent systematic review of PPPs in promoting PA described the ability of these entities to finance initiatives, implement various resources, and offer solutions that improve communities.[18] PPPs could strive towards developing formal, written strategies for developing PA initiatives to ensure public health expertise is included in early stages of design. However, when developing formal, written strategies for new initiatives, it is essential that a measurement and evaluation plan is included to determine the impact of activities.The COVID-19 pandemic has highlighted the value of partnerships between the public and private sectors as necessary to address public health needs,[19] and PPPs can be a mechanism for accomplishing, and possibly sustaining, public health programs.

Sustainability, as measured by intervention characteristics and organizational factors,[20] is essential in making progress towards health equity goals. Through implementation science frameworks similar to the CDP/HLP, LHDs can utilize and test strategies that build capacity to develop program elements with adequate intensity and sustainability for achieving desirable PA promotion goals.[11] Given the higher capacity of large LHDs and the sizes of the populations they serve, it stands to reason that building advocacy and collaboratives could be a more seamless process when compared with small or mid-sized LHDs. Based on themes identified in this study, organizational strategies for building cross-sector collaborations to develop and maintain health equity initiatives addressing PA in the Hispanic community are needed.

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ABSTRACTS OF SYMPOSIUM PRESENTATIONS

SYMPOSIUM: ADVANCING CAREGIVER SUPPORT: DEVELOPMENT AND VALIDATION OF THE REVISED READINESS FOR HOSPITAL DISCHARGE SCALE FOR FAMILY CAREGIVERS (RHDS-CG)

Overview: Developing and Validating a Family Caregiver Scale of Hospital Discharge Readiness

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Purpose: The symposium aims to present the development and validation of the Revised Readiness for Hospital Discharge Scale for Family Caregivers (RHDS-CG). This tool is designed to assess caregiver (unpaid family and friends) readiness for hospital discharge, addressing the specific needs of caregivers to improve discharge quality and health outcomes, ultimately reducing readmissions and healthcare costs.
Rationale: Caregivers play a crucial role in the United States, with one in five individuals providing informal care valued at approximately $470 billion annually. They significantly contribute to patient safety and health outcomes by navigating healthcare systems, managing complex care, and advocating for patient needs. Despite the benefits of caregiver involvement in inpatient care, particularly during the discharge transition process, there remains a significant gap in assessing and supporting caregiver readiness to engage in post-discharge care.

Our prior research, involving over 4000 hospital discharge events, highlighted differences between nurses' and patients' assessments of home support and how it impacts discharge readiness and post-discharge planning; differences between patients' and caregivers' perceptions of discharge readiness; and caregivers' perceptions of gaps in their understanding of post-discharge care requirements. Collectively, these findings indicated the urgent need to understand the preparation of family caregivers.
Methods: Developing and testing the RHDS-CG involves a rigorous mixed-methods approach, including:

1. Revising the RHDS: Using an iterative community-engaged process of focus groups, interviews, and surveys with caregivers and clinicians, we identified caregiver and clinician priorities and specific recommendations for revising the existing 21-item scale.
2. Establishing Psychometric Properties: We are validating the RHDS-CG using exploratory and confirmatory factor analysis and multiple group measurement invariance analyses.
3. Assessing Associations with Outcomes: We will examine the correlation between caregiver readiness and caregiver/patient outcomes, including reduced readmissions and improved health post-discharge.

Outcomes Achieved: This presentation will emphasize the measure development process. It will also emphasize detailed methods and findings regarding the qualitative themes, adaptation of the readiness measure, iterative strategies to increase caregiver study participation, and preliminary psychometric analyses. While data collection is ongoing, sufficient numbers for psychometric properties will be available during the presentation.
Conclusions: This symposium will present the development and validation of the RHDS-CG, a tool designed to assess caregiver readiness for hospital discharge. By addressing caregivers' specific needs, this tool aims to improve discharge quality and health outcomes, ultimately reducing readmissions and healthcare costs. The findings and implications discussed will be crucial for healthcare providers, policymakers, and researchers dedicated to enhancing hospital discharge quality, caregiver support, and patient care transitions.

Funding: AHRQ R01HS029158, Uncovering Caregiver Discharge Readiness for Patient Care Transitions from Hospital to Home: The UCare Study (MPI: A.S. Wallace and A.A. Bristol)

SYMPOSIUM: ADVANCING CAREGIVER SUPPORT: DEVELOPMENT AND VALIDATION OF THE REVISED READINESS FOR HOSPITAL DISCHARGE SCALE FOR FAMILY CAREGIVERS (RHDS-CG)

Caregiver and Provider Experiences during Discharge: Informing the RHDS-CG

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Purpose: To explore differences and similarities in caregivers' and clinicians' experiences supporting family caregivers during hospital discharge planning. By comparing their perspectives, this research informs the refinement of the Revised Readiness for Hospital Discharge Scale for Family Caregivers (RHDS-CG).

Rationale: Caregivers play a crucial role in facilitating continuity of care and supporting patient health during the transition from hospital to home. Despite their integral role, caregivers and hospital clinicians frequently have differing perspectives on adequate support for a safe and effective discharge. Clinicians prioritize medical stability and procedural readiness, while caregivers often emphasize post-discharge care's emotional, practical, and logistical aspects. These divergent views can result in communication gaps, unmet needs, and challenges in the discharge process. A nuanced understanding of caregiver and clinician experiences is essential to address these disparities. Equipped with a deeper understanding of both caregiver and clinician viewpoints, this research facilitates the refinement of the RHDS-CG.

Methods: Using a community-engaged studio approach, four focus groups with caregivers were conducted in both English (N=3 groups; 15 total participants) and Spanish (N=2 focus groups and 5 individual interviews; 14 total participants), along with one focus group with clinicians (N=13 participants; 10 nurses and 3 case managers) and six individual interviews (involving a physician, physician assistant, case manager, nurse manager, quality informatics nurse, and physical therapist). All sessions were recorded, transcribed, and verified for accuracy. Open coding was utilized to analyze the transcripts, with the resulting codes organized into a codebook. The research team reviewed the codebook during weekly meetings, resolving discrepancies through discussion until a consensus was reached. Content analysis was then employed to categorize the codes based on participants' experiences and insights, highlighting differences and similarities between participant responses.

Assessment of Findings: Important differences surfaced between caregivers' and clinicians' experiences during hospital discharge, influencing perceptions about items to include on the revised RHDS-CG. While both groups articulated the need for care coordination between different disciplines, caregivers stressed the need for clear access to resources and ongoing support after discharge, often pointing to a lack of comprehensive inclusion during discharge education. In contrast, clinicians focused primarily on addressing clinical information, such as medication management and post-surgical wound care, viewing these as the key priorities in the discharge process. Additionally, clinicians reported the importance of assessing caregivers' emotional state at discharge, while some caregivers reacted negatively to including an emotional health assessment question on the RHDS-CG.

Conclusion: Significant differences between caregivers' and clinicians' perspectives on the hospital discharge process highlight the need for understanding discharge from both perspectives. Caregivers prioritized access to resources and ongoing support, while clinicians focused on clinical care. These findings suggest that future research should aim to better integrate both caregiver and clinical needs to improve discharge planning and post-discharge outcomes.

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SYMPOSIUM: ADVANCING CAREGIVER SUPPORT: DEVELOPMENT AND VALIDATION OF THE REVISED READINESS FOR HOSPITAL DISCHARGE SCALE FOR FAMILY CAREGIVERS (RHDS-CG)

Item Selection, Phrasing, and Scaling for RHDS-CG Caregiver Discharge Readiness

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Purpose: There is no established measure for assessing the preparedness of unpaid family and friends (caregivers) to engage in caregiving after patients' hospital discharge. This gap hinders understanding the role of caregivers in post-discharge outcomes and the potential for testing interventions. This study explored the perspectives of family caregivers and clinicians on how to adapt the 21-item Readiness for Hospital Discharge Scale (RHDS) for caregivers of adult patients.
Rationale: Caregivers are integral to patient safety and health outcomes, including lower readmission rates and improved patient self-management after discharge. However, discharge planning predominantly focuses on patients, and caregivers often feel unprepared for post-discharge care. This lack of caregiver preparation likely impacts patient health outcomes. One measure, the RHDS, incorporates patient-reported information regarding the ability to transition home after discharge successfully, screening for four sub-scales related to self-management at home (personal status, knowledge, perceived coping ability, expected support). While there is a parallel form of the patient-completed RHDS used with caregivers of adult patients (FamRHDS) assessing caregivers' perceptions of patient readiness, it has not undergone validity testing from the perspective of caregivers and has not been shortened for use in clinical settings.
Methods: We used a community-engaged studio approach with English- and Spanish-speaking caregivers and with inpatient clinicians. Participants, recruited via personal messages and community engagement advisory members, reviewed the 21-item FamRHDS scale before discussions. Through focus groups (3 in English, 2 in Spanish) and 11 individual interviews, we explored the scale's relevancy, contributions to care quality, ease of completion, utility, comprehension, and support in discharge planning. Cognitive interviews used "think-a-loud" techniques to discuss item interpretation and to identify missing elements. Finally, participants were asked to identify their top 10 most important items. After the sessions, transcripts were analyzed for thematic content specifically related to item selection and ranking to align the FamRHDS with caregiver-stated needs. Caregivers were invited to review and provide final feedback on the revised scale.
Assessment of Findings: Fifteen English-speaking caregivers, 14 Spanish-speaking caregivers, and 24 clinicians participated. Caregivers were 28-62 years of age. The majority of caregivers were female (79%), White (82%), and Hispanic (48%); 41% were College graduates, and 14% lived in a rural location. All groups recognized the need for a caregiver hospital discharge readiness scale and primarily focused suggestions on simplifying it (e.g., uniform response scale) and how questions may be combined and rephrased for better understandability and efficiency. The iterative revision process balanced qualitative themes, item ranking, and the need to encompass the four subscales originally validated in the RHDS. Finally, the new RHDS-CG scale was translated into Spanish and back-translated to ensure accuracy. Participant follow-up demonstrated that caregivers found the revised scale responsive to their input and preferred a 'Not at All to Absolutely Yes' Likert response format, especially among Spanish speakers.
Conclusion: Caregivers and clinicians strongly confirmed the importance of assessing caregiver discharge preparation. They largely endorsed the FamRHDS items and identified specific ways in which they should be revised into the RHDS-CG before larger-scale testing and implementation.

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SYMPOSIUM: ADVANCING CAREGIVER SUPPORT: DEVELOPMENT AND VALIDATION OF THE REVISED READINESS FOR HOSPITAL DISCHARGE SCALE FOR FAMILY CAREGIVERS (RHDS-CG)

Strategies for Increasing Study Participation by Caregivers in a Hospital Setting

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Purpose: To describe the challenges faced and iterative strategies used to increase caregiver recruitment for the UCARE study. UCARE aims to revise the readiness for hospital discharge scale (RHDS) to assess and address the specific needs of caregivers (CG) as their family members or friends transition home after a hospital stay.
Background: Psychometric testing and establishing the validity of the newly developed 15-item RHDS-CG requires an adequate sample size. Ideally, there should be a minimum of 10 cases per item, meaning that an adequate sample size would be 150–200 cases. Recruiting caregivers to participate in research can be challenging due to a number of factors including difficulties identifying and reaching caregivers, and caregivers' constraints related to limited time and competing responsibilities. In this study, full participation by caregivers includes completing baseline surveys on the day of discharge (~8 minutes), and completing follow up surveys 2-weeks after discharge (~10 minutes). At study onset, we used recruitment methods that had been successful previously in a similar study, but soon noticed slower than anticipated caregiver enrollment. Our team initially identified five specific challenges to caregiver recruitment: 1) caregivers are rarely in the hospital room when we approach patients; 2) patients are sometimes unwilling to share contact information, preventing us from reaching out to caregivers by phone or text message; 3) some patients do not have a caregiver; 4) when reached, caregivers are not always willing to enroll in the study, or 5) even when enrolled, some do not complete the surveys.
Methods: We sought advice from a University of Utah Caregiver Research Interest group, the hospital's medical unit Research Nurse Liaison, the scientific literature, and used iterative team discussions about strategies for improving recruitment. Over 6 months, we implemented 8 new IRB-approved recruitment strategies, ranging from increasing participant compensation, distributing caregiver-focused recruitment flyers on hospital units, handing out study "swag" and changing the language used when approaching potential participants, to more costly strategies like adding additional study coordinators and increasing the number of hours per week spent in the hospital approaching potential participants.
Outcomes Achieved: The most impactful measurable strategies have included expanding the number of hospital units from five units to nine units, and 2-week follow up phone calls to remind participants to complete the final survey. In the four weeks before and after adding four hospital units, the number of patients screened for initial inclusion/exclusion criteria increased by 150%, from 212 (8/5–8/30/2024) to 319 (9/3–10/1/2024). In the eight weeks before and after beginning follow-up calls, the number of 2-week surveys completed increased by 177%, from nine (6/17–8/12/2024) to 25 (8/13–10/4/2024). We have also improved recruitment tracking by developing a data dashboard to observe trends over time.
Implications: Recruitment of caregivers can be challenging regardless of the study setting. Study teams should carefully monitor recruitment goals. When goals are not on track, we recommend engaging in high levels of critical thinking and creativity, seeking help from outside sources, and utilizing multiple strategies for increasing enrollment.

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SYMPOSIUM: ADVANCING CAREGIVER SUPPORT: DEVELOPMENT AND VALIDATION OF THE REVISED READINESS FOR HOSPITAL DISCHARGE SCALE FOR FAMILY CAREGIVERS (RHDS-CG)

Preliminary Analysis of the Readiness for Hospital Discharge Scale for Caregivers

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Purpose: This presentation reports on the preliminary psychometric findings and explains additional testing that will be conducted to establish the reliability, validity, and usability of a Readiness for Hospital Discharge Scale (RHDS-CG) intended for family caregivers of adult patients.

Background: The plan for the psychometric testing of the newly developed RHDS-CG included item analysis, reliability in terms of internal consistency, convergent validity, and structural validity using exploratory and confirmatory factor analysis of 15 items selected and revised from the original 22-item RHDS. The proposed psychometric testing follows the Consensus-based Standards for the selection of health Measurement Instruments (COSMIN) to minimize measurement error. For this presentation, we limit our report to initial item analysis; and (b) internal consistency reliability, as data collection is ongoing, and final analysis will be conducted with a larger sample.

Methods and Findings: The analysis included item means, standard deviations, item-to-item correlations, item-to-total correlations, and internal consistency with Cronbach's alpha (α). A sample of 113 English-speaking caregivers was used in this analysis. The RHDS-CG had a mean total score of 134.57(17.57) with an α of .90. For the item statistics, the mean was 7.08-9.41 (question responses ranged from 0-10); standard deviation ranged from 1.20-3.23; r item-to-item ranged from 0.10-0.83; r item-to-total ranged from 0.43-0.76; and alpha if deleted was 0.89-0.91. A few (n=73) low ($r < .40$) item-to-item correlations out of the possible 225 (33%) were identified. However, two items had 11 low item-to-item correlations of 73%. These questions focused on caregivers' knowledge about whom to call if help is needed and available community resources. Despite the low item-to-item correlations, there was a high item-to-total scale correlation range, and the consistency α if deleted from the total scale was very close to .90 (.89-.91).

Assessment of Findings: Initial findings indicate adequate means and standard deviations. Approximately one-third of the item-to-item correlations were low. In particular, two questions showed a substantially larger number of low correlations. These two items will need further evaluation with the larger sample to determine their retention in the scale. Despite these low item-to-item correlations, the item-to-total scale correlations were high and support internal consistency of the items tested.

Conclusion: Initial psychometric testing is promising and supports further data collection and analysis of the RHDS-CG. We will proceed with further analysis focusing on the two items showing a marginal relationship with the other items. We anticipate the extensive work done to develop these 15 items will result in a reliable measure of a caregiver's hospital discharge readiness.

SYMPOSIUM: CREATING A CULTURE OF EVIDENCE-BASED PRACTICE WITHIN A HEALTHCARE SYSTEM

Overview: Creating a Culture of Evidence-Based Practice within a Healthcare System

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Purpose: To describe how a healthcare system is creating a culture of evidence-based practice (EBP) engagement.

Background: EBP is the integration of best-evidence, clinician's expertise, and patient values. It is well known that when nurses engage in EBP, patient outcomes improve, and healthcare costs decrease. However, implementation continues to have challenges. Literature indicates that nurses lack confidence in basic EBP competency. Those who are competent are met with barriers including inadequate resources and structures, lack of leadership support, and a scarcity of EBP mentors.

Methods: Nurse scientists and scholars from a large healthcare system met to assess the current culture and readiness for implementing EBP. The Advancing Research and Clinical Practice Through Close Collaboration (ARCC) model was originally created for hospital systems to better integrate and sustain EBP and was used within this system to guide stakeholders. Steps in the framework included assessment of organizational culture and readiness, identification of implementation strengths and barriers, development of EBP mentors, and EBP implementation.

Findings: Assessment of organizational culture readiness was done in two ways: 1) to review current resources and structures, and 2) to formally assess nurses' perceptions on EBP competencies, EBP beliefs, organizational readiness, EBP implementation self-efficacy, and access to mentors. Three major gaps were identified in current resources and structures: lack of a consistent EBP process framework for implementing EBP, lack of leadership support, and finally, insufficient numbers of EBP mentors. The formal assessment of nurses indicated a gap in competency and access to mentors. These findings resulted in many action items. The Johns Hopkins EBP (JHEBP) model was selected as the process model and was introduced to the hospitals. An EBP fellowship and EBP for leaders' course were created to develop EBP mentors and to educate nurse leaders. Finally, an introductory EBP course was created and implemented to address EBP competency.

Conclusions: Creating a culture of EBP requires a multi-faceted approach. By utilizing the ARCC framework and JHEBP model, the organization created a high-level strategic plan for sustaining EBP with local processes for implementing EBP projects. Implementation of an EBP fellowship, EBP for leaders' course, and introductory EBP course addressed identified barriers by creating EBP competent nurses, informing leaders, and creating mentors. All contribute to a successful culture of EBP.

SYMPOSIUM: CREATING A CULTURE OF EVIDENCE-BASED PRACTICE WITHIN A HEALTHCARE SYSTEM

Evaluating the Impact of an Introductory Evidence-Based Practice Course

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Purpose/Aim: To measure the impact of an introductory evidence-based practice (EBP) course on knowledge, self-assessed competency, beliefs, ability to implement EBP, and organizational culture.

Rationale/Background: EBP translates evidence into practice by integrating research evidence, clinician expertise, and patient preferences. This approach to solving healthcare problems results in improved healthcare quality, reliability, and outcomes. EBP education and skill building may influence nurses' perceptions of EBP, as well as their competency and knowledge.

Brief Description of the Undertaking/Best Practice: A four-hour, introductory EBP course was developed and offered to nurses practicing in a Western United States healthcare system. The course included 2.5 hours of self-paced, online didactic learning modules, followed by a 1.5-hour virtual synchronous class facilitated by an EBP-certified nurse. The course reviewed the components of EBP using the Johns Hopkins EBP model. Topics included developing an answerable PICOT question, searching, appraising, and synthesizing the literature, designing practice change, implementation, evaluation, sustainment, and dissemination. Didactic content included videos, articles, and process templates. The class focused on EBP skill application. Nurses completed a pre and post course questionnaire containing five EBP instruments. EBP Beliefs, EBP Implementation (ability to implement EBP), and EBP Organizational Culture and Readiness were measured using a five-point Likert scale (1=strongly disagree; 5=strongly agree), with three questions per scale. Each scale was summed, with higher scores indicating a stronger presence of the concept being measured. The basic EBP competency self-assessment consisted of 13 questions with a four-point Likert scale (1=not competent; 4=highly competent). 18 EBP knowledge questions were assessed.

Assessment of Findings/Outcomes Achieved: Scale scores for EBP Beliefs, Implementation, and Organizational Culture (n=52) increased after course completion (mean difference=1.25, p<0.01; mean difference=0.69, p=0.04; mean difference=1.31, p<0.00) respectively. Each mean post-course competency question score (n=49) showed a statistically significant change (p<.01). After the course, seven out of thirteen competency items were still assessed as "needs improvement," but reflected increases (p<0.01). Mean overall knowledge scores improved from 10.26 of 18 questions correct to 12.11 correct (n=53; mean difference=1.85; p<0.01). Although not significant, performance on four knowledge questions decreased after the class.

Conclusion: Before an introductory EBP course, most nurses reported agreement with EBP concepts related to beliefs, ability to implement, and organizational culture and readiness. Post-course reassessment resulted in significant increases. This suggests that even for individuals agreeing with foundational EBP concepts, EBP education may further enhance perceptions. Course participation also significantly increased nurses' self-assessed competency on the majority of EBP competencies; however, means for many competencies continued to fall within the "needs improvement" range. This suggests the need for ongoing support and development to improve EBP competence. Score decreases for certain competencies following the course suggest that information gained during the course may have impacted resulting perceptions of competency. While nurses' perception of their EBP competence increased in general, improvement in knowledge lagged. The outcomes of the knowledge assessment highlight an opportunity to adapt EBP education and training to further improve the EBP knowledge and skills needed to successfully engage in EBP.

SYMPOSIUM: CREATING A CULTURE OF EVIDENCE-BASED PRACTICE WITHIN A HEALTHCARE SYSTEM

Nurses' EBP Competency and Readiness in a Large Healthcare System

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Aims: The specific aims of this study were to describe and examine relationships between nurse characteristics and evidence-based practice (EBP) competency, beliefs, organizational culture and readiness, implementation self-efficacy, and access to mentors in one large healthcare system.

Background: Three decades have passed since the introduction of the concept of EBP. An abundance of literature demonstrates the beneficial effects of using EBP in clinical care and return on investment. Many hospitals continue to struggle with EBP adoption, and previous literature demonstrates that many nurses express a lack of confidence and competence with EBP. In a large healthcare system, with different organizational culture, resources, and support, that is attempting to have consistent EBP processes, the current state of nurses' EBP competency and their perceptions of support for EBP is unknown.

Methods: The Advancing Research and Clinical practice through close Collaboration (ARCC) was the theoretical framework for the study. This study was a cross-sectional descriptive correlational survey study of nurses spanning 5 states and 35 hospitals from a large healthcare system in Western United States. The survey included demographic questions and valid and reliable instruments that measured EBP competencies, beliefs, organizational culture and readiness, implementation self-efficacy, and access to mentors.

Assessment of Findings: 1883 nurses participated in the study. Of these, 60% were frontline nurses (n = 1140), followed by nurse leaders (n = 240), and had been a nurse for an average of 15.8 years. Nurses scored highest on EBP beliefs but rated themselves competent in only one basic EBP competency (Asks Clinical Questions). Organizational Culture and Readiness and Access to Mentors were the lowest scoring scales, with participants rating having access to mentors only a little bit of the time. Job satisfaction positively correlated with EBP Beliefs, Organizational Readiness, and Access to Mentors ($p < .001$) and intent to leave was negatively correlated with Access to Mentors ($p < .001$). In addition, Magnet status didn't have a statistically significant effect on individual competencies; however, it did have a statistically significant effect on EBP Beliefs, EBP Implementation, Organizational Culture and Readiness, and Access to Mentors.

Conclusions and Implications: Nurses continue to lack confidence in EBP competency. Although EBP is embedded in baccalaureate curriculum and DNP programs have rapidly expanded, there continues to be a tremendous need to improve EBP competency within acute care nurses. Improved culture by encouraging leadership support for EBP, and formal clinical inquiry structures and organization support such as providing resources like access to EBP mentors could make a significant difference in EBP competency, and EBP implementation self-efficacy. A culture of EBP takes time and hospital systems must commit to support EBP if they want to achieve high-quality, safe and cost-effective health care.

SYMPOSIUM: CREATING A CULTURE OF EVIDENCE-BASED PRACTICE WITHIN A HEALTHCARE SYSTEM

Operationalizing an EBP Model in a Healthcare System

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Purpose: To describe how an EBP model was operationalized within a large healthcare system.
Description of theory or method/definition of concept to be discussed: Evidence-based practice (EBP) is a problem-solving approach integrating scientific evidence, clinician expertise, and patient preferences. Widely adopted EBP models provide a framework for systematically approaching EBP. Within these models, core EBP principles are consistent; however, the presence and content of tools supporting each model varies. Consequently, selection of an EBP model may impact resources available to support utilization of EBP in practice. Nurse scientists and scholars in a large healthcare system evaluated EBP models for adoption. A streamlined model including tools to support each step was desired, so the Melynk et al. and Johns Hopkins EBP (JHEBP) models were evaluated. The JHEBP model consists of three process steps whereas Melnyk describes eight, more complex steps. Each includes well-developed toolkits to guide nurses through each step. Reviewers found Melnyk's evidence synthesis and implementation tools robust but determined other tools did not include adequate guidance and were better suited for those with more extensive EBP experience. Considering the organization's broad geography and limited EBP resources, there was concern that local use of the tools would be challenging without the support of EBP mentors. The JHEBP tools generally met this requirement but were lacking in the evidence synthesis step. This was a critical gap considering this step informs recommendations for change. Therefore, while the JHEBP model was adopted, Melnyk's evidence synthesis tool replaced the JHEBP version. To maintain continuity for users, terms within the Melnyk tool were adapted to align with the JHEBP model.
Logic linking theory/concept/method to practice or research: Conceptual models for EBP provide a framework for identifying important elements to guide the development and implementation of a successful EBP program. A robust model provides the structure to help nurses reliably negotiate the steps of the EBP process and creates a cohesive EBP environment. Although the original EBP model was proposed by Sackett in 1997, at least 19 other models and frameworks with different levels of detail have subsequently been identified. However, the complexity of the steps in most models are not readily apparent. On average, nurses rate their EBP competencies below the competent level. Therefore, a model providing detailed instructions and tools for each step is beneficial. Well-developed tools can help nurses identify an actionable project aim and target desired outcomes. Nurses may also need support for literature appraisal and synthesis to develop practice recommendations. Finally, implementation tools can help nurses capitalize on facilitators and mitigate potential barriers to practice change.
Conclusion with statement about utility of the theory/concept/method for practice or research: Models facilitate utilization of EBP. Although there are a variety of EBP models, leaders must carefully consider the strengths and limitations of each before selecting a model. Careful tool selection and customization can help support the unique EBP resource needs of individual practice environments.

SYMPOSIUM: CREATING A CULTURE OF EVIDENCE-BASED PRACTICE WITHIN A HEALTHCARE SYSTEM

Developing EBP Leaders and Mentors in a Large Healthcare System

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Purposes/Aims: To describe the development of two educational initiatives, an EBP Fellowship and an EBP for Leaders course, that were designed to increase EBP competency, skills, and mentors across a large healthcare system.

Rationale/Background: Evidence-based practice (EBP) improves patient and organizational outcomes, including nurses' job engagement, satisfaction, and intention to stay; however, EBP is often not the standard practice. Organizations lack necessary EBP leadership, and nurse managers may act as "gatekeepers" for EBP. Additional barriers include lack of training and understanding, inadequate organizational readiness and leadership support, and lack of EBP mentors. Therefore, to facilitate EBP implementation, an organization needs to engage leaders in EBP and reach a critical mass of EBP mentors.

Brief description of the undertaking/best practice: Based on the Advancing Research and Clinical practice through close Collaboration (ARCC) model, we identified three opportunities: lack of leadership support, lack of EBP competency, and lack of mentors. Two educational opportunities were implemented to address these gaps and develop the EBP infrastructure. EBP for Leaders, a three-hour class, focused on leadership support and oversight for staff engaging in EBP. While guidance and tools for each step of the EBP process were provided, leaders were not trained to be mentors. Leaders completed a 35-item survey which included the EBP Culture and Readiness Scale-Short Version (3-item) and EBP Competency for Managers (22-item) pre/post class and an evaluation post class. The EBP fellowship, a 12-month program, consists of monthly classes and mentorship to implement an EBP project. It is focused on improving EBP competency and preparing EBP mentors. Fellows completed a 45-item survey which included three EBP short scales (EBP Beliefs, EBP Implementation, EBP Culture and Readiness), Access to Mentors, and the EBP competencies pre-class and an evaluation post-class.

Findings/Outcomes: Ten leaders who participated in the EBP for Leaders class agreed or strongly agreed that their knowledge improved, could describe a leader's role in EBP initiatives, and would recommend the course to a colleague. Organizational culture scores increased from pre to post test (M = 10.7; M = 11.3) as well as the mean scores on all 22 manager competencies. Forty participants were accepted into the EBP Fellowship. Prior to class, Beliefs scale scores were rated the highest, followed by Implementation, and Culture and Readiness. Access to Mentors was rated low and fellows did not rate themselves competent in any of the basic EBP competencies (range 2.20 - 2.89). After the class, fellows agreed/strongly agreed that they were able to identify the differences between EBP, quality improvement (QI), and research, describe two problems in their clinical area, and state the rationale of the PICOT question.

Conclusions: According to the ARCC model, nurse leaders and mentors who are skilled and competent in EBP are crucial in promoting and sustaining EBP implementation. Creating a sustainable culture of EBP within a large healthcare system necessitates careful planning and leveraging resources. By successfully implementing two programs to educate leaders and train EBP mentors, organizational EBP infrastructure and capacity were enhanced.

SYMPOSIUM: INCLUSIVE EXCELLENCE IN NURSING ACADEMIA: RAISING RESILIENCE

Overview: Inclusive Excellence in Nursing Academia: Raising Resilience

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Background: The challenge of boosting resiliency in nursing is a critical priority for many organizations. One such area where this is especially important is in nursing academia, particularly when educating students from underrepresented backgrounds. Building resilience mean gaining skills for enhanced mental, emotional and physical strengths; the skills that cultivate a growth mindset, flexibility or adaptability and adept management of mind and body stressors. Yet how effective are we at assessing resilience levels in both colleagues and diverse students? What will boost capabilities for those at risk of negative consequences?

As part of our HRSA-funded diversity grant (2021-2025), we established four cornerstones for advancing a culture of inclusive excellence. We presented our framework and efforts at WIN 2023. Leveraging what we have learned as we forged three outcome products, we are evolving our work into building blocks for boosting resilience inclusively among the college of nursing citizenry. Our challenge is to maintain the momentum for constructively integrating these three outcome products into our academic culture.

Purpose: In this symposium, our purpose is to show the evolution of three of the four original cornerstones according to their value as building blocks for *raising resiliency* in our academic community. We especially focus on 'next steps' that will assure constructive integration into our academic culture.

Approach: As the basis for continuation, we report on three of the next generation of interconnected building blocks as: 1) Synergizing for Student Well-being, 2) Imprinting for Student Belonging & Success, and 3) Sculpting for Academic Culture Harmony. Upon completion of the presentation, rather than the typical audience-generated question period, we will guide a brief audience-participatory dialogue regarding ongoing challenges.

Outcomes: In paper 1, we showcase evaluative data from developing the Student Health and Well-being Scale (SHAWS), a holistic student profile assessment, and discuss next steps needed for using it to reduce threats to capable resiliency. In paper 2, we present the student-reported, resiliency-boosting indicators for our Arizona Nursing Inclusive Excellence Summer Intensive (ANIE-SI) program, which has bolstered meaningful community engagement for our underrepresented nursing students, particularly those who are first-generation college-going, have rural upbringings, or are descendant from Native American, and/or Hispanic/Latinx backgrounds. In paper 3, we describe the faculty and 'future' faculty-participant experiences with our Cultural Humility: Inclusive Meaningful Excellence (CHIME) program. This is followed by a focused audience-participatory dialogue.

Conclusions: The three reported building blocks have laid a foundation for strengthening resilience and inclusiveness in our academic culture. This includes for underrepresented students through:1) holistically personalized student assessment to better inform vulnerability support (SHAWS Scale), and 2) enriched extracurricular experiential learning (ANIE-SI), and for building greater academic culture harmony through 3) encouraging attention by faculty on enhanced cultural humility (CHIME). At this stage, our team is ideating on innovative ways to sustain and expand on this foundation.

Funding: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award (No. 6 D19HP30859-06-01) totaling $2,218,176.00 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

SYMPOSIUM: INCLUSIVE EXCELLENCE IN NURSING ACADEMIA: RAISING RESILIENCE

Synergizing for Student Wellbeing: Student Holistic Appraisal of Wellbeing Scale

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Background: As a solid foundation for tailoring student academic support that will foster resilience, especially for students from under-represented backgrounds, we developed the Student Holistic Appraisal of Wellbeing and Success (SHAWS) Scale. The scale is based on the Kreitzer Model of Wellbeing, which views an individual as an integrated system within a larger organizational strategy. Scale items are aligned with a dimension of the model including health & wellness, relationships, security, purpose & values, community, & the environment. To support students, advisors, and faculty in creating personalized academic success plans, the scale encompasses a strength-based approach to identify opportunities for student support and personal growth. It was designed as a tool for educators and academic advisors, to engage with students in whole person assessment using a holistic model and translate the insights into personalized guidance/mentoring for success.

Purpose: To 1) review the development of the SHAW's Scale items, 2) describe the pilot testing of the factor analyzed scale, and 3) pose the next challenges.

Methods: The SHAWS items were generated using an evidence-informed approach blending student success and wellbeing literature and faculty experience; resulting in a total of 53 items. Phase one of the development included the determination of content validity using two expert panels (faculty and students). The resulting scale (41 items) was initially pilot tested with a group of 113 undergraduate and graduate nursing students. Based an exploratory factor analysis, the research team adjusted item language and rating scale and timeline. A second pilot of the adjusted scale (39 items) was conducted with the same group of nursing students (N = 204). Based on an exploratory factor analysis of pilot 2 data and in collaboration with an interdisciplinary team, we used broad multidisciplinary student data to again revise the scale; resulting in 41 items (38 revised and 3 new items). This version of the scale was used for pilot 3 testing with 714 undergraduate and graduate students from across disciplines.

Results: Preliminary confirmatory factor analysis of the SHAWS pilot 3 with a broad student population revealed a 5-factor solution. Items with factor values of > .4 were retained and included health (5 items), belongingness (5 items), purpose (5 items), security (6 items), and student success (4 items) with a total of 25 items. This solution begins to define an emerging conceptual model of student wellbeing.

Conclusions: The SHAWS scale was judged to be a feasible instrument with strong content validity and confirms six conceptual areas (subscales) for assessing student health and wellbeing. These subscales provide students, faculty and advisers with insights into areas of strength, growth, and academic support that may impact student progression, retention, and overall academic success. Our team's challenge is determining how best to utilize the SHAWS Scale and turn it into a powerful advising and mentoring tool for fostering resilience through academic and career achievement.

Funding: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award (No. 6 D19HP30859-06-01) totaling $2,218,176.00 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

SYMPOSIUM: INCLUSIVE EXCELLENCE IN NURSING ACADEMIA: RAISING RESILIENCE

Imprinting for Student Belonging & Work-Life Success

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Background: Given the intensity of clinical nursing practice, the need to bolster nurse resiliency is evident, preferably starting with students and particularly with students from underrepresented (UR) backgrounds (e.g., first generation, rural upbringing, Native American, and/or Hispanic/Latinx). With the goal of encouraging sustainable nursing work-life success, we have focused the program for building resilience in UR nursing students on: 1) promoting a sense of belonging, 2) cultivating a growth mindset, 3) providing activities to enhance mental, emotional and academic success, and 4) mastering skills for adept self-management of mind-body stressors. Using these strength-congruent dynamics, for the third cornerstone of the HRSA-funded workforce diversity project, we have implemented the Arizona Nursing Inclusive Excellence Summer Intensive (ANIE-SI), especially for UR nursing students.

Purpose: To 1) describe ANIE-SI program for UR nursing students, 2) present evaluative outcomes to date, and 3) pose our challenges for sustainability.

Approach: The 6-week, face-to-face interactive ANIE-SI course, by its format was designed to foster a sense of belonging. This outcome is reinforced by interactive peer explorations within sessions and participation in a strengthened peer-mentoring network, i.e., working with dedicated, experienced faculty mentors for weekly sessions of team building. To cultivate a growth mindset and as the main foundation, many activities to enhance mental, emotional, and academic success have evolved. In design, we have emphasized both process skills, e.g., critical thinking, persuasive writing, and content (e.g., various clinical skills). We have infused sessions with written self-reflections and deep dive dialogue to help students process the value of meaningful nursing work and how they can impact the healthcare landscape at large. We capitalize on broader learning opportunities such as community-based experiential training (CBET) in diverse communities throughout Arizona for deeper understanding of inclusive care for diverse populations. We also regularly attend a state rural health conference to engrain the value of interprofessional approaches for positively impacting health issues in Arizona. Modalities for stress management skill development included mind-body practices (e.g., tapping, meditation, painting, photography, nature walks, yoga, acupuncture), and presentations on time management, fiscal management, nutrition, and sleep.

Outcomes: To date, ANIE-SI has supported 162 UR students with 68 BSN graduates. Twenty of the graduates have returned to their rural area hometowns to give back to their community. Numerous ANIE-SI students have graduated with honors, winning awards for their honors thesis and disseminating their work at national conferences. Eight students have returned to obtain their doctorate degrees. The first-time NCLEX-RN pass rate remains above the state and national average at 97%. The ANIE-SI program has delivered over 2000 CBET hours. Written feedback includes perceived stronger resilience and sense of belonging along with strengthened professional and cultural identity.

Conclusion: UR students' exposure to the ANIE-SI program has evidenced high-functioning nursing graduates with heightened perceived resilience. Our team's challenge is to keep evolving contemporary program components and ensure program sustainability over time.

Funding: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award (No. 6 D19HP30859-06-01) totaling $2,218,176.00 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

SYMPOSIUM: INCLUSIVE EXCELLENCE IN NURSING ACADEMIA: RAISING RESILIENCE

Sculpting for Academic Culture Harmony

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Background: Fostering resilience in students is highly influenced by faculty presence, values and behaviors and the overall ambiance of the academic workplace, i.e., the culture. How people aligned with the academic work environment, i.e., students and faculty/staff colleagues, treat each other has impact. The historical origin of most organizations is hierarchical, engendering perceived power differentials, e.g., between faculty/staff and students, between senior and more novice faculty/staff or between administrative and 'grass roots workers. Still challenging are ways to counter those perceived power differentials and grow cultural-congruent humility' that makes the academic workplace feel most inclusive. As the fourth cornerstone of our HRSA-funded workforce diversity project, we focused on formulating an interactive educational initiative for promoting inclusiveness, initially for faculty.
Purpose: To 1) review the formulation of the *Cultural Humility: Inclusive Meaningful Excellence (CHIME)* course, 2) describe the evaluative input from participants to date, and 3) pose the next challenges.
Approach: The CHIME initiative was developed as a 10-hour certificate course to be completed over two months. We followed three presumptions to scaffold the building of three -modules: 1. that more self-awareness changes behaviors, 2) that skills for more inclusive peer interactions would strengthen our academic work culture, and 3) that, most importantly, approaches to apply inclusiveness skills in the student learning environments. The course utilizes an ecological approach and builds on itself through three modules: 1) Knowing Oneself, 2) Inclusive Collegial Climate, and 3) Inclusive Learning Spaces. Each module is composed of a 90-minute self-study and reflection portion using a self-study guide and a 90-minute synchronous cohort session. To receive the certificate, participants were required to complete a pre- and post-survey, the three self-study guides, and actively participate in the three synchronous sessions. Faculty participation was optional. We pilot-tested with three faculty cohorts from July 2023-April 2024 and in Summer of 2024 with future nurse faculty (students in the College of Nursing's HRSA-sponsored Nurse Faculty Loan Program).
Outcomes: A total of fourteen faculty and three future faculty members have completed the course. Feedback was predominantly positive. Almost half of the participants (n=8) stated that they had already applied something they learned in interactions with colleagues, with the majority (n=9) responding that they planned to. More than half of the participants (n=9) stated that they had already applied something they learned in interactions in the student teaching/learning environment, with the rest (n=8) responding that they planned to. Qualitatively, participants reported appreciating the opportunity to get to know colleagues on a deeper level and recommended integrating the learning approach into college culture. They appreciated exposure to useful tools that they could apply in teaching environments.
Conclusion: The positive input on the structure and content of the CHIME course substantiated perceived gains on the part of participants from engaging in a resilience-fostering course blending self-study with interactive peer dialogue related to cultural humility. Our team's challenge is to find effective ways to better integrate this certificate course into faculty onboarding and promote overall wider engagement with the CHIME course.

Funding: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award (No. 6 D19HP30859-06-01) totaling $2,218,176.00 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

SYMPOSIUM: INCREASING OPPORTUNITIES FOR LPN ACADEMIC PROGRESSION IN WASHINGTON STATE

Overview: Increasing Opportunities for LPN Academic Advancement in Washington State

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Purpose: The purpose of this symposium is to describe a 5-year, collaborative initiative to increase opportunities for LPN academic progression.

Background: Washington State has a long-standing record of collaborative efforts to streamline nursing education and foster seamless academic progression especially for RNs to complete their BSN. Opportunities for LPNs have been extremely limited in spite of strong interest to progress. Since 2019, a state-wide stake holder group has focused on increasing opportunities for LPNs to advance. Outcomes include the development of an LPN-to-BSN Direct Transfer Agreement and a proposal to develop cohort-based LPN-to-BSN options. Over the last five years, efforts have expanded to include the development, implementation, and evaluation of four upper-division LPN-BSN programs in our state. This symposium will provide an overview of the planning and implementation process and student outcomes to date. It will also highlight key components that have contributed to this collaborative effort and student success.

Description of Symposium:

Abstract #1 will describe the collaborative approach used in the planning, development, implementation, and evaluation of four new LPN-BSN programs. It will include review of strategies used including a statewide LPN needs assessment; use of consultants to assist with faculty development of curriculum and holistic admissions; scholarship support and ongoing student and faculty formative evaluations that supported program success. Student outcomes will be presented including admission, retention, graduation rates, and NCLEX pass rates to date.

Abstract #2 will focus on the state-wide LPN needs assessment exploring interest in academic progression and perceived barriers to achieving their goals. It will describe key findings that influenced decisions to remove selected barriers and further support the successful development of four new LPN-BSN programs.

Abstract #3 will highlight on the use of expert consultants in the development of holistic admission policies and student resources to support their application process. It will describe the admission policies, student resources, and the demographic profile of the first 13 cohorts of LPN-BSN students.

Abstract #4 will describe specific teaching/learning strategies developed to support student success including specialized tutoring, development of online math modules relevant to nursing practice, end of term surveys of LPN-BSN faculty and subsequent faculty development sessions.

Abstract #5 will address the use of quarterly focus groups as a forum to share LPN-BSN student experiences and suggestions for improvement. This process provides a safe platform for students to voice their opinions and feel that their feedback contributes to program improvements. A qualitative summary of their experiences and suggestions will be presented. Summaries shared with the LPN-BSN Leadership team lead for ongoing quality improvements and students expressed their appreciation for being respected, further enhancing their professional development.

Outcomes: To date, 471 LPN applications have been submitted; 364 met admission criteria; and 229 offers of admission have resulted in a 97.4% matriculation and overall retention rate of 94.1% across the first 10 cohorts. By fall 2024, 72 LPN-BSN students have graduated and enrollment of 159 students.

Conclusion: This symposium will describe the process and successful outcomes of this LPN-BSN cohort model for academic progression.

Funding: Premera Blue Cross supported this 5-year initiative with an initial planning grant ($49,960) and LPN-BSN Development Grant ($1,780,824) for total funding of $1,830,784 between 2019-2024.

SYMPOSIUM: INCREASING OPPORTUNITIES FOR LPN ACADEMIC PROGRESSION IN WASHINGTON STATE

Collaborative LPN-BSN Pathway Development and Student Outcomes

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Purpose: The purpose of this presentation is to outline the structure, processes, and student outcomes of a multi-year initiative to increase opportunities for LPN academic progression in Washington State. Specific aims include1) reducing and standardizing prerequisites and total credits to create a four-year career pathway from LPN education through BSN completion, 2) developing, implementing, and evaluating four upper-division LPN-BSN programs; and 3) providing student success strategies such as scholarship support.

Background: Five years ago, there were no cohort specific LPN-BSN options and limited LPN-RN bridge programs in Washington State. In fall 2019, a survey was sent to over 8,000 LPNs licensed in the state. Survey results from over 2,000 LPNs showed high interest in academic progression, with 74% seeking progression as soon as possible and 11% within 5 years. Higher interest in academic progression was reported by respondents who were single parents, first generation college students, and non-native English speakers, with nearly half being the major or only source of income for their families. Most frequent barriers were lack of available program (77%) and financial barriers (61%). As a result of this project, four new cohort-based LPN-BSN programs have been developed between 2021-2024 with 72 graduates to date.

Description of Project: Four colleges/universities, two from the west and two from the east side of the state, collaborated on developing a streamlined LPN-BSN upper-division pathway. Program development began in 2021, and by June 2022, all four schools had received the necessary state and national approvals. The first program launched in fall 2021, followed by a second in fall 2022, and two more in winter 2023. Consultants in LPN-BSN curriculum development, holistic admission, and simulation were tapped for their expertise. Student supports were put into place including $140,000 of scholarship funds in the first two years of implementation. The first LPN-BSN cohort graduated in May 2023 and 12 additional cohorts have been admitted by fall 2024.

Student Outcomes:

- A total of 471 LPN applications have been submitted with 364 (77.3%) evaluated as qualified.
- Admissions have been offered to 229 qualified applicants with a 97.4% matriculation rate.
- Across the initial 10 cohorts, the LPN-BSN student profile shows 69.7% first-generation college students, 62.3% student of color, 44.9% bilingual, and 6.4% active-duty military.
- An overall retention rate of 94.1% across initial 10 cohorts as of fall 2024.
- A total of 72 LPNs have graduated with their BSN across the first 5 cohorts.
- NCLEX 1st time pass rates of 96.4% among those reporting (54/56) with another 16 results pending.
- Enrollments across the 4 schools for AY2024-2025 include 73 new and 86 continuing students.
- Three of the four programs have increased their admission from 15 to up to 32 per cohort with Board of Nursing approval.

Conclusion: This successful initiative across four schools has demonstrated significant student success across a diverse student population through cross-programs team collaboration and ongoing student support.

Funding: Premera Blue Cross Social Impact Grant ($1.78M), "Increasing Opportunities for LPN Academic Progression in Washington State

SYMPOSIUM: INCREASING OPPORTUNITIES FOR LPN ACADEMIC PROGRESSION IN WASHINGTON STATE

Putting Sacred Cows out to Pasture: LPN-BSN Academic Progression

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Purpose: The purpose of this project was to incorporate the findings from two statewide LPN surveys evaluating barriers to academic progression into the development and implementation of LPN to BSN programs.

Background: Licensed Practical Nurses (LPNs) constitute a large proportion of the nursing workforce and many have the desire to continue their education to become a registered nurse (RN). The findings from a statewide survey of LPNs identifying barriers to academic progression were utilized to develop LPN to BSN curricula. Barriers identified included pre-admission testing, expiring pre-requisite coursework that needed to be repeated by LPNs who had been working for many years, limited slots in programs for LPNs who want to become an RN, and the challenges of working and attending a nursing program.

Description of Project: Four nursing programs collaborated in developing LPN to BSN programs, including one private university program and three community college programs. The LPN survey data was utilized to develop the LPN to BSN program admission process and class scheduling. Since pre-admission testing was identified as a barrier, none of programs require a standardized pre-admission test for admission to the LPN to BSN track. Likewise, the survey indicated that LPNs reported excessive time and expense having to repeat science courses that were more than six or seven years old. If students were not accepted to a RN program the repeated science courses would then become outdated, with many LPNs giving up their dream to become an RN after repeated attempts to get into a program. There is no evidence in the literature linking the age of the science course with program success, only the grade earned in the science course predicting success. Survey findings indicated the respondents were the major financial support for their family, creating a financial barrier if having to quit their full-time employment to attend a traditional RN program which is usually taught 5 days a week. The four programs collaborated in developing LPN to BSN programs which utilize holistic admissions, do not require pre-admission testing, allow all science courses that meet the grade minimum requirements for the program, with hybrid didactic coursework designed for working LPNs.

Outcomes: During the project all four programs developed LPN to BSN curricula that was approved by the Board of Nursing, matriculated 224 students in 10 cohorts with a retention rate of 94.1% (range 86.7% to 100%), and graduated 72 BSN graduates. NCLEX-RN pass rates are available for the initial cohorts and range from 85% to 92.5%. Additionally, 2 students have started graduate programs, and a June 2024 graduate has been accepted into a DNP program in 2025.

Conclusion: The collaborative LPN to BSN project demonstrated that many of the traditions surrounding admission to BSN programs, create barriers for LPNs to continue their education, and are not evidence-based. When the barriers are eliminated and student are supported LPN to BSN students thrive, retain and graduate, and pass the NCLEX-RN exam.

Funding: Premera Blue Cross Social Impact Grant, 2021-2024, $1.78M.

SYMPOSIUM: INCREASING OPPORTUNITIES FOR LPN ACADEMIC PROGRESSION IN WASHINGTON STATE

Journey from LPN to BSN: Holistic Admission Success Stories

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Purpose: The purpose of this presentation is to describe the creation of holistic admission (HA) processes in four new LPN-BSN pathway programs across Washington State. As part of a state-wide initiative, the four pilot schools developed new admission policies with the overarching aim of increasing nursing student diversity while maintaining excellent student outcomes.

Rationale/Background: Admission to nursing programs is often based on competitive metrics, such as grade point average (GPA), American College Test Program (ACT) or Test of Essential Academic Skill (TEAS) scores. Although these scores may be reliable, they do not necessarily reflect a complete picture of the applicants and may lead to decreased diversity among the nursing workforce. There is evidence suggesting that the use of an HA process increases diversity without affecting student success rates and allows students who have faced lifelong barriers a chance to be admitted into competitive nursing programs. The HA process takes a holistic view of the student, including their academic achievements, personal background, experiences, and characteristics. Utilization of HA is becoming increasingly important in nursing education to promote a more inclusive student body that is better prepared to meet the complex healthcare needs of diverse populations.

Description of Project: Based on best practices, HA processes were developed and implemented according to each school's individual mission, vision, and values. Development was guided by expert consultants, college-based workgroups, and the utilization of national nursing association toolkits. Applicants were evaluated according to similar criteria at each school, such as leadership experience, military experience, prior nursing experience, linguistic abilities, first-generation college status, written and video essays, and face-to-face interviews. A narrated PowerPoint was created that explains the HA process for prospective students, as was a 10-minue video highlighting the attributes and experiences of three LPN-BSN students.

Student Outcomes: Between Fall 2021 and Fall 2024, a total of 229 students were offered admission across the programs. Of those offered admission, 223 students accepted, representing a 97.4% matriculation rate. Success of the HA processes were inferred based on increased levels of diversity with the student body, as well as retention rates and national licensure exam (NCLEX) pass rates. To date, thirteen cohorts have been admitted across the four schools and all schools report increased diversity within their student bodies. The demographics of the initial cohorts includes students who are 62.3% BiPOC, 57.4% first-generation college students, 44.9% multilingual, and 6.3% active military. Current overall retention rates are 94.1% and current NCLEX pass rates are 97.7%, with every school graduating at least one cohort.

Conclusions: Results of this cross-state collaborative project show that HA increases diversity without affecting student success rates. HA allows non-traditional students with lifelong barriers a chance to be admitted into competitive nursing programs and achieve upward career mobility. All nursing programs would be well-served to consider utilizing a holistic admissions process to increase diversity in the nursing student body. Additionally, programs should continually gather data in order to correlate increasing diversity rates with program retention and NCLEX pass rates.

SYMPOSIUM: INCREASING OPPORTUNITIES FOR LPN ACADEMIC PROGRESSION IN WASHINGTON STATE

LPN-to-BSN Education with a Dose of Innovation through Student and Faculty Empowerment

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Purpose/Aim: The aim of this presentation is to explore the innovative teaching and faculty development strategies implemented as part of a state-wide initiative to increase opportunities for seamless academic progression for LPNs in our state.

This presentation highlights the transformative effects of high-impact practices in nursing education, tailored to meet the diverse needs of a multifaceted student population. The overarching goal is to highlight how these innovations have contributed to the academic and professional success of nursing students, while equipping faculty with the necessary training to better guide and mentor the next generation of nurses. Central to this training was reshaping faculty perspectives on the value of support services and fostering a shift away from traditional hierarchical mindsets in nursing education.

Rationale/Background: In response to the growing demand for BSN-prepared nurses, particularly from LPNs seeking academic progression, a state-wide initiative was established in 2019. Nursing education faces challenges including faculty shortages, clinical site limitations, and the need to accommodate students with diverse schedules and learning needs. To meet these challenges, this effort supported the development of multiple educational innovations across four institutions: Columbia Basin College, Green River College, Saint Martin's University, and Wenatchee Valley College. These innovations include flexible teaching strategies and scheduling, robust faculty development, simulation training, and support for students through tutoring and math instruction tailored to nursing practice.

Methods: This statewide collaborative effort incorporated a combination of teaching strategies, faculty development workshops, shared curriculum, and student support initiatives. Flexible and hybrid learning options were introduced to accommodate students with work or personal obligations. Faculty received ongoing development opportunities through workshops on simulation and holistic admissions, while tutoring was provided at one college with 50% faculty FTE dedicated to academic support. A shared math course was created to address common difficulties in medication dosage calculations. Program evaluation was conducted using focus groups, end-of-semester/quarter surveys, and formative assessments of student and faculty feedback.

Findings: Innovative teaching strategies, such as hybrid and weekend classes, increased enrollment and retention among LPN-to-BSN students, with 223 enrolled and a 94.1% retention rate between fall 2021 through fall 2024. Flexible scheduling allowed students to balance work and studies, while simulation activities improved clinical readiness by refreshing nursing skills. Faculty development workshops enhanced holistic admissions and high-impact teaching practices, and a math course addressed key gaps in clinical math skills. Tutoring support further boosted retention and academic success. Course quality ratings averaged 4.2/5 in year two and 4.31/5 in year three, with NCLEX pass rates ranging from 85% to 92.5% as reported to date.

Conclusion/Implications: The innovative strategies and faculty development initiatives in the LPN-to-BSN programs have profoundly enhanced both student success and faculty effectiveness. Flexible scheduling, simulation training, and academic support empowered students to thrive academically and professionally. Faculty development reshaped perspectives on mentorship and support services, fostering a collaborative, rather than hierarchical, learning environment. These transformative approaches provide a model for other nursing programs seeking to improve student outcomes, strengthen faculty engagement, and ultimately build a more resilient and prepared nursing workforce.

SYMPOSIUM: INCREASING OPPORTUNITIES FOR LPN ACADEMIC PROGRESSION IN WASHINGTON STATE

Amplifying LPN-BSN Student Voices: Focus Groups for Continuous Quality Improvement

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Purpose: This purpose of this presentation is to describe the use of focus groups as a formative evaluative tool in four newly developed LPN-BSN programs across Washington State. Focus groups were conducted at the end of each academic term to gather student feedback and support continuous quality improvement (CQI) efforts. By incorporating focus groups into the evaluative process, this presentation aims to explain how student perspectives identified areas for improvement, contributed to program enhancements, and created a safe and supportive space for students.

Rationale/Background: The use of focus groups was part of a multi-prong formative evaluation process during program implementation. The rationale for the use was to allow for a rich, in-depth exploration of students' perspectives, experiences, and emotions, which are often difficult to capture through quantitative methods like surveys or exams. This qualitative approach provides a deeper understanding of how students perceive their educational journey including curriculum content, teaching methods, clinical placements, and overall program effectiveness. Students are empowered by giving them a platform to voice their opinions and feel that their feedback is valued and contributes to meaningful changes in the program.

Brief Description of the Undertaking/ Best Practice: Between Fall 2021 and Summer 2024, 44 focus groups across the four pilot schools that were conducted and transcribed by the Principal Investigator (PI) for consistency. Having an external facilitator not formally associated with any of the four schools, helped to create an atmosphere of neutral unbiased facilitation. Interviews were conducted via Zoom and ranged in length from one to two hours each. Open-ended questions were designed to facilitate feedback on various aspects of the nursing program, including challenges, positive experiences, curriculum design, instructional methods, sources of motivation and support, and effectiveness of hybrid learning models.

Assessment of Findings/Outcomes Achieved: Categorical analysis of the focus group data was conducted by the PI and one grant team member involving identification of recuring themes, patterns, and concepts across the data. Ten major categories emerged including: 1) Motivation to Purse BSN; 2) Curriculum Structure; 3) Communication; 4) Sources of Support; 5) Challenges; 6) Perseverance; 7) Suggestions for Improvements; 8) Increase is Knowledge, Skills, and Attitudes; 9) Words of Wisdom; and 10) Next Steps or Future Goals. Each will be described, and representative examples highlighted.

Conclusions: The use of focus groups for gathering student feedback in the four LPN-BSN programs has proven highly effective in providing rich, detailed insights into student experiences and concerns. Through open discussions, students have been able to voice their perspectives on curriculum, clinical placements, and program structure, which has informed targeted improvements. This qualitative process allows for deeper exploration of themes, enabling program administrators to better understand student needs. Overall, this approach has significantly contributed to the ongoing development and success of the LPN-BSN programs by fostering a culture of continuous improvement, monitoring student-faculty successful engagement, and a secondary gain of student support and collaboration.

Funding: This initiative was funded through a $1.73M grant to support increasing opportunities for LPN academic advancement in Washington State.

SYMPOSIUM: NEXT GENERATION NURSE SCIENTISTS ENDING THE HIV EPIDEMIC: HIV RESEARCH RESULTS FROM A COHORT OF TRAINING GRANT SCHOLARS

Overview: Next Generation Nurse Scientists Ending the HIV Epidemic

Carol Dawson-Rose, *RN, PhD, FAAN, Community Health Systems, UCSF School of Nursing, San Francisco, CA;* ***Glenn-Milo Santos***, *PhD, UCSF School of Nursing, San Francisco, CA*

Background: In 2019, a plan for "Ending the HIV Epidemic" (EHE) in the United States (US) was developed to reduce new HIV infections by 75% by 2025 and by at least 90% by 2030, representing an effort to refocus national attention on ending the US HIV epidemic. Nurses have been at the forefront of the HIV epidemic through providing direct care, advocacy, and research to improve the quality of life for people with HIV (PWHIV) since the beginning of the epidemic and have contributed to HIV prevention, improving adherence, and stigma reduction interventions over the past 30 years. The need for nurse scientists who can advance HIV science by conducting rigorous and innovative research, including implementation science that both optimizes health and advances health equity, is a priority.

Methods: An NIH-NINR-funded T32 training program was developed to recruit diverse cohorts of nurse scientists to complete comprehensive training in HIV science, the social determinants of health, how they impact HIV acquisition and outcomes, implementation science, and advanced research methods to address the critical challenges HIV presents. The "Next Generation Nurse Scientists Ending the HIV Epidemic" program annually supports four predoctoral and two postdoctoral scholars. Each scholar participates in program seminars on various topics (e.g., social determinants of health, implementation science, intersectional stigma) and works closely with a mentor on HIV-related research. The program is designed to provide training in experimental design emphasizing rigor and reproducibility; the ethical and responsible conduct of research; communicating and working effectively in teams with a diverse and broad pool of colleagues and with cultural humility; and ensuring a comprehensive knowledge base and professional skills, which will include experiences for diverse careers in HIV nursing research. Scholars also receive training to address HIV health disparities by increasing attention to historically excluded individuals, populations with multiple co-occurring morbidities (i.e., syndemics), and people who use substances, addressing socio-structural determinants of and interventions for health, including issues such as systemic racism, class, and gender, intersecting stigmas and trauma; trainees will leverage implementation science approaches to expand and optimize new prevention interventions.

Results: In the year since initial funding, we have recruited seven scholars into the program (six predoctoral students and one postdoctoral scholar). These scholars are engaging in training and researching a range of studies that address the national and global context of the HIV epidemic.

Conclusions: This symposium includes an overview of the **"Next Generation Nurse Scientists Ending the HIV Epidemic" T32** program at UCSF School of Nursing. Two predoctoral and one postdoctoral scholar will present their research work in the following areas of HIV research: biobehavioral approaches to maintaining antiretroviral adherence for adolescents and young adults living with HIV in Kenya; infant feeding decisions among birthing people living with HIV in the U.S.; and factors associated with PrEP use and alcohol use in San Francisco, USA.

Funding: Next Generation Nurse Scientists Ending the HIV Epidemic (T32 NR020776; MPI Dawson-Rose and Santos)

SYMPOSIUM: NEXT GENERATION NURSE SCIENTISTS ENDING THE HIV EPIDEMIC: HIV RESEARCH RESULTS FROM A COHORT OF TRAINING GRANT SCHOLARS

Infant Feeding Decisions Among People Living with HIV: A Scoping Review

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Background: For those living with HIV in the United States, the choice to provide human milk has been contraindicated. In January 2023, the U.S. Department of Health and Human Services Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission updated its guidance to recommend a shared decision-making model that includes evidence-based information on the risk of transmission and the benefit of lactation. Little research has synthesized the literature surrounding infant feeding decisions among people living with HIV globally.

Purpose: We summarized and synthesized currently available research on barriers and facilitators to infant feeding decisions among those living with HIV, starting from the World Health Organization's change in recommendations in 2009 to April 2024.

Method: A search of PubMed, Embase, and Web of Science resulted in 341 abstracts. We reviewed 85 full-text articles. A total of 24 articles, including 8 qualitative, 7 quantitative, 4 mixed methods, and 1 retrospective study from 11 countries (8 resource-poor), met our inclusion criteria.

Result: Facilitators to making any feeding decision include healthcare worker guidance, fear of HIV disclosure and stigma, and cultural/community norms. Barriers to any type of feeding decision include mixed messaging from healthcare providers, absence of infant feeding guidelines, and advice from significant others. Facilitators to breastfeeding include infant bonding and nutrition. Barriers to breastfeeding include fear of transmission, low milk supply, full-time employment, and food insecurity. Facilitators to formula feeding include influence from family members, returning to work/school, and full-time employment. Barriers to formula feeding include affordability, inadequate maternal nutrition, and preparation/cleaning bottles.

Conclusions: The results of this scoping review point to implications of changing guidelines and the need for a deeper understanding of factors that contribute to infant feeding decisions. Research is needed on the influence of social structure, including systemic racism, poverty, and health policies (paid family leave, lactation work policies that include protections for people living with HIV), changes in infant feeding practices pre/post policy change, and results of criminalization of human milk feeding on people living with HIV.

SYMPOSIUM: NEXT GENERATION NURSE SCIENTISTS ENDING THE HIV EPIDEMIC: HIV RESEARCH RESULTS FROM A COHORT OF TRAINING GRANT SCHOLARS

Correlates of PrEP Use and Missed Doses Due to Alcohol Among Sexually Active Individuals

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Background: Alcohol use is linked with HIV-associated sexual behaviors and new HIV infections. Hence, individuals who drink alcohol may benefit from Pre-Exposure Prophylaxes (PrEP) to prevent HIV. However, although oral PrEP is efficacious against HIV transmission, alcohol use may also function as a barrier to PrEP adherence. To date, few studies have specifically evaluated PrEP use and missed doses due to alcohol use among sexually active adults who drink alcohol. Within the current literature, there is a dearth of studies that have explored factors associated with missed PrEP doses due to alcohol. Therefore, this study examined the correlates of PrEP use and missed PrEP doses from alcohol.
Methods: This study was a secondary cross-sectional analysis of the Harness screening survey data collected for a randomized controlled trial to reduce alcohol consumption among sexually active adults in San Francisco. A subset of 855 participants without HIV (i.e., those eligible for PrEP) were included in this analysis. The primary outcome measures were current PrEP use and missed doses due to alcohol use in the past 3 months. Measures on the frequency of alcohol use, sexual behaviors while intoxicated, condom use, and sexually transmitted infections (STIs) were analyzed as potential correlates for study outcomes. Multivariable logistic regression models were fitted separately for each exposure while controlling for age, gender, and race/ethnicity.
Results: The study enrolled a diverse sample (15% Black, 25% Latino, 7% Asian/Pacific Islander, and 8% Multi-racial/another race), comprised of 56% cisgender male, 42% cisgender female, and 2% transgender participants. Mean age 41.77 years (SD=13.38). Current PrEP use was 16%, and missed PrEP doses due to alcohol was 52%. Factors independently associated with greater odds of PrEP use include: having anal sex while drinking alcohol 1-5 times (aOR=24.69 [95%CI:12.98-46.89], $p<0.05$) as well as anal sex while drinking six or more times in the last 3 months (aOR=34.71[16.97-70.97], $p<0.05$); and having gonorrhea (aOR=4.65[1.69-12.82], $p<0.05$), or chlamydia diagnoses (aOR=6.41[2.11-19.41], $p<0.05$). Lower odds of PrEP use were associated with having vaginal sex while under the influence of alcohol six times or more times in the last 3 months (aOR=0.44[0.25-0.76], $p<0.05$). Factors independently associated with greater odds of missing PrEP doses from alcohol were engaging in the following in the last 3 months: having vaginal sex while under the influence of alcohol 1-5 times (aOR=2.16[1.15-4.08], $p=0.02$), having vaginal sex while using a condom 1-5 times (aOR=3.64[1.97-6.73], $p<0.05$), having anal sex while using a condom 1-5 times (aOR=24.60[10.52-57.54], $p<0.05$) and having anal sex while using a condom 6 times or more times (aOR=20.11[7.90-51.14], $p<0.05$).
Conclusions: There are low rates of PrEP use among persons who use alcohol in San Francisco. Furthermore, PrEP use is associated with greater frequency of drinking and increased reports of recent STI diagnoses. More than half the participants missed PrEP doses due to alcohol, which was associated with increased sexual activity under the influence of alcohol and the use of condoms. These findings can help optimize and target interventions to increase PrEP use and PrEP adherence among sexually active adults who drink alcohol.

Funding: Grant# R01AA025930, PI: Santos

SYMPOSIUM: NEXT GENERATION NURSE SCIENTISTS ENDING THE HIV EPIDEMIC: HIV RESEARCH RESULTS FROM A COHORT OF TRAINING GRANT SCHOLARS

Navigating Viral Load Information Flow for Adolescent Clients at HIV Clinics in Kenya

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Background: Achieving viral suppression goals for adolescents and young adults living with HIV (ALHIV) requires multifaceted strategies, including efficient and effective health systems to routinely monitor HIV viral load (VL) and support adolescents when adherence falters. This study aims to identify where weaknesses in the VL information flow occur in return of VL results to clinics and ALHIV clients and how they determine meeting "good adherence" to repeat confirmatory VL testing among ALHIV with non-suppressed VL enrolled in enhanced adherence counseling.

Methods: In this cross-sectional study, 4 focus group discussions were conducted with purposively selected 29 healthcare providers from various phases of VL information flow. Additionally,10 in-depth interviews were conducted with healthcare providers who were in the direct care of providing ART, VL testing, or counseling. Thematic analysis identified 9 themes in different phases of the VL information flow and enhanced adherence counseling sessions.

Results: Themes in the sample collection phase consisted of (1) individual and family level challenges, ALHIV not presenting to the laboratory, (2) facility-level challenges: a shortage of personnel and long queues at the laboratory, and (3) facility-developed strategies to improve sample collection. In the sample processing and turnaround to the clinic phase, one theme was identified: (1) supply chain constraints affecting laboratory-related delays. In the client notification and management phase, three themes were identified: (1) lack of VL information affected treatment decisions, (2) client-specific factors impacting dissemination of VL results, and (3) adherence counselors were the first healthcare providers to address non-suppressed VL. In the enhanced adherence counseling sessions, two themes were identified, (1) reluctance to repeat VL until adherence challenges are resolved and (2) measuring adherence through subjective means.

Conclusion: The identified themes highlighted that individual, social, and health systems factors were perceived as contributing to success or delay in the ability to obtain timely VL results and repeat confirmatory VL testing for ALHIV with unsuppressed VL. To meet viral suppression goals, interventions that support ALHIV motivation, combined with health systems processes, as well as mobile tools responsive to the social context of ALHIV lives are necessary.

SYMPOSIUM: THE ODYSSEY OF PHD EDUCATION: AUTOETHNOGRAPHIC ACCOUNTS OF DIVERSE STUDENTS

Overview: The Odyssey of PhD Education: Autoethnographic Accounts of Diverse Students

***Lauren Clark**, PhD, RN, FAAN, School of Nursing, University of California, Los Angeles, CA*

National concern about the stagnant numbers of students entering and completing PhD education in nursing is well-founded. Graduates of PhD programs infuse creativity and expertise into practice, education, and research. PhD education drives disciplinary vigor and relevance. To combat stagnation in PhD program enrollment, various educational tactics have been deployed: distance education, academic support, cohort camaraderie, and financial incentives. Meanwhile, to keep PhD education relevant and compelling, professional organizations have updated program competencies and embellished experiences considered central to doctoral preparation through statements such as the 2022 AACN publication, *The Research-Focused Doctoral Program in Nursing: Pathways to Excellence*. What remains obscured (yet vital) in PhD program rejuvenation is the experiential odyssey of students. In the everyday world, what do they feel, see, hear, and ultimately think about their PhD journey? How do they assess its value? And to what do they owe their hard-won successes?

This symposium presents the autoethnographic accounts of diverse PhD nursing students as a form of counter-storytelling. Personal epiphanies characterize each student's reflective consideration of their educational experience at a particular time, place, and historical moment. Through evocative thick description of the PhD educational endeavor, their narratives lay bare the promise and potential of professional growth and personal fulfillment. Their narratives explore positionality relative to the contextual and cultural factors structuring their experience. Students write about their families and the personal costs of education. Family expectations about what constitutes a 'good life' border their path to self-development through education. Opportunities appear and foreclose as they enter PhD study, combine work and school during their program, and maintain caregiving relationships while meeting academic expectations in an environment where age, race, ethnicity, language, and culture matter in the journey toward successful program completion.

In their results, the personal odyssey of PhD education is recorded, analyzed, and theorized, often from a critical perspective. For these autoethnographers, their spatial location, temporality, and sociocultural positionality confront taken-for-granted 'truths' about graduate education in nursing. Ideas about academic rigor, mentoring, and belonging, central to standard cultural narratives are troubled by 'insider' narratives from students at the margins. Their results complement, and perhaps confront, assumptions embedded in the discourse of academic nursing organizations' position statements and trend analyses of enrollment. Their conclusions punctuate seldom acknowledged concerns about PhD nursing education.

Taken as a whole, the presentations in the symposium challenge faculty understanding of the salient aspects of PhD education as a series of qualifying and comprehensive exams, presentations, and defenses of scientific inquiry. Students' analyses of the PhD odyssey evoke what it feels like to be a PhD student and how social and cultural structures at home, at work, and in the academy add turbulence and fuel to the journey. Implications of these studies broaden the conversation about equity of opportunity to begin and succeed in PhD education. The PhD is about academic rigor, scientific development, disciplinary expertise—and much more.

SYMPOSIUM: THE ODYSSEY OF PHD EDUCATION: AUTOETHNOGRAPHIC ACCOUNTS OF DIVERSE STUDENTS

Where Do I Belong? Autoethnography of the Experience of an Immigrant Nursing PhD Student

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Purpose: This autoethnography aims to elucidate the obscure phenomenon of nursing PhD education of an immigrant student with a non-native English speaking (NNES) background by examining the author's personal experience as a Japanese immigrant student at a large research-oriented institution in the United States.

Background: Pursuing a PhD is arduous. Participating in doctoral-level coursework in a second language creates additional obstacles. Nursing is particularly challenging with its rapid and high-level discourse and various research approaches. NNES immigrant students are prevalent in PhD programs because the socioeconomic structure in this country enables its residents, including legal immigrants, to seek advanced education throughout adulthood. NNES immigrant students are often drawn to large, research-oriented universities due to their internationally recognized reputations. Nonetheless, the experiences of immigrant NNES nursing PhD students are under-explored. Understanding their experience is critical to providing adequate support for their success.

Methods: This study utilized autoethnography to analyze the author's experiences in her PhD program. The autoethnography employs the researcher's personal narrative and self-reflection as the major data source. The *need to belong theory* served as its framework. This theory posits that belongingness is the primary motive of human beings and influences their well-being. Theoretical thematic analysis was employed for data analysis. This represents a deductive data analysis approach. The themes are formulated based on the premise of the existing theory.

Findings: The theoretical thematic analysis delineated five main themes: (1) search for new belonging, (2) coexistence of multiple belonging, (3) emotional impact of belonging, (4) self-imposed criteria for belonging, and (5) identifying ultimate destination of belonging. These findings highlight the human nature of the desire for belonging and its impact. The author pursued new forms of belonging following the loss of prior connections. She sought and established belongingness in more than one setting, academic, work and social life. She experienced emotional impacts from belonging, both negative and positive. She established her own standards for achieving a sense of belonging, and her perception of whether or not she has met those criteria affected her emotional and mental states. Finally, the positive experience of belonging may motivate individuals to pursue the ultimate place of belonging. In her quest for belonging, the author has found a purpose in pursuing a PhD and the motivation to persist in this demanding program, ultimately guiding her to recognize her ultimate destination to belong; the overarching bridge connecting two home countries, Japan and the United States, through her expertise in mental health and disability nursing.

Conclusions/Implications: this autoethnography project emphasized the significance of belongingness for an immigrant and NNES PhD student in nursing, aligning with *the need to belong theory*. As this theory suggested, negative belongingness can adversely affect an individual's well-being, while positive belongingness can promote personal growth. This sense of belonging can serve as an incentive to enhance the PhD experience of immigrant NNES students. The effort to foster belongingness at both individual and institutional levels can be a crucial factor for the success of immigrant NNES nursing PhD students.

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SYMPOSIUM: THE ODYSSEY OF PHD EDUCATION:
AUTOETHNOGRAPHIC ACCOUNTS OF DIVERSE STUDENTS

A Long Time Coming: My Journey to and through the Nursing PhD

***Cherisse Watts**, PhD(c), RN, PHN, School of Nursing, University of California, Los Angeles, CA*

Purpose: The purpose of this autoethnography is to discuss my nontraditional journey to and through the PhD in nursing. There are several goals I hope to achieve: 1) to provide insight into why I chose a PhD in nursing; 2) describe my experiences thus far and the individuals involved and 3) develop how my identity as a Black-American woman of Trinidadian descent in her mid-30s serving as a caregiver to both parents and younger brother has shaped my perspectives and how I've navigated triumphs as well as trials and tribulations in a world where not many look like me.

Conceptual Basis: Two theoretical frameworks were used to analyze the PhD journey: intersectionality and emotion work in caregiving. Intersectionality provides a lens to analyze the relationships developed throughout the PhD program and provides reason as to why people from different backgrounds may experience institutions, people, and events differently from others. Having multiple identities and roles, PhD students must also navigate our personal lives on the journey. Emotion work in caregiving is interwoven into my PhD journey. It involves care work in the domestic sphere, and entails managing one's own emotions as well as the emotions of others.

Methods: Data collection consisted of personal core memories of encounters that had a lasting impact, external data such as emails or letters to confirm timeline, self-reflective data from field notes and memos that illustrate emotions/thoughts as they arose over the course of the program, and the chronological listing of any major life event pertinent to the story. Initial coding and identification of themes using thematic analysis were used as the qualitative method to identify, assess, and report findings.

Findings: Several themes highlight the complexities of the journey to and through the PhD: 1) Resilience and determination through academic setbacks and the need to remain adaptable; 2) The importance of support systems, both familial and from a village built of peers navigating similar waters; 3) The balancing of the emotion work of caregiving and academia, and the physical, emotional, and mental toll both can take; and lastly, 4) acknowledging student intersectionality in mentorship, and the need for empathy and cultural humility to develop successful partnerships.

Conclusions and Implications: Nursing PhD students must be recognized and respected as complex individuals with multiple identities, responsibilities, and passions. We soldier through the rigors of higher education, but also through the trials and tribulations of life. For me, that has entailed balancing academia and being deeply involved in the emotion work of caregiving. PhD students must have opportunities to find strong mentors and develop supportive relationships that acknowledge and support academic as well as emotion work. This process does not always occur organically, so having a matchmaking system in place to facilitate would be of great benefit. PhD programs need to effectively implement diversity equity and inclusion policies including hiring diverse faculty, equitably accepting diverse, qualified applicants, developing retention plans for students in need of additional support, and working to train faculty in cultural humility, compassion, and empathy.

SYMPOSIUM: THE ODYSSEY OF PHD EDUCATION: AUTOETHNOGRAPHIC ACCOUNTS OF DIVERSE STUDENTS

Autoethnography: A Nurse Practitioner's Journey through the PhD Experience

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Purpose: The purpose of this abstract is to explore the transformative journey of a Nurse Practitioner (NP) transitioning into PhD education through an autoethnographic lens.

Conceptual Basis: This study seeks to examine how the NPs' identity evolves as he navigates the temporal stages of their educational journey—both past and present—while reflecting on the physical and symbolic spaces they inhabit within the academic and healthcare worlds.

Methods: Prompted reflective narratives about the experience of PhD education were coded using content analysis. The narratives spanned the time from pre-enrollment in the PhD program, beginning the program, encountering changed expectations at work as well as at school during the COVID-19 pandemic, continuing the program, and anticipating graduation. Codes were applied to mark identities, identity transitions and milestones, and turning points in identity transformation.

Findings: Through the lens of temporality, my journey to the PhD can be analyzed in terms of past, present, and future. My understanding of nursing, academia, and personal growth has evolved over time, and past experiences inform my current position as an evolving clinician-scientist. Identity transformative steps included: (1) milestones of intellectual and personal growth, such as the initial struggles of adjusting to a PhD program and the sense of accomplishment as I gained confidence in my journey as a budding research scientist; (2) Balancing simultaneous roles of student, full-time nurse practitioner, and researcher, highlighting tension between immediate professional responsibilities and long-term academic goals; (3) non-linear processes marked by setbacks, moments of doubt, imposter syndrome, and breakthrough periods of growth; and (4) identity transformation from a primarily clinical role to my emerging identity as a scholar, and integration enriched by both practice and research.

Conclusions and Implications: Identity transformation is comprised of intellectual and emotional labor. The ethics of self-care in the context of academic and professional burnout applies to my own PhD journey but can be more broadly considered for other PhD students. How I prioritized my well-being became an ethical imperative as I progressed through the program. The pressures of academia and professional practice highlight the need to reconsider how PhD students from practice backgrounds care for themselves while caring for others.

SYMPOSIUM: THE ODYSSEY OF PHD EDUCATION: AUTOETHNOGRAPHIC ACCOUNTS OF DIVERSE STUDENTS

My PhD Education in Post-Work Life: Developmental, Spiritual, and Search for Belonging

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Purpose: This auto-ethnographic study describes the reasons for pursuing a PhD in nursing and the challenges encountered during the program for an experienced nurse returning to school. Acknowledging that education will occur in a specific space and time, personally and culturally, informs this study.

Background: After 40 years of nursing practice, I returned to school for a PhD. I was in semi-retirement and still desired to 'contribute' somehow to nursing, the career I had deeply valued. My history and position as a White, cis-gender woman in her early 60s provided a unique vantage point from my practice experience but also challenged me in the current educational environment. Initially, my motivation for pursuing a PhD was only partially clear but through the autoethnographic research process would become more deeply interpretable and accessible to myself and others using Erickson's developmental theory and stage of generativity vs. stagnation.

Methods: The data sources consisted of several written personal reflections on different aspects of the PhD experience. Weekly prompts provided diversity in the data. Topics of suggested journaling included purpose, complexity, temporality, spatiality, connection and affiliation, identity, and ethics. Other sources of data came from the home and school environment, including gathered inspirational quotes, daytimer notes, and photographs. Data analysis was comprised of content analysis through process and emotion coding.

Findings: The following three themes emerged from the data: developmental task, spiritual journey, and search for belonging. 1)Developmental Task: Several data points describe my struggle to create a legacy and leave a contribution to nursing. This signifies a more meaningful journey than just getting another degree. The PhD education focuses on creating new knowledge which can fulfill this task. 2) Spiritual Journey: My approach to education/research was 'following the data' and responding to a spiritual sense of 'call' to the work. The data describes my struggle to follow and a period of darkness and loss of passion. I experienced several encounters with God, mainly in the form of encouragement. 3) Search for Belonging: I recalled struggles of not belonging based on age, race, and isolation. I addressed this by mentoring other students and creating a cross-cohort PhD group.

Conclusions: The themes inform the structure of PhD nursing education and support broadening opportunities to access and complete the PhD for an under-studied and diverse student population. Understanding the motivations, developmental tasks, and potential challenges faced by individual students is critical to their success. In the pursuit of creating knowledge, it is essential to not only consider the end goal, but appreciate the journey, identify milestones, and celebrate achievements along the way. Finally, acknowledging that the current educational time and space are complex and difficult, we can foster belonging and strength in our PhD student and faculty community by gathering, embracing our shared identity as nurses, and appreciating the diversity of our experiences.

SYMPOSIUM: THE ODYSSEY OF PHD EDUCATION: AUTOETHNOGRAPHIC ACCOUNTS OF DIVERSE STUDENTS

Navigating Nepantla: Identity, Belonging, & Community as a Latina Nursing PhD Student

***Marianne Gutierrez**, RN, UCLA School of Nursing, Los Angeles, CA*

Purpose: This autoethnography explores the intersection of multiple identities as a Latina choosing a PhD in nursing. Through examination of my personal *testimonios*, I challenge non-Hispanic White dominant narratives within the nursing profession and academia by presenting factors influencing sense of belonging, the ways in which I navigate graduate education, and my development as a bilingual-bicultural Latina nurse researcher.

Background: Hispanic/Latino (or "Latine") nurses often face challenges in pursuing higher education and professional development. These barriers include, but are not limited to: financial constraints, limited access to education resources, institutional discrimination (e.g., microaggressions, deficit ideologies), lack of mentorship and support, and challenges related to culture (e.g., familial expectation and obligations, gender roles). For first-generation Latine students navigating institutional spaces that were not originally designed for them, feelings of being othered, and imposter syndrome may be intensified.

Methods: Autoethnography is a reflective and iterative research method that involves examining personal experiences to understand broader social and cultural issues. Through this process, researchers often challenge dominant cultural narratives and explore nuances in identities and relationships. Grounded in Chicana Feminist Epistemology (CFE) framework, this study uses narrative thematic analysis form my personal *testimonios* on life before and during PhD education in nursing.

Results: The thematic analysis revealed key elements to academic development and progression: (1) Cultural identity and representation within academic and professional work spaces, (2) Isolation and sense of belonging within academic spaces (Nepantla), (3) Negotiating visible and invisible work: *la familia y escuela (la facultad)*, (4) Coping and reframing through humor and *dichos*, (5) Building community wealth with Scholars of Color in physical and digital spaces. These themes are deeply intertwined with the experience of living in the borderlands of cultural, professional, and academic worlds. These findings exemplify mestiza consciousness as described by CFE, where individuals negotiate multiple identities that are complex and many times, conflicting. This constant negotiation was/is a central part of my experience. Although challenging, it has also provided opportunities for growth/development. The healing potential and empowerment from community building were also demonstrated as essential in persisting in academia. The ability to exist in-between worlds as nepantlera, as insider in the Latine community and outsider in academia, have developed my *facultad*, an ability to see deeper meaning beyond surface level, are qualities that actually enhance my skills as a future nurse researcher.

Conclusions: It is essential to understand the experiences of Latine nursing students, along with other underrepresented groups, to identify factors that may influence their decision to pursue, leave, or persist in academia. This knowledge can help inform institutions, faculty, and mentors on the challenges faced by Latine doctoral students, such as the need for cultural-affirming spaces, peer/community support, and provide guidance on developing or improving programs that will aid student retention. Ultimately, this would enable Latine nursing doctoral students to complete their degree and contribute to the discipline.

SYMPOSIUM: THE SALIENCE AND USE OF BIOMARKERS AS MEASURES OF STRESS

Overview: The Salience and Use of Biomarkers as Measures of Stress

***Sandra J. Weiss**, PhD, DNSc, FAAN, Community Health Systems, University of California, San Francisco, CA*

The experience of stress is ubiquitous in everyday life, from daily difficulties that erode emotional well-being over time to major stressful events that entail trauma or grief. A growing body of evidence demonstrates the contribution of stress to mental health problems such as depression and anxiety as well as physical health problems such as cardiovascular and gastrointestinal disease. Because of its prevalence and impact on health, stress represents a phenomenon of great salience to nursing and to nursing research. However, self-report of perceived stress has been a primary method for measuring stress even though its validity and utility are frequently questioned. Biomarkers of stress represent an alternative and/or complement to these self-report measures.

The purpose of this symposium is to provide a synopsis of various biomarkers that are used as measures of stress. In the overview, a conceptual and empirical case will be made for the use of biomarkers in measuring stress. First, some of the problems associated with self-report data will be noted, such as cultural and gender-based values that can skew the accuracy of the reported stress experience. Second, data will be provided to demonstrate the unique contribution of the biological component of stress in predicting and defining health problems, yielding scientific insights that are distinct from those associated with stress-related feelings and thoughts. Theoretical and empirical underpinnings of key stress biomarkers will be addressed, including cortisol, heart rate variability, telomere length, DNA methylation, and multi-omics methods. Stress-related pathways of the endocrine system and the nervous system will be described, along with cellular level mechanisms involved in epigenetics, telomere erosion, and omics-based molecular change. Following the overview, individual speakers will discuss the empirical or conceptual rationale for use of each biomarker as a stress measure, describe how data for the biomarker is collected and analyzed, provide examples of its application in research, and assess its overall strengths and limitations. Based on evaluation of their overall utility, these biomarkers warrant strong consideration by nurse scientists for inclusion in their repertoire of stress measures.

SYMPOSIUM: THE SALIENCE AND USE OF BIOMARKERS AS MEASURES OF STRESS

Cortisol as a Measure of Stress

Victoria Floriani Keeton*, PhD, MS, RN, CPNP, CNS, Betty Irene Moore School of Nursing, University of California, Davis, Sacramento, CA*

Purpose: The purpose of this presentation is to describe the rationale for and practical application of collecting and analyzing cortisol as a physiologic measure of stress in nursing research.

Rationale: The use of cortisol as a physiologic measure of stress is based on evidence that the hypothalamic-pituitary-adrenocortical (HPA) axis regulates glucocorticoids such as cortisol and other hormones that produce diverse genomic, metabolic, and physiological changes in response to exposure to a stressor. Excessive or chronic HPA axis activation may stimulate persistent pathophysiologic processes that contribute to negative health outcomes. Cortisol can be measured through a variety of biospecimens collected through minimally invasive techniques, making it a versatile biomarker for studies with populations across the lifespan. Cortisol concentration has been examined as a measure of stress in association with obesity and metabolic health, depression, emotion regulation, trauma and social adversity, economic hardship, and several other health-related variables.

Methodology: In this presentation we will discuss important aspects of the collection, analysis, and interpretation of cortisol as a measure of stress, with a focus on the strengths and limitations of various applications in research. This will include considerations for selecting an appropriate biospecimen (e.g., saliva, hair) to measure cortisol in the context of acute vs. chronic stress exposures, and approaches for measuring multidimensional aspects of stress such as basal and reactivity levels. We will provide an overview of procedures for each type of biospecimen collection and corresponding laboratory analyses of cortisol concentration and discuss challenges in interpreting cortisol values in the context of conflicting recommendations for reference ranges specific to psychological stress. To better illustrate the application of these concepts we will present examples of two studies in which we used either hair or salivary cortisol concentration to examine associations between exposure to economic hardship and stress in mother-child dyads.

Conclusions: Stress is widely acknowledged as a critical factor affecting health outcomes across the lifespan, particularly for populations experiencing adversity. As experts in the intersection of biopsychosocial influences on health, nurses are well-positioned to lead scientific discovery around multi-dimensional measures of stress, including cortisol. Cortisol demonstrates great versatility and utility as a measure of HPA axis function in diverse populations and contexts, making it an ideal biomarker in the field of stress research.

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Assessing Heart Rate Variability: Methods and Implications for Stress Research

***Cherry Leung**, PhD, RN, Community Health Systems, University of California, San Francisco, CA; **Sandra J. Weiss**, PhD, DNSc, FAAN, Community Health Systems, University of California, San Francisco, CA*

Purpose: This presentation aims to describe the use of heart rate variability (HRV) as a measure of stress, evaluate and compare methodologies for collecting HRV data, and provide an example of its use in research.

Rationale: HRV is considered a primary indicator of Autonomic Nervous System (ANS) function in response to stress. HRV is defined as the variation in time between consecutive heartbeats, reflecting indices of sympathetic and parasympathetic nervous system activity. Higher HRV typically indicates a robust ability to adapt to stressors and maintain homeostasis, while lower variability is often associated with a less optimal stress response.

Methodology: The presentation will focus on three primary techniques: electrocardiography (ECG), photoplethysmography (PPG), and chest strap monitors. ECG is considered the gold standard for HRV measurement, capturing precise RR intervals (the time between successive R-wave peaks) through direct electrical monitoring of the heart and enabling the calculation of key metrics, including the standard deviation of all normal RR intervals (SDNN) and root mean square of successive differences (RMSSD). Key HRV variables assessed with ECG will be discussed, including low frequency (LF), high frequency (HF), and the LF/HF ratio. LF reflects both sympathetic and parasympathetic activity and is often associated with stress responses mediated by the ANS. In contrast, HF primarily indicates parasympathetic activity, typically linked to relaxation and respiratory patterns. The LF/HF ratio is often viewed as assessing the balance between sympathetic and parasympathetic activity, providing insights into autonomic regulation and the body's response to stress. The second HRV method, PPG, utilizes optical sensors to estimate heart rate indirectly; while convenient and non-invasive, its accuracy can be lower than that of ECG, particularly during physical activity. PPG technology is increasingly integrated into consumer devices like Fitbit and Oura Ring, facilitating widespread HRV monitoring in everyday settings. Lastly, chest strap monitors, such as the Polar H10 and Garmin HRM-Pro, combine ECG technology with user-friendly design, offering accurate real-time HRV monitoring during various activities. In addition to discussion of the strengths and limitations of these 3 methods, the presentation will highlight the application of ambulatory ECG in a study assessing the impact of stressors on HRV in infants. The research investigated the effects of fetal exposure to both maternal prenatal stressors and an acute stressor on infant autonomic nervous system function (measured by HRV) at three time points during the first year of life. Greater exposure to prenatal stressors was linked to lower post-stressor LF HRV at 6 and 12 months, suggesting alterations in vagally mediated baroreflex function that may affect infants' resilience to stress.

Conclusions: All HRV methods that will be described can be employed in non-controlled environments, enabling continuous HRV measurement across various contexts. By understanding the strengths and limitations of HRV methods, researchers can make informed decisions that enhance the validity of stress assessments and findings. Ultimately, insights gained from HRV data collection can deepen our understanding of stress mechanisms and the effects of stress, making this biomarker an important tool for nursing research.

SYMPOSIUM: THE SALIENCE AND USE OF BIOMARKERS AS MEASURES OF STRESS

The Use of Telomere Length as an Indicator of Stress Transmission

***Harry Adynski**, PhD, RN, PMH-BC, Institute for Health Policy Studies, University of California, San Francisco, CA; **Sandra J. Weiss**, PhD, DNSc, FAAN, Community Health Systems, University of California, San Francisco, CA; **Nina Ahlers**, MPH, Community Health Systems, University of California, San Francisco, CA*

Purpose: The purpose of this presentation is to explore the use of telomere length as a biomarker for assessing stress. Telomeres are the protective caps at the ends of chromosomes that progressively shorten with age and stress. This presentation will explain the rationale behind using telomere length as a stress indicator, outline the methodology for measuring telomere length, describe its use in a study, and discuss its strengths and limitations as a research tool.

Rationale: Research has shown that telomere length is sensitive to physiological and environmental stressors, making it an indicator of stress exposure. Exposure to stressors and perceived stress can accelerate telomere shortening, a process associated with cellular aging and increased susceptibility to mortality and morbidity in varied chronic diseases. The chronic activation of the hypothalamic-pituitary-adrenal (HPA) axis, leading to elevated cortisol levels, as well as oxidative stress and inflammation, contributes to telomere attrition. These biological processes are heightened under chronic stress, supporting the idea that telomere length reflects cumulative biological alterations associated with stress. Additionally, there is a growing body of evidence indicating that prenatal maternal stress may be transferred intergenerationally, influencing child telomere length, disease susceptibility, and long-term health outcomes across the lifespan.

Methodology: The methodology of telomere length data collection will be discussed, including biospecimen collection, analysis, and operationalization within research. Common approaches for specimen collection will be outlined, including whole blood to assess peripheral leukocytes and less invasive methods using saliva, buccal swabs, or dried blood spots. Types of telomere length analysis, such as Southern blot analysis, will be described. Factors influencing selection of methods for sample collection and assay technique will be identified (e.g., resource availability, research design, and the specific population of interest). Additionally, we will provide an exemplar of how telomere length was operationalized to explore the effects of a prenatal environmental stressor (air pollution) on infant telomere length. Research approaches in this study will be emphasized, with attention to interpretation in the context of stress.

Conclusions: Telomere length is a valuable biomarker for nursing research that can be used to assess the biological effects of stress. It offers insights into how stress affects cellular integrity and accelerates cell aging, with implications for disease susceptibility across the lifespan.

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SYMPOSIUM: THE SALIENCE AND USE OF BIOMARKERS AS MEASURES OF STRESS

DNA Methylation as a Marker of Stress: Utility, Methodology, and Application

***Shaimaa Elrefaay**, PhD, MSN, BSN, RN, Community Health Systems, UCSF School of Nursing, San Francisco, CA*

Purpose: My purpose in this presentation is to explore the methodology, the utility and significance of using DNA methylation as a biological measure, or marker, of stress.

Rationale: DNA methylation has emerged as a key biomarker for stress due to its ability to regulate gene expression in response to environmental stressors. Stressors can produce alterations in DNA methylation patterns, particularly in stress related genes such as those of the hypothalamic-pituitary-adrenal (HPA) axis. This epigenetic modification is well suited to assess both acute and long-term stress exposure because it constitutes a reliable molecular "memory" indicator of environmental stresses. Researchers examining environmental stress, childhood trauma, and chronic psychosocial stressors have linked DNA methylation alterations to health outcomes such as anxiety, depression, and post-traumatic stress disorder (PTSD), supporting the use of this biomarker in determining the biological impacts of stress.

Methodology: Sources of DNA will be described, including saliva, blood, buccal swabs, hair follicles or placentas and how choice of the source depends on the study design, research objectives, funding, feasibility and participants’ compliance. DNA methylation analysis employs various methodologies, laboratory assays, and metrics. Laboratory approaches will be discussed, such as bisulfite sequencing, methylation-specific PCR, and next-generation sequencing techniques. The benefits of Illumina’s EPIC BeadChip will be noted for assessing thousands of CpG sites simultaneously. Two methylation scores and their difference will be described, including beta values and M-values. Application of these approaches will be discussed with an example from our ongoing research. In this study, we examined the effects of maternal prenatal depression and adverse childhood events on methylation of the newborn’s glucocorticoid receptor gene (NR3C1), a primary gene in regulation of the stress response. Results for methylation of specific NR3C1 CPG sites will be described and their roles in regulating stress. Findings demonstrate the biomarker’s potential to assess transmission of maternal stressors to the fetus, with resulting methylation of the infant’s stress regulatory genes. Strengths of using DNA methylation will be discussed such as providing insights into stress-related genetic/molecular pathways. Limitations will also be addressed, including expense of the method and constraints on interpretation of results.

Conclusion and Recommendations: DNA methylation is a very useful stress-related biomarker. Its utility extends across various research goals for understanding stress-related disorder mechanisms as well as evaluating therapeutic interventions and identifying different at-risk populations from diverse cultural backgrounds. However, challenges in its use will be discussed, including interpretability and issues related to tissue specificity. Integrating DNA methylation analysis with other biomarkers and psychological assessments can do much to enhance our understanding of stress-related biological processes.

SYMPOSIUM: THE SALIENCE AND USE OF BIOMARKERS AS MEASURES OF STRESS

Using Multi-Omics to Longitudinally Measure Stress Among Biological Systems

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Purpose: This presentation will describe multiple -omics (multi-omics) methods in the measurement of stress and their practical applications in research. The utility of these methods will be demonstrated to longitudinally and objectively measure stress among biological systems.
Rationale: Stress is a complex phenomenon, where individual perceptions of stress and coping capacity can induce physiological responses among biological systems, collectively increasing risk of both acute and chronic health conditions. Thus, to fully understand the dynamics of stress and its impact on human health and disease, integrative approaches of investigation are needed. Multi-omics offers such an approach by integrating data from multiple -omics disciplines (i.e., genomics, epigenomics, transcriptomics, proteomics, metabolomics, and microbiome), providing opportunities to gain a comprehensive, systems-level understanding of stress pathways and objective measures of stress. Further, unlike immutable genomics characteristics, modifiable -omics characteristics (e.g., epigenomics, transcriptomics, proteomics, metabolomics, microbiome) are responsive to social, environmental, and/or behavioral changes. This positions them as ideal characteristics to objectively, longitudinally, and comprehensively measure stress, ultimately deepening our understanding of its role in human health and disease.
Methodology: Methods for biomarker collection, identification (sequencing), integration, and analyses are flexible but unique to the specific -omics characteristics being investigated. Therefore, describing applications of these methods in existing research is the most effective way to illustrate how these methods can be used to measure stress. By describing how I applied these methods to examine longitudinal changes in microRNAs (epigenomics), gut metabolites (metabolomics), and the gut microbiome across the perinatal period (pregnancy up to 12 months postpartum) and associations with perceived stress, I will provide concrete examples for: a) biospecimen collection (e.g., blood, stool, tissue); b) storing, processing, and sequencing biospecimens (e.g., DNA/RNA extraction, quality control, library preparation, data generation); and c) statistical methods commonly used for integrating and analyzing these large datasets (e.g., dimensionality reduction, correlation, clustering, network analysis). Additionally, I will discuss potential challenges such as sample quality, data variability, power, cost and offer practical solutions available to address these issues.
Conclusions: Multi-omics methods offer an adaptable, systems-level approach to longitudinally and objectively measure stress, especially in high-risk populations, due to their minimally invasive nature. By integrating data from multiple layers of biology, we can gain a holistic view of stress-linked pathways and biomarkers, informing personalized strategies for risk identification, tailored interventions, and management of stress-induced or exacerbated health conditions.

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SYMPOSIUM: “SIN FRONTERAS” [WITHOUT BORDERS]: A REVIEW OF INNOVATIVE STRATEGIES PROMOTING LATINO/X HEALTH IN THE UNITED STATES

Overview: “Sin Fronteras” [without Borders]: Innovative Strategies Promoting US Latinx Health

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Background: Growing diversity among Latinos/x in the United States (US) requires an increasingly broad and inclusive view of preventive care and nurse-led interventions that challenge the concept of frontiers (or “fronteras” in Spanish; translated as “borders”). US Latinos/x represent nearly one-fifth of the population (19%) and are projected to expand over the next 30 years to over 119 million people (an 86% increase). This population expansion reflects birth-driven increases and immigration related to geopolitics, impacts of climate change on natural resources, changes in cultural traditions and other factors. To address the growing heterogeneity across the Latino/x diaspora living in and entering the US, a need to transcend the borders of traditional approaches, using innovative technologies and methodological approaches, may offer solutions to persistent health disparities among Latinos/x in the US.

Purpose: This is the 2025 symposium submission of the WIN Latino/x Research with Individuals, Families and Communities Special Interest Group (“Latino/x SIG”). This year we highlight nurse scientists working to promote Latino/x health equity in the US. Our four presenters, a diverse group spanning the Western states from Hawaii to Arizona, will showcase innovative and emerging strategies that transcend traditional approaches in nursing science that promote Latino/x health.

Methods: For consideration, we present four studies/projects describing emerging (border transcending) technologies/methods used by nurse researchers working with US Latinos/x. These projects include: 1) an exploration of how personal narratives reflecting “ganas”, a Latino/x concept of personal resilience and persistence, impact student experience in clinical training, 2) a look at the use of “Platicas” in nursing scholarship, a methodology in the Chicana/Latina feminist tradition, using social conversations to build trust, and explore barriers to health, 3) the development of a culturally-tailored telenovela (“televised soap opera”), “ViviendoPositivos” [LivingPositives] for Latinos/x living with HIV in Colorado, and 4) the expansion of a gut-biome analysis strategy used to uncover food climate and dietary choices impacting health among US Latinos/x.

Results: WIN Latino/x SIG members describe innovations in nursing science for Latino/x health disparities in outreach, service, and care delivery. The novel inclusion of personal narratives of “ganas” impacting student success, allows Latino/x students to embrace their role as carriers of their ancestors’ persistence when entering healthcare. The use of Placticas to expand connections between Latinos/x and nurse scientists addresses barriers to disclosure through reciprocal, safe spaces for bidirectional discourse. The Latino/x participants (n=24) for ViviendoPositivos, identified five cultural priority content areas to develop the telenovela stories and to ensure its satisfaction (92%, n=22). Finally, the expansion of gut biome tracking to understand cultural foodways, demonstrates how a scientific strategy could prove efficacious among US Latinos/x.

Conclusion: Pushing the borders of nursing science via innovative strategies to address US Latino/x health disparities requires a commitment to sharing emergent discoveries and pushing the field to embrace modern approaches that break down barriers between healthcare fields and encouraging the uptake of new technologies/methodologies.

SYMPOSIUM: “SIN FRONTERAS” [WITHOUT BORDERS]: A REVIEW OF INNOVATIVE STRATEGIES PROMOTING LATINO/X HEALTH IN THE UNITED STATES

Platicas: Breaking Nursing Methodology Fronteras

***Sandra Calderon**, MSN, RN, FNP-C, UC Davis Health, Davis, CA*

Purposes/Aims: Current foundational nursing methodologies have not evolved in step with modern healthcare demands, social justice movements or non-nursing methodologies. There is an urgent need to update these frameworks, incorporating contemporary practices and innovations to meet the complex challenges of today’s healthcare environment, and diversity of nursing researchers and participants. The purpose of this presentation is to discuss the *Platicas* (Spanish- casual "chats" or conversations) methodology and the use of virtual *Platicas* methodologies to foster and potentially transform nursing scholarship.

Description of Method: Conventional qualitative interviewing methods often require researchers adhere strictly to a predetermined script of questions, offering minimal personal information, thoughts, or opinions to research participants. Using the Platicas methodology challenges the conventional perception of the researcher as an impartial interviewer and deconstructs the Western colonial framework of interview techniques and formats of *platicas* as conversation. To effectively address healthcare disparities in Hispanic communities, a new approach is required to collect data that is both meaningful and contextually relevant.

Theory/Concept/Method: Adopting a Latino Feminist Theory (LFT) lens to *Platicas* is pivotal, as it centers and interweaves the experiences of marginalized individuals, shedding light on the systems of oppression in their lives and is seen as the first principle in *Platicas*. The second principle is the idea of participants as co-creators of knowledge, emphasizing their contributions as holding equal importance to the researcher’s perspective. The third fundamental principle involves recognizing the value of participants’ daily lived experiences and refraining from disregarding aspects of their interviews that may not immediately align with the primary research inquiry. The fourth principle within the *Platicas* methodology emphasizes the creation of a space for healing. The fifth principle, recognized as a crucial element of *Platicas*, emphasizes not only the vulnerability of the researcher but also their ability to foster an environment of trust.

Conclusion: *Platicas* methodology is not just a novel or innovative strategy for qualitative connection and shared vulnerability—it is rooted in Latino/x culture. From a young age, Latinos/x are taught to enter someone’s home and greet everyone, to sit and converse with family while preparing meals for holidays or lunch. This cultural practice of pausing, sitting down, and connecting with loved ones is ingrained in the Latino/x culture. Through this method, collecting the experiences of fellow Latino/x nurses becomes more than just research and requires a framework that embraces reciprocity. Through platicas, Latinos/x (and allies) may share their own experiences and embrace vulnerability, while fostering opportunities for relationship building, and for healing together.

SYMPOSIUM: "SIN FRONTERAS" [WITHOUT BORDERS]: A REVIEW OF INNOVATIVE STRATEGIES PROMOTING LATINO/X HEALTH IN THE UNITED STATES

Strengthening Self-Management in Latinos with HIV through a Telenovela Intervention

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Purposes/Aims: To develop *ViviendoPositivos* [LivingPositives], a culturally tailored *telenovela* (soap opera), to promote HIV self-management (HIV-SM) among Latinos living with HIV (LWH).
Rationale/Conceptual Basis/Background: Because people with HIV are living longer, there is a growing need for effective health self-management interventions. An urgent gap in care for LWH is the lack of culturally adapted interventions to support their health information needs. *Telenovelas* are serial dramas presented on daytime radio, television, stream, or website programs and are characterized by tangled interpersonal situations of melodrama. Using an education-entertainment approach, *telenovelas* easily serve as an innovative tool for health education through narratives that include role-playing, document cultural expressions, and address sensitive issues related to social and situational vulnerabilities. Despite the existence of *telenovelas* targeting other health issues in the Latino community, to our knowledge, no existing *telenovelas* have focused on promoting HIV-SM in LWH.
Methods: We used a mixed methods approach to gather data for developing the *telenovela* intervention from 24 Spanish or English-speaking LWHs aged ≥ 18 years. *Telenovela* vignettes were co-created in collaboration with a community advisory board (CAB, n=6 LWH), our research team, and a *telenovela* director. Through focus groups, individual interviews, and a survey, we explored the acceptability of the *telenovela* vignettes (n=24 LWH).
Assessment of Findings/Outcomes Achieved: Participants were mostly male (88%, n=21), with an average age of 49 years (SD=12), and living with HIV for 16 years (SD=12). During the development of *ViviendoPositivos*, CAB members identified five priority content areas for the *telenovela* vignettes: mental health and social support, HIV knowledge, adherence to HIV treatment, partner communication and negotiation, and healthy aging. Contextual and cultural aspects were also incorporated into the *telenovela* vignettes. Participants reported high satisfaction with the information and stories presented (92%, n=22) and mentioned that the topics were relatable. All participants expressed willingness to watch the *telenovela* with a preference for online streaming via a website. The final product was an HIV-SM *telenovela* series of five 10-minute filmed episodes that incorporated the ideas and feedback of LWH.
Conclusions/Implications that emphasize next steps (for policy, clinical or educational practice) and recommendations for future undertakings: *ViviendoPositivos* represents a promising strategy to improve HIV-SM in a culturally appropriate and engaging format, meeting the specific needs of the Latino community. Health policymakers should consider integrating culturally tailored media-based interventions, like *ViviendoPositivos*, into broader public health strategies to improve HIV-SM, reduce disparities in health information access, and enhance patient engagement in care. Nurses working with LWH should recommend educational tools like *ViviendoPositivos* to complement traditional care by addressing gaps in health literacy, providing relatable role models, and promoting adherence to HIV treatment in an accessible way. Further studies should evaluate the long-term impact of *ViviendoPositivos* on HIV-SM outcomes, including treatment adherence and quality of life, and explore scaling the project for broader dissemination across media platforms.

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SYMPOSIUM: “SIN FRONTERAS” [WITHOUT BORDERS]: A REVIEW OF INNOVATIVE STRATEGIES PROMOTING LATINO/X HEALTH IN THE UNITED STATES

Latinx Success with Ganas

***Patrick Luna**, MSN, RN, CEN, College of Nursing, University of Colorado Anschutz Medical Campus, Denver, CO; **Heather Coats**, PhD, APRN-BC, University of Colorado College of Nursing, Aurora, CO*

Purposes/Aims: This project explored the use of the Latinx cultural term *ganas* (Spanish) as the basis for understanding support needed by Latinx students when transitioning to undergraduate nursing educational programs. *Ganas* has been cited and defined in educational research as "motivation to succeed with failure not being a viable option". By framing study design for Latinx students using the concept and principles of *ganas* we can explore how to best prepare them for the rigor of an academic nursing environment and decrease the academic achievement gap for this underrepresented group.

Description of theory or method/definition of concept to be discussed: Success of Latinx students in higher education encompasses an ability to both overcome systemic barriers and to personally fulfill perceived obligations to family and community reflecting a historically communal culture. In the educational literature, this has been described as *Ganas, a* Latinx colloquial term reflecting individual and communal desire to overcome barriers to success. *Ganas* supersedes resilience; it is a Latinx mindset that transforms obstacles into motivators. The roots of this cultural desire to succeed and overcome relate to direct observation of previous generations and the stories of perseverance passed down through oral tradition. While *Ganas* is known in the educational literature, it has been largely absent in nursing science as a protective or influencing factor in Latinx student success.

Logic linking theory/concept/method to practice or research: This factor may be employed in intervention design in a variety of ways when exploring academic success among Latinx nursing students. Practical use can include studies that identify experimental and control groups wherein recognition of student expression of *ganas* are contrasted with those who do not have this acknowledgment. Conceptual implementation in nursing science could include *ganas* as a motivating factor to be fostered and implemented while in a demanding academic environment, or when students transition from a traditional home life to nursing school ("culture shock"). The educational research on *ganas* reveals it as a factor in the success of Latinx students when overcoming systemic barriers in academic environments, yet its widespread acknowledgment and use in nursing scholarship is in its infancy.

Conclusion with statement about utility of the theory/concept/method for practice or research: The American Association of Colleges of Nursing reported that the number of Latinx students enrolled in undergraduate colleges of nursing increased by 48.9% from the year 2011 to 2021. There exists an academic achievement gap for Latinx students that is evident in White non-Hispanic students having a 12% higher graduation rate at four-year institutions. The concept of *ganas* is largely absent in nursing educational and clinical research and could provide insight for supporting Latinx student success. Implementing surveys and discussions that explore *ganas* as a motivating (or protective) factor in Latinx nursing student success can inform programming and retention strategies that support this critical and historically underrepresented group.

SYMPOSIUM: "SIN FRONTERAS" [WITHOUT BORDERS]: A REVIEW OF INNOVATIVE STRATEGIES PROMOTING LATINO/X HEALTH IN THE UNITED STATES

Concept Model for Precision Health: Implications between Gut Microbiome and Latino/x

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Aim: The aim of this project was to develop a concept model translating the known relationship between gut microbiome and health for use in studies addressing Latino/x health.
Description of Concept: While precision medicine focuses on tailoring medical treatment to individual characteristics, such as genetics, environment, and lifestyle, precision health expands this definition to emphasize disease prevention and health promotion[1]. Therefore, precision health involves actions taken both within and outside healthcare settings to protect or damage health, such as public health initiatives, legacies of access equities and potential for individual lifestyle changes. To develop a concept model translating the known relationship between gut microbiome and health for use in studies addressing Latino/x health, we engaged in a two-phase process. First (phase 1) we explored the state of the science via systematic Walkers & Avant concept analysis[2,3] aligned with an integrative review following Whittemore & Knalf model[4]. In our initial blind-review (phase 1), we identified 1330 studies, 16 were chosen; previous findings on the intersection of gut microbiome and nursing science[5] were considered. Second (phase 2), we considered Latino/x participation in the omics sciences via literature review, given the relationship between gut microbiome and obesity/diabetes prevalence risk among Latinos/x.
Logic linking concept to practice or research: This model illustrates how nursing science can integrate omics into healthcare practice and research among Latinos/x living with obesity and related co-morbidities like Diabetes Mellitus. It emphasizes health technologies and individualized care as key components of "precision health" in holistic nursing, showing how the nursing process enhances health promotion and advances nursing science. Precision health is operationalized through existing tools, such as Quality of Life measures (WHOQOL, QOLS), genetic testing (early detection of genetic risks, pharmacogenomics), and microbiome studies. The Latino/x population's experience with omics highlights the gut microbiome's role in obesity and diabetes, such as the Prevotella to Bacteroides ratio (P/B ratio), linked to obesity. A high P/B ratio, associated with plant-rich diets, may predict fat loss success and sodium intake. For US Latinos/x, it could indicate success with fiber-rich diets over the ketogenic diet, which may be overprescribed despite being potentially inflammatory, especially in cultures with high animal protein traditions like Mexican Americans.
Conclusion & Utility of Concept/Model: Conceptual models incorporating nursing, omic sciences, and precision health can reduce health inequalities by remodeling perspectives on current health disparities[6]. Adherence to such models of care can potentially overcome limitations of current biomedical models[7] by looking beyond illness and treatment. US Latinos/x and Latin Americans have some of the highest obesity rates globally, so a better understanding of biomarkers and predictive potential can accelerate discovery and better health outcomes for these growing populations.

ABSTRACTS OF PODIUM PRESENTATIONS

American Indian Girls' Experiences of Menstruation

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Purpose: Over the past decade, adolescent menstruation has received significant attention as a critical global public health challenge. Previous studies, largely situated in low- and middle-income countries, have articulated challenges of managing menstruation that result in poor school attendance and heightened emotional stress characterized by shame, embarrassment, and fear related to menstrual hygiene management compounded by a critical lack of puberty education. Despite clear public health implications, a critical knowledge gap about menstruation experiences of adolescent girls in the US and their impact on education persists. In particular, there is an absence of literature that considers how cultural, racial, and income differences may impact the ways in which adolescent girls experience menarche and menstruation. This study presents preliminary results that aim to describe the menstruation-related experiences of American Indian (AI) adolescent girls living in rural, reservation communities.

Methods: Building on previously established university-tribal partnerships, participants were recruited from middle and high schools located in two upper plains tribal nations. Qualitative data were collected via six focus groups with middle (n=4) and high (n=2) school participants. A female tribal liaison was hired and trained in each reservation community to recruit participants and facilitate the focus group interviews following a semi-structured interview guide. Interviews were digitally recorded, transcribed verbatim, and verified for accuracy. Descriptive content analysis techniques were used to identify and categorize key concepts and patterns in the interview data. The study received ethics approval from the university institutional review board, tribal institutional review boards, and/or tribal council approval.

Results: Fifty-eight adolescents who identified as female and AI, were in grades 6-12, and were 11 to 19 years of age (mean = 13.7 years) participated in the focus groups lasting 20-70 minutes that included 3-19 participants per group separated by middle or high school age. Five main themes emerged from the data: 1) finding your way, 2) shame, 3) lack of trust, 4) gaining confidence, and 5) making meaning of menstruation. Overall, participants described experiences of learning about menstruation from family, friends, and school that were incomplete and mistimed. They also described challenges of managing menstruation at school that ranged from shame and embarrassment to not being believed that they needed to use the bathroom. However, as participants aged, they described learning ways to manage and understand menstruation that resulted in making meaning of the relationship between being a woman and menstruating, as well as cultural teachings.

Conclusion: Preliminary results highlight the complexity of the experience of menstruation for adolescent girls. Equipped with a deeper understanding of menstruation experiences of AI girls, school-based puberty education can be tailored to reflect the specific needs of this population and foster traditional values that promote positive views of menstruation and its connection to women's sexuality. In addition, findings illuminate challenges experienced at school that can be addressed through policy and environmental interventions to support strong school connection for AI girls.

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Acceptability of Assisted Partner Services Among AGYW (15-24 Years) in Kenya

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Background: HIV prevalence in parts of western Kenya is greater than 15% and 53% of people living with HIV were not aware of their status in 2018. Adolescent girls and young women (AGYW) aged 15 to 24 years are at particularly high risk of HIV acquisition and their male partners are less likely to be reached with routine HIV testing. Assisted Partner Services (aPS) may be effective in reaching AGYW and their sexual partners with HIV testing but its impact is not well evaluated.
Methods: We analyzed data from an aPS scale-up project in western Kenya. From May 2018, aPS was scaled up by the Ministry of Health in 31 health facilities in Kisumu and Homa Bay counties in Kenya. Newly diagnosed HIV-positive females ≥15 years of age (index clients) were offered aPS. Those who accepted provided contact information for all male sexual partners they have had in the past 3 years. Healthcare providers notified partners of their potential HIV exposure and provided HIV testing and referral services.
Results: From May 2018 to 30th September 2022, 16,374 (49%) AGYW (15 to 24 years) and 16904 (51%) females (≥25years) tested for HIV and 4.1% (N=676) and 7.8% (N=1312) tested HIV positive respectively. Overall, 89% of index AGYW accepted aPS compared to 86% for adult women (≥25years) and each AGYW reported an average of 3 male partners (1749 male partners total). Median age and IQR for the AGYW enrolled 21 (19,23), 59% married, 49% completing no more than primary education. Overall, 87% (1520) of male partners reported were traced and offered HIV testing and APS; 12% of male partners were HIV positive and 27% were known positive. The median age and IQR for Male Partners of the AGYW index was 31 (27,37). At 6 weeks follow-up, 95% of index AGYW cases and 96% of male partners reported to be on antiretroviral therapy (ART). 0.6% of participants reported intimate partner violence (IPV).
Conclusion: We found high APS acceptability among AGYW and their male partners, with rates similar to the acceptability of adult women and their male partners. Therefore, aPS is a highly acceptable and effective strategy to increasing uptake of partner HIV testing and linkage for unlinked within routine healthcare settings.

Breast and Cervical Cancer Screening in Asian, Hawaiian and Pacific Islander Subgroups

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Background: AANHPIs represent culturally and linguistically diverse groups with equally distinct BCCS behaviors and outcomes, yet few studies of BCCS and outcomes among disaggregated AANHPI subgroups have been conducted. McCracken et al. (2007) found higher cervical cancer mortality in Vietnamese women and higher breast cancer mortality among Filipina women. A California study showed lower mammography rates among Koreans and higher cervical cancer screening rates among Filipinas compared to other Asian subgroups (Chawla et al., 2015). Additionally, Laotians were shown to have the highest reported incidence of cervical cancer (Shing et al., 2023). These important differences in BCCS behaviors and outcomes among AANHPI subgroups can be obscured when data is analyzed in aggregate, highlighting the need for focused examination within and between these disaggregated AANHPI subgroups.

Aims: This study aimed to investigate differences in BCCS behaviors among disaggregated Asian American, Native Hawaiian, and other Pacific Islander (AANHPI) subgroups and to identify predictors influencing these behaviors among respondents to the Hawaii Behavioral Risk Factor Surveillance Study (BRFSS).

Methods: Responses from the 2011-2016 Hawaii Behavioral Risk Factor Surveillance Study (BRFSS) were analyzed and there are plans for an expanded analysis of 2017-2023 data. Descriptive statistics were calculated, including unweighted frequencies and weighted percentages. Chi-square tests were performed to assess bivariate associations between BCCS behaviors and demographic predictors. Multivariate logistic regression models were employed to further examine the impact of identified predictors on BCCS behaviors across disaggregated AANHPI subgroups.

Outcomes: The analysis included responses from 13,527 participants regarding breast cancer screening and 11,869 for cervical cancer screening. Results indicated that Japanese and Chinese women were more likely and other Pacific Islanders were less likely to have received mammograms compared to White women. Key predictors of mammography included higher income and education, as well as having health insurance and a regular healthcare provider. Conversely, barriers, such as infrequent healthcare visits, were negatively associated with screening. Cervical cancer screening rates among Hawaiian, Samoan, Filipinx, and Korean women were significantly lower than those of White women. Having a healthcare plan, higher education and income were positively correlated with cervical cancer screening, while being single or divorced negatively influenced screening participation.

Conclusions: This study represents the first comprehensive examination of BCCS behaviors using disaggregated AANHPI data from the Hawaiian BRFSS. Limitations due to small sample sizes within specific subgroups highlight the necessity for enhanced recruitment efforts to better understand these distinct subgroups. Future research utilizing a national BRFSS dataset could facilitate more robust statistical comparisons with larger sample sizes. Targeted interventions, like self-collected HPV tests for cervical cancer screening or in office breast cancer screening with handheld breast scanner in lieu of mammography, may improve BCCS participation for AANHPI subgroups with limited or no access to healthcare.

ADOLESCENT AND WOMEN’S HEALTH IN DIVERSE POPULATIONS

Addressing Unmet Subsistence and Mental Health Needs in Unhoused Women

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Background: Women experiencing homelessness or unstable housing (WEHUH) have disproportionately high rates of depression and anxiety. While existing research has explored the relationship between unmet subsistence needs (e.g., housing and food insecurity) and mental health, limited attention has been given to the broader range of unmet needs and the intersecting health and social factors that may exacerbate mental health disparities in this population.

Aims: This study examined the associations between sociodemographic and health factors and mental health symptoms among WEHUH, with a focus on unmet subsistence needs and their interaction with other contributing factors.

Method: This cross-sectional study used baseline data from a parent cohort of 245 women recruited from shelters, free meal programs, and street encampments. Depression was assessed using the Patient Health Questionnaire (PHQ-9), and anxiety using the Generalized Anxiety Disorder 7-item scale (GAD-7). Unmet subsistence needs (insufficient access to shelter, food, clothing, and hygiene) were categorized into three levels: 0, 1, and 2 or more unmet needs.

Analysis: Logistic regression was used to examine associations between unmet needs and mental health outcomes, adjusting for sociodemographic and health-related covariates, including HIV, multiple substance use, sleep disturbance, and pain interference. Interactions between unmet needs and other health-related factors were also analyzed.

Results: Nearly half (49%) of WEHUH reported moderate to severe depression, and over one-third (36%) had moderate to severe anxiety. WEHUH with ≥ 2 unmet subsistence needs had almost four times the odds of depression (adjusted odds ratio [AOR]=3.96, 95% confidence interval [CI] = 1.84, 8.51) and nearly three times the odds of anxiety (AOR = 2.83, 95% CI = 1.39, 5.77) than those without unmet needs. Sleep disturbance and pain were also associated with higher odds of depression (AOR = 4.46, 95% CI: 2.28, 8.71; AOR = 7.01, 95% CI: 3.40, 14.44) and anxiety (AOR = 5.01, 95% CI = 2.70, 9.31; AOR = 3.60, 95% CI = 1.73, 7.50). WEHUH who reported moderate to severe sleep disturbance had significantly higher odds of depression (AOR = 4.46, 95% CI = 2.28, 8.71) and anxiety (AOR = 5.01, 95% CI = 2.70, 9.31), and those who reported moderate to severe pain and interference also had higher odds of depression (AOR = 7.01, 95% CI = 3.40, 14.44) and anxiety (AOR = 3.60, 95% CI = 1.73, 7.50). HIV status significantly modified the effect of unmet subsistence needs on anxiety, with HIV-positive women who experience ≥ 2 unmet needs having at least seven times higher odds of moderate to severe anxiety compared to HIV-negative women without unmet needs (AOR = 7.11, 95% CI = 1.06, 48.00).

Implications: Unmet subsistence needs, sleep disturbances, and pain are significant contributors to depression and anxiety among WEHUH, particularly for those living with HIV. These findings highlight the inadequacy of current mental health treatment guidelines in addressing the complex needs of WEHUH. Implementing low-barrier, wrap-around services that integrate HIV care, social services, mental health support, and addiction treatment, along with incentivized clinic visits may improve mental health outcomes for this vulnerable population.

ADOLESCENT AND WOMEN’S HEALTH IN DIVERSE POPULATIONS

Efficacy of a Qigong Used for Insomnia Therapy (QUIT) in Chinese Menopausal Women

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Purpose: To develop and pilot test the efficacy of a culturally sensitive Qigong Used for Insomnia Therapy (QUIT) intervention in improving sleep quality and blood pressure among Chinese menopausal women.

Background: A significant percentage (55%) of Chinese menopausal women suffer from insomnia, which is associated with elevated blood pressure. Despite this, the population remains under-studied. Qigong, a simple form of Chinese exercise, has been shown to improve insomnia and blood pressure but has not been specifically utilized to address menopausal symptoms in Chinese women. This study aims to test the efficacy of a Qigong-based intervention in enhancing sleep quality and blood pressure control in this population.

Method: Conducted from August 2023 to May 2024, this study employed a one-group pretest-posttest design (n=22). The QUIT intervention included a 10-minute Qigong demonstration video and a 20-minute insomnia counseling session at baseline, followed by a 10-minute phone check-in and counseling session two weeks later. Participants were instructed to practice Qigong for 10 minutes daily over one month. Outcomes, including sleep quality and blood pressure, were measured at baseline and after one month. Sleep quality was assessed using the 23-item Sleep Quality Scale (SQS-23), and blood pressure was measured with an Omron digital blood pressure monitor (model HEM-7201) according to Joint National Committee VII standards.

Findings: The mean age of participants was 53.78±8.79 years (range: 42-74). Most participants lived with relatives or friends (91%), were employed (74%), married (87%), and had higher education (61%). The mean SQS-23 score significantly improved from 18.59±11.41 at baseline to 15.64±9.65 (mean difference 2.96±7.04, p=0.03) after one month, indicating better sleep quality (the SQS-23 was reversely scored). There was a trend towards reduced systolic blood pressure from 115.47±14.95 at baseline to 113.59±13.93 (mean difference 0.89±7.68, p=0.26) after one month. Diastolic blood pressure also improved from 74.69±10.81 at baseline to 71.41±16.82 at one month (mean difference 3.28±18.97, p=0.43).

Conclusions & Implications: The QUIT intervention was culturally sensitive, low-cost, and easy to implement, showing significant improvements in sleep quality and trends towards reduced blood pressure in Chinese menopausal women. Further investigation is recommended to establish a robust intervention program across different states. Once validated, the QUIT program can be implemented in various clinical settings to help Chinese menopausal women achieve optimal sleep quality and blood pressure management.

Funding: Chinese Community Grant

ASSESSING AND REDUCING RISKS FOR OLDER ADULTS

Understanding Health and Functional Risks to Independence in Aging Populations

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Functional decline and late-life disability are growing challenges for adults aged 65 and older. Nearly 41% of this population experiences at least one disability, such as mobility limitations or dependence on activities of daily living. The proportion of individuals affected by disabilities rises sharply with age.

Recent U.S. health data highlights a significant increase in mobility-related and late-life disabilities, which profoundly affect the ability to live independently. This growing prevalence, coupled with increased life expectancy, poses substantial public health challenges. To slow the progression of functional decline and prevent the onset of disability, a comprehensive understanding of the factors influencing independence in older adults is critical.

The National Health Aging Trends Study (NHATS) is a nationwide study designed to examine the functioning of older adults, recipients of Medicare and Medicaid health insurance in the U.S. Its primary goals are to identify ways to reduce disability, maximize health and independent functioning, and improve quality of life in later years.

Aims: This study investigates the influence of chronic health conditions and body function limitations on the vulnerability to losing independence among older adults.

Methods: The study utilizes secondary data analysis from the 2017 NHATS dataset. It examines the impact of various of health conditions - chronic illnesses, falls, fractures, hospitalizations – as well as function limitations (e.g., vision, hearing, chewing; pain and fatigue, depression, and anxiety) on independence. Independence is measured using the Vulnerable Elders Survey (VES-13), a validated tool for assessing vulnerability in older adults.

Results: The study included 5,566 individuals aged 65+ (59% women; 70% White, 21% Black). On average, participants had 2.7 chronic conditions; 45% experienced falls; and 55% reported pain. Overall, 54% were classified as vulnerable. Vulnerability was significantly associated with multiple chronic conditions (OR=2.45), hospital stays, depressive symptoms (OR=2.14), chewing/swallowing difficulties (OR=1.87), sleep onset difficulties (OR=1.75), hearing aid use, and falls. Bone fractures, pain, and vision aid use did not significantly contribute to vulnerability. These factors collectively explained 69.9% of the variance in vulnerability.

Conclusion: The findings highlight the importance of addressing physical and mental health, oral function, and sleep patterns in preserving independence among older adults. Nurses should take the lead in developing comprehensive care strategies to reduce vulnerability and promote healthy aging.

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ASSESSING AND REDUCING RISKS FOR OLDER ADULTS

Older Adults' Personal Strategies to Prevent Hospital Falls

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Purpose: The purpose of this study was to describe the strategies older adults use to maintain their balance and prevent themselves from falling in the hospital.

Background: Inpatient falls are a persistent problem among older adults, and inpatient fall rates have not significantly decreased in the last decade. Unfortunately, older adults' primary role in preventing falls are often overlooked in extant fall prevention research. Limited evidence suggests that older adults use personal strategies to maintain their balance in the hospital. However, these specific strategies have not been previously explored. Yet, this insight is foundational for developing innovative patient-centered interventions that support older adults' fall prevention behavior in an effort to decrease inpatient falls among this population.

Methods: The Expanded Health Belief Model served as the theoretical framework for this qualitative descriptive study. Audio-recorded, semi-structured interviews were conducted with hospitalized older adults. Each transcript was analyzed independently by two researchers using content analysis before reaching consensus. Sample size was guided by thematic saturation, and trustworthiness was ensured by using the criteria outlined by Lincoln and Guba.

Results: Fifteen (N = 15) older adults (female 53.3%), average age of 77 (SD 9.9, age range 60 - 91) admitted to a rural hospital in the United States were interviewed in their hospital room. Four main themes emerged: My Balance Problem is My Personal Responsibility, Self-efficacious Common-Sense Balance Management Strategies, Hospital Staff as Contributors or Disruptors of My Balance Management, and My Needs for Balance Management Support and Education. The older adults used extensive mental efforts in planning and executing personal strategies to maintain balance and viewed this as common sense and as their personal responsibility. Their self-efficacious balance management strategies included: assessing their own balance, observing the environment, assessing furniture and equipment, staying focused, and moving slowly. Assistance from hospital staff was either a benefit or a barrier to the older adults' personal balance management. Some hospital staff members supported the older adults' efforts, which promoting feelings of safety, security, and confidence. Other hospital staff members disrupted the older adults' balance management efforts by rushing the older adults or having them wait a long time for assistance, which led to frustrations and fear. The older adults had a desire to learn more about fall prevention in the hospital. They found demonstration, and physical and verbal guidance to be the preferred method of learning more about how to mobilize safely and prevent falls.

Conclusion and Implications: Hospitalized older adults' personal balance management efforts should be recognized by nurses and other healthcare providers working in the acute care setting in an effort to collaborate with older adults on preventing hospital falls. Current fall prevention interventions often focus on externally managing older adults' behavior (i.e. bed exit alarms) through provider-focused interventions. However, this approach undervalues the significant preexisting efforts that older adults invest in managing their own balance to prevent falls. Novel inpatient fall prevention interventions focused on supporting older adults' personal fall prevention efforts are needed to decrease fall rates among this population.

Funding: Seed Grant, Institute for Social Science Research, Arizona State University

Motivational Interviewing for Fall Prevention: Pilot Randomized Controlled Trial

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Aims: To evaluate the feasibility, fidelity, and preliminary impact of a Motivational Interviewing for Fall Prevention (MI-FP) intervention among older adults in a primary care setting.

Background: Falls are a significant public health concern among older adults. Motivational interviewing (MI) is a patient-centered approach that can promote fall prevention-related behavior changes such as exercises and home safety. The benefit of MI is established for managing complex health conditions in young and middle-aged adults. However, it is unknown if it is feasible to deliver MI for fall prevention to older adults, how it can be best delivered to older adults, and whether and how older adults' fall risks and fall rates change after they receive MI.

Methods: We conducted a pilot randomized controlled trial to test MI-FP among older (age ≥ 65) primary care patients who scored ≥4 on Stay Independent Fall Risk Questionnaire (high fall risk) in a Pacific Northwest clinic in the U.S. The intervention group received up to eight motivational interviewing (MI) sessions by phone or video call over 6 months, and the control group received standard care. The MI sessions addressed primary care providers' fall prevention recommendations and older adults' own strategies to keep them safe. Data were collected from September 2020 to September 2023. Feasibility was defined as ≥75% retention and ≥75% reporting satisfaction at 6 months. Intervention fidelity was assessed by meeting pre-determined MI proficiency standards and ≥75% of the intervention group completing ≥6 MI sessions. Preliminary impact was assessed at 6 and 12 months for changes in fall prevention perceptions (concern about falling, readiness to engage in fall prevention), fall prevention behaviors, physical function, and fall rates between groups.

Outcomes Achieved: Participants (n=200) had a mean age of 80 years and 67% were female. The overall retention rate was 75.0% (n=150). Among 81.3% (n=122) who reported satisfaction, 82.8% were satisfied with the study (n=101). A proficient MI intervention was delivered. The preliminary impact of the intervention showed promising trends for changes in attitudes, behaviors, and physical function but no significant differences by group for any outcome measure at 6 or 12 months (p>0.05). Study retention was 75.0% (n=150) but the intervention group had significantly lower retention than the control group at 6 months (68.3% vs. 81.8%; p=0.04) and only 57.4% (n=58) engaged in ≥6 MI sessions.

Implications: We successfully established and maintained the quality of MI-FP interventions and the overall retention rate goal despite the COVID-19 pandemic. However, we did not achieve our goals for the intervention group retention and intervention completion rate. The intervention group had eight more study sessions compared to the control, which may have contributed to lower retention. The optimal dose of MI will need to be further explored. The directionality of change for the MI-FP group was favorable and can potentially be enhanced with improvement in intervention completion. This study will inform next steps in research to improve retention, intervention completion, and satisfaction.

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ASSESSING AND REDUCING RISKS FOR OLDER ADULTS

Impact of Digitalized Community-Based SSEP on Cognition & Balance of Older Adults

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Older adults exhibit high desires for active and healthy aging without physical or mental dysfunction. Preserving or improving cognitive function and minimizing fall risks are essential for older adults to live a happy and active lifestyle. Regular exercise is one of the most critical interventions for improving cognitive and physical function, thus decreasing the risk of falls in older adults. Using an innovative Digitalized Community-based Square-Stepping Exercise Program (DC-SSEP) developed by the multidisciplinary researchers, the purpose of this pilot study was to examine the feasibility, safety, and preliminary effectiveness of the DC-SSEP in improving cognitive and balance function among older adults.

The Health Promotion Model and Social Cognitive Theory interactively guided the development of the DC-SSEP and supported the effects of this program in improving the outcomes. This pilot study used a quasi-experiment design with one intervention group of 23 older adults who met the inclusion criteria, recruited from a senior facility in Southern Texas. A total of 40 DC-SSEP sessions were implemented by an interdisciplinary research team (Nursing, Kinesiology, and Computer science) twice per week (on nonconsecutive days) over 20 weeks. Each session is 70 minutes in total, comprising 15 minutes of warm-up activities, 40 minutes of main intervention exercise, and 15 minutes of cool-down activities. In addition, to further ensure participating older adults' safety, the researchers meticulously developed a 6-step safety protocol. Participants' cognitive function was measured using the latest version (8.1) of Montreal Cognitive Assessment and their balance function with functional mobility was measured using Berg Balance Scale and Time to Up and Go.

Out of 23 participants, 17 of them completed the full 40 sessions of DC-SSEP over 20 weeks. Among the 17 participants aged between 65 and 93 with an average of 83.5 (± 7.55) years, 14 (82.4%) were older than 75 years. Most participants were non-Hispanic white women. Post hoc pairwise comparisons revealed a significant increase in participants' MoCA scores between the baseline and completion of DC-SSEP ($P < 0.01$) after 40 sessions over 20 weeks. The mean score of the midterm MoCA after the first half (10 weeks) of intervention was 7.19% higher than the baseline score ($P < 0.01$) and the mean score at completion was 5.73% higher than the midterm score ($P < 0.01$) over the second half of 20 weeks.

This pilot study is distinctive as it is among the first to evaluate the multi-layered impacts of DC-SSEP using Internet of Things (IoT) technology and integrated operating software in the United States. This study found that 20 weeks of DC-SSEP intervention significantly improved the cognitive and balance function of participating older adults. The results of this study also indicated that the DC-SSEP was a feasible and safe exercise program for older adults living in senior facilities. Despite the small sample size and homogeneity of participants, this pilot study suggests multiple valuable directions for future research using DC-SSEP to improve cognitive and balance functions among older adults while they enjoy group exercise in community settings.

Tailor on Aerobic Fitness: Relationship with Cortical Thickness

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Background: Precision exercise is critical for advancing exercise research in Alzheimer's disease (AD). Previous evidence reported aerobic fitness as a physiological mediator of aerobic exercise's effects, but its responses to aerobic exercise vary substantially. The FIT-AD Sequential, Multiple Assignment, Randomized Trial (SMART) is the first trial to test adapting exercise interventions based on aerobic-fitness response improve outcomes in older adults with early AD, addressing the gap in research on aerobic fitness in AD.
Purpose: Validate aerobic fitness as a tailoring variable by examining its association with cortical thickness in AD and moderation of the association by sex.
Methods: The ACT Trial randomized 146 community-dwelling older adults with amnestic mild cognitive impairment (aMCI) to control, cycling only, cognitive training only, and combined Aerobic exercise and Cognitive Training (ACT). Aerobic fitness was measured by peak oxygen consumption (VO_{2peak}) in a laboratory-based cycle-ergometer test and cortical thickness was measured with structural magnetic resonance imaging. This study analyzed baseline data from 141 participants who had no missing data, using the general linear model. Covariates included age, sex, race, education, body mass index (BMI), activities of daily living (ADL), and Montreal Cognitive Assessment (MoCA).
Assessment of Findings: The sample averaged 73.66±5.78 years old and had 16.91±2.89 years of education, with 46.81% women and 92.20% Caucasians. With no covariates in the model, VO_{2peak} was significantly associated with cortical thickness (b=0.014, robust standard error =0.004, t=3.282, p=0.001). The association between VO_{2peak} and cortical thickness was no longer significant after controlling for covariates due to confounding by age. After removing age, VO_{2peak} remained significant (b=0.017, robust standard error=0.006, t=2.659, p=0.009). The association between VO2peak and cortical thickness was significant in men (r=0.335, p=0.003), but sex did not moderate the association (b=-0.01, robust standard error=0.009, t=-1.125, p=0.263).
Conclusions: Aerobic fitness is associated with cortical thickness in older adults with aMCI, which supports the potential role of aerobic fitness to serve as a tailoring variable for SMART designs. Future studies need to validate our findings to guide precision exercise.
Trials registration: ClinicalTrials.gov Identifier: NCT03313895 for the ACT Trial and NCT05877196 for the FIT-AD SMART.

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Clinical Challenges and Management of Dysphagia in Heart Failure: A Scoping Review

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Purpose: This scoping review aims to synthesize the existing knowledge on the clinical challenges and management of dysphagia in heart failure (HF) patients. The results of this review seek to enhance understanding and improve patient management strategies in HF patients with dysphagia.
Background: Dysphagia, or difficulty swallowing, in heart failure (HF) patients is associated with several adverse outcomes. It aggravates dehydration and malnutrition, which further diminishes exercise capacity, hinder physical recovery, and impair cognitive function. HF patients with dysphagia typically experience extended hospital stays and are more frequently discharged to nursing homes or rehabilitation centers instead of returning home. These patients face heightened mortality risks, both during hospitalization and in the long term, often due to complications such as aspiration. Overall, dysphagia significantly affects discharge outcomes and increases the likelihood of non-home discharge.
Methods: This scoping review followed Joanna Brigg’s Scoping Review Methodology and adhered to the Preferred Reporting Items for Systematic Reviews and Metanalyses - Scoping Review guidelines (PRISMA-ScR) guidelines. A qualified medical librarian assisted in developing the database search strategy, utilizing PubMed, CINAHL, Embase, and Scholar. The search incorporated keywords related to dysphagia and heart failure, including *“dysphagia”, “deglutition”, “swallow”*, *“heart failure”, “cardiac failure”, cardiac insufficiency”, “heart insufficiency”, “heart disease”, “cardiac disease”, “cardiovascular diseases”, “progress”, “exacerbate”, “advance”, “worsen”, “decompensate”*. The inclusion criteria encompassed articles focusing on heart failure patients aged 18 and above, without constraints on publication date or study duration, recognizing the chronic nature of HF. No geographical restrictions were imposed to reflect the global prevalence of HF. However, due to limitations in translation resources, only articles published in English or with an available English translation were included.
Results: A total of 36 articles were reviewed, encompassing case reports (n=20), literature reviews (n=2), longitudinal studies (n=3), prospective cohort studies (n=5), retrospective cohort studies (n=5), and a cross-sectional study (n=1). Dysphagia was found to be more prevalent in HF patients following cardiac surgery and among those with comorbid conditions such as dementia, chronic obstructive pulmonary disease, cancer, and anemia. Key risk factors included age and poor oral health. Clinical challenges associated with dysphagia in HF include dehydration, malnutrition, aspiration, and suffocation. Pathophysiological contributors include esophageal dysmotility and stricture, esophageal dilation causing cardiac compression, cardiomegaly causing esophageal compression, and volume overload. Management interventions ranged from dietary modifications to pharmacological interventions to invasive and non-invasive therapeutic measures. Surveillance is required to ensure early identification and prevention of complications.
Conclusion: Dysphagia is a significant and prevalent issue in HF patients, exacerbated by various risk factors and associated with clinical challenges. Addressing dysphagia through targeted interventions is essential for improving patient outcomes and quality of life.
Implications: This review underscores the need for heightened awareness and systematic approaches in the management of dysphagia among HF patients. Future research should focus on developing and implementing effective screening and intervention strategies to mitigate the impact of dysphagia on HF progression and patient well-being.

BEYOND THE DIAGNOSIS: CHRONIC ILLNESS AND LIFE'S COMPLEXITIES

Will Work-Family Conflict Have Adverse Effects on Lipids? Evidence from a U.S. Study

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Aim: To examine the impact of work-family conflict on changes in lipid risk factors longitudinally.

Background: Cardiovascular disease (CVD) is the leading cause of death in the United States. This study focuses on the contribution of work-family conflict caused by the interplay of responsibilities. Work-family conflict includes two aspects: work-to-family conflict (WFC), the role at work interferes with the role at home, and family-to-work conflict (FWC), a role at home interferes with the role at work. Although work-related stress has been recognized as one of the risks for CVD, the biomedical mechanisms are not fully understood. Thus, investigating potential pathways of pathophysiology is essential for early detection and intervention.

Methods: Using data from the Midlife in the United States (MIDUS) wave 2 survey and biomarker project (baseline) and wave 3 biomarker project (follow-up) with a 13-year interval, a total of 388 workers who had complete data on work-family conflict at baseline as well as lipid risk factors at baseline and follow-up were included in this study. With a validated 8-item scale, WFC and FWC were computed and dichotomized with median points into low levels (reference) and high levels, and a composite variable of total work-family conflict was created, including low WFC+low FWC (reference), low WFC+high FWC, high WFC+low FWC, and high WFC+high FWC. Generalized estimating equations were used to analyze the associations of baseline WFC/FWC with changes in lipid risk factors across the 13-year span, adjusting for sociodemographic factors and lifestyle behaviors at the baseline. The results were reported in ß coefficients and 95% confidence intervals (CIs).

Assessment of Findings: After taking sociodemographic and behavioral factors into account, the fully adjusted model revealed that high WFC was significantly associated with increased TG (ß: 16.07, 95% CI: 1.12, 31.01), decreased HDL-C (ß: -3.48, 95% CI: -6.48, -0.48), and increased TC/HDL ratio (ß: 0.34, 95% CI: 0.11, 0.57); high FWC was significantly associated with increased TG (ß: 22.79, 95% CI: 6.36, 39.22). The joint effects of WFC and FWC suggested that higher TG was significantly induced by low WFC+high FWC (ß: 32.84, 95% CI: 2.06, 63.62), high WFC+low FWC (ß: 20.42, 95% CI: 4.02, 36.82) and high WFC+high FWC (ß: 28.90, 95% CI: 11.67, 46.12); lower HDL-C was significantly associated with high WFC+high FWC (ß: -4.20, 95% CI: -8.00, -4.0), higher TC/HDL ratio was significantly linked to high WFC+low FWC (ß: 0.39, 95% CI: 0.08, 0.70) and high WFC+high FWC (ß: 0.40, 95% CI: 0.11, 0.70).

Conclusions: The findings of this study indicated that both WFC and FWC at baseline were separately and significantly associated with changes in lipid risk factors over 13 years, particularly TG, HDL-C, and TC/HDL-C ratio. The joint effects of WFC and FWC suggested stronger effects exerted by WFC on lipid risk factors. Lipid risk factors are important biomarkers for cardiovascular health. Our study provides a novel angle regarding CVD prevention. Stress management focusing on work-family conflict and health screening using lipid risk factors can be beneficial when occupational health nurses develop interventions to improve workers' cardiovascular health.

Cancer Care Coordination Determinants of Depression in Head and Neck Cancer Survivors

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Background: Head and neck cancers (HNCs) account for 3% of cancer cases in the US, and about one-third of patients experience depression following diagnosis. Effective cancer care coordination (CCC) is crucial for reducing symptom burden and improving overall health outcomes for HNC survivors. However, the impact of patients' experiences with CCC on their mental health is not well understood.

Aims: This study aims to explore the role of patient-reported CCC experience, demographic, and clinical factors in explaining depression among HNC survivors.

Methods: In this cross-sectional study, the University of California Los Angeles (UCLA) Health tumor registry was used to recruit English-proficient adult HNC survivors who were 2-6 years post-diagnosis. Participants completed the Cancer Care Coordination Questionnaire for Patients (CCCQ-P) and the Patient Reported Outcomes Measurement Information Systems (PROMIS) Short Form v1.0, Depression 4a, as part of a comprehensive survey. Data were analyzed using the Recursive Partitioning and Regression Trees (RPRT) and Generalized Boosted Regression Models (GBMs).

Results: A total of 347 HNC survivors participated, with the majority being white (81.5%), married (70.6%), male (66.57%), and having an annual household income exceeding 60,000 USD (65.12%). The average CCC-P scores were 74.6 (SD=14.6). Factors associated with depression included confusion regarding healthcare professionals' roles, insufficient support from oncology staff, overall CCC ratings, the presence of a caregiver, and being in mid-adulthood.

Conclusions: We identified predictors of depression among HNC survivors related to the patient care experience. This finding suggests that strategies to improve CCC may be beneficial to HNC survivors' mental health outcomes and long-term quality of life.

Pilot Test an Innovative Nurse-Led Chronic Care Management Program

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Purposes/Aim: To evaluate the impact of a registered nurse (RN)-led chronic care management program called "Community-Based Nursing Service (CBNS)."
Background: More than half of US adults live with at least one chronic health condition, and nearly 80% of older adults live with multiple chronic conditions. However, the current health system is fragmented and insufficient to support patients in managing their complex health needs associated with chronic conditions. To address these gaps and meet the needs of patients in their community, we tested effectiveness of a novel clinic-based CBNS pilot program.
Methods: We used a quasi-experimental design comparing patient outcomes at the time of the CBNS enrollment and at 3-6 months post enrollment. Patients with multiple chronic conditions and complex care needs were identified by healthcare professionals in two rural Oregon-based primary care clinics and enrolled in the CBNS program. The CBNS program includes a whole-person assessment, medication/symptom management, teaching/coaching, on-going monitoring, and care coordination across clinical and social needs. Four RN care managers in these clinics delivered CBNS including intake assessment followed by home, clinic, and/or telephone visits based on each patient's needs. We used a modified Self Sufficiency Metric (SSM) Scores documented by nurses at intake and every 3 months as a primary outcome measure to assess patient capacity for self-care in 5 domains (access to medication, medication adherence, medication literacy, engagement with primary care, and activities of daily living) on a 1-5 scale (5=highest rating). In addition, we collected the HbA1c value for a sub-analysis to measure the impact of the CBNS program on patients with diabetes. We abstracted data from nursing documentation in the Electronic Health Record. Data were analyzed using descriptive statistics and paired *t*-tests comparing baseline data to latest data at 3- or 6-month post enrollment. This study was exempted from IRB review as a program evaluation.
Findings: Ninety-three patients enrolled in CBNS between December 2023 and September 2024 (mean age=66.8). During enrollment in this pilot, each patient had an average of 1.6 encounters of approximately 37 minutes including home, telephone, and in-clinic visits with CBNS nurses each month. Twenty-five percent of encounters were at the patient's home, 66% were via telephone, and 8% were in the clinic. Nurses spent 21% of their time on assessment, 17% on care planning, 24% on medication or symptom management, 32% on education/coaching, and 26% on care coordination. Among the 57 patients who enrolled in the CBNS program >3 months, mean SSM ratings for all five SSMs rating improved significantly ($p<.05$) compared to the baseline rating. Among the 44 patients with a diabetes diagnosis, mean HbA1c levels improved significantly from 9.51 at intake to 8.17 at reassessment 3-6 months after enrollment ($p<.05$).
Conclusions/Implications: Data demonstrated that CBNS is a promising intervention for effective management of chronic conditions. Next steps will include a pragmatic clinical trial to test effectiveness of the nurse-led CBNS intervention on patient outcomes, health service utilization, and cost savings to make a case for a payment mechanism for a nurse-led care management program.

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Rest-Activity Rhythms of Individuals with Inflammatory Bowel Disease

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Purpose: To examine the relationship between rest-activity rhythm (RAR) characteristics with gastrointestinal (GI) symptoms, fatigue, sleep, and gut inflammation as well as examine RAR characteristics between those with inactive (remission) and active disease with inflammatory bowel disease (IBD).

Background: IBD is a chronic GI condition comprised of intestinal and extraintestinal symptoms; those with IBD experience periods of active disease usually marked with severe symptoms, and inactive disease (remission). Even those in remission report poor sleep and daytime fatigue which impact quality of life. RARs are an individual's daily pattern of activity and rest. Among those with IBD, less inter-daily stability (IS) has been associated with increased gas/bloating and heartburn and greater intra-daily variability (IV) has been associated with increased systemic inflammation and gut permeability. However, the relationships between inflammation and GI symptoms with daytime activity and overall RARs are yet to be fully understood.

Methods: Adults with IBD were recruited from an IBD clinic in Washington State in 2020-2024. Participants (18-55 years) were eligible if they were diagnosed with IBD which is composed of ulcerative colitis (UC) or Crohn's disease (CD). Participants completed electronic surveys via REDCap, collected a stool sample, and wore a wrist actigraph for 10 days. Survey data included Patient-Reported Outcomes Measurement System (PROMIS) measures, Pittsburgh Sleep Quality Index (PSQI), clinical disease activity measures, and daily symptom diaries. In the daily diaries, participants reported the severity of the following GI symptoms: abdominal pain, bloating, constipation, diarrhea, and nausea. SPSS and R software were used to analyze the following RAR characteristics: IS, IV, midline estimating statistic of rhythm (MESOR), acrophase, amplitude, and circadian quotient. Enzyme-linked immunosorbent assays were used to measure fecal calprotectin, a biomarker of gut inflammation.

Findings: The sample consisted of 50 IBD participants (CD=40, UC=10). The sex distribution was 31 females and 19 males with a mean age of 35.80 (SD: 8.65) years; most participants were in remission (n=34) based on clinical disease activity. For the total sample, there were significant negative correlations between IS and fecal calprotectin levels (r= -0.36) and bloating (r= -0.30). Other GI symptoms were not correlated with RAR characteristics. Sixty-eight percent of the sample (n=34) were poor sleepers with a PSQI>5. For the total sample, the mean PROMIS scores were 54.89 (SD: 6.45) for fatigue, 52.97 (SD: 6.75) for sleep disturbance, and 54.44 (SD: 8.48) for sleep-related impairment. PSQI and PROMIS fatigue, sleep disturbance, and sleep-related impairment scores were not significantly correlated with RAR characteristics. The RARs of those in remission had significantly greater values of MESOR and amplitude when compared to those in active disease.

Implications: Less stable rhythms across days are related to increased gut inflammation and bloating, and those in remission could have a more robust 24-hour rhythm than those in active disease. There is a continued need to research which specific characteristics of RARs can most impact IBD health outcomes to create sustainable and effective time-based lifestyle interventions.

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Effect of Universal ART on HIV and Gender Distribution Among TB Patients

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Introduction: HIV is the strongest risk factor for TB and the leading cause of death among people with TB. Prior to widespread antiretroviral therapy (ART) use, the majority of people with TB in Botswana were co-infected with HIV. Despite men being at higher risk for TB than women globally, the gender ratio in Botswana was approximately equal due to the higher prevalence of HIV among women. In 2016, Botswana instituted a policy called "Treat All," whereby all people with HIV were provided with ART at no cost. To our knowledge, no study has examined changes in HIV prevalence, immune status (as measured by CD4 count), and gender distribution before and after the implementation of the "Treat All" policy in Botswana.

Purpose: This study used data from two population-based TB studies conducted before and after the "Treat All" policy (2013-2016 vs. 2021-2024) to describe changes in HIV prevalence, immune status, and gender distribution.

Methods: We included data from patients who were diagnosed with TB in public health clinics in Greater Gaborone, Botswana, enrolled in two population-based TB studies. Collected data included demographics, CD4 count, and HIV status. Descriptive statistics were used to create a descriptive table, map HIV prevalence, and gender proportion with respect to CD4 distribution. Bivariate logistic regression, multivariable logistic regression, and multivariable linear regression were used to describe changes in HIV prevalence, immune status, and gender distribution. All statistical analysis was completed using R version 4.3.3.

Results: A total of 5057 TB patients were enrolled (3,600 in 2013-2016 and 1,457 in 2021-2024). The prevalence of HIV coinfection decreased from 66 to 52 percent between the two studies. The male-to-female ratio increased from 1.22 in 2013-2016 to 1.86 in 2021-2024 (p-value <0.001). Among people living with HIV, the 2013-2016 participants had a mean CD4 count of 285 cells/µL compared to 395 cells/µL in 2021-2024. Bivariate logistic regression showed that there were reduced odds of females being included in the 2021-2024 study compared to the 2013-2016 study (OR= 0.67, p-value <0.001). The results remained similar after adjusting for HIV status (OR= 0.70, p-value <0.001). Among participants living with HIV, those in the 2021-2024 study had an average of 110 cells/µL higher CD4 count than participants in the 2013-2016 study (p-value <0.001) after adjusting for gender and age.

Conclusion: In the context of increased antiretroviral therapy use in Botswana, we observed significant reduction in HIV prevalence and an increase in CD4 counts among people with TB. The male-to-female ratio also increased during this period. Despite this, HIV prevalence remains high among people with TB in Botswana. HIV/TB coinfection remains a major clinical problem in Botswana despite widespread use of ART.

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Human Trafficking Assessment: A Descriptive Qualitative Study

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Aim: Describe how healthcare professionals assess human trafficking.

Background: Human trafficking is the use of force, fraud, or coercion to compel a person to provide labor or sex, and it is a public health crisis. It occurs regardless of sex, gender identity, and race and is difficult to identify in clinical practice. Many human trafficking victims are seen by healthcare providers at some point during their captivity; however, they are not always recognized by healthcare providers. Currently, scant research about how healthcare professionals assess human trafficking is available.

Methods: A qualitative descriptive study was undertaken to answer the research question, "How is human trafficking assessed?" Purposive and snowball sampling were used to recruit healthcare providers. Data were collected through individual interviews and were audio recorded. Interview transcripts were analyzed using qualitative content analysis.

Findings: Seventeen healthcare providers practicing in Arizona (n=1), Montana (n=15), and Oklahoma (n=1) enrolled in the study. Of the 17 participants 82% were female (n=14) and 18% were male (n=3). Furthermore, 47% were licensed nurses (registered nurse or licensed practical nurse)(n=8), 35% were family nurse practitioners or advanced practice nurses (n=6), and 18% were medical doctors or doctors of osteopathic medicine (n=3). The average age of the participants was 42 years (SD=9.41) and had an average of 16 years (SD=8.60) practicing in their respective professions.

Patient-provider interaction was one of the most important considerations when assessing human trafficking victims and the presentation of someone living through human trafficking varies widely. Human trafficking assessment is bound by institutional, community, and individual influences, including a lack of policies to assess human trafficking, underutilization of available screening tools, infrastructure that does not support resources for healthcare professionals and human trafficking victims, and a lack of healthcare professional knowledge and awareness of human trafficking.

Conclusion/Implications: Human trafficking was assessed inconsistently among a sample of healthcare professionals across practice settings. This is attributed to a lack of awareness and utilization of human trafficking screening tools that are available to healthcare professionals, not having policies and procedures to guide clinicians, and few training programs to educate healthcare professionals. These barriers must be addressed to increase the identification of human trafficking victims in order to improve health outcomes for this population.

Evolving Healthcare: Addressing the Complex Needs of Victims of Violence in Alaska

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Purposes/Aims: This presentation will explore best practices for training healthcare professionals to support victims of violence as part of the initiative “Redesigning Nursing for New Frontiers in Health.” By incorporating evidence-based practices, trauma-informed care, and interdisciplinary collaboration, the training initiative aims to prepare nursing professionals to meet the complex needs of violence survivors across different care settings, from emergency care to long-term rehabilitation. These strategies position nurses as central figures in breaking cycles of violence, promoting prevention, and supporting victims’ recovery.

Rationale/Background: The evolving healthcare landscape requires nursing professionals to deliver holistic care addressing not only the physical but also the psychological and social impacts of violence. Victims often present with complex medical, emotional, and social needs, necessitating specialized care that includes trauma-informed practices, cultural sensitivity, and multidisciplinary collaboration. With the increase in violence types—domestic abuse, sexual assault, human trafficking, and community violence—healthcare professionals must possess the skills and knowledge to provide comprehensive, compassionate care that supports both immediate and long-term recovery.

Brief Description of the Undertaking: Supported by a Bureau of Justice Assistance grant, this project promoted the Alaska Comprehensive Forensic Training Academy (ACFTA) through visits to 22 communities across the state of Alaska in order to equip healthcare providers—including nurses, doctors, physician assistants, nurse practitioners, community health aides, and EMTs—with essential forensic skills. ACFTA uses a modular, conceptual learning approach that combines theoretical knowledge with practical competencies, building healthcare professionals’ confidence in applying forensic skills. Tailored to each role’s specific learning needs, this blended model promotes a sustainable, evidence-based standard of care rooted in ethics, inclusivity, trauma-informed practices, and intersectionality. The program’s primary goal is to increase its reach, developing a critical mass of skilled healthcare providers equipped to deliver comprehensive forensic care across diverse settings.

Assessment of Findings/Outcomes Achieved: Insights gathered from community and healthcare town hall meetings and focus group discussions emphasized the importance of foundational trauma-informed training for all healthcare provider levels, including EMS personnel, front desk staff, advocacy workers, community health aides, and other healthcare professionals. Key findings highlighted the need for providers skilled in responding to diverse victims of violence, regardless of the time elapsed since victimization. Additionally, feedback underscored the unique challenges in rural health settings, where cultural factors and limited resources significantly impact care delivery.

Conclusions: Alaskan communities strongly voiced the need for healthcare professionals trained in trauma-informed care who can address the needs of violence survivors, regardless of background or location. The findings underscored the necessity for more extensive training, especially in rural areas, to prepare healthcare providers adequately to respond to victims of violence. Additionally, the feedback suggested the importance of mandatory continuing education in trauma-informed care to maintain the skills and knowledge required to provide compassionate, culturally competent care to all individuals impacted by violence.

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AC Care Alliance Advanced Illness Care Program: Addressing Disparities in Communities

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Purpose: To understand how a co-designed community-based advanced illness care program intervention was developed and refined to reach communities of color and those facing disproportionate burden of advanced illness and social determinants of health in California.

Background: Compared to non-Hispanic white people, Black and Latino/x people experience a disproportionate burden of advanced illness, enduring lower quality care, suffering higher mortality rates due to illness, and receiving medical care that less frequently aligns with their wishes on life-sustaining treatment. Founded by a consortium of African-American churches in 2013, the AC Care Alliance (ACCA) addresses the social determinants of health and enhances primary care in minoritized and disadvantaged communities. Community-based lay care navigators (CNs) provide in-person and telephonic visits to individuals with serious illness and family caregivers to address unmet spiritual, social, physical, advanced care planning (ACP), and caregiving needs.

Methods: Since 2016, UC Davis (UCD) Betty Irene Moore School of Nursing faculty have employed community-engaged collaborative methods to: 1) co-design the intervention and related materials (e.g., ACP and caregiving workbooks); 2) co-design and implement CN training; 3) co-design and implement a mixed methods evaluation; 4) engage in strategic planning to support sustainability.

Results: The intervention was co-designed and refined over time to include over 15 tools and associated training to empower participants. An intervention manual and 6-week onboarding training curricula was developed and delivered to over 25 Care Navigators. In 2016, a mixed methods evaluation of the program was created and implemented by the UCD and ACCA team. Evaluation activities include use of surveys and interview questions for each stakeholder group (Persons needing care, caregivers, CNs, Pastors/faith leaders, health partners) to gather feedback and experiences working in the program. The evaluation uses qualitative interviews, participant surveys with validated instruments and visit data analysis to measure program outcomes. In 2020, a HIPAA-compliant mobile electronic case management system, Dimagi's Commcare app, was tailored to meet the needs of ACCA and other scalable infrastructure was setup to meet HIPAA compliance and privacy and security needs of the organizations.

The intervention has been deployed in over 40 churches in 6 California counties serving over 2,100 persons with serious illness and their caregivers regardless of their faith or race/ethnicity. Over 28,000 people received education on hospice, palliative care, advance care planning, and caregiver support from the ACCA team. Over 95% of ACCA participants engaged in health goal setting with their CN, 75% were introduced to ACP, 25% had ACP conversations with someone, 23% named a health care agent and more than 1/3 completed an advance directive. Participants and providers rate the program highly. As part of ACCA strategic planning and sustainability, ACCA is expanding geographically and developing an Enhanced Care Management program to formalize connections with the Medi-Cal system.

Conclusions: This unique intervention provides an exemplar for extending primary care services to the community to address the social determinants of health. Trusted community-based CNs can address unmet needs and disparities in serious illness care, access to resources, and advance care planning.

Using Theory to Address Adverse Childhood Experiences through Home Visitation

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Purposes/Aims: This presentation reviews shared concepts of behavioral change theories that underpin evidence-based home visitation models and proposes a culturally responsive alternative by adapting the Life Course Health Development framework to address adverse childhood experiences in the context of social determinants of health.

Description of theory or method/definition of concept to be discussed: The Life Course Health Development framework describes the impacts of both stressful and positive exposures on human development from pre-conception to death. These impacts are influenced by their cumulative effects and timing during sensitive or critical windows. The Life Course Health Development framework acknowledges that stressful and positive exposures are not experienced equally across communities.

The Culturally Responsive Home Visitation Framework introduced in this presentation translates key elements of the Life Course Health Development framework for adoption in home visitation with pregnant and parenting people. This proposed framework recognizes shared core elements of evidence-based home visiting models and usual-care public health nursing that have the potential to prevent and mitigate intergenerational ACE transmission among vulnerable families. The Culturally Responsive Home Visitation Framework views stressful and positive exposures in a household in the context of social determinants of health.

Logic linking theory/concept/method to practice or research: ACE prevalence is significantly higher among groups that have been historically marginalized due to race, ethnicity, socioeconomic status, and gender identity. Home visitation is a voluntary service that targets families at risk for intergenerational ACE transmission, yet most evidence-based home visitation models are guided by theoretical frameworks that emphasize changing the behavior of parents rather than addressing social determinants of health that originate outside of the household.

The Life Course Health Development framework offers a foundation to explain intergenerational ACE transmission without blaming or shaming families for the social drivers of ACEs that may be beyond their control. However, the Life Course Health Development framework does not specify the protective factors associated with home visitation. Furthermore, there is a capacity to expand on and connect the inequities related to social determinants of health with heightened risk for intergenerational ACE transmission. The addition of a culturally responsive approach in the proposed framework aims to engage parents in a dialogue on adverse childhood experiences that goes beyond assumed definitions and incorporates external social drivers of stress.

Conclusion with statement about utility of the theory/concept/method for practice or research: The Culturally Responsive Home Visitation Framework is intended to augment or replace existing frameworks used to underpin home visitation models where areas of equity and cultural responsiveness are lacking. By specifying the interventions used by home visitors and public health nurses to address ACE transmission, the Culturally Responsive Home Visitation Framework enhances alignment between theory and goals/objectives of public health and home visitation models. The proposed framework requires testing to assess associations between its application and achieving desired outcomes.

Insights from Survivors of Intimate Partner Violence: A Qualitative Study

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Purpose/Aims: The purpose of this transcendental, phenomenology study was to explore survivors' experiences with intimate partner violence (IPV) screening by healthcare providers and identify opportunities for improvement in the screening process.

Rationale/Conceptual Basis/Background: Intimate partner violence is a critical global health issue and a violation of women's human rights, affecting approximately one in three women worldwide. The World Health Organization (WHO) recommended comprehensive care, over a decade ago, that included early detection and intervention to prevent the recurrence of IPV. However, missed opportunities for screening and intervention by healthcare providers are common and often result in survivors not receiving the care they need. This study was grounded in feminist research principles, aiming to elevate the voices of IPV survivors and address gaps in current healthcare practices.

Methods: Semi-structured focus group discussions were conducted with residents of a state-funded IPV shelter in a Southwestern U.S. state. To enrich the conversations, photo elicitation was used during the discussions. Data were analyzed using Moustakas' phenomenological method, ensuring a rigorous exploration of the lived experiences of the participants.

Assessment of Findings: Twenty-six survivors of IPV participated in three focus group discussions. Most participants were Black, Non-Hispanic, with a mean age of 40. Following the Moustakas' method of analysis, both textual (what) and structural (how) descriptions of the survivors' experiences revealed areas for improvement at individual and system levels. The textural analysis highlighted the need for enhanced communication and assessment skills at the individual level, and improvements in policies, procedures, and access to resources and referrals at the system level. Structurally, participants described feeling devalued, unsafe, and the absence of empathy from healthcare providers on the individual level, while also experiencing a loss of autonomy and fear of being reported to child protective services at the system level. Unpredicted outcomes included a history of nondisclosure due to social service involvement, which equated to losing custody of their children, particularly when the survivor is a woman of color. An additional outcome was a strong recommendation for heightened public and healthcare awareness of IPV and resources for those in need.

Conclusions/Implications: Despite the serious implications of IPV and the WHO's recommendations, screening for IPV in healthcare settings remains inconsistent. Findings from this study, along with existing literature, support universal education over universal screening for IPV in healthcare settings. Universal education may provide a safer alternative to universal screening, supports autonomy of the survivor, and decreases the concern of child removal by social services. Future research is needed to assess the feasibility of implementing universal IPV education as part of routine healthcare, and avenues to promote IPV awareness.

Nursing Students’ Empathy and Misconceptions Regarding Intimate Partner Violence

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Purpose/Aims: The purpose of this study was to examine undergraduate nursing students’ level of empathy towards survivors of intimate partner violence (IPV), their acceptance of common myths surrounding IPV, and the relationship, if any, between the acceptance of myths and their level of empathy.

Rationale/Conceptual Basis/Background: Intimate partner violence is a global public health issue, prompting the World Health Organization to issue specialized training guidelines for healthcare providers. Empathy, a critical component of person-centered care, as outlined in domain two of the American Association of Colleges of Nursing’s *Essentials,* is crucial when caring for survivors of IPV. Acceptance of pervasive myths that often blame the survivors, can undermine and block empathy. These misconceptions must be dispelled early in nursing education to foster compassionate, informed care for survivors of IPV.

Methods: This cross-sectional, correlational study, grounded in a feminist research approach, surveyed 68 undergraduate nursing students in the Southwestern region of the United States. The Domestic Violence Attitudes Scale was used to assess acceptance of IPV myths, while the Comprehensive State Empathy Scale measured students’ levels of empathy. Data were analyzed using multiple regression to examine relationships between myth acceptance and empathy.

Assessment of Findings/Outcomes: Of the 68 participants, 31 reported having experienced current or past relationships involving IPV, and/or witnessing a family member or friend endure it. A correlation was found between the acceptance of IPV myths and lower levels of empathy (p=.037). Conversely, rejection of IPV myths was positively correlated with empathic concern, a subscale of empathy, or experiencing tender feelings toward others (p=.010). Students with a history of IPV showed higher cognitive empathy, or understanding, (p<.001) and shared affect, feeling what the other person is feeling (p=.026), while those without a history of IPV showed lower cognitive empathy (p=.043) and shared affect (p=.050).

Conclusions/Implications: Intimate partner violence is not only a public health crisis but also a personal issue for many nursing students, with nearly half of the participants in this study having experienced it, either directly or indirectly. The findings indicate that myths surrounding IPV persist and negatively impact empathy towards survivors. A clear relationship exists between the acceptance of these myths and lower levels of empathy. Nursing education must prioritize person-centered care, including empathy, for all patients, as mandated by *The Essentials.* This is especially important when preparing students to care for survivors of IPV. Addressing these myths and fostering empathy in nursing students is crucial during their formative training years.

Workforce Retention across the Midwifery Career Lifespan: A Latent Profile Analysis

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Aim: To examine the effects of workload and practice climate on job satisfaction and turnover intention on nurse-midwives in the US at different career stages.

Background: The US is experiencing a shortage of maternity care providers with 39.8% of counties not having a single midwife or obstetrician. Retention of nurse-midwives across the career lifespan is essential to address workforce shortages because individuals bring different strengths to their work at different phases. While younger midwives may have more physical endurance, more senior midwives have clinical experience and institutional knowledge. Workplace factors, such as practice climate and workload, have been shown to affect turnover intention and job satisfaction for midwives; however, there is little research investigating how workplace factors affect midwives at different career stages. Guided by the job demands-resources model, we aimed to answer three research questions: 1) Are there different classes (i.e., patterns) of demands (workload) and resources (practice climate) among midwives at different stages of their careers? 2) Are the classes of workload and practice climate associated with turnover intention and job dissatisfaction differently in different stages of their careers? 3) In the context of a positive practice climate, will high workload serve as a challenge, rather than a hindrance, and therefore have less effect on turnover intention and job dissatisfaction?

Methods: In a secondary analysis of data from a national survey of US nurse-midwives (N=1573), we split the sample into early- (≤5 years; n=540), mid- (6-20 year; n=511), and late- (>20 years; n=522) career stages. We used latent profile analysis to create profiles (called "classes") of workload (patient volume and patient acuity) and practice climate. Job dissatisfaction and turnover intention were compared between classes by career stages using analyses of variance.

Findings: Across the three career stages, each latent class analysis resulted in a 4-class solution. Classes with negative practice climates had significantly higher turnover intention and job dissatisfaction (p< .01), regardless of patient volume or acuity. Among early career midwives, high workload was not associated with high turnover intention or job dissatisfaction in the context of positive practice climates. The highest proportion of mid- career participants were in the class with high turnover intention and job dissatisfaction (n=175; 34.3%), while in the early career subsample the largest proportion was in the class with low dissatisfaction and low turnover intention (n=312; 57.8%).

Conclusion: Across all career stages, the practice climate was the primary driver of turnover intention and job dissatisfaction. Practice climate is particularly important for early-career midwives working in high-volume settings. In the context of a positive practice climate, high workload may be more of a challenge that positively affects job satisfaction and turnover instead of a hinderance that negatively affects job satisfaction and turnover. Patient acuity did not have as large as an effect as patient volume and practice climate. Mid-career midwives are an under-studied group at risk of leaving the profession. Efforts to retain the midwifery workforce would benefit from tailoring retention strategies to midwives at different career stages.

Patterns of Negative Life Events Among Nurses with Depression

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Aim: This study aims to identify patterns of Negative Life Events (NLEs) among Chinese nurses with depression, and examine associations between distinct NLEs subgroups and suicidal ideation and self-harm.

Background: Depression is a significant mental health issue among nurses, contributing to reduced quality of patient care, higher turnover rates, and increased risks of suicidal ideation and self-harm. Although concerns about NLEs among nurses and their associations with adverse mental health outcomes have grown, patterns of NLEs specific to nurses with depression remain underexplored. This study aims to identify these patterns and their potential associations with suicidal behaviors.

Methods: Data were drawn from the Nurses' Mental Health Study (NMHS), a national longitudinal study examining mental health among Chinese nurses. The first round of NMHS data was collected in November-December 2023 using an online survey, and a second round is planned for December 2024. A total of 132,910 nurses from 67 hospitals across 31 provinces in China participated. This study included 73,371 nurses (54.3%) whose total score on the 9-item Patient Health Questionnaire was higher than 4, indicating they were at risk for depression and other related issues such as suicidal behavior. Latent class analysis was used to identify patterns of 10 NLEs: Personal health issues, Serious illness of a family member, Poor living conditions, Children having problematic behaviors, Involvement in lawsuits, Career setbacks, Financial crisis, Poor interpersonal relationships, Marital crisis, Loss of a loved one. Logistic regressions examined associations between NLE subgroups and suicidal ideation/self-harm, adjusting for covariates such as demographics, work-related experience, other mental health issues, and adverse and benevolent childhood experiences. Skipped or missing responses for suicidal ideation and self-harm questions were coded as missing data and were not included in the logistic regression. Subgroup analysis was conducted by depression severity (mild, moderate, moderately severe, severe).

Results: Four subgroups of NLEs were identified: (i) Low-Stress Life Events (Low occurrence rate of all NLEs); (ii) Health and Family Crisis (High occurrence of 'Personal health issues', 'Serious illness of a family member', 'Children having problematic behaviors', 'Loss of a loved one'); (iii) Economic and Relationship Struggles (High occurrence of 'Poor living conditions', 'Career setbacks', 'Financial crisis', 'Poor interpersonal relationships', 'Marital crisis'); and (iv) Widespread Life Crises (High occurrence rate of all NLEs). Nurses experiencing depression symptoms who had economic and relationship struggles and those facing widespread life crises were significantly more likely to experience suicidal ideation (AOR 1.22, 95% CI 1.11–1.34, and AOR 1.70, 95% CI 1.49–1.94, respectively) and self-harm (AOR 1.18, 95% CI 1.02–1.36, and AOR 1.85, 95% CI 1.54–2.21, respectively), compared to those with low-stress life events. Nurses facing health and family crises were not significantly associated with suicidal ideation or self-harm. Subgroup analysis revealed that only nurses with widespread life crises were consistently associated with suicidal ideation and self-harm across all levels of depression.

Conclusions: This study underscores the importance of addressing specific life stressors, particularly economic, relationship, and widespread life crises, to reduce suicidal ideation and self-harm among nurses experiencing depression.

"No, You're Giving Birth, We're Not Going to Dim the Lights" Ethical Conflicts in "GVtM"

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Health care that is provided without being centered around an understanding of the patients' needs, is provincial in scope and wounding in experience. However, no matter what occurs during a birth, being pressured to accept an intervention is a form of non-consent or coercion, as described by Logan et al. (2022). Further being pressured to accept an intervention conflicts with nursing ethical principles such as those of "respecting patient autonomy" and "protecting patients from violence" (Bodnar et al., 2020; Bohren et al., 2015; Khosla et al., 2016; Shakibazadeh et al., 2018). It is critical to grasp how pressure to have obstetric interventions has violated ethical principles, and to ultimately correct them, whether at the systemic, policy, or provider experience of care (Burgess et al., 2008; Chinkam et al., 2022; MacLellan et al., 2023; Reed et al., 2017; Thompson & Thompson, 1987). When patients are not provided with the decision-making capabilities that they seek, first, as information, second, as a respect for their autonomy- then they are left to cope with the consequences of that care. In the groundbreaking "Giving Voice to Mothers" (Aka GVtM) survey, women reported being pressured into accepting obstetric interventions, which may have violated ethical principles such as respect and autonomy (Eide & Bærøe, 2021; Garcia, 2020; Khosla et al., 2016; Martín-Badia et al., 2021; Olejarczyk, JP, Young, 2024; Sadler et al., 2016; Zampas et al., 2020).

The study was a mixed methods analysis to analyze experiences by theme and frequency when mothers answered questions about what was the "Worst aspect of their birth care". The study sample included women over eighteen, who had a live singleton birth and partially or fully completed the GVtM survey (n=2700). The sample was then restricted to women who reported having pressure to have obstetric care interventions (n=640) measured with an affirmative answer to a question asking about experiencing pressure to have any of seven specific obstetric interventions.

The most-endorsed themes, "*lack of support for my decisions and desires"* demonstrated experiential issues that women faced along with imbalances in agency and decision-making in their birth care. Several recurring subthemes emerged from the write-in open ended responses, including *lack of bodily autonomy, wish to have gone more natural, a lack of permission*, and *lack of truth telling* by providers. Strategies to improve ethical care will require understanding the drivers of provider level and system level violations of ethical principles during perinatal care. For example, in not being able to control their environment, the example "No, you're giving birth, we're not going to dim the lights", from a patient's own words, they may feel disempowered, unheard, and not respected (Garcia, 2020; Mayra et al., 2022; Molina et al., 2016; Niles et al., 2021; Sadler et al., 2016; Zampas et al., 2020). This is especially important as women who are pregnant may have limited cumulative agency, and bodily autonomy. Correcting ethical imbalances requires a detailed and broad view of birth care and interactions, and education on providing ethical care for systems and providers.

The Lived Experience of Pregnant Women Requiring Critical Care

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Purpose/Aim: To explore and describe the lived experience of the critically ill pregnant women requiring ICU level of care during pregnancy.

Rational/Background: Pregnancy-related mortality rates in the United States are alarming and rising. Hypertensive disorders, hemorrhage, and heart disease contribute to maternal mortality and morbidity and often necessitate admission of the pregnant woman to intensive care for mechanical ventilation, inotropic support and other intensive interventions. Many times, labor will ensue naturally or require induction during this critical episode. While considerable research has been conducted to identify the specialized care required of the critically ill pregnant woman and her fetus, less is known about the lived experience of the critically ill pregnant woman, the impact on their recovery, and bonding.

Methods: A hermeneutic phenomenological approach was used. Eligible participants were 16 years of age or older, English speaking, required admission to the intensive care unit during their pregnancy, and were between 2 weeks and 9 months post hospital discharge. Women who experienced fetal demise during the pregnancy were excluded. The study received expedited review and approval by the Institutional Review Board. One to one interviews were conducted over Microsoft Teams by one researcher, using an open unstructured interview approach. Interviews ranged in duration from 26 to 59 minutes. Pseudonyms were chosen to protect the participant's identity. Interviews were audio-recorded and transcribed verbatim. All researchers reviewed transcripts and were members of the analysis team. A four-step psychological phenomenology analysis was the primary method for organizing data into themes. One researcher coded the first five interviews utilizing constant comparative analysis to ensure the induction of themes was mutually exclusive and exhaustive. The codebook consisted of all themes and subthemes, a definition of each based on the narrative data, and all exemplars for the theme. The researcher and one team member examined the first codebook and made changes until consensus was reached. The next five interviews were coded by the same researcher to fit the data to the codebook and refine themes as needed. A final review of the codebook was reviewed by the third team member to attain 100% acceptable consensus on all components.

Findings: Ten women were enrolled between January 2021 and April 2022. Three overarching themes were identified. The first theme, Focus on Mom, had 3 subthemes: fear and worry, lack of control and mental health. The second theme, Focus on Baby, had 2 subthemes: trusting the team and bonding with baby. The 3rd theme, Focus on Birth, had 2 subthemes: getting better (mom and baby) and birthing story. Swanson's Caring Theory was used to provide a framework of caring behaviors to propose critical interventions for the entire health care team such as nurturing bonding and preserving first experiences for Mom.

Conclusions/Implications: Further research is needed with more diverse participants, to explore the impact of this event on postpartum family relationships, mental health and bonding as well as identifying the needs of the ICU staff in caring for the critically ill pregnant patient and fetus.

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Marijuana and Opioid Use during Pregnancy in the United States

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Background: Marijuana use during pregnancy is increasing and is associated with several deleterious outcomes. Thirty-seven states have legalized marijuana for recreational or medical use. Simultaneously, the U.S. is experiencing an opioid epidemic, which is mirrored in pregnant women. Perinatal women have highlighted the use of marijuana in lieu of opioids and other analgesics.

Purpose: To examine the frequency of marijuana use, opioid use, and co-use during pregnancy, and to explore the effect of marijuana policies on trends in perinatal substance use.

Methods: Using the Pregnancy Risk Assessment Monitoring System (PRAMS) database, we examined the prevalence of marijuana use, opioid use, and co-use during pregnancy in n=37,206 records across 13 states from 2017-2019. We performed Chi Squared tests and bivariate logistic regressions to compare perinatal substance use between states with differing marijuana policies (recreationally legal, medically legal, and illegal). To reflect the modification of marijuana policies in several states, analyses were performed for 2017-2018 and 2019 separately.

Results: The overall prevalence of self-reported marijuana use during pregnancy was 7.3%, self-reported opioid use was 5.6%, and self-reported co-use was 1.0%.

While controlling for demographic characteristics, pregnancy characteristics, tobacco use and depression, women in states with recreational marijuana laws had higher odds of self-reported prenatal marijuana use (2017-2018 OR: 2.621, 95% CI: 2.113-3.252; 2019 OR: 1.590, 95% CI: 1.402-1.802) and lower odds of opioid use (2019 OR: 0.490, 95% CI: 0.426-0.563) than those in states with where marijuana is illegal. Women in recreational states also had higher odds of prenatal marijuana use (2017-2018 OR: 1.826, 95% CI: 1.459-2.285; 2019 OR: 1.458, 95% CI: 1.265-1.682) and lower odds of opioid use (2019 OR: 0.617, 95% CI: 0.542-0.726) compared to those residing in medically legal states. Women in medically legal states had higher odds of marijuana use (2017-2018 OR: 1.214, 95% CI: 1.091-1.351; 2019 OR: 1.220, 95% CI: 1.066-1.398) and lower odds of opioid use (2017-2018 OR: 0.597, 95% CI: 2.0.532-0.669; 2019 OR: 0.876, 95% CI: 0.776-0.990) than those in states where marijuana is illegal.

Women in recreational states were more likely to co-use marijuana and opioids compared to those in states where marijuana is illegal (OR: 1.716) and to those in states where marijuana is medically legal (OR: 2.530). Women in medically legal states were less likely to co-use marijuana and opioids compared to women in states where marijuana is illegal in 2017-2018 (OR: 0.633). In 2019, women in recreational states were less likely to co-use than those in states where marijuana is illegal (OR: 0.613) or in states where it is medically legal (OR: 0.462).

Conclusion: Keeping in mind the limitations of this data, these findings indicate that perinatal substance use is influenced by state marijuana policies. As more states continue to legalize marijuana, understanding changes in substance use during pregnancy will help inform public policy and provide guidance for obstetric providers. Future research should continue to explore the effect of marijuana legalization on perinatal substance use and further investigate the motivations behind substance use in pregnancy.

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Integrative Review of Opioid Use after Implementing ERAS Protocol for Cesarean Births

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Objective: While evidence from systematic reviews showed significant reductions in opioid use were obtained after implementing the *enhanced recovery after surgery* (ERAS) protocol for cesarean births, this review evaluated the amount of opioids consumed during the hospital stay in an attempt to establish a national benchmark.

Data Sources: A search was conducted in CINAHL Complete, Scopus, and PubMed for sources published in English between January 2018 and December 2023. Search terms were cesarean AND opioid* AND eras OR erac OR "enhanced recovery."

Study Selection: Eligibility criteria included studies conducted in the United States using key pain management components from the ERAS guidelines, and whose results were reported for in-patient postsurgical opioid use.

Data Extraction: Data obtained were for post-ERAS implementation only, and included authors, date, sample size, study location, participant inclusion and exclusion criteria, methods, interventions employed (ERAS guideline components), and morphine milligram equivalents (MME) used during the hospital stay.

Data Synthesis: Weighted averages were calculated for results reported as means and percentages. Descriptive summaries were used for the remainder of the results.

Results: Twenty-six studies were found, accounting for 19,961 individuals' experiences for post-ERAS implementation. While 30% of participants experienced only scheduled cesarean births, 70% experienced all types of cesarean births, including scheduled, urgent, or emergent. There was substantial heterogeneity of the data reported, especially for opioid use and time frames. In the 11 studies that reported means, the weighted average for opioid use was 54 MME per stay. For 15 studies that reported the medians, the range for opioid consumption was from 0 to 114 MME per stay. In only 17 studies, researchers reported the number of women who experienced an *opioid free recovery*, which ranged from 7% to 76% of participants per cohort. Quality appraisal of all 26 studies was considered "good", because the studies contained all listed elements except one, per the NIH criteria. A risk for bias was found because the people involved in assessing the outcomes were not blinded to the interventions. There could be some additional bias due to undisclosed lack of protocol adherence, and there may be publication bias affecting the availability of studies for review.

National efforts to address health equity and racial disparities in maternity care require comparison of outcomes by race and ethnicity. For example, researchers reported severe pain was more common in Black postpartum patients compared to White postpartum patients, yet these Black individuals received significantly less opioids during their postpartum hospital stay. By contrast, one ERAS study found that racial disparities were reduced due to the implementation of a standardized protocol. Given sparse evidence in evaluating the potential for ERAS for cesarean birth to reduce racial disparities, inclusion of evaluations of outcomes by race in future research is needed.

Conclusion: Implementation of standardized orders built on the ERAS clinical practice guidelines in U.S. hospitals was associated with reduced opioid exposure for women experiencing both scheduled and non-scheduled cesarean births, while maintaining adequate pain relief. No benchmark could be established due to substantial heterogeneity of the data reported.

CLINICAL EXPERIENCES IN PERINATAL HEALTH

Reducing Maternal Morbidity from Peripartum Hemorrhage in Cesarean Delivery

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Background/Purpose: Maternal hemorrhage is the second highest cause of direct maternal death and the leading cause of morbidity and mortality in the United States. The greatest tragedy in the review of maternal mortality is that 84% of pregnancy-related deaths were determined preventable. Identifying trends of factors that predispose women to hemorrhage can mitigate rates of severe maternal morbidity and mortality. This study describes relationships among demographic factors, clinical and physiologic factors, which include coexisting medical conditions with maternal hemorrhage. The relationship between clinical treatment variables and independent variables was also explored within the context of medical procedure metrics such as total operative time, preoperative blood transfusion, principal anesthetic technique, and additional anesthesia technique.

Conceptual Basis: Donabedian (2005) triad of components contributes to quality in healthcare in the Model of Healthcare Quality: structure, process, and outcome. Linking maternal hemorrhage outcomes to the interplay of structure of risk assessment and process of quality interventions may reduce maternal morbidity outcomes.

Method: A retrospective, descriptive, comparative design analysis of cesarean delivery patients (N = 59,302) from the American College of Surgeons National Surgical Quality Improvement Program during 2019-2022 was conducted. Descriptive and bivariate logistic regression were conducted to identify the factors associated with peripartum hemorrhage and blood transfusion in cesarean deliveries.

Results: Within this sample, 59,302 cesarean deliveries from 2019-2022, hemorrhage occurred in 831 cases. The mean age among those who hemorrhaged was 31 years. Hemorrhage was associated with being Asian, Black, and Hispanic; having diabetes; being a smoker within the past year, and in ASA physical classification III or IV. Receiving a preoperative blood transfusion, having an abnormal preoperative white blood cell (WBC) count, and total operative time greater than 120 minutes were also associated with hemorrhage. Of these, ASA physical classification III or IV (OR 2.01, 95% CI [1.70, 2.38]) and preoperative transfusion (OR 4.60, 95% CI [2.57, 8.22]) were most strongly associated with hemorrhage when controlling for variables in the multivariate logistic regression. A preoperative hematocrit ≥ to 36% (OR 0.56, 95% CI [0.48, 0.65], Body Mass Index >30 kg/m² (OR 0.32, 95% CI [0.25, 0.40]), and having an anesthesia type other than general anesthesia were protective for hemorrhage; epidural (OR 0.16, 95% CI [0.13, 0.21]), regional/local (OR 0.26, 95% CI [0.18, 0.37]), spinal (OR 0.30, 95% CI [0.25, 0.36]), monitored anesthesia care/sedation (OR 0.32, 95% CI [0.22, 0.48]).

Conclusions and Implications: This study identified strong significant associations between ASA classification III or IV (OR 2.01, 95% CI [1.70, 2.38]) and preoperative transfusion (OR 4.60, 95% CI [2.57, 8.22]) with hemorrhage in this sample. The analysis also demonstrated associations among demographics, behaviors, coexisting medical conditions, clinical treatments, and medical procedures in peripartum hemorrhage in cesarean deliveries. This study highlights variables associated with temporal trends in hemorrhage and transfusion in cesarean delivery parturients. This descriptive and multivariate logistic regression analysis identified variables that describe odds risk ratios for maternal hemorrhage. The associations identified in this study further support variables that influence maternal hemorrhage and transfusion trends in the Asian American population.

Biomarkers of Postpartum Blood Loss: An Evolutionary Medicine Exemplar

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Purpose: We tested the hypothesis that biomarkers produced by the placenta and measured in maternal serum are associated with the amount of blood lost at birth.

Background: Postpartum hemorrhage (PPH) is the leading cause of maternal mortality worldwide, accounting for nearly a third of maternal deaths. Uterine atony and retained placenta are the most common proximate causes of PPH, but the underlying physiology and ultimate causes of PPH are unknown. There are no tools for early assessment of risk, and prevention is currently focused on the third state of labor when risk is imminent. Considering the evolutionary necessity of reproduction, the integration of clinical medicine and evolutionary biology may lead to new perspectives.

Approach: An evolutionary medicine approach explores comparative biology to uncover physiological pathways that are potentially unique to humans and their closest relatives. The taxa with the most invasive placentas are those with hemochorial placentation, where the placental cells actively burrow deeply into the myometrium and invade and remodel maternal arterioles to increase delivery of maternal blood to the fetoplacental unit. It is these arterioles that remain open and bleeding during PPH. PPH is rare in domestic animals for which substantial data are available. Among nonhuman primates, there are very limited accounts of excessive blood loss at birth and maternal mortality linked to PPH. Humans have the most invasive placentation among mammals, and PPH affects millions of pregnancies a year globally. Severe blood loss at delivery may be an unfortunate by-product of selection to maximize the transport of maternal resources to the fetus, occurring when trophoblast invasion and vascular remodeling are extreme. We thus hypothesize that biomarkers indicative of deep placental remodeling of the uterine vessels could be associated with the amount of blood lost at birth.

Methods: Using enzyme-linked immunosorbent assays (ELISAs), we measured levels of beta human chorionic gonadotropin (β-hCG), hyperglycosylated hCG/invasive trophoblast antigen (hCG-H/ITA), and matrix metalloproteinase-9 (MMP-9) from gestational weeks 8-38 via enzyme immunosorbent assays in 894 serum samples from 383 pregnant women receiving routine antenatal care from the Ohio State University Wexner Medical Center. We used Pearson correlations to assess relationships between biomarker levels and blood loss, according to anemia status and birth mode.

Assessment of Findings: First and third trimester β-hCG was negatively correlated with blood loss in the sample overall ($r=-0.25$, $p<0.05$) and anemic women specifically ($r=-0.88$, $p<0.01$). Third trimester MMP-9 was positively correlated with blood loss in anemic women having cesarean births ($r=0.44$, $p<0.05$). First trimester ITA was strongly positively correlated with blood loss in anemic women having vaginal births ($r=0.97$, $p<0.01$).

Conclusions: We have shown that biomarkers of placental invasiveness do correlate with postpartum blood loss, especially in anemic women. Placental biomarkers measured long before PPH emerges provide a clear direction for future research to develop early PPH risk screening and prevention. We view an interdisciplinary approach to addressing the ultimate and proximate causes of PPH as an exemplar of applied evolutionary medicine and the emerging field of biomedical anthropology, with applications toward screening, treatment, and prevention of PPH.

Healthcare Providers' Perceptions of Diversity, Equity, and Inclusion Training

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The purpose of this research is to explore healthcare providers' perceptions of Diversity, Equity, and Inclusion (DEI) training and its efficacy in addressing racial biases within the healthcare system.

Drawing from two qualitative studies using a phenomenological methodology, we first investigated the lived experiences of Black Americans navigating healthcare, revealing how implicit bias hinders their access to quality care. We then completed a secondary analysis to examine healthcare professionals' perceptions of DEI training, focusing on the adequacy and relevance of such initiatives in fostering an inclusive healthcare environment. For each study cohort, a group of 7 individuals were interviewed 3 times over a period of 12 months.

Key themes, such as iatrophobia and geographic racial bias, illustrate the systemic barriers that persist due to deep-rooted prejudices within healthcare practices. Findings indicate a significant disconnect between the intended outcomes of DEI training and the realities of healthcare practice, with many professionals expressing skepticism regarding the effectiveness of existing training programs.

Despite recognizing the importance of DEI, healthcare providers reported that current trainings are not sufficient to address implicit biases or provide actionable strategies for fostering equity in patient care.

This presentation highlights the urgent need for evidence-based, structured DEI training programs that align with the complexities of healthcare interactions. By amplifying the voices of both patients and providers, we aim to pave the way for more effective DEI strategies that can transform healthcare delivery and outcomes for marginalized populations.

EQUITY, DIVERSITY, AND INCLUSION IN THE WORKFORCE

Black Nurses vs. Other Ethnicities: Perceptions of Workplace Safety

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Purpose: To quantitatively describe how Black/African American (BAA) nurses perceive their work environment and compare this with perceptions of nurses of other ethnicities.

Background: A supportive and safe work environment is essential for nurse well-being; it impacts burnout, retention, and patient care quality. Systemic discrimination and associated stressors uniquely affect BAA nurses. Understanding how these nurses perceive their work environment and determining if there are differences in perceptions between BAA and other nurses is crucial for understanding how to promote a healthier nursing workforce.

Methods: This cross-sectional observational study used data from the American Nurses Association's Healthy Nurse, Healthy Nation (HNHN) survey (2017–2019). Secondary analysis was conducted using responses from 17, 431 licensed nursing personnel across the U.S. The Nurse Safety Scale (NSS), a 14-item measure developed from HNHN survey items, assessed perceptions of work environment safety. In addition to univariate analyses to initial examine each study variable, a one-way ANOVA was conducted to compare NSS scores across seven ethnic groups; post-hoc analysis using Tukey's test identified specific group differences.

Results: The ANOVA revealed significant differences in work environment perceptions by ethnicity [F (6, 17,431) = 8.755, $p < 0.001$], though the effect sizes were small. BAA nurses had higher NSS scores ($M = 51.14$, $SD = 8.28$) than Asian ($p = 0.04$), American Indian/Alaska Native (AIAN) ($p < 0.001$), and Other/Mixed race nurses ($p = 0.048$). There were no significant differences in perceptions between BAA nurses and White, Hispanic, or Native Hawaiian/Pacific Islander (NHPI) nurses. Notably, AIAN nurses reported the lowest NSS scores, indicating the most negative perceptions of their work environment.

Implications: BAA nurses, despite systemic challenges, reported more favorable perceptions of their work environment compared to some ethnic groups, such as Asian and AIAN nurses. These findings highlight the complexity of ethnic group experiences in healthcare settings and emphasize the need for targeted interventions to improve work conditions and safety for all ethnic groups, particularly those reporting lower perceptions of workplace safety. Future research can investigate the reasons behind these differences and evaluate interventions aimed at fostering equitable and supportive work environments.

Keywords: black nurses, workplace safety, nurse perceptions, ethnicity

Redesigning Diversity, Equity, and Inclusion in an RN-BS Program

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Purpose/Aims: The project focuses on integrating diversity, equity, and inclusion (DEI) concepts into an RN-BS program. The project's aims involved mapping the RN-BS curriculum for current DEI content based on AACN competency items. The process involved identifying gaps and opportunities to integrate DEI learning activities to meet AACN sub-competencies. After review, the faculty implemented DEI activities in current courses aligned with DEI sub-competencies.

Rationale/Background: Nursing programs nationwide must address structural racism, health equity, and social determinants of health (SDOH) within their curricula. The Future of Nursing 2020-2030 report emphasizes nurses' role in helping individuals live the healthiest possible lives, acknowledging systemic racism's impact on patient care. The University of Utah commits to inclusive design and design justice, providing resources to advance DEI across programs. This project aligned with the AACN's call to embed DEI principles in nursing education, ensuring graduates meet diverse populations' needs.

Approach: The Competency-Based Outcomes Performance Assessment (COPA) Model provided structure for evaluating coursework. RN-BS faculty reviewed each course for purposeful integration and application of DEI concepts identified in the AACN Essential utilizing a DEI lens, looking for purposeful application of DEI concepts.

Methods: Team members methodically evaluated each course for 26 competencies and 48 DEI-related sub-competencies evaluated through a course assignment application on an Excel table. Each course was evaluated for DEI gaps and opportunities to enhance existing assignments using intentional language for DEI integration.

Measurement/Assessment: Team members mapped the RN-BS curriculum, identifying 26 competencies and 48 sub-competencies relevant to DEI. Current courses contained 58% of the identified competencies and 47.9% of the sub-competencies. Most courses contained some DEI competencies. Team members evaluated deficient competencies to determine the logical integration of assessments to meet DEI deficiencies. Over 20 assignments were introduced or modified to incorporate DEI concepts, intending to improve student engagement and understanding and demonstration of DEI principles across various learning domains. The design and mapping process also ensured that DEI principles were deeply embedded, promoting a holistic and inclusive learning environment. Notably, some courses did not undergo DEI enhancements due to their specific nature and current content focus.

Conclusions: This initiative will inform faculty development and drive curriculum enhancements, ensuring continuous DEI integration. Long-term assessments will address curricular drift and align with AACN's vision. Our team is equipped to influence the curriculum in the prelicensure and graduate programs. Embedding DEI principles within nursing education prepares a workforce equipped to meet diverse populations' needs, enhancing educational outcomes and fostering an inclusive learning environment. By systematically embedding DEI competencies, we ensure graduates are prepared to lead with creativity and courage in a diverse healthcare landscape.

Recommendations: Future work in competency assessment requires intentional processes and evaluation, including using a DEI lens, explicitly looking for intentionality and meaningful integration of DEI concepts and assessments. Additionally, faculty must pay careful attention to how concepts are addressed in each course, purposefully evolving knowledge throughout the program. A critical component of this integration involves training faculty to understand DEI concepts so that knowledge can be appropriately taught to students.

Funding: Intramural Grant: College of Nursing Excellence in Education (CON ExEd) grant

Pandemic Distress, Racism & Moral Injury: Filipino American Nurses' Experience

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Background: Filipino American nurses are the largest group of foreign trained nurses in the United States, comprising about 4% of the nursing workforce. Filipino American nurses are integral to the U.S. healthcare system, often filling hard-to-staff positions and providing care to the most vulnerable patients. Yet, they face racism and discrimination, which intensified during the surge of anti-Asian racism amid the pandemic.

Filipino American nurses are predominantly employed in direct patient care roles within acute care settings and often work multiple jobs or overtime. During the pandemic, nurses in these roles were severely impacted as they dealt with numerous patient deaths, suffering, inadequate PPE, staffing shortages, and fear of the virus, all of which contributed to rising psychological distress. Nurses also faced moral and ethical dilemmas as they navigated the challenging work conditions of the pandemic. These stressful work conditions, combined with the stress of racism and the moral dilemmas posed by the pandemic, may have placed Filipino American nurses at risk for psychological distress.

Purpose: Explore the associations among experiences of racism, pandemic-related nursing experiences, work conditions, and the psychological well-being of Filipino American nurses. Explore if moral injury moderates any of these associations.

Methods: A descriptive cross-sectional study of Filipino American RNs across the U.S. who worked as nurses during the pandemic (n=341). We collected data using an online anonymous survey. We operationalized psychological distress as symptoms of traumatic stress, anxiety, depression, and functional impairment. We analyzed the data using multiple linear regression analysis. For each outcome variable we completed a second analysis using an interaction term to examine the moderating effect of moral injury associated with pandemic-related nursing experiences.

Findings: Racial microaggressions were positively associated with symptoms of traumatic stress ($\beta = 0.30$, $p < 0.001$), depression ($\beta = 0.25$, $p < 0.001$), anxiety ($\beta = 0.34$, $p < 0.001$), and functional impairment ($\beta = 0.07$, $p < 0.001$). Pandemic-related nursing experiences were also positively associated with symptoms of traumatic stress ($\beta = 0.10$, $p < 0.001$), depression ($\beta = 0.14$, $p < 0.001$), anxiety ($\beta = 0.13$, $p < 0.001$), and functional impairment ($\beta = 0.02$, $p < 0.001$). Moral injury moderated the associations between pandemic-related nursing experiences and symptoms of traumatic stress ($\beta = 0.01$, $p < 0.01$) and functional impairment ($\beta = 0.002$, $p = 0.02$), but not depression or anxiety.

Discussion: Pandemic-related nursing experiences and racial microaggressions contributed to the psychological distress of Filipino American nurses. The experiences of moral injury from pandemic-related nursing experiences intensified the positive association between nurses' pandemic work experiences and symptoms of traumatic stress and functional impairment. These findings highlight the need for systemic reforms to improve working conditions and implement strategies and policies to reduce racial microaggressions against Filipino American nurses. Health system changes are also needed to prevent those conditions that give rise to moral or ethical dilemmas that exacerbate the negative association between difficult working conditions, microaggressions, and mental well-being.

Excelling at Post-Master’s Mapping to the DNP Essentials

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Purpose: The 2021 DNP Essentials challenged nursing educators to refine advanced practice nursing curricula. Two new domain foci were added to the original eight competency areas. Shortly after the 2021 release, we had mapped our existing post-Master’s DNP curricula to the new Essentials to reveal gaps and excesses that needed to be addressed. The project showcased here was a follow-up assessment of our curriculum after some course adjustments, additions and deletions to better support meeting competency expectations.

Approach: An excel spreadsheet was re-crafted to include changes in courses that had occurred since our 2021 mapping assessment. One course, *N263D DNP Project IV: Project Evaluation and Dissemination* had been inactivated as it was perceived to be redundant based on two cycles of learner feedback. Its content was integrated into the other three project series courses. A second course, *N263.16 Organizational Systems and Healthcare Financial Management*, was split into two separate courses to enhance both system based and finance content: *N263.23 Healthcare Finance for DNP Leaders* and *N263.24 Organizational Systems and Economics for DNPs*. A new course, *N263.21 Strategic Leadership for the DNP*, was added to the curriculum to provide enhanced leadership content. Previously leadership content was integrated into all courses, rather than having concentrated delivery. Finally, the sequence of courses was modified, based on student feedback referencing heavy workload in individual quarters and a desire for more up-front leadership content. In the process of these curriculum changes, course objectives and deliverables were added or modified.

Outcomes: Compared to the earlier mapping in 2021, 77% of the sub-competency statements were addressed through either course objectives or assignments, as a measure of achievement. Our ability to meet the sub-competencies per domain ranged from 43%-100%. Two domains, #1, Knowledge for nursing practice, and #4 Scholarship for the nursing discipline, were fully addressed either by objectives or assignments (i.e. 100%). However, the results of two other domains, #2 Person-centered care and #9 Professionalism were concerning to us, as only 43% and 47%, respectively of their associated sub-competencies were addressed. Because our post-Master’s DNP curriculum doesn’t confer role training, the majority of clinical contact is indirect, and this likely impacted the ability to score well for those items more aligned with direct practice such as engaging with the individual to establish a caring relationship, communicating effectively with the individual, integrating assessment and diagnostic skills, developing care plans, and care coordination(domain #2); or demonstrating accountability and ethical practice, regulatory compliance, demonstrating professional identify, and integrating DEI (domain #9). However, there is clear room for improvement and this will inform discussion and planning during an upcoming faculty meeting and retreat.

Conclusions: We recognize the need to continue to refine the curriculum, especially in areas such as domain #9 related to professionalism. Plans are underway to develop some additional coursework that will support self-care, wellness, diversity/equity/inclusion and other professional growth areas.

Student Perceptions on Graduate Courses Integrating Constructivism Learning Theory

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Purpose/Aim: To address the growing need for nurses with higher levels of education, graduate courses have been added to accelerated baccalaureate (ABSN) programs to prepare for and enhance advanced roles. Previous research has highlighted the potential benefits of graduate courses in BSN nursing education, however, there is a clear need for further exploration of students' perceptions and experiences while enrolled in graduate courses, specifically in ABSN students. This study aims to examine the perceptions and honor the experiences of ABSN students taking three graduate courses during their 11-month program and to identify participants' view of available support and resources. This mixed-methods study is based on the Constructivism Learning Theory (CLT).

Theory Description: CLT emphasizes that learning is a dynamic, iterative process where individuals make sense of information in the context of their life experiences. This is particularly relevant for ABSN students with previous academic degrees and work experiences. CLT was chosen for its robust application of the concepts of active, social, self-directed learning, and problem solving needed in graduate courses.

Methodology: A mixed-methods approach captured a broad spectrum of data. The quantitative phase involved analysis of open-ended comments in greater than 100 student evaluations and academic proficiency in order to assess learning factors related to CLT concepts. The qualitative phase used in-depth, semi-structured, ZOOM interviews with 14 students to delve deeper into personal experiences and perceptions of ABSN experiences while taking graduate courses. Participants were selected via purposive sampling given their successful academic and professional background. The Colaizzi method of thematic analysis was conducted to identify recurring patterns and insights. Qualitative themes were triangulated with the quantitative findings.

Results: Quantitative results indicate factors that limiting learning included the number of required readings and assignments, and the online format, which reduced communication with faculty and perceived usefulness of discussions. Qualitative analysis revealed themes related to the perceived benefits and challenges of graduate courses and the perceived impact on clinical competence and confidence.

Conclusion/Utility of Theory and Method: The integration of CLT in this study offers valuable insights into the factors influencing learning in ABSN students taking graduate courses. Findings suggest that graduate courses play a significant role in enhancing nursing future career preparedness, however, the challenges in ABSN programs need to be addressed. This study contributes to the theoretical and practical understanding of active, self-directed learning, and problem solving in nursing education in alignment with CLT. It also highlights the need to improve the education of future nurses through understanding student perceptions and experiences when taking higher level courses.

Student Perception of Integrated Mental Health Concepts in an Accelerated Curriculum.

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Aim: The purpose of this study was to assess student knowledge and perceptions of mental health concepts integrated within a revised accelerated Bachelor of Science in Nursing (ABSN) curriculum.

Background: Faculty revised curriculum for an ABSN program based on the American Association of Colleges of Nursing (AACN) updated Essentials. The revised curriculum does not contain a stand-alone mental health course. Mental health concepts were integrated throughout the curriculum to address mental health and illness across the lifespan.

A literature review conducted for the project included a study comparing standardized assessment results between nursing cohorts who completed a stand-alone mental health course and cohorts who completed a curriculum with integrated mental health concepts. Previous studies reported no significant differences in scores between the two cohorts who had stand-alone mental health courses and cohorts who had integrated curriculums. However, students did express a lack of awareness of mental health concepts included in the curriculum and concern that mental health information in their curriculum was limited.

Methods: Based on AACN Essentials, mental health concepts are threaded throughout the ABSN program to allow students to engage with concepts in multiple classes and through different modalities like simulation. University IRB approval allowed an anonymous online survey, developed by the researchers, for distribution to students in the last term of an ABSN program. The survey was completed by students in the 2023 and 2024 graduating cohorts. It evaluated awareness of integrated mental health concepts and measured student satisfaction with included concepts. The survey consisted of both close ended questions with responses given on a 4-point Likert scale and multiple-choice knowledge-based questions developed with expert faculty input. Data was analyzed using SPSS 29.0.2.0 software. All students completed computerized practice exams mapped to the National Council Licensure Examination (NCLEX). Investigators analyzed tests containing psychosocial concepts for two cohorts of ABSN students to find the percentage of students meeting the predictive benchmark for knowledge of mental health concepts.

Findings: In both cohorts, students agreed most strongly with the statement “All nurses must have an understanding of mental health nursing concepts”. In the 2023 cohort 83.6% of students and 74.3% of students from the 2024 cohort agreed, or strongly agreed with the statement, “I wanted to learn more about mental health during the program”. The most difficult knowledge question from the survey was about adverse effects from psychotropic medications with 55.4% of the 2023 and 81% of the 2024 cohorts choosing distractors. On the computerized Kaplan exams, 76.9% of the 2023 and 51.4% of the 2024 cohorts met the benchmark that predicts success on NCLEX psychosocial concepts.

Conclusions: This study will contribute to the body of evidence available about integration of mental health concepts within prelicensure nursing curricula. One barrier to survey development was lack of an appropriate and validated tool for measurement of student perception of this topic. Students generally agree that they would like to learn more about mental health concepts. Faculty will continue to collaborate on curriculum revisions to help scaffold mental health concepts across the curriculum.

Building Palliative Care Teaching Capacity: Fostering Exemplary Resource Exchange

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Purpose: To describe how an inaugural faculty development and leadership workshop on integrating palliative care education in undergraduate nursing curricula served as a platform for experiential learning and collaboration. We aim to foster a conversation on how innovative and creative approaches in palliative care education can extend beyond individual institutions.

Background: The AACN Essentials (2021) emphasize the need for nursing schools to prepare practice-ready nurses who are proficient in four spheres of care, including hospice, palliative, and supportive care. As individuals with serious illness receive care across diverse settings, nursing students must be equipped to deliver primary palliative and end-of-life care. However, faculty knowledge of these concepts varies, and teaching materials are often developed with an internal focus, limiting collaboration and sharing between institutions. This insular approach restricts the exchange of innovative ideas and prevents the broader nursing education community from benefiting from shared expertise. Consequently, it also limits the capacity of the faculty to effectively teach these essential concepts.

Methods: Palliative and end-of-life education experts designed experiential learning sessions and developed teaching resources that were threaded across a 2-day grant-supported workshop for undergraduate nursing faculty from across the country. Participants engaged in interactive, lab-based sessions focused on enhancing student learning in various palliative care concepts through creative teaching strategies. Lab topics included 1) communication; 2) pain and symptom management; and 3) loss, grief and bereavement and final hours of life. Six robust 'Faculty Guides' were created and disseminated that align with the End-of-Life Nursing Education Consortium (ELNEC) Undergraduate/New Graduate curriculum, an evidence-based curriculum used across the country to provide nursing students with foundational education in primary palliative care. This presentation will describe components of the experiential labs and faculty guides and report participants' evaluation of lab sessions.

Outcomes Achieved: A total of 111 undergraduate faculty, representing 38 states, participated in the workshop and experiential labs. Participants evaluated several aspects of each lab on a 5-point Likert scale (1 = strongly disagree and 5 = strongly agree). High scores were noted across all aspects for all labs: speakers' knowledge/mastery of topic (mean = 4.97), clarity and content quality (mean = 4.94), usefulness to the learner (mean = 4.94), application activity to facilitate learning (mean = 4.92), and small group discussion (mean = 4.9). The overall means for each lab were also high: communication (mean = 4.94), pain and symptom management (mean = 4.91), and loss, grief and bereavement and final hours (mean = 4.95). Two key themes from the qualitative evaluation data pertain to the labs and faculty guides. For Abundance of Resources, participants reported on the robust repository of resources provided, including the faculty guides. For Networking and Collaboration, participants highlighted the value of learning with and from one another and sharing strategies across institutions.

Conclusions/Implications: This faculty workshop approach highlights the rich engagement that can occur through cross-institutional collaboration and the dissemination of exemplary teaching resources among nursing faculty. Cultivating an exchange of ideas among faculty embodies a more inclusive and efficient design for advancing nursing education.

Funding: The workshop was supported through funds from End-of-life Nursing Education Consortium (ELNEC) and University of Portland

Impact of a Virtual Registered Nurse Research Fellowship on Research Confidence

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Purpose: To describe the impact of a virtual registered nurse (RN) Research Fellowship on research confidence.

Background: Per the American Nurse Credentialing Center (ANCC), scholarly inquiry, which includes understanding research evidence, is an essential RN competency. Furthermore, hospitals invested in the prestigious Magnet® nursing excellence designation must provide evidence that RNs engage in and lead research. However, hospital-based RNs report barriers to engaging in research, such as a lack of dedicated time, and inadequate knowledge of and confidence in implementing research from start to finish. Our program aimed to address these barriers by providing RNs with training and mentorship in conducting research.

Methods: Exempt RNs with a BSN or higher in a large health system representing 24 hospitals in 5 states were nominated to apply for the 6-month program. RNs first completed a virtual research credentialing and 5 online, self-paced modules on the research process. The RNs were then assigned in groups of 3-4 to one of 4 pre-designed research question teams. Each team was led by at least one of 5 PhD-prepared RN mentors affiliated with or employed by the system. Teams met monthly via videoconferencing for six, four-hour sessions as follows: 1) research overview and role of Institutional Review Board (IRB); 2) literature searching and critique of evidence; 3) IRB protocol development; 4) data analysis, 5) interpretation of analyzed data; and 6) abstract writing and dissemination. Pre-program, after each session, and post-program, RNs were asked to complete surveys assessing their confidence in research competencies, derived from the Impact of Training and Technical Assistance (IOTTA) tool, on a scale of 0, complete beginner, to 10, full expert.

Outcomes: Fifteen RNs were nominated from 4 states and 8 hospitals. Twelve eligible RNs began the program. Ten (83%) completed the program, including dissemination of findings relating to the assigned research question. Pre-program, 8 RNs at least slightly agreed that they were confident in selecting and utilizing databases to answer a research question, critically appraising research articles, articulating a research question, distinguishing between quantitative and qualitative research questions, and synthesizing and disseminating research findings. Contrarily, 4 RNs expressed confidence in submitting to IRB, selecting an analytical plan, and mentoring a novice in research. RNs rated their confidence improved with specific research skills after attending each session. For example, participants rated competence with finding and evaluating research evidence lower before session two (5.6, SD 2.17) compared to post-session (7.1, SD 1.73).

Conclusions and Implications: Our program suggests that RN participation in a virtual, 6-month RN Research Fellowship contributes to enhanced research confidence. Evidence demonstrates that nurses with higher confidence are more likely to successfully engage in research activities. Limitations of the program was the small number of participants, and as the program progressed, fewer participants filled out the post-session surveys. RNs who are given dedicated work, time, resources, and expert mentorship can successfully ask and answer meaningful research questions. Leaders in all health settings should consider strategies to enable RNs to lead research to support improved care delivery.

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The State of Sexual and Reproductive Health Curriculum in California Nursing Programs

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Purposes/Aims: The purposes of this study are to identify if and how sexual and reproductive health is taught across California nursing programs, the availability and quality of that training, and nursing faculty awareness of the expanded reproductive health scope of practice.

Background: Following the Dobbs decision there is an urgent need in California to understand the sexual and reproductive healthcare training landscape and determine the current processes and curricula used in nursing programs to inform ongoing state investment in workforce development and ultimately increase access to care. The importance of supporting, expanding, and diversifying the reproductive health workforce cannot be understated. There is an urgent need to determine the current processes and curricula used in nursing programs to comprehensively prepare nurses. This study is the first to evaluate the current process and curricula used to teach sexual and reproductive health care across nursing programs in California.

Methods: This study used a cross-sectional survey of nursing educators in California to evaluate how sexual and reproductive health care is taught across California nursing programs. Participants were included if they (1) held a current California nursing license, (2) teach in a California accredited nursing program, and (3) participate in or oversee curriculum development.

Results: Surveys from 32 different nursing programs across the 10 regions in the state, representing 20% of the nursing programs in California. Correlation analysis showed that abortion and contraception content were more likely to be covered in programs that offer online courses. Thematic analysis of the open-ended responses highlighted respondents' lack of understanding of the registered nurses' scope of practice, lack of prioritization of sexual and reproductive health content, and lack of knowledge of the overall program curriculum as key barriers to integrating sexual and reproductive health content (specifically abortion care) into the program's curricula.

Conclusions and Implications: As the first study to evaluate the current process and curricula used to teach sexual and reproductive health care across nursing programs in California, the findings from this study provide a comprehensive overview and reveal the facilitators and barriers to the integration and normalization of abortion care in nursing curricula. Due to the inconsistent inclusion of standardized sexual reproductive health content in nursing programs, this study highlights the need to develop a validated list of sexual and reproductive health core competencies to guide the process of standardizing the content for application by nursing faculty and administrators.

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Bridging Gaps: Transforming Health Care through Generalist Forensic Health Training

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Purposes/Aims: This presentation will highlight the transformative impact of generalist forensic health care training on Alaska's health systems. By equipping healthcare providers—including nurses, nurse practitioners, physician assistants, doctors, community health aides, and EMTs—with essential forensic and trauma-informed skills, the Alaska Comprehensive Forensic Training Academy (ACFTA) aims to address the complex needs of violence survivors across various care settings, from emergency response to long-term recovery. This approach promotes a healthcare workforce that supports immediate healing and long-term empowerment, helping break cycles of violence, promote community prevention, and provide a solid foundation for survivors' journeys toward recovery and justice.

Rationale/Background: Traditional healthcare systems have often struggled to meet the intricate needs of violence survivors. Challenges, such as underreporting and inadequate documentation, have hindered both effective care and legal proceedings, leaving gaps in the quality and comprehensiveness of support for victims. Without specialized training, providers have faced limitations in their ability to recognize, document, and respond to the unique needs of these individuals. Recognizing this, ACFTA was designed to equip healthcare providers with trauma-informed skills, comprehensive documentation techniques, and interdisciplinary collaboration abilities. These competencies enhance patient equity, care quality and increase patient trust, contributing to better health outcomes.

Brief Description of the Undertaking: ACFTA utilizes a modular, conceptual learning model that blends theoretical knowledge with practical forensic skill-building. This curriculum is designed for all levels of healthcare providers—including nurses, doctors, physician assistants, nurse practitioners, community health aides and EMTs—equipping them with the necessary skills to respond to victims of violence with compassion and expertise. Tailored to each role's specific requirements, this evidence-based program emphasizes trauma-informed practices, ethical inclusivity, and equity in care. By focusing on these principles, ACFTA creates a sustainable model of holistic care adaptable to diverse healthcare settings, ensuring comprehensive support for all survivors.

Assessment of Findings/Outcomes Achieved: From 2019 to 2024, the Alaska Comprehensive Forensic Training Academy (ACFTA) delivered a comprehensive two-part training program to equip healthcare providers with essential forensic skills. Part One, an 18.25-hour online asynchronous course, introduces foundational concepts, while Part Two is a 24-hour live/virtual skill-building course that requires successful completion of competency check-offs. To date, 376 healthcare providers have completed Part One, and 196—including nurses, nurse practitioners, physicians, and community health aides—have progressed through both parts, earning continuing education (CE) credits upon completion.

Conclusion: ACFTA has had a positive impact on healthcare professionals' ability to deliver compassionate, effective care to victims of violence. The training program significantly enhanced providers' trauma-informed care competencies, enabling them to create safe and supportive environments for victims. It also improved forensic documentation practices, ensuring more accurate records that bolster continuity of care and support judicial processes. Furthermore, the training equipped providers with adaptable response strategies, allowing them to address both immediate and long-term needs by tailoring their approach to each survivor's unique situation. These outcomes reflect the program's success in building a healthcare workforce that is better prepared to provide comprehensive and empathetic care to those affected by violence.

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Health Department Factors That Aid Cross-Sector Collaboration for Physical Activity

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Purposes/Aims: This study aims to identify factors within local health departments (LHDs) that assist in maintaining engaged and sustainable cross-sector collaborations that promote physical activity (PA) in the Hispanic community.

Rationale/Conceptual Basis/Background: Physical inactivity is a common modifiable risk factor for chronic conditions, such as diabetes, hypertension and cardiovascular disease, which disproportionately impact the health of Hispanics in the US. The prevalence of physical inactivity is highest among the Hispanic adult population at 32% compared with non-Hispanic black (30%), non-Hispanic white (23%), and non-Hispanic Asian (20%) adults.

LHDs play a critical role in communities by supporting programs that promote PA, health equity, and reducing chronic disease disparities through cross-sector collaborations. Obesity prevention interventions that include PA promotion are essential, particularly for the Hispanic community. The social determinants of health (SDOH), which include the social, economic, and built environments in which people live, learn, work, and play, inform LHD efforts. Yet, little evidence is available on how these cross-sector collaborations addressing SDOH function with respect to bolstering efforts to improve physical activity in the Hispanic community, making it difficult to learn from successes and failures.

Methods: LHDs identified as either highly or moderately engaged in obesity prevention efforts in a prior study were sampled. Semi-structured interviews were conducted with LHD staff leading chronic disease programs and health equity initiatives from LHDs within each U.S. Health and Human Services region. Interview talking points covered LHD staff roles, funding, sustainability, and the advancement of health equity initiatives for the Hispanic population in cross-sector collaborations promoting PA. Atlas.ti v23 software was used to complete a thematic analysis of the qualitative data.

Assessment of Findings/Outcomes Achieved: Most LHD staff acknowledged that having diverse, bilingual staff and Spanish-translated materials were significant facilitators. However, other themes included the need for building and maintaining long-term relationships with community partners, the value of community health workers and community-based participatory research, and the importance of sharing resources among agencies to integrate SDOH into planning PA initiatives. Within the leadership infrastructure, a champion with passion for PA is a driver, but gains are often short-lived due to workforce changes. Many LHD staff reported funding and budget cuts related to PA programs and stressed the importance of planning for future or back-up funding mechanisms. Some LHD staff noted one barrier is that PA was not considered a priority within their community health improvement plans, affecting resources available to support these chronic disease prevention initiatives.

Conclusions/Implications: Hiring diverse, bilingual staff and translating educational materials are not sufficient approaches. Including the expertise of representatives from the community and community-based organizations is essential, and resource prioritization is necessary for maintaining relationships with partners. Organizational strategies for building cross-sector collaborations to develop and maintain health equity initiatives addressing PA in the Hispanic community are needed. LHDs can utilize and test implementation strategies that build cross-sector collaboration capacity to develop program elements with adequate intensity and sustainability for achieving desirable PA promotion goals among marginalized communities.

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Fostering Partnership between Researchers and the Transgender Community

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Purpose: Use a case study approach to describe the formation, operation, and maintenance of community collaborative relationships between researchers and members of the transgender and gender-diverse community (TGD).

Background: TGD people experience poor health outcomes due to stigma, discrimination, and limited access to affirming healthcare services. TGD community members call for researchers to actively partner with TGD people when conducting community-based TGD health research that addresses their healthcare needs. However, extant literature provides limited in-depth accounts of effective strategies researchers could employ when engaging TGD people in research.

Methods: The Community-Based Collaborative Action Research (CBCAR) framework provides an infrastructure researchers can use to engage minoritized communities historically excluded from research. Enriched by critical theory, Indigenous and feminist perspectives, and shaped by the ontological paradigm of participatory research and action-based science, CBCAR underlines the importance of partnering with members of the study population to dismantle power differentials between researchers and participants throughout the research process. We used the CBCAR framework to chronicle our experience in forming, operating, and maintaining a community collaborative group (CCG) with members of the TGD community. We also used a case study approach to identify best practices and describe challenges we encountered throughout this process.

Results: Best practices in the formation phase include identifying the *critical reference group* (i.e., community members who are most central to the study, such as members of the local TGD community); determining CCG membership composition (i.e., identifying community members who could bring specific expertise); consensus building by establishing a unified purpose and shared vision; providing adequate training and resources to CCG members to enhance informed decision making; and clarifying member functions, roles, and responsibilities. Best practices during the operation are identifying values important to the local TGD community, applying those values when evaluating research protocols (e.g., recruitment strategies, data collection and management, protection of human rights), and establishing CCG meeting operating procedures (e.g., setting agenda, documenting minutes, scheduling regular meetings) to build momentum and foster CCG cohesion. Best practices in the maintenance phase are sharing expertise across CCG members (e.g., TGD members sharing their lived expertise and researchers sharing their research methodological knowledge); recognizing CCG members' contributions and lived expertise (e.g., compensation, co-authorship, certificate of participation); and continuously evaluating the collaborative relationship. In all three phases, continued relationship-building grounded in trust and equalized power dynamics fosters inclusive and active engagement. Challenges include logistical barriers (e.g., availability to meet in person or online), funding limitations, and competing priorities (e.g., work and family obligations).

Conclusion: CBCAR provides a pathway for building equitable relationships between researchers and the community they research *with*. Fostering collaborative partnerships with the TGD community is critical when conducting community-based TGD health research. The CCG's formation, operation, and maintenance process were iterative and non-linear. While CCGs start with the formation phase, the operation and maintenance phases are constantly refined, and input from community collaborators is continuously incorporated. Establishing a CCG is a valuable strategy for enhancing culturally-informed research and building partnerships with the TGD community.

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Developing an Equity Impact Assessment Tool: A Trauma Informed Approach

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Purpose: The purpose of this presentation is to describe the development and implementation of an equity impact assessment tool (ET) using a trauma informed (TI) approach. The tool centers equity and inclusion when creating or revising policies that impact students, faculty, and staff in a school of nursing (SON).

Background: Recent national reports, such as the Future of Nursing 2020-2030 report and the National Commission to Address Racism in Nursing, remind us that current nursing education programs are historically rooted in structures of racial exclusion and discrimination that impact curriculum, access to education, climate and culture, and the ability to progress in the profession of nursing. These educational inequities may be reinforced by policies that impact students, faculty, and staff. Efforts to eradicate historically rooted inequities in nursing education require examining policies and decisions through an equity lens. An ET is designed to reflect on and analyze the impact of policies and decisions to eradicate historically rooted inequities and create more equitable outcomes in nursing education.

Methods: Commitment to a TI approach in the school underpinned the development of the tool using the following steps: 1) The medical and nursing literature and existing policy equity impact assessments retrieved in internet searches used in educational, social justice organizational, and governmental settings were reviewed to develop a draft tool; 2) The SON Diversity Advisory Group, made up of faculty, staff, and students, approved the new tool with 5 areas of guiding questions; 3) Internal and external experts on TI care were consulted in the development of the decision-making tool; 4) The tool was then reviewed by the SON community; 5) An iterative process was used with the SON community to clarify and simplify the tool; and 6) Finally, support aids for use were developed including exemplars, an instructional video, and a resource list of people familiar with the tool to act as consultants.

Findings: An ET was developed that considers unintended consequences of policies, including who may benefit and who may be burdened by a policy. The ET requires those creating or revising policies to reflect and answer questions in 5 categories: 1) alignment of the policy to the SON's values and mission; 2) impact of the policy on individuals and community; 3) inclusion and meaningful participation of individuals most impacted by the policy; 4) plans for implementation underpinned by restorative practices; and 5) short and long term evaluation of the policy with consideration of what resources may be needed to complete this evaluation.

Conclusions: The ET is meant to create more equitable policies and decisions in nursing education programs. It is recommended that such a tool be used to evaluate equity impact on academic student policies such as admission, progression, and dismissal; grading; attendance and dress code as well as tenure and promotion policies for faculty. Policies, if not examined through an equity lens may reinforce structural racism and discrimination. Next steps include evaluation of use of this tool on measures of student and faculty diversity and campus culture and climate.

Decolonizing the Nightingale Pledge: A Critical Look at Revision or Abolition

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Purpose: The Nightingale Pledge, long upheld as a foundational ethical declaration for nursing students and professionals alike, remains unexamined through Critical Theory perspectives. This work aims to critique the Nightingale Pledge, exploring its origins, colonial influences, and contemporary relevance. In the tradition of Critical Theory, decolonial concepts allow us to examine whether the Pledge should be revised to reflect diverse, inclusive values or abolished due to its deeply rooted Eurocentric, colonial underpinnings.

Theory: Critical Theory serves as the theoretical foundation and analytical framework for this decolonial exploration of the Nightingale Pledge. Critical Theory examines social inequities and structures to reveal the underlying power dynamics and dogmas hidden behind normalized or neutralized ideas. Critical Theory ultimately aims to challenge the status quo and advocate for social change, known as emancipation. Critical Theory encompasses various theories like Critical Race Theory and Post-Colonial Theory, which critique society from the standpoint that reality and knowledge are shaped by contextual forces such as systems, structures, and historic and socially conceptualized ideas of power. By analyzing discourse, such as the Nightingale Pledge, Critical Theory highlights how oppression is maintained and reinforced, often unconsciously, through dominant ideologies and practices.

Theory to Practice: Using Critical Theory to critique the Nightingale Pledge reveals that it upholds a gendered and biblical idea of nursing and reinforces a white, Western epistemological dominance. A decolonial critique exposes how the Pledge reflects and perpetuates a singular worldview, often excluding diverse cultural and epistemological contributions to nursing. Arguments for revision involve rephrasing the pledge to remove religious, gendered, and physician-centric language and integrating language that reflects nursing’s commitment to diversity, inclusivity, and cultural respect. This approach acknowledges the value of a nursing pledge but seeks to adapt it to a current, globalized nursing profession. Conversely, the abolition perspective suggests that the pledge may be too fundamentally flawed, given its deep colonial roots, to serve as a modern ethical guide. This view advocates for creating a new ethical framework free from historical biases that reflect the nursing profession’s commitment to justice, equity, and global health.

Conclusion: The Nightingale Pledge was devised in a socio-political context that upheld liturgical, Western, covertly colonial, and gendered norms, and the nursing profession’s lack of acknowledgment of the ramifications of such biases is unfavorable. Therefore, this work is a call to action to decolonize the Nightingale Pledge, whether through revision or abolition, to envision a more inclusive, equitable, and ethically sound nursing profession. The utility of Critical Theory in this transformative approach is paramount, as it aids in disentangling the oppressive social and power dynamics of the Pledge to challenge the status quo, advocate for change, and facilitate a reshaping of nursing ethics to resonate with today’s diverse societal needs. This work encourages nursing scholars and practitioners to engage in discussions about ethical reform and to consider how the nursing profession can better reflect and serve the global community it upholds.

Lessons from the Covid Pandemic: Impact of Full Practice Authority States

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Purpose: To compare outcomes for states with NP full practice authority (FPA) to those that do not and investigate if FPA impacts patient outcomes and disaster preparedness.

Background: The covid 19 pandemic revealed many of the shortcomings of the United States' health care system. To learn from our experience, we must investigate the factors that made a difference in outcomes. In 2018 twenty-four states and the District of Columbia had FPA for NPs. The aim of this study was to examine the impact of FPA on patient outcomes. There are many factors contributing to the excess mortality rate of the United States. A principal factor is the health disparities that exist in this country, which are influenced by the social determinants of health such as access to care. Numerous studies have supported that outcomes of patients seen by nurse practitioners are comparable to those seen by physicians, however at this time only 27 states and the District of Columbia have full practice authority for NPs.

Methods: Center for Disease Control and National Institute of Health data was utilized after the official end of the pandemic mortality rates from the pandemic and rates of health screenings, utilization of services and self-reported health status were used to compare states that had full practice authority in 2018 to those who did not. Using SPSS version 29, a comparison of the means was calculated by independent samples T tests.

Results: The mean rate for having a regular source of care in FPA states 83.2924 the mean without FPA 83.1385 ($p=0.452$) The mean for being current with pap screening in FPA states 48.4112 and the mean states without FPA 47.4373 ($p=0.200$). The mean for colorectal screening 79.6249 and states without FPA 79.4108 ($p=0.393$). For persons self-reporting fair to poor health in states with FPA the mean was 16.1956 and states without FPA 18.6246 ($p=0.002$). For preventable hospitalizations of Medicare patients in FPA states the mean is 2310.9200 states without FPA the mean is 2924.8846 ($p=<0.001$) The mean crude mortality rate for states with FPA and the age adjusted rate was 301.68 the mean of the crude and age adjusted mortality rate for states without FPA was 365.96 ($p=0.003$). Mortality rate, self-reporting of fair to poor health, and preventable hospitalizations all reached statistical significance.

Conclusions/ Implications for Practice: Access to the high-quality care that NPs provide improves patient outcomes. In three of the six outcomes statistically significant improvements in patient outcomes were found. As the United States endeavors to learn more from the pandemic, nursing needs to be included in the conversation. One factor that nursing can impact to prepare for the next pandemic is to increase health care access for all by supporting full practice authority for NPs. As we investigate the outcomes from the pandemic, we must not just look back anecdotally, but with evidence of the contributions made by all groups of nurses impacting patient outcomes, to be better prepared when faced with the next challenge.

Diverse Experiences of Organizational Learning: A Qualitative Study

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Purpose: The purpose of this study was to explore how individual differences and organizational context shape Registered Nurses' experiences of organizational learning in a healthcare environment.

Background: Through organizational learning, nurse leaders can help their teams and organizations provide consistently excellent patient care and experiences. As the nursing workforce becomes increasingly diverse, teams must be more intentional than ever to ensure all members of the team are engaged in organizational learning and are empowered to enact meaningful change. With effective leadership, ample education for team members, and a supportive organizational structure, diversity can improve a team's problem-solving processes, creativity, communication, and capacity for innovation, all of which are crucial for effective organizational learning. While healthcare leaders and others may wish to foster organizational learning in diverse teams, there is a paucity of evidence to guide their efforts.

Methods: This was a qualitative, grounded theory study. Registered Nurses, licensed in Utah or New Mexico, whose primary role was direct patient care were recruited to participate. Data were collected through a brief demographic survey and semi-structured telephone interviews about participants' experiences of organizational learning. A grounded theory approach, consisting of open, axial, and selective coding, was used to analyze the data. Data collection and analysis occurred simultaneously. To improve theoretical sensitivity the researchers collaboratively identified similarities and differences among their interpretations, allowing them to identify new concepts, refine labels for existing concepts and re-think how related concepts fit into various categories. The researchers continually referred to the interview transcripts to ensure the themes accurately reflected the data.

Findings: Twenty-four Registered Nurses participated in the study. Five themes emerged from their experiences of organizational learning: 1) organizational culture and context, 2) individual investment, 3) met and unmet expectations, 4) personal cost/benefit of the change, and 5) clinical cost/benefit of the change. The Registered Nurses' experiences were both personal and complex, precluding the researchers from clearly identifying how individual differences, the nature of the change, and organizational context shape nurses' experiences of organizational learning.

Implications: Diverse teams, empowered to engage in organizational learning, are foundational to achieving desired organizational outcomes. A deeper understanding of how individuals experience and engage in organizational learning equips leaders to create the diverse, inclusive teams necessary to provide excellent care for all patients. Nurse leaders should approach organizational change with the awareness that every team member is likely to experience the change differently, and a plan that accounts for those differences. Strategies for successful change may include fostering an organizational culture conducive to change, providing a wide range of opportunities for team members to be involved in the change, setting and upholding clear expectations regarding the change process, and helping team members understand benefits of the change for their patients and themselves. Longitudinal research with a more diverse sample is needed to better understand how healthcare team members experience organizational learning and how nurse leaders can better foster organizational learning in diverse teams.

EBP Competency, Beliefs, and Organizational Readiness in a Large Healthcare System

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Purposes/Aims: The specific aims of this study were to describe EBP competency levels, EBP beliefs, organizational readiness, and access to mentors; and to examine relationships between nurse characteristics and EBP outcome variables.

Background: It is well documented that EBP improves organizational and patient outcomes, and many professional organizations and regulatory bodies recognize EBP as essential. Several studies demonstrate that although EBP has been around for decades, nurses continue to lack competency in the requisite EBP skills. This lack of EBP skills persists even though nurses often have positive beliefs about EBP and expressed willingness to practice with EBP. Many hospitals continue to struggle with EBP adoption, and previous literature demonstrates that many nurses express a lack of confidence and competence with EBP. In a large healthcare system, with different organizational culture, resources, and nurses, that is attempting to have consistent EBP processes, the current state of nurses' EBP competency and their perceptions of support for EBP is unknown.

Methods: This study was a cross-sectional descriptive correlational survey study of nurses spanning 5 states and 35 hospitals from a large healthcare system in Western United States. The survey included demographic questions and from valid and reliable instruments that measured EBP competencies, EBP beliefs, organizational readiness, EBP implementation self-efficacy, and access to mentors.

Findings: 1883 nurses participated in the study. Of these, 60% were frontline nurses ($n = 1140$), followed by nurse leaders ($n = 252$), charge nurses ($n = 221$), and educators ($n = 98$) and had been a nurse for an average of 15.8 years. The majority had a baccalaureate degree ($n = 1453$). Nurses scored high on EBP beliefs; however, they rated themselves competent in only one basic EBP competency (Asks Clinical Questions). Organizational culture and readiness and access to mentors were the lowest scoring, with participants rating having access to mentors only a little bit of the time. Frontline nurses and charge nurses scored statistically significantly lower than nurse leaders and educators on beliefs, implementation self-efficacy, EBP culture, and access to mentor. Job satisfaction positively correlated with EBP beliefs, organizational readiness, and access to mentors ($p <.001$), while intent to leave was only negatively correlated with access to mentors ($p <.001$). In addition, Magnet status didn't have a statistically significant effect on individual competencies; however, it did have a statistically significant effect on EBP beliefs, EBP implementation, organizational culture and readiness, and access to mentors. If nurses took an EBP class in their undergraduate program, they scored statistically significantly higher on EBP beliefs ($p <.001$) and implementation self-efficacy ($p < .001$) and they rated themselves competent on 3 of the basic competencies.

Conclusions/Implications: Our results were similar to Melnyk's competency study nearly 10 years ago; however, we did find that nurses who received EBP training in the baccalaureate program rated themselves more competent. Although EBP is embedded in baccalaureate curriculum and DNP programs have rapidly expanded, there continues to be a tremendous need to improve EBP competency and access to EBP mentors within healthcare systems.

Nurses Closing the Gap for Opioid Use Disorder and Depression: Training & Evaluation

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Background: Most people with an opioid use disorder (OUD) do not access treatment, with access even lower for people with co-occurring OUD and mental illness. A recent trial for people with OUD and comorbid depression utilized nurses in a collaborative care (CC) model to serve as liaisons between the patient and care team. While nurses demonstrate expertise in care management, they vary in delivery of evidence-based, psychologically focused interventions. For this trial, motivational interviewing (MI) and behavioral activation (BA) were chosen as psychologically-focused targets given their efficacy, brevity, and feasibility without psychotherapy training.

Purpose: The study aimed to develop a suite of trainings to support nurses' proficiency in MI and BA. This presentation describes the training, evaluation (self and objective) of proficiency in MI and BA, and implications for bolstering nurses' proficiency for co-occurring OUD and mental illness.

Methods: Nurses engaged in approximately 12 hours each of CC management, MI, and BA trainings led by psychologists. During the trial, nurses received ongoing coaching and consultation from an addiction treatment team, psychologist team, and CC team.

Evaluation used two data sources - 1) nurse interviews and 2) audio recordings of nurses' sessions with patients. Nurses were interviewed three times over three years. Nurses were asked to evaluate whether the trainings supported their work and to self-rate their proficiency on Benner's novice to expert scale. Five behaviorally trained clinicians reviewed a stratified random sample of 70 nurse-patient recordings. Following calibration sessions to maximize interrater reliability, each reviewer evaluated 10-20 tapes, rating each on 20 distinct aspects of MI and BA. Each skill was rated on a 4-point scale ranging from missed opportunity to use the skill to strong use of skill. For ease of reporting, we collapsed ratings to 'developing' (missed opportunity or low quality) and 'proficient' (brief or strong use of skill).

Findings: Five nurses with varied backgrounds served as nurse case managers in this study. In our objective review of MI and BA proficiency, we evaluated both basic and advanced MI and BA skills and found that nurses fell into one of two categories. For basic MI and BA skills, nurses who were less proficient, achieved competent use of the skills less than 10% of the time. Nurses who were more proficient, demonstrated competent use of basic MI and BA skills 83-93% of the time. For advanced MI and BA skills, less proficient nurses never demonstrated proficient use of the skill, whereas proficient nurses achieved proficiency 30-50% of the time. In interviews with nurses, they spoke to their limited previous training in MI and BA, found that one-on-one training with psychologists was most supportive, saw growth in skill over the course of the study, and recognized the power of using MI and BA.

Implications: Nurses are in an ideal position to narrow the treatment gap of OUD and expand care to populations with dual diagnoses. With this model of interdisciplinary training and consultation, a subset of nurses with varying backgrounds felt able to manage patients with complex care needs.

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Primary Care Provider Perspectives on Treating Veterans with Opioid Use Disorder

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Purpose: The objectives of this study were to: 1) explore the perspectives and attitudes of Veterans Health Administration (VA) providers regarding the treatment of opioid use disorder (OUD) in primary care settings, and 2) assess provider perceptions of the stigma associated with OUD.

Background: The opioid epidemic continues to be a major public health crisis. Despite efforts to expand access to OUD treatment, many veterans still face significant barriers to receiving adequate care. In response to the increasing number of opioid overdose cases among veterans, the VA has prioritized OUD treatment, aiming to expand access to evidence-based care within primary care settings. The VA has also introduced initiatives to tackle the stigma surrounding OUD, including the '*Insights Into Recovery'* video series, which highlights Veterans' experiences to raise awareness and support treatment efforts. While these initiatives have been beneficial, they have also added to the workload of primary care providers. This qualitative study examines VA providers' perspectives on managing OUD within primary care as the VA continues to enhance its treatment strategies.

Methods: Between September 2021 and June 2022, we conducted 6 semi-structured focus group interviews with 91 multidisciplinary VA primary care providers via Microsoft Teams to gather their insights on OUD treatment. Each group, comprising 13 to 24 providers, participated in a 50- to 80-minute discussion. The sessions began with participants viewing 2-3 videos from the '*Insights Into Recovery'* series, which showcased the experiences of Veterans recovering from OUD. Following the videos, facilitators guided discussions using a semi-structured interview guide to explore perceived barriers, facilitators, and factors influencing OUD treatment in VA primary care. The interviews were recorded, transcribed verbatim, and analyzed using thematic content analysis to identify themes and patterns.

Results: Focus group interviews revealed several key themes regarding barriers and facilitators to implementing OUD treatment in VA primary care settings. Participants identified multiple barriers, including a lack of trust between clinicians and patients, disagreements over OUD diagnosis, and provider-level challenges such as inexperience, discomfort with OUD treatment, and stigma. System-level obstacles, such as time constraints, administrative demands, and a pervasive culture of stigma, were also highlighted. On the other hand, facilitators for delivering OUD care included training in buprenorphine prescribing and the use of motivational interviewing techniques to build rapport with patients. Participants further acknowledged the presence of stigma in primary care settings related to both OUD and opioid medications.

Implications for Practice/Research/Policy: Barriers such as patient trust issues, limited provider experience, and lack of support were identified, with provider stigma standing out as a significant obstacle to effective OUD care delivery. Prioritizing enhanced training in motivational interviewing can help build provider confidence and effectiveness in treating OUD. Policies addressing provider stigma are essential for improving OUD care in VA primary care settings. Future research should focus on strategies to reduce provider stigma and evaluate the long-term impact of targeted training programs on patient outcomes. Addressing these challenges could strengthen the VA's efforts to improve OUD care in primary care, ultimately benefiting Veterans with chronic pain and OUD.

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Biomarkers and PTSD s Predictors of Risk for Cardiovascular Disease in U.S. Veterans

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Cardiovascular disease (CVD) is among the leading cause of death in the United States. The literature has postulated a relationship between PTSD and CVD, although there has been a lack of literature describing CVD risk in veterans diagnosed with PTSD. Additionally, there has been a lack of literature describing physiologic indicators common among PTSD and CVD risk. Lastly, there has been a lack of literature describing the effect, if any, that treatment of PTSD has had on CVD risk. The purpose of the study was to examine the relationships between the level of CVD risk and (a) physiologic indicators that have contributed to inflammation and destruction of vascular endothelium (homocysteine, folate, vitamin B12); (b) psychological indicators (PTSD diagnosis versus no PTSD diagnosis); and (c) treatment of PTSD (treatment versus no treatment) and demographics (gender, age and ethnicity, religion). The Neuman systems model (NSM) was used as a theoretical framework for this study by examining the relationships between the level of CVD risk (normal line of defense), physiological/psychological indicators (flexible lines of defense), and PTSD (stressor). Quantitative methods were used in this comparative retrospective study. U.S. veterans with a homocysteine levels drawn in 2015 included in the study (n=279). A chart review was used to collect data to examine (a) psychological (PTSD versus no PTSD), (b) physiological (HCY, vitamin B12, folate), (d) demographic (age, gender, ethnicity, religion), and (d) interventional (cognitive process therapy versus no treatment) differences between veterans with high CVD risk. Analysis included OR and chi square to examine the relationship between the variables and CVD risk and logistical regression to examine the predictors of CVD risk. There was significance between:

- homocysteine levels and age (χ^2= 26.87, p >.001),
- gender (OR=0.15, CI [0.03-0.45]),
- race (χ^2=6.90, p=0.03),
- folate (OR=0.95, CI [0.92-0.98]),
- vitamin B12 (OR=0.95, CI[0.92-0.98]),
- systolic blood pressure (OR=5.81, CI[1.83-18.45]),
- CVD risk (OR=3.50, CI[1.01-12.05]),
- PTSD diagnosis (OR=4.31, CI[1.36-13.61]), and
- PTSD treatment (OR= 6.43, CI[2.02-20.45]).

Significance was not established for PTSD/ PTSD treatment and CVD risk, (OR=0.74, CI [0.32-1.71])/ (OR=.74, CI [0.29-1.88). Additionally, significance was demonstrated between homocysteine levels and PTSD treatment (OR= 6.43, CI [2.02-20.45]). Implications of this study include the establishment of evidence-based predictors which may be used to guide nursing and medical practice enhancing treatment guidelines, such as homocysteine to be included in a routine laboratory panel for veterans with PTSD, which will guide prevention or reduction of CVD risk in veterans. In addition, the significant findings between PTSD treatment and homocysteine levels, may provide a laboratory test to assist with examining efficacy in PTSD treatments.

Heart Rate Variability Biofeedback for College-Aged Women with Eating Disorders

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Background: College-aged women, particularly those between 17 and 22, are at high risk for eating disorders, affecting 9% to 13% of female college students in the U.S. These disorders significantly increase mortality rates and disrupt the autonomic nervous system (ANS), leading to psychological distress. Heart rate variability biofeedback (HRVB) is an evidence-based, non-invasive, mHealth intervention, designed to help people self-regulate emotions using visual/auditory feedback to slow breath rate, focusing on positive emotional contexts to improve HRV coherence and ANS balance. HRVB shows promise for managing stress, enhancing emotional self-regulation, and potentially aiding women with eating disorders.

Purpose: This pilot randomized controlled trial examined the feasibility and preliminary efficacy of a two-group, remotely-delivered, 2-week HRVB intervention on improving eating behaviors, stress, mood and resilience in college-aged women with eating disorders.

Methods: Female college students with current or past eating disorders were randomly assigned to either (1) an HRVB intervention or (2) a waitlist control. Both groups attended two in-person lab sessions. The HRVB group received training and practiced HRVB daily for 10 minutes at home over 2 weeks. Outcomes assessed at baseline (T1) and post-intervention (T2) included: mood (POMS), stress (PSS), anxiety, depression (POMS sub-scales), eating behavior (eating disorder examination questionnaire, loss of control), and resilience (BRS). Feasibility was assessed using recruitment and retention rates, with a 60% consent rate being our benchmark. Independent t-tests assessed pre-post changes within groups, and analysis of covariance (ANCOVA) analyzed between group differences, controlling for baseline score. Analyses were conducted in SPSS-29.

Findings: Of 40 individuals approached, 4 declined to participate, and 16 were ineligible, resulting in 20 consented participants (83% agreement rate). All participants completed the post-intervention data collection (100% retention). Mean age of participants was 21.9 years. Most were senior students (40%), non-Hispanic White (60%). The study recruitment and retention rates exceeded our benchmark values. The mean age of eating disorder diagnosis was 14.8 years, with a 4.1-year symptom duration. Binge Eating Disorder was most common (41%), with 30% receiving treatment, 33% on medication, and 65.0% receiving psychotherapy or counseling. ANCOVA results found the HRVB group demonstrated significant improvements in all measurements, including mood states, perceived stress, loss of control, and eating disorder behaviors with large effect sizes (partial η^2) ranging from .20 to .41 ($p <.05$), except for resilience ($p = .57$), compared to the waitlist control.

Conclusion and Implications: The HRVB intervention demonstrated the feasibility and promising results in reducing stress, improving mood, and addressing disordered eating behaviors among college-aged women. The results resonate with previous findings, suggesting HRVB's role in emotion regulation and its potential to alleviate psychological issues. How HRVB can improve eating behaviors and psychological distress for both short-term and longer-term sustained effects in a longitudinal study is an area ripe for additional investigation in a larger clinical trial. Unlike other psychological interventions, a technology-based mHealth HRVB intervention is an easy-to-deliver, flexible, low-cost, and non-invasive psychological support services for college-aged women with eating disorders.

Keywords: heart rate variability, heart rate variability biofeedback, eating disorder; female college students, stress

ADRD Secondary Caregivers: VR, Needs, Roles and Primary Caregivers' Perspectives

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Aim: The study sought to understand the needs of secondary caregivers—family and friends who support primary caregivers of individuals with Alzheimer's disease and related dementias (ADRD) by conducting focus groups based on the feedback of the pilot intervention "Through Alzheimer's Eyes". Also, via online surveys, we aimed to gather insights from primary caregivers about how secondary caregivers can best support them.

Background: Secondary caregivers provide essential support to primary caregivers, assisting in activities of daily living, instrumental activities of daily living, and emotional support. Despite their crucial role, secondary caregivers often experience stress and burden without adequate support or guidance. Research on their needs and challenges is scarce, particularly regarding the needs of both primary and secondary caregivers. Existing literature offers mixed insights into the best ways to support these groups and how to meet their evolving caregiving demands.

Methods: This study consisted of two components. First, an online survey was distributed to primary caregivers familiar with caregiving interventions like "Through Alzheimer's Eyes." This survey included approximately 65 questions addressing satisfaction with support, feelings of burden, and the types of assistance secondary caregivers provide.

The second part was a series of focus groups interviews for secondary family caregivers of The second part involved focus group interviews with secondary caregivers, conducted via a 90-minute Zoom session with 5 to 9 participants. During this session, participants viewed a semi-immersive VR experience featuring Beatriz, an older Latina with Alzheimer's disease. This was followed by discussions on caregiving challenges, skill-building needs, and elements for a potential training intervention. Data from surveys and focus groups were analyzed using descriptive statistics and qualitative thematic analysis.

Outcomes: Survey results revealed that only 53% of primary caregivers had regular support from secondary caregivers, who provided high-quality care (70%). Secondary caregivers offered emotional support (80%), helped with leisure activities (50%), attended medical appointments (50%), assisted with house chores (50%), and alleviated stress (70%) for primary caregivers. A significant 90% of primary caregivers believed that training for secondary caregivers would improve their care, especially in effective communication and managing challenging behavior. Focus group discussions indicated that secondary caregivers felt increased empathy and confidence after experiencing VR. They gained a better understanding of memory loss and its impact, which is crucial for effective caregiving. The focus groups highlighted that the most important areas for secondary caregivers to learn included managing challenging behavior and improving communication skills.

Conclusions: The findings suggest that VR can be a powerful tool for enhancing empathy and confidence among caregivers. Both primary and secondary caregivers identified the need for training in managing challenging behavior and effective communication. Feedback from this study will inform the development of a training program for secondary caregivers, and the tailoring of the intervention "Through Alzheimer's Eyes". By integrating VR and the specific needs of caregivers, the interventions aim to improve the caregiving experience for both primary and secondary caregivers, ultimately promoting better care for individuals with ADRD while addressing caregivers' well-being and reducing avoidable healthcare concerns.

Exploring a Shared History of Historical Trauma with Native Hawaiians

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Aims: This study aimed to explore the lived experiences of colonization, historical trauma, and alcohol use among Native Hawaiians living in rural Hawaii. Most studies using Historical Trauma theory have focused on American Indian tribes. At the time of this study, only one quantitative study existed that specifically focused on historical trauma and substance use among Native Hawaiian college students. Native Hawaiians and American Indians suffer from a startlingly high degree of physical and mental health disparities and alcohol and other substance misuse. Indigenous scholars posit that historical trauma is intergenerationally transmitted to subsequent generations and is the primary cause of today’s health and substance use disparities among these Indigenous populations.

Methods: This qualitative study was guided by Husserl’s transcendental phenomenological design. The modified Stevick-Keen-Colaizzi method was used for data analysis. The Historical Trauma Conceptual framework and Story theory guided the study. The Native Hawaiian Talk-Story method was used to collect data from ten Native Hawaiian adult participants in one-to-one interviews. The socio-psychological Explanatory Framework illustrated how intergenerational trauma transmission can occur through storytelling and can be passed down to subsequent generations.

Results: Six themes emerged: (a) Native Hawaiians experienced unresolved grief over historical losses, (b) they had excellent health before colonization and the worst health afterward, (c) alcohol and methamphetamine misuse are problems among Native Hawaiians today and are used to numb feelings of losses and discrimination, (d) Native Hawaiian kupuna (elders) teach the younger Native Hawaiians to drink alcohol and use methamphetamine, and (e) Native Hawaiians are beginning to understand the impact of colonization and historical trauma on their people (f) the introduction and regulation of alcohol were forces in colonial expansion.

Conclusions: Native Hawaiians, like American Indians, experienced Historical trauma, which is transmitted intergenerationally, resulting in mental and physical health disparities, substance misuse, and feelings of discrimination.

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New Frontiers in Health Education: An Analysis and Quality Assessment of CRC on TikTok

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Nurses are uniquely positioned to navigate new frontiers in health care to improve patient care and education, and lead innovation in research. Social Media has proven to be very influential in disseminating health information, and misinformation. Health related posts are some of the most popular content on social media. The fastest growing social media platform is currently TikTok. The purpose of this study was to assess N = 150 videos on TikTok related to Colorectal Cancer (CRC) and, to measure video quality, as well as viewer engagement metrics (views, likes, comments, saves) and to examine the effect of influencers.

In the United States, Colorectal Cancer is the second leading cause of cancer-related deaths. The Covid-19 pandemic resulted in decreased CRC screenings, and may have contributed to the widening of CRC disparities. Colon and rectal cancers have risen in those under age 50. Early-onset CRC also disproportionately affects racial and ethnic minorities, highest among blacks, and increasing rapidly in Hispanic adults. Young adults and many ethnic minorities have turned to social media as a primary source of health information. Studies aiming to understand the use of TikTok are limited, as social media applications continue to evolve and gain influence, engaged research approaches in this new era are needed. According to researchers, we must assess and monitor online health misinformation as it may contribute to public hesitancy toward CRC screenings.

This study reviewed 150 video posts on TikTok related to Colorectal Cancer Screening and Awareness, using three hashtags in via the search bar: #colonoscopy, #coloncancer, and #coloncancerawareness. Our study included only videos that were public, in English, and had over one million views. Two independent raters used the Global Quality Scale (GQS) tool to rate the video quality. Variables of interest focused on sources of information, engagement metrics, video time length, utilization of music, posted date, and cited sources.

This study found that videos posted by healthcare professionals (M = 2.89, SD = 1.19) had significantly higher GQS scores (p <.001) compared to personal content creators (M = 1.79, SD = 0.090). Videos with music, including popular trending sounds, had a significantly greater number of views than videos with dialogue alone (p = 0.05). This study sheds some light on the substantial role of influencers. The hashtags #coloncancer and #coloncancerawareness were more likely to be utilized after a popular young influencer passed from stage four colon cancer. The relationship was significant (X^2 (2, = 6.84, p = [.033]), and videos posted after his passing had statistically significantly higher average GQS ratings (p = 0.012).

Worldwide, searching for health information online is prevalent and growing. Social media is taking on a larger role in disseminating health information in a new digital frontier. Given the growing use and influence of social media, public health interventions to improve cancer screenings must seek to understand the perceptions of the population as expressed in social network postings. Increasing the reach, quality, accuracy, and decreasing misinformation of health information must be the goal.

Exploring Generative AI in Nursing Education: Faculty and Student Perceptions

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Purpose: The purpose of this cross-sectional pilot study was to explore and compare the perceptions of nursing students and faculty on the role of generative Artificial Intelligence (genAI) in nursing education. The specific aims were to investigate student and faculty: a) understanding, b) use, c) adoption, and d) ethical perspectives regarding genAI in nursing education.

Background: GenAI has rapidly emerged as a powerful tool with diverse applications across fields. It offers possibilities for revolutionizing education and increasing access to knowledge; however, genAI also raises important questions in nursing education, with varied perceptions from future nurses and faculty. Despite the growing interest in genAI, there is a lack of research exploring these questions in the context of nursing programs.

Methods: Faculty members and students enrolled in one school of nursing in the western United States completed a survey spring 2024. Analysis included descriptive statistics for faculty and student responses to genAI usage, adoption, and perceptions and comparative analyses to identify statistically significant differences between groups based on reported genAI use. Additional analysis included Independent-Samples T-Tests and One-Way ANOVAs or non-parametric comparative tests (Mann-Whitney U tests) depending on group size. Content analysis was used for open-ended questions.

Findings: The response rate was 19.2% for students (*n* = 220) and 71.4% for faculty members (*n* = 25). Similar responses were found between students and faculty members in genAI use for brainstorming, and there was moderate agreement with confidence in genAI use and that genAI is helpful.

There were significant differences in the number of times genAI was used by faculty (*M* = 26.81) and students (*M* = 12.36, *p* = .007) and in the importance of genAI in the future (faculty *M* = 3.56, student *M* = 2.83, *p* = .002). While 77% of faculty members thought they addressed AI use in their courses, only 70% of students agreed. Syllabus statements were the most common way of addressing genAI.

About 66% of faculty reported allowing students to use genAI in their courses, but 73% of students were afraid to use genAI due to being accused of academic misconduct. Open-ended answers from students echoed cheating as a main concern. They reported concerns about being accused of academic misconduct and noted that some classmates used genAI to cheat and obtain unfair advantage. Additionally, students and faculty were concerned about the negative impact on learning with genAI use, particularly in loss of writing skills and development of clinical judgment. Faculty members also reported uncertainty on the full capacity of what AI can do and desired training on the various technologies.

Conclusions: Our findings suggest that there are still many uncertainties in the use of genAI in nursing education from both the faculty and student perspectives and a need for more education, transparency and discussion about genAI for educational use. Nursing students are at the forefront of genAI and its integration into the healthcare system. As genAI technology continues to evolve, further research is critical, as is the need for training, transparency, and clear policies for use.

To Chat or Not to Chat: A Comparative Analysis of ChatGPT and a Statistical Program

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Purpose: This study aimed to compare the data analysis capability of ChatGPT-4 (paid version) with SPSS for analyzing cross-sectional data and reporting its results similarity and reliability.

Background: ChatGPT (Generative Pre-trained Transformer) is an artificial intelligence large language model developed by OpenAI. It is designed to generate human-like text responses that are useful for answering questions, generating images, and automating workflows. In 2023, Python was integrated with GPT-4, enhancing its model to interact with and assist users with programming and data analysis. To date, there has been skepticism about this capability, and evidence assessing its accuracy and reliability in nursing research is limited.

Methods: We used a synthetic cross-sectional dataset (n = 1339) from the University of Michigan Institute for Social Research on insurance charges with seven variables, such as age, gender, and BMI. We evaluated the ability of ChatGPT to provide comprehensive statistical summaries (e.g., central tendency and variability), t-test (difference between gender on insurance charges), regression analysis (predicting insurance charges by gender, controlling for all the other variables), and any applicable statistical assumptions testing. We compared the results to SPSS v29 for similarity (how close the results are to SPSS) and reliability (whether it functions consistently to perform the data analysis when prompted by the user).

Findings: Although we found ChatGPT generated statistical results with SPSS with high similarity, we found it to be only 54.14% reliable. Out of the 24 prompts requested to execute descriptive statistics, assumption tests, t-tests, and regression, ChatGPT performed 13 analyses out of the 24 prompts. Half of the responses failed to generate results due to technical limitations or trouble displaying the results.

When ChatGPT executed the analysis, the results were similar to those of SPSS. Descriptive statistics matched, generating the same results for central tendency and variability (e.g., mean age = 64, SD = 14.05; mean BMI = 30.66, SD = 6.10). ChatGPT produced similar graphs, including boxplots and histograms. Assumption testing for the t-test was comprehensive. ChatGPT tested for violations and recommended an alternative non-parametric test due to violations of homogeneity of variance and normality.

SPSS and ChatGPT generated the same results with a regression analysis. ChatGPT produced a model summary (R^2 = 0.751), highlighted the significant predictors (age, BMI, children, smoker status, and regions), and displayed the coefficient for gender(male) with p-value (B = -131.31, p = 0.693). It also tested for homoskedasticity (using the Breusch-Pagan test), normality of residuals, and variance inflation factor (VIF) for multicollinearity. Given the violations to homoskedasticity and normality, ChatGPT recommended using robust standard error or a generalized linear model instead.

Conclusion: In this limited analysis using synthetic data, ChatGPT's data analysis capabilities were highly similar but less reliable than SPSS. Although promising in nursing research, special attention should be paid to nuances in data analysis decision-making, data privacy, security, rigor, and reproducibility (due to the formulation of prompts and the black-box nature of ChatGPT). However, with care, ChatGPT is a new frontier that can help redesign nursing research to democratize data analysis.

A Tool for Virtual Nursing in Hospitals: The In-Hospital Telehealth Questionnaire

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Purpose/Background: The In-Hospital Telehealth Questionnaire (IHTQ) was developed to address the lack of validated tools for assessing the usability of telehealth and virtual nursing within hospital settings. The IHTQ adapts the Telehealth Usability Questionnaire (TUQ) and incorporates elements from other relevant questionnaires to comprehensively evaluate usability factors like usefulness, ease of use, effectiveness, reliability, and satisfaction. This study is part of a larger research project exploring the integration of virtual nurses and robotics in healthcare.

Methods: The IHTQ was developed following a rigorous scale development process. Items were generated based on a literature review and expert opinions, focusing on key usability factors. Content validity was assessed by experts, and pilot testing among 3 sites was conducted to refine the questionnaire. Data was collected from a diverse sample of participants (n=92) and analyzed using exploratory factor analysis (EFA) and reliability tests. The scale was further refined based on the analysis, and its psychometric properties were validated.

Results: The final IHTQ consists of 14 items across five subscales: Usefulness, Ease of Use and Learnability, Interface Quality, Interaction Quality, and Reliability and Satisfaction. Initial analysis shows exceptional internal consistency, with a Cronbach’s alpha of 0.9693. The IHTQ offers a reliable and valid tool to evaluate the usability of in-hospital telehealth and virtual nursing, providing valuable insights for healthcare providers and researchers.

Limitations: The study acknowledges limitations, including the need for further validation in larger and more diverse samples. Future research should also explore the relationship between IHTQ scores and other relevant outcomes, such as patient satisfaction, clinical outcomes, and cost-effectiveness.

Conclusion: The IHTQ represents a valuable contribution to the field of telehealth and virtual nursing research. By providing a reliable and validated instrument, the IHTQ enables healthcare providers and researchers to assess the usability of these technologies within hospital settings and make informed decisions to improve their implementation and effectiveness.

Session Summary: This session will focus on the development and validation of the In-Hospital Telehealth Questionnaire (IHTQ), a new tool to assess the usability of telehealth and virtual nursing in hospitals. The IHTQ covers key aspects of usability and has demonstrated excellent internal consistency. It offers a valuable resource for evaluating and improving the implementation of these technologies in healthcare settings.

Feasibility and Satisfaction with a Nurse-Led Online Pain Management Skills Course

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Purpose/Aim: The purpose of this project is to establish feasibility and participant satisfaction when a single session pain relief skills intervention is delivered online by registered nurses.

Rationale/Conceptual Basis/Background: Chronic pain affects 52 million adults in the United States, leading to diminished quality of life, increased healthcare costs, and reduced productivity. Disparities exist in access to effective pain management treatments along categories of race, ethnicity, gender, and socioeconomic status. Affordable, accessible pain management innovations based on biopsychosocial models of pain care are needed to address current healthcare gaps and inequities. Empowered Relief® (ER) is a 2-hr, single-session, pain management skills course for adults with persistent pain that employs pain neuroscience education, self-regulatory skills, and mindfulness practice. It has been found to improve pain-related discomfort and emotional coping when delivered in a classroom setting by doctoral-prepared psychologists.

Methods: A cohort of registered nurses were certified to deliver ER using Zoom videoconferencing. Participants with chronic pain of any type lasting > 3 months were recruited from partnering clinical sites and organizations and randomized to receive the ER course either at the start (Active) or conclusion (Control) of the 8-week study. Two weeks after course completion, Active participants were asked to complete a survey with multiple evaluation items. Likert-style items (scaled 0-6) included satisfaction with materials provided and course instructor, ratings of course relevance, usefulness, and understandability, and likeliness to use the skills taught. Additional items included rating the burden of participation in the course and whether computer and/or internet problems occurred. Descriptive statistics were used to summarize survey data. Feasibility was assessed via the number of enrolled participants able to complete the course while satisfaction was assessed using participant survey results.

Assessment of Findings/Outcomes Achieved: A total of 149 participants enrolled in the study with 73 randomized to the Active arm; 69 completed the ER course (94.5%). Post-course satisfaction surveys were completed by 63 participants (91.3%). The majority of participants who completed the satisfaction survey were female (82.5%), White (95.2%), non-Hispanic/Latino/a/x (93.7%), with an average age of 59.2 years (SD: 14.1), and reported back (76.2%), nerve (50.8%), and/or arthritis (50.8%) pain. The majority reported satisfaction with the course materials (82.5%) and instructor (88.9%) and felt the information was relevant (82.5%), useful (77.8%), and easy to understand (98.4%). Most reported they were likely to use the course information (76.2%). Overall, participants reported completion of the course had a low burden (84.1%) and limited numbers experienced computer/internet problems (19%).

Conclusions/Implications: The nurse-led online pain management program was well-attended with high levels of satisfaction from those completing the course. The brief, virtual, 2-hour format was feasible and could, potentially, help address pain care inequities by expanding access to evidence-based pain management skills education. More efforts are needed to include varied racial and ethnic groups to determine feasibility and satisfaction within diverse populations. Longitudinal data has been collected and will be analyzed to evaluate efficacy of the course and comparisons when delivered by psychologists.

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Impact of Self-Proning with Tube Feeds in COVID-19 Patients: A Retrospective Study

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Purpose: A retrospective, single-center study aimed to determine the incidence associated with aspiration pneumonia in COVID-19 patients treated with prone positioning while receiving continuous enteral nutrition (EN) via nasogastric or nasoduodenal tubes. The primary research question investigated whether prone positioning increased aspiration pneumonia risk compared to standard positioning practices during EN management.

Background: The COVID-19 pandemic necessitated a therapeutic approach encompassing oxygen therapy, nutritional support, and patient positioning. The approach was initiated in Intensive Care Units (ICU) with mechanical ventilation, EN through nasogastric or nasoduodenal tubes, and prone positioning. As patients transitioned to Progressive Care Units, they continued to require high-flow oxygen and EN due to their inability to consume nutrition orally. Prone positioning was originally introduced for patients with acute respiratory distress syndrome in the ICU; however, this practice was being introduced in various hospital settings for other pulmonary conditions in patients without protected airways. The American Society for Parenteral and Enteral Nutrition (ASPEN) guidelines recommend maintaining patients in a supine position with the head of the bed elevated above thirty degrees and monitoring tube placement to mitigate the risk of aspiration pneumonia. Literature, serving as the historical control, indicates a wide range of aspiration risk depending on study design and population of interest.

Methods: A chart review was conducted on patients diagnosed with COVID-19, who were prescribed continuous EN and prone positioning from March 15, 2020, to June 1, 2022. The study was conducted at a two-time Magnet® designated academic medical and health science center, comprising 368 inpatient beds. The sample included 97 electronic health records (EHR) of patients meeting the inclusion criteria: primary admission diagnosis of COVID-19, age 18 or older, continuous EN via nasogastric or nasoduodenal route, oxygenation support other than mechanical ventilation, and evidence of prone positioning. Institutional Review Board (IRB) approval was obtained. Data extracted from EHRs included patient demographics, tube feed frequency and volume, patient positioning, interruptions to tube feedings, type of oxygen therapy, nursing interventions, secondary diagnoses, and incidence of aspiration pneumonia. Descriptive statistics and non-parametric tests were employed to analyze categorical variables, while multivariable logistic regression was used to account for covariates, focusing on the rate of aspiration pneumonia.

Findings: Among the 97 patients, 8 (8.25%) developed aspiration pneumonia, 69 (71.1%) did not, and 20 (20.6%) developed bacterial pneumonia. The incidence of aspiration pneumonia in the studied cohort was 8.25%, aligning with the historical control baseline risk. Notably, five of the eight patients who developed aspiration pneumonia were on general medical/surgical care units, and all eight patients had post-pyloric enteral feeding tube placement.

Conclusions: The findings of the completed study suggest prone positioning for non-intubated patients receiving continuous EN may be a safe practice, provided diligent nursing assessments are conducted. The results indicate patients in a prone position are not at a significantly higher risk of developing aspiration pneumonia compared to those in a supine position. However, further research is warranted to corroborate these findings and address the study's limitations, including its single-center design and small sample size.

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Comparing User Performance: Innovative Vs. Traditional Medical Tube Fixation Methods

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Background: Invasive mechanical ventilation is a critical component of intensive care, but managing endotracheal tubes can be challenging. Issues such as unplanned extubation and associated complications are common. Traditional methods for securing these tubes, such as adhesive tape and cotton ties, are prone to complications like skin injury, cumbersome maintenance, and the risk of tube displacement. Even commercially available endotracheal tube holders, designed to address these challenges, still have limitations, including patient discomfort and concerns about skin integrity. Moreover, existing studies focus on nurses' evaluations, with limited research targeting nursing students.

Purpose: ALL in ONE™ (AiO) is designed with a special structure that can secure the endotracheal tube, nasogastric tube, and oral bite block, eliminating the need for adhesive tape or cotton tie. This study aims to compare the Farm-Lands Tracheal Tube Fixation Device, (AiO), with conventional methods, focusing on operation time and tube fixation strength.

Methods: This randomized crossover study compared two endotracheal tube fixation methods: the conventional approach (3M™ tape and PAHSCO™ bite block) and an innovative approach (AiO). The sample size, calculated using GLIMMPSE software with a two-group crossover design, with power set at 0.8, α set at 0.05, and effect size at 0.65, was determined to be 34. Thirty-four nursing students were randomly assigned to use both methods on a mannequin in two different sequences. Data were collected using a demographic questionnaire and a Scenario Simulation Record Form (SSRF). All participants received training on both methods prior to the simulations. Performance was assessed by measuring operation time and tube fixation strength, with a custom-made weight system used to quantify fixation strength. Data analysis included paired t-tests and Generalized Estimating Equations (GEE) to account for within-subject correlation inherent in the crossover design.

Results: The mean age of the 34 participants was 25.4 years (SD 6.8 years), with 26 (76%) being female and 25 (74%) being undergraduate students. The AiO device showed significant advantages over the conventional method across all measured parameters. The operational time was significantly shorter with the AiO device—139.6 seconds faster in Scenario 1 ($p < .001$) and 428.9 seconds faster in Scenario 2 ($p < .001$). In addition, the AiO device demonstrated stronger fixation strength at all tested weights, including 700 g and 1000 g for the endotracheal tube (both $p < .001$). The nasogastric tube and bite block also showed significantly better fixation (all $p < .001$). Moreover, no significant order or interaction effects were observed, suggesting that these results were consistent across the different testing sequences.

Conclusion: The AiO device demonstrated significant improvements over conventional methods in operational efficiency and fixation strength. It reduced preparation and care time, enhanced ease of use, and provided more secure tube fixation across various scenarios. These findings suggest that the innovative AiO device has the potential to improve patient safety and care quality in clinical settings requiring endotracheal and nasogastric tube management. Further research is warranted to evaluate its long-term clinical impacts and cost-effectiveness in real-world intensive care environments.

Keywords: Tube Fixation, Randomized Controlled Trial, Nursing Students

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Prevention of Non-Ventilator Hospital-Acquired Pneumonia (NVHAP)

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NVHAP is a deadly and serious hospital-acquired infection occurring in 1 in 100 patients. NVHAP is largely preventable with adequate oral care. However, achieving frequent and consistent daily oral care has been challenging and most studies have varied in their measurement and definition of oral care.

Aims: (1) Determine if implementation of a universal, standardized oral care protocol is associated with a reduction in NVHAP as measured by incidence/ 1000 patient days.
(2) Describe the facilitators and barriers to daily oral care in acute care settings.

Rationale: In a 2023 study of 284 US hospitals, NVHAP was *attributed* to 1 in 14 hospital deaths with an inpatient mortality of 22.4%. NVHAP is associated with greater morbidity and mortality, incidence of sepsis, longer hospital stays, increased discharges to skilled nursing facilities and hospice, and higher ICU utilization.

Despite this harm, there are no regulatory reporting requirements for NVHAP or oral care frequency. In part, this is due to lack of quality studies that have accurately defined or measured oral care. This study sought to demonstrate the effectiveness of a specific protocol and accurately measured oral care in NVHAP prevention.

Methods: This cross-sectional, descriptive, study took place over one year, on 8 hospital units, at two large mid-Western Hospitals and followed the STROBE Statement. The independent variable was oral care frequency/ 24 hours/ average per unit. The dependent variable was NVHAP cases/ 1000 patient days per unit. A nurse researcher and a champion were assigned to each hospital. The American Dental Association Oral Care Protocol for Acute Care Hospitals was used to standardize oral care. Improved oral care supplies were provided, and each unit received initial and booster educational sessions for both RNs and nurses' aides. Oral health educational guidance was provided in partnership with a dental hygienist consultant.

Assessment of Findings: The two hospitals had significantly different results with one hospital achieving daily oral care up to 2.69 times/ day and a statistically significant reduction in NVHAP (Incidence Rate Ratio (IRR) 1.18, CI 95% [1.0 to 1.4], $p = 0.04$). The other hospital was not successful, despite the same resources, in achieving a significant change in daily oral care or NVHAP reduction (IRR= 2.01: [CI 0.56,8.9] $p = 0.25$).

As a result of the differences, we explored through post studies interviews with nurse researchers, champions and staff, the barrier and facilitators of oral care implementation. Among the facilitators were frequent nurse huddles, use of incentives, daily rounding by the nurse champion, and new all-in-one oral care kits. Barriers included lack of team approach between the unit's RN and nurses' aides, limited engagement of unit leaders, and lack of overall accountability.

Implications: Due to the critical importance of nursing interventions to prevent NVHAP, more implementation science research is needed to understand the fundamental barriers to daily oral care delivery. The study was important for its contribution to both empiric and practical knowledge that can be used to inform quality improvement initiatives and future research aimed at improving patient safety.

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One-Year Mortality in Older ICU Patients with and without Delirium

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Purpose: This study aimed to assess one-year mortality rates among ICU patients aged 65 and older with and without delirium, while also analyzing risk factors for mortality within the delirium subgroup, focusing on geriatric syndromes and modifiable factors.

Background: Delirium in critically ill older adults is commonly associated with geriatric syndromes, such as falls and incontinence, which increase morbidity and mortality risks. These syndromes may worsen due to modifiable factors such as tobacco and alcohol use, which reflect social vulnerabilities. These complexities not only heighten mortality risks but also complicate discharge planning and post-discharge outcomes. Understanding these risk factors is crucial for developing more targeted, individualized care plans.

Methods: This was a retrospective cohort study. Data was drawn from the Medical Information Mart for Intensive Care (MIMIC-IV) database, which includes all ICU patients treated at a teaching hospital in the eastern United States from 2008 to 2019, with one-year mortality linked to the Social Security database. Inclusion criteria were: ICU patients aged 65 and older and electronic health record documentation of at least one Confusion Assessment Method for the ICU (CAM-ICU) delirium screening. Mortality outcomes (in-hospital, one-year, and combined in-hospital or one-year) were analyzed using chi-square tests. Comparisons were conducted between patients with and without delirium, followed by chi-square tests within the delirium subgroup to examine relationships between one-year mortality and incontinence, fall history, tobacco use, and alcohol use disorder. Analyses were performed using R version 4.3.3.

Results: Among 7,718 ICU patients who met the inclusion criteria, 2,030 (26.3%) had at least one positive CAM-ICU test for delirium, while 5,688 (73.7%) did not. The mean age for the overall sample was 77.5 years (SD = 8.0). In-hospital mortality was significantly higher among patients with delirium (30.6%) compared to non-delirium patients (15.2%; $X^2 = 228.02$, $p < 0.001$). One-year mortality was also higher in the delirium group (25.3%) compared to non-delirium patients (19.3%; $X^2 = 32.21$, $p < 0.001$). Combined in-hospital and one-year mortality was similarly elevated for delirium patients (55.9%) versus non-delirium patients (34.5%; $X^2 = 284.75$, $p < 0.001$). Within the delirium subgroup, incontinence was significantly associated with increased one-year mortality ($X^2 = 14.83$, $p < 0.001$), as was tobacco use ($X^2 = 4.50$, $p = 0.034$). Fall history ($X^2 = 1.08$, $p = 0.30$) and alcohol use disorder ($X^2 = 1.70$, $p = 0.19$) were not significantly associated with one-year mortality.

Conclusions: Delirium is significantly associated with higher combined in-hospital and one-year mortality rates (55.9%) in older ICU patients compared to those without delirium. Within the delirium subgroup, incontinence ($p < 0.001$) and tobacco use ($p = 0.034$) were significantly associated with increased one-year mortality. These findings underscore the critical importance of incorporating advanced care planning and goals-of-care discussions early in the ICU stay for individuals with delirium, to align care with patient values and ensure that interventions address both immediate needs and long-term quality-of-life considerations in this high-risk group.

Improving Delirium Assessment Documentation in the Critical Care Unit: A QI Project

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Purpose: To improve electronic health record (EHR) documentation compliance with the Confusion Assessment Method for the Intensive Care Unit (CAM-ICU) assessments among intensive care unit (ICU) registered nurses (RN).

Background: Delirium in ICU patients represents a formidable clinical challenge associated with increased mortality, prolonged hospital stays, augmented healthcare costs, and the potential for lasting disability. The CAM-ICU is a validated screening tool designed to detect delirium among ICU patients. Despite its systematic integration in the daily practice of ICU RNs, incongruities in EHR documentation of CAM-ICU assessments leads to underreporting, under-detection, and delays in treating ICU delirium.

Implementation: A quality improvement project was introduced a multifaceted educational intervention bundle, established a dedicated delirium assessment timeout during multidisciplinary rounds, and monitored documentation compliance. The Plan-Do-Study-Act framework guided the implementation in a 12-bed critical care unit in a southern California Hospital. The project was preceded by a pre-implementation survey to assess staff knowledge of delirium assessment protocols and their perspectives on ICU delirium. This survey served as a baseline for comparison of data with post-intervention results. The survey responses were scored on a Likert scale, the baseline aggregate data results were compared to the post implementation data. The educational methods included a multi-modal learning approach, which allowed staff to access self-learning materials through a QR code, as well as 1:1 bedside audit to evaluate nurses' CAM-ICU assessments in practice.

Outcome Measures: The primary outcome was the delirium assessment documentation compliance (73.66% at baseline) with the goal of improving it to meet the organization's benchmark target of 75%. The secondary outcome was the incidence of ICU delirium measured by a 24-hour CAM-ICU reactivity metric. A reduction in the incidence indicated lower number of delirious patients in a 24-hour period.

Findings: Thirty of the 44 RNs who work in the ICU (68%) completed the multi-component educational intervention and completed the pre- and post-surveys. All participants completed a dedicated delirium assessment timeout. The RN adherence to CAM-ICU documentation surpassed the target benchmark of 75%; it improved from 73.6% at baseline to 86% post-implementation. The secondary outcome revealed a 5.5% reduction in 24-hour CAM-ICU-positive patients' post-intervention, indicating enhanced recognition and management of delirium. These improvements reflect a clinically significant improvement of nurses' CAM-ICU documentation compliance, understanding of the complexities of delirium assessment, and responsiveness to patients screened as delirious. To assess sustainability of these changes post implementation, both primary and secondary outcomes were tracked for five months post-implementation (November 2023-March 2024). Documentation adherence consistently remained above 75% and the improvement to the secondary outcome, reactivity metric, was sustained at above 5%.

Conclusions: This project underscores the pressing need for deploying a comprehensive approach to delirium assessments and documentation by ICU RNs. It emphasizes the importance of consistent and accurate delirium identification in the ICU to optimize patient care and elevate RN clinical skills.

Recommendations/Future Research: Future studies should focus on determining whether RN compliance with CAM-ICU documentation sustainably improves delirium-specific interventions; and thereby predicts reduction in the prevalence of delirium in ICUs.

An Examination of Death Anxiety in Patients Living with Serious Illness

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Purpose: Describe characteristics of death anxiety and its impacts on the biopsychosocial and spiritual well-being of persons living with serious illness.

Background: The inevitability of death is a universal truth shared amongst humans, yet one that is often treated as a fabrication through euphemisms, acts of denial or acceptance. Within Western society, relationships with death are often perceived through a lens of apprehension and unease, creating a deeper sense of suffering for both patients and nurses.

Methods: Using a secondary data set of 25 patient narrative interviews, a thematic content analysis was completed to identify characteristics of death-anxiety. The primary data was collected from 25 persons living with serious illnesses: heart failure (n=14), end-stage renal disease (n=7), and other illnesses (n=4), who were admitted in an acute care hospital. The data was collected from October 8, 2019, to June 22, 2022, as part of a primary study testing the feasibility of integrating person-centered narratives into the electronic health record. Interviews were transcribed verbatim. These verbatim transcripts were the data for this thematic analysis. Through a deductive process, the two-person research team used a broad definition of death-anxiety to create a coding schema, and then independently coded all 25 transcripts. Each research team member inputted their analysis into a coding table. Over six months, the codes were discussed at weekly research team meetings discussing similarities/differences of the independent coding to reach consensus on the final thematic findings.

Results: The demographics of race in participants were as follows: 45.83% White, 33.33% Black, 12.50% Other, and 8.33% Native American/Alaska Native. 59.33% were diagnosed with heart failure, 29.17% had end stage renal failure, and 11.5% had other serious illnesses. 15 participants were male and 10 females. Ages ranged from 20 – 71 with the mean age being 51. Length of living with illness ranged from 1 – 24 years. Several themes were identified during data analysis: Death-anxiety, rejection vs. acceptance, social influence, spirituality/religion, alternative language/euphemisms. Participants (n=24) used spiritual/religious coping. Participants (n=23) were affected by death-anxiety. Participants (n=15) showed rejection toward death while (n=5) showed acceptance. Participants (n=16) had social influences of death-anxiety. Participants (n=24) used alternative language for death when speaking in future tense.

Implications for Nursing Research, Education and Practice: Death anxiety remains an untreated and unaddressed concern for the well-being of patients living with serious illnesses. Nurses also struggle with death-anxiety, which affect their ability to provide holistic patient care. Because of this, there is a need to address the lack of training focused on spirituality in nursing education. Future research should continue to examine the influences that death anxiety has on the well-being of patients living with serious illness and what holistic factors alleviate or worsen one’s death-anxiety. A better understanding of these factors, from the perspectives of patients living with serious illness, could be useful to help nurses identify death-anxiety in both their patients and themselves, and implement interventions that decrease death-anxiety.

The Nurse's Voice: Preferred Interventions to Improve Well-Being

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Purpose: To investigate preferred interventions that improve nurse well-being. Specific aims included: (a) assessment of suggested interventions preferred both at work and outside the work environment, and (b) categorization of interventions detailed by study participants.

Background: Moral injury is known to negatively influence nurse well-being, which can result in nurse burnout. Moral Injury is defined as an act that violates one's moral compass in high stake situations that creates varying degrees of internal conflict and suffering. Current interventions targeting moral injury are two-fold, a combination of institutional support, such as work environment modifications and self-help related resources. Rigorous randomized-controlled studies evaluating efficacy of targeted interventions are limited. Nurse leaders are acutely aware of the impact moral injury has on nurse well-being; however, few studies represent nurses' recommendations for interventions.

Methods: A larger cross-sectional survey-study was completed at seven hospitals in California. The study explored moral injury of direct care hospital nurses (N=185) between March 2020 and June 2022 and was conducted by a research team of a hospital-based nurse scientist, a university academician, and biostatistician leveraging a strategic academic practice partnership. This report focuses on the aims listed above. After completing the valid and reliable Moral Injury Symptom Scale for Healthcare Professionals, nurses were asked to select any suggested interventions to help ameliorate moral injury as follows: 1) bible study outside of work, 2) chaplain services at work and/or outside of work, 3) pet therapy at work and/or outside of work, 4) guided mindfulness reflection at work and/or outside of work, and 5) support group services outside of work. Additionally, nurses could enter a "open-ended" response to the prompt, "Please add any other interventions that you feel may have a positive impact on your well-being." Quantitative analysis included descriptive and chi-squared statistics and qualitative analysis was completed for the "open-ended" question.

Findings: After nurses completed the survey instruments and the demographic survey, they selected at least one potential intervention and/or provided feedback in the "open-ended" space. Slightly over half the nurses experienced clinically significant levels of moral injury. Pet therapy at work (58%) and mindfulness reflection at work (44.3%) were most prevalent. The at-work options selected were pet therapy, mindfulness reflection, and chaplain services, and were selected by a significantly greater proportion than the same options outside of work ($p<0.001$, $p<0.001$, $p=0.043$ respectively). Qualitative descriptive analysis revealed two main interventional themes: well-being and work environment. Well-being interventions were categorized into three subthemes: (a) complementary and alternative medicine, (b) exercise/hobbies, and (c) psychological support. Work environment interventions also included three subthemes: (a) reasonable workloads/scheduling, (b) unit culture/leadership, and (c) incentives/compensation.

Conclusions: Results indicated that nurses prefer at-work interventions. However, qualitative descriptive analysis highlighted well-being type interventions are not sufficient. Organizational changes such as reasonable workloads and a healthy unit culture are desired alongside well-being interventions to improve overall well-being.

Inevitable or Preventable? A Pilot Intervention to Reduce Burnout in Nurses

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Background: Burnout among healthcare workers is widespread and costly, resulting in calls for action to reduce the experience and impact of this work-related phenomenon. Burnout among nurses has been associated with impaired patient safety, decreased quality of care, lower levels of patient satisfaction, and higher levels of intent-to-leave the profession.

Aims: The aims of this study were to assess whether sleep problems mediated the relationship between recovery and burnout and to examine the feasibility of a pilot intervention to enhance recovery, improve sleep quality, and reduce burnout among acute care registered nurses.

Method: This feasibility study used a pre-test, post-test design. Eligible participants included registered nurses who worked at least 0.6 FTE in any acute care hospital within the United States. Convenience sampling was used to recruit 72 nurses to complete a baseline survey, all of whom were invited to participate in the intervention upon completion of the survey. Twenty nurses completed all intervention tasks, which included an asynchronous educational module; creation of an individualized wellness plan; a virtual, one-on-one meeting; and a follow-up survey two-weeks' post intervention. Variables of interest were recovery experience, sleep quality, burnout, and intervention feasibility. The primary outcome variable, burnout, was measured with the Burnout Assessment Tool (BAT). Simple mediation was used to evaluate the mediation effect of sleep problems on recovery and burnout, at baseline. Changes in recovery, sleep problems, and burnout post-intervention were calculated using paired sample t-tests with Cohen's d effect sizes. Nurses provided qualitative feedback via one-on-one meetings and post-intervention survey items.

Assessment of Findings: Most participants identified as women ($n = 67$, 93%) and White or Caucasian ($n = 55$, 76%), had a bachelor's degree ($n = 51$, 71%), and were currently practicing in the state of Washington ($n = 48$, 67%). Mean age was 38.2 and mean years of active licensure was 11.9. Sixty-one percent of nurses met criteria for identification as "poor sleepers." Recovery was significantly correlated with burnout ($r = -0.52$, $p < .001$) and sleep problems ($r = -0.42$, $p < .001$). Sleep problems did not mediate the relationship between recovery and burnout, though there was a significant direct ($B = -0.33$, $p = .001$) and total effect ($B = -0.36$, $p < .001$). Although burnout scores changed in the expected direction at post-intervention, the paired sample t-test was nonsignificant ($t[19] = 1.74$, $p = .098$), consistent with a small effect size ($d = 0.39$). Nurses overwhelmingly rated the intervention as relevant, useful, accessible, and worthwhile and provided suggestions for improving future offerings.

Conclusions/Implications: Although the hypothesized relationships were not supported, the results suggested that recovery and sleep problems each distinctly influenced burnout. The pilot intervention was well received, supporting further testing for potential integration into organizational strategies to enhance nurse wellbeing. The results also support use of the BAT, a novel and free instrument with strong psychometric properties, to measure burnout in nurses. Improving recovery and sleep quality may reduce burnout risk among acute care nurses, who continue to report significant work-related distress and burnout.

Develop and Implement Wellness Program to Mitigate Burnout in Mental Health Clinicians

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Purposes/Aims: The purpose of this quality improvement project is to develop and implement a wellness program designed to alleviate burnout symptoms among mental health clinicians working in an outpatient mental health facility

Rationale/Background: Burnout is a significant issue among mental health clinicians, with the Substance Abuse Mental Health Services Administration [SAMHSA] (2022) reporting that over 50% of behavioral health practitioners experience symptoms of burnout. Managing clients' complex issues can lead to high levels of stress, which contribute to burnout. The World Health Organization (WHO, 2019) defines burnout as a chronic work-related condition characterized by exhaustion, detachment, and decreased professional efficacy. Burnout manifests in various forms and degrees of severity, including physical illness, diminished motivation, and increased procrastination. Physical and mental health symptoms, such as anxiety, depression, insomnia, hypertension, job dissatisfaction, disengagement, and substance use, can persist over time. Notably, SAMHSA (2022) indicates that mental health workers in outpatient settings experience burnout at a higher rate, affecting approximately 67% of clinicians. Additionally, stressors outside of work, such as family pressures, limited social support, and experiences of discrimination, can further exacerbate burnout. Mental health clinicians who are overworked, understaffed, and fatigued often exhibit job dissatisfaction and negative interactions with colleagues, which contribute to burnout. Despite its prevalence, little has been done to address it. Interventions should be appropriately scalable and straightforward to administer. Addressing burnout with evidence-based activities will improve clinician well-being and enhance the quality of care provided to clients, ultimately benefiting the entire healthcare system.

Methods and Approach: The quality improvement initiative was implemented using the IOWA Model. A wellness program targeting mental health clinicians was developed, utilizing an evidence-based toolkit aligned with WHO guidelines to address burnout. The toolkit included interventions such as massage therapy, mindfulness practices, relaxation techniques, and educational components. Data collection involved pre-and post-intervention assessments using the Copenhagen Burnout Inventory (CBI), a 19-item psychometric instrument evaluating personal, work-related, and client-related burnout through measures of emotional exhaustion and fatigue.

Assessment of Findings/Outcomes Achieved: Pre- and -post-intervention data analysis showed a statistically significant reduction in burnout levels with a p-value of 0.016. Significant improvements were observed across the personal, work-related, and client-related burnout domains, with an overall p-value of 0.0054, meeting the established significance of 0.05. These results underscore the effectiveness of the wellness program in reducing burnout symptoms among outpatient mental health clinicians.

Conclusion: Mental health clinicians benefit from structured, evidence-based strategies to mitigate burnout, improve well-being, and enhance job satisfaction. This project demonstrates that interventions such as massage therapy, mindfulness-based practices, and relaxation techniques can significantly reduce burnout and improve mental health clinicians' overall work experience.

Correlates of Burnout for Nurses in a National Integrated Healthcare System

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Purpose/Aims: This retrospective cohort survey project is to determine demographic and descriptive correlates of burnout as defined by the shortened Maslach Burnout Inventory using survey data among ambulatory and inpatient nurses across a national integrated healthcare system. This abstract focuses on the aggregate data from seven markets (nine states) with 40 hospitals and 616 ambulatory clinics.

Rational/Conceptual Basis/Background: There are multiple factors that contribute to nurses' burnout. Factors can include but are not limited to managerial role, years of nursing experience, tenure, age, and gender. Though the pandemic amplified burnout, nurses had already been burnt out prior to the pandemic. Recent literature has focused on nurse managers being burnt out and there is limited evidence to how these various factors predict burnout.

Methods: Data was collected through annual electronic surveys in 2022. All eligible employees in the organization received two surveys via email and participation was voluntary and confidential: 1. Employee Engagement survey (44-items) and 2. Wellbeing questionnaire (14-items) which includes the shortened Maslach Burnout Inventory Scale (2-item), which is a validated and reliable tool to assess burnout. Descriptives included manager versus non-manager, care setting, tenure, and age groups. One-Way Analyses of Variance (ANOVA), t-tests, and stepwise multiple linear regressions were conducted to determine top predictors of burnout. Three stepwise multiple linear regression models were conducted to determine the top predictors.

Assessment of Findings/Outcomes Achieved: A total of 6,881 nurses completed the survey. Significant differences in burnout were found in tenure ($p < .001$), age ($p < .001$), and manager/ non-manager groups ($p = .009$) with new hires, nurses less than 40 years, and non-managers all reporting significantly lower levels of burnout. Feeling Valued was the most significant predictor in Model 1, $F(1, 4613) = 5094.24$, $p < .001$, R^2adj = .52. Mental health, retention, and workload significantly predicted burnout in Model 3, $F(3,4609) = 1028.33$, $p < .001$, R^2 adj = 0.40. No significant differences were found in burnout between ambulatory and inpatient, $t(6879) = -.88$, $p = .377$. Overall, these items predicted 40% of the variance in burnout.

Conclusion/Implications/Recommendations: The findings highlight factors in a healthcare system setting that affect nursing burnout, which ultimately affect turnover and retention. This project determined Feeling Valued strongly predicts burnout in our nursing population, as well as mental health, retention, and workload. Care setting differences did not predict burnout for nurses. This project provides focused strategies for a healthcare system to address nurses' wellbeing. This may provide guidance to similar healthcare systems in identifying primary correlates of burnout and providing tailored interventions for our nurses.

A Psychometric Evaluation of the Maslach's Burnout Inventory in Hawaii NP

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Aim: The aim of this study is to psychometrically evaluate the Maslach Burnout Inventory (MBI) and Areas of Worklife Scale (AWS) among Nurse Practitioners (NPs) in Hawaii.

Conceptual Basis: Hawaii is facing a significant shortage of healthcare providers, making NPs essential to providing access to high-quality care. The COVID-19 pandemic has further intensified burnout among healthcare workers due to the physical, psychological, and emotional demands of the job. Despite the CDC's call to address burnout, research on its impact and mitigation strategies for NPs in Hawaii remains limited. This study evaluates the psychometric properties of the MBI and AWS in a sample of Hawaii NPs

The MBI is a well-established tool for assessing burnout, encompassing emotional exhaustion, depersonalization, and diminished personal accomplishment. Burnout can negatively impact care quality. Research links burnout to physical exhaustion, insomnia, family conflicts, substance abuse, job turnover, and low morale. Leiter's AWS identifies six organizational factors influencing burnout: workload, control, reward, community, fairness, and values. Understanding how these instruments function within a specific population is crucial for accurate application.

Methods: This study employed psychometric methods to assess the construct validity and internal consistency of MBI and AWS responses from 151 nurse practitioners (NPs) across various specialties within a large urban health system in Hawaii. The MBI consists of 3 factors and 22 items and the AWS comprises 6 factors and 28 items. MPlus was used to perform confirmatory factor analyses (CFA) for both instruments, evaluating their psychometric properties. Polychoric correlation matrices were analyzed to assess item discrimination, and SPSS was used for reliability analyses, examining the instruments' internal consistency.

Assessment of Findings: The CFA results for the MBI yielded a chi-square of 545.245 (df = 206, $p < 0.001$), with a root mean square error of approximation (RMSEA) of 0.104, a comparative fit index (CFI) of 0.934, a Tucker-Lewis index (TLI) of 0.926, and a standard root mean square residual (SRMR) of 0.086. The polychoric correlation matrix and factor-to-item correlations showed moderate to strong relationships. Internal consistency, indicated by Cronbach's alpha, was 0.803. For the AWS, the CFA produced a chi-square of 627.525 (df = 668, $p < 0.001$), an RMSEA of 0.076, a CFI of 0.953, a TLI of 0.947, and an SRMR of 0.067. The polychoric correlation matrix and latent variable-to-item correlations revealed varying strengths. The Cronbach's alpha for the AWS was 0.658.

Conclusions: The analysis of the MBI and AWS instruments demonstrated strong psychometric properties in this sample of NPs. The MBI showed good model fit, though some areas could be improved. The AWS CFA results largely aligned with its intended factor structure, with exceptions in one item under the Workload subscale and one item under the Fairness subscale. Overall, the findings suggest that both instruments are appropriate for use among NPs in Hawaii. Future research, including descriptive, correlational, and qualitative studies, is recommended to further explore how the MBI and AWS factors function within this key healthcare population.

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A Critical Discourse Analysis of Nurses, Trauma, and COVID-19

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Background and Significance: During the COVID-19 pandemic, the nursing workforce faced unprecedented challenges as well as myriad forms of work-related trauma. Prior to the pandemic, the U.S. health care system was facing a projected shortage of more than a million nurses by 2026, and that number may have more than doubled subsequently, as nurses increasingly report job dissatisfaction, burnout, and intention to retire or otherwise leave practice.

Purpose and Aims: The purpose of the original mixed methods study was to examine relationships among nurses' mental health and experiences of morally distressing events while providing frontline nursing care during the COVID-19 pandemic. This presentation will report the results of a focused analysis of the study's qualitative data. The aims of this analysis were to: 1) identify instances of nurses' experiences that were consistent with the Substance Abuse and Mental Health Services Administration (SAMHSA) definition of trauma; and 2) contextualize these experiences in the sociopolitical and health care climate of the COVID-19 pandemic.

Participants and Methods: Data for this analysis were collected via focus group interviews in two waves approximately three months apart, beginning in July and ending in December of 2021. Participants were registered nurses, holding California licensure, who self-identified as having provided care to COVID-19 patients for at least 3 months. Participants were recruited via professional organization mailing lists and word of mouth, and received a $30 gift card for each focus group in which they participated. Focus groups were conducted and recorded via video conference, and professionally transcribed. Data analysis followed Fairclough's methodology of critical discourse analysis, focusing on the negative experiences of frontline nurses during COVID-19 as the instigating social concern. Analyses were carried out independently by two members of the research team, using ATLAS.ti software, starting with initial open coding of texts for negative or traumatic experiences and social events or occurrences noted by participants. A matrix of social influences was created, and codes were organized into clusters by aligning them with these influences.

Results: A total of 37 nurses participated in focus groups during the first wave of data collection and 27 nurses participated in the second wave. Participants reported a variety of traumatic experiences, including witnessing numerous patients suffering and dying, experiencing poor treatment from patients' families, and feeling betrayed by the public with regard to prevention. These experiences mapped to influences including changes in infection prevention protocols, shortages of personal protective equipment, identification of unproven treatments for COVID-19 by public figures, distribution of the COVID-19 vaccine, and politicization of the pandemic.

Conclusions and Implications: External influences combined with nurses' experiences in providing frontline care to create severely traumatic situations, both in and outside of the acute care setting. These results suggest that the nursing workforce may be carrying a significant burden of traumatic stress. Trauma-informed approaches should be considered for application by nurse managers and administrators to reduce burnout and distress among practicing nurses.

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The Role of the Primary Care Nurse: A Qualitative Meta-Synthesis

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Purpose: The primary aim of this study is to explore the perspectives of primary care nurses' role within interdisciplinary teams.
Rationale/Background: Healthcare delivery has been shifting toward outpatient settings. Innovative approaches are needed to help meet this demand. National organizations such as Agency for Healthcare Research and Quality, American Association of Ambulatory Nursing, and National Academy of Medicine, and *The Future of Nursing 2020 – 2030* and *Ambulatory Nursing Scope and Standards reports* emphasize the importance of the full optimization of the primary care nurse role.
Methods: A qualitative meta-synthesis design was selected to answer the following research question: What is the lived experience of primary care nurses in outpatient settings. Qualitative data allows for understanding the lived experiences of primary care nurses and their perception of their role. This design uses four steps. The research team : 1) identified of a research questions based on a knowledge gap in the literature, 2) conducted a comprehensive literature search, 3) performed a quality appraisal of the identified literature using Lett's appraisal tool, and 4) extracted data using a reciprocal translation of the identified literature to form an interpretive synthesis.
Results: Four articles met inclusion criteria and were synthesized for this study. Literature focused on the experiences of primary care nurses and what their role contributes to primary care delivery. Three overarching themes were identified during the interpretive synthesis 1) role clarity, 2) scope of practice, and 3) quality outcomes. Role clarity was perceived to help promote collaboration and improve team members and quality outcomes. The importance of role clarity, role advocacy, and clear job descriptions positively influenced a shared mental model and influenced the autonomy of the primary care role. Primary care nurses' scope of practice influenced how the role was operationalized in clinic settings. These nurses shared how full role optimization and underutilization of their role influenced practice. Additionally, primary care nurses provided insight on the barriers that prevent full integration. These findings support primary care nurses working at the top of their scope improving quality care outcomes by providing an integrated approach to patient care.
Conclusion: Primary care nurses are in a unique position to help address the increased demand on outpatient services when fully utilized by providing innovative approaches to ensure safe, effective, and efficient patient care. The understanding of the primary care nurse's role within primary care teams is important to achieve full optimization of primary care nurses. This study provides a deeper understanding of how role clarity and full role optimization impacts practice, though highlighting the nurse's experiences of their role in primary care. The findings of this study can be used to identify and address the barriers for nurses full role integration in the primary care team.

Evaluating Blended Tube Feeding Policies in Practice Settings

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Purpose: Blenderized Tube Feeding (BTF) is gaining acceptance in feeding both children and adults. As BTF is implemented more frequently in practice, complications may arise if hospitalization is required, and policies to allow its use are not in place. The purpose of this study is to survey BTF practices in healthcare settings and to assess Registered Dietitian Nutritionists' (RDNs) preferences for enteral substrates.

Background and Significance: BTF is a method of enteral nutrition that can be tailored to specific nutritional needs, preferences, or medical conditions providing a nutritionally complete diet for those needing long-term tube feeding. Previous research reports that BTF supports growth in children, sustains adult weight, reduces gastrointestinal symptoms, improves oral intake, and is cost-effective compared to CF (Carter, et al., 2018; Johnson, et al., 2015; Johnson, et al., 2018; Spurlock, et. al., 2021; Walker, et al., 2023). Despite these benefits, BTF may not always be supported in healthcare settings due to facility policies or lack of RDN familiarity, potentially leading to its modification or discontinuation when patients are hospitalized.

Methods: A qualitative Qualtrics survey was distributed to RDNs across the United States who are members of the American Dietetic Association. The 27-question survey, consisting of multiple choice, fill-in-the-blank, and nominal responses, assessed RDN demographics, BTF usage, workplace setting, barriers to BTF, facility policies, contraindications for home and hospital BTF (hBTF), policy components, preparation, administration, and storage of hBTF, as well as policy leaders and the relationship between demographics and BTF skill level.

Findings: The sample included 123 RDNs, with a mean age of 42.78 years ($SD = 11.66$) and an average of 16.44 years of practice (SD = 10.78). A majority (65%) identified as competent or expert in BTF, and 87% supported its use in practice, with 76.4% supporting its use in their primary practice setting. Among the 28 participants who did not support BTF, concerns included patient/caregiver ability (42.8%), lack of support and resources (39.2%), safety (32.1%) and administration time management (32.1%). Commercial BTF (cBTF) was allowed in 63.4% of facilities with 22% reporting no barriers to using cBTF. However, barriers such as formulary exclusion (30.9%), inadequate staff training (25.2%), and administrative challenges (20.3%) were cited for cBTF. For hBTF, 54.5% of facilities had a policy, but 56.9% lacked staff education or competency assessments. Contraindications for hBTF included small tube size (25.3%), patients under six months old (23.8%), and medical instability (23.8%). Only 7.4% of policies included discharge education for BTF. Inpatient facilities are particularly lacking in BTF policies compared to outpatient settings ($X^2 = 10.550$, $p = .005$).

Implications for Practice and Research: Healthcare facilities should evaluate and revise their enteral feeding protocols to accommodate BTF patients. Significant barriers such as insufficient formulary inclusion, staff education, and policy deficiencies are areas that facilities must consider. Future research may focus on the impact and effectiveness of emerging BTF policies and strategies to enhance staff education and patient/caregiver support. Understanding the long-term outcomes of robust BTF protocols will further guide practice improvements and ensure equitable, patient-centered care.

Reduction of Inpatient Length of Stay through Touchback Rounds

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Purpose/Background: In April 2023, the average inpatient length of stay for medical-surgical patients at a Level II Trauma Center in the Pacific Northwest was 7.83 days. This extended length of stay had several negative consequences. It increased the risk of complications and hospital-acquired conditions such as CAUTI, CLABSI, HAPI, C-Diff, and pneumonia. Additionally, it led to a shortage of inpatient beds, causing ED overcrowding, increased boarding, and ultimately reducing the hospital’s capacity to provide care. This resulted in turning away patients in need and compromised overall patient care quality, with ED patients sometimes placed in hallways due to a lack of available rooms. Furthermore, extended lengths of stay strained staffing resources, requiring inpatient nurses to care for boarded ED patients, and negatively impacted the hospital financially by affecting reimbursement rates and leading to revenue loss.

Methods: To address these challenges, a quality improvement initiative known as "touch-back rounds" was implemented in May 2023 as part of a 24-hour focus on throughput. Every day at 2:00 PM, nursing leaders facilitated discussions between frontline nursing staff, nursing leadership, and care management. This collaborative approach empowered nurses to actively participate in discharge planning and identify barriers to timely discharge. Touch-back rounds involve daily afternoon meetings where nursing staff, leadership, and care management use a color-coded system to quickly discuss active and potential discharges, identify barriers, and expedite the discharge process. This collaborative approach empowers nurses to actively participate in discharge planning and problem-solving to improve patient flow.

The nursing leadership team utilized the ID-PDSA (Identify, Plan, Do, Study, Act) process to implement and refine the touch-back rounds. Initially, the process lacked a color-coded system and involved only RN updates, leading to lengthy and unfocused discussions. By incorporating the color-coding system and focused discussions, the process was streamlined. Staff actively engaged in the process, providing valuable feedback that further enhanced its efficiency.

Results: The implementation of touch-back rounds yielded significant improvements. The average inpatient length of stay decreased from 7.13 days in August 2023 to 5.76 days in August 2024, resulting in a total cost savings of $3.2 million for the department. This reduction in length of stay also increased hospital bed availability, generating additional revenue and enhancing patient throughput within the pilot site. Due to its success, the touch-back rounds process has been adopted across two hospitals in the system, leading to a wide-spread reductions in length of stay.

Conclusion: The touch-back rounds process has evolved to empower Charge RNs to lead discussions when nursing leaders are unavailable. This fosters a sense of ownership and promotes ongoing collaboration between Charge RNs, frontline staff, and care management to facilitate efficient patient throughput.

The successful implementation of "touch-back rounds" highlights the team’s commitment to innovation, teamwork, and clinical excellence. This initiative has not only improved clinical outcomes and nurse engagement but has also become a model for other inpatient units within the organization. This initiative demonstrates the profound impact that engaging frontline staff in quality improvement can have on patient care and organizational efficiency.

Palliative Care Knowledge, Attitudes, and Competence Among Hospital Nurses

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Purpose: This study aimed to evaluate the palliative care knowledge, attitudes, and perceived self-competence of nurses working in hospital settings.

Background: With the increasing need to integrate palliative care into healthcare systems, nurses in hospital settings frequently care for patients with life-limiting conditions, despite many not receiving formal education in palliative care. It is important to assess nurses' knowledge, attitudes, and perceived self-competence in palliative care to improve care for patients with life-limiting conditions and inform educational and policy initiatives to enhance palliative care in these settings.

Methods: A cross-sectional study design with convenience sampling was employed. A total of 129 registered nurses from two hospitals in Colorado participated. All participants had a minimum of six months of experience in their current roles. Nurses' knowledge was measured using the Palliative Care Quiz for Nursing (PCQN), attitudes with the Frommelt Attitude Toward Care of the Dying (FATCOD) scale, and self-competence was assessed using the Palliative Care Nursing Self-Competency Scale. Data was collected via Qualtrics survey that assessed palliative care knowledge, attitudes toward care of the dying, and perceived self-competence in delivering palliative care. Descriptive statistics, analysis of variance (ANOVA), and correlational analysis were used to analyze the data.

Findings: The mean scores for palliative care knowledge, attitudes, and perceived self-competence were 11.69 (SD = 2.8), 123.35 (SD = 11.44), and 167.5 (SD = 31.5), respectively. The psychosocial and spiritual care domain had the lowest knowledge scores (Mean = 1.55, SD = 0.73). Nurses feel moderately competent but lack confidence in meeting patients' social and spiritual needs. Nurses demonstrated unease when discussing death and showed a paternalistic attitude, believing that patients close to death should not have control over their medical treatment. Significant differences in knowledge, perceived self-competence, and attitudes were found based on educational background, years of experience, personal experience in caring for a family member or close friend with a life-limiting illness, and practice settings. Significant positive correlations between attitudes and knowledge and perceived self-competence indicated that increased knowledge and perceived competence were associated with more favorable attitudes toward end-of-life care.

Conclusion: This study highlights critical gaps in palliative care knowledge, particularly in psychosocial and spiritual care. The fact that nurses feel uncomfortable talking about death and have misunderstandings about patient autonomy highlights the necessity of educational interventions that focus on communication skills and patient-centered care. Enhancing these areas could improve nurses' competence in delivering high-quality palliative care and enhance care experience for patients with life-limiting illnesses.

Promoting the Health of Refugee Children: What Helps and Hinders Adherence

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Refugee children face unique challenges in terms of health conditions, healthcare utilization, and health management. Although initial healthcare utilization is high because of resettlement requirements, refugee status is often associated with low utilization rates across medical and dental preventative and non-preventive care beyond resettlement. Intended health outcomes may be difficult to achieve due to unique linguistic, social, and cultural contexts and needs. Persistent disparities seen among refugee children are thought to stem, in part, from challenges associated with adherence to prevention and treatment regimens.

Informatics tools and approaches, combined with other organizational interventions, have the potential to be useful to support adherence for refugee parents and their children. However, our understanding of what helps and hinders adherence for pre-adolescent refugee children is underdeveloped, with little attention paid to system and community-level factors, and the interactions among these factors. This study is the first step to develop a rich understanding of what helps and hinders adherence to inform the design and implementation of informatics tools.

We conducted four, 2-hour semi-structured focus groups with 17 Afghan refugee mothers about their children's health management. All focus groups used interpretation (in Dari and Pashto) and lay language to explore three broad topics: (1) six adherence processes (two ongoing [medication, diet] and four discrete [well-child visits, follow-up visits to PCP, specialty visits after referral from primary care provider (PCP), lab visits]); (2) barriers to adherence; and (3) facilitators of adherence. Focus groups were analyzed using directed qualitative content analysis, in which operational definitions for initial categories and subcategories were determined using the patient work systems model and with initial subcategories extracted from the broader literature about refugee experiences. Responses not categorizable with the initial scheme were given new codes.

Six main themes emerged from our analysis: (1) Community and organizational resources are essential; (2) The patient-clinician relationship is driven by trust; (3) Cultural practices play a role in health management.; (4) Expectations may be different from the actual received service; (5) Navigating through the health system can have unique challenges; (6) Circumstances of arrival affect their experience with the health system.

We identified many challenges associated with providing care to Afghan refugee children. These challenges require comprehensive solutions with many components including policy, training, and technology. Innovative health information technologies and informatics approaches can help refugee parents manage the health of their children and make sure they support adherence to prevention and treatment advice. However, their needs, challenges, and preferences should be accounted for in designing and developing these tools and approaches. These tools can help refugee populations to quickly identify community resources, improve patient-clinician relationships, help refugees set expectations, and navigate through the complex health system. The tools would need to be translated into their native languages and be provided with video or images for low literacy. These tools can also be individualized to fit user's needs, preferences, and previous experiences.

Our research team is currently developing informatics tools to support community navigators that serve refugee populations.

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Behavioral Activation to Address Latino Mental Health: A Pilot Study

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Purpose: The purpose of this pilot study is to test the feasibility and preliminary efficacy of a model of care which engages community health workers (CHWs) as providers of Behavioral Activation (BA).

Background: Limited English Proficiency (LEP) Latinos experience preventable mental health disparities though a lack of Spanish-speaking behavioral health providers contributes to disparities in access to care. In the rural Mountain West, culturally and linguistically congruent behavioral health providers are rare. An evidence-based approach to increasing mental health services is through the use of CHWs who can be specially trained to deliver mental health interventions, including BA. BA is a treatment modality that encourages engagement in activities that provide pleasure while paying attention to changes in mood. While BA has been delivered by behavioral health providers in Spanish and by community health workers in English, it has not yet been delivered in Spanish by community health workers to LEP Latinos.

Methods: Two CHWs completed a four-month training in BA. We recruited participants through our community-based health screening events and through advertisement by local partners. Participants were eligible if they spoke Spanish, had access to a phone, and scored 5 or higher on the Patient Health Questionnaire-9 (PHQ-9). Participants engaged with the CHW for 45 minutes each week over the phone for 12 weeks. Participants completed the Beck's Depression Inventory-II (BDI-II, validated in Spanish) at baseline, after 3 sessions, 9 sessions, and 12 sessions. The BDI-II is a 21-item scale of self-reported depressive symptoms ranging from zero to 63. Feasibility was estimated through qualitative interviews with CHWs and a subset of participants (n=5). Preliminary efficacy was estimated by changes in the BDI-II, calculated by paired t-tests to estimate changes pre- and post-intervention and one-way ANOVA with repeated measures to examine the effect of the intervention on BDI-II scores at different times.

Results: We recruited a total of 35 participants; seven did not meet eligibility requirements; 12 were lost to attrition; and we were unable to contact three persons. Thirteen persons completed the intervention. The CHWs said the program was feasible but recommended only 8 sessions rather than 12 and suggested an option for video sessions in addition to phone visits. Participant interviews revealed general satisfaction at what they learned and how the program was structured but noted difficulty scheduling appointments. There was a statistically significant difference in the mean score on the BDI-II at baseline versus after the study (baseline mean 18.9, standard deviation 6.6) and after 12 weeks was (mean 9.85, standard deviation 8.7 ($t(12)=3.7$, $p <0.05$). One-way repeated measures ANOVA showed statistically significant differences in BDI-II scores ($F(3, 36) = 5.57$, $p < 0.001$).

Conclusions: The results of this pilot study suggest that a BA intervention delivered by CHWs is both feasible and effective at reducing depressive symptoms. This is promising given the limited availability of Spanish-speaking mental health professionals, though reimbursement for CHWs remains a challenge. These results need to be validated through studies with larger samples.

Path Analysis: Health Literacy and Preventive Health Behaviors in Hispanics

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Purpose: This study examines the relationship between health literacy and adherence to preventive health behaviors among Hispanic/Latino adults, addressing the influence of demographic factors including education, language, and socioeconomic status. The findings could be used to inform future public health interventions to enhance preventive health behaviors.

Background: Health literacy is a critical factor in enabling individuals to understand and act on health information. Inadequate health literacy is linked to poor health outcomes, particularly in populations facing systemic disparities, such as Hispanic/Latinx communities. Previous research has explored health literacy in chronic disease management, but few studies have examined its impact on preventive health behaviors in Hispanic populations.

Methods: This exploratory, cross-sectional study was conducted in Southern California. Data were collected using the Newest Vital Sign (NVS) to assess health literacy and a self-administered survey to examine demographic variables and adherence to preventive health behaviors (taking the flu vaccine annually, having an annual physical exam, exercising regularly, and not smoking). ANOVA was utilized to determine if there were significant differences in health literacy scores among different income groups (high, middle, and low income). Path analysis was used to assess the predictors of health literacy and their impact on adherence to preventive health behaviors.

Results: The sample consisted of 149 Hispanic/Latinx adults ranging in age between 19 to 65 years (M = 39.0). The path analysis model explained 62% of the variance in health literacy and 56.1% in adherence to preventive health behaviors. The study found significant correlations between health literacy and preventive health behaviors. Individuals with higher levels of education ($\beta = .736$, $p < .001$) and speaking English at home ($\beta = .245$, $p < .001$) had higher health literacy scores; this was strongly associated with better adherence to preventive health behaviors ($\beta = .508$, $p < .001$). A weak negative correlation existed between age and health literacy ($r = -.309$, $p < .001$). Employment status negatively impacted adherence ($\beta = -.281$, $p = .001$). ANOVA showed income significantly influenced health literacy scores, $F(2,146) = 27.45$, $p<.001$. Post-hoc analysis revealed high-income participants (M = 5.91, SD = .29) had higher scores than middle- (M=2.23, SD=1.46) and low-income groups (M = 2.95, SD = 1.68), with significant differences between all groups, indicating varying levels of health literacy depending on income status.

Conclusion: The findings suggest that individuals from higher-income groups tend to have higher health literacy scores, emphasizing the potential influence of socioeconomic status on access to and comprehension of health information. The findings emphasize the importance of education and language proficiency in improving health literacy and promoting preventive health behaviors in Hispanic/Latinx communities. Public health interventions should focus on educational programs and bilingual resources to address disparities. Future research should explore the barriers employed individuals face in adhering to health-promoting behaviors.

Implications for Practice: Health literacy interventions tailored to the Hispanic/Latinx population, particularly those focusing on education and language proficiency, are essential for promoting preventive health behaviors and reducing health disparities.

The Colonized Healthcare System: Fronteras within the Puerto Rican Veteran's Affairs

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Purpose: Use a socioecological framework to identify inequities within the Puerto Rican Veterans Affairs (VA) and describe how these inequities contribute to health disparities.

Background: Puerto Rico (PR) is a U.S. territory. With territorial status, PR is subject to laws enacted by U.S. Congress despite not having voting Congressional representation, positioning PR as a contemporary colony. Federal spending is restricted in territories, including limiting VA medical services and benefits and lower VA provider pay/reimbursement rates. Additionally, nurse scope of practice is restricted in PR. These inequities may contribute to health disparities in the Puerto Rican population.

The Spanish word for frontier, *fronteras,* refers to country borders and the limits of knowledge. The U.S. expanded its frontier by acquiring PR as a territory and then created a *frontera* between the health of veterans in PR and the mainland U.S. Addressing this *frontera* requires redesigning health policy through nursing research.

Methods: The Socioecological-Health Disparities Framework (SHDF) was used to evaluate VA funding policies and practices in PR. After levels and domains were established for this adapted framework, a literature search was conducted to identify research related to each level and domain. Relevant policies and practices of the Puerto Rican VA were then examined using the SHDF to describe the impact on individual, community, and institutional health outcomes.

Results: Inequitable funding and practice policies at the Puerto Rican VA impact Puerto Rican health at all socioecological levels. At the policy level, recent federal funding policies significantly decreased reimbursement and delivery options in the Puerto Rican VA. Population health data demonstrates that morbidity and mortality rates for veterans who use the Puerto Rican VA are higher than stateside veterans, attributed in part to fewer benefits and services. At the institutional level, the VA struggles to recruit and retain providers due to lower reimbursement for services and base pay compared to stateside VA facilities. Additionally, the RN/NP scope of practice is limited in Puerto Rico, which deters nurses from seeking employment there. The individual Puerto Rican veterans and service members utilizing the Puerto Rican VA experience delays in care and poorer outcomes compared to those who use stateside VA facilities. Providers, including nurses, report higher dissatisfaction and experience higher attrition rates than other VA facilities. This evaluation establishes that the inequitable funding and practice policies at the Puerto Rican VA impact the health of Puerto Ricans and demonstrates how colonialist policy can be a social determinant of health for Puerto Ricans.

Implications: Colonization has profound health effects on communities. This is demonstrated by how the relationship between socioecological model levels is typically bidirectional. Yet, in colonialist structures, policy affects communities, institutions, and individuals while being unimpacted by the other levels. Indeed, this phenomenon is present when evaluating the Puerto Rican VA policies through a socioecological lens. This research identifies inequitable policies funding and practice policies at the Puerto Rican VA and presents strategies to increase systems equity and resiliency and reduce health disparities for Puerto Ricans utilizing and working at the VA.

Associations of Work and Personal Characteristics with Heat-Related Illness

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Aims: This study addresses three aims. First, we describe the prevalence of heat-related illness (HRI), pesticide risk (PR), and work safety climate (WSC) among Latino adolescent farmworkers (FWA) in Arizona (AZ). Second, we determine the association between HRI, PR, and WSC. Third, we delineate variation in HRI, PR, and WSC among FWA in terms of their work and personal characteristics.

Background: A large portion of the AZ agricultural workforce is Latino. They endure extremely hot working conditions, with temperatures often reaching 115°F (Reznick, 2023). Latino FWA are a unique subgroup of the farmworker population who confront several occupational safety hazards, particularly PR and HRI. FWA experience poor WSC. WSC is the degree to which a worker perceives management values production over safety. FWA may neglect risk and safety procedures to follow the employers' priorities. Limited information exists about the effects of personal and work characteristics on FWA's HRI, PR, and WSC.

Methods: Participants included N=180 FWA (87% males, 72% born Mexico, ages 16 to 25 years old, Mage= 20.51, SD=2.439). Interviewer-administered questionnaires were in Spanish, lasting 45-60 minutes. Participation was voluntary; participants received a $30 monetary incentive. Measures included the WSC scale, PR perception, and HRI. We conducted descriptive statistics and correlations in SPSS 29.

Findings: There were 103 cases (57.2%) of HRI symptoms; most salient were sudden muscle cramps (34.4%); hot, dry skin (27.2%); and dizziness (19.4%). A third of the sample reported one HRI symptom. Non-minors reported higher HRI than minors; FWA working 8 hours/day reported higher HRI; FWA working over 40 hours/week reported higher HRI; FWA who were the sole provider of their welfare experienced higher HRI. There were 69 cases of PR (38.3%); most salient were working within view of fields where pesticides or fertilizers were being applied (30%), and working in areas where pesticides had been applied in the previous 7 days (27.2%). 18.3% reported one PR. The mean WSC score of 5.94 was moderate. Although 96% of FWA reported that they receive instructions on safety when hired and that they were regularly made aware of dangerous work practices or conditions (92%), only 57% attended regular safety meetings. Almost half felt that taking risks was part of the job (48.9%), and a third (33%) felt that it was very likely that they would be injured at work in the next 12 months. Only PR and HRI were correlated (r=.306; p< .001).

Conclusions and Implications for Nursing: Our findings contribute to the limited existing research highlighting the influence of socio-environmental determinants on the health of FWA. Further research is needed to explore in greater depth the impact of socioeconomic status, migratory status, gender, and ethnicity on the risk of PR, HRI, and other occupational hazards, in addition to the WSC perception. Nurses can be crucial in collaborating with governmental organizations and employers to develop culturally and linguistically appropriate programs to educate FWA on the risk of occupational hazards and safety behaviors while considering the FWA psychosocial developmental needs.

RURAL AND ENVIRONMENTAL HEALTH:
EXPLORING CHALLENGES AND SOLUTIONS

Agricultural Supervisors' Perspectives on Occupational Wildfire Smoke Rules

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Purposes/Aims: The purpose of this study was to explore perceptions of health impacts of wildfire smoke exposure, air quality (AQ) monitoring, hazard communication, and protective controls among agricultural supervisors.

Rationale/Conceptual Basis/Background: A new WA rule was enacted to protect outdoor workers from wildfire smoke. Agricultural workers are impacted by smoke due to their work being outdoors with limited controls to reduce exposure, high exertion levels, and work locations. An estimated 140,000 workers are employed during peak harvest season, July–September, coinciding with wildfire smoke season in WA State.

Methods: Bilingual personnel administered a 29-question, paper/pencil survey in Spanish and English to agricultural supervisors and crew chiefs at two industry trainings in Eastern WA (12/2023, 1/2024). Data was entered into Qualtrics and analyzed in SPSS. Descriptive statistics were used to summarize the data with chi-squared tests for group comparisons by language. A total of 116 surveys were collected with 61% completed in Spanish.

Assessment of Findings/Outcomes Achieved: Over half (54%) of respondents represented companies with 250 or fewer employees and 44% were from larger companies. There were no significant group differences by language regarding knowledge of the WA State wildfire smoke rule, with 79% reporting that they had heard of the rule. Most respondents (77%) reported supervising workers who had been exposed to wildfire smoke at work.

A significantly greater proportion of completers in Spanish (90%) reported being concerned with their own health and their workers' health in relation to smoke exposure than those completing in English (64%). Over half of all respondents noted irritation of the mucous membranes, and 6% reported 'respiratory or cardiovascular problems' after smoke exposure. A significantly greater proportion of completers in English (62%) reported experiencing 'headache, fatigue or similar symptoms' after exposure than completers in Spanish (37%).

In terms of AQ monitoring, a significantly greater proportion of completers in Spanish report: "text notifications," "local news/radio," "estimation via sight/smell," and "supervisor(s)/coworker(s)" as accurate sources of AQ information when compared to those completing in English.

There was nearly 100% agreement that supervisors have two-way communication with workers during the workday.

For protective controls, a significantly greater proportion of completers in Spanish (48%) report that reducing shift length is a realistic step to control exposure to wildfire smoke when compared to those completing in English (29%). In contrast, a greater proportion of completers in English (31%) report providing an enclosed area with filtered air is a realistic strategy to reduce exposure when compared to those completing in Spanish (13%).

Conclusions/Implications: Agricultural workers experience occupational exposure to wildfire smoke. Workers report multiple types of symptoms to their supervisors, including cardiovascular and respiratory symptoms. Supervisor training should prioritize how to manage workers with smoke-related symptoms and legal ways to monitor AQ per the wildfire smoke rule in WA State. Language-specific training may be beneficial in communicating elements of the rule given differences observed by group. Findings will inform targeted outreach and educational toolkits for the agricultural industry and support the development and evaluation of protective occupational health rules.

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Addressing the Valley Fever Knowledge Gap in Arizona Primary Care

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Purpose: This project was designed to strengthen primary care provider (PCP) knowledge and confidence in Valley fever diagnosis, treatment, and management at a Southern Arizona community health organization.

Background: Coccidioidomycosis (Valley fever) is a fungal infection acquired by inhaling spores located in the dust of endemic regions. Arizona has the highest incidence of the disease in the nation, accounting for over half of all cases in the United States. Despite the fact that Valley fever (VF) is responsible for one third of all community acquired pneumonia (CAP) diagnosed in Southern Arizona, only 13% of Arizona PCPs appropriately test for the disease. Patients experience on average a one-month delay for diagnosis and receive 2-3 unnecessary courses of antibiotics. More than 80% of VF cases are initially misdiagnosed. This delay to diagnosis leads to increased incidence of complications, delayed specialist referral for high-risk patients, and increased healthcare costs. Primary care has been identified as an essential area for provider education intervention, as most VF patients will initially seek care with their PCP. Nurse practitioners (NPs) are a key population to include in this intervention, as more than 70% of Arizona NPs work in primary care settings.

Methods: Using the Ottawa Model of Research Utilization framework, this multilevel intervention employed a 30-minute, synchronous provider education session delivered via Zoom, including a virtual introduction to a local Valley Fever expert at the conclusion of the presentation. Educational content was developed from Infectious Disease Society of America (IDSA) clinical practice guidelines and the Valley Fever Center for Excellence (VFCE) training manual for PCPs. A pocket-sized handbook and clinician decision-making flowchart of the educational material was also provided. Following IRB approval, willing participants completed a retrospective post-then-pre designed survey assessing provider knowledge, attitudes, and practices related to VF diagnosis and management.

Results: Of the 31 providers in attendance, 19 (11 NPs, 3 physicians, 5 unspecified) returned the post-education evaluation survey. 40% had never diagnosed VF before. Only 6% reported testing according to national guidelines. After the educational intervention, statistically significant improvements were seen in provider confidence in ability to diagnose VF ($p = .001$), provider confidence in ability to treat VF ($p = .026$), knowledge of VF lab testing options ($p = .030$), and provider belief of VF as a problem in Arizona ($p = .011$). Modest improvements were also noted in knowledge of vaccine availability and Arizona health department notification requirements. Mean (*SD)* provider score was 83.4% (0.1%) on post-intervention VF knowledge assessment questions. Notably, only 20% of providers reported receiving prior VF education, regardless of whether they were trained in Arizona or out-of-state.

Conclusions and Future Implications: This project demonstrates an effective model for improving Arizona PCP confidence and knowledge in Valley fever management following a multitiered educational intervention. Further curricula development to include VF education and training in Arizona health professions programs is indicated. This is particularly important for NP programs, as 60% of Arizona-trained NPs choose to practice locally after graduation compared to 15% of Arizona-trained physicians.

Funding: DNP Doctoral Student Grant, Sigma Theta Tau, Sigma Beta Mu Chapter

Disaster Preparedness: Nursing Implications from the FEMA National Household Survey

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Purpose: The long-term goal of this line of research is to inform tailored interventions by subpopulations with the vision of eliminating disaster health disparities in regards to household preparedness. The purpose was to enhance explainability to stakeholders in settings where artificial intelligence/machine learning models and experts may not be accessible or feasible. Specifically, we tested the associations of household disaster preparedness in an updated sample using key importance features previously identified by our artificial intelligence/machine learning models.

Rationale: Devastating mortality, morbidity, economic, and quality of life impacts have resulted from disasters amplified by climate change in the United States. Older adults are at risk for substantial disaster health disparities. While machine learning and artificial intelligence tools can inform priority tailored interventions, executive leaders and practitioners in public health and health care may be hesitant to trust or adopt machine learning findings in some settings. We address this gap in pragmatic translation to practice and model explainability for health care leaders.

Methods: We harmonized the 2021, 2022, and 2023 FEMA National Household Survey datasets (n=21,294) for this analysis and created a data science use case for extending the federated transfer model of machine learning. Importance features from a previously developed random forest machine learning model (2018-2020 data) were transferred and tested in multiple and logistic regression models with updated FEMA National Household Survey datasets. We report on the consistency and inconsistency of results across statistical and data collection method heterogeneity. Visualizations of odds ratios and confidence intervals for each feature were constructed to enhance communication with decision-making stakeholders.

Findings: For 5,919 older adults, the model explained 53% of the variance in household disaster preparedness. Several features improved the odds of overall disaster preparedness, including specified evacuation plans (OR=5.4), shelter plans (OR=5.2), having flood insurance (OR=1.5), and higher educational attainment (OR=1.1). Having no specified source of disaster information lowered the odds of overall preparedness (OR=.53). Homeownership, disaster experience, and English versus Spanish language were not validated as associated features in these updated linear models. When stratified further by older adults with Black or African American Racial identities (n=350), television as a main source of disaster-related information demonstrated replicated associations with increased odds of disaster preparedness (OR=1.9).

Implications: Our results validate the importance of a specified evacuation and disaster shelter plan for older adults. The findings also support the need to consider flood insurance subsidies and tailored disaster preparedness education for older adults with low educational attainment. Further investigation and efforts are warranted to improve household disaster preparedness for those who report no specific source of disaster information. Specific to older adults with Black or African American racial identities, our results support the continued use of television media for tailored subpopulation disaster-related information. By demonstrating a feasible use case to import machine learning model findings for regression testing in new datasets, our process promises to enhance health equity for those in sites that do not yet utilize local machine learning.

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Staff Nurses' Perceptions of Nursing Student Enculturation and Clinical Teaching

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Purposes/Aims: To explore the culture of the acute care clinical learning environment where nursing students develop formation, the staff nurse's perceptions of enculturation of nursing students in practice, and its effect on teaching with the use of the traditional clinical education model.

Rationale/Conceptual Basis/Background: With growing challenges and complexities within the nursing profession, it is imperative to question the foundational assumptions that guide nursing education with the use of traditional clinical education. Staff nurses teaching and training nursing students influence the enculturation of students to practice, but little is known about the staff nurse's perceptions of enculturation to clinical environments and the nursing profession. By understanding the staff nurse's perceptions, evidence for traditional clinical education can be provided to innovate nursing education.

Methods: A focused ethnography was conducted and collected data from semi-structured interviews with staff nurse participants and observations of interactions between staff nurses and nursing students at a single site acute care clinical teaching unit in Oregon.

Results: Data was analyzed using thematic analysis and five themes emerged: a) staff nurses have not been properly trained in teaching students, but assume teaching in their role; b) staff nurses value the thinking of a nurse, but teach based on practical skills and knowledge; c) students are passive learners versus active learners when being taught by staff nurses; d) staff nurses compare their world of teaching to be separate from student learning in the classroom; and lastly e) staff nurses value the ability to manage ambiguity in clinical.

Conclusions: Findings from this study provide an understanding of staff nurses' perceptions on enculturation of nursing students using the traditional clinical education model which proves to be influential on how a staff nurse teaches. In turn, staff nurses teaching do not hold expertise in educating and evaluating nursing students to the learning objectives, outcomes, and competencies; thus challenging the preparedness of nursing students for practice and the traditional clinical education model's effectiveness. Recommendations for next steps include reformation of the traditional clinical education model with use of academic-partnership models that include clear leveling and scaffolding of nursing student objectives and outcomes, sufficient training for staff nurses to teach with clearly defined roles for staff nurses and nursing faculty, emphasis of student-centered learning and deeper incorporation of the AACN Essentials.

Undergraduate Nursing Student Perceptions of Clinical Training Approaches

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Aim: To assess undergraduate nursing students' perceptions of their clinical training activities.
Background: Undergraduate nursing students report challenges when they perform pre-planning for clinical days. The literature lacks evidence to support pre-planning as an approach for clinical training, yet numerous programs continue to require it. The literature suggests alternative approaches; however, they have not been examined to assess their effectiveness in preparing students for the complexities of modern healthcare.
Methods: A nonequivalent control group quasi-experimental design was employed at a public nursing school with 110 undergraduate nursing students enrolled in an advanced medical-surgical course. Participants were divided into two groups. In group I, students used the traditional pre-planning approach (PPA). PPA requires students to go to the clinical site a day before their clinical training, select specific patients based on preset criteria, and prepare care plans to apply during their clinical training day. In group II, students used the reflective care approach (RCA) which required students to reflect on their experience using standardized prompts after attending their clinical training day. **Data Collection:** After receiving IRB approval, data were collected using a survey at the end of the clinical rotation. The survey assessed students' sociodemographic characteristics and their responses to the 38-item Nursing Clinical Education Tool (NCET) developed for this study. NCET assessed students' perceptions of the effectiveness of their clinical training across ten categories including (a) critical thinking, (b) competency in communication, (c) nursing skills, (d) patient-centered care, (e) safe and effective patient care, (f) leadership, (g) informatics, (h) knowledge application, (i) stress management, and (j) assignment completion. Students responded using a 5-point Likert scale. Additionally, the survey had two open-ended questions focusing on the pros and cons of PPA and RCA. Finally, student academic performance was compared using students' scores on standardized tests, class GPA, and NCLEX passing rate. **Data Analysis:** Descriptive statistics were used to identify sample characteristics. Student academic performance and responses to NCET in the two groups were compared using a Mann-Whitney U test. Responses to the open-ended questions provided insights into the pros and cons of preplanning and reflective care from the student's perspective.
Findings: Most participants were female (80%) and under 24 years of age (85%). The sample was ethnically diverse [Asian (37.3%), Hispanic (26.3%), White (20%), multiracial (14.6%), and Black (1.8%)]. In eight out of ten categories of NCET, students in group II significantly preferred the reflective care approach. No significant differences were found between the two groups in the critical thinking and knowledge application categories. Similarly, no statistically significant differences were found between the two groups' class GPA, NCLEX passing rate, or standardized tests.
Conclusions: The reflective approach produced comparable academic performance and was perceived more favorably by students than pre-planning. These findings suggest that educators should reconsider how students engage with their clinical education. Further research is needed to examine the effect of reflective practice clinical learning on patient safety.

New Graduate Nurse Transition Experience and Retention Mediated By Job Embeddedness

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Purposes: To explore how the nurse residency program transition experience (measured by the total Casey-Fink Graduate Nurse Experience Survey) (CFGNES) correlates to organizational job embeddedness and retention among new graduate nurses completing a 12-month residency program at an academic pediatric hospital.

Aims: 1) Identify relationships among nurse residency program transitional experience, organizational job embeddedness, and retention within 12-months post nurse residency program. 2) Determine whether organizational job embeddedness mediates the relationship between the nurse residency program transition experience and intent to leave.

Exploratory Aims: 3) Explore the relationships of the four CFGNES subscales with organizational job embeddedness and retention. 4) Explore whether organizational job embeddedness mediates the relationship between any of the CFGNES subscales and intent to leave.

Rationale/Background: High turnover rates among new graduate nurses pose significant financial challenges for healthcare organizations and can compromise the quality and safety of patient care. Identifying how nurse residency programs impact retention can enable healthcare systems to better support new graduate nurses and build a more stable nursing workforce. Although research shows that nurse residency programs enhance retention, the specific mechanisms driving retention within nurse residency programs is not well understood.

Approach/ Methods: This descriptive correlational study explored how the transition experience in a nurse residency program correlates with organizational job embeddedness and retention among new graduate nurses in a 12-month residency program. Grounded in the frameworks of new graduate nurse transition and job embeddedness theory, data were gathered from 107 nurses at the conclusion of their residency. Participants completed assessments on organizational job embeddedness, intent to leave, and the CFGNES, including its four subscales: support, patient safety, communication/leadership, and professional satisfaction. Statistical analyses employed included descriptive frequencies, correlation, regression, and mediation analysis to investigate the relationships among variables and to test the research hypotheses.

Assessment/Outcomes: Pearson correlation analysis revealed significant relationships between the total CFGNES score and all subscale scores with organizational job embeddedness. Additionally, both the total CFGNES score and three of its subscales, along with the organizational job embeddedness score, showed significant negative correlations with intent to leave. Linear regression analysis indicated that organizational job embeddedness mediated the relationship between the total CFGNES score and two subscales (safety and support) with intent to leave. Partial mediation was identified for the professional satisfaction subscale, while no mediation was found for communication/leadership. Notably, higher scores in the safety and support subscales were linked to a lower intent to leave, highlighting the significance of supportive work environments in nurse residency programs.

Conclusions: The findings underscore job embeddedness as a mediator between the transition experiences of new graduate nurses and their intent to leave. These results highlight the importance of comprehensive approaches to enhance new graduate nurse retention, emphasizing the need to prioritize supportive work environments, professional satisfaction, and confidence in organizing and prioritizing safe patient care through nurse residency programs to cultivate job embeddedness. This study provides insights into the various factors influencing new graduate nurse retention and highlights the critical importance of nurturing supportive workplace cultures to improve retention outcomes.

Development of a Prelicensure Clinical Debriefing Guide for the Determinants of Health

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Purpose: The purpose of this project was to develop a clinical debriefing guide designed to integrate learning about the social and structural determinants of health (SSDOH) into post-clinical conference with prelicensure nursing students.

Background: Failure to recognize how social, structural, and systemic forces shape patient behavior and health outcomes limits the efficacy of nurses to comprehensively address persistent inequities in healthcare. This recognition should begin during the pre-licensure nursing education followed by appropriately leveled skill building, including during crucial clinical experiences that are predominantly supported by adjunct clinical instructors with limited pedagogical training on this topic. In addition, less than 2% of undergraduate nursing course descriptions explicitly refer to the SSDOH and this content is often isolated to community/public health or simulation courses. There are few tools to support clinical instructors in deepening learning and fostering skill development surrounding the SSDOH for students in the clinical setting.

Brief Description: Approach: A strengths, weaknesses, opportunities, and threats (SWOT) analysis focused on evaluating how well the SSDOH were represented in the clinical curricula was completed and used as a framework to drive development of the guide. Results were found to be consistent with the published literature detailing a lack of SSDOH integration across the program, including a notable gap at the project site of linking SSDOH content from didactic courses with the critical learning occurring in the clinical environment.

Methods: Development of a SSDOH-focused clinical debriefing guide occurred across several phases including defining the problem, engaging clinical instructors, consulting the literature, and obtaining validation. An initial group of clinical instructors (N=33) were consulted on the project design and provided insight into their preferred clinical teaching and learning strategies to inform development of the initial draft of the guide.

Outcomes: A total of 21 clinical instructors voluntarily completed a mixed-methods validation survey about the proposed SSDOH clinical debriefing guide. Descriptive analysis revealed that between 87-94% of instructors found each component of the guide to be *effective* or *very effective* in facilitating learning about the SSDOH. Approximately 91-97% of the instructors reported that they would be *likely* or *very likely* to utilize the course-specific activities and prompts in the guide during future post-clinical debriefing with students. While the open-text feedback generally expressed approval and enthusiasm, concerns about overly complex wording and the malleability of the guide, debriefing time constraints, and the potential for overwhelming first-term students with SSDOH content were noted.

Conclusions and Recommendations: The validated debriefing guide created in this project was designed to provide a framework for clinical instructors to link student observations and experiences in the clinical setting to larger systemic and structural issues using a coordinated and evidence-based approach. Project findings were utilized to revise the guide and initiate pilot testing with students and instructors in the clinical setting. When supported by tools such as this guide, post-clinical debriefing is an opportune time to make the SSDOH more explicit and meaningful for nursing students as they develop the critical skills necessary to reduce health inequities.

Re-Envisioning Midwifery Education through Community-Led Priority Setting

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Purpose/Aims: To identify needs within current midwifery education structures and determine community-led priorities to better support Black and Indigenous learners, with the ultimate goal to utilize these priorities to transform nursing and midwifery education.

Background: Midwifery in the United States stemmed from a history of erasure and stigmatization of traditional midwifery practices from Indigenous, Black (grand) and immigrant midwives. As educational systems moved to contemporize midwifery, nurse midwifery education was often brought into schools of nursing. Nursing, alongside nurse midwifery, was centered within a frame of whiteness, adopting many often-unacknowledged discriminatory practices that harm Black and Indigenous students. This project was developed following a truth and reconciliation process that occurred within a nurse-midwifery education program for which reconciliation included the need to re-envision educational structures to reduce harm and better support students.

Methods: We utilized an adapted Research Prioritization by Affected Communities (RPAC) protocol to set priorities for transforming midwifery education, under the guidance of a Community Accountability Council made up of community stakeholders. Four sets of priority-setting focus groups were held to identify and rank priorities among the following stakeholder groups: prospective midwifery students, current midwifery students, alumni of midwifery programs, and community birth workers who interact with midwives. A final workshop was held among community stakeholders to discuss consolidating priorities from the four groups and next steps.

Assessment of Findings: A total of 24 participants engaged in the four focus groups. Broad categories of priorities across the focus groups included 1) need for education to include the real history of racism and harm within health care, nursing, and midwifery, 2) need for community connection and grounding, with ties to the community embedded within education, 3) need for racial concordance among faculty, students, mentors, and preceptors, and education of existing faculty to address harms and be accountable, and 4) need for education to be affordable, flexible, and individualized. Each stakeholder group held unique perspectives as to how midwifery education could be transformed to better support Black and Indigenous learners. The Community Accountability Council and attendees of the final workshop (N=16) decided to keep each focus group's priorities intact to maintain integrity and depth of experience within what was shared.

Conclusions: Utilizing a community-led priority setting process yielded important information to guide midwifery programs, and schools of nursing, in concrete steps to better support the recruitment, retention, and successful transition of Black and Indigenous students into the workforce. The priorities developed create a roadmap for rectifying harms within nursing and midwifery education and set the stage for de-centering whiteness within health care education.

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Aligning AACN Competencies with Clinical Experiences in Indigenous Communities

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Aim: This study aims to provide insights into student perceptions of a hands-on, interprofessional. pediatric clinical experience in Montana’s Indigenous communities through the Mobile Health Training Program (MHTP). We examine the MHTP’s alignment with AACN core competencies and assess its impact on nursing students’ competencies and career readiness.

Background: A well-prepared nursing workforce is crucial for addressing the healthcare needs of rural, underserved, and Indigenous communities. Montana, a rural state in the U.S. Mountain West, is home to 12 tribal nations residing on seven federally recognized reservations. Montana’s Indigenous people make up about 6.5% of the state’s population, representing the second-highest racial group. Montana’s Indigenous communities face significant economic and social challenges that limit access to healthcare services and contribute to a disproportionate disease burden. In response to these challenges, the MHTP at Montana State University offers a model for addressing healthcare needs in rural and isolated communities. Since 2018, the MHTP has provided essential healthcare services with four Tribal partner nations. This program features undergraduate student-led mobile clinics staffed by an interprofessional team, including nursing faculty, nursing student clinicians, dental hygienists, dentists, optometrist, audiologist, and a developmental therapist. The MHTP delivers a range of health and educational services to high priority communities, such as screenings, preventive treatments, specialty referrals, nutrition and oral health education, and case management

Methods: This qualitative study aimed to capture and analyze the experiences and perceptions of undergraduate nursing students participating in the MHTP. Data were collected through post-MHTP clinic surveys administered through Qualtrics, after the completion of each 2-3 day MHTP clinic. The survey period spanned from September 2022 through May 2024, including both fall and spring clinic sessions. During this timeframe, the MHTP provided comprehensive health services to preschool children aged 0-5 years within the Blackfeet, Flathead, Northern Cheyenne, and Crow tribes. 160 nursing undergraduate nursing students completed post-clinical surveys. Using inductive and deductive coding approaches, responses were analyzed to identify prevalent themes.

Assessment of Findings: The MHTP experience was found to be valuable by 95% of students. Four main themes emerged: insight into rural healthcare, practicing culturally responsive care, exposure to diverse communities, and professional growth. Additionally, American Indian/Alaska Native student perspectives highlighted the need for culturally reflective opportunities for all students. The MHTP effectively aligned with AACN competencies, enhancing skills in patient-centered care, cultural competence and humility, interprofessional collaboration, and systems-based practice.

Conclusions: The MHTP represents a contemporary and practical model in nursing education by integrating mobile, immersive, and patient-focused clinical experiences, while also providing students an opportunity to engage with high priority communities. Students valued working with rural and Indigenous populations, recognizing the critical need for culturally responsive care and professional development. This study contributes to the limited literature on rural and Indigenous clinical placements, highlighting the importance of balancing simulation approaches with direct clinical practice. The MHTP effectively equips nursing students to navigate the complexities of healthcare systems in rural and underserved settings and advancing nursing education to address workforce needs in these areas.

Funding: The study was supported by a Health Resources and Services Administration (HRSA) Nurse Education, Practice, Quality, and Retention (NEPQR) grant (5UK1HP46058-03-00), Montana Department of Health and Human Services Grants to States to Support Oral Health Workforce Activities (1T12HP46104-01-00) the Otto Bremer Trust, AstraZeneca, and the Dennis & Phyllis Washington Foundation.

Caregiver Support for Patients Diagnosed with Dementia

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Background: Current research indicates that caregivers of dementia patients often experience a great deal of stress related to caregiving. Most of these caregivers are informal caregivers without prior knowledge or training in dementia care. Previous studies indicate that informal caregivers often experience stress during this postdiagnosis period due to a lack of high-quality and available information, education, and support services tailored to meet the unique needs of families caring for a patient with dementia. Currently, published approaches to providing caregivers with information are largely centered on a one-size-fits-all approach.

Purpose: This descriptive qualitative study was conducted to examine the lived experience of lay caregivers of persons with dementia in obtaining information to support decision-making and the potential for using consumer education technology as an information source.

Aims: The specific aims of this study were to: (a) explore caregivers' experiences in obtaining information regarding patients diagnosed with dementia and explore sources of information caregivers seek to access to support their decision-making in caring for elders with dementia; (b) explore caregivers' perceptions of stages of dementia as a continuum in relation to information seeking; and (c) explore current usage and attitudes of dementia caregivers in accessing and using consumer information technology for support through their caregiving experience.

Conceptual Basis: The Health Belief Model (HBM) developed by Rosenstock (1974), was used as a sensitizing framework.

Methods: A descriptive qualitative study using a constructivist approach was used to investigate dementia caregivers' experiences in obtaining information and to explore the current usage and attitudes of dementia caregivers in using consumer information technology. Convenience sampling resulted in recruiting 15 adult participants who were informal family caregivers for a patient with dementia. Saturation was achieved when new data did not appear to yield any additional thematic categories. During the semi-structured audio-recorded interviews, demographic data information was collected, and two surveys eHEALS (Health literacy) and Functional Assessment Staging Tool (FAST) were administered. Data analysis was completed using descriptive statistics and inductive thematic analysis.

Findings: Five major themes with sub-themes emerged from the analysis of participants' experiences: (1) Caregiver support needs; (2) Ability to approach the patient; (3) Caregiver Knowledge and education needs, (3a) Resource needs, (3b) Casting about for information; and (4) Caregiver self-confidence, (4a) Lack of medical knowledge, (4b) Ability to identify subtle changes within the patient that may warrant attention.

Conclusion: Findings suggest post-diagnostic dementia management and education that is stage-specific and can be tailored to the individual's needs. This guides service coordination and support at each point in the dementia illness trajectory to improve the efficiency and quality of care for patients with dementia. Future research into ways to provide caregivers with access to relevant and reliable information is needed to promote enhanced, high-quality care for the person with dementia.

Implications for Research: Explore ways to improve access to technology applications/internet resources that provide stage-specific information on dementia. Create a roadmap for providers to disseminate to caregivers, enhancing their confidence with reputable resources as guidance.

Disparities in Dementia Care Resource Awareness and Use Among Immigrant Caregivers

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Background: Family caregivers of persons living with dementia (PLWD) experience significant burden and stress due to continuous care responsibilities. Resources such as in-home services, adult day centers, and support groups may alleviate stress for caregivers of community-dwelling PLWD. Immigrant family caregivers, however, may face additional stress due to barriers to accessing these community resources.

Objectives: This study aims to examine the awareness and utilization of community dementia care resources among immigrant caregivers of PLWD, specifically Korean American (KA) and Vietnamese American (VA) caregivers, compared to non-Hispanic White (NHW) caregivers.

Methods: A descriptive design was employed to survey awareness and utilization of community resources related to dementia care among KA, VA, and NHW family caregivers of community-dwelling PLWD. Participants were recruited through community outreach activities conducted by bilingual community health workers in Southern California. Surveys were available in Korean, Vietnamese, and English. Upon survey completion, participants received information about available community resources in their respective languages. Descriptive statistics were performed using Stata to compare participant characteristics and resource utilization patterns across groups.

Results: A total of 192 family caregivers participated in the survey—65 KA, 75 VA, and 52 NHW. The mean ages were 68 (SD=11.7) for KA, 65 (SD=14.6) for VA, and 69 (SD=11.0) for NHW caregivers. A majority were female (74% KA, 72% VA, 64% NHW). Educational attainment varied significantly, with 80% of KA, 57% of VA, and 79% of NHW caregivers having college or higher education (p<.003). Spousal relationship with PLWD was reported by 53% of KA, 57% of VA, and 81% of NHW caregivers. Poverty indicators included Medicaid beneficiaries, with 35% of KA, 68% of VA, and 15.4% of NHW PLWD under this category. Language barriers were prominent, with 89% of KA and 96% of VA being monolingual. The mean years of residence in the United States were 40 (SD=12) for KA and 32 (SD=12.8) for VA caregivers. Resource utilization rates indicated that only 10% of KA and 25% of NHW caregivers used state-funded in-home support services, while 43% of VA caregivers utilized these services (p<.001). Usage of adult day services was similar across groups (KA: 22%, VA: 19%, NHW: 17%). Awareness of support groups was lower among KA (46%) and VA (47%) compared to NHW (87%) caregivers (p<.001). Attendance at support group meetings was 12% among KA, 43% among VA, and 44% among NHW caregivers. Awareness of Alzheimer's-serving agencies was reported by 33% of KA, 29% of VA, and 85% of NHW caregivers (p<.001).

Conclusions: The findings reveal significant gaps in awareness and utilization of caregiver support resources among immigrant KA and VA caregivers compared to NHW caregivers. Enhancing the availability of community resource information in diverse languages is crucial to addressing these disparities in resource utilization.

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Exploring Partners of Persons with Dementia Perceptions of Relationship Integrity

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Background: The Patient Self-Determination Act requires individuals to exercise their autonomy in healthcare decisions. However, cognitive and functional impairments limit persons with dementia from participating in decision-making. Indeed, dementia progression shifts the onus of decision-making onto the primary caregiver, usually a partner of the person with dementia, a concept referred to as relational autonomy. Relational autonomy assumes the existence of relationship integrity, or relational processes for discovering and creating common relationship values for healthcare decision-making. While various bodies of literature report incongruent or changing values in relations where dementia is present, it is not clear what changes in relationship integrity contribute to shifts in dyadic values.

Purpose: The purpose of the study was to explore the perceptions of relationship integrity among partners of persons with dementia.

Methods: This was an interpretative descriptive study that included 25-partners of persons with dementia. The study attempted to recruit partners caring for persons with dementia during different stages of the disease. Interviews were conducted in-person and online. Interview questions were designed based on the psychosocial caregiver integrity model, the development of which has been reported elsewhere. Several screening tools were also used to explore the patient with dementia and the partners' health concerns as well as any relationship concerns. Data was transcribed using AliceAI. Transcripts were interpreted using frameworks from the discipline of psychology, and nursing. The study was approved by UC Davis IRB.

Assessment of Findings: This study reports on the disintegration of relationship processes experienced by partners of patients with dementia. The totality of disintegrating relationships processes is referred to as relationship integrity. Nine themes described relationship integrity including communication, understanding, empathy, shared responsibility, playfulness, intimacy, safety, security, and future hopes or dreams. Partners of patients with dementia reported varying degrees of losses in relationship integrity that influenced care related decisions for both the partner and the person with dementia.

Conclusion: Partners progressively take on the responsibility of making care related decisions on behalf of patients with dementia. Making care related decisions depends on the dyads ability to sustain relationship integrity. However, changes in the person with dementia cognition and function deteriorate relationship integrity. Loss of relationship integrity, then, has consequences for the criteria used to make health related decisions. Indeed, some partners may use dyadic values while others use personal values to guide decision-making. Healthcare professionals working with this patient population may benefit from methods of exploring the themes, associated with relationship integrity, to guide the decision-making process for healthcare utilization.

The Augmentation and Validation of a Social Isolation Measure with Digital Connection

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Purpose: To understand whether and how digital connection contributes to a multi-item social isolation measure and to test the psychometric properties of an augmented measure.

Background: Social isolation (lack of meaningful relationships and infrequent social contact with others) is associated with poor physical and mental health outcomes as well as increased likelihood of mortality among older adults. Research is needed to understand how the COVID-19 pandemic impacted older adults as many social interactions moved to digital formats. Such digital connection is not utilized in any measure of social isolation. Developing or augmenting a current multidimensional social isolation measure to include digital connection may advance the field in thinking of ways individuals connect with one another in-person and digitally.

Method: This study uses secondary publicly available data collected in Round 11 of the National Health and Aging Trends Survey (NHATS; www.nhats.org), a cohort study of Medicare recipients, age 65 and over, who are interviewed in-person, annually (n=3,792). Exploratory factor analysis (EFA) was used to analyze the contribution of two digital connection items (i.e., video calls with friends and family, social media use with friends and family) to a social isolation measure developed by Pohl et al., (2017) mapping four items from the Social Network index (SNI) onto NHATS data (i.e., married or living with a partner, in-person visits with friends and family, attended religious services, attended club activities).

Assessment of Findings: The EFA explained 48.5% of the total variance before rotation, with the first, second, and third factors accounting for 29.2%, 13.0%, and 6.3% of the variance, respectively. The first factor had salient loadings of the digital connection social components, including social network use (.76) and video calls with family and friends (.77) as the other factors represented club (.71) and religious activities (.37) and in-person visits with friends and family (.41), and the last factor represented marriage/partner (.39).

In weighted linear regression models of wellbeing (MIDUS score) for divergent validity, the augmented social isolation measure with digital connection was associated with wellbeing (OR=-0.50, 95% CI: -0.62 to -0.38; p<.001 adjusted for covariates). In the weighted linear regression models of depression risk (PHQ-2 score) for convergent validity, the augmented social isolation measure with digital connection was associated with depression risk (OR=0.14, 95% CI: 0.10-0.18; p<.001 adjusted for covariates). For discriminant testing, there was no association between the enhanced social isolation measure (OR=-0.006, 95% CI: -0.02- 0.005; p= 0.27) with hand used in grip strength test or rehabilitation obtained in the last year (OR=-0.005, 95% CI: -0.01 to -0.002; p= 0.15).

Conclusions: In this large, national data set, we effectively replicated the Pohl et al., (2017) social isolation measure and illustrate that digital connection enhances its predictive properties. Across all analysis, the augmented social isolation measure with digital connection performed the best or sometimes better. Taken together, these findings suggest the importance of digital connection when exploring a multi-item social isolation measure and can provide further information on possible ways to limit or reduce social isolation.

Impact of External Events on Older Adult SMART HOME Residents' Behaviors

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Purpose/Aims: Analyze ambient sensor data collected via smart homes to explore the impact of the COVID-19 pandemic and Pacific Northwest wildfires on the behaviors of older adults managing chronic conditions to allow upstream nursing interventions supporting aging in place.

Rationale/Conceptual Basis/Background: The older adult population is rapidly growing. 95% of persons aged 60 and over are managing a chronic condition while 79% are managing two or more. Older adults are also experiencing more external events having potential to impact self-management of their chronic conditions (e.g., wildfires). Standard approaches to managing chronic conditions do not typically account for the impact of external events. Innovative technological approaches that (1) can be used in diverse settings, (2) support the learning healthcare system, and (3) use a social determinates of health lens are needed to achieve efficacious self-management of chronic conditions. Such solutions may better support older adults' abilities to age in the place of their choosing.

Methods: For this completed interdisciplinary study, smart homes were installed in the homes of 41 independent community-dwelling older adults. All homes were single resident with no pets. Ambient sensors continuously collected readings for motion, door usage, light, and temperature while participants performed their normal routines. In 13 homes, data were collected for eight weeks during the Covid-19 lockdown and eight weeks one year prior to the lockdown. In 28 homes, sensor data were collected when air quality was unhealthy to hazardous (Air Quality Index [AQI] >100 to 300+) for at least two contiguous days and for season-matched days with good air quality. Behavior markers were retrospectively extracted from the data including restless sleep (movement while in bed), in-home activity level (overall movement in all rooms of the home), and time out of the home (main door use for exiting/entering home) using a Difference-in-Differences method for counterfactual analysis. Differences in outcomes were compared between treated and control groups before and after the intervention. In this case, the external event acted as a (negative) intervention.

Assessment of Findings/Outcomes Achieved: A statistically significant decrease in time out of the home ($p<.001$), in-home activity level ($p<.001$), and restless sleep ($p<.001$) was observed during the pandemic lockdown. During periods of poor air quality (AQI >100), activity levels and sleep efficiency also decreased while time spent out of the home increased. None of the air quality changes were statistically significant during the studied periods of poor air quality.

Conclusions/Implications: Although the COVID-19 pandemic logically resulted in less time out of the home, findings of decreased in-home activity levels and sleep efficacy during periods of the pandemic and poor air quality have clinical implications for managing chronic conditions. Understanding specific risks related to behavior changes and external events affords opportunities for upstream interventions. Future health smart homes could support automated upstream interventions like personalized activity cues and health education, which may lead to better self-management of chronic conditions and extended independence. Further research with larger samples is needed to better understand the impacts of time spent outside of the home with poor air quality.

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THEORETICAL APPROACHES TO ADVANCE NURSING

Bridging the Health Disparity Gap through Nursing Artificial Intelligence

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Purpose: The purpose of this abstract is to describe the development of a theoretical model to investigate gaps in health equity that can be positively influenced by the use of artificial intelligence (AI) in nursing. We aimed to (a) identify the gaps in nursing research and underlying concepts for the patient-focused health disparity gap involving artificial intelligence, (b) describe the role of nursing research in digital health, including human factors and patient, family, and caregiver engagement, and (c) investigate how the merging of nursing and artificial intelligence can effectively bridge the gap in health disparity within the context of health literacy, self-efficacy, self-management, and cultural humility. Nursing AI has the potential to facilitate effective and efficient nursing care and improve patient outcomes.

Description of Theory: The potential for AI and machine learning integration to bridge the health equity gap was considered in context of growth areas for nursing research. These areas included language discordance, patient, family, and caregiver engagement, cultural humility, patient education, health literacy, and nurses. The group initially utilized an inductive and deductive approach to identify tacit concepts related to AI, nursing, and sociopolitical influences. A search for evidence resulted in 147 studies screened and 40 studies that supported the model. Walker and Avant's theory synthesis guided the literature review, team discussions, and analysis of the relationships between concepts and their empirical referents.

How the Theory Links to Research: The four main areas for nursing AI growth that emerged from the literature synthesis were language discordance, communication, cultural competency, and patient engagement. Studies revealed that electronic health literacy was improved by technology training, safety features and trustworthiness of the devices or applications used. The ability to locate and use health information on computers or mobile devices can enhance engagement and patient-reported outcomes, an increasingly important communication mechanism. AI-driven self-management apps are shown to supplement clinician management, especially in underserved areas and for chronically ill patients. The around-the-clock availability of information, training, and support improves measures of self-efficacy, quality of life and clinical outcomes. Machine translation of natural language increases accessibility of services and content but needs broader investigation of language and cultural elements. A significant challenge is the incorporation of cultural influences and features into AI devices and software. Cultural competency training has improved nursing practice for diverse communities, but little evidence exists of presence in AI-driven products or processes. Investigation of ethically and culturally sound content may help achieve the goal of cultural humility in care.

Conclusion: Given the deficit of nursing research in AI-driven processes and supportive products, this model has utility for advancing new knowledge about use and effects of nursing AI. Future research must explore integrating artificial intelligence in nursing and machine translation to improve language concordance between patients and healthcare professionals. Nurse and patient input for AI-driven support products can increase utility and facilitate improved health literacy and disease self-management. A manuscript was submitted for publication on September 1, 2024.

Applying Cognitive Load Theory in Nurses at Risk for Working Memory Depletion

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Purpose: Explore the applicability of Cognitive Load Theory (CLT) as the theoretical framework to understand the cognitive load placed on nurses who work in the intensive care unit (ICU). Critical care nurses may be at increased risk for cognitive overload and subsequent working memory depletion due to a high level of patient acuity and rapid, critical decision making, yet this has not been adequately investigated. Selecting a theoretical framework to guide a research study exploring ICU nurses' cognitive load and working memory is the first step in this process.

Description of Theory: CLT was proposed in the 1980's by John Sweller, and cognitive load is understood as the amount of information an individual can process at a given time. The focus of the CLT is two types of memory; long-term memory (LTM) and working memory (WM), which is necessary to process, apply and retain information. The main concepts of the theory are intrinsic, extraneous, and germane load. Intrinsic load results from the complexity of tasks an individual must complete. Extraneous load results from external distractions such as environmental stressors that require cognitive effort and are unrelated to the task being completed. Germane load are elements that improve information processing and contribute to better understanding of complex tasks such as higher IQ or hands on learning experience. These three loads make up working memory which unlike long term memory is limited. Reducing extraneous load can optimize our cognitive resources and allocate more working memory space for knowledge building and mastery.

Linking the Theory to Practice and Research: The relationship between cognitive overload and poor work performance is well established in the literature outside of nursing. Cognitive overload compounded with sleep deprivation, occupational and psychological stress; has a domino effect increasing mental health illnesses such as depression, resulting in anatomical changes in the brain and cognitive deficit. Healthcare is complex and may impose a high cognitive load particularly on ICU nurses. Understanding key factors in the work environments that place ICU nurses at higher risk for cognitive overload is crucial. ICU nurses consistently manage high intrinsic and extraneous cognitive loads which may lead to working memory depletion and mental fatigue, which subsequently decrease job performance that impacts patient care and patient outcomes.

Conclusion: CLT has been used to examine working memory depletion in many fields and more recently in a study evaluating cognitive overload in nursing students. Understanding cognitive load as it relates to the cognitively, physically, and emotionally demanding area of critical care nursing may help improve the mental health, job performance and working longevity of professional nurses. It is imperative to further explore the long-term effects of cognitive overload in critical care nurses as a way to optimize cognitive functioning in the effort to increase retention in this field of nursing. CLT is an applicable theory to guide nursing research exploring cognitive load and the consequences of working memory depletion in ICU nurses.

Integrated Identity: Concept Development in Nursing

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Purpose/Aim: To introduce and define the concept, integrated identity, describe its typological domains, and present the research methodology used in naming and capturing the empirical elements representative of the individual/nurse at the center of the phenomenon.

Definition of Concept: Integrated identity is the adaptive process of merging one's "personal self" with "professional self" in publicly engaged environments. The two selves must negotiate between individualistic self-expression and role-based expression during social interactions where behavioral actions are pre-defined by one's position in the exchange. The individual at the center of the concept is an amalgamation of the two selves. Within the merged selves, one will emerge as dominant and exert prominence over the other based on situational meaning. This is uncovered when observing public-facing, self-regulating behaviors of the individual.

Typology: To position the concept within the boundaries of nursing's perspective, integrated identity was framed by four domains: nurse, client, nursing action, environment. The central focus is nurse as an individual/actor who performs different "selves" depending on meaning given to situational factors in the nurse-client interaction. The client is a person/family with needs involving interactions and actions unique to nursing. Nursing action is formulated through the nursing process yet performed in the context of the negotiated selves when interacting with the client/family. It is a reflexive and providential response of the fused identities to the situation while considering behavioral norms consistent with professional standards of the environment. The environment is the practice setting of the nurse (fused selves/identities). Prominence of either identity leads to self-regulating behaviors in the form of nursing action and is expressed in the practice setting.

Methodology: The strategy for developing integrated identity was based on Avant and Walker's four-step Concept Derivation approach. It was developed by exploring the concept "self" in a field of study where it had been conceptually defined then analogously transposing it to nursing where it was undefined and unexplored. This involved a comprehensive understanding of the phenomenon as defined and described in other fields of study, then applying linguistic principles and empirical grounds for use within nursing. The four-step approach included 1) reviewing the literature to examine the concept in related [psychology] and dissimilar fields [religion, political science]; 2) choosing a parent concept [identity salience]; 3) renaming the concept [integrated identity] from the parent field [sociology] and 4) redefining the phenomenon to give new meaning for application to nursing practice.

Interrelated Elements: The empirical elements of integrated identity are a) individual's motivation to maintain congruity between identities (personal-self/professional-self homoeostasis), b) commitment to identity (dominant/prominent "self" active across situations), c) identities changes over time (personal/professional developmental patterns), and d) subjective norms (merged identities influence on behavior).

Logic Linking Concept/Method to Practice: Integrated identity was developed while investigating the nurse "self/selves" at the center of nursing practice to link self-perception and situational meaning during nurse-client interactions with behavioral actions.

Utility for Research: To link integrated identity to existing theories for better understanding and/or reimaging phenomena of interest to nursing such as behavioral intention, thriving, resilience, and well-being.

Developing Death Literacy: A Conceptual Framework

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Purpose/Aims: This presentation will describe the concept of death literacy and propose a conceptual framework for how individuals, families, and communities develop death literacy. Although beginning research has been published in this area, a conceptual framework has yet to be offered. Drawing from current research and general systems theory, this framework proposes variables and relationships to help understand how death literacy is developed and measured.

Description of Theory: Death literacy has been defined as "a set of knowledge and skills that make it possible to gain access to, understand, and act upon end-of-life decisions.” Death literacy is conceptualized as an outcome of community health interventions that help people and communities navigate end-of-life scenarios. A Death Literacy Index tool was recently developed to measure this concept at a community level. Applying a general systems theory framework to developing death literacy organizes the variables into measurable constructs. The system’s inputs are the community’s characteristics, including demographics. Research has shown that experience in providing end-of-life care is the process for developing death literacy. This engaged experience can be shared with others, feeding back into the community to improve end-of-life care. Being confronted with an end-of-life situation is proposed as a catalyst for developing death literacy. The death literacy process occurs within a defined community environment, measured by the local death system and cultural norms.

Logic Linking Theory to Practice or Research: The strength of this framework in improving end-of-life care is that the death literacy of the family/community is conceptualized as the outcome as opposed to a ‘good death’ of individuals. Changing this frame of reference creates more opportunities for multi-level interventions aimed at individuals, families, and the community. The components of the system can be described and measured to understand the nuances of the end-of-life caring experience. For example, demographic variability has demonstrated that older persons, widows, and those with a spiritual background/practice score higher on the Death Literacy Index. Personal, professional, or volunteer experience with end-of-life care has been associated with higher death literacy index scores. Leveraging the groups with death literacy skills is an area ripe for intervention to build community capacity around end-of-life care. Research is needed in each part of the system to identify salient characteristics, measure relationships, and identify intervention strategies.

Conclusion: New health promotion strategies for improving end-of-life care start in the community. The Death Literacy Index provides a valid and reliable measurement of death literacy. The conceptual framework presented, based on systems theory, provides a structure to consider the potential variables and relationships between the inputs, processes, outcomes, and feedback mechanisms for developing death literacy. The environmental variable grounds the model in the community and its context. In research, education, and practice applications, this framework offers a structured approach to understanding the concept of death literacy within communities, teaching end-of-life care concepts and primary prevention strategies, and identifying opportunities for community health nurses to intervene to improve end-of-life care and death experiences.

Spirometry Monitoring & Asthma Responsibility in Kids: Mixed Methods Study

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Purpose and Aim: This study aimed to determine the feasibility, acceptability, barriers, and facilitators for the shared management of home spirometry in children with persistent asthma.

Background: Asthma is the most common chronic condition in the United States, affecting over 4.6 million children. Optimal shared management between the parent and child with asthma has been associated with improved outcomes and quality of life.

Spirometry, an objective measure of lung capacity and airflow, is a standard monitoring tool for asthma in clinical settings. Recent advancements in portable spirometers have made spirometry available for home use and may enable early detection of declining respiratory health, facilitating timely interventions and personalized asthma care. The SMART-Kids pilot study has previously shown home spirometry to be a feasible and acceptable tool to use in school-age children with asthma. However, its perception as a child versus parent asthma responsibility task is not understood.

There is limited research on parent-child dyads exploring how their combined and individual perspectives influence the shared management, feasibility, and acceptability of home spirometry. Given this gap, this study aimed to assess how dyadic shared management influences the feasibility, acceptability, barriers, and facilitators of home spirometry use in school-age children (7-11 years) with persistent asthma and their parents/caregivers.

Methods: This mixed methods cross-sectional study included parent-child dyads (N=11) that participated in a pilot RCT testing home spirometry. Dyads included children with persistent asthma and one parent or primary caregiver. Following consent and assent, dyads completed individualized online surveys and participated in a dyadic tele-interview. Quantitative surveys assessed asthma management, responsibility, medication adherence, quality of life, and spirometer feasibility and acceptability. The dyadic qualitative semi-structured interview examined the feasibility, acceptability, barriers, facilitators, and management of in-home spirometer use. Barriers, facilitators, and associations to shared management were further investigated by qualitative analyses of the semi-structured interview.

Assessment of Findings: Overall intervention feasibility (Parent M=15.64, SD=1.86; Child M=15.64, SD=1.36 out of 20 points) and acceptability (Parent M=15.36, SD=1.96; Child M=12.64, SD=2.80 out of 20) were favorable. Additionally, many dyads expressed a perceived value in the intervention but cited technology issues, lack of education on results and trending data, and having well-controlled asthma as primary barriers to usage. Parental facilitators of spirometer use emphasized positive associations with tracking lung function outside of the clinical setting. Interview findings indicated perceived shared management of spirometry use; however, asthma responsibility scores (Parent M=2.65, SD=0.79; Child M=2.96, SD=.94 out of 5) indicate parent-driven management.

Conclusions: Study findings indicate that parent-child dyads found home spirometry feasible and acceptable. Barriers included inconsistent agreement with understanding its clinical output. Facilitators included positive associations with tracking lung function at home. While dyadic interviews indicate perceived shared management, survey results suggest primary parent-driven management. While a major limitation is the small sample size, the data suggests an association between shared management and age. Future research should include a deeper investigation of the shared management of home spirometry and qualitative assessments to gain a better understanding of how to optimize shared management for children with asthma.

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Prevention and Management of Medical Adhesive-Related Skin Injury l

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Rationale/Background: Skin injuries caused by medical adhesives are not reported as frequently as pressure- or moisture-related wounds. A recent study suggests clinicians must be trained to recognize, prevent, and manage medical adhesive-related skin injuries (MARSI). To achieve this, we utilize the Fuld Institute's Seven-step Evidence-based Practice (EBP) model to synthesize evidence and create an initiative for identifying, preventing, and managing MARSI. The purpose of this initiative is twofold. First, to determine the best evidence for preventing and managing MARSI utilizing the following PICO format: For patients with medical adhesives (P), how do the best evidence-based interventions (I) compared to current practice (C) affect skin injury (O)? Second, to influence clinicians' understanding of MARSI, including its prevention and management for patients with medical adhesives.

Brief Description of the Undertaking/Best Practice: We identified 11 out of 571 studies from four databases that addressed our PICO question. Based on the evidence, our recommendation is a strategic prevention and management plan for MARSI, including identifying risk factors, selecting the appropriate adhesive, using proper application and removal of adhesives, and managing MARSI based on the type of skin damage. The 5-Step Prevention and Management of MARSI strategy was implemented following a homegrown EBP Roadmap, which comprises three phases: analyze, apply, and anchor. The analysis phase was completed by a team of new and experienced nurses, wound care experts, and EBP coordinator. The new nurses presented the recommendation through an online presentation, which was approved by the leadership. After approval, team formation during the second phase, was carried out through presentations to several committees. The team requested skin barriers, adhesive removers, and silicone-based adhesive tapes from Supply Chain to facilitate education and training materials. The EBP initiative was rolled out to three nursing units with different workflows: emergency, medical, and surgical units. Team MARSI provided in-person trainings, created posters and reminders, monitored availability of supplies, and created online education to support the initiative. With feedback from clinicians, the third phase occurred. Team MARSI reformulated the facility-wide hybrid training.

Outcomes: At the end of the facility-wide implementation phase, Team MARSI provided education and training to over 450 clinicians. The post-test scores from the in-person and online education and trainings showed an improvement in knowledge acquisition in preventing and managing MARSI. Team MARSI expanded the delivery of evidence-based medical supplies including skin barriers and adhesive removers for small and large skin injuries easily accessible to clinicians.

Conclusions: Our findings support the systematic and standardized approach to preventing and managing MARSIs in the adult population in all healthcare settings. The implication is that adding this study's collected data will contribute to safe patient care. Clinicians, not only nurses, must continue to strive to acquire the necessary knowledge and medical supplies to prevent MARSI. Healthcare organizations should continue providing clinical tools such as clinician education, silicon adhesives, skin barriers, and adhesive removers to clinicians and caregivers. Healthcare policymakers should adopt EBP as the standard in clinical decision-making.

Pandemic Preparedness: A Qualitative Study

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Purpose: This study sought to understand U.S. awareness of and access to pandemic mitigation measures focusing on marginalized communities who experienced a disproportionate burden of morbidity and mortality associated with recent outbreaks of infectious diseases. The two aims were: 1) determine barriers to access to vaccines and other pandemic mitigation measures; and 2) identify nursing and public health communication interventions that were effective at increasing awareness of and ability to access pandemic mitigation strategies during a pandemic.

Background: Experts in infectious diseases and public health have been warning about the potential for pandemics for years. However, many people in the general public were unaware of these predictions and were not prepared when the COVID-19 pandemic started. In pandemic preparation, it is essential that the public is aware of pandemic mitigation strategies, such as masking and vaccines, and can access the resources needed to participate equitably. This information needs to be communicated clearly and effectively by leaders and public health officials. However, with the proliferation of social media and constant access to information, many people have trouble discerning what is trustworthy health information, and therefore, trust in public health and the overall ability to respond to pandemics has eroded.

Methods: Participants were adults aged 18 or older who lived in the U.S. Focus group participants were from the Puget Sound region of Washington State. We used a qualitative descriptive approach and interviewed focus groups to answer our research question. We developed focus group interview questions to ascertain what pandemic mitigation measures participants were aware of, which communication strategies were effective, if they knew how to care for themselves if sick at home, when to seek a higher level of care, and barriers to accessing care or using pandemic mitigation measures. We interpreted the data through the lens of the four components of the Health Equity Framework which aligned with the project aims, including systems of power (Aims 1 & 2), individual factors (Aim 2), physiological pathways (Aim 2), and relationships and networks (Aim 2).

Outcomes: The data revealed three themes and eight subthemes. The first theme was Barriers to Care with three subthemes: System Barriers, Getting What Was Needed, and Unsure When to Get Help. The second theme was Communication with five subthemes: Trust, Messenger, Perceived Problems with Communication, Information and Reliability, and What Would Be Helpful. The final theme was What Was Helpful.

Conclusion: There are three items that nursing can impact, all of which focus on communication. First, people may not have a clear understanding of when it would be beneficial to seek care. Secondly, people are more likely to believe a message if the messenger is someone they trust. And finally, people appreciate clear, succinct lists. Nurses are in the position to address these by potentially developing education to help people understand when they need a higher level of care and also by identifying trusted messengers in local communities. Future research focused on trusted messengers as well as the distribution of lists would be beneficial.

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Motivation for Physical Activity in FQHC Adults: A Mixed Methods – Grounded Theory Study

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Purpose/Aims: Generate a theory of motivation for physical activity in adults receiving care at a Federally Qualified Health Center.

Background: While the abundant health benefits of physical activity are widely known, a large portion of adults do not engage in levels of physical activity substantial enough to reap the health benefits. Adults from lower-income populations have high rates of chronic disease and participate in inadequate levels of physical activity. Increasing physical activity levels in adults receiving care at Federally Qualified Health Centers is imperative. Motivation is a crucial component of behavior change. However, current literature on physical activity among lower-income adults primarily focuses on barriers, and far less is known about motivators. More information about motivation for physical activity in lower-income adults is needed to develop effective interventions to increase physical activity levels in lower-income populations.

Methods: A convergent mixed methods-grounded theory approach guided by constructivist grounded theory principles was used to gain a perspective on motivation for physical activity. Purposeful and theoretical sampling approaches were used to recruit participants. We integrated findings from questionnaires (N=70) and semi-structured interviews (N=20). Questionnaire data included reported physical activity levels using the Godin-Shepard Leisure-Time Physical Activity Questionnaire, motivators for physical activity using the Physical Activity and Leisure Motivation Scale, and information about hurdles faced for physical activity using the Barriers to Exercise questionnaire. Demographics and questionnaire data were analyzed descriptively. The qualitative interviews were conducted with an interview guide iteratively developed and influenced by the Health Promotion Model. The PI conducted twenty interviews. Two coders completed the analysis using initial, focused, and theoretical coding phases. Consistent with constructivist grounded theory, reflexivity was undertaken to examine the researcher’s biases and their impact on the findings. Constant comparison, memo writing, and spiral comparison were utilized. Joint displays were applied for data integration, analysis, and presentation**.**

Outcomes: Integrating the findings led to the identification of core motivators for physical activity including children/family, enjoyment, appearance, health, and community. Individuals’ views or beliefs of physical activity and external cultural or social views of physical activity influenced motivation. Another critical component identified among active individuals was building habits, routines, and discipline for support when motivation ebbed. The findings indicated a central theory of an individual importance threshold where physical activity becomes consequential enough to provoke action.

Conclusions/Implication: These findings provide a theoretical explanation of motivation for physical activity in adults receiving care at a Federally Qualified Health Center. The information can guide future interventions for physical activity in underserved populations. Future interventions can focus on helping patients identify their motivators and individual importance thresholds for physical activity. Opportunities can also be created to foster habits and routines, reinforcing physical activity practices when motivation is lacking. Doing so will aid in sustained physical activity for prolonged health benefits.

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Empowering Futures: Redesigning Nursing Education for Youth Mental Health

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Aims: This needs assessment study aimed to identify the pressing needs of public school nurses concerning mental health issues impacting students in a large urban school district in the Pacific Northwest. By gathering insights directly from school nurses, the study seeks to tailor educational programs that enhance their competencies in addressing behavioral health concerns.

Background: The youth mental health crisis in the United States underscores the necessity for a well-trained school health team capable of assessing, identifying, intervening, and mitigating mental health risks. School nurses report dedicating approximately 33% of their time to student mental health concerns and express a critical need for support in recognizing and managing these issues.

Brief Description of the Undertaking: The study solicited input from 15 school nurses through quantitative surveys focused on two main areas: training needs for supporting students' mental health and preferred training modalities based on the Mental Health Training Intervention for Health Providers in Schools model. Each survey took 15-20 minutes to complete, with descriptive analysis employed for data evaluation. Participants predominantly identified as female (80%), with 33.33% aged 50-59 and 26.67% aged 40-49. Sixty percent of the participants identified as Non-Hispanic White. Experience varied, with 26.67% having one year of nursing experience and 20% over six years.

Assessment of Findings: Preliminary findings highlighted critical insights into school nurses' needs. Over 80% indicated a lack of mental health staff and found current training insufficient. Many expressed a strong desire for practical resources: 60% sought information on referral options and community resources, while 80% wanted training in mental health communication skills. Significant topics included early warning signs and risk factors (60%) and working with parents of students facing mental health challenges (66.67%). Interest in trauma-informed care and crisis intervention was also noted, with 53.33% emphasizing their importance.

Participants highlighted the need for ongoing education, suggesting that repeated exposure to topics could enhance their competency. Regarding training modalities, the majority (73.33%) rated the initial 1-day in-person training positively, scoring a mean of 4.13 on a 5-point Likert scale. Booster sessions received a slightly lower rating (mean = 4.07), while bimonthly phone consultations scored significantly lower (mean = 3.20). In contrast, ongoing web-based learning support garnered the highest utility score (mean = 4.40), with 86.67% rating it positively. Accessibility ratings mirrored these trends, as web-based support was deemed the easiest to access (mean = 4.47), while initial training and booster sessions received lower ratings (means of 3.33 and 3.40, respectively).

Conclusions: The findings underscore the urgent need for targeted educational interventions for school nurses to enhance their effectiveness in addressing student mental health. Ongoing web-based support emerged as the most valued training modality, demonstrating the highest utility and accessibility scores. Future steps will focus on developing comprehensive training programs that integrate identified needs, emphasizing practical tools and culturally appropriate interventions. Recommendations should advocate for sustained professional development, particularly in web-based formats, alongside increased mental health resources in schools. Collaborative efforts between educational institutions and mental health providers will be vital to support school nurses in their essential role.

Parents' Perspectives and Experiences in School-Aged Child's Digital Media Use

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Purposes/Aims: The purpose of the study was to: (1) gain a deeper understanding of parents' views, concerns, knowledge gaps, and practices in mediating their children's digital media (DM) use and (2) construct a beginning theoretical framework model grounded in data from the parents' voices, depicting their decision-making process in regulating DM use.

Rationale/Conceptual Basis/Background: Children use DM daily for educational and recreational purposes. Elevated DM use among school-aged children ages 6-12 is associated with negative outcomes such as obesity, vision problems, sleep disturbances, increased depression, problematic behaviors, lower emotional intelligence, and lower academic performance. Because parents of these children are the primary mediators of DM use and very limited studies exist exploring their perspectives and practices (most of which are quantitative surveys), understanding their unique insights is fundamental in developing targeted interventions like educational parent counseling.

Methods: A qualitative grounded theory methodology, specifically Charmaz's constructivist approach was adopted. Data was collected using semi-structured interview questions conducted through Zoom. Data analysis involved an iterative process of comparative methods, initial and focused coding, identifying patterns, categories, and their relationships, and diagramming.

Assessment of Findings/Outcomes Achieved: Eleven parents participated in this qualitative study. As a result of immersing in the data and rigorous analysis, seven categories were identified: (1) concerns about content in DM; (2) negative experiences; (3) monitoring DM use closely; (4) early intervention; (5) limit-setting; (6) redirecting focus; and (7) creative strategies. Collectively these categories became concepts that served as building blocks for constructing a beginning theoretical framework model representing parents' decision-making process in mediating their children's DM use. Parents observed the effects of DM on their children, which affected their perspectives and experiences, consequently informing their decision to mediate accordingly in the hope of mitigating the negative impact of problematic DM use on their children.

Conclusions/Implications that emphasize next steps and recommendations for future undertakings: This study aimed to gain a deeper understanding of parents' relevant perspectives and experiences on mediating DM use, adding to the limited body of evidence about the topic. Though their perspectives and experiences varied, many parents expressed concerns about the unregulated or inappropriate content in DM that children are exposed to, referring to some of the content as *violent, frightening, addictive, or exploitative.* To mitigate the adverse outcomes resulting from DM use, parents adopted dynamic mediation practices- monitoring DM use closely, early intervention, limit setting, redirecting focus, and creative strategies. The concepts and categories identified in this study could be further explored and tested as variables in a quantitative study. Future studies may also test the beginning theoretical framework model to improve its quality and validity. Nurses must be cognizant of the negative health outcomes associated with problematic DM use and be discerning of parental knowledge gaps related to the safe and healthy use of DM. As trusted professionals, nurses have the unique opportunity to educate parents and be part of the parental support system in handling the challenge of children's DM use well.

School-Based Suicide Prevention: Training Group Impact on Adolescent Empathy Scores

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Background: Youth suicide is a serious public health crisis in the United States, and the second leading cause of death among individuals aged 10 to 24. This accounts for 15 percent of the nation's total suicides. Despite prevention efforts, death by suicide continues to trend upward in this age group. Schools are uniquely positioned to deliver impactful suicide prevention programming to adolescents, and while several types of training exist, teachers and peers are often asked to deliver these programs. Still, there remains a paucity of information regarding the impact the training group type has on participant empathy scores. This is significant as empathy plays a vital role in responding effectively to someone's suicidal ideation, plan, or intent.

Purpose: This study is an initial investigation into the extent to which the training group type, specifically teacher or peer, can accurately predict post-training empathy scores among high school students completing a suicide prevention training.

Methods: Data was collected from 163 high school students ages of 14-17 years who participated in a one-hour school-based suicide prevention training between November 2022 and March 2023. The training, which equips attendees to identify signs and symptoms of suicide and respond effectively, was delivered to students by either peers or teachers who had received additional instruction. Students completed pre- and post-training surveys, which featured a question asking students how likely they would be to empathize with and listen to someone they are concerned may be at risk for suicide using a five-point Likert scale. Data were analyzed using multiple linear regression with sequential predictor entry in order to assess the significance of incremental variance explained in the outcome when adding sets of predictors.

Result: Students who identified as female or had higher pre-training empathy scores were predicted to have higher post-training empathy scores compared to average. Though the training group type did not uniquely predict post-training empathy scores, the interaction between training group type and pre-training empathy scores was significant. Specifically, for students with lower pre-training empathy scores, the peer-led suicide prevention training resulted in higher post-training empathy scores as compared to the post-training empathy scores of students who completed the teacher-led training.

Conclusions/Implications: Implications for school-based suicide prevention training, especially in the context of mental health nursing, are discussed. The training group type may be impactful for students with lower pre-training empathy scores and, in these instances, the peer-led training may be preferred. These findings are relevant to nurses and their work with individuals in this demographic. Specifically, nurses must continue to collaborate with educators, advocating for and implementing strategies that prioritize peer involvement in mental health education, as well as programming that assesses and promotes empathy.

YOUTH HEALTH CARE: FROM CHILDHOOD THROUGH COLLEGE YEARS

Analyzing Nicotine Dependance and Reasons for Vaping in College Students

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Purposes: This study aimed to investigate vaping behaviors, including nicotine-related characteristics and attempts to quit both vaping and smoking. It analyzed the relationship between e-cigarette use and various smoking behaviors (increased, decreased, or unchanged cigarette consumption after starting vaping), and identified the reasons for vaping among college students who use e-cigarettes exclusively (vapers) and those who engage in dual use with traditional cigarettes (dual users).

Background: Vaping has become prevalent among college students, driven by factors such as academic stress, the perception that e-cigarettes are a safer alternative to traditional smoking, and the convenience of vaping. Evidence shows a significant rise in nicotine vaping among college students compared to their non-college peers, raising concerns about the potential for e-cigarette use to lead to dual use with traditional cigarettes or other nicotine products. Despite national awareness of the vaping crisis and the significant harm it can cause, including severe lung damage and fatalities, and despite stringent university policies and resources for quitting, college students continue to engage in vaping.

Methods: An exploratory cross-sectional study was conducted with a convenience sample of 202 college students from a large, diverse public university. Data on sociodemographic variables, nicotine dependence (measured using the Heaviness of Smoking Index), and vaping behaviors and reasons (using the Use of E-Cigarettes in College Students Survey) were collected. The study was guided by Pender's Health Promotion Model for the exploration and analysis of nicotine use factors.

Results: The participants were predominantly 18-24 years old (72.77%), female (70.29%), and of low socioeconomic status (with reported income between $0 and $24,999). Findings revealed that while most students (67.25%) exhibited low nicotine dependence, a significant portion (32.75%) showed moderate to high levels of addiction. A statistically-significant difference in smoking patterns was observed between vapers and dual users ($\chi2$ (4) =137, $p < .001$), vapers did not smoke cigarettes before starting e-cigarettes, whereas dual users mostly reduced cigarette consumption after beginning vaping, indicating that e-cigarette use influences smoking behaviors. A significant number of participants reported attempts to quit smoking (61.41%) or vaping (60.60%), highlighting ongoing efforts to manage or reduce nicotine use. No significant associations were found between nicotine dependence and age, gender, or socioeconomic status. Primary reasons for vaping included stress relief (62.13%), habit/addiction (41.74%), and appealing flavors (34.95%).

Implications: The study highlights the complexity of nicotine dependence and the diverse reasons for vaping. Public health and oncology nurses should leverage these insights to develop innovative cessation strategies, monitor vaping-related health risks, and provide comprehensive education on the long-term effects of nicotine. Addressing the key drivers for vaping, such as stress relief, habit/addiction, appealing flavors, and perceptions of reduced harm, is crucial for creating comprehensive policy changes that target flavor availability and support systems. Colleges should consider implementing targeted interventions, like mindfulness and relaxation workshops and peer support groups, to help students manage academic stress. The high rates of cessation attempts underscore the need for personalized support and tailored strategies to promote healthier behaviors and improve health outcomes, particularly among younger female students.

Advocacy, Altruism, and 'Aging out' of Foster Care: Adapting to Adulthood and Adversity

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Purpose: Each year, thousands of young Canadians exit the foster care system as they approach adulthood. This sudden transition to independence coincides with significant biopsychosocial changes (e.g., physiological maturation, new roles and relationships). For former youth-in-care, this precarious developmental phase also corresponds with tremendous adversity, thereby increasing the risk of new or worsening mental health challenges.

Approach: This study explored how emerging adults (ages 18-29) in Canada navigated the process of aging out of foster care—that is, managing the sudden demands of adult life while coping with the loss of structured supports and resources. Further, this study examined how experiences of structural violence, encountered both before and after emancipation, may have influenced mental health and adaptive capacity. A convergent mixed methods design involved concurrent quantitative and qualitative data collection and analysis, followed by the merging and integration of findings. The quantitative arm of the study (n=203) consisted of an electronic questionnaire including sociodemographic characteristics, foster care histories, and ten validated measures. The qualitative arm (n=31) involved virtual semi-structured interviews with a subsample of participants. Questions explored their transition to independence upon aging out of care, including experiences and perceptions of structural violence, mental health challenges, and positive adaptation.

Outcomes: Correlation analyses and regression modelling revealed relationships between and among structural violence, mental health challenges, and positive adaptation in this population. Nine qualitative themes uncovered the contextual nuances of participants' transition to independence. Two joint displays were developed to visually represent the integration of quantitative and qualitative data.

The findings of this study shed light on the unique challenges and stressors faced by youth aging out of foster care, as well as the common traits and circumstances linked to positive adaptation. This evidence could help guide the creation and evaluation of trauma- and violence-informed (TVI) mental health interventions tailored to this population, while also raising clinical awareness of their specific mental and physical health needs. Insights gained from the study may extend beyond foster care, informing care approaches for other high-risk youth groups, such as Indigenous, justice-involved, or unhoused youth.

Qualitative interviews revealed a strong sense of advocacy and altruism as key forms of positive adaptation. Participants expressed a commitment to "giving back" to current or former foster youth by sharing their knowledge and experience, whether through professional roles (e.g., as social workers), volunteer work, or becoming foster parents themselves. This dedication to improving the foster care system could be harnessed in clinical interventions that emphasize community engagement and service, such as peer mentorship, which have been shown to enhance mental and physical health and overall wellbeing in various populations.

Conclusion: By exploring this clinical issue from a combined socioecological, temporal, and intersectional perspective, key findings reflect its complexity, nuance, and transformative capacity. Integrated data may suggest approaches for future development of mental health care interventions to address the unique psychosocial needs of this population.

Funding: Canadian Institutes of Health Research, International Society of Psychiatric-Mental Health Nurses, Philanthropic Educational Organization, Yale School of Nursing

ABSTRACTS OF POSTER PRESENTATIONS

Food Insecurity Screening: Resources Acquisition and Healthcare Utilization

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Purpose: The purpose of this study was to explore the relationships between food insecurity (FI) screening, resource acquisition, healthcare utilization, and mortality.

Background/Conceptual Basis: Screening for social drivers of health (SDOH), followed by referral to resources, is recognized as one method of addressing barriers to equitable care. However, little evidence exists regarding the effects of screening on patient outcomes and whether resources are acquired after the healthcare encounter. Food insecurity is an economic and social condition of limited or uncertain access to adequate food that affects more than 13 percent of US households annually. FI is associated with increased morbidity, mortality and healthcare utilization in chronically ill patients. Using the Butterfield Model for Population Health to guide study design, investigators analyzed hospital FI screening data matched to county agency data to determine enrollment in food resources. Upstream interventions to address FI have been shown to improve outcomes and close the health equity gap in a variety of populations.

Methods: Retrospective data from March, 2020 to March, 2023 was extracted from a large health system in California to identify the sample of advanced stage diabetes, heart failure and chronic obstructive pulmonary disease patients who were screened for FI during hospitalization or emergency department (ED) visit. Data was also collected from a county agency providing follow-up assistance to obtain food resources for those screening positive for FI. County agency data was analyzed to confirm the patients who were ultimately enrolled in food resources. Finally, investigators analyzed hospitalizations and emergency department visits after acquisition of food resources.

Outcomes: Of the 218 patients who screened positive for FI during a hospital or ED encounter, 82 were successfully contacted in follow-up the county agency. 49 patients were ultimately enrolled in food resources, 22 percent of those who screened positive. After acquiring food resources, 36 percent of the sample were readmitted within 30 days and 32 percent returned to the ED within 30 days. 74 percent of the sample were unhoused with a majority diagnosis of diabetes.

Conclusions/Recommendations for Future Research: FI screening identified a sample of patients who were extremely vulnerable due to serious, chronic illnesses and housing status. Although studies demonstrate improved clinical outcomes with specific chronic diseases once FI resources are provided, utilization of hospital and ED services may be less influenced by the provision of food, instead requiring multiple sources of support to effect change. Clearly, a process measure such as screening can be accomplished for those in obvious need during an encounter. However, it is more difficult to identify whether patients received the services they need in a timely manner and how that affects their health outcomes. The ability to identify enrollment in support services after a healthcare encounter is invaluable to understanding SDOH within a population health framework. Future research can provide new knowledge regarding the optimal process for screening and acquisition of food resources, program effectiveness across agencies and care sites, and the role of artificial intelligence in processes that help patients.

Evaluating Use and Outcomes of an Infusion Pump-EHR Interface System

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Purposes/Aims: The purpose of this program evaluation is to assess the impact of an infusion pump-EHR interface system, Alaris Interoperability, and its effect on the incidence of medication errors, consistency of staff use, accuracy of documentation, staff satisfaction and clinical outcomes in an inland northwest intensive care unit (ICU).

Rationale/Background: In spring 2023, a 197-bed community hospital implemented Alaris Interoperability, a program intended to standardize intravenous medication administration. This program created a virtual interface between infusion pumps and the electronic health record (EHR), allowing for automatic calculation of drip rates, volumes & dosages. This new workflow sought to reduce medication errors and improve documentation accuracy by removing manual input by the RN. With its high patient acuity and increased utilization of infusion pumps, the ICU was selected to evaluate system usability and patient outcomes. Since implementation, there have been technical challenges, difficulties in staff training, and varying compliance regarding this change in practice. Many staff members are dissatisfied with the education they received and the functionality of the program itself, leading to inconsistent utilization amongst employees. If this software is bypassed or used incorrectly, this may lead to errors in medication administration, documentation inaccuracy and potential patient harm.

Approach/Methods: The Centers for Disease Control and Prevention program evaluation framework will guide this project. Incorporating the framework’s six steps, medication error incidence before & after implementation will be measured via internal data reports; quarterly data will be reviewed for 18 months pre- and post-implementation in the intensive care setting to measure program impact. Internal reports measuring usability rates will document compliance amongst ICU RN’s. Chart audits are in process by an internal third party to measure the rate of intravenous infusion verification through the EHR. Average length of stay before & after implementation will be measured using internal data reports. The project lead developed an evidence-based Likert-type survey which was distributed to ICU staff to measure attitudes regarding the program; these questionnaires will assess Alaris Interoperability value, ease of use, effectiveness in decreasing medication errors and effect on workload/workflow. Open-ended questions were used to gather qualitative responses from staff.

Assessment of Findings/Outcomes: This program evaluation is currently in process and will be completed by March 2025. Using a mixed methods approach, descriptive statistics will be used to analyze quantitative data while thematic analysis will provide insight into qualitative data.

Conclusion: The outcomes of this program evaluation will inform the need for further intervention by the organization to improve the utilization of Alaris Interoperability in the ICU. This program evaluation may need to be expanded to other units within the institution to assess its greater impact.

Study on Effectiveness and Innovation Diffusion of Intelligent Restraint Device

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Background: Hospitalized patients may experience delirium and agitation due to their medical conditions, multiple system failures, excessive sensory stimulation from machinery, and the use of sedatives. In such situations, physical restraint (PR) is considered a practical and straightforward solution to prevent patients from falling, self-extubating, interfering with treatment, self-harming, or harming others. The usage rate of physical restraint varies by country and culture; however, regardless of the rate of use, PR is applied to ensure patient safety and provide optimal care. However, existing restraints face issues such as poor breathability, time-consuming strapping, being prone to coming loose, difficulty performing fingertip blood tests, and an inability to track the timing of application and release accurately. Our team has developed an intelligent restraint device with unique features, including comfort and breathability, quick wearing, fast repositioning, loosen alerts, timed reminders, and nursing information system connectivity to address these issues. The Diffusion of Innovation theory examines user acceptance and experience when introducing new ideas, technologies, or systems. This study compares the effectiveness and innovative perceptions of the intelligent restraint device versus traditional restraints.

Purpose: This study aims to compare the differences between the intelligent restraint device and traditional restraints in the following aspects: (a) time required to restrain patients, (b) time required to release and reapply restraints, (c) time for nursing procedures (e.g., fingertip blood tests, monitoring circulation and edema), (d) detection time for patients with confusion attempting to get out of bed, and (e) perceptions of innovation diffusion.

Methods: This study uses convenience sampling, and clinical nurses at a regional teaching hospital in Hualien, Taiwan, are recruited. Based on G*Power 3.1.9.7, with a power set at 0.8 and α set at 0.05, an effect size of 0.5 estimates a need for 56 participants. We use a randomized crossover design, where participants alternate between the intelligent restraint device and traditional restraints, comparing their efficacy and innovative perceptions in simulated clinical scenarios. Demographic Questionnaires (DQ), Diffusion of Innovation Questionnaire (DOIQ), and Scenario Simulation Record Form (SSRF) are used to collect data. They are analyzed using IBM SPSS 25.0 for descriptive and inferential statistics.

Expected Results and Recommendations: The study anticipates the following outcomes: (a) confirmation of the critical role of nurses in the development of the intelligent restraint device; (b) establishment of a more reliable system for clinical testing preparation; (c) enhancement of research quality regarding restraint devices' impact on patient safety and care; (d) enrichment of research outcomes related to perceptions of innovation diffusion in intelligent restraint devices.

Keywords: physical restraints, intelligent devices, technology applications, diffusion of innovation, patient safety, nursing care effectiveness

ADOLESCENT HEALTH AND ISSUES

Multi-Level Interventions to Increase HPV Vaccination Uptake in a Rural Area of Oregon

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Background: HPV vaccination rates are still far below the desired target, especially in rural areas, leaving many adolescents vulnerable to future HPV-related cancers. Major contributors to the low vaccination rates include limited awareness, fewer healthcare provider recommendations, and concerns about vaccine safety. Evidence shows that multi-level interventions, including training for healthcare professionals, reminder messages, educational print materials, and HPV posters in exam rooms, can effectively address these barriers and improve vaccination rates.
Aim: To implement and evaluate multi-level interventions aimed at improving HPV knowledge and attitudes among healthcare professionals (HCPs) and boosting vaccination rates in a rural medical clinic in Oregon.
Methods: The multi-level interventions include training for healthcare professionals, distribution of educational materials for patients, reminder messages for parents/patients, and placement of posters in exam rooms. Healthcare professionals' knowledge and attitudes will be surveyed before, immediately after, and four months after the training, with the results analyzed using ANOVA. HPV vaccination rates from October 2024 to February 2025 will be evaluated and compared to those from the same period the previous year, across different age groups.
Results: HCPs' knowledge and attitudes toward HPV vaccination are expected to improve significantly from pre-training to post- and delayed post-training. Approximately 10% of those receiving reminder messages are anticipated to visit the clinic for HPV vaccination. The number of partial and complete HPV vaccination series is anticipated to increase by 20% compared to the previous year.
Conclusion: The project is in process and will be completed in March 2025. The results are expected to show that multi-level interventions, including healthcare professional training, reminder messages, HPV posters in exam rooms, and patient education materials, can improve healthcare professionals' knowledge and attitudes and increase overall HPV vaccination rates in rural areas.

Partnering with RH in Rural Oregon to Increase Adolescent Engagement: A QI Project

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Purposes/Aims: This multi-pronged quality improvement project aims to increase the engagement of individuals aged 15-24 with reproductive health (RH) services at a public health district in rural Oregon.

Rationale/Background: The North Central Public Health District (NCPHD) RH clinic serves Wasco and Sherman counties and is located in The Dalles, OR, a rural area with limited primary care access and significant STI rates. Because the CDC reports that nearly half of all new STI cases are in the 15–24-year age group, NCPHD strategic goals include serving this population; however, the number of clients under age 25 decreased between 2020 and 2022. A survey of local high school students in June 2024 determined that only 53% of participants were aware of the RH clinic, and 86% of participants could not name a service provided at the RH clinic.

Approach/Methods: The social ecological model will guide a multifaceted approach to promote RH services. This project will engage 15-24-year-olds and community partners to positively impact individual behavior and community awareness of the RH clinic at NCPHD. Activities include leveraging social media (Instagram) with adolescent-friendly posts and reels; promoting partnerships with community organizations serving adolescents, including the youth drop-in center and shelter; and holding listening sessions to learn about the healthcare preferences of 15-24-year-olds to enhance RH clinic services in line with these preferences.

Assessment of Findings/Outcomes: Outcomes include the number of chlamydia screenings performed in patients under the age of 25 over a 12-week period in 2024/2025, compared with the previous year; number of views, shares and likes on the Instagram posts targeting this age group; and awareness of the RH clinic among high school students on a repeat survey.

Conclusions: Data will provide insight into the efficacy of the interventions, while information gleaned from listening sessions will provide ideas to enhance adolescent-friendly clinic services.

An Action Research Project to Promote HPV Vaccination Among Tongan Youth.

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Background: Cervical cancer is the fourth most common cancer for females worldwide and is estimated to be the second most common cancer in Tongan women. Worldwide, human papillomavirus (HPV) is present in 99.7% of cervical cancers with HPV16 and 18 contributing to over 70% of all cases. HPV vaccines prevent against HPV 16 and 18 infections and have the potential to reduce the incidence and burden of cervical cancer. Tonga, with a 2021 population of 106,017, has an unknown incidence of cervical cancer and HPV vaccination rates. HPV vaccination had started in November 2022 in Tonga, with a goal for one dose to be administered to girls ages 11-15.

In the United States, Utah is home to one out of four Tongans/Tongan Americans, and their attitudes toward HPV vaccination are unknown. A 2021 study of Pacific Islanders in California found that Tongans were less likely to hear about the HPV vaccine compared with non-Tongans, and US acculturation led to lower HPV vaccination rates.

Problem: During a 2023 Nursing study abroad, Tongan nurses described low HPV vaccine uptake. Therefore, the purpose of the action-research-based project was to identify strategies to promote HPV vaccine uptake among Tongan youth.

Method: Action research is described as an implementation science; a way to ensure that evidence is translated into practice. As a cyclical process, action research is an effective method to effect change and promote advocacy within the confines of a global health program. Thus, the 2024 action research cycle focused on nursing students attending the Tonga global health program identifying barriers and enablers for HPV vaccination by gathering information from Tongans during their clinical experiences. In addition, a graduate student presented an evidence-based HPV education module to Tongan parents in Utah to obtain their feedback on the education.

Results: In Tonga, the most mentioned barrier to HPV vaccination was misunderstanding of HPV vaccination, with misinformation spread through social media and through family and friends. Cultural influences proved to be a barrier in a culture where reproductive health education and discussion of sexually transmitted infections are taboo. Acceptance of vaccination was sometimes misconstrued as equal to sexual permissiveness, contributing to parental refusal of vaccination, and vaccine hesitancy in the youth themselves. Enablers of vaccination include adequate supply for a one-vaccine goal, government support, and health care workers that spend much time and energy promoting HPV vaccination. Tongan parents in Utah identified that the number of vaccines presented in the educational video was overwhelming and requested education that included photos/videos of Tongans and presentation of information in the Tongan language.

Conclusion: Students believe the next action research cycle should focus on strategies promoting HPV vaccination in Tongan youth, including education about the vaccine, and methods to disseminate accurate information through social media, posters, educational modules, and from respected leaders of the Tongan community. Evidence-based education on HPV vaccination alone will be presented to Utah Tongan parents, with translation into Tongan once culturally acceptable education has been identified, to be used for future education for Tongan families.

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ADOLESCENT HEALTH AND ISSUES

Coping, Loneliness & Homesickness Among Latino Migrant Farmworker Youth in Florida

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Purpose: Different types of coping strategies have been related to improvement or decline in mental health outcomes. By analyzing the strategies in which unaccompanied LMFY cope with feelings of loneliness and homesickness, new methods of supporting LMFY with mental health can be better understood and developed.

Background: In the United States (U.S.), unaccompanied Latino Migrant Farmworker Youth (LMFY) face many challenges and stressors regarding their occupational and economic statuses. Particularly, LMFY live and work physically away from family, are the sole providers of their welfare in the U.S., and financially support their parents through remittances. These challenging demands may exceed LMFY's resources to cope with homesickness, loneliness, and nostalgia. Using Lazarus and Folkman's (1984) transactional model of stress and coping, we addressed the following research question: (1) What are the coping strategies that unaccompanied LMFY apply when working in the U.S.?

Methods: A total of N=31 participants (100% male; aged 15-20, M_{age}=17.94; 84% from Guatemala; 90% are the sole provider of their welfare in the U.S.) were interviewed. On average, interviews lasted 45—60 minutes and were conducted in Spanish using both: open-ended questions and a sentence completion task (SCT) that addressed different domains of their lived experiences. Some questions included; "Tell me, how does God help you?" An example of a SCT included; "In the U.S., when I feel homesick, I ______ because _____," and "In the U.S., when I feel lonely, I ____ because _____". Participants received a $30 incentive. Analysis was conducted using NVivo 14.

Findings: Analysis of the sentence completion tasks revealed help-seeking behavior as a coping strategy. To illustrate, 29/31 participants mentioned help-seeking behavior when asked about what they do when feeling of homesickness. In addition, 31/31 participants demonstrated help-seeking behavior when asked about feelings of loneliness. Help-seeking behavior was further divided into independent and dependent activities. Analysis of the open-ended question "Tell me, how does God help you?" was conducted as well and it was identified as another way for participants to seek help. Specifically, 27/31 participants mentioned that God can help them either through tangible or intangible assistance.

Conclusion: In the present study, LMFY experience emotional stressors yet they have learned to engage in help-seeking behaviors to cope while working in the U.S. The isolation from their family at young ages is shown to have a great impact on them and their daily lives. Many of the LMFY work to send money home, but while having pride in their work, it can also impact them negatively through feelings of homesickness and loneliness.

Implications for Nursing: Nurses can assess for emotional stressors and mental health struggles of LMFY. In addition, healthcare workers' cultural competency of how LMFY cope with stress will be key to designing treatment plans and providing care. Educating LMFY patients about positive coping strategies could help them better navigate the stress they experience while working in U.S. agriculture without the company of their parents.

Farming Futures: Agricultural Work and Their Health Impacts on Latino Migrant Youth

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Aims: Ingrained in Sociocultural theory, we address two core aims:
(1) to explore Latino migrant youth's (LMY) challenging experiences at their country of origin while working in agriculture.
(2) to understand specific financial situations in the country of origin that influenced LMY's lifestyle and motivations to financially support their families with their work in U.S. agriculture.

Background: LMY expresses concern about sending enough money to their families back home by working from a sense of obligation during adolescence (Delgado, 2023). This urgency to financially support themselves and their family can create adverse, irreversible physical and mental health effects on LMY, such as exposure to hazards or injury on the worksite and the development of chronic stress (Canizales, 2022). However, exploration is needed to better understand their socialization practices and motivations behind pursuing agricultural work in the U.S., leading to enduring these conditions.

Methods: A total of N=31 LMY were interviewed in Florida (100% male, 84% from Guatemala, 77% indigenous, ages 15-20, M*age* = 17.94). Voice-recorded interviews were in Spanish and lasted 45-60 minutes. Participants received a $30 monetary incentive for their time. A NIH Certificate of Confidentiality was obtained to protect participants' information. Interview domains included: Childhood experiences, the type of agricultural work or house chores at the country of origin, who taught youth how to work, and reason for providing caregiving to parents and siblings. Interviews were transcribed and translated to English, then analyzed using thematic analysis (Braun & Clarke, 2021) in NVivo 14 software.

Results: Four core themes were developed. All (100%) youth endorse (1) "Childhood experiences involving poverty, hunger, and neighborhood violence." Next, 87% share that (2) "The value of family is learned and utilized as motivations to work in agriculture to increase family's financial stability." 84% of youth endorse that (3) "Agricultural work was taught and passed down from family members," and 81% share (4) "Physical labor exhaustion due to harsh weather conditions in the U.S. compared to past jobs in their country of origin."

Conclusion: Participants experience higher physical labor demands in U.S. agriculture compared to similar work in their country of origin, leading to exhaustion that negatively impacts hydration, nutrition, immune function, and mental health, especially with a lack of education on proper body mechanics and disease prevention strategies. As young as six, family members taught LMY farm work to support their parents and siblings financially. This socialization practice fostered strong family values, while experiences with poverty, hunger, and violence in their country motivated LMY's migration to the U.S. to pursue work to support their families. Nurses must recognize health literacy gaps for LMY in agriculture and understand the cultural differences that drive LMY to work, prioritizing health promotion rather than assuming these adolescents should not support their parents. With this knowledge, nurses can build trust with LMY to seek care and implement healthier behaviors to prevent fatigue and injury from physical and occupational stress. Future studies must include work-for-income socialization practices and their health effects among female LMY.

Teaching Nursing Students Adolescent Suicidal Risk Assessment Skills

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Purpose: This project aimed to expand the curriculum in a nursing education program to improve student competence and confidence in assessing suicidal ideation among adolescents.
Rationale/Background: Suicide among adolescents is a national health crisis with the Centers for Disease Control and Prevention (CDC) reporting that in 2021, suicide was the second most common cause of mortality for individuals aged 10-14 and the third most common cause of mortality for individuals aged 15-19. While screening for suicidality among patients is vital, evidence shows that nurses report feeling uncomfortable caring for patients with suicidal ideation as they have little to no training in how to assess or evaluate this patient population (Bolster et al., 2015). Furthermore, interviews done with nursing students found that many felt the process of caring for suicidal patients was overwhelming and recommended an increased focus on suicide intervention (Zohn, 2022). A study done by Sela and Levi-Belz (2024) showed that community nurses felt unprepared to care for suicidal patients, but those given depression management training were more likely to talk to patients about suicidality and refer for appropriate treatment. Training nursing students to screen for suicidal ideation in adolescents may enhance their skills, similar to the benefits seen in community nurses trained in depression management. This is especially pertinent because 40-50% of adolescents who complete suicide do not have a formal diagnosis of depression (Cheung et al., 2018). Identification of depression in these individuals could lead to the implementation of appropriate care including lethal means restriction. Despite the high adolescent suicide mortality rate, many colleges of nursing do not have a pediatric behavioral health curriculum.
Methods: The focus of this project was expanding the curriculum of a behavioral health course at a private university's college of nursing. Students were introduced to basic concepts of therapeutic communication, and the process of interviewing an adolescent patient for depression and suicidal ideation was demonstrated. Several weeks later, the students were taught about depression and suicide among the pediatric/adolescent population and the interview process was again demonstrated. Students were then divided into groups of 2-3 and given time to practice. After, the class reflected on their experience of asking about suicidal ideation and barriers to being direct when speaking with patients.
Outcomes: Students were asked about their experience practicing the skill of interviewing to assess for suicidal ideation. They reported that they felt more prepared to talk to adolescent patients about suicidal ideation. In follow up interviews conducted at the end of the semester, numerous participants reported implementing suicide risk interview skills when talking to a friend or patient who demonstrated concerning behavior.
Conclusions: Results suggest expanding a nursing program curriculum to include the skill of interviewing for suicidal ideation helps students to feel more prepared and comfortable in talking to adolescents about suicide. Future recommendations are to repeat the process with nursing students at a different university, adding before and after testing of student comfort level with discussing suicidal ideation with adolescents.

ADOLESCENT HEALTH AND ISSUES

Provider-Led Transition from Pediatric to Adult Healthcare

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Purpose: To implement a clinical practice guideline for provider-led transition from pediatric to adult care in patients insured by Medicaid and to determine the feasibility, usability, and clinician satisfaction of the protocol.

Background: The transition from pediatric to adult healthcare is a crucial adjustment for adolescents and young adults; healthcare transition (HCT) is the adjustment from pediatric care to the adult healthcare system. Adolescents and young adults (AYA) are frequently lost to care and do not undergo routine well-person visits that include healthcare transition preparation, especially when they do not perceive the benefit of such visits. AYA are more likely to lack health literacy and skills to obtain appropriate well and sick care when a transition process is absent from care plans; preventable decline in health is common during this time. Essential screenings, anticipatory guidance, and preventative care should occur during these early adult years, which can significantly impact a person’s health trajectory and relationship with healthcare.

Local Problem: With approximately 29% of the total population under 18, Utah is one of the youngest in the United States. Nearly half of all children in Utah are insured by Medicaid, providing healthcare access to a large population. Medicaid insures teens and young adults with complex healthcare needs and social determinants of health (SDoH) deficits. Without addressing the transition from pediatric to adult care in people insured by Medicaid, a large population will lack the necessary health literacy to understand and access adult healthcare services. Delay and neglect of adolescent healthcare can lead to increasingly severe health problems when care is eventually obtained. Pediatric providers can proactively address healthcare transition using evidence-based guidelines to improve healthcare outcomes.

Methods: The project will use the Johns Hopkins Evidence-Based Practice Model (JHEBP) for guidance in improving practice in the healthcare transition from pediatric to adult care. The initiative was drawn from a need identified by providers in a local pediatric practice. The practice gap led to the development of a practice question, which guided the search for evidence supporting best practice. Evidence from peer-reviewed articles and national organizations was synthesized and translated into a process specific to the local pediatric clinic and its Medicaid-insured population. To ensure sustainability, the evidence-based practice improvement guideline was refined through rapid cycle iterations involving inquiry, reflection, and evaluation; rapid cycle changes were informed by ongoing informal survey of the medical team and observation of EHR data.

Assessment/Findings: We will evaluate the change in the HCT process and provider attitudes. Qualitative and quantitative survey data will be analyzed to identify feasibility, usability, and acceptability, as well as to identify future needs and areas of improvement. Tracking the uptake of use and near-misses will inform improvements before the CPG is disseminated to the broader clinical group.

Conclusion: This initiative will adapt and implement a clinical practice guideline that improves healthcare transition interventions and is acceptable to pediatric providers in the pilot clinic.

Culturally Adapting Sexual Reproductive Health Curriculum for Congolese Adolescents

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Purpose: The purpose of this project was to build a community advisory board (CAB) to support cultural adaptation of an evidence based sexual reproductive health curriculum for Congolese adolescent females.

Background: Our research strives to address barriers and facilitators to sexual reproductive health (SRH) education and outcomes among Congolese adolescent females. Cultural and religious norms along with educational disruption due to resettlement may increase barriers to SRH among adolescent refugees (Metusela et al., 2017). A recent study composed of adolescent refugee girls relocated primarily from the Democratic Republic of the Congo and Burundi with n=260 participants aged 13-19 showed that 11.7% did not understand how HIV is prevented, 15.7% had little to no knowledge of sexually transmitted infections, and 13.8% were unfamiliar with contraceptive practices (Ivanova et al., 2019). This calls for improved access to culturally adapted SRH education for adolescent refugee populations.

In 2023, our research team was approached by a community organization serving refugee families. This organization, in conjunction with an additional refugee support program had recognized the need for culturally appropriate SRH education for adolescents within the Congolese refugee population. Thus, it was requested that the researchers engage with the community organization and stakeholders to provide a SRH education intervention that met the cultural need of the Congolese refugee community. To approach this topic from a culturally humble standpoint while promoting a community driven approach with shared leadership, it was determined that community based participatory research (CBPR) was needed to inform the process of building a CAB which would guide the adaptation of an evidence based SRH education curriculum (Foronda et al., 2016; Wallerstein, 2021).

Methods: Following CBPR methods the researchers and community programs began recruitment for the CAB (Wallerstein & Duran, 2006). Inclusion criteria for CAB members included familiarity, engagement, or lived experience with the refugee community. A total of seven community members, including three Congolese refugees, joined the CAB. Meetings occurred monthly over the course of four months. During this time an evidence based SRH curriculum was reviewed by the CAB and culturally adapted for use in an educational intervention for adolescent refugee girls.

Assessment of Findings: The CAB identified three lessons within the curriculum (gender/sexual orientation, preventing unplanned pregnancy, and teen pregnancy) to be further evaluated for adaptation and/or exclusion from the lesson plan based upon cultural appropriateness for the population. Evaluation of these lessons followed guidelines set by the Administration for Children & Families (2020). These lesson plans were adapted to meet the needs of the community while still providing evidence-informed education. Emphasis on the role of traditional Christian values within the community was deemed important for understanding parent buy-in or dismissal of the intervention.

Implications: The need for culturally appropriate SRH for refugee populations is warranted and needed. Given varying belief systems among and between refugee populations, working with a CAB to create tailored SRH curriculum based on refugees’ place of origin may be best practice for refugee SRH education.

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Scoping Review: Sexual/Dating Violence Prevention Apps for Adolescents & Young Adults

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Background: Adolescents and emerging adults are one of the highest risk groups for sexual and dating violence. Although technology-based interventions are gaining attention in the literature, there is limited knowledge about the availability of mobile applications aimed at preventing and mitigating sexual violence among young people.

Purpose: The objective of the scoping review was to identify and map available mobile based applications designed to reach adolescent or emerging adult users at risk of sexual or dating violence.

Methods: The JBI methodology for scoping reviews and PRISMA-ScR were used in this scoping review. Only available English language studies were included. Methodological papers with mobile-based applications designed to prevent and/or mitigate sexual violence in adolescents and emerging adults were included without time limits. Three independent reviewers read through abstracts and the full-text readings, which was followed by data charting. Results were presented in narrative, after thematic analysis.

Discussion: The available research to date shows support and is promising regarding the use of mobile-based applications tailored for use in adolescents and emerging adults(N= 15). The application showing most promise after reviewing the available literature is the the myPlan Safety Planning application and is supported by available intervention studies to mitigate sexual risk and assess personal safety and self-efficacy. Additionally, the myPlan Safety Planning application shows promise in supporting friends as bystanders of IPV and their response. The inclusion of different global cultural contexts and languages to mitigate sexual violence is an added feature of the myPlan application that increases applicability across populations. Despite the promise shown in the available literature, it is important to note the remaining scarcity of studies specifically targeting mobile applications for adolescents, a high-risk group for violence (Debnam & Kumodzi, 2021). IPV is a major global public health concern across every life stage, but often begins during adolescence (National Intimate Partner and Sexual Violence Survey [NISVS], 2021). Research in the future should focus on the study of adolescents in further development and refinement of mobile applications, especially considering tailoring existing applications for specific use with this population and development of prevention modules. These findings may inform further intervention and developmental research with adolescents and emerging adults having experienced or experiencing sexual and/or dating violence.

Scoping Review Registration: This scoping review has been registered prospectively on the Open Science Framework.

Keywords mobile applications, sexual violence, dating violence, prevention, emerging adults, youth, teens, scoping review

Caring for Intellectually Developmentally Delayed Patients in the ICU

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Introduction: Patients with intellectual developmental delays (IDD) face unique challenges in the intensive care unit (ICU), where sensory overload and communication barriers can exacerbate stress and anxiety. ICU nurses play a critical role in navigating these challenges to provide effective, compassionate care. This study explores the lived experiences of ICU nurses caring for patients with IDD to better understand their strategies and insights.

Purpose: The purpose of this study is to examine how ICU nurses help patients with IDD manage the complexities of the ICU environment, aiming to improve care approaches and nurse support systems.

Background: Caring for patients with IDD in ICU settings requires specialized skills and strategies due to unique patient needs. Nurses often encounter ethical dilemmas, secondary traumatic stress, and communication challenges when supporting these vulnerable patients. Understanding the experiences and needs of ICU nurses in this context can inform practices and policies that enhance both nurse well-being and patient care.

Design: This study employs a qualitative narrative inquiry design to explore the experiences of ICU nurses working with patients who have IDD.

Methods:

- Setting: The study was conducted across various ICUs in a mid-sized urban hospital network.
- Sample: Ten ICU nurses meeting specific inclusion criteria participated in the study.
- Data Collection: Semi-structured interviews were conducted via Zoom, recorded, and transcribed for analysis.
- Data Analysis: Structural narrative analysis techniques were used to identify recurring themes and patterns.

Results: The analysis revealed several key themes:

1. Ethical Dilemmas in End-of-Life Care: Nurses reported facing moral challenges when balancing care decisions with patients' unique needs.
2. Secondary Traumatic Stress: Nurses experienced emotional strain when caring for IDD patients, particularly during crises.
3. Effective Communication and Collaboration: Nurses highlighted the importance of clear communication and teamwork when working with IDD patients.
4. Need for Systemic Changes in Healthcare Policies: Findings indicated a need for policies that better support nurses in providing tailored care for IDD patients.

Nursing Implications: This study suggests that ICU nurses require specialized training, supportive policies, and enhanced resources to improve care for IDD patients and reduce nurse burnout. Implementing these recommendations can promote a more compassionate and effective healthcare system.

Conclusion: The findings underscore the importance of addressing the specific needs of both patients with IDD and the nurses who care for them. Future research should focus on the long-term effects of supportive interventions and explore their applicability in diverse healthcare settings.

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Breathing Easier: The Vital Role of the Lung Nodule Nurse

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Background: Lung cancer is a leading cause of cancer-related mortality, due to late-stage diagnoses. A backlog existed in patients with undiagnosed lung nodules requiring work-up, diagnosis, and treatment. The prior workflow focused on nodules larger than 1 cm, directly referred to oncology. This resulted in a delayed diagnosis, with 77% of lung cancer patients being diagnosed at stages 3 or 4, reducing treatment effectiveness and survival rates. This gap contributed to extended wait times from referral to treatment, further exacerbating patient outcomes.

Assessment: To address the delay in work-up and improve patient outcomes, a dedicated registered nurse (RN) role was introduced. The RN would triage and coordinate care for patients with any sized undiagnosed lung nodules. A new decision tree was implemented to guide self-referrals, internal consults, and external referrals to the RN for intake and triage. The RN contacted patients within 2 business days to complete an intake form and gather all relevant records. This comprehensive approach ensured all patient information was readily available for review by a pulmonologist and a tumor board. The RN became a key coordinator, partnering with multidisciplinary practice partners to optimize patient scheduling and expedite care. Two distinct workflows were developed: one for approved for further work-up and another for patients denied and referred back to community care. This system ensured patients moved seamlessly through necessary steps, from intake to treatment. Throughout the work-up process, the RN coordinated closely with the patients and their families, serving as a central point of contact. This personalized support, helped reduce anxiety, and ensured patients were informed at every stage of care. The RN was also responsible for coordinating with a multi-specialty team that included infectious disease specialists, pulmonologists, thoracic surgeons, radiation oncologists, and medical oncologists to facilitate handoffs and ensure continuous care. In addition, enhanced features of the electronic health record (EHR) were implemented to streamline workflows and improve follow-up among the multidisciplinary team. The EHR was leveraged to allow patients to self-schedule virtual visits with the RN, thus eliminating cold calls and missed communications. The RN's role, focused on using technology to improve access and streamline the lung nodule care process, leading to improved patient outcomes within nine months.

Outcomes: The inclusion of all undiagnosed lung nodules, has significantly improved early lung cancer diagnoses. Since implementing this role, the percentage of patients diagnosed at stages 1 and 2 of lung cancer has increased to 68% from 33%. Early-stage detection allows for less invasive treatments, higher chances of successful outcomes, and better long-term survival rates. By contacting patients within 2 business days and ensuring prompt physician review of imaging, the program reduces delays in care and expedites necessary interventions. This streamlined workflow, combined with personalized care provided by the RN, enhances the overall patient experience, reduces missed diagnoses, and leads to earlier treatment plans. The program demonstrates that early detection, swift action, and coordinated care results in significant improvements in patient outcomes and overall satisfaction.

A Longitudinal Study to Assess Health and Wellness in Pet Adopters Vs. Non-Pet Owners

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Purpose and Aims: This study prospectively evaluates the relationship of pet adoption to changes in physical and socio-emotional health. The least confounded way to understand the impact of pet ownership in the general population, barring randomization, is to examine changes when non-pet owners adopt a pet. <u>Aim 1</u>: Examine longitudinal changes in physical health outcomes of non-pet owners who adopt a pet dog or cat. <u>Aim 2</u>: Examine longitudinal effects of adopting a pet dog or cat on socio-emotional health of non-pet owners. <u>Aim 3</u>: Compare trajectories of changes in physical and socio-emotional health in dog and cat adopters.

Rationale/Conceptual Basis/Background: Animal-assisted interventions positively impact physical and socio-emotional health in individuals with impaired health/function. However, research addressing the contribution of pets to outcomes such general physical health and cardiovascular risk factors provide mixed results and methodological inconsistencies make it difficult to draw conclusions. Research suggests acquiring a dog increases physical activity and dog owners walk more than cat owners. No study examined whether individuals increase their physical activity when acquiring a cat. Little evidence supports the association of pet ownership with positive aspects of socio-emotional health, although evidence suggests human-animal interactions reduces some negative emotions such as depression and anxiety. While proponents believe that pets improve their owners' social lives, no studies with comparison groups, systematically examine the impact of pet adoption on social health.

Methods: This study uses a two-group longitudinal design with a fitness tracker and bi-monthly physical and socio-emotional health data to evaluate changes over 1 year in 78 dog adopters, 78 cat adopters, and 78 non-pet owners residing in Oregon, Florida, and Maryland. Individuals who adopt a dog or cat are recruited from collaborating animal shelters. Non-pet owners are being recruited through word of mouth, flyers, e-mail, print, and social media. Socio-emotional outcomes are assessed bimonthly with reliable and valid instruments, and Fitbits track participant physical activity. Linear mixed models compare trajectories of changes across groups.

Predicted Outcome: We expect differences in changes in health outcomes between pet adopters and non-pet owners and between dog and cat adopters on physical and socio-emotional health outcomes.

Conclusions/Implications: Data collection is in progress. To date recruitment yielded 164 participants (dogs n=47, cats n=67, non-adopters n=50). Study challenges include recruitment and technology setup and use. Participants must not own other pets. To overcome recruitment challenges, we have expanded our recruitment across the US, partnered with additional animal shelters, and hired a marketing firm. Acquisition of Fitbit by Google required revision of device set-up and data download protocols created additional burdens for participants and research staff. This presentation will discuss lessons learned from this ongoing study and provide researchers with tips on engaging participants and the use of technology in a longitudinal study.

Factors Affecting Dental Visits Among Californian Adults

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Purposes/Aims: The study assessed associations between smoking status, perceived teeth condition, and adherence to recommendations for six-monthly dental care visits, controlling for sociodemographic and dental health care characteristics. Additionally, two interaction terms were tested: a) smoking X teeth condition; and b) teeth condition X household income.

Background: Adequate oral health is integral to overall well-being. In 2022, approximately one-third of Californian adults did not receive dental care in the past year due to financial and non-financial barriers. Furthermore, smoking is linked to periodontitis and gum disease, necessitating an understanding of whether receive recommended dental care. Teeth condition is an important consideration as a proxy for perceived need and to our knowledge has not been fully examined as a predictor of adherence to dental care recommendations.

Methods: This study utilized secondary data from the California Health Interview Survey (CHIS 2021–2022). The sample included all adults aged 18 years or older from the CHIS 2022 dataset, excluding individuals who reported having "no natural teeth" (n = 20,891). Sociodemographic characteristics (e.g., age, sex, marital status, race/ethnicity, education level, household income, general health condition, smoking status) and dental characteristics (e.g., dental insurance status, perceived teeth condition) were summarized using descriptive statistics. Logistic regression was used to model receipt of a dental visits within six months as a function of smoking status, teeth condition and the socio demographic and dental characteristics. Models were tested with and without interaction terms for smoking status x teeth condition, and teeth condition by household income. Survey weights were applied in all analyses for findings generalizable to the civilian California population. Significance was set at $p<0.05$.

Findings: Most of the sample comprised individuals aged 45-64 years (31.95%), females (48.67%), and identifying as White, non-Hispanic (40.19%). Approximately 56.27% of participants reported visiting a dentist within the last six months. In fully adjusted models, older age, female gender, higher education levels, higher household income, perceived good general health, dental insurance coverage, and perceived good oral health were significantly associated with higher odds of receiving dental care within the past six months. In contrast, individuals identifying as Hispanic, African American, American Indian/Alaskan Native, and current smokers had lower odds of receiving dental care. The interaction between smoking status and perceived oral health was not statistically significant; however, significant interactions were observed between household income and perceived teeth condition. Individuals with perceived good oral health and a household income above $140,000 had significantly higher odds of a recent dental visit compared to the reference group (OR = 3.25; 95% CI: 2.97–3.08; $p < 0.05$).

Conclusions/Implications: Various sociodemographic and dental characteristics are linked to adherence to the recommended six-monthly dental care. These findings enhance our understanding of the factors influencing dental care utilization and emphasize the necessity for interventions aimed at improving access, utilization, and quality of dental care in Californian communities.

Findings from a Sex Ed Class for Adults with Developmental Disability

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Purpose: The purpose of the study was to pilot and feasibility test a sex and relationship curriculum in a sample of community dwelling adults with intellectual and developmental disability (IDD).

Background: Despite growing acceptance in their communities, many people with IDD lack skills to make friends, take actions on romantic feelings or express their sexuality largely due to lack of educational and practice opportunities when compared to people without this disability. Lack of knowledge likely contributes to the high rates of sexual victimization of persons with IDD that is more than three times that of the general population of women and 60 times the rate of the general population of men. Juxtaposed to this reality is that persons with IDD want companionship, meaningful relationships, and romantic partners, like everyone else. Partnership with a community advocacy organization the regularly hosts the Elevatus sex and relationship education class through an online format and has an initial structure that could be replicated and potentially make the training more widely available. Prior to expanding the class to other settings, evaluation of the efficacy, accessibility, and acceptability are needed. This study is the first step in a line of research that seeks to translate online sex and relationship training to other settings and increasing persons with IDD opportunities to get sexual education.

Methods: This study used a mix of multiple methods to include standard measures (e.g. adaptation of the Test of Adolescent Sexual Knowledge [TASK]) and the use of Video Vignettes, class observation to record interactions with instructors and peers and track technology difficulties, and video interviews to gain individual perspectives of the class participants.

Assessment of Findings: Data collection will be complete before the conference date and complete findings presented. Preliminary findings (n=5) indicate that several class participants experienced technology failures due to limited access to high speed internet. Despite technology failures such as being able to have their screen on, class participants became adept at unmuting and contributing verbally to questions and conversations. All participants reported feeling like they learned many things they did not know previously and enjoyed the class and interactions with their peers. While this pilot study was unable to conduct both pre- and post- test examinations of knowledge acquisition, a comparison of content presented during the course and knowledge related specifically to that content suggest that participants were knowledgeable about many topics, however the change was not able to be determined.

Conclusions: This pilot study highlighted potential problems that would need to be addressed in future research and prior to more widespread adoption. The measures chosen were found to be adequate and provide insights into the acceptability of the class and format and video vignettes seemed especially useful to assess knowledge. Although, how participants articulated what they knew suggested learning occurred, however a procedure to capture change in knowledge before and after the intervention is needed.

The Health Belief Model: A Framework for Assertive Community Treatment

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Purpose: Long considered the gold standard intervention for intensive community outreach programming, Assertive Community Treatment (ACT) has been widely implemented among people with serious mental illness (SMI). As a flexible, patient-centered service delivery model, ACT has evolved over time to incorporate additional interventions meant to better meet the needs of individuals with SMI. As the model continues to expand, theories of health behavior provide a structural framework both for the current model and for ongoing adaptations. This project serves as an initial exploration into the extent to which the Health Belief Model (HBM) can provide insight into predicting health-related behaviors and engagement in mental health services for people with SMI receiving ACT services.

Description of the Theory: Described as a behavioral change model, the HBM explores how patients respond to the symptoms of a particular disease or illness, as well as their adherence to related medical intervention or treatment. The HBM asserts that there are two elements which predict health-related behavior: the desire to avoid or resolve a disease or illness, and the belief that a particular action will prevent, or cure said disease or illness. Ultimately, an individual's course of action and readiness or likelihood to engage in a health-related behavior or service is explained by the theory's six key constructs: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. Collectively, these constructs serve to determine whether a person will be inclined toward or hesitant to engage in a particular health behavior or to seek health services.

Application to Practice: The HBM guides nurses in assessing and predicting patients' responses to mental health symptoms and their engagement with ACT services. This insight can help nurses tailor their approach to care, including the specific engagement strategies and services provided to patients receiving ACT services, as well as ensuring that programming promotes self-efficacy. Additionally, many of ACT's core elements, including, for example, holistic community-based care, are aligned with the HBM. The HBM can also help ACT teams reprioritize and evaluate the presence of programming that fosters community integration, independence, and skill development, thus promoting mental health and wellness.

Conclusion: As ACT continues to evolve to meet the needs of people with SMI, the HBM can guide nurses and other ACT clinicians in deciding which elements remain core to the program based on their ability to engage clients in preventative care, including mental health services.

Examining Readiness for Patients to Transfer from Hospitals to SNF’s in Saudi Arabia.

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Purpose/Aim: The purpose of this study is to examine the readiness of chronically ill patients in Saudi Arabia for transfer from hospitals to skilled nursing facilities. It aims to identify factors that influence this readiness and suggest improvements for smoother transitions.

Background: The transition of chronic patients from hospitals to skilled nursing facilities (SNFs) is critical for ensuring continuity of care and improving health outcomes. However, various factors can affect patients’ readiness for this transition, including clinical details, caregiver support, and demographic data.

Conceptual Framework: This study is grounded in Meleis’s Transitional Theory, which emphasizes the importance of understanding the processes and factors that influence transitions in healthcare settings. This framework is particularly relevant for examining the transfer of patients with chronic illnesses from hospitals to skilled nursing facilities (SNFs) in Saudi Arabia.

Methods: A descriptive correlational cross-sectional design. A convenience sample of 109 chronic patients and caregivers (families) discharged from hospitals to SNFs were recruited and enrolled in Saudi Arabia. Upon providing informed consent, participants completed surveys comprised of standardized measures to evaluate chronic patients’ readiness for transition from hospitals to skilled nursing facilities. The study assessed variables such as sociodemographic characteristics, clinical profiles, caregiver support, and perceived barriers to transition. Descriptive and inferential statistical analyses.

Results: Pending

Implications: The study suggests several key actions to improve the transition of chronic patients from hospitals to skilled nursing facilities (SNFs). These include involving multidisciplinary teams in discharge planning, educating patients and families, providing caregiver support, considering cultural factors, enhancing communication between hospitals and SNFs, guiding policy improvements, and continuously refining discharge practices based on patient feedback.

Enhancing Self-Report Pain Assessments for Post-Sedated Patients: A Needs Assessment

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Background: Effective pain management is essential for post-sedated patients in Post-Anesthesia Care Units (PACUs). Recently, a large Academic Medical System standardized the Numeric Rating Scale (NRS) as the sole self-report pain assessment tool. However, evidence suggests that the NRS may inadequately capture the complex pain experiences of post-sedated patients, leading to staff dissatisfaction and challenges in accurately assessing pain, particularly for vulnerable populations like the elderly or those emerging from anesthesia.

Local Problem: Relying exclusively on the NRS highlighted significant gaps in pain assessment practices in PACUs. This single-tool approach proved insufficient in addressing the complex needs of post-sedated patients, leaving nursing staff without an adequate means to evaluate pain effectively. As a result, staff reported dissatisfaction, noting that the NRS failed to meet the diverse pain management requirements of this patient population, leading to challenges in providing accurate and comprehensive assessments.

Methods: A comprehensive needs assessment was conducted using a mixed-methods approach. Prior to the intervention, a survey was distributed to PACU nurses to gather baseline data on their satisfaction with the NRS. Initial discussions with nurse managers, directors, and PACU nurses helped shape the project's objectives. Focus groups with 10 RNs and real-time observations in three PACUs were conducted to evaluate the limitations of the NRS. The Johns Hopkins Evidence-Based Practice (JHEBP) Model guided the gap analysis, comparing current practices with best practices from the literature and leading to recommendations for implementing the Verbal Rating Scale (VRS) as an alternative self-report tool.

Interventions: The project included a literature review, stakeholder engagement, and qualitative observations. A gap analysis identified the need for alternative tools like the VRS to address the limitations of the NRS. The VRS was proposed due to its simplicity, validation in postoperative settings, and potential to capture pain levels in post-sedated patients better.

Results: PACU staff feedback revealed a strong preference for incorporating a validated pain assessment tool, such as the Verbal Rating Scale (VRS). The NRS was frequently inadequate, particularly in the immediate post-sedation phase, where it often failed to capture patients' pain accurately. Staff identified the VRS as a suitable complementary tool due to its simplicity and proven effectiveness in similar postoperative settings. They believed that integrating the VRS would enhance both patient outcomes and staff satisfaction by offering a more comprehensive and accurate approach to pain assessment.

Conclusion: This needs assessment underscores the importance of expanding the range of self-report pain assessment tools beyond the NRS. Implementing the VRS in PACU settings offers an opportunity to enhance pain management accuracy for post-sedated patients and improve overall staff satisfaction, supporting better patient care outcomes.

Generational Caregiver Connection Using Social Technology: A Qualitative Study

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Purpose: The aim of this project was to describe the experiences of caregiving and social technology enhanced connectedness for three generations of caregivers who provide care to chronically ill older adults.

Background/Conceptual Basis: Low social connectedness, or social disconnection (isolation and loneliness) is associated with all-cause mortality and multiple morbidities (e.g., depression and anxiety). Social disconnection is reported to vary considerably across caregiver generations which may be explained by differences in social technology use. Insight into the role of social technology use across generations of caregivers is lacking. Additional knowledge regarding the variations in family caregiver connectedness is needed to inform targets for future connectedness intervention research. Since technology use for social reasons rose during the COVID-19 pandemic, generational differences in social technologies use were explored from the conceptual life course perspective and were guided by the Convoy Model of Social Relationships and Health.

Methods: For this qualitative descriptive study, purposive sampling was used to recruit caregivers of older adults with chronic illness across three age groups representing three generations. Three one-hour focus groups were conducted using the conference platform Zoom. The focus group interviews were audio recorded and transcribed through the audio record feature on the Zoom platform. Using a thematic analysis approach, the transcripts were independently analyzed for each of the three generational groups by two research team members with a third researcher providing a review of the data and substantiating the themes reported.

Assessment of Findings: Four themes emerged in the Millennial (n=7) caregiver focus group (a) Putting life on hold and being on duty; (b) altered connectedness and others don’t understand the situation; (c) need solace and wanting family and friends to understand; and (d) preferring text communication (Asynchronous and synchronous technology). Four themes emerged in Generation X (n=6) caregiver focus group (a) striving for life control and a need for knowledge; (b) altered connectedness and no energy for social life; (c) need solace and other caregivers’ understanding; and (d) use of social media (asynchronous technology) varied with fear of exposing vulnerability on social media. Four themes emerged in the Baby Boomer (n=8) caregiver focus group (a) life focus has narrowed allowing self-care and calm resolve; (b) altered connectedness with less connections but deeper; (c) found solace in other caregivers’ understanding; and (d) synchronous technology preferred. Consistent across generations, the caregivers reported altered connectedness as part of their caregiving experience. However, the need for connectedness varied across the generations as well as their preferences for social technology.

Implications: Variations in the themes for each group indicated distinct social expectations reflecting variations in life course stages. The development of knowledge regarding these generational caregiver distinctions in caregiving experience and social technology will inform generationally individualized intervention development. Including social technology use in the calculation of social disconnection (isolation and loneliness) may impact future intervention development and decrease disconnection’s association with all-cause mortality and multiple morbidities (e.g., depression and anxiety) and improve health outcomes among caregivers of older adults.

Utilization of the Broset Violence Checklist in a Primary Care Setting

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Background: Violence in healthcare settings is a growing concern, particularly in primary care, as it presents significant risks to both staff and patients. Compared to other professions, healthcare workers are five times more likely to suffer from workplace violence injuries. Moreover, workplace violence incidents are often underreported. Workplace violence negatively impacts healthcare workers, leading to increased stress levels, decreased job satisfaction, and depersonalization, resulting in burnout. Strategies aimed at de-escalation of workplace violence in healthcare settings include the utilization of a workplace violence screening tool and adherence to established workplace violence guidelines. The Broset Violence Checklist (BVC) is a validated and reliable instrument for assessing violence among patients. When implementing the BVC with workplace violence guidelines, it may provide a proactive approach to identifying patients at risk of violence, enhancing safety, and improving the quality of care, in the primary care setting.

Purpose: The purpose of this project is to evaluate the effect of implementing the BVC screening tool on staff confidence in managing violent patient encounters and the frequency of violent incidents in a primary care setting.

Methods: This project will utilize Lewin's Change Theory as the theoretical framework, focusing on enhancing staff awareness, perceived threat of violence, and readiness to act. A quasi-experimental design will be used for this quality improvement project. This project will take place in a primary care clinic, where the clinic staff will be trained to incorporate the BVC into their patient screening process. The BVC is a six-item checklist that is designed to assess various behaviors indicative of potential violence among patients such as confusion, irritability, and verbal threats. Participants will follow a de-escalation protocol based on the score to manage workplace violence effectively. To determine the impact of the training and use of the BVC by the clinic staff, the Confidence in Coping with Patient Aggression scale (CCPA) will be administered pre- and post-intervention to measure changes in staff confidence levels. Additionally, the number of reported violent incidents will be tracked and compared before and after implementation. Descriptive and inferential statistics will be used to analyze staff confidence scores, incidence of violent behaviors, and feasibility data.

Outcomes: The expected timeline for this project includes a three-month period for data collection, during which the BVC will be fully implemented, followed by one month dedicated to data analysis.

Implications: The outcomes of this project may provide healthcare staff with a feasible strategy for identifying instruments to identify patients at high risk for violence. The integration of a de-escalation protocol in primary care may increase staff confidence when managing violent patients and reduce the incidence of violent acts within the clinic.

Predicting Postpartum Depression Risk Using Electronic Health Records

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The aim of this study is to use artificial intelligence (AI) to predict the risk of postpartum depression in pregnant women. Depression occurs throughout all stages of life. Postpartum depression (PPD) typically occurs from 10 days postpartum to 1 year. The consequences of PPD can be profound, impacting the entire family including poor breastfeeding outcomes, difficulties in mother-infant bonding and cognitive and motor development problems in infants. Identifying and diagnosing PPD is crucial for both the family and community health. Certain factors put people at risk PPD including biological, genetical, spiritual, and social factors. Early prediction and diagnosis; analyzing all factors involved in PPD etiology together with traditional statistical methods is a challenge. A mother's inability to express themselves comfortably, concerns of stigmatization, and caring for a newborn may prevent them from talking about themselves and their problems. Machine Learning (ML) offers significant advantages in PPD risk detection, due to its ability to process, analyze and interpret large data sets in various formats. Previous studies have predicted the risk of PPD using ML and electronic health record (EHR) data, however, research is limited. New models are needed for early prediction of PPD for comprehensive early interventions. This study, we will use more comprehensive EHR data to minimize bias and achieve higher accuracy. This retrospective study involves analyzing EHR using ML. Data will be collected from a single large academic medical institution. EHR data on all women who delivered between 2017 and 2023 will be collected. The outcome of our model is the presence of PPD diagnosis in EHR within 1 year after birth, initiation of antidepressant medication treatment, and implementation of psychotherapy. Predictors include sociodemographic characteristics, clinical, physical, social, biologic informations, laboratory results, medications, pregnancy, birth-related, motherhood and newborn information, self reports (e.g., Edinburgh Postnatal Depression Scale-EPDS, nurse/midwife flowsheets etc.). Algorithms, including Support Vector Machine (SVM), K-Nearest Neighbors (KNN), Logistic Regression (LR), Decision Tree (DT), Random Forest (RF), as well as less frequently used algorithms such as deep learning, artificial neural networks, and deep neural networks, will be trained for predicting the risk of PPD. The main outcome to be described is a model to predict PPD at the end of the first, second, and third trimesters. This study will have implications for women's health, informatics and population health. For women's health, ability to predict depression early will allow early interventions. For informatics, these predictions can be integrated into decision support tools to better inform clinicians decisions. For population health, these predictions at national levels can inform more effective allocation of resources. Determining the risk prediction in clinical decisions, health care team members can plan the care priorities of mothers in the postpartum period and help them get support in the early period. AI-based risk detection models that might aid clinical decision making for nurses. Machine learning-based risk prediction models may be integrated into workflows, taking into account the unique aspects of each individual (i. e., emotional state, spiritual beliefs etc.).

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ARTIFICIAL INTELLIGENCE

Integrating AI into Nursing Curricula: A Framework for Preparing Nurses

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Purposes/Aims: To develop and implement a comprehensive framework for integrating AI literacy and ethics into nursing education, preparing nursing students to effectively and ethically engage with AI technologies in healthcare settings.

Rationale/Background: The rapid introduction of generative AI into healthcare and higher education has created an urgent need for nurses to understand how AI technologies work, the potential for incorporating AI into healthcare workflows, and to critically evaluate how these technologies impact the nursing profession. This project addresses the need to integrate AI literacy into the nursing curriculum, ensuring that future nurses can safely and effectively decide and advocate for how these technologies may or may not be incorporated into nursing care.

Brief description of the undertaking/best practice:

Approach: We developed a framework consisting of three key components: technical literacy, ethical and practical considerations, and practical applications. This framework was designed to be flexible and adaptable, allowing for integration into existing courses or development of standalone AI modules.

Methods: The framework was implemented in an entry-level course covering basics of technology, informatics, ethics, and privacy in healthcare. A two-week AI module (approximately 6 hours of instruction) was developed, emphasizing core questions: What is AI? How does it work? How do I use it? Why is it important in healthcare? What are the ethical and policy considerations?

The module included:

1. Introduction to AI concepts and Large Language Models (LLMs)
2. Hands-on activities with AI tools (ChatGPT, Gemini, DALL-E)
3. Practical exercises using AI for patient education, case study analysis, and student focused use-cases
4. Exploration of healthcare ethics principles and the nursing delegation model in the context of AI
5. Discussion of how AI is currently embedded in healthcare, and future directions of use.

Assessment: Student engagement and learning were assessed through participation in hands-on activities, completion of reflection exercises, a final project demonstrating application of AI concepts to a healthcare scenario, and formal mid-semester assessments of teaching strategy.

Assessment of Findings/Outcomes Achieved: Initial observations, student feedback, and formal mid-semester assessments have been promising. Students showed high levels of engagement, particularly with hands-on AI Lab sessions. These practical experiences proved effective in explaining AI technologies and encouraging exploration. Students demonstrated improved understanding of AI's potential applications in healthcare settings and increased awareness of the need to balance technological advancements with ethical considerations and patient-centered care.

Conclusions and Next Steps:

This project demonstrates a potential model for integrating AI education into nursing curricula. Next steps include:

1. Refining the framework based on student and faculty feedback
2. Scaffolding AI incorporation into other courses in the nursing program
3. Developing faculty training programs to enhance AI literacy among educators
4. Collaborating with healthcare institutions to ensure alignment with industry needs
5. Conducting longitudinal studies to assess the long-term impact of AI education on nursing practice and patient outcomes.

Delirium Risk Prediction in Older ICU Patients Using Machine Learning and A.I.

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Purpose: This study aimed to develop a machine learning model to predict delirium risk in critical care patients aged 65 and older, enhancing model transparency through explainable artificial intelligence.

Background: Delirium is common in critical care settings and is associated with significant mortality and morbidity, making early prediction crucial for timely intervention and improved outcomes. Integrating machine learning with clinical expertise offers an innovative and efficient way to assess delirium risk. This study employed machine learning to predict delirium risk in ICU patients 65 and older and utilized explainable artificial intelligence techniques to offer insights into model performance.

Methods: This retrospective cohort study analyzed data from the Medical Information Mart for Intensive Care (MIMIC-IV) database, composed of ICU patients' health records. Inclusion criteria were at least 65 years and older and with at least one Confusion Assessment Method for the ICU (CAM-ICU) score. A positive CAM-ICU score indicated delirium. Predictor variables were selected based on expert input and relevant literature to ensure clinical relevance and alignment with delirium pathophysiology. Data analysis was conducted in R version 4.3.3, with missing data patterns evaluated using the Harrel Miscellaneous package and imputed through random forest imputation. All predictor variables preceded the documented delirium diagnosis, supporting their use in early risk identification. The random forest algorithm was chosen for its balance of accuracy and interpretability, and model performance was assessed on a 20% test set using the area under the receiver operating characteristic curve (AUC) and F1 score. For data analysis, the DALEX and H20 packages were used to evaluate feature importance and enhance interpretability. Global explainers were implemented to identify and rank predictors of delirium risk, while local explainers were applied to provide case-specific insights, exemplified by a feature-level breakdown of risk factors for individual patients.

Results: The final sample included 7,714 patients, with a mean age of 77.47 years (SD, 8.01); delirium was identified in 2,028 patients (26.3%). On the test dataset, the random forest model achieved an AUC of 0.79 and an F1 score of 0.86. The top five variables associated with delirium risk were surgery, electrolyte imbalance, respiratory diagnosis, sepsis, and the Charlson Comorbidity index. Global and local explanation methods clarified the model's predictive dynamics, with local explainers highlighting individual risk profiles, such as a patient with a high-risk score due to recent surgery and electrolyte imbalance.

Conclusions: This interpretable machine learning model demonstrated strong predictive capabilities for delirium in ICU patients aged 65 and older, achieving an AUC of 0.79 and an F1 score of 0.86. Key predictors of delirium, included surgery, electrolyte imbalance, respiratory diagnosis, sepsis, and the Charlson Comorbidity Index, were identified. The use of explainable artificial intelligence provided valuable insights into the model's decision-making process, offering transparency in its predictions. These findings suggest that machine learning models, combined with explainable AI, have the potential for advancing delirium prediction in critical care settings, potentially enabling earlier identification and intervention for this vulnerable population.

Artificial Intelligence and Ethical Comportment Among Nursing Students

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Aim: This study addresses this gap by examining nursing students' ethical considerations when engaging with AI technologies and seeks to create guidelines for ethical AI usage in academic settings.

Background: Artificial Intelligence (AI) is revolutionizing nursing education by enhancing student learning, improving patient outcomes, and promoting evidence-based practices. Nursing curricula increasingly incorporate AI technologies, such as virtual simulations and adaptive learning systems. However, the widespread availability of AI resources has raised ethical concerns, particularly regarding academic dishonesty and the responsible use of AI tools. While ethical frameworks exist for clinical practice, there is a need for more comprehensive ethical guidance for using AI in nursing education.

Methods: This mixed-method, cross-sectional study will be conducted across multiple universities and colleges offering nursing programs in the US. The study will have two phases: Phase I (qualitative) and Phase II (quantitative). **Data Collection:** In the qualitative, currently in progress, phase, six focus groups will be conducted with nursing students from one academic institution. For the quantitative phase, a Qualtrics survey will be developed based on relevant literature, the findings from Phase I, and a socio-demographic information section. The survey tool will be emailed to deans and nursing program directors, identified through institutional websites and professional networks. Undergraduate and graduate nursing students will be eligible to participate, with nursing program directors distributing the Qualtrics survey. **Data Analysis:** A thematic analysis will be conducted on the focus group data to identify common themes. The Qualtrics survey data will be analyzed using the Statistical Package for the Social Sciences (SPSS) to identify trends and patterns in students' ethical perspectives on AI usage.

Assessment of Findings: Phase I findings are expected to reveal themes such as the types of AI utilized by students, perceived benefits of AI in nursing education, ethical considerations regarding AI use, and opinions on AI's impact on future nursing practice. These themes will inform the development of the Qualtrics survey tool for Phase II. Phase II will provide insights into how nursing students engage with AI technologies in various educational settings and the ethical considerations they encounter. The quantitative sociodemographic data may reveal associations between students' perceptions of ethical AI use and factors such as age, gender, and academic level. Expected outcomes include a better understanding of students' challenges when using AI tools and the ethical dilemmas that arise.

Conclusions: This study will contribute significantly to developing standardized guidelines addressing academic integrity, transparency, and the responsible use of AI tools in nursing education. The framework for ethical AI practice can be applied across different departments and academic institutions, potentially influencing policy decisions. The study's findings could lead to adopting and integrating these guidelines into nursing curricula, demonstrating the practical applications of the research. Future research should expand on this study by investigating AI's long-term impact on nursing education and developing AI literacy training for students and educators.

AI or Human? Message Humanness Predicts Perceiving AI as Human

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Background: AI chatbots are conversational agents that imitate human interaction through written, oral, or visual communication with users. AI chatbots are increasingly being used in healthcare contexts to promote health outcomes. However, people's understanding of AI chatbots is still developing, and factors influencing how people perceive the identity of AI chatbots are largely unknown.

Aims: To identify interaction characteristics related to the perception of believing an AI chatbot as a human versus an AI agent, controlling for socioeconomic status and past chatbot use in a cohort of diverse women.

Methods: This was a secondary analysis of data from the HeartBot study in women aged 25 years or older. The goal of the HeartBot was to evaluate the change in awareness of heart disease after interacting with a fully automated AI chatbot. Women were recruited through social media from October 2023 to January 2024. The length of the HeartBot conversation, humanness in chatbot messages, perception of chatbot message effectiveness, and attitude toward AI were measured at pre and post-chatbot surveys. Multivariate logistic regression was conducted to explore the factors predicting women's perception of a chatbot's identity as a human, adjusting for potential confounding factors.

Results: A total of 92 women with a mean age of 45.9 (SD ±11.9) years were analyzed. The chatbot identity was correctly identified by 66.3% of the sample while 33.7% incorrectly identified the chatbot as a human. 57.6% had used an AI chatbot in the past. In the adjusted logistic model presented in Table 1, only the score of humanness in chatbot messages was significantly associated with the perception of chatbot identity as a human compared to an AI agent (odds ratio 2.37; 95% CI1.26-4.48; P=0.007) controlling for potential confounding factors.

Conclusions/Implications: AI chatbots hold great potential to improve women's cardiovascular health. Our findings suggest as chatbot conversations become increasingly natural and humanlike, clearly communicating the chatbot identity to participants is key to establishing correct perceptions. Future research is needed to facilitate an understanding of the relationship between chatbot identity, humanness, and health outcomes, with the goal of improving chatbot design for women's cardiovascular health.

Table 1. Adjusted odds ratios from multivariate logistic regression analysis for predicting the perception of chatbot identity as being a human (n=92)

Variables	**Adjusted odds ratio (95% confidence interval)**	**P value**
Age	0.99 (0.95, 1.04)	0.796
Race/ethnicity		
White	1 [Reference]	
Non-White	1.15 (0.37, 3.57)	0.809
Education		
Less than high school/didn't complete college	1 [Reference]	
Completed college/graduate school	0.56 (0.19, 1.66)	0.292
Past AI chatbot use		
No	1 [Reference]	
Yes	0.93 (0.31, 2.79)	0.901
Conversation length (words)	1.00 (0.99, 1.01)	0.930
Humanness in chatbot messages	2.37 (1.26, 4.48)	**0.007***
Effectiveness of chatbot messages	0.70 (0.37, 1.33)	0.279
Attitude toward AI		
Negative	1 [Reference]	
Neutral	1.16 (0.22, 6.07)	0.865
Positive	1.01 (0.16, 6.43)	0.989

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Developing Empathetic Care Companion Robots to Mitigate Agitation and Fall in Dementia

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Background/Rationale: Worsening dementia places persons with moderate to severe dementia (PWD) at high risk for falls and serious injury due to unpredictable agitation. As family caregivers of dementia patients often experience high levels of stress when dealing with a loved one's progressive dementia, family disruption occurs as PWD are often moved to residential facilities.

Purpose: A culturally sensitive Care Companion Robot (CCR) may detect onset of agitation and use storytelling to mitigate agitation and potential fall risk. We report foundational steps taken to design a CCR capable of having an empathic person-robot interaction to mitigate agitation and risk for falling for PWD.

Methods: A mixed-methods approach has begun to: 1) Collect personal chronological data (Personicle) using real-time visual and audio sensing technologies, to understand of PWDs' emotional state, agitation level, and gait over time; 2) Collecting Personal Stories (Persona) and Daily Activity Maps (DAMs) and interviews with family and professional caregivers; and 3) Develop statistical models to understand and forecast a PWDs' emotional state, agitation level and gait in real-time using ML/AI, leading to empathy-focused conversation models that considers PWD's emotional state.

Outcomes Achieved: 1) Using advanced computer vision techniques, we are monitoring walking patterns such as stride length, walking speed, and balance, and identifying deviations that may signal an increased risk of falls. In addition, we are tracking 16 unique atomic actions related to ADLs, including aggressive actions (pushing hitting) as well as crucial transitions like sit-to-stand and lie-to-sit. These are currently captured from public datasets and role play activities in the sim lab, and subsequently, cameras installed in the rooms of consenting family members to capture motion and behaviors.

2) Using dementia care experts, we have designed 8 Personas and 8 DAMS, and are ready to engage stakeholders with domain expertise in dementia, conversational AI, and Design Use to evaluate them. The characteristics captured include medical conditions, personal preferences, cultural aspects, mobility issues, level of dementia, fall risk situations, etc.

3) We use AI/ML to recognize emotions and generate empathetic responses. We develop a hierarchical model to capture emotional information at word, sentence, and utterance levels in conversations using IEMOCAP. We align LLMs with empathy via reinforcement learning using rules and human feedback.

Conclusion/Next Steps: By assessing real-time movements during high-risk transitions, and informing caregivers, the CCR can promote both physical and emotional well-being of the PWD, enabling timely interventions and enhancing caregiver efficiency. The Personas and DAMs will continue to evolve, assisting in the characterization of Design Requirements for the CCR. Finally, training the models on emotion recognition and empathy will be key to designing a CCR which can have an empathetic conversation with PWD when needed to mitigate onset of agitation and fall risk. Future work will include a mixed method evaluation of how the CCR functions in mitigating agitation and fall risk. Keeping in mind cultural sensitivity and data security, an innovative empathic person-robot approach may have a significant impact on the emerging field of dementia care.

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Sleep Quality and Social Factors in Cancer Survivors: A Deep Learning Approach

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Sleep quality is crucial for the overall health and recovery of cancer survivors, with poor sleep leading to increased fatigue, depression, and potentially impacting cancer recurrence and survival rates. Research has found that social determinants of health —including socioeconomic status, neighborhood environment, and social support networks—significantly influence sleep patterns, potentially exacerbating disturbances in cancer survivors. This study explored the impact of social determinants of health on sleep quality among cancer survivors using deep learning techniques, utilizing data from the NIH's "All of Us" Research Program, which includes diverse health information from electronic health records and patient-reported surveys.
Employing a retrospective cohort design, the study investigated factors influencing the development of sleep disorders within three years post-diagnosis in adult patients with breast, lung and bronchus, prostate, or colorectal cancers. Inclusion criteria were patients aged 18 and older with available electronic health records, completed surveys, and recorded social determinants of health; patients with prior sleep disorder diagnoses were excluded. Input variables included demographic information, diagnosis codes prior to cancer diagnosis, and survey data focusing on social determinants of health. The outcome variable was the occurrence of new sleep disorders after cancer diagnosis. A Transformer-based deep learning model integrated time-series diagnosis codes with static demographic and survey data for binary classification. The dataset of 6,758 cancer patients was split into training, validation, and testing sets, emphasizing recall optimization due to class imbalance (22.54% positive cases). Of these patients, 1,523 developed sleep disorders after diagnosis. Those who developed sleep disorders were slightly younger, predominantly White, Not Hispanic or Latino, and female.

The model achieved a test recall rate of 74.11%, suggesting potential effectiveness in predicting sleep disorders, though overall accuracy and precision were moderate due to class imbalance. Feature importance analysis identified key social determinants of health influencing predictions, such as neighborhood drug use, people loitering on the streets, availability of someone who understands the patient's problems, feelings that things are going their way, confidence in handling personal problems, self-perception as an outgoing person, and feelings of isolation. These findings highlight the significant impact of social environment and personal coping abilities on sleep quality in cancer survivors, and suggest that targeted interventions could benefit these groups. While the Transformer-based model shows promise in predicting at-risk individuals, addressing class imbalance and integrating additional variables could enhance predictive performance.

In conclusion, the findings emphasize the importance of considering social determinants of health when addressing sleep quality among cancer survivors. Factors like neighborhood safety, social connections, and personal coping skills significantly affect the likelihood of developing sleep disorders. These insights highlight the need for holistic care strategies that address both medical and social factors to improve sleep health and overall well-being. Future research should focus on refining predictive models and developing targeted interventions to mitigate the identified social risks, ultimately enhancing survivorship care and patient outcomes.

RN Knowledge and Perceptions about Artificial Intelligence in Nursing and Healthcare

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Purposes/Aims: Research about knowledge and perceptions of Artificial Intelligence (AI) is emerging as organizations seek to understand workforce readiness. As the momentum to integrate AI competencies into nursing education builds, understanding nurses' baseline knowledge, perceptions, and concerns about clinical AI can provide further insight into areas for educational intervention. This study aims to understand Registered Nurse's (RN) knowledge and perceptions of the role of AI in nursing and healthcare.

Rationale/Conceptual Basis/Background: AI has revolutionized people's everyday lives and the way healthcare is delivered in acute care and ambulatory settings. As patient care is being transformed by AI technological advances in many healthcare settings including nursing, RNs face challenges in understanding and integrating these new technologies into their clinical practice. As an essential part of the healthcare delivery team, nurses must be knowledgeable about AI and its impact on patient care and workflow including processes to maximize patient management and work efficiency.

Methods: This is a cross-sectional, prospective study using a web-based survey. The 34-item survey included participants' demographic data, professional data, and questions regarding knowledge and perceptions about AI in nursing and healthcare. The AI survey questions were developed based on the literature and a 5-point Likert scale: 1 = Strongly Disagree, 5=Strongly Agree was used to measure participant's knowledge and perceptions. After obtaining study approval from the Institutional Review Board, a recruitment flyer with a link to the survey was sent to all RNs via the hospital email list. Data collection occurs in the month of October 2024.

Assessment of Findings/Outcomes Achieved: Data collection is ongoing and data analysis will follow after the survey window ends. Based on the study findings, we will develop an educational intervention to address any gaps or concerns the RNs may have about the use of AI in the workplace.

Conclusions/Implications that emphasize next steps: AI has already been utilized in healthcare. As AI technology continues to be made readily available, healthcare organizations may be faced with challenges as they start to deploy AI. Findings from this study could start the discussion about AI, utilization and its impact on patient care, nursing management, workflow, education and training to empower nurses to lead this technological transformation.

Graduate Nursing Students' Experience with Generative Artificial Intelligence

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Purpose/Aims: Generative artificial intelligence (GAI) is a facet of artificial intelligence that uses machine learning techniques to scan available online content to generate images, text, data, and other types of media content. The purpose of this research is to ascertain graduate nursing students' history with the use of GAI, their perceptions of GAI, and the impact that being required to use GAI for a graduate informatics writing assignment had on their perceptions.

Background: The use of GAI has become prevalent among college students. Colleges and universities have had varied responses to the use of GAI, ranging from fear and concern regarding the breach of academic integrity to embracing GAI as a helpful tool that should be used to its full potential. Many faculty have been provided little instruction regarding the ethicality or practicality of using GAI in their classrooms and have been left to choose for themselves how they wish to prohibit, oversee, or embrace its use. This study will outline the process graduate nursing faculty used to guide students through the use and subsequent critique of GAI for an informatics writing assignment. Students will be surveyed regarding their history with and perceptions of GAI and how their perceptions were impacted through the process of completing the GAI-driven writing assignment.

Methods: Students who are currently enrolled in a graduate nursing informatics course will be contacted via email regarding an opportunity to voluntarily participate in an anonymous survey regarding their history with the use of GAI, their perceptions of GAI, and the impact that a required informatics writing assignment had on their perceptions of GAI. Demographic data from the survey will be evaluated using descriptive statistics. Free-text responses from the survey will be analyzed with within-methods triangulation, using manual thematic analysis to shed light on what student participants had to say, natural language processing (NLP) using the psychometrically validated Linguistic Inquiry and Word Count (LIWC) software to reveal the emotional and cognitive underpinnings of participant responses, and application of the Goodwin Statistic to reveal aggregate areas of emphasis. Analysis of survey data will not occur until after final grades for the semester have been posted to the university.

Results: Data from this qualitative study will be gathered over the coming months and the results will be made available for presentation.

Implications for Further Research/Educational Practices: Thematic analysis is a conventional method of analyzing qualitative data. The application of within-methods data triangulation through the added use of the Goodwin Statistic and LIWC analysis will provide a depth of understanding regarding not only the content of the words that the data represent, but also the emotional and cognitive states that motivated or informed those words. This research will inform a holistic pedagogy to assist in the provision of content and instruction that is germane to the contexts in which students will be practicing.

Study on Care Effectiveness and Innovation Diffusion of AI Agitation Recognition

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Background: Patients in clinical settings often experience agitation due to physiological, psychological, medication, or environmental factors. Agitation complicates medical care and may lead to behaviors such as attempting to get out of bed, falling, self-harming, harming others, or removing medical tubes. Agitated behavior is most common in ICUs, emergency departments, and psychiatric wards. Current monitoring methods, like pressure-sensing beds or bed-exit alarm systems, primarily focus on detecting bed exits but often result in frequent false alarms, delayed alerts, and high costs. Agitation can also dislodge or remove an endotracheal tube (ETT), leading to breathing difficulties or hypoxia, both of which can pose life-threatening risks.

Our team developed an AI-based agitation detection system using deep learning to tackle this issue. This system captures changes in patients' skeletal structures through cameras and applies computational algorithms to identify signs of agitation. Integrating with the nursing information system provides real-time alerts for agitation, allowing caregivers to intervene quickly, preventing ETT dislodgement and other injuries, and ultimately improving care quality and patient safety.

The diffusion of innovation theory, which examines how innovations spread through society, underscores the role of early adopters, decision-makers, and social networks. Factors like the relative advantage, compatibility, complexity, trialability, and observability of the innovation affect the speed of its adoption.

Purpose: This study compares the AI-based agitation recognition system with manual visual monitoring in terms of real-time detection of patient agitation, the time spent repositioning displaced tubes or managing abnormal conditions, and differences in perceived innovation diffusion.

Methods: We targeted clinical nurses at a regional teaching hospital in Hualien, Taiwan. Using G*Power 3.1.9.7, we calculated a sample size of 56 participants based on a power of 0.8, an α level of 0.05, and an effect size of 0.5. This study follows a randomized crossover design, where participants alternately use the AI-based system and manual visual monitoring to assess both systems' effectiveness in simulated clinical scenarios and their perceived innovation diffusion. Data collection includes a 9-item Demographic Questionnaire (DQ), a 15-item Diffusion of Innovation Questionnaire (DOIQ), and a Simulation Scenario Record Sheet (SSRS). We will analyze the data using descriptive and inferential statistics through IBM SPSS 25.0.

Expected Results: The AI system has been fully developed, and the experts validated the content of the questionnaires. We obtained Institutional Review Board/Ethics Committee approval from Mennonite Christian Hospital (IRB/EC No: 24-06-11), and standardized patient (SP) training has been completed. The study is currently underway.

Conclusion and Suggestions: While the system has been constructed, its ability to accurately detect skeletal movements and identify patient agitation varies, mainly when blankets cover the limbs. Our findings may (a) suggest alternative algorithms to improve the system's reliability for clinical testing, (b) expand research on AI in agitation monitoring, (c) contribute to studies on the perceived innovation diffusion of AI systems, and (d) extend the system's application to monitor other medical tubing and stimulate related research.

Keywords: patient agitation, artificial intelligence, skeletal detection, tube displacement, diffusion of innovation.

Funding: Tzu Chi University

Declining Physical Activity in Adolescent and Young Adult Cancer Survivors & Siblings

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Introducation: Adolescents and young adults (AYA) surviving cancer face ongoing health concerns that regular physical activity (PA) can help alleviate. Understanding AYAs' PA participation can guide interventions for this group, enhancing their quality of life. Additionally, identifying specific AYA sub-groups needing extra support would be beneficial.

Purpose: We analyzed longitudinal data from the Childhood Cancer Survivor Study (CCSS) cohort to 1) characterize changes in vigorous PA (VPA) over three-time points (T1-1999 or 2007, T2-2014, T3-2020, totaling 13 or 21 years study period) among adult survivors of early AYA cancers (e.g., diagnosed between 15 and 21 years old) and their siblings, and 2) identify unique factors (demographics and comorbid conditions) predicting survivors' VPA compared to their siblings.

Methods: For Aim 1, we calculated total VPA metabolic equivalence tasks (MET) hours/week for survivors and siblings and the frequency of participants with VPA MET hours/week. For Aim 2, we used longitudinal mixed-effects linear regression analysis to assess factors predicting VPA change over time. We used a mixed-effect model to assess their overall effect on VPA change for categorical predictor variables with more than two levels (e.g., age).

Results: This analysis included 1,400 adult survivors of early AYA cancers and 1,514 siblings (54% female, 90% White-Non-Hispanic, and 70% working full time for all participants). At T1, survivors had lower VPA participation than siblings (53%, $p=0.01$ versus 60%, $p=0.02$). Both groups experienced a decline in VPA from T1 to T2 and T1 to T3, with survivors declining more steeply (53% to 45% to 40%) compared to siblings (60% to 55% to 52%). Being female was significantly associated with lower VPA levels for all participants ($p<0.001$). Age and marital status were significantly related to changes in survivors' VPA participation, with increased age predicting decreased VPA (trend test -0.70 $p=0.0012$) and being in a relationship associated with higher VPA levels for survivors as compared with being unpaired ($p=0.007$).

Conclusion: This study highlights a concerning trend of declining vigorous physical activity (VPA) participation over time among both adult survivors of AYA cancers and their siblings, with survivors facing a more significant reduction. The results suggest that age and marital status are factors influencing VPA levels among survivors, indicating that older survivors and those without partners may require targeted support. Additionally, the consistent association of lower VPA levels with being female across both groups points to the need for gender-specific interventions. As the AYA cancer population grows, addressing these disparities is vital to promote long-term well-being and healthier lifestyles among survivors. Enhanced support systems and resources are essential to help this population maintain their physical activity and improve their quality of life.

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Rethinking the Discharge Experience in Pediatric Oncology: A Qualitative Metasynthesis

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Purpose/Aims: The purpose of this qualitative metasynthesis is to understand the discharge process from the perspective of the parent with a child newly diagnosed with cancer.

Introduction/Background: Children newly diagnosed with cancer require extensive care at home, tasked to their parent. The parent must learn complex medication regimens and how to assess for life-threatening complications before discharge. Initially, the child will be admitted for up to five days for diagnosis and discharge education. Extant literature has provided the content for discharge education yet understanding the parent's needs from the parent's perspective is the identified gap. Overwhelmed parents are discharged home missing critical discharge education due to the diagnosis, psychological distress or lack of understanding.

Methods: A systematic qualitative metasynthesis was the study design used to understand how parents experience the discharge process for a child newly diagnosed with cancer. This qualitative metasynthesis developed new findings from primary qualitative studies to better understand this discharge phenomenon. Five databases were reviewed: PubMed, CINAHL, Web of Science, PsychInfo and Cochrane Database. The studies were selected systematically, using PRISMA and critical appraisal completed using The McMaster University Critical Appraisal From. A reciprocal translation analysis created interpretive explanations to understand the discharge phenomenon with an iterative process for theme development.

Results: A review of 529 studies concluded with five qualitative primary studies selected for critical appraisal and reciprocal translation analysis. Three main themes emerged from the reciprocal translation analysis to include, *consistency, nurse as support,* and *psychosocial needs*. The first theme identified the need for parents to have consistent, individualized communication and care throughout the hospital stay. The second theme identified the pediatric oncology nurse as a source of support during the admission and discharge process. The third theme is psychosocial support and is identified throughout all five studies. Psychosocial support to include uncertainty, insecurity, overwhelm, anxiety and the feeling of fear for the parent of the child identifying the need to return to novice and the difficulty placed on the processing of information after the diagnosis. The difficulty in processing information created barriers in understanding the necessary education. The five studies found indicate the need for further research to better understand the discharge experience from the parent perspective.

Conclusion/Implications: This qualitative metasynthesis identified three themes from analyzing primary qualitative literature to better understand the discharge process from the parent perspective of a child newly diagnosed with cancer. The pediatric oncology nurse is uniquely positioned to facilitate parent education to better understand what parents need to take the best care of their child at home. To develop interventions for discharge education and the most necessary content for the parent to understand, the parent perspective must be understood to identify any information the parent may have missed during the discharge education process. Future research can incorporate the parent perspective into the discharge process ensuring the appropriate education is given and well understood before the child and parent are discharged home.

Reimagining the Transition Theory for Pediatric Oncology Parents

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Purpose/Aims: The purpose of this theory evaluation is to critique the Transition Theory using Pamela Reed's Midrange Theory Analysis in the context of the discharge process of the child newly diagnosed with cancer from the parent perspective.

Rationale/Background: The Transition Theory by Afaf Meleis, specifically the health-illness type of transition, centers around the vulnerability within the movement of patient care from an inpatient setting to care at home. The parent of a child newly diagnosed with cancer must adequately understand the diagnosis, treatment and how to care for their child at home within a three-to-five-day hospital inpatient stay. The psychological distress of the initial diagnosis and rapid education of nursing care that will be provided by the parent at home creates a vulnerable situation. Pamela Reed's Midrange Theory Evaluation is used to analyze the theory's philosophical perspective and how it influences nursing care to understand the discharge process for a child newly diagnosed with cancer from the parent's perspective.

Methods: The Transition Theory was analyzed using Reed's method to understand the assumptions of the theory and how it can be used within pediatric oncology nursing. The theory evaluation determines the alignment of the theory with the metaparadigm and nursing values as well as the theory's usefulness to practice and the nursing community. Reed's theory evaluation seeks to understand how the empirical evidence supports the theory and to answer this question a literature search was completed using a systematic approach.

Assessment of Findings: The analysis of the Transition Theory described the interconnectedness of the metaparadigm and supported the perspective of the person experiencing the transition. Transition Theory is empirically supported through the systematic literature search which found 13 studies to answer each question within the theory evaluation. This theory was found to expand nursing knowledge, predicting outcomes of transitions and process indicators to move the patient toward a healthy transition. It is an effective theory for understanding the discharge process from the perspective of the parent with a child newly diagnosed with cancer.

Conclusion/Implications: Through the analysis of the Transition Theory using Reed's method, it concluded to be a powerful theory for understanding the transition process of the parent of a child newly diagnosed with cancer. The principles of the theory are underpinned by the empirical support of nursing research using this theory as the framework. Within pediatric oncology nursing there is a gap in the literature, lacking a theoretical framework. Being able to understand each point of vulnerability within a transition will develop nursing interventions that are unique to the parent and child to move them toward a healthy transition. The nurse is the most available to support the discharge transition to educate the parent on how to care for their child at home. The Transition Theory identifies the process of transition for the nurse researcher and what outcomes can be predicted. It is an essential theory to describe, predict and explain pediatric oncological phenomena in nursing research.

CANCER

Assessing & Addressing Distress for Informal Caregivers Caring for Oncology Patients

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Background: Distress clearly impacts cancer patients, but it also impacts their loved ones, their informal caregivers (ICG). Not only do these ICGs experience distress, but ICGs often experience even more distress than patients receiving treatment. Despite the prevalence of ICG distress, they are often not screened for distress or provided resources to help them cope.

Purpose: This quality improvement project aims to assess the effect of implementing a distress screening tool for informal caregivers in an outpatient regional cancer system. Distress levels of ICGs will be noted in addition to the self-referral rates to a behavioral health professional (BHP) available to connect these caregivers with resources.

Methods: The National Comprehensive Cancer Network Distress Thermometer and Problem List was utilized for screening ICGs via a QR code and a survey link for participants to follow to an online questionnaire. Convenience sampling was utilized to recruit caregivers. The project was promoted though the use of a flyer with a QR code and a survey link for participants to follow. The survey link was also shared via email to potential participants. Nurses, certified nursing assistants, and medical assistants at the clinics were encouraged to offer the screening form to potential participants. The screening was anonymous; however, if desiring additional resources, the participant could leave their name and phone number. A BHP will communicate with participants who provide their contact information to connect them with resources for support. Data analysis will employ descriptive and inferential statistics.

Outcomes: This project is in progress, therefore results and conclusions are not available currently. Data collection and analysis will be completed by the beginning of February.

Implications: This project has implications for nursing by potentially improving caregiver quality of life which will benefit patient care. Successful implementation of distress screening for caregivers could enhance holistic care delivery in oncology settings and give caregivers an opportunity to be seen and heard in a new way.

Keywords*:* cancer, distress, screening, informal caregivers, referrals

Experiences of Living in Remission with Multiple Myeloma

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Purposes/Aims: This descriptive phenomenology qualitative study explored, "What is the lived experience of individuals diagnosed with multiple myeloma (MM) in remission following a period of active disease with treatment?

Aim 1: Assess the lived experience of individuals diagnosed with MM during remission after one or more occurrences of active disease with treatment.

Aim 2: Expound on specific experiences that describe the remission period for individuals with MM, mainly how remission is coped with and identified needs.

Aim 3: Explore how individuals diagnosed with MM define and describe their quality of life during remission.

Rationale/Conceptual Basis/Background: Generally, improved knowledge of cancer treatment has led to longer remissions and improved survival rates. Multiple myeloma is a blood cancer that most often affects older adults, weakening the immune system and bones, leading to fractures, and causing kidney damage.

Multiple myeloma is cyclical, with active disease and remission periods. Relapse occurs for all individuals diagnosed with MM. Remission with MM involves ongoing treatment and oncology appointments to monitor treatment side effects and disease relapse. Current literature lacks research regarding those in MM remission, particularly their quality of life.

Methods: Participants were recruited from cancer support groups in the Pacific Northwest. Colaizzi's seven-step analysis process was used to examine participant phone interviews and formulate themes and subthemes.

Assessment of Findings/Outcomes Achieved: Twelve recruited participants were eligible for the study. Their average age was 69, and 58% identified as female; the average time with MM was over seven years. The average time in any episode of remission was 2 ½ years. Only 33% were on maintenance therapy. Analysis of interviews revealed three themes and nine subthemes (See Table 1).

Conclusions/Implications: This study highlights the unique needs of those in MM remission. Future research in MM remission may include developing a clinical tool to assist healthcare providers in understanding the care goals for cancer survivors experiencing the ongoing cycle of recurrence/ remission. Oncology nurse navigator roles should be studied to explore best practices for treating and supporting MM patients and to connect clients with resources related to MM diagnosis trajectory .

Table 1 – Theme Map

Themes	**Subthemes**
Theme 1: "A sense of an axe hanging over your head" – Living with MM	(a) "We've accommodated" – the creation of a new normal (b) "Closer to the end than the beginning" - understanding mortality amid advancing age and terminal disease (c) "I definitely advocate for myself" - self-advocacy to create the life they want to live
Theme 2: "Every day's a gift" – Hope	(a) "I'm hoping that this [remission] last quite a while" – maintaining remission for as long as possible (b) "Giving up is not a place to stay" – intentional decision to be positive (c) "I just rely on the Lord" – reliance on a higher spiritual power
Theme 3: "It's an opportunity to give and receive support" – Community	(a) "The support from friends, family, and neighbors" (b) "The support of people with shared experiences" (c) "I've built a pretty good [healthcare] team"

Pilot Home-Based Exercise Program for Hematopoietic Stem Cell Transplant Candidates

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Purpose: This study evaluates the feasibility and acceptability of a home-based exercise prehabilitation aimed at improving cardiorespiratory fitness (CRF) for hematopoietic stem cell transplant (HSCT) candidates with cardiovascular (CV) risk factors.

Background: HSCT is increasing among older adults and those with comorbidities, increasing the risk of CV complications. While pre-HSCT exercise may be an effective strategy for improving CRF and quality of life, patients with underlying CV disease have consistently been excluded from related studies.

Methods: This study is an unblinded single-arm design which recruited adult patients being evaluated for HSCT at Michigan Medicine with at least one CV risk factor. Participants completed a 6–8-week home-based structured exercise program prior to HSCT consisting of 30 minutes of aerobic exercise and pre-specified resistance exercises 3 days a week. Exercise sessions were recorded using a wrist-wearable fitness watch. Participants underwent pre- and post-program clinic visits, which included an assessment of CRF (cardiopulmonary exercise testing), CV symptoms (Kansas City Cardiomyopathy Questionnaire), and quality of life (EORTC QLQ-C30). Feasibility was assessed by calculating recruitment, retention, and exercise adherence rates. Acceptability was assessed qualitatively through semi-structured interviews with thematic analysis. Changes in CRF, CV symptoms, and quality of life were analyzed using paired Wilcoxon signed rank tests.

Assessment of Findings: Of the 8 participants have been approached, 6 consented, demonstrating a 75% recruitment rate. Of the consented participants (mean age 54 years, 50% female, 50% coronary artery disease), 5 have completed the program and all assessments, and 1 is currently enrolled (retention rate currently 100%). Four participants (80%) met or exceeded the required number of exercise sessions, though only 2 participants achieved the goal of averaging ≥30 minutes of aerobic exercise per session (the other 3 averaged ≥25 minutes/session). No participant reached the target of 3 resistance sessions/week, but all performed ≥2 sessions/week. The mean differences in peak VO2, respiratory exchange ratio, and VE/VCO2 were 1.76 (SD=4.09, P=0.44), 0.2 (SD=0.248, P=0.63), and -1.2 (SD=4.66, P=0.5), respectively, all indicating incremental improvement in CRF. Cardiovascular symptom scores increased by 4.87 points (SD=5.6, p=0.13), and overall quality of life increased by 13.3 points (SD=21.7, p=0.18), indicating reduced symptoms and improved quality of life.

Five main themes emerged from qualitative analysis: satisfaction, changes after the program, disappointments, barriers, and improvements. Participants were largely satisfied with the program's length and content, finding it motivating for exercise. However, one noted it was too easy, and over half reported inconvenience with wristwatches. Key barriers included weather, time constraints, and illness or treatment-related symptoms, along with concerns about forgetting to log activities or wear equipment. A personalized program with varying difficulty levels was suggested for improvement.

Conclusions: The program demonstrated a high retention rate proving to be feasible in the pre-HSCT setting and may improve CRF, quality of life, and CV symptoms while being well-accepted by participants. Larger-scale studies should be conducted to determine its effectiveness. Nonetheless, this program is promising in targeting a high-risk, vulnerable population underrepresented in research to enhance CRF before HSCT, thereby improving patients' physical readiness for HSCT.

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CARDIOVASCULAR DISEASE

Applying Shared Decision-Making in Heart Valve Selection

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Background: Shared Decision-Making (SDM) was first introduced in the U.S. in 1982, originating from patient-centered care. Its goal is to enhance communication between healthcare providers and patients, ensuring patients actively participate in decision-making. In this model, healthcare teams provide evidence-based treatment options while considering and respecting patients' values and preferences, working collaboratively toward an optimal treatment plan. SDM is particularly valuable when no treatment is superior, helping patients make decisions that align with their personal needs and values. Taiwan began promoting SDM in 2015, led by the Ministry of Health and Welfare and the Health Promotion Administration, encouraging Patient Decision Aids (PDAs) to increase patient involvement. SDM has shown remarkable benefits in managing chronic diseases, making surgical decisions, and high-risk treatments. At Hualien Mennonite Hospital, the three-talk model has been adopted to guide SDM, structured into three key phases: team communication, discussion of options, and consensus-building. The hospital's approach follows these steps: Seek: Engage patients, fostering open dialogue. Help: Support patients in exploring and comparing different treatment options. Assess: Identify patients' values and preferences. Reach: Collaboratively arrive at the final decision. Evaluate: Confirm and review the decision made by the patient. This structured model encourages active participation by patients and their families, especially in heart valve selection, improving communication and enhancing care outcomes and patient satisfaction.

Purpose: This project aims to share the experience of implementing SDM in heart valve selection and assess patient and family satisfaction, as well as the perceptions of healthcare teams using the three-talk model.

Methods: The cardiac surgery team developed standard operating procedures based on evidence-based research and designed Patient Decision Aids (PDAs) to help patients select the most appropriate heart valve surgery. After surgery, quantitative surveys were administered to collect satisfaction data from patients and their families. Additionally, qualitative interviews were conducted with healthcare providers to evaluate the overall effectiveness of SDM.

Expected Results and Recommendations: Preliminary findings from 2023 suggest that SDM has (a)increased patient engagement in decision-making, (b)enhanced collaboration within healthcare teams, and (c)improved patient understanding of treatment options. Using PDAs and interdisciplinary teamwork has empowered patients better to comprehend the risks and benefits of various surgical options, leading to higher decision-making participation. Interviews with healthcare professionals indicate that, although SDM increases communication time, it positively influences teamwork and strengthens patient-centered care. Future recommendations include gathering additional clinical data to explore further the impact of SDM on postoperative complications, long-term recovery, and overall treatment outcomes. It is also essential to better investigate how SDM can be applied across different age groups, cultural backgrounds, and health literacy levels to understand its potential influence on decision-making participation.

Keywords: Shared Decision-Making, patient-centered care, provider-patient communication, patient preferences, three-talk model

CARDIOVASCULAR DISEASE

Inflammatory Cytokines and Six-Month Hospital Readmission in Heart Failure

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Hospital readmission rates (HRR) in heart failure (HF) remain high. Psychosocial and clinical factors are linked with HF hospital readmission. Brain natriuretic peptide (BNP) is strongly associated with acute decompensated HF. However, the relationships of inflammatory cytokines (i.e. tumor necrosis factor-alpha [TNFα], interleukin-6 [IL6], interleukin-10 [IL10]) and HRR in HF are rarely evaluated.

Objective: Evaluate the relationship of BNP, TNF-α, IL6 and IL10 with all-cause HRR within 6 months post-HF hospital discharge.

Methods: A cross-sectional study was conducted in 104 HF patients: age 68.4 ± 11.7 years, left ventricular ejection fraction 37.9% ± 17%, Specific Activity Scale (SAS) I/II- 40 (39%), and III/IV- 64 (61%), Charlson Comorbidity Index (CCI) score: 0-1= 24%, 2-3= 26%, and =/>4= 50%. Hospital readmission rate is the number of hospital readmissions of all causes occurring 2 weeks to 6 months after HF hospital discharge. Initially, we analyzed bivariate correlations of HRR with sociodemographic, depression (via Hamilton depression rating scale [HDRS] score), functional status, comorbidities, BNP, and inflammatory cytokines (i.e. TNF-α, IL-6 and IL10). A multiple linear regression was performed, with important and significant psychosocial and clinical variables entered first as a block, followed by BNP and inflammatory cytokines.

Results: Incidence of 6-month HRR: 0= 49 (47%); 1-2= 43 (41%); 3-6= 12 (12%). Bivariate correlation of HRR with: 1) sociodemographic: age- (*r*= .21, p= .02), non-white- 37% (*r*= .04, p= .36), living alone- 42% (*r*= .17, p= .04); 2) functional status: SAS (*r*= .28, p= .002); 3) CCI score (*r*= .21, p= .02); 3) HDRS score (*r*= .14, p= .07); 4) BNP: (*r*= .14, p= .08); and 5) inflammatory cytokines: IL6 (*r*= .41, p= <.001, and IL10 (*r*= .16, p= .06). Together, age, living alone, being non-white, HDRS score, SAS, CCI score, and IL6 accounted for 24% of the variance in HRR (p= .001). Specific variables contributing significant variance to HRR were: higher IL6- 34% (p= .001), and living alone= 14% (p= .10).

Conclusion: Six-month HRR in HF remains high. Higher IL6 is associated with high HRR. After HF hospital discharge, patients with high inflammatory cytokines may require more frequent monitoring and intervention.

Yoga for Methamphetamine Associated Cardiomyopathy: A Feasibility Study

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Aim: This study aims to assess the feasibility of utilizing Yoga, a holistic integrative intervention, for patients with methamphetamine associated cardiomyopathy (MACM, a dilated cardiomyopathy with severe systolic dysfunction), and to explore changes in substance use rates, functional exercise capacity, inflammatory biomarkers, and quality of life (QOL).

Rationale: Methamphetamine use is rising across the United States with MACM-related hospitalizations increasing 231% nationally from 2008 to 2020. In the western states, hospitalizations have surged disproportionately by 530% during this period, mainly among younger adults (26-40 years old). In Oregon, rates of hospitalizations and emergency room visits for females ages 10-24 have risen to match those of males and females between the ages of 25-44 and 45-64 respectively between 2018 and 2021. Methamphetamine leads to significant acute/chronic cardiac complications including heart failure (HF). There are currently no treatment specific guidelines for MACM. Given the rapid rise in MACM hospitalizations, further research is needed to integrate holistic interventions to improve patient outcomes. Yoga has shown promise as an intervention for addiction and HF. It is believed that Yoga stimulates the vagus nerve activating the parasympathetic system, which helps the body relax, lowering heart rate and blood pressure. Yoga may assist patients with substance use disorders (SUD) by interrupting the fight or flight response, increasing self-awareness, and decreasing stress. Previous studies indicate that Yoga improves QOL and decreases inflammatory biomarkers in HF patients.

Methods: Design: A single-group quasi-experimental intervention study. **Sample and Setting:** A convenience sample of adults ages 18-64 (n=30) diagnosed with MACM receiving cardiac care within a rural Oregon healthcare organization. **Intervention:** Participants will attend a hybrid 8-week HF management program integrating Yoga, to reduce barriers for patients living in rural areas. The program consists of one 60-minute in-person session each week and an additional 30-minute virtual session. Each in-person session will include 30 minutes of HF education covering topics such as medication management, dietary considerations, physical activity, healthy coping strategies, risk reduction, and available HF resources; and 30 minutes of Hatha Yoga practice. All virtual sessions will focus on Hatha Yoga techniques, including asanas (postures), pranayama (breathing techniques), and meditation. **Measures:** Feasibility measures will include study recruitment and retention, as well as intervention acceptability (AIM), appropriateness (IAM) and feasibility (FIM) assessed post-intervention (range=4-low to 20-high). Changes in substance use rates (Tobacco, Alcohol, Prescription medication and other Substance use, TAPS**),** functional exercise capacity (Duke Activity Status Index, DASI), inflammatory biomarkers (B-type natriuretic peptide, CRP, IL-6, TNF-alpha), and QOL (Minnesota Living with Heart Failure Questionnaire, MLHFQ) will be assessed pre-and post-intervention using reliable and valid measures. **Analysis:** Frequencies, percentages, and mean changes from pre- to post-intervention along with the 95% confidence intervals will be calculated for the outcome variables of interest.

Assessment of Findings: Data collection is in progress.

Implications: This study lays the foundation for future research on Yoga's role in managing SUD and cardiovascular health. It offers a promising approach to improve QOL and establish best practices for healthcare management of MACM patients, including those in rural areas.

An Oral Anticoagulant Patient Education Session to Improve Patient Safety

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Purpose: The purpose of this quality improvement project (QIP) is to improve rural patients' knowledge of oral anticoagulation therapy to increase safety at home and improve patient outcomes.

Background: Older adults diagnosed with atrial fibrillation, venous thromboembolism, and who undergo heart valve replacement are frequently prescribed oral anticoagulant therapy (OAC) to prevent the devastating consequences of cerebral vascular accidents (CVAs) and myocardial infarction (MI). Rural older adults are at a higher risk of developing atrial fibrillation, have limited access to specialty care, and may experience higher mortality rates compared to their nonrural counterparts. Despite life-saving OAC benefits, these medications pose risks for major bleeding and significant harm if used inappropriately. Busy primary care clinics are challenged to achieve the standard of care for anticoagulation education, including provider-patient face-to-face interaction accompanied by written resources and utilization of the teach-back method.

Methods: Guided by the Plan-Do-Study-Act framework, this QIP in a rural primary care clinic will utilize a pre-test and post-test design to evaluate a 10-minute session of anticoagulant patient education (APE) created by the Project Manager synthesizing evidence-based practice OAC guidelines. Participants will complete a pre-test and post-test questionnaire to measure their medication safety knowledge and self-reported confidence of use with a Likert scale. The 10-minute APE session will include an anticoagulant safety handout and verbal discussion of the risks, benefits, proper use, and precautions for the anticoagulant.

Conclusion: Findings from this evaluation will be utilized to create a 10-minute APE video to be shared with future patients when discussing their OAC during their visit.

Dysphagia and Volume Status Detection Using Strain Sensor

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Purpose: The purpose of this study is to determine the feasibility of an innovative dysphagia strain sensor based on surface electromyography (sEMG) technology in detecting heart failure-associated dysphagia (HFAD) and volume status (VS) in heart failure (HF) patients. This study will also examine potential electrophysiologic signature for swallowing.

Background: Traditional indicators of volume overload have varying sensitivities, specificities, and predictive values. Orthopnea demonstrates good sensitivity (86%) but low specificity (25%). In contrast, rales and edema show high specificity (89% and 66%, respectively) but exhibit low (15%) and moderate sensitivity (41%), respectively. They also present moderate positive predictive values (66%, 67%, and 67%, respectively) and negative predictive values (51%, 38%, and 40%, respectively). Notably, weight gain, despite being the most frequently monitored sign of HF, has poor sensitivity (ranging from 9% to 22.5%) despite its excellent specificity (94% to 97%). Moreover, these indicators typically emerge a few days before a subsequent hospitalization. Interestingly, dysphagia may appear earlier than traditional indicators in some cases, suggesting its potential role as an earlier sign of volume overload. sEMG is a non-invasive method for analyzing the neuromuscular dynamics of swallowing by detecting the electrical activity of superficial muscles and nerve signals. While sEMG has been primarily utilized as a therapeutic feedback tool in the management of dysphagia, it has not yet been employed to correlate volume status.

Methods: This is a dual-center case-cohort investigation of patients aged 18 years old and above who have been diagnosed with heart failure, with New York Heart Association Functional Class II to III symptoms are eligible to participate in the study. Exclusion criteria includes individuals younger than 18, those with neurological disorders or events, prior neck surgeries, sensitivity to silver and adhesives, those receiving hospice care, or with a life expectancy less than one year. The study aims to correlate dysphagia detected by a novel sensor with dysphagia assessed through the PROMIS-GI Disrupted Swallow Questionnaire. Additionally, we will also investigate potential electrophysiologic signature for that may differentiate heart failure-associated dysphagia from other types of dysphagia. The study will also examine potential electrophysiological patterns related to volume status. Correlations will be drawn between sensor data and markers of volume status.

Anticipated Results: We anticipate a positive correlation between the severity of volume overload indicators and the presence of dysphagia. As the patient’s volume status normalizes, we predict a corresponding improvement in dysphagia symptoms. Additionally, we foresee identifying a distinct electrophysiologic signature unique for dysphagia and volume overload specific to patients with heart failure. We expect that individuals with heart failure showing signs and symptoms of volume overload will also exhibit dysphagia.

Significance/Implications for Translation to Practice/Further Research: This study could lead to the development of a cost-effective, non-invasive tool for assessing HF-associated dysphagia (HFAD). Detecting a unique electrophysiologic signature for HFAD and dysphagia may make diagnosis more accessible and enable bedside evaluations. Identifying signatures for volume overload could also improve monitoring and management of HF patients, allowing timely interventions, potentially reducing rehospitalizations, and improving patient outcomes.

Decreasing Length of Stay after Coronary Artery Bypass Grafting Surgery

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Purposes/Aims: The of this evidence-based practice project was to decrease postoperative length of stay (LOS) among uncomplicated coronary artery bypass grafting surgery (CABG) patients from ≥ 5 days to 4 days in 6 months.

Rationale/Background: Hospital length of stay (LOS) is a crucial metric for payers, providers, patients, and families. The average cost of an overnight hospital stay in California is over $11000. Additionally, prolonged LOS increases the likelihood of exposure to hospital-acquired infections and impacts patient throughput by delaying bed availability for patients awaiting admission. In the 3rd quarter of 2023, LOS among uncomplicated CABG patients in our Magnet-designated community hospital in Southern California was ≥ 5 days despite the 3-4 days LOS recommended by the Society of Thoracic Surgeons. Recent research evidence suggests that discharging uncomplicated CABG patients within 4 days of surgery is safe and is not associated with complications such as readmissions and mortality.

In 2023, our hospitals' Nurse Executive Council released an initiative to decrease unnecessary LOS across all service lines. The Executive Director of Cardiovascular Services discussed the initiative with the Cardiovascular Performance Improvement (CVPI) Team. The latter decided to monitor cardiac surgery patients to identify gaps leading to prolonged LOS was an important first step to studying the problem.

Methods: The Iowa Model of Evidence-Based Practice was used to guide this project. Following obtaining appropriate approvals and support, the CVPI team, spearheaded by a cardiovascular nurse navigator, identified lack of adherence to ambulation protocols and inconsistent communications among care coordinators and treatment teams as primary contributors to prolonged LOS among uncomplicated CABG patients. Given the fact that CABG represented 42% of all cardiac surgeries in our hospital, the CVPI team decided to focus on this patient population. The team secured needed resources to proceed with the project.

Following a critical appraisal of current research literature, the CVPI Team determined that implementing early ambulation and strategies to improve care coordination would enhance patient recovery and shorten LOS. The nurse navigator developed evidence-based strategies along with an implementation plan and presented them the CVPI team for discussion and input. The interventions included patient and family education regarding importance of early ambulation, implementing a progressive one-on-one ambulation schedule (3 times/day) in collaboration with physical therapists, and involving patient and family in setting ambulation goals. The CVPI team discussed and approved a plan for improving patient care coordination. The plan consisted of deliberate coordination of all phases of postoperative recovery and deliberate sharing of relevant information by streamlining communication processes between cardiac surgeons, cardiac nursing practitioners, bedside nurses and discharge planners.

Results: During 1st quarter, of 2024, 100% of uncomplicated CABG patients were discharged on postoperative day 4 compared to only 14% during the 3rd quarter, 2023. Early discharge was not associated with increased morbidity or re-admissions.

Conclusions: Evidence-based interventions decrease LOS among our CABG patients. Testing the feasibility and efficacy of such intervention in other patients setting will help in wider adoption of such strategies and sustainable improvements.

The Effect of Physical Activity on BP Among Adults with Pre-HTN: A Meta-Analysis of RCTs.

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Background: Physical inactivity is a significant risk for prehypertension and cardiovascular disease; less active adults have a 30% to 50% greater risk for high blood pressure (Barone Gibbs et al., 2021; Chobanian et al., 2003). Prehypertension is a silent major precursor and contributor to the world's burden of cardiovascular disease and coronary heart disease. An individual with prehypertension may frequently progress to hypertension and cardiovascular diseases (Barone Gibbs et al., 2021; Godwin et al., 2008; Kariuki et al., 2024). Research studies indicated that there is a significant likely association with an increased risk of stroke, myocardial infarction, and heart failure (Hsia et al., 2007; Qureshi et al., 2005). Different combinations of physical activity interventions have been studied, and varying outcomes have been found in lowering blood pressure among prehypertensive adults worldwide. Therefore, this meta-analysis evaluated the pooled effects of multiple physical activity interventions on reducing blood pressure among prehypertensive.

Methods: A systematic review and meta-analysis search were conducted, and sixteen RCT studies were identified. Among the 1,419 adult participants, 881 men and 538 women were in the meta-analysis sample. Random effects models were used to evaluate heterogeneity in the study. Estimate publication bias was assessed using a funnel plot and a modified Egger linear regression test. The pooled effects were evaluated by relative risk, 95% CI, and p-value < 0.05.

Results: The results of the random-effects meta-regression coefficient indicated that all the RCT studies had a risk-free bias. Homogeneity was found ($I^2_{SBP} = 0.0\%$ and $I^2_{DBP} = 0.0\%$) and suggested that 0.0% of the physical activity intervention effect variability was due to the actual study similarity and 100% is due to chance. The combined results, pooled relative risk (RR) for lowering SBP/DBP events in the adults with prehypertension, randomly assigned to physical activity was $RR_{SBP} = 0.99$; 95% CI (0.99 - 1.00), p = 0.02 and $RR_{DBP} = 0.99$; 95% CI (0.98 - 1.00), p < 0.04; statistically significant, respectively. The pooled point estimate and the 95% CI be positioned entirely to the left of the line of no effect, demonstrating 100 x (1-0.99) % = 1% of SBP/DBP reduction is significantly in favor of PA intervention, p = 0.02 and p =0.04 respectively.

Conclusion: This meta-analysis demonstrated a significant PA intervention pooled effect on SBP and DBP reduction among adults with prehypertension worldwide. Each selected RCT demonstrated no significant magnitude, p > 0.05, and the 95% confidence interval crossed the line of no effect, which included one. With the random effect output, the meta-analysis finding showed a 1% significantly reduced risk of SBP (p< 0.02) and DBP (p< 0.04) in the intervention compared to the control group. This meta-analysis finding provided statistically significant evidence for the association between physical activity and SBP/DBP reduction; and subsequently reduced risk of complication among prehypertensive adults worldwide. Hence, it is imperative for clinicians and public health professionals to integrate and reinforce the beneficial effects of physical activity through counseling, education, and support.

Keywords: Prehypertension, Adult, Meta-analysis, Physical activity, SBP/DBP Reduction.

Lifestyle Interventions to Promote Cardiometabolic Health for African American Women

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Background: Cardiometabolic disorders among childbearing women lead to adverse perinatal outcomes and long-term health consequences. Black/African American (Black/AA) women have a disproportionately higher prevalence of cardiometabolic disorders. Lifestyle interventions are critical approaches to improve cardiometabolic health. However, there is a lack of systematic evidence of the impact of lifestyle interventions on cardiometabolic health in Black/AA women of childbearing age.

Objective: This integrative review synthesized existing evidence on interventions promoting cardiometabolic health among Black/AA women of childbearing age in the US.

Methods: A comprehensive search strategy was applied in PubMed, CINAHL, the Web of Science Core Collection, and Scopus to identify relevant studies in August 2023. No publication date limiters were used. Articles were included if they involved Black/AA women of childbearing age, adopted an experimental or quasi-experimental design, used lifestyle interventions, had a measure of cardiometabolic disorders or risk behaviors, were conducted in the US, and were written in English. The review followed the Joanna Briggs Institute (JBI) evidence synthesis guideline for review.

Results: Thirty-three studies were retrieved for review, with 28 (85%) using randomized controlled trials and 16 (48%) being rated as good/high quality. Lifestyle interventions were mostly implemented during pregnancy and/or postpartum. Health education was the primary intervention component, and it included common topics such as nutrition, physical activity, mental well-being, coping, and stress reduction. Various delivery approaches were utilized such as group format, in-person individual counseling at a clinic/community center, in-home visitation, or social media. Weight change was the most common cardiometabolic outcome reported in 15 studies, with nine revealing a significant reduction in weight gain or postpartum weight retention. Five of 11 studies that assessed physical activity as a cardiometabolic health behavior showed a significant increase. Fourteen studies measured psychosocial outcomes related to cardiometabolic health, with depression being reported in 11 studies. The common weaknesses of the reviewed studies included recruitment challenges, convenience sampling, small sample size, high attrition rates, and short post-intervention follow-up.

Conclusions: This review synthesized evidence of the effect of lifestyle interventions on cardiometabolic outcomes among Black/AA women of childbearing age. The results indicate the potential impact of lifestyle interventions on weight reduction, increased physical activity, and decreased depression. Future large-scale, high-quality, powered studies are needed to investigate the effectiveness of lifestyle interventions on cardiometabolic outcomes in this population. Also, future interventions should leverage digital technology to foster recruitment and retention, include Black/AA women of childbearing age who represent all levels of socioeconomic status, and target the pre-conception stage.

Pediatric Nurse Practitioners Health Policy and Legislative Advocacy Participation

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Purpose/Aims: This is an interrupted time series analysis of PNP participation in health policy and advocacy using the WSPPIR scale which will:
1. Measure pediatric nurse practitioners (PNPs) participation in health policy and legislative advocacy.
2. Measure any change before and after the 2024 federal election.

Rationale/Background: PNPs contribute to the healthcare system by caring for children, adolescents and their families. Advocacy of children, adolescents and their families is a fundamental aspect of the PNP role. Health policy change, which can be achieved through legislative advocacy, is an important mechanism to improve population health and health equity. However, a literature review revealed advanced practice registered nurses are not significantly involved in health policy or legislative advocacy. No papers were identified in the literature exploring PNPs participation in health policy and legislative advocacy

Methods: PNPs are being recruited using the National Association of Pediatric Nurse Practitioners (NAPNAP) membership in early Fall 2024 (time 1, September to the end of October) and late Fall 2024 (time 2, mid-November to mid-December). Emails were sent to local NAPNAP chapters (*n* = 36) to seek permission to send an announcement with a QR code to their members. In addition, an application was submitted to the NAPNAP research committee to access their members to send the survey nationwide. Each survey has a demographic section, then the Waddell Scale for Policy Participation Influence and Research (WSPPIR), a validated scale developed to measure nurse health policy participation, and a behavioral intention question to link the WSPPIR and the 2024 election. The WSPPIR scale evaluates legislative advocacy and health policy participation broadly through 5 subscales: Professional Nursing Organizations, Health Care Delivery Systems, Governance Levels, Valuing Health Policy, and Influence Skills. Participation will be voluntary and anonymous without protected health information identifiers. University IRB determined the project to be a quality improvement project.

Data analysis will occur after time 2. Descriptive analyses will be used to explore the demographic backgrounds of participants and their behavioral intentions. Inferential statistics including an interrupted time series will be used to analyze the WSPPIR scores before the federal election, time 1 and after the federal election, time 2.

Results: This project will determine national PNP participation in health policy and legislative advocacy using a broad understanding of health policy and legislative advocacy including participation through local or national government as well as professional nursing organizations and health care systems. In addition, intent to participate in health policy and legislative advocacy before and after the 2024 election will be assessed.

Discussion/Conclusion: Results will characterize PNP participation in health policy and legislative advocacy at the national level. This depiction of PNP participation will help identify gaps and opportunities which can be used to develop further educational recommendations and prospects in health policy and legislative advocacy participation for PNPs. Understanding current PNP participation will lead to increased PNP participation which will improve overall population health.

Measuring Sleep in Hospitalized Children: Results from a Sleep-Improvement Study

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Purpose: The purpose of this study is to describe a methodology for measuring sleep in hospitalized children and associations between different sleep-measurement methods.

Background: Sleep in hospitalized children is important for healing, physical health, and emotional wellness but is often disrupted in a hospital setting. Measuring sleep in hospitalized children has been limited by a lack of validated self-reported sleep measures, and actigraphy devices are rarely used due to cost or feasibility concerns.

Methods: We present an analysis of preliminary results of an interventional study reducing overnight vital signs, with the primary outcomes of sleep quality and duration. The study population included children aged 8-18 years old hospitalized on a medical-surgical unit in a freestanding pediatric hospital in the western USA, who were deemed appropriate to not receive overnight vital signs by the bedside nurse and attending physician.

Multiple methods were used to measure sleep for a single night during hospitalization. First, actigraphy (Ambulatory Monitoring Inc., Micro Motionlogger) using the Sadeh algorithm, which has been validated in children aged 1-18 years old, was used. Additionally, a patient-reported sleep diary, and the PROMIS 8-item Pediatric Sleep Disturbance survey were administered. The PROMIS survey is reverse scored (lower score indicates better sleep) and has demonstrated validity and reliability in children with and without neurodevelopmental disorders. Study materials are available in English and Spanish.

Statistical analysis includes descriptive statistics, paired samples t-test and Pearson correlation.

Results: At the time of analysis 32 children have been enrolled and there were 27 complete sleep diaries and actigraphy measures. Children were on average 10.7 years old, 53.1% were female and all completed the study materials in English. Children slept 438.2 minutes when measured by actigraphy, and self-reported 514.3 minutes of sleep in their sleep diary ($p=.01$). Actigraphy measured 13.7 wake episodes with a total time awake of 47.5 minutes, which are both higher than the self-reported 2.2 wake episodes ($p<.001$) and 24.3 minutes awake ($p=.03$) by sleep diary.

None of the actigraphy measures were correlated with PROMIS sleep satisfaction score. When correlated with sleep diary measures, longer sleep ($r=-0.46$, $p=.02$), fewer wake episodes ($r=0.66$, $p<.001$) and less time awake in the sleep period ($r=0.57$, $p=.002$) were all correlated with better sleep satisfaction scores.

Conclusion: Our results demonstrate that objective (actigraphy) and self-report (sleep diary, PROMIS sleep satisfaction survey) measures of sleep are significantly different in hospitalized children. Self-reported measures, however, are well-correlated with one another. Relative to actigraphy, the gold standard measure for sleep outside of polysomnography, children over-report total sleep time and under-report nighttime awakenings. Self-reported sleep and awakenings were more closely associated with overall sleep satisfaction. Thus, actigraphy may detect instances of awakenings that do not have a meaningful impact on sleep satisfaction. Researchers should consider using both actigraphy and self-reported measures of sleep for research in hospitalized children to gather accurate sleep duration data as well as the patient reported sleep quality.

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Staff Perceptions on Ambulation for Pediatric Post-Operative Inpatients

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Aims: The overarching aim of this study is to understand the perspectives and experiences of caregivers who directly influence the ambulation of pediatric patients on a surgical floor. A secondary aim is to understand the facilitators and barriers to patient ambulation.

Background: Post-surgical ambulation is correlated with fewer post-operative complications and decreased length of stay. Literature search reveals that there are no articles on staff perceptions in the pediatric, post-operative, non-ICU setting, yet this has been an area of publications for the ICU population.

Methods: Caregivers on a pediatric, non-ICU, post-surgical floor at a Magnet facility were interviewed using a semi-structured interview guide. These caregivers included bedside registered nurses (RN), patient care techs (PCT), advanced practice providers (APP), and physical therapists (PT). Data saturation was reached after sixteen caregivers were interviewed; all virtual interviews were recorded and transcribed.

Analysis: Interviews were manually analyzed for themes and sub-themes through a simple qualitative thematic analysis. Themes and sub-themes were separately determined by researchers and then compared within the team. Researchers performed member checking to validate findings.

Assessment of Findings: Three main themes were identified: Communication, Patient/Family Engagement, and Teamwork. Each theme was broken into additional sub-themes and categorized as a facilitator (F) or a barrier (B) toward patient ambulation. Communication was subdivided into planning and expectations (F), new staff find facilitating ambulation difficult (B), and physical and psychological safety for staff (B). Patient/Family Engagement was subdivided into parental/guardian involvement (F), visual goals/reminders/rewards (F), not understanding ambulation importance (B), low motivation (B), and pain/anxiety (B). Teamwork was subdivided into all staff understood the benefits of ambulation (F), interdisciplinary communication (F), responsibility/burden falls on nurses (B), and no orders/incomplete orders (B).

Conclusions: Caregivers, patients, and patient parents/guardians all play a role in ensuring timely patient ambulation occurs. Recommendations include future quantitative research assessing early post-operative ambulation before and after interventions leveraging above facilitators and minimizing above barriers.

A Multi-Institutional Scoping Review: Medically Complex Children Transitioning Home

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Purpose: The goal of this scoping review was to identify key components of effective discharge preparation related to nursing interventions. The review identified gaps in knowledge, focusing on how nursing actions impact the quality of care and outcomes for medically complex children (MCC) and their families when transitioning home.

Background: Hospital discharge for MCC is a stressful process with numerous risks. Nurses play a pivotal role during this transition providing education, coordination, and support to ensure a safe discharge. There is limited understanding of the most effective interventions. This review summarized existing knowledge, especially as advancements in care increasingly allow MCC to return home.

Research Methods: The review followed Arksey and O'Malley's scoping review framework, using a systematic approach to examine the literature. The review was organized around three core areas: discharge planning, teaching, and coordination.

Step 1: The research question was developed by nurse scientists from the National Pediatric Nurse Scientist Collaborative. The question guiding the review was: What nursing interventions related to discharge planning, discharge coordination, and discharge teaching improve the transition to home for MCC?

Step 2: A comprehensive search was conducted in CINAHL, EMBASE, and Ovid MEDLINE, covering the period between January 2013 and March 2023. Search terms included MCC, hospital discharge, pediatric care, and family involvement. The Ovid MEDLINE search strategy was refined through peer review using PRESS guidelines and adapted for use each database. The results were deduplicated using EndNote and Covidence.

Step 3: Of the 9,910 records initially identified, 6,599 remained after removing duplicates. Fourteen independent reviewers screened these records by title and abstract, eliminating 6,328 studies and leaving 271 for full-text review. Of these, 206 studies did not meet inclusion criteria, leaving 65 studies for data extraction. Thirty-one additional studies were removed as they did not meet protocol requirements. Thirty-four articles remained for final inclusion.

Step 4: A structured tool was developed to guide the extraction of relevant data. This tool was pilot tested for accuracy and consistency. Each study was analyzed for its focus on discharge preparation, with particular attention to nursing interventions.

Step 5: The extracted data were synthesized through thematic analysis and coding. Quantitative data were compiled into tables, while qualitative data were summarized narratively. A joint display table showed the converged results providing a detailed view of nursing interventions during discharge.

Findings: Among the 34 included studies, 18 were qualitative, 13 were quantitative, and 3 used mixed methods. Few studies (9%) specifically focused on nursing interventions, while others included nursing within interdisciplinary teams. Inconsistent definitions of "medical complexity" and "transition to home" complicated results.

Conclusions: This review highlighted the critical role of nursing interventions in MCC discharge, though the limited number of documented interventions suggests a need for further research and standardization. Additionally, team dynamics were crucial in conducting this scoping review. Effective collaboration among nurse scientists was key to managing the complexity of the review, ensuring accurate data collection and synthesis. Optimizing team dynamics should be a focus in scoping reviews to enhance efficiency and quality.

Medically Complex Children Transitioning to Home: A Scoping Review

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Purpose: The purpose of this scoping review was to identify characteristics of nursing interventions (discharge planning, coordination, and teaching) that improve transitions to home for medically complex children (MCC) and their families and surrounding knowledge gaps.

Background: Hospital discharge is a complex process that encompasses a range of issues. The transition from hospital to home is challenging for MCC and their families, often marked by risks and stressors. Healthcare professionals (HCP) provide critical guidance, resources, education, and care-coordination. Knowledge gaps remain surrounding interventions and how they affect outcomes. There is a need to summarize what is known as more MCC transition to home.

Methods: A search (January 2013-March 2023) was performed in CINAHL, EMBASE, and Ovid MEDLINE. Search strategies were developed using subject headings and text words for medically complex patients, hospital discharge, pediatrics, and parents. The abstracts and citations were exported into Covidence (n=9910). After duplicates were removed, 6599 records were screened by title/abstract by 14 independent reviewers. 6328 studies were excluded, leaving 271 for full-text review. 206 studies were excluded, leaving 65 studies remaining. From these, 31 additional articles not related to the study protocol were removed, leaving 34 articles for final inclusion in the study.

Findings: The 34 included articles consisted of 16 qualitative, 11 quantitative, and 7 mixed methods studies. The articles highlighted diverse perspectives on the challenges and support required for medically complex children transitioning to home after discharge. Three studies had a nursing intervention (9%) with 9 studies using nursing as part of their team (26%) and 4 studies with non-nursing interventions (12%). Over half the studies had no intervention documented (53%). Multiple age groups were used in 94% of the studies, with 3% only identifying infants in their sample and an additional 3% identifying children.

Components of effective interventions/practices for discharge planning included customized plans, implementation of a multi-disciplinary videoconference, and consistent contact with caregivers—associated with reduced all-cause 30-day readmissions, reduced caregiver uncertainty, higher satisfaction, and increased confidence in care. Several components of effective practices for discharge teaching included a focused type of interaction with caregivers and families, such as coaching and high-fidelity simulation, that led to increased confidence in care and improved skills and management in tracheostomy care. Components of effective interventions for discharge coordination included follow-up calls, and a focus on home care, which resulted in more timely resolution of barriers to care, reduced emergency room visits, and reduced costs. There was significant inconsistency in defining "medical complexity" and "transition to home," which posed challenges in comparing results across studies. Identified gaps included that none of the studies contained all 3 components of discharge planning, teaching, and coordination.

Conclusions: Nursing actions and interventions play a key role in effective discharge preparation for medically complex children and their families. During this challenging period of transition, social and emotional support may be a key support function often undervalued, of nurses. There was a general lack of consensus and consistency in the definition of MCC as well as a definition for transition to home.

Analysis of 2010-2019 Child Asthma Call Back Survey Exacerbation Incidence

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Purpose and Aim: This study aimed to identify the differences in reported annual rates of total asthma exacerbations and facility-treated asthma exacerbation by state, sex, and age from the 2010-2019 Child Asthma Call Back Surveys.

Background: Asthma is the most common chronic childhood condition in the United States, affecting over 4.6 million children. Nearly two-fifths of those children experience at least one exacerbation a year. While many asthma exacerbations may be treated at home, some are too severe and must be treated in a healthcare facility. There is limited research on the incidence rates of asthma exacerbation, especially the differences between total reported asthma exacerbations and those treated in healthcare facilities.

Methods: This secondary analysis of the CDC's publicly available Child Asthma Call Back Survey used ten years of cross-sectional data from 2010 to 2020 (N=12,113 Children) from 26 States. Each year was contained in a separate data file with data elements that needed to be standardized and cleaned before joining. There were three location-specific questions related to facility-treated asthma exacerbations (ER, Urgent Care, and Hospital Admission). A composite binary facility-treated exacerbation variable was created where if the respondent answered "yes" to any of the questions above, they would get a "1"; if they answered no to all of the questions, they would get a "0", and if there were any combination of "no" and missing data elements they would get an "NA."

Children under 48 months (n=1,085) and over 216 months or 18 years (n=10) were excluded. Asthma diagnoses under the age of 4 are suspect due to the difficulty of differentiating between overlapping symptom patterns of other respiratory illnesses, and those individuals 18 or older are not considered to be children for this analysis. Next, due to the "call-back" nature of this survey, some data was collected outside the assessment window; therefore, all survey data collected after January 2020 were excluded (n=611). Finally, any subject who had missing data for either the "any exacerbations" or "facility-treated exacerbations" variables were excluded (n=55 & 37). The final remaining number of subjects were 10,315.

A descriptive analysis will be conducted, and a multi-level regression analysis will be devised to glean relationships between the difference in reported total and facility-treated asthma exacerbation rates and potential predictors (age, sex, state of residence, insurance status, and air quality index).

Preliminary Findings: A preliminary analysis of means showed that 36.8% of children experienced an exacerbation while only 23.7% had exacerbations treated in a healthcare facility, a difference of 13.1%. These averages varied substantially by state, where the state's total exacerbation ranged from 25% (HI) to 43.1% (MT), and the facility treated ranged from 15.5% (WA) to 35.1% (PR). However, sex within states showed some interesting results. Females in Mississippi had the smallest gap between total exacerbations (41.8%) and facility-treated exacerbations (40.7%), a gap of just 1.1%, and Vermont females had the largest gap of 26.8%, where 46.3% reported an exacerbation and only 19.5% were treated in a healthcare facility.

Pediatric Empowerment and Cystic Fibrosis: A Concept Analysis

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Purpose and Aims: Cystic Fibrosis (CF) is a progressive genetic condition that affects over 100,000 individuals worldwide, with 75% of incident cases diagnosed by two years old. Management relies on individualized treatment plans involving daily medication and rigorous daily treatments starting at diagnosis. Challenges associated with managing CF contribute to poor health outcomes, including repeated respiratory infection, respiratory distress, liver disease, CF-related diabetes, pulmonary failure, and death. As a result, children with CF have a decreased health-related quality of life compared to children without CF. Empowerment is essential to future engagement with disease management, impacts disease outcomes, and has been applied to transition readiness, but its role in pediatric CF management is not well understood.

This concept analysis aims to describe pediatric empowerment and its hypothesized role in understanding management strategies that would improve the quality of life of children with CF. Definitions of empowerment within adult literature often include self-efficacy, disease knowledge and skills, perceived autonomy, and respect, which are critical aspects of transition preparedness for adolescents with CF. Despite this, there is limited application of empowerment within pediatric chronic illness scholarship, representing a potential novel area of inquiry in understanding youth management of chronic conditions.,

Methods and Definitions of Concept: This analysis follows Walker and Avant’s (2019) approach to concept analyses and includes: defining attributes; antecedents; consequences; model, related, borderline, and contrary cases; and empirical referents.

Pediatric empowerment for young persons with CF is defined as the acquisition of condition-specific knowledge and autonomy through active participation, which includes respectful communication, cooperation, and feedback between the healthcare team, parents, and child with CF. This includes five defining attributes: active participation, cooperation and feedback, respectful communication, knowledge acquisition, and autonomy; four antecedents: motivation, relational support, base knowledge, and belief systems; and four consequences: self-esteem, engagement, condition-specific knowledge, and the ability to thrive alongside CF.

Links to Practice and Research:

Pediatric empowerment can improve health outcomes for young persons with CF by helping them develop a better understanding of their CF, its trajectory, symptoms, treatments, and consequences of mismanagement, addressing a well-established gap in transition preparedness, which is a knowledge deficit. Pediatric empowerment may also improve mental health outcomes by connecting young persons with CF to a positive sense of CF identity and self-esteem. It can strengthen the development of problem-solving, coping skills, and resiliency against CF-related setbacks through supported autonomy. Finally, pediatric empowerment may increase engagement and treatment adherence, which could improve/stabilize lung function, decreasing exacerbations and hospitalizations.

Conclusion: Pediatric empowerment is a novel concept within pediatric chronic illness, and specifically within CF. To date, there is limited literature that describes and measures the outcomes of empowerment in the CF population, and none are specific to pediatrics. Pediatric empowerment represents an understudied area of inquiry that may illuminate gaps in our knowledge around youth management of CF, providing potential avenues for future intervention and improved clinical outcomes. Future research includes a cross-sectional study investigating the relationships between pediatric empowerment, pediatric shared management, and family functioning in young persons with CF.

Holistic Health Coach: Defining the Role of School Nursing

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Background: School nursing has developed over the years to include various facets of community health. School nursing currently lacks a theoretical basis to inform its nursing practice. The purpose of this concept-building study is to detail the story of *school nurses as holistic health coaches*, providing a literature—and theory-based definition of school nursing practice.

Method: The concept of the school nurse as a holistic health coach was developed using Leir and Smith's 9-step concept-building approach, viewed through Watson's Theory of Caring and *10 Caritas Process* as a theoretical lens.

Results: Through the 9-step concept-building process, the story-telling development, literature review, and theory analysis led to the identification of the final four core concepts: holistic impact, health resource guide, integral health promotion, and person-centered care. This study details the profound influence school nursing has on the community.

Discussion/Implications: Watson's *10 Caritas Processes* can successfully guide holistic health coaching as an essential facet of school nursing practice. Tools of health promotion and person-centered care develop the school nurse's practice to holistically assist their students while improving care and quality of life for their community. Research is limited in supporting school nursing initiatives within the community setting. This research can inform existing local policies, school nurse education, and community support needs related to school nursing and holistic health coaching. Defining the role of school nursing will guide future community needs, impacting broader community health.

Conclusion: Offering a theoretical lens within school nursing can provide a deeper basis for the multiple workings of school nursing. The school nurse's role as a holistic health coach can enlighten school nursing practice and offer valuable nursing care for the community and the future.

Keywords*:* school nursing, school health promotion, holistic nursing, caring science, nursing theory, concept build

Pediatric Pain Interventions: Knowledge and Attitudes Among Clinicians and Guardians

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Purpose: The purpose of this quality improvement project was to improve the knowledge, attitudes, and utilization of NPPI among clinicians and guardians of pediatric patients about non-pharmacological pain interventions at a children's hospital in a metropolitan area.

Background: Clinicians (nurses, doctors, and advanced practice providers) and guardians of pediatric patients at a 289-bed children's hospital aimed to learn more about non-pharmacological pain interventions (NPPI). NPPI help reduce pain, anxiety, and opioid use. Utilization of these interventions varies, and knowledge of the evidence supporting these interventions is limited among guardians and clinicians. Pre-intervention online surveys were sent to patients over the age of 12, clinicians, and guardians. Of the surveys that were sent, 11 patients and guardians and 309 clinicians responded. Results showed a lack of knowledge about NPPI and their accessibility. Guardians and patients indicated interest in utilizing the NPPI but expressed barriers related to access. Clinicians expressed concern about time and accessibility to NPPI.

Methods: A pre- post- intervention survey methodology was used. After results from the pre-survey were reviewed, the following interventions were used to increase knowledge and accessibility. Surveys were written with the expertise of strategic analysts, using understandable language for both groups with the purpose to assess knowledge and attitudes toward NPPI. A NPPI brochure was distributed with information about local resources and to address accessibility and time barriers. NPPI education was shared in inpatient and outpatient settings via rounding on pediatric surgical and medical units, observation units, the emergency department, and ICUs. The education was disbursed via emails, posters, and experiential opportunities with NPPI. One year after rollout of the education, a post-intervention survey was sent resulting in 343 clinician responses. Additionally, 20 guardian phone interviews were conducted.

Outcomes: About 70% (n=240) of clinicians said they thought about using NPPI either often or always. Nearly 90% (n=308) of clinicians felt either somewhat or very positive about using NPPI. Approximately 54% of nurses, 15% of physicians, and 10% of guardians expressed familiarity with the brochure. On average, clinicians felt the brochure had a positive impact on their attitudes toward NPPI. Guardians (n=20) expressed positive attitudes toward NPPI including wanting their child to learn coping skills and believing NPPI would help, especially when combined with medications. Barriers identified by clinicians and guardians included limited availability, parent preference for medications, and concern that NPPI might not provide adequate pain relief. Clinicians desired to have NPPI as standard of care.

Conclusions/Implications: Recommendations for further work include embedding NPPIs into the hospital culture through accessibility education and standardizing care practices. Storing NPPIs near pharmacological options may increase the likelihood of use. In partnership with guardians and patients, clinicians should develop a pain management plan that includes both medications and NPPI for maximum pain management. Efforts to standardize care include incorporating NPPI education in the admission process and the standard order set. Pediatric pain management utilizing both pharmacological and non-pharmacological methods will improve the child's experience with pain and will give them the tools to successfully manage pain in the future.

CLINICAL EDUCATION, EVIDENCE-BASED TEACHING

Concept Analysis: The Need for Vigilance in Intensive Care Unit

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Purpose: To present a concept analysis of vigilance that includes the clinical attributes, antecedents, and consequences and to introduce an operational definition of vigilance.

Background: Working in an intensive care unit (ICU) requires a high-level skill set. It is well known that ICU nurses commonly have a high workload due to needing to deal with complex conditions, and they are responsible for observing changes in patient conditions, completing various nursing practices, and keeping records. Vigilance helps nurses develop the physical and mental readiness to respond promptly and effectively to unexpected environmental changes. To maintain patient safety, vigilance is the core competent of nursing practice based on extensive knowledge, and monitoring, and the ability to act immediately are required. To maintain patient safety, vigilance is a core component of nursing practice, requiring extensive knowledge, continuous monitoring, and the ability to act immediately.

Method: The eight-step concept analysis method of Walker and Avant.

Results: Defining attributes include alertness, readiness to act, sustained attention, and responsiveness. Antecedents identified include education and training, adequate staffing, a supportive work environment, and critical thinking. The consequences identified were to maintain safety, reduce the length of stay and mortality, minimize risk and errors, enhance team coordination and communication, improve patients' outcomes, and boost self-confidence and confidence in clinical decision-making. The identified defining attributes, antecedents, and consequences led to an operational definition of vigilance as a state of alertness, readiness to act, sustained attention, and responsiveness.

Conclusions: Vigilance is an essential component of professional nursing practice and is a critical concept for nurses in the ICU that requires the utilization of critical thinking for early recognition, decision-making to minimize risks and errors, provision of high-quality care, and maintaining patient safety. The effectiveness of nursing practices and standards will increase with maintaining high levels of vigilance.

Implications: Vigilance is crucial for providing patient safety and timely treatment in the ICU environment. This concept analysis of vigilance is expected to increase recognition of the importance of continuous observation, immediate decision-making, and effective interventions. Emphasis on the crucial importance of vigilance, improvement of patient outcomes, reduction of risks and complications, and enhancement of accuracy in nursing care will result in the development of strategies that increase nurses' vigilance levels in critical care settings.

Keywords: Concept analysis; Vigilance; Sustained attention; Alertness; Responsiveness.

Closing the Education Gap: Safe Patient Handling and Mobility Equipment

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Purpose and Significance: Mayo Clinic's commitment to patient safety is exemplified through the extensive provision of safe patient handling equipment and mobility (SPHM) to safeguard patients and staff. The current orientation process for the Department of Nursing new hires offers a brief introduction to the SPHM equipment within our organization. The SPHM program offers a comprehensive course to further familiarize staff with the equipment; however, this is not a requirement for all staff. An educational gap for utilization of the SPHM equipment was identified for new hires on 7 Central (7C), an inpatient hematology/oncology unit. Due to the complex patient population on 7C, equipment needs and mobility assessments are constantly fluctuating. Proper mobility assessments and equipment selection is crucial for patient safety and injury prevention. A knowledge gap on 7C was identified through inaccurate documentation and evidence of inconsistent use and improper equipment utilization. **The aim of this project was to increase staff confidence in identifying and utilizing proper SPHM equipment by at least 30%, through the implementation of a unit specific SPHM curriculum for new hires.**

Methods and Implementation: A dedicated 1-hour education session was approved by unit nursing leadership and the SPHM team to educate new hires on how to properly select and utilize SPHM equipment. The course was facilitated by a 7C SPHM Champion. Course curriculum included proper performance of mobility assessments, and how to select and utilize SPHM equipment based off assessment results. Staff members trialed the SPHM equipment on each other to support kinesthetic learning. A pre and post implementation survey was utilized to evaluate the effectiveness of the project. The surveys took approximately five minutes to complete and evaluated the learners understanding and confidence of SPHM equipment. All new hires were required to attend the education session as part of their unit specific orientation.

Outcomes: Post implementation data showed an increase in staff confidence in identifying and utilizing proper SPHM equipment. Data (N=26) revealed a 35% increase in staff who self-reported feeling comfortable utilizing SPHM equipment. Additionally, a 25% increase was seen in staff who self-reported understanding how to properly perform a mobility assessment. An identified limitation of the project was the varied experience level of the new hire participants, which may have impacted results.

Implications for Practice: A dedicated 1-hour unit specific education session focusing on SPHM equipment for new hires proved to increase staff confidence in identifying and utilizing proper SPHM equipment by at least 30%. Implementing a unit specific SPHM education session for new hires can help ensure staff are utilizing the safest techniques when transferring, lifting, and mobilizing patient. This can not only protect patients, but also reduce staff injury and promote longevity at the bedside. Future work will correlate this course to the nurse sensitive indicator "patient falls," as well as staff injuries.

Student Value and Perception of Formative OSCE Exams in Clinical Preparation

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Purposes: This study evaluates primary care nurse practitioner students' perceptions of a low-stakes Observed Structured Clinical Examination (OSCE) before starting their first clinical practicum and at the conclusion of their first clinical practicum rotation.

Background: OSCE is a process of evaluating how a student translates knowledge (knows) into application (shows how) in a simulated environment. Healthcare programs have used OSCEs for over 40 years, ranging from providing formative assessments to summative evaluations, including high-stakes testing. OSCEs are stressful and anxiety-inducing experiences. However, it is unknown what students perception of the OSCEs after completing their first clinical practicum.

Methods: A seven-station OSCE exam was administered to primary are NP students. Upon completion, the students were invited to completion of a 25-question survey using a 5-point Likert scale with an invite to participate in focus group sessions.

Results: The response rate was 44% (n=24). Most were female (81%) and where direct entry doctoral students (85.19%). Participants felt the exam covered a wide range of material (4.48/5, *sd*=0.57), revealed their strengths and weaknesses (4.63/5, *sd*=0.55), and feedback improved their performance (4.37/5, *sd*=0.78). Despite the OSCE benefits, many students felt the OSCEs were intimidating (3.59/5, *sd*=1.10) and caused increased stress (4.07/5, *sd*= 0.94.). Students' perception of clinical readiness before (2.19/5, *sd*=1.07) and after (3.38/5, *sd*=1.18) changed, demonstrating an improvement in perceived clinical readiness.

The pre-clinical focus group (n=10) identified several themes, with **anxiety and self-doubt** being the leading theme. During the OSCE, students questioned their knowledge and feared being evaluated. They needed to be more certainty in managing the different clinical scenarios. The second theme was **preparation and time management**. Students felt the time to complete the OSCE scenario needed to be longer. They needed more time to complete a focused history and physical exam. The students valued the **feedback and learning** that occurred during the scenario. Feedback was constructive and instrumental in developing clinical reasoning skills. Finally, they felt their **Confidence and skills increased**. Their skills increased from the first station to the last one, incorporating feedback into future stations. They felt more confident in starting their clinical practicum.

The post clinical focus group sessions (n=8) identified that participating in the OSCE increased **Confidence** and prepared them for real-world scenarios. There was increased competence in history-taking and developing differential diagnoses which was directed related to the OSCE and enhanced their clinical rotation experience. **Reflection of OSCE** was a significant theme during the second focus group. The OSCE represented a realistic clinical experience and should remain. Finally, the theme of **Stress but Valuable** was identified. The OSCE exam was stressful, however students endorsed the value of the experience.

Conclusions: Observed structured clinical examinations (OSCEs) are a labor-intensive exercise that can cause stress and anxiety for the students; however, the benefits to the students are significant. The OSCE process advances from "knowing" to "showing how," which is essential in becoming a competent clinician. This study reinforces the value of the OSCE experience from the learner's lens.

Overcoming Obstacles: IRB Barriers in Multi-Institution Research Initiatives

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Purposes/Aim: The purpose of this project is to identify barriers, share experiences, and provide solutions when applying for IRB approval of a research project across multiple institutions.
Rationale/Background: Collaboration between academic institutions, medical centers, and professionals is a growing occurrence. A group of six researchers, all from different institutions across the United States, came together to collaborate on a needs assessment study regarding RN-Baccalaureate Education and the 2021 American Association of Colleges of Nursing (AACN) Essentials. It was discovered that there was no formal process for obtaining IRB approval across multiple institutions and a large amount of time and effort was spent getting IRB approval from each institution and coordinating these efforts
Brief Description of the Undertaking/Best Practice, including the Approach, Methods, or Process Used: Each member of the research team contacted their respective institution's IRB about the research project. Each institution had a different policy and process for multi-institution projects. It was determined the lead author's institution would be the lead IRB for approving the study. Despite best efforts to streamline efforts, it was difficult ensuring the requirements of each IRB were met. This process was cumbersome, involving the submission of documents to each institution as needed, setting up online profiles, troubleshooting technical issues, and revising IRB applications to meet the specific requirements of each institution.
Assessment of Findings/Outcomes Achieved: The barriers mentioned above added significant time to the research study and required the duplication of work and submission of documents. The most significant (and unexpected) challenge encountered by the research team was the absence of a formal IRB approval process at any of the participating institutions for this type of collaborative, cross-institutional research.
Conclusions: The absence of a streamlined process for obtaining IRB approval for collaborative research across institutions represents a significant gap in research methodology, particularly in nursing. Developing a process that meets the IRB requirements of multiple institutions without duplication or excessive effort is crucial for advancing nursing research and maintaining its position at the forefront of research efforts.

Developing a Planetary Health Faculty Toolbox for Integration in Nursing Education

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Purpose: This quality improvement project seeks to develop and implement a web-based faculty toolbox, using the Planetary Health Education Framework (PHEF) to guide nursing faculty in integrating planetary health concepts into undergraduate nursing curriculum. The toolbox is a response to the findings of Washington State University's (WSU) Planetary Health Report Card.

Rationale/Background: Planetary health underscores the vital interconnection between human health and environmental sustainability. With climate change and environmental degradation emerging as profound global health threats, nurses are positioned at the forefront of addressing these critical issues. To prepare nurses for these challenges, nursing education must provide the necessary knowledge and skills to understand the intricate relationships between health and the environment. A gap analysis conducted at Washington State University (WSU) through the Planetary Health Report Card revealed a significant underrepresentation of planetary health concepts within the nursing curriculum. This project aims to bridge these gaps by developing a web-based toolbox for nursing faculty, serving as a model for the effective dissemination of relevant information. Informed by the Planetary Health Education Framework (PHEF), this toolbox will offer a range of resources designed to facilitate the integration of planetary health into nursing education, ensuring that students are adequately equipped to address the health implications of climate change and other environmental challenges.

Methods: WSU College of Nursing is implementing this quality improvement project to develop a web-based faculty toolbox. The Planetary Health Education Framework (PHEF) will guide this initiative, providing structure for incorporating key topics like climate change, sustainability, and environmental health into the curriculum. The toolbox will contain teaching resources for faculty to integrate into their courses. Resources will be collected through a robust search of library databases such as PubMed, CINAHL, and Scopus; reputable websites like the Planetary Health Alliance, World Health Organization (WHO), Intergovernmental Panel on Climate Change (IPCC), and Centers for Disease Control and Prevention (CDC); as well as interdisciplinary research collaborations and faculty contributions. Teaching strategies will include literature reviews, PowerPoint slides, visual aids, fact sheets, textbooks, videos, and multimedia resources organized by semester, course objectives, and relevant planetary health topics to ensure they are accessible and applicable to the nursing curriculum.

Findings: The project is currently in progress; the timeline for completion is 12/5/2024

Conclusion: This quality improvement initiative is currently in the developmental phase, focusing on designing and implementing a web-based faculty toolbox guided by the Planetary Health Education Framework (PHEF). The primary goal is to provide nursing faculty with the necessary resources and tools to facilitate the integration of planetary health concepts into the undergraduate nursing curriculum. The impact of the toolbox will be evaluated through a structured feedback mechanism using Qualtrics surveys, which will assess faculty satisfaction, ease of use, and the extent to which planetary health concepts are incorporated into their teaching.

CLINICAL EDUCATION, EVIDENCE-BASED TEACHING

Using Mindfulness to Build Nurse Resiliency: A Quality Improvement Project

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Purpose/Aims: This evidence-based, quality improvement pilot project aimed to use mindfulness to increase nurse resiliency when transitioning into practice.

Background: In a 2023 national survey, 30% of all new graduate nurses left the profession within the first year of practice due to burnout from unanticipated stress (ANA, 2023). The expectations placed upon new graduates by employers and themselves within the first few months of practice can cause anxiety and distress beyond what they have previously experienced (Sos & Melton, 2023). Evidence has shown that mindfulness practices can decrease stress, anxiety, and nursing burnout while increasing resiliency (Green & Kinchen, 2021). Mindfulness practices do not require a substantial time or cost commitment to improve nursing outcomes: Just 10-15 minutes of daily practice can decrease negative mood and enhance attention, working memory, and recognition memory (Basso et al., 2019).

Brief description of the undertaking/best practice: Utilizing the PDSA framework, mindfulness practices were introduced at the start of a Transition to Practice (TTP) program for new graduate nurses at an urban hospital. After the education session, a baseline measurement of stress and self-efficacy was completed and then repeated at the end of the TTP program for comparison. Qualitative and quantitative survey questions were used to gather data on whether the nurses who participated in the TTP program continued to use the mindfulness practices presented in the education session and to determine whether those mindfulness practices helped them manage stress and increase self-efficacy.

Assessment of Findings: The results, which will be finalized in January 2025, will provide insight into the impact of mindfulness to enhance nurse resiliency.

Conclusion: Mindfulness has been shown to reduce burnout and anxiety while increasing resiliency in nurses transitioning into practice. By incorporating this low-cost program into TTP programs, mindfulness has the potential to improve job satisfaction and lower nurse turnover within the first year of nursing practice.

Ungrading and Competency-Based Education: Aligning Our Academic and Practice Values

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Purpose: The purpose of this conceptual analysis is to explore the alignment of pedagogical values associated with ungrading and competency-based education (CBE) in prelicensure nursing education curricula.

Defining the Concepts: (1) Ungrading is a pedagogical approach that emphasizes learning as a continuous process over rigid assessments. It encourages students to engage deeply with content through self-reflection, personal growth, and mastery of knowledge. For faculty, it shifts the focus toward providing ongoing formative feedback, developing immersive and engaging learning environments, and guiding students toward deeper understanding. This approach moves away from traditional summative assessments, like exams and grades, which often hinder deep learning and personal growth, and instead promotes holistic evaluation. This redirects the focus toward assessing a student's actual understanding and development through meaningful learning experiences, rather than relying on discrete grades or tests. This encourages students to engage more authentically with the content and allows their progress to be reflected more accurately. (2) CBE is a pedagogical approach that emphasizes the demonstration of knowledge and skills through practical application and performance. This method also fosters learner engagement, curiosity, motivation, and accountability by prioritizing deep understanding. It encourages students to relearn content and practice skills until competence is achieved, rather than relying on summative assessments that evaluate isolated components.

Logic: Ungrading and CBE prioritize learning outcomes over grades, but the application of CBE in nursing education typically centers on clinical competence, leaving traditional didactic performance outside its scope. We argue that ungrading can serve as a bridge, bringing CBE's competency-focused approach from clinical and simulation learning environments into didactic and theory classroom environments. By aligning assessments in both didactic and clinical settings with real-world competencies, nursing students are empowered to evaluate their own knowledge and skills, fostering deeper insight into their strengths and areas for growth. This holistic approach prepares students for professional practice by integrating traditional didactic learning spaces like classrooms with clinical learning environments. This encourages students to internalize the knowledge and competencies necessary for success in nursing, rather than focusing on grades.

Conclusion: Barriers to implementing ungrading include institutional rules and regulations that rely on traditional grades for student financial aid, academic progression, and demonstrating readiness to pass the NCLEX-RN. While transitioning entirely away from letter grades may seem daunting, we advocate for integrating ungrading principles alongside CBE. Even within a framework that uses letter grades, ungrading strategies—such as qualitative feedback, self-reflection, and formative assessments—can complement CBE by focusing on the mastery of skills and knowledge rather than performance on traditional grades. Ungrading aligns naturally with CBE by emphasizing knowledge and competency over grades. By incorporating aspects of ungrading principles, educators can foster critical reflection and personal growth without immediately dismantling established grading structures. This blend of ungrading and CBE not only enhances learning and student engagement but also better prepares future nurses for the complexities of professional practice, ensuring they develop both the academic and clinical competencies essential for success in their field.

CLINICAL EDUCATION, EVIDENCE-BASED TEACHING

Implementing Screening Brief Intervention and Referral to Treatment in Primary Care

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Purpose: This quality improvement project aims to evaluate the impact of implementing SBIRT in a private suburban primary care clinic to increase alcohol misuse screening, brief intervention, and referral rates. Additionally, the project intends to identify the barriers and facilitators to SBIRT implementation, providing insights to support sustainable integration into routine practice.

Background: Excessive alcohol consumption represents a significant public health concern, contributing to substantial health, social, and economic burdens. In the United States, 23.5% (approximately 60.4 million) of adults aged 18 and older engage in hazardous drinking behaviors, leading to numerous preventable health conditions such as liver disease, mental health disorders, and alcohol-related injuries. Despite U.S. Preventive Services Task Force (USPSTF) recommendations for implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) within primary care settings, a significant gap remains in its utilization. A national survey revealed that only 2.6% of primary care visits included alcohol screening, with just 0.8% documenting alcohol counseling. Routine integration of SBIRT into primary care visits could facilitate the identification of at-risk individuals, reduce alcohol misuse, and improve overall patient outcomes.

Methods: This quality improvement project will take place in a private primary care clinic in a suburban setting and use a quasi-experimental design with two phases. The initial phase involved training healthcare providers and staff on the SBIRT protocol, implementing the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) tool for screening, and providing brief interventions and referrals as needed. Phase two was the active implementation phase for the SBIRT intervention for all eligible patients. Patients identified with AUDIT-C scores indicating alcohol misuse (scores of three or more in women and four or more in men) received brief education or referrals to specialty services as needed. Data will be collected from patient interactions over a three-month period, initially recorded on paper forms, and subsequently de-identified, recorded electronically and securely stored in a password-protected file. The effectiveness of the intervention will be measured by analyzing changes in the rates of alcohol screening, brief intervention, and referrals pre- and post intervention.

Outcomes: Data collection is ongoing, with completion expected by December 2024.

Implications: The author hypothesizes that an increase in screening and identification of alcohol use and misuse, an increase in brief intervention rates at the primary care clinic, and an increase in referrals to specialty services for patients who require more extensive interventions. The findings from this project can help improve practice by providing support for incorporating SBIRT into routine primary care workflows, thereby improving alcohol misuse detection in society.

Improving Ostomy Care Confidence: A Quality Improvement Project

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Purposes/Aims: The aim of this project is to improve nurse confidence and self-efficacy, as well as patient satisfaction, through implementation of ostomy care education and unit-based rounding by a certified ostomy nurse (CON) on two adult 32-bed medical-surgical units in a university hospital.

Rationale/Background: People with an ostomy are an underserved and stigmatized population in healthcare. The nurse-patient relationship, nurse attitudes, and the quality of care performed by nurses in acute care hospitals can have empowering or devastating impacts on patient quality of life and healthcare utilization. Ostomy care education for nurses is not standardized. Nurses who are not adequately prepared and/or supported to perform quality, evidence-based ostomy care may provide below-the-standard ostomy care causing frustration to nurses and adverse patient outcomes.

Brief description of the undertaking/best practice: The Johns Hopkins Nursing Evidence-Based Practice Model was used to guide this project. Baseline assessment included a survey of hospital nurses regarding their perceptions of caring for ostomies. Literature review and listserv query were conducted to identify tools for evaluating nurse perception of providing ostomy care, the effect of role ambiguity on nurses, and ostomy care best practice. The outcomes of the intervention will be evaluated using the modified Role Ambiguity Scale, Nurse Perceptions About Providing Ostomy Care, the CDC Recommended Training Effectiveness Tool for Post-Course Evaluation, and Ostomy Patient Satisfaction with Nursing Care Quality Questionnaire.

Assessment of findings/outcomes achieved: Preliminary data indicates nurses are comfortable and confident performing routine ostomy cares. However, during unit and bedside rounds by the CON, both novice and experienced nurses stated lack of knowledge about basic ostomy care practice, techniques, ostomy appliances and accessories. Data evaluating nurse experience and perceptions, and patient experience will be collected and analyzed.

Conclusions: Nursing schools, orientation and nurse residency programs should include basic ostomy care education according to published clinical practice guidelines. Unit and bedside rounding by a CON/enterostomal therapy nurse may further support nurses' ostomy care knowledge and skills. Ostomy care education created for this project will be included in the organization-wide learning platform and is recommended for yearly unit-based competency. CON will provide in-service during RN residency.

Innovative Partnership to Enhance Pediatric Nursing Education and Readiness

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Purposes/Aims: This program aims to enhance nursing education through a strategic academic-practice partnership, empowering operational leaders to collaborate on meeting organizational hiring priorities via an innovative clinical cohort design. The ultimate goal is to produce graduates who are workforce-ready in specialized healthcare settings.

Rationale/Background: With accelerated nursing shortages, hospitals are experiencing increased turnover rates and the associated costs of orientation, which threaten the maintenance of high-quality nursing practice in acute care settings. Prelicensure nursing students often receive limited clinical exposure in specialty environments, exacerbated by competition for clinical placements. This situation results in novice graduates who may lack the necessary skills in begin their career in specific nursing environments. To address these challenges, a partnership was established between a freestanding children's hospital and an academic institution to better prepare nursing students for pediatric care.

Brief Description of the Undertaking/Best Practice: The collaboration led to the development of a four-semester clinical program designed to introduce prelicensure nursing students to various aspects of pediatric nursing. Students with an interest in this specialty are selectively recruited into a concept-based program that emphasizes clinical skills and family-centered care across diverse clinical settings. Key components of the program include a foundational dedicated education unit and a transition to practice preceptorship.

Approach (Framework or Model): The program employs a collaborative model that integrates academic learning with clinical practice, ensuring that students are immersed in pediatric and family-centered care throughout their educational journey.

Methods (Process Used): Clinical nurses are trained as dedicated preceptors, enhancing their ability to facilitate student learning and integrate them into the work environment. These preceptors not only mentor students but also pursue professional development as educators, supported by university faculty who oversee the process.

How Improvement/Change Was Measured/Assessed:
Outcomes are monitored through various metrics, including:

- NCLEX pass rates
- Hiring rates of program graduates
- One-year organizational retention rates

Assessment of Findings/Outcomes Achieved: To date, 80% of program participants have been hired into the organization, with a one-year retention rate of 88%, significantly higher than the national average of 67%. Additionally, NCLEX pass rates align with university standards. Clinical outcomes indicate improvements in students' clinical reasoning, time management, and confidence. Participants have demonstrated the ability to manage increased patient assignments and report higher confidence in their skills compared to peers.

Conclusions and Next Steps: This academic-practice partnership serves as a model for other institutions aiming to enhance nursing education and workforce readiness. The success of this program highlights the need for continued investment in innovative strategies that bridge theory with real-world practice.

Recommendations for Future Undertakings:

- Expand the program to include additional specialty areas within nursing.
- Conduct further research on long-term career outcomes for graduates.
- Explore additional partnerships to enhance clinical placements and learning opportunities.

By fostering skilled, compassionate pediatric nurses, this initiative aims to positively impact young patients and their families, addressing the urgent need for specialized nursing care in today's healthcare environment.

No Soggy Bottoms: Linen Standardization to Reduce Moisture-Associated Skin Damage

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Wounds are debilitating in the care progression of acutely ill patients and can disrupt quality of life after hospital discharge. In quarter 2 2022, five sacral/coccygeal Hospital-Acquired Pressure Injuries (HAPI) directly related to Moisture-Associated Skin Damage (MASD) occurred in an Intensive Care Unit (ICU), which prompted a spirit of inquiry and need for practice change. Exercising exemplary professional practice and keeping patient safety at the forefront of all efforts, a group of nurses collaborated on a quality improvement (QI) project to address this problem and standardize practice.

The goal of this initiative was to reduce the incidence of HAPI related to MASD in the ICU by 50% at the end of a six-month period through reducing the number of linen layers underneath patients and eliminating fabric pads.

Evidence shows a correlation between increased capillary pressure and circulatory compromise in body surfaces when pressure exceeds 32mmHg. Each linen layer adds 16mmHg of pressure, therefore any linen combination exceeding two layers could impair adequate circulation and increase moisture levels and heat retention. As evidenced in wound prevention rounds, the number of linen layers underneath patients consistently exceeded recommendation and the use of fabric quilted pads were more prevalent than the disposable moisture-wicking brand, identifying a practice gap.

In this QI initiative, fabric pads were replaced by disposable ones and an algorithm was created to illustrate and reinforce the two-layer limit linen configuration. Nurse-led education rounds and real-time peer-to-peer feedback addressed efficacy of these initiatives. HAPI rates were analyzed monthly, and the outcomes were measured by the overall number of HAPI arising from MASD in a six-month period.

Since linen standardization implementation on October 1st 2022, zero HAPI arising from MASD have occurred. The focus of rounding has evolved from pressure relief strategies to include a more diverse, well-rounded wound prevention approach. Empowered by clinical nurses, the critical care interdisciplinary team collaborates to maintain patients' skin integrity, collectively helping advocate for improved quality of life post hospitalization. From the success realized in the ICU, this nurse-led innovative initiative has since been adopted throughout all inpatient units of this hospital facility positively contributing to skin integrity and wound prevention.

Nurse-driven initiatives to optimize skin health, wound healing, promote moisture management, and improve skin integrity are paramount in high-risk patient populations. Implementation of linen standardization resulted in zero HAPI arising from MASD following practice change.

Strengthening the Long-Term Care Nursing Workforce through Innovative Education

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Purpose: The Excellence in Long-term Care (LTC) Externship is an innovative clinical education program designed to build a pipeline of highly skilled nurses to support and strengthen the LTC workforce. The program's objectives are to provide nursing students with hands-on experience enabling them to develop specialized LTC knowledge and skills, while also encouraging them to pursue careers in this critical field. First piloted in 2020, the externship has been successfully implemented and evaluated over three years, demonstrating effectiveness in meeting these goals.

Background: With the aging population rapidly increasing, particularly among those living with dementia, the demand for registered nurses in LTC is at an all-time high. Over 84% of LTC facilities in the United States report persistent staffing shortages, which directly affect the quality of care and patient outcomes. Despite this urgent need, many nursing programs do not offer students with advanced hands-on clinical experiences in LTC and skilled nursing facilities, leaving a significant gap in workforce readiness.

Description: This program, offered as an elective in a traditional Bachelor of Science in Nursing curriculum, provides students with hands-on clinical experience by employing them as Nurse Technicians in skilled nursing facilities. The clinical experience is complemented by a didactic curriculum, ensuring a well-rounded approach to long-term care education. Program outcomes were evaluated through self-reported changes in 1) LTC-specific skills, 2) cultural competencies, 3) attitudes towards LTC residents and nurses, and 4) willingness to pursue career in LTC (rated on a scale of 1-5, with 5 indicating 'very likely'). Data collection methods included pre- and post-externship surveys and focus groups conducted with students at the end of the program.

Assessment: Over the first 3 years of evaluation, involving a total of 17 students, the program successfully demonstrated an increase in self-reported LTC-specific nursing skills across all 17 measured domains and positively shifting student attitudes towards LTC residents and nurses. However, the program's impact on students' likelihood to pursue a career in LTC yielded mixed results. Approximately 18% of students reported an increased likelihood to work in LTC, while 64% reported no change. Students cited several barriers to choosing LTC, with many prioritizing clinical practice in a hospital setting in order to establish a foundation for future career opportunities. Additionally, while most students appreciated the opportunity to connect with the patient population, some were discouraged by challenging policies and practices within the LTC environment.

Conclusion: This evaluation demonstrates the program's positive impact on student learning, but highlights the need for further development to strengthen its direct influence on the LTC workforce. Potential solutions include the creation of post-graduate LTC residency programs, which would provide newly graduated nurses a structured pathway to gain advanced clinical experience in LTC settings. Additionally, integrating LTC-specific career counseling, mentorship programs, and financial incentives such as loan forgiveness or scholarships could make LTC more attractive. More research is needed to identify and implement these strategies, along with improving policies and practices within LTC environments, to encourage more nurses to enter and remain in this critical field.

Funding: Washington State Department of Social and Health Services, Aging and Long-Term Support Administration and Washington State Health Care Authority

Caring for Non-Native English-Speaking Patients in Intensive Care

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Introduction: Nursing in the ICU often involves high-pressure situations where effective communication is crucial. This study addresses language barriers that can impede effective communication in the ICU. By focusing on cultural competence and empathy, the study aims to reduce human suffering, improve patient outcomes, and enhance nurse well-being, promoting holistic healing for patients and caregivers.

Purpose: The purpose of this study is to explore the lived experiences of ICU nurses caring for non-native English-speaking patients, with a focus on understanding the challenges and strategies related to language barriers.

Background: ICU nurses face significant communication challenges when caring for non-native English-speaking patients. Language barriers can hinder patient care and increase stress for both patients and caregivers. Enhancing cultural competence and empathy in nursing can improve patient outcomes and contribute to a more holistic healing environment for patients and caregivers alike.

Design: This study employs a descriptive phenomenological design grounded in the philosophical work of Edmund Husserl, exploring ICU nurses' experiences and perceptions when caring for non-native English-speaking patients.

Methods:

Setting: The study was conducted with ICU nurses caring for non-native English-speaking patients.

Sample: Eight ICU nurses participated in the study.

Data Collection: In-depth interviews were conducted, recorded, and transcribed for analysis.

Data Analysis: Thematic analysis was used to identify recurring themes and patterns in the experiences shared by the nurses.

Results: Four main themes emerged from the data:

1. **Cultural Competence and Language Skills**: Nurses reported the need for enhanced cultural and language skills to improve communication with non-native English speakers.
2. **Challenges of Communication Barriers**: Language barriers were identified as a significant challenge, impacting patient care and increasing the emotional strain on nurses.
3. **Strategies to Overcome Language Barriers**: Nurses developed various strategies, including the use of interpreters and visual aids, to facilitate communication.
4. **Emotional and Professional Impact**: The experiences had a profound emotional impact on the nurses, highlighting the need for support and training in managing these unique challenges.

Nursing Implications: Addressing language barriers is crucial for improving patient outcomes and nurse satisfaction. Recommendations include increased training in cultural competence and language skills, more accessible interpreter resources, and the development of multilingual patient education materials.

Conclusion: This study highlights the significant challenges ICU nurses face when caring for non-native English-speaking patients and the strategies they employ to overcome these barriers. Addressing these challenges is essential for enhancing patient outcomes and supporting nurses' professional well-being.

Pilot Study with a Focus on the Novel Teaching Methodology

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Purpose/Background: Emergency departments (EDs) present a challenging environment for new graduate nurses (residents), often impacting proficiency and retention. This pilot study aimed to evaluate the effectiveness of an ED Train the Trainer (T3) program, emphasizing the novel IIAR model, in improving resident proficiency, confidence, and retention, as well as preceptor confidence. The program addressed the transitional gap between academic preparation and clinical practice by focusing on critical thinking and task management skills.

Methods: After IRB approval, a time-series design was employed. The T3 program incorporated various learning modalities, including face-to-face sessions, instructional videos, and hands-on skills practice, centered around the IIAR methodology. Preceptors learned to utilize a checklist to observe and evaluate residents, linking their performance to specific modules. Monthly meetings were held for ongoing support. The primary outcome was resident proficiency, defined as the completion of tasks within a 4-room patient assignment in 30-60 minutes. Confidence levels of both residents and preceptors were also assessed pre, mid, and post-course.

Results: The T3 program, with its emphasis on the IIAR model, demonstrated a positive impact on resident proficiency, confidence, and overall preparedness for the challenging ED environment. Qualitative data revealed a significant improvement in critical thinking skills, with residents reporting a greater ability to "think critically and what could be the worst case for my patients" and "quickly assess and prioritize patients based on urgency." Residents also expressed heightened confidence in their decision-making abilities.

Pre-survey data further supports these findings. Initially, only 40% of residents felt "somewhat confident" in taking on a 4-room assignment, and 33% reported rarely completing initial physician orders within the target time frame. However, post-training data and observed performance indicated marked improvements in these areas.

Limitations: This pilot study was limited by its small sample size and short duration, potentially hindering generalizability and long-term impact assessment.

Conclusion: The results of this pilot study suggest that the ED T3 program, particularly its focus on the novel IIAR methodology, may be effective in fostering critical thinking and task management skills in resident nurses, facilitating a smoother transition into the challenging ED setting. Further research is warranted to confirm these findings and explore the long-term impact of the program.

CLINICAL EDUCATION, EVIDENCE-BASED TEACHING

Bolstering Undergraduate Nursing Students’ Evidence-Based Practice Skills

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Purpose/Aims: This project aimed to provide an opportunity for soon to graduate pre-licensure students to solidify evidence-based practice skills through a group project. This also provided the opportunity to hone professional behaviors of communication, teamwork, planning, writing, and public speaking to build confidence as they prepare to graduate.

Rationale / Background: The ability to utilize evidence-based practice (EBP) in the clinical setting is known to improve patient safety and outcomes. It is critical for nurses to develop EBP skills and incorporate them into their daily practice. Newly graduated nurses need to not only value EBP but must also know how to locate and utilize resources, appraise findings, and apply the knowledge gained to enhance nursing practice, quality of care, patient safety and improve outcomes.

Project Description: This project involved data driven incremental course corrections over four semesters to improve student experience with the final EBP Capstone Project accomplished during the final semester of the undergraduate program. Data received from the end of semester course evaluations were analyzed to determine student response to change in course. Course changes involved flipping course content to allow in class time for Capstone project group work, addition of librarian guest lecture for literature search review, stepwise fashion for writing the Capstone paper, faculty engagement throughout the project and in developing the poster for presentation, and having local area nurse leaders and university faculty attend in person to judge and score the poster presentations.

Assessment of Findings / Outcomes Achieved: Response rates for course evaluations fluctuated from 21% (n=67) to 44% (n=71), then 77% (n=74) and finally 97% (n=72). Over the course of four semesters, positive student comments on course evaluations specific to the EBP Capstone projects almost tripled (from six to 17), while negative comments received were minimal, with only two to mostly focused on time allotted for in-class work and challenges faced during final semester of the program. Outcomes revealed students valued the Capstone experience, the manner the assignments were structured, timeliness of feedback, having the opportunity to improve their skills and more.

Conclusions: Simply having strong beliefs and an understanding of EBP is not enough to foster the active implementation of these skills into daily nursing practice. Providing a final opportunity for pre-licensure students to engage in EBP in a low threat/ high yield fashion enables students to experience firsthand how the use of the EBP process can address problems encountered in the clinical setting. Furthermore, in actively selecting a clinical problem, searching for literature to address the problem, appraising the literature, formulating an implementation plan and presenting this in a “public” forum allows students to not only practice EBP skills but also practice patient advocacy, leadership, communication and writing skills, all of which enhances their confidence as they prepare to transition to practice. Bringing EBP to life in this manner bolsters much more than their ability to conduct EBP, it emboldens nursing students to begin to realize their role as nurse leaders.

Conceptual Model to Grand Theory: Redesigning Education and Practice

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Purpose/Aims: Theoretical and pragmatic approaches are needed to support practice and teaching in nursing education. The nursing education model (NEM) (Stanley & Dougherty, 2010) was proposed a decade ago to direct academic engagement of learners, instructors, and their shared outcomes within the discipline of nursing. Recently, a scoping review by Stanley & Hall (2024) revealed that the NEM was used as justification for innovation rather than as an organizing framework, both within and outside the discipline of nursing. Fawcett (2005) was used to further elucidate the theoretical possibilities of the NEM. A new grand theory to guide practice, research, and education in nursing and other disciplines that work in complex systems is proposed.

Description of theory or method/definition of concept to be discussed: A model is defined as an organizing framework for a phenomenon of interest. The NEM as originally conceptualized is congruent with this definition. The NEM includes the following concepts: learner, instructor, and shared outcomes. The learner is defined as not just students, but consumers of education who are diverse and bring generational differences for both peers and instructors. The instructor provides a dynamic and fluid curriculum grounded in evidence-based practice. The shared outcomes include critical thinking, analysis, and problem solving (Stanley & Dougherty, 2010).

The purpose of a theory is to explain and predict relationships between concepts. Based on the scoping review (Stanley & Hall, 2024), the authors speculate if the NEM was more congruent with the definition of a theory, rather than a model. Fawcett's (2005) analysis and evaluation of nursing theories was used to test the NEM. The steps of analysis of nursing theory include theory scope, theory context, and theory content; the steps of evaluation of nursing theory include significance, internal consistency, parsimony, and testability.

Logic linking theory/concept/method to practice or research: Findings suggest that the NEM meets the criteria for a grand theory rather than a model. A grand theory contains concepts and propositions that are broader in scope than a middle range theory, but less broad in scope than a conceptual model (Fawcett, 2005). Components of the theory include: the learner, instruction (rather than instructor), and shared outcomes (LISO). We propose the name be modified to LISO as it is applicable to nursing and disciplines outside of nursing.

Conclusion: The outcomes of this analysis suggest the NEM be renamed LISO, a new grand theory from which middle range theories can be derived and tested.

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Crushing Infections through Nursing Innovations

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Purpose: The purpose of the quality improvement project aimed to increase patients' daily chlorhexidine treatment (CHG) from 53% to 80% in 6 months to reduce hospital-acquired infections (HAIs) on the Medical Surgical Solid Organ Transplant floor while maintaining patient satisfaction.

Significance: Institutional expectation requires daily CHG treatment to prevent HAIs in patients. CHG liquid is complicated to use, resulting in decreased utilization and high patient refusal. HAIs are associated with increased hospital stay, mortality rates, and non-reimbursable costs to the hospital. In 2021, the unit's CAUTI rate spiked to 3.53 per 1000 patient days, followed by another spike in 2022 to 1.98 per 1000 patient days. In 2022, CLABSI was noted to be on a steady upward trend, reaching its highest point at 2.03 per 1000 patient days. Nurses seek strategies to improve practices that will increase overall treatment compliance and reduce HAI rates in immunocompromised patients.

Methods: The quality improvement project followed the i-PARIHS (Integrated-Promoting Action Research Implementation in Health Services) framework with rapid Plan-Do-Study-Act (PDSA) cycles for implementation. A mascot named "Crush" was created and used to represent the project with a positive culture change. The team created how-to video, toolkit, cheat sheet, hand-outs, Epic standardization education, plumbing protection system installation along with surveillance and rounding. Communication focused on maintaining a positive environment, seeking to understand challenges to eliminate barriers to facilitate change. A celebration was held after reaching the goal of 80% and the project was disseminated for hospital wide implementation.

Results: CHG treatment rate met the goal of 80% at 30-day post-implementation and sustained at 81% by 60-day post-implementation. Findings revealed zero HAI while maintaining 100% patient satisfaction scores and patient bathing refusal rate decreased from 53% to 11% at the 60-day post-implementation.

The project saved approximately $200,000 based on reduced time of bathing with wipes, reduced infections and reduced cost in supplies. Project outcomes demonstrate a rapid culture change a bedside nurse can create. Staff empowerment comes with giving project champions constructive feedback, suggestions and tools used during implementation. Nursing accountability comes from knowledge, engagement, and simplified workflows that enhance positive patient outcomes.

Since disseminating hospital wide, the reduction in CLABSI went rate from 1.35 to 0.72 over a year resulting in a strong correlation between increasing CHG treatments and reduction in CLABSI.

Implications: Empowering bedside nurse champions to promote evidence-based practice in a creative positive approach resulted in compliance with 2% CHG treatment institutional standards with positive patient outcomes. Facilitating change in a fun, creative nurse champion model creates quick adoption of change.

Conclusions: Creating culture change is challenging. Identifying barriers with innovative solutions leads to a positive outcome for patients and empowerment among nurses. Allowing nurses to problem solve results in autonomy, engagement, and ownership in providing quality care, safety and practice change.

An ER-STOP Checklist, Nurse Confidence, and RRT Use within 24 Hours of Admission

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Purpose: The primary aim of this study was to reduce the rate of rapid response team (RRT) activations within 24 hours of admission at a rural district teaching hospital in Central California. The target group for this study was adult medical-surgical admissions on bed delay in the emergency department. Additional aims were to increase nurse confidence in managing patients at risk for clinical deterioration, increase nurse knowledge surrounding RRT risk factors and related outcomes, and evaluate the perceived usefulness of the intervention used in this study.

Background: Patient deterioration with subsequent need for RRT intervention leads to poorer patient outcomes, increased healthcare costs, and increased lengths of stay in the acute care setting. The Emergency Room Safer Transfer of Patients (ER-STOP) checklist uses a Modified Early Warning Score (MEWS) and additional criteria to screen patients for clinical deterioration during handover from the emergency department to an inpatient unit.

Methods: An ER-STOP checklist was implemented for 30 days. The Iowa Model of Evidence-Based Practice (EBP) is a multi-step framework for improving healthcare outcomes through the review, appraisal, implementation, and evaluation of best practices and was used to guide this study. A post-course evaluation questionnaire by the Centers for Disease Control and Prevention (CDC) was used to evaluate the effectiveness of the educational methods employed surrounding risk factors for RRTs and RRT-related outcomes. The Nursing Care Self-Efficacy Scale (NCSES) will be used to assess nurse confidence in managing care of the deteriorating patient before and after the study intervention. The change in self-efficacy level will be assessed using a Paired *t*-test procedure. A Perceived Usefulness (PU) survey will be used to measure nurse perception of the usefulness of the ER-STOP checklist after the intervention period.

Results: From July to August, preliminary data shows a decrease in RRT activations for adult medical-surgical patients on bed delay in the emergency department from 16 to 8, a decrease in overall monthly RRT activations hospital-wide from 113 to 93, and a decrease in the percentage of RRT activations within 24 hours of admission from 23% to 20%. The post-course questionnaire shows an increase in perceived knowledge from 46.4% to 85.7% for those considered moderately to extremely knowledgeable regarding the RRT educational course content. The 30-day post-intervention data collection is currently in progress to assess the perceived usefulness of the ER-STOP checklist and the level of nursing care self-efficacy.

Conclusion: The ER-STOP checklist could be further integrated into the hospital's electronic documentation system for better adherence. This intervention may also show merit if implemented within the first 24 hours of admission on medical-surgical units facility-wide. Future research should investigate adapting the ER-STOP checklist to different levels of care, specialty units, or specific patient populations.

CLINICAL EDUCATION, EVIDENCE-BASED TEACHING

Early Recognition of Sepsis-Induced Hypotension in DSU

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Background: Sepsis is a clinical syndrome characterized by a dysregulated host response to infection, leading to life-threatening organ dysfunction, and is a leading cause of global morbidity and mortality. In the United States, sepsis contributes to an estimated 30-50% of inpatient deaths. It is further estimated that 80% of all sepsis-related deaths could be prevented with earlier diagnosis and prompt initiation of medical treatment. Retrospective analyses of patients with sepsis and septic shock have shown improved survival rates when fluids are administered within the first three hours of onset, compared to delayed treatment. Patients in the Definitive Stepdown Unit (DSU) are particularly at high risk for developing sepsis or septic shock due to their compromised conditions. Factors such as exposure to multiple procedures, immunosuppressive therapies, multi-drug antimicrobial resistance, catheter use, and limited mobility can lead to deterioration and increased susceptibility to sepsis. Between December 2022 and June 2023, 41 patients in the DSU were identified with sepsis. Of these, only 32% achieved hypotension resolution within three hours, with 28 patients taking longer than three hours to stabilize, highlighting a need for improvement. Targeted, department-specific staff education can play a critical role in reducing the time required to resolve sepsis-induced hypotension, thereby improving patient outcomes.

Purpose: To achieve sepsis-induced hypotension resolution within three hours through improved nursing knowledge and early recognition of sepsis.

Methods/Approach: The project was designed as an evidence-based practice with a focus on quality measures, targeting DSU patients and nursing staff. The intervention began by gathering historical data from leadership and providing education to nursing staff on sepsis, its pathophysiology, early recognition, and prompt treatment. Nurses were trained to utilize existing tools, including the Sepsis Early Detection and Treatment Algorithm, the organization’s Severe Sepsis Hypotension & Septic Shock CODE SEPSIS: NICOM Passive Leg Raise (PLR) Fluid Resuscitation Pathways Algorithm, and the Noninvasive Cardiac Output Monitoring (NICOM) device. The project was implemented over a period from December 2023 to June 2024. Throughout this time, ongoing visual audits were conducted, and real-time feedback was given to staff to enhance compliance and ensure timely resolution of hypotension within three hours. The effectiveness of treatment and the use of devices were also evaluated.

Results: Data collection included pre- and post-education surveys to measure the impact of the educational component. Analysis revealed that from December 2023 to June 2024, there was a 17% increase in the number of patients who achieved sepsis-induced hypotension resolution within three hours. Additionally, nursing knowledge improved by 42% as evidenced by the pre- and post-education survey results.

Conclusion: The implications for practice suggest that applying evidence-based strategies to critical care issues, such as sepsis management, can significantly improve patient outcomes. Regular audits and real-time feedback are essential for identifying gaps in practice, allowing staff to make necessary adjustments promptly, and ensuring consistent, high-quality patient care.

CLINICAL EDUCATION, EVIDENCE-BASED TEACHING

Implementing Seizure Action Plans for Epilepsy Patients on a Neuro Step Down Unit

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Background: Epilepsy affects approximately 70 million people globally. Epilepsy monitoring units (EMUs) identify optimal rescue medications for seizures, underscoring the need for standardized protocols. Patients must understand adjustments to their seizure medications and therapies made post-admission, necessitating revisions to individualized seizure care plans during their EMU stay. These plans guide patients, caregivers, and emergency personnel on managing seizures and required medications after discharge. EMU nurses, who manage high-risk patients in closely monitored settings, need to comprehend adjusted seizure medications upon discharge to confidently reinforce patients' seizure action plans. Without proper education, patients and their caregivers may lack clarity on how to manage seizures post-discharge.

Rationale: A needs assessment in a Neuroscience Step Down unit at a large academic hospital found that while nurses are knowledgeable about seizure medications, they lack understanding of transitioning to rescue therapies using individualized seizure action plans for EMU patients. These plans are underutilized in discharge education, though they are included in the admission orders. Key stakeholders, including Neurology specialists, stress their importance for post-discharge care. Evidence demonstrates that using seizure action plans increases nurses' confidence in providing high-quality care and patient education and contributes to a decrease in post-discharge seizures and readmission rates.

Purpose: The purpose of this project is to optimize patient education by implementing seizure action plans at discharge and to assess their impact on patient knowledge and nurses' self-efficacy.

Methods: This quality improvement project uses a pre- and post-intervention design based on the Johns Hopkins Evidence-Based Practice and Logic Model framework. EMU nurses will receive training on seizure therapies and action plans before the project starts. Inclusion criteria include nurses trained to care for EMU patients and patients with epilepsy who are admitted to the EMU. Participation is voluntary. Chart audits will be conducted weekly during implementation to track completed seizure action plan education. Nurse self-efficacy will be measured with pre- and post-intervention surveys using the Generalized Self-Efficacy Scale (GSE), collected anonymously via QuestionPro. Additionally, nurses will answer questions about their knowledge and frequency of educating patients on seizure action plans. Patients (or their caregivers) will complete a brief survey consisting of three Likert-scale questions to assess their understanding of their seizure action plan after discharge education has been provided.

Outcome: While outcomes for this project are pending, the expected results include increased nurse self-efficacy scores, improved knowledge of seizure action plan education, and reinforced patient understanding of individualized plans, ideally leading to a reduced incidence of post-discharge seizures and fewer readmissions.

Conclusions: This project aims to empower EMU nurses to enhance patient knowledge of updated seizure action plans, thereby improving both nursing self-efficacy and patient outcomes. By training nursing staff and admitting EMU providers on effective seizure action plan education and proper documentation, the project seeks to increase staff awareness and boost patient confidence in managing their post-discharge care. Evidence indicates that informed patients who understand their seizure action plans experience fewer post-discharge seizures and are less likely to be readmitted to the hospital.

The Impact of a Nurse Fellowship Program on Nurses Transitioning to Ambulatory Care

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Purposes/Aims: The purpose of this quality improvement project is to evaluate the impact of an ambulatory nurse fellowship program on the transition experience of nurses transitioning to the ambulatory care setting.

Rationale/Background: Organizations are experiencing a high turnover of experienced nurses; more experienced nurses leave than newly licensed nurses. It costs approximately $56,000 and an average of 3 months to recruit an experienced RN with the necessary skill set. The organization noted a higher turnover rate among nurses in ambulatory compared to the general nursing turnover rate (11.4% versus 7.1%). Most experienced nurses transitioning to ambulatory care are internal transfers (64%) and ambulatory departments comprise the top five transfer-to departments. However, experienced nurses report low quality orientation resulting in low job satisfaction and a decreased intent to stay at the organization. The evidence shows that a formal transition program (e.g., fellowship), structured orientation model, and organizational support improve job satisfaction, well-being and decrease nurse turnover.

Brief Description of the Undertaking/Best Practice: The Johns Hopkins Evidence-based Practice Model established the framework for this project. A comprehensive stakeholders' needs assessment showed that prior transitioned nurses and their preceptors noted knowledge gaps and workflow challenges post transition. Stakeholders felt that transition nurses in ambulatory needed support with developing critical thinking skills in the context of the new patient population as well as time management and communication skills. Based on this information, a virtual four-week ambulatory transition to specialty program incorporating mentorship and peer support was implemented. Topics were vetted by ambulatory focus groups and content created by subject matter experts. Curriculum development aligned with the AAACN's Core Curriculum for Ambulatory Care and the Practice Transition Accreditation Program (PTAP)'s RN Fellowship manual. A clinical orientation guide inspired by an evidence-based orientation model was provided to transition nurses and their preceptors. Nurses were matched with an experienced mentor in the organization at the conclusion of the program to promote ongoing peer support. Participants included internal transition nurses new to ambulatory care with less than 12 months of ambulatory experience. Marketing to eligible nurses and managers of nurses promoted the program and participant recruitment occurred through an online registration process.

Assessment of Findings/Outcomes Achieved: A pre-and post-survey utilizing the Casey-Fink Graduate Nurse Experience survey was deployed to evaluate the nurse's transition experience, including role confidence and satisfaction, support, burnout, and intent to stay at the organization. Additional outcome measures included program attrition and first-year turnover rates. Data collection is in process and results pending.

Conclusions: Recurrent cohorts of nurses participating in the transition to ambulatory care program are necessary for sustainability of the program. The plan is to offer the program for experienced nurses transitioning to ambulatory care on a quarterly basis. A program site coordinator is responsible for program evaluation and ongoing process improvement.

Human Immunodeficiency Virus Status and the Duration of SARS-CoV-2 Positivity

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Purpose: This study aims to investigate the relationship between HIV infection status and the length of SARS-CoV-2 viral infection in people with COVID-19 in Botswana.

Background: Individuals living with human immunodeficiency virus (HIV) may experience prolonged viral shedding during coronavirus disease (COVID-19) due to inadequate immune response. Prolonged infection among could increase opportunities for coinfection of the host cell, thereby increasing the frequency of recombinant severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and could lead to novel mutations and emergence of variants of concern. Despite this, few empirical studies have compared the duration of viral shedding between people with and without HIV.

Method: We conducted this population-based SARS-CoV-2 genomic epidemiology study in five large neighborhoods in Greater Gaborone, Botswana. Patients enrolled by: 1) active screening of patients at facilities; 2) passive diagnosis of symptomatic patients; and 3) investigation of contacts of diagnosed patients. Face-to-face interviews were conducted using standardized questionnaires, electronic health records were accessed for clinical history, and opt-out HIV testing was performed. We collected nasal swabs for ribonucleic acid (RNA) extraction and sequencing. Statistical analysis included descriptive analysis, linear regression, and survival analysis, including cox regression and Kaplan-Meier analysis. Duration of SARS-CoV-2 infection was defined as time of diagnosis to time of last positive date.

Assessment of Findings: This study included 579 people. The mean age of participants was 37 (14.1). The majority of the population were female (65.6%). 21.9 percent of people were HIV-positive, of whom the mean CD4 count was 727 cells/ul (standard deviation = 273 cells/ml). The mean duration of SARS-CoV-2 positivity was 7.04 and 8.24 days, for people with and without HIV, respectively. Linear regression analysis revealed no significant association between HIV status and the duration of SARS-CoV-2 positivity after adjusting for age, gender and vaccination status (p-values=0.23). Cox regression model adjusting for age, gender and vaccination status showed that HIV status was not associated with length of SARS-CoV-2 positivity (p= 0.4). (Hazard ratio = 0.84; 95% confidence interval, 0.63 – 1.41). Cox regression model with variable for CD4 categories (CD4 > 500 cells/ul) also showed no association with SARS-CoV-2 positivity.

Conclusion: Despite concerns that immunocompromised states, such as those caused by HIV, might prolong viral shedding, we did not observe a significant difference in the duration of SARS-CoV-2 positivity between HIV-positive and HIV-negative individuals after adjusting for potential confounding factors.

Keywords: Human immunodeficiency virus, infection, SARS-CoV-2, immunodeficiency

The Health Risks of the GTN Xpress Pipeline Expansion: A Case Study

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Purpose/Aims: The purpose of this study was to evaluate the health and safety risks for local communities posed by the increased pressure (911 pounds per square inch) of odorless methane gas in the Gas Transmission Northwest XPress Pipeline (GTNXP).

Rationale/Conceptual Basis/Background: The most significant health risks of methane gas transmission include exposure to hazardous air pollutants (principally Particulate Matter, Ozone, Nitrogen oxides, and volatile organic compounds [VOCs]), during both intentional (blow downs) and unintentional releases, in addition to explosions and fires. In this case study, we examine what is known about the health and safety risks of gas transmission (e.g., pipelines and compressor stations) by mapping the GTNXP project, which increases gas transmission from the Canadian border in Idaho, through Washington (including Spokane) to Oregon.

Methods: We utilized multiple data sources, including the Pipeline and Hazardous Materials Safety Administration (PHMSA), Environmental Protection Agency, and decennial Census data (1990-2020). We examined the gas transmission and distribution incident history in the affected states. We mapped the GTNXP, calculated the blast radius, and estimated population changes from 1990 to 2020 and community infrastructure within the blast radius. We examined the distances from compressor stations to air quality monitoring.

Assessment of Findings/Outcomes Achieved: In 2020, there were an estimated 13,158 people living in 5,427 residential homes within 1312 feet of the blast zones around the GTNXP, representing a 214% increase in population and 227% increase in housing since 1990. By 2020, seven counties had more than 1000 people living in blast zones, with Kootenai, ID and Spokane, WA most at risk (N=10,064, N=9,182, respectively). There were an estimated 667 children younger than 5 years, 2,889 people aged 65 and older, and 1,826 Black, Indigenous and People of Color (BIPOC) people living within the blast zone. Overall, 93.7% of people living in these areas were non-Hispanic White. Additionally, there are seven K-12 schools, eight fire stations, and one water treatment plant noted within the blast zone.

In the last 20 years, among 13 regional pipeline operators, there were 81 incidents, inclusive of 14 fires and 4 explosions, 3 incidents involving GTNXP, and a release of more than 252,256 thousand cubic feet of gas (78% unintentional), equivalent to the carbon sequestered by 110,949 tree seedlings grown for 10 years.

There is a lack of air quality monitoring, with the EPA monitoring stations placed far away from GTN compressor stations (N=13, mean distances; CO: 191 miles [mi], PM2.5: 47.5 mi, PM10: 192 mi, Ozone: 116 mi, Lead: 144 mi, NOx: 192 mi, VOCs: 246 mi).

Conclusions/Implications: There is a lack of transparency into the health and safety risks of transmission pipelines. We identified population growth and community infrastructure at risk. There is a need for monitoring air quality downwind of the compressor stations and improved monitoring and accountability for methane leakage, as releases will increase with additional pressure. Nurses can support public health by getting involved in policy and regulatory decisions regarding oil and gas infrastructure expansion and educating communities about their risks.

The Power of Insider Advocacy to Support Survey Response Rates Among School Nurses

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Purpose: This presentation will describe the use of "insider" advocates to support survey response and guide survey development for relevance to population concerns in a survey of Washington State public school nurse leaders.

Description of Method: The research team "insider" advocates consisted of a veteran rural school nurse in a paid, research assistant position and a well-known, long-time school nurse administrator in a volunteer role. In collaboration with "insiders", a survey of 65 total questions was developed and administered to the district nurse leader in 297 districts. "Insiders" assisted by using professional networks to identify appropriate contacts within districts for initial surveying and follow-up. Using Qualtrics as the survey platform, personalized links to the survey were sent to identified district nurse leaders or lead school nurses, followed by 2 email reminders 7 days apart. Additional phone calls were made to non-responders. As a result of this method, data from 263 of the 297 school districts in Washington State were obtained through initial data collection efforts, representing an 88.6% response rate. To collect data from the remaining districts, "insider" advocates administered the survey over the phone, identified alternate respondents, and assisted respondents with survey platform navigation.

Linking Method to Practice: Response rates are a challenge in survey research, particularly when the population to be surveyed is overworked and has little additional time available, as in school nursing. School nurse staffing resources and organizational structure vary within each district, with some school districts consisting of a single schoolhouse visited by a nurse a few days during the school year and others containing over 100 schools with a nurse in every building. Districts with fewer resources may not employ a nurse leader and have a school nurse with only a few contracted work hours per week. Due to the variability in district organizational structure, "insider" advocates were best equipped to identify respondents through professional networking. Furthermore, during follow-up, "insiders" could make personal appeals for survey completion and represented trusted confidants for admission of discomfort with the survey technology. Lastly, in a resource-limited setting, respondents may be less motivated to take time from other important tasks for a survey, especially if they perceive little benefit to the questions posed. The use of "insiders" during survey design ensured that participants would be motivated by questions with strong relevance to the population's concerns.

Utility of the Method for Research: The use of "insiders" for survey design, professional networking, and personal follow-up resulted in a high initial response rate and the obtainment of data that may have otherwise been lost. Similar to participatory research, "insiders" can assist in identifying the research questions most pressing for the population of interest, serving as a strong motivating factor when surveying populations with limited time and high workloads. Additionally, researchers attempting to survey multiple organizations with variable organizational structures would benefit from the professional networks, often developed through local and state organizations, of "insider" advocates when identifying potential respondents. DNP and PhD nurse collaboration can facilitate the operationalization of this method.

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A Philosophical Inquiry of Arts-Based Research in Nursing

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Purpose: The purpose of this poster is to examine arts-based research within the simultaneous action worldview and its alignment with Unitary Caring Science to celebrate multiple ways of knowing.

Description of Arts-Based Research: Arts-based research as a methodology provides a novel framework for data collection, analysis, interpretation, and application. Holistic perspectives are integrated with an innovative approach of engaging in creative modalities to communicate abstract concepts such as caring, love, and spirituality. Through arts-based research, an epistemological unification of empirical, aesthetic, ethical, and personal knowing highlights the construction of social reality influenced by subjective experience and human connection.

Arts-based research can include research about art, art as research, and art in research. Art in research will be the focus of this poster. Inquiry informed by the arts supports research as part of a creative process. The artist-researcher's insider perspective and the participant utilize art to communicate meaning through the interpretation of an experience. The participant gains a deeper understanding of themselves and the world through the evocative nature of artistic inquiry encouraging deeper personal reflection. This insightful relationship within the self and others promotes curiosity over certainty. Art serves as a conduit for truth to emerge through arts-based research where human connection allows an interpretation of reality and creation of social relationships. Unitary Caring Science and Arts-Based Research: Unitary Caring Science exists as a culmination of Watson's Transpersonal Caring Science and Roger's Science of Unitary Human Beings. The core of nursing emphasizes humanistic caring to achieve health and well-being, inviting the mindbodyspirit where egos are suspended in favor of an authentic presence. The purpose of nursing within the simultaneous action worldview is to support the person in their journey to health in a continuous, evolving, and unitary relationship. Unitary Caring Science helps to inform the discipline of nursing into a trans-theoretical and transdisciplinary view for knowledge development through science and spirit. A unitary cosmology is acknowledged to engage in a more profound reality of what is and a higher understanding of what needs to be discovered. Caring is central to the discipline of nursing and exists in mutual process within a simultaneous action perspective. The epistemology of caring within Unitary Caring Science requires ongoing exploration and wonder in a non-dualistic and interconnected worldview. Arts-based research seeks an evolution of reality, helping to explain abstract notions of intuition and creativity in a holistic and dynamic approach.

Conclusion: The ontology of arts-based research celebrates a way of being through an artist's lens. The epistemology of art in research integrates multiple ways of knowing. Experiences of transcendence and interconnectedness emerge with art, and uniting art with scientific methods innovates approaches intended to address complex realities of social life. Arts-based research is centered in the co-creation of reality and acknowledgement of the researcher's personal life story to align with Unitary Caring Science and the simultaneous action worldview. Transcendent reflection and deeper human connection celebrate the individual in a transpersonal approach.

Keywords: social constructivism, arts-based research, ways of knowing, unitary caring science, simultaneous action worldview

COVID-19 Information Sources and Vaccination Status

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Purpose: This study examines associations between the self-reported most relied-upon COVID-19 information sources (type and quantity) and vaccination status among adult Californians and tests effect modification of these associations by generational membership (Generation Z, Millennials, Generation X, Baby Boomers, and The Silent Generation) coded from categorical age data.

Background: The COVID-19 pandemic highlighted the impact of media sources on the decision to receive vaccines. Current research has yet to establish the complex relationships between the type and quantity of informational sources and their potential influence on vaccination by generation.

Methods: Data were from the 2022 California Health Interview Survey (CHIS), a survey of the non-institutionalized population. Survey-weighted logistic regression was used to model receipt of at least one dose of the COVID-19 vaccine (yes/no) as a function of the type and number of information sources used, controlling for important covariates. The most relied-upon information sources were categorized as: traditional news media, word of mouth, social media, your doctor, your employer or governmental agency, or “none of these.” Respondents were also asked to provide the number of sources used for COVID-19 information. Effect modification was tested with interaction terms for preferred information source by generational membership.

Results: In a fully adjusted logistic regression without effect modifiers, word of mouth, social media, your doctor, and none of these as the most relied upon information sources were associated with lower odds of vaccination compared to traditional news media (ORs=0.21-0.62; $p<0.01$); government and employer were not significant. In addition, independent effects were found for higher odds of vaccination among Baby Boomers (OR=2.72, $p<0.01$) and The Silent Generation (OR=3.62; $p<0.01$) compared to Generation Z. In our model examining the count of relied-upon informational sources, each additional source was associated with 9% higher odds of being vaccinated for COVID-19 ($p=0.00$, CI:1.04-1.15). Generational membership was a significant effect modifier of the relationship between the most relied upon information sources and vaccination status. In stratified models, different information sources were associated with lower odds of vaccination across the generations, with “none of these” significant for Gen Z (OR=0.39; $p=0.02$), “none of these” significant for Millennials (OR=0.36; $p=0.01$); word of mouth, social media, doctor, and “none of these” significant for Generation X (ORs=0.24-0.63; $p<0.05$); social media, doctor, and “none of these” significant for Baby Boomers (ORs=0.09-0.47; $p<0.01$); and social media (OR=0.16; $p <0.01$) and “none of these” significant for The Silent Generation (OR=0.10; $p<0.01$).

Conclusions: Overall, these findings identified individuals’ diverse preferences for receiving important health information and their differential impact on vaccination decisions, suggesting that tailored public health messaging strategies could be more effective. This highlights the need for future research on what sources participants who selected “none of these” may solicit. Understanding the impact of information sources people relied upon for vaccination decisions can inform future public health and governmental messaging strategies.

Cost-Related Maladaptive Coping and Diabetes Distress Among Adults with Diabetes

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Purpose: This study aims to identify the association between cost-related maladaptive coping behaviors and diabetes distress among adults with uncontrolled diabetes to enable healthcare providers to tailor interventions more effectively and improve diabetes care and well-being.

Rationale/Conceptual Basis/Background: Diabetes affects 34.1 million U.S. adults, and financial well-being plays a key role in their physical and mental health. Living with and managing diabetes long-term can lead to various psychosocial and emotional challenges. One significant emotional burden is diabetes distress, which is characterized by feelings of stress, worry, frustration, and being overwhelmed by the demands of diabetes management. This distress can manifest in various ways, including fear of hypoglycemia (low blood sugar) and its consequences. Some individuals may also experience feelings of guilt, anxiety, or depression related to their condition. Persistent diabetes distress can lead to inadequate self-care, poor medication adherence, and ultimately poor glycemic control and increased morbidity and mortality. While the impact of diabetes distress on management and outcomes is increasingly recognized, there remains a significant gap in understanding the association between maladaptive coping due to cost-related non-adherence behaviors and diabetes distress.

Methods: This is a cross-sectional analysis using secondary data from baseline assessments of a two-arm randomized controlled trial on 600 adults with poorly controlled diabetes, assessing the efficacy of an automated e-health tool to improve glycemic control. Participants were recruited from 2019 to 2021 and completed in-person or telephone surveys. Descriptive, bivariate statistics, and adjusted multivariable linear regression were used to analyze the data. Maladaptive coping due to cost-related non-adherence behaviors was measured by asking participants if, due to the financial burden of diabetes, they engaged in taking less medication, skipping doses, delaying to fill prescriptions, or choosing a healthcare provider. Diabetes distress was measured using the Diabetes Distress Scale. The analysis included covariates based on the literature and previous studies: gender, age, race/ethnicity, and income.

Assessment of Findings/Outcomes Achieved: Of the 600 participants, the mean age was 53.44 years (*SD*=13.5), with 55.6% being female and 73.6% identifying as white. About half reported an annual income of less than $50,000. The mean duration of diabetes was 19.34 years (SD=11.17). The mean A1c was 8.2% (*SD*=1.5). Diabetes distress was reported by 25.2% of participants. Adjusted regression analysis showed that, controlling for all covariates, maladaptive coping was positively related to diabetes distress (B=0.368, 95%CI=0.145, 0.592).

Conclusions/Implications: The study underscores the financial stress attributed to diabetes, highlighting that maladaptive coping and its association with diabetes distress. This relationship emphasizes the importance of addressing cost-related barriers to ensure better psychological well-being and diabetes management. Limitations include self-reported data, a cross-sectional design, and a sample that may not reflect the broader population. Future research should validate these findings across diverse populations and explore other mechanisms driving diabetes distress. Addressing other factors will better understand the key variables in this study.

Optimizing Pressure Injury Healing through Nutritional Education & Support

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The purpose of this quality improvement (QI) project is to improve the wound healing and self-efficacy of spinal cord injured (SCI) patients with pressure injury (PI) by implementing evidence-based educational interventions to align clinic practice with national nutritional guidelines.

Background: Approximately 2.5 million Americans suffer from PIs annually. Individuals with SCI are at high risk of PIs due to immobility. Patient co-morbidity and lack of sensory perception increase risk of PI for this population. These wounds are devastating for patients and caregivers, costly for the health care system, and result in decreased quality-of-life, and risk of increased patient isolation. The setting for implementation is a wound care clinic serving the population of SCI persons with PI. While current guidelines recommend nutritional assessments and referrals to registered dietitians (RD) for all patients with PI, few patients are currently provided these services.

Approach: Bandura's self-efficacy model and the PDSA framework guided the project. The clinic staff received education about the goals of the project, including narrowing the quality-of-care gap, and assisting with survey completion. All participants were provided education on nutrition and wound healing, with patient referral to RD. Evaluation of PDSA cycle effectiveness will occur at four- and eight-week post-intervention using a mixed method approach. Test of change at these intervals will dictate plan modification and additional PDSA cycles may be implemented, realizing minimal physiologic change in wound status may be observed. Process evaluation will include patient self-efficacy related to application of nutritional education, number of nutrition referrals placed, and prevalence of malnutrition. Between September-December 2024, a baseline survey was issued to participants which included: the validated Malnutrition Screening Tool (MST); a knowledge test on nutrition and PI-healing among eligible patients; and measurement of the PI. Ongoing data are being collected, including number of completed surveys, positive MST screens, referrals placed, participant changes in knowledge scores related to healing PIs, and changes in wound size. The agency IRB deemed the project exempt from human subject research.

Assessment of Findings: Data collection is currently in-progress with completion of analysis by March 2025. Current interim findings: 34 SCI participants, or 89% of those approached for enrollment have completed the baseline survey, and seven four-week follow-up surveys; 16 clinic staff or 100% participated in the educational program. All QI project participants have received nutritional education. Ongoing data analysis using descriptive statistics will be performed to assess changes in nutritional knowledge scores, rate of RD referrals made, RD appointments made and kept, and wound measurements.

Conclusion: In keeping with Bandura's theory, this QI project seeks to empower eligible participants through a process of education and encouraging ownership of one's health. It is being conducted to align current practice with national treatment guidelines regarding nutrition and wound-healing among SCI patients with PIs. Ongoing data analysis seeks to document a post-project change in wound measurement, an increase in self-efficacy and referrals to a RD among this at-risk group.

Four Stages of Trust Model and Stress Outcomes

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Purpose: The purpose of this study is to quantify and describe the relationship between the subfactors of the Four Stages of Neighborhood Trust Model and Perceived Stress.

Background: According to the surgeon general's report, social connection and belonging are significant in addressing the nationwide trend. Rural residents sit at the intersection of this disturbing trend and the disparity that has always existed compared to urban mortality, known as the rural-urban mortality gap. The gap between rural and urban mortality rates widens in the United States. The widening rural-urban mortality gap is consistent regardless of the rurality measurement schema. By 2019, rural mortality was approximately 20% higher than urban mortality. The effects of rurality as a determinant of health are on par with education attainment and surpass the effects of race. Reduced stress and consequent biological responses are associated with reduced risk of all-cause mortality and improved overall well-being.

Methods: Hierarchical multiple regression with the core 18 subfactor items of our neighborhood development scale added in theorized subscale/factor blocks predicting Cohen's Perceived Stress Scale (PSS-10) total scale score (0-40). Subscales were added in order of a) neighborhood cohesion, b) sense of place and belonging, c) crime and safety, d) disorder and Incivilities, and e) limitations on activities.

Assessment of Findings: All items of theoretical subfactors account for 11.8% of the variance in PSS-10. However, most of this was accounted for by considering neighborhood cohesion, 8.8% of the variance in PSS-10). The model that includes all subfactor items has the most significant structure coefficients, suggesting that they can account for the most significant proportions of the model (48% - 67% for each neighborhood cohesion item). Many of the other subfactor items could account for somewhat less of the model individually (14% - 48% for each item). Still, the neighborhood cohesion subscale plays the largest role as a group. None of the subfactor items are useless for predicting PSS-10. There is simply a lot of overlap in what these variables could contribute to predicting PSS-10. As a final note, both of the trust subscales (neighborhood cohesion; and sense of place and belonging) had a negative relationship with perceived stress, and all of the safety subscales (crime and safety, disorder and incivilities, and limitations on activities) had a positive relationship with perceived stress.

Conclusion: This study tests the central hypothesis that underpins the development of our rural and small-town health promotion program. The findings from this study, our *Rural Neighborhood Development Scale* (RNDS) that is currently being tested, and the community-based program we are developing are all the first of their kind. These resources will be useful for community nurses and prevention scientists who practice in rural areas.

Patient Engagement and Treatment Adherence in Hemodialysis Patients

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Purpose/Aim: The present study tested Graffigna et al.'s (2014) theoretical model of Patient Health Engagement which has demonstrated a relationship between engagement and adherence to medication treatment in chronic conditions. The purpose of this study was to examine the association between patient engagement levels and patient adherence to hemodialysis guidelines.
Background: Chronic hemodialysis patients have a significant treatment-related burden due to the physical and emotional challenges associated with disease management. The physical side effects of hemodialysis treatment, such as pain, muscle cramps, hypotension, nausea, vomiting, fatigue, and pruritus, often contribute to significant emotional challenges, such as depression and anxiety, experienced by 15-45% of patients. These challenges affect their ability to manage the chronic nature of hemodialysis, including lifestyle modifications such as frequently scheduled appointments and changes in functional status, which affect adherence to treatment and treatment outcomes. In the present study, engagement was defined as the developmental process of psychological and emotional adaptation to chronic disease, influencing a person's ability to play an active role in chronic disease management. Adherence was defined as how a person's behavior compares to the recommendations of the National Kidney Disease Quality Initiative (NKDQI) guidelines of treatment time and fluid restriction.
Methods: In this cross-sectional, descriptive study, (N= 204) hemodialysis patients from 5 Fresenius Medical Care community in-center units were included in the final analyses. While undergoing hemodialysis treatment, each participant answered a demographic survey and two engagement surveys. Treatment data was obtained from the electronic medical record. Patient engagement was measured using the Patient Health Engagement Scale® (PHE-S) and Patient Activation Measure® (PAM-13® survey). Adherence to treatment was defined as 1) minimal weight gain between treatments (interdialytic weight gain (IDWG) ≤ 2.5 kg) and 2) time on the dialysis treatment was within 15 minutes of the recommended prescribed treatment time (taking into consideration specific reasons for changes in treatment time).
Findings: The PHE-S score was slightly higher in adherent participants (3.25±.71), defined by IDWG, compared to non-adherent participants (3.07±.69); the difference was not statistically significant (p=.093). The PAM-13® score did not significantly differ between adherers and non-adherers for IDWG and treatment time. Participants identified as adherers to fluid restriction or treatment time demonstrated higher engagement scores (3.32 ±.73), which approached significance when measured using the PHE-S measure, compared to non-adherers (3.12 ±.69, p=.064). After adjusting for covariates in the multivariate binomial logistic regression analysis, adherence and engagement were not found to be independently associated. However, older age was significantly (p<.001) associated with the increased odds of adherence. Reaching near significance (p=.07), Blacks and other races had .77 times decreased odds of being adherent.
Conclusion: Adherence is multifaceted, especially in chronic hemodialysis care, requiring continuous patient and family engagement. Adherent patients to fluid restriction and treatment time had higher engagement scores; though not statistically significant, the clinical significance is relevant. Thus, a broader Nursing perspective of nonadherent patients should consider the importance of engagement factors, as well as age and race, in developing research to improve engagement interventions and adherence, particularly in racially disparate populations.

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Physical Activity and Acculturation Among Black Californians: Findings from the CHIS

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Background: Research about foreign-born Black Californians has not kept pace with the rapid growth in the population. No research has examined associations between acculturation and physical activity (PA) in the foreign-born Black population in California, despite lower rates of PA in Black populations and impact on cardiovascular disease (CVD) risk. Further, few studies of PA distinguish leisure-time PA (LTPA) from transportation-related PA (TRPA). Finally, differences in PA by sex and mental health suggest possible effect modification of associations between acculturation and PA, but this has not been examined.

Methods: Using data from the California Health Interview Survey (2012-2017) we examined associations between PA and time in the US (a proxy for acculturation), categorized as less- (<5 years) and more-acculturated (≥5 years) by fitting multivariable logistic regression models controlled for sociodemographic covariates. Effect modification of mental health status (psychological distress, feeling depressed) and sex was also tested and if the interaction was significant, we repeated stratified analyses by acculturation group.

Results: Of the 5,952 respondents who identified as non-Hispanic Black persons 7% were foreign-born. In paired comparison with the US-born Black Californians, the foreign-born/more acculturated group was significantly younger, more educated, and had less insurance coverage, but was similar in income and mental health status. In the fully adjusted model of TRPA, compared to US-born Black Californians, the odds of being physically active were significantly higher in the foreign-born less acculturated group (OR 6.7; CI [2.15, 21.3]; p <0.01) and no different in the foreign-born more acculturated group. We found no effect modification of the associations by sex or mental health status with one exception. Within each level of experiencing depressive symptoms (never, sometimes, most of the time) the odds of TRPA were higher for both foreign-born groups compared to those born in the US and the magnitude of the odds ratios increased with depressive symptoms.

Conclusions and Implications: Foreign-born Black Californians exhibit higher rates of PA that decreases with increased length of stay in the US, a finding previously reported in other US immigrant groups. Foreign-born/less acculturated Black Californians are more active through TRPA possibly due to reliance on public transportation for daily commuting and other activities. Unmeasured differences in wealth and concomitant inability to afford a car are unexamined potential contributing factors. Our finding of differences in these associations by feeling depressed is novel and warrants further research. Interventions are recommended to improve knowledge and awareness among health care professions to support effective counseling to maintain PA levels, as well other equally consequential health behaviors in the US Black immigrant group.

Keywords: Acculturation, Black Immigrants, Leisure, Transportation, Physical Activity

Breast Health: The Lived Experience of Myanmar (Burmese) American Immigrant Women

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Background: Unlike all other Americans, the leading cause of death for Asian Americans remains cancer, and aggregated data surrounding cancer screening and care limited the understanding of the diverse factors that potentially contribute to disparities (Lee et al., 2021). Breast cancer was the second most deadly among Asian American women after lung cancer, based on aggregated data (Lee et al., 2021). Compared to all other ethnic groups, non-Hispanic Asian or Pacific Islander (NHAPI) women have the highest percentage of breast cancer increased incidence rate per year (1.4% for NHAPI during 2005-2018 vs 0.4% for Non-Hispanic White & Hispanic White during 2004-2018 vs stable for Non-Hispanic Black during 1999-2018) (Ellington et al., 2022). Moreover, foreign-born Asian Americans presented with advanced breast cancer at diagnosis, and their survival rates were lower compared to the US-born Asian Americans. Despite the known benefits of cancer screening and early detection, Asian Americans' breast cancer screening rates were lower than the rest of the American population (64.1 % vs 72.4%) (Lee et al., 2021). In the United States, Myanmar (Burmese) Americans represent one of the fastest-growing Asian-American subgroups (Budiman & Ruiz, 2021) and are highly underrepresented in the literature.

Aims: The study aimed to discover Myanmar (Burmese) American immigrant women's lived experiences that influence their breast health knowledge, cultural beliefs, perceived benefits, and barriers surrounding breast cancer screening behaviors.

Conceptual Basis: The study used Nola Pender's Health Promotion Model (HPM) as a theoretical blueprint (Pender, 2011).

Methods: This qualitative study, conducted as a part of a convergent mixed-methods design, utilized interpretive phenomenological analysis (IPA). The study reached data saturation at 10 participants.

Findings: Five major themes emerged from the participants, and they highlighted their lived experiences related to breast health in their home country and their adopted country. These five themes included 1) personal factors, 2) prior behaviors and experiences, 3) environmental factors, 4) cultural barriers, and 5) facilitators. The interviewed women reported impactful insights, including lack of access to accurate information, inadequate information from providers, and language barriers as limiting factors for broader access to care.

Implications & Conclusion: This study was the first to discover breast health perspectives and lived experiences of Myanmar (Burmese) American immigrant women. The findings have theoretical, research, and clinical implications, which can be impactful in combating breath health disparities in the Myanmar (Burmese) American population. Further research to explore the perspectives and roles of healthcare providers with Myanmar heritage is needed to decrease breast health disparities and improve Myanmar (Burmese) American immigrant women's breast health-promoting behaviors. The findings from this study showcased the need for further research with disaggregated Asian American populations, such as Myanmar (Burmese) American immigrant women, in order to address healthcare disparities and inequities. Moreover, there is a significant need to conceptualize further research to discover the multidimensional nature of persons and the interconnection between their past experiences and diverse socio-cultural and socio-political backgrounds.

Keywords: Myanmar (Burmese) American immigrant women, breast health, cultural beliefs, breast cancer screenings, breast health perceptions, and Myanmar

Refugees’ Experiences in Accessing Primary Care in the US: A Qualitative Metasynthesis

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Purposes: 1) Explore refugees’ experiences in accessing primary care in the United States (U.S.) using a qualitative meta-synthesis of existing scientific literature. 2) Synthesize the existing evidence to provide clinicians and researchers with suggestions of practical solutions to promote primary care access for refugees resettled in the U.S.

Background: Primary care is an entry to health care in the U.S. for refugees, incorporating acute, chronic, and preventative care for these individuals. Primary care is critical for refugees to ensure continuous access to healthcare in the U.S. healthcare system through early detection of health problems, chronic disease management, and long-term health improvements. U.S. government initiatives have introduced bills and policies aimed at improving refugees’ access to primary care. However, despite these efforts to improve the situation, access to, and consistent use of primary care remains a significant challenge for refugees nationwide. Thus, an in-depth understanding of refugees’ experiences in accessing primary care in the U.S. to identify places where professionals can intervene to improve access is needed.

Methods: We conducted this qualitative meta-synthesis in four steps: 1) development of a research question; 2) literature review using the PRISMA guideline; 3) quality appraisal using Lett’s Critical Appraisal tool; 4) an interpretive synthesis via a reciprocal translation of thematic findings. Four databases (PubMed, CINAHL, Web of Science, and Google Scholar) were searched using four search terms (refugee, primary care, access, and qualitative/interview). We limited our search to articles published between 2014 and 2024. Each step underwent a group consensus to enhance the rigor.

Results: A total of 1,053 articles were identified and retrieved. Fourteen articles that aimed to interview refugees’ experiences in accessing primary care were finally selected. Three main themes emerged from refugees’ experiences in accessing primary care in the U.S.: 1) differences in medical practices and healthcare systems between home countries and the U.S.; 2) complexity in navigating access to primary care; and 3) diverse experiences from person to person including positive and negative moments. The first theme incorporates refugees perceived differences in the treatment received in healthcare systems between their home countries and the U.S. when accessing primary care. The second theme highlights the challenges that refugees faced in navigating primary care in the U.S. The third theme describes highly varied interactions encountered when refugees access primary care.

Conclusions: By filtering insights from refugees’ experiences, this qualitative meta-synthesis contributes to the interpretation of refugees’ lived stories regarding access to primary care across various states in the U.S. These experiences unfolded refugees’ perceived differences in the healthcare system and practices, difficulties in navigating, and diverse attitudes and services towards them when accessing primary care in the U.S.

Implications: Healthcare professionals and researchers will need to carefully consider potential differences in how refugees perceive and navigate primary care in the U.S. healthcare system. The refugees’ experience is an important consideration to improve of the quality of primary care access and delivery. These qualities of primary care services must include cultural awareness and competency for healthcare professionals who provide services to refugees.

Implementing the ABCDEF Bundle for Patients Who Speak a Language Other Than English

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Purpose: The purpose of this study is to understand the barriers and facilitators to providing equitable ABCDEF bundle care to critically ill patients who speak a language other than English (LOE).

Background: The ABCDEF bundle is a group of interventions that have demonstrated effectiveness in reducing intensive care unit (ICU) delirium, length of mechanical ventilation, hospital length of stay, mortality, and long-term disability after critical illness. The ABCDEF bundle includes **A**ssessing and treating pain, **B**oth spontaneous awakening trials (SATs) and breathing trials (SBTs), **C**hoice of sedation, **D**elirium assessment, **E**arly mobility, and **F**amily engagement. However, LOE patients often do not receive equitable delivery of these interventions, which may lead to worse healthcare outcomes for critically ill LOE patients.

Methods: Qualitative semi-structured interviews were conducted with ICU healthcare workers including clinicians (physicians, nurse practitioners, physician assistants), nurses, and rehabilitation therapists (respiratory therapy, physical therapy, occupational therapy) from two academic medical centers in the Pacific Northwest. Interviews were analyzed by two coders with thematic analysis using an inductive and deductive code book.

Results: Thus far, 17 participants have been interviewed, four providers, nine nurses, and four rehabilitation therapists. Five themes emerged. Theme 1: Tele interpreter use is a necessary facilitator, but multiple barriers prevent consistent use for complex interventions leading to lower-quality adherence to bundle elements A, B, D, and E. Theme 2: Screening tools like the Confusion Assessment Method for the ICU and numeric pain rating assessments are perceived to be less valid when used across languages and cultures. Theme 3: Limited access to in-person interpretation and perceived inadequacy of virtual interpreter devices lead to heavy dependence on family members to assist with in-person interpretation to complete bundle elements A-E. Theme 4: LOE patient and family education is reduced in quality and completeness due to language barriers and lack of linguistically appropriate resources. Theme 5: SATs, SBTs, and early mobility were facilitated by protocolized order sets, unit culture prioritizing ABCDEF bundle interventions for patient care, and high skill levels among healthcare workers in implementing the ABCDEF bundle and knowledge of its benefits.

Conclusion: This study provides context for inequitable access to care and worse outcomes for critically ill LOE patients noted in prior studies. Improving easy access to language assistance tools and resources that are reliable and fast to use may reduce barriers and encourage ICU healthcare workers to use them more consistently. Protocolizing the ABCDEF interventions, creating a culture of expectation of adherence to the bundle, and providing continuing education regarding ABCDEF interventions benefits as well as cultural humility may assist in creating a more equitable delivery of care. Lastly, family members of critically ill LOE patients are considered essential partners in providing equitable care in the ICU, beyond that of family members of English-speaking patients. Data collection and analysis are ongoing. Further themes will be confirmed or determined upon completion of data analysis.

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Inhaler Use Measurement: The eDelphi Method to Establish Content Validity

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Aim/Purpose: The absence of standardized inhaler administration checklists poses problems with validity of inhaler technique measurement in research and practice. Therefore, we aim to create three standardized inhaler technique checklists for each device type: soft mist inhalers, metered dose inhalers, and dry powder inhalers. The purpose of this presentation is to describe an exploratory sequential mixed methods approach to create and validate novel inhaler measurement instruments for research and clinical use.

Method Description: The first step of instrument development involves identification of constructs, in this case, inhaler procedural steps, by conducting a systematic review of the literature. The systematic review methodology requires carefully defined inclusion and exclusion criteria, search strategies, multiple rounds of literature screening, and meticulous data extraction with agreement of at least two independent reviewers. The output is a detailed list of potential inhaler steps by device type.

The next step is to determine which inhaler steps to include in device-specific instruments. The eDelphi method uses anonymously solicited expert consensus to establish item content validity. The expert panel criteria should be clearly defined and include both academicians and practitioners. To examine consensus, experts are asked to rate the relevance of items generated from the review and to propose new items for content that is missing. Content validity is measured using Lynn's content validity index.

The first and second eDelphi rounds consist of the same items with controlled feedback (CF) provided to the panelists between rounds. CF consists of measures of central tendency (M, Mdn), dispersion (SD, IQR, R), and agreement (%). Controlled feedback allows each panelist to consider the responses of all panelists and adjust individual responses. Items that achieve stability and agreement in the second round are eliminated in the third round, leaving only those items that did not reach consensus and stability for the third round. Subsequent rounds, if necessary, provide controlled feedback and eliminate items that demonstrate agreement and response stability. To ensure procedural rigor, consensus, content validity, and item stability measures should be established prior to commencing the study.

Linking Method to Research and Practice: Standard checklists to measure inhaler use by device type do not exist in research and practice. The reference point for acceptable inhaler use is currently based on a combination of a priori checklists from research and information from manufacturer instructions. Because a measurement standard does not exist, an exploratory mixed methods sequential design guides identification of all inhaler steps by device type and provides the roadmap for quantitatively assessing the inclusion of steps in final instruments. The eDelphi method supports content validity using a qualified panel of experts to ensure the final instruments are useful in research and practice settings.

Utility to Research and Practice: This foundational approach to instrument development will provide the basis for further validity and reliability testing of three instruments to measure inhaler use by device type. These instruments will establish criteria to definitively study inhaler misuse and expertly educate patients in clinical practice.

INSTRUMENT DEVELOPMENT

Development and Preliminary Psychometric Testing of a New Instrument: (BAKA)

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Background: Oncology patients can develop anemia and often require blood transfusions which are likely administered in emergency rooms, exposing this high-risk population to an infection prone environment. While oncology nurses are experienced in administering oncologic drugs via infusion, they may lack certification to document training about blood transfusions. An educational intervention was developed to train clinic nurses to administer blood safely in an outpatient setting (i.e., lower exposure risk environment). An inadequate audit trail exists for psychometric performance of instruments to measure nurse's knowledge of blood administration in an outpatient setting. A new instrument to assess nurses' knowledge was developed by the authors for this graduate student process improvement project and named the Blood Administration Knowledge Assessment (BAKA).

Objectives: The study objectives were to assess evidence of content validity (content validity index, CVI) and internal consistency (Cronbach's α) reliability and stability (correlation coefficient, *r*) reliability of the BAKA.

Methods: A panel of seven nurses/nurse educator experts reviewed the BAKA for content validity evidence. The experts' feedback was reviewed by the graduate student's committee and minor changes were made to the wording and/or answer options of six items. All nine items were retained. Pilot testing was conducted with a convenience sample of registered nurses (RNs) working at an oncology outpatient transfusion clinic. Participants (N = 27) completed the pretest, followed immediately by the education intervention. After a minimum of two weeks, study participants received and completed the posttest. The a priori criterion for all psychometric tests was ≥ .80.

Results: Content expert reviewers rated each of the nine items as 3: relevant, may need minor revision or 4: very relevant. The content validity index (CVI) was 1.0 for individual items and the entire instrument. However, due to limited variability in responses, the BAKA did not demonstrate evidence of internal consistency (Cronbach's α) reliability and stability (correlation coefficient, *r*) test-retest reliability.

Conclusions: Content validity evidence (by expert review) exceeded the a priori criterion but the result also presents an opportunity to increase item difficulty and improve variability and discrimination of participant responses. Further research to strengthen the BAKA is needed to demonstrate accurate and reproducible assessment of nursing knowledge of blood administration. Recommendations include improving depth of content by increasing item difficulty, revising true/false items to multiple choice with four answer options, and limiting answer options to four while avoiding an "all of the above" choice. Reliable and valid assessment of nurse's knowledge of blood administration will require improved psychometric performance of the BAKA.

Keywords: blood administration, nurse knowledge, nurse education, instrument, psychometrics

INSTRUMENT DEVELOPMENT

A Tool to Assess Nurses’ Knowledge, Skills, and Attitudes of Diabetic Technology

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Purpose: To develop and validate a literature-based tool to assess registered nurses’ (RNs) knowledge, skills, and attitudes (KSA) regarding use of diabetic technology (DT) among inpatients with established use of DT. Diabetic technology includes continuous glucose monitoring (CGM) and automated insulin delivery system (AID).

Background: The use of DT has become commonplace among patients and nurses in outpatient settings. However, its use in acute care setting has only proliferated during the COVID-19 pandemic. In contrast to point of care glucose testing (POC), a CGM reads interstitial glucose every 5 minutes, giving real time feedback and creating a new metric for glucose management. The AID system automatically administers insulin based on the CGM reading, thereby creating highly individualized care. While inpatient RNs are comfortable with managing patients using POC testing, the literature and anecdotal evidence suggest that they are less familiar with managing patient on CGM and AID. The literature suggests that patients experience a gap in RN’s KSA relevant to DT. Identifying essential components of RNs competency and KSA regarding DT is key to patient safety. The current literature lacks clinically relevant tools to assess inpatient nurses’ KSA relevant to DT.

Methods: Relevant literature and other sources of evidence were used to develop 35 questions to assess inpatient RNs’ KSA of diabetic technology. The questions have various formats that will be scored using a schema that produces interpretable clinically-relevant scores. The face validity for the tool will be established by a panel of hospital-based diabetic care team consisting of an endocrinologist, a diabetes education nurse specialist, a bedside nurse, and a patient who uses DT. The tool will be converted into an online format. A validation study proposal has been initiated to test the tool with a100 bedside RNs in an acute care hospital. RNs practicing in medical-surgical, telemetry, and sub-ICU units will be eligible to participate.

Descriptive statistics will be used to assess the sample characteristics, the tool psychometrics for reliability and validity will be also assessed. Exploratory factor analysis will be conducted to assess the tool dimensions.

Expected Findings/Outcomes: The findings from the planned study will contribute to developing a clinically oriented assessment tool for DT among RNs. A comprehensive literature search revealed that no such tool is currently available. The findings will inform nursing education in academic and clinical institutions of needed education and training to nursing students and nurses relevant to managing patients using DT.

Implications: The results of the study will be used to plan educational and training interventions of nurses in the acute setting at the facility. Furthermore, the findings will be used to develop the Diabetic Technology Toolkit which will be disseminated to other settings.

INTERPROFESSIONAL EDUCATION/COLLABORATION

Student Nurses and Project Managers Collaborating to Care for Vulnerable Populations

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Introduction: Cultural competence is essential in modern nursing practice, enhancing the ability to provide compassionate care to diverse populations. By participating in community health initiatives, nursing students are given practical opportunities to apply principles of empathy and care. This study explores the experiences of nursing students and project managers engaged in cultural and global health initiatives to better understand the impact on professional growth and empathy.

Purpose: The purpose of this study is to examine the experiences of nursing students and project managers in cultural and global health initiatives, aiming to improve cultural competence, empathy, and professional development in nursing education.

Background: Engaging in cultural and global health initiatives allows nursing students to develop cultural competence and advocate for underserved populations. These experiences not only reflect core nursing values but also align with the Savior’s way of healing. Nursing students and project managers face unique challenges and opportunities in these settings, including the development of empathy and the practical application of cultural competence. Understanding these experiences can inform educational practices and policies that support future nurses in diverse healthcare environments.

Design: This study employs a qualitative design to explore the narratives of nursing students and project managers involved in cultural and global health initiatives.

Methods:

Setting: The study was conducted among nursing students and project managers working with three culturally diverse vulnerable populations.

Sample: Participants included nursing students and project managers actively involved in cultural and global health initiatives.

Data Collection: Semi-structured interviews were conducted, recorded, and transcribed.

Data Analysis: Thematic analysis was used to identify recurring themes and patterns.

Results: The analysis revealed several key themes:

- **Growth in Empathy**: Nursing students reported increased empathy and a deeper understanding of cultural and global health challenges.
- **Professional Development**: Participants experienced significant professional growth, including a strengthened commitment to serving underserved populations.
- **Challenges in Emotional Labor**: Project managers and students alike identified emotional labor and the need for sustainable practices as ongoing challenges in community health initiatives.

Nursing Implications: This study suggests that incorporating cultural and global health initiatives into nursing curricula can enhance empathy and cultural competence among nursing students. Reflective practices and sustainable community involvement should be prioritized in nursing education to better prepare students for diverse healthcare settings.

Conclusion: The findings underscore the value of community engagement in developing cultural competence among nursing students. Future research should examine the long-term effects of such initiatives on students’ professional development and patient care outcomes, with an emphasis on building sustainable and supportive systems.

INTERPROFESSIONAL EDUCATION/COLLABORATION

Competency-Based Education in Nursing: Enhancing Outcomes for RN-BSN Students

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Purposes: The project aims to implement an RN-BSN curriculum that aligns with the AACN 2021 Essentials and shifts toward Competency-Based Education (CBE).

Rationale/Background: Competency-based education in nursing is a transformative approach that prepares nurses with the necessary skills and knowledge to provide high-quality care independently. This educational model focuses on ensuring that nursing students demonstrate specific competencies, which include a blend of knowledge, skills, attitudes, and self-perceptions, as they progress through their training.

Methods: To implement this project, the team working on it included experienced faculty and instructional designers from the Edson College of Nursing and Health Innovation at Arizona State University. The project incorporated curriculum designs that encouraged decision-making and reinforced previous knowledge and competencies. The project unfolded through regular meetings and revisions to the courses and curricula. The team reviewed the RN-BSN courses, mapped the curriculum, identified program and course outcomes gaps, and determined the competencies required in each course to bridge these gaps. In addition, the team aligned the course outcomes with the American Association of Colleges of Nursing (AACN) Core Competencies for Professional Nursing Education in the 2021 Essentials. The instructional design team then created Development Course Shells for each of the courses, which were subsequently revised to align with the identified competencies and revised contents. The courses' outcomes, contents, modules, assignments, and rubrics were updated to reflect the competency assessment. This iterative process of revising and reforming the curriculum is to be continued to ensure that gaps are being filled and that innovative technology is incorporated further to enhance the learning experience in these courses and curricula.

Assessment of Findings: At the time of abstract submission, the project is in progress. The project is anticipated to be completed by the end of Fall 2025.

Conclusions: Based on the assessment of findings, it is anticipated that the experts will adopt the most up-to-date definitions of CBE. In addition, CBE emphasizes the demonstration of competence and identifies challenges and resources through formative assessments and curriculum review. This approach ensures that student's progress is measured by their ability to apply skills and knowledge effectively. CBE aims to identify and support students' learning gaps in each course, providing targeted assistance to ensure mastery of competencies.

Implications for Nursing Practice: Competency-based education applies to nurses who are looking to earn their Baccalaureate degree while on the job. Competency-based education in nursing allows nursing students to develop the skills, knowledge, experiences, and behaviors to practice nursing competently. Providing a revised RN-B course curriculum and offering nurses a competency-based education (BSN) program is essential to encouraging associate-prepared nurses to earn their baccalaureate degree. While this project focused on reviewing and developing a competency-based education (RN-BSN) program, the concept of competency-based education can be applied to various other programs and healthcare fields.

Influential Leadership Guiding the Path for New Graduates in Float Pool

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Purpose: Traditional, inpatient float pool staff consist of experienced nurses with backgrounds in progressive care and emergency settings. To proactively address turnover rates, enhance comfort level, and improve job satisfaction, innovative thinking led to the integration of new graduate nurses into the float pool.

Background: A tertiary academic medical center in the Southwest experienced a 60% vacancy rate in its inpatient float pool due to internal transfers. This staffing challenge created an opportunity to recruit from the established, accredited Nurse Residency Program, which prepares graduate nurses to transition from novice to expert. The introduction of these nurse residents into the float pool provides them with the desired complex care nursing environment, improves nurse retention, and addresses the staffing shortage in the float pool.

Methods: A comprehensive literature review was conducted, accompanied by a synthesis table, to assess and evaluate existing strategies for integrating new graduate nurses into float pools. The float pool program was revised to incorporate Nurse Residency Program concepts and the Tiered Skills Acquisition Model (TSAM) to meet the learning needs of nurse residents in the float pool setting. A combination of float pool and core unit preceptors were used as subject matter experts to complement the new graduates' orientation process. Orientation assignments involved spending two weeks in two different base medical/surgical units to complete foundational nursing clinical experiences, four weeks floating in medical/surgical, and four weeks in progressive care units completing specific TSAM components. The length of orientation was adjusted based on the needs of each nurse in each care environment, averaging approximately 16 weeks. Bimonthly progress reviews with the nurse, preceptors, supervisor, and the nursing education specialist allowed for real time assessments and interventions, as well as the opportunity to provide support and foster the growth both personally and professionally by building relationships with nursing leaders.

Outcomes Achieved: Five new graduate nurses have participated in this initiative, with three having completed their orientation and two nearing completion. Out of the five, two have completed a survey assessing their satisfaction with the orientation duration and preceptor experience and one resigned from the nurse residency program due to emergent family issues. The survey results so far indicate that the program successfully met learning needs, with participants expressing satisfaction with both their float pool placement and the orientation experience.

Conclusions: Integrating new graduate nurses into an inpatient float pool department can yield several benefits. First, it improves staffing levels and enhances the comfort level with floating assignments. Secondly, it provides these nurses with the complex care experience needed to prepare them for high-acuity patient cases. Additionally, this approach contributes to staffing sustainability and is expected to boost retention rates due to reported job satisfaction, career development opportunities, and exposure to diverse specialty patient populations. By sharing the expertise and lessons learned in this organization's successful integration of new graduates in the float pool, other nurse leaders can use similar implementation plans to sustain the nursing workforce.

Transpersonal Nursing as Ontological Artists: Transcendence through the Arts

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Purpose: The purpose of this collaborative project was to contribute to a gallery on the Nursing Way for nurses to creatively tap into their inner healing resources and display their art. Inviting nurses to use art as aesthetic inquiry aids in personal expression, enhances self-caring, and improves the ability of nurses to care more deeply for others. This gallery illuminates the creativity of nurses using art as an aesthetic inquiry and as an expression of their unique experience of nursing and their own lives.

Background: This project features the author's artwork displayed on the Nursing Way and the Watson Caring Science Institute. The nurses featured on the Nursing Way use art to express their experiences, feelings, and outcomes. Creativity, the art of healing, and Caring Science serve as a conceptual basis to honor the art and each nurse's artistic expression. Just as the artist serves as a conduit for an image to come to life through a paintbrush, the *mindbodyspirit* of the nurse emerges as a conduit for human connection to transmit caring-healing energy to themselves and others. The nurse's nature of being is an artist, channeling healing energy to flow from lower energy of negative disease to higher energy of transcendence, healing, being, and becoming. Transpersonal caring and the Caritas Processes are the basis that hold the sacred space for nurses to use Caring Science as the foundation for their own aesthetic inquiry and exploration of lived experience.

Approach: Nurses submitting their art to the Nursing Way's global gallery serves as the framework for nurses to showcase their aesthetic inquiry. The creation of this gallery is an opportunity for nurses to explore self-healing patterns and self-knowledge possibilities through multiple ways of knowing, fostering spiritual growth and soul care for the wounded healer.

Methods: Nurses take part in the *Healing with the Arts* course or a self-guided artistic approach for this project's method. The art generated includes paintings, poetry, and a variety of creative mediums.

Assessment of Findings/Outcomes Achieved: The creation of the gallery prompted the discovery of many nurse artists, establishing a supportive community for nurses to bolster each other in aesthetic inquiry.

Conclusions/Recommendations: The completed project is the Nursing Way's Nurse Art Gallery featuring fifty nurses, which gives a way for nurses to support other nurses to use art as a way of healing and caring. Articulating the language of creativity makes the healing power of art more consumable and achievable for all nurses. The intention of this nurse-artist gallery is to grow from fifty featured artists to over one thousand nurses and serve as the first global nurse-artist gallery. Future research is needed in collecting data on the nurses' experiences prior to and after the *Healing with the Arts* program.

Keywords: art as healing, transpersonal caring, caring science, creativity

INTERPROFESSIONAL EDUCATION/COLLABORATION

Keeping It Clean: Sanitizing Bath Basins to Reduce CAUTI

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There was as significant increase in CAUTI rates in quarter (Q) 3 and Q4 of 2021 at a multidisciplinary Intensive Care Unit (ICU). CAUTI bundle prevention in this institution includes daily chlorohexidine (CHG) bathing, catheter care every 12 hours, and daily reassessment of catheter need. The increase in CAUTI numbers was left unexplained and, therefore, there was a current gap in quality as evidenced by this academic institution not meeting current benchmarks. Our aim is to reduce the rate of CAUTI per 1000 indwelling urinary catheter days in this ICU by 50% at the end of April 2023.

Literature review indicates that reusable basins pose a significant risk of not only harboring but contributing to the spread of organisms that cause healthcare associated infections (HAIs). In a study conducted in three different ICUs, 98% of culture samples from 92 bath basins grew bacteria. Hygiene products were also found to harbor infection-causing organisms, with gram negative bacteria being the most found. Analysis of the CAUTI data from 2021 showed that 86% of the CAUTI events were gram negative bacteria in this ICU. Given literature review, bath basins were suspected to be a key contributing factor for the previously stated gap in quality, and a quality improvement (QI) project following the DMAIC framework was developed and implemented.

The project officially started on April 1st, 2022 where nurses began to disinfect bath basins and hygiene products with Oxivir® disposable wipes prior and after use. Due to concerns of cross-contamination, hygiene product storage changed from inside the basin to a separate dedicated location. The sample size included 100% of patients with indwelling urinary catheters from April 2022 to April 2023 during their stay in the ICU**.** CAUTI rates were analyzed quarterly and the outcomes measured by the overall number of CAUTI events in a one-year period.

Collaboration with ICU nursing leadership, unit-based shared governance team, and hospital-wide CAUTI prevention committee helped guide the practice change. Peer-to-peer educational rounds provided a crucial step in the success of the project.

The result of this practice change was a triumph! One year following implementation, CAUTI rate in the ICU decreased by over 50% - rate which has further improved and sustained to-date. To evaluate clinical nursing adherence to this extra step in their patient care routine, an anonymous staff survey showed 93% of nurses in this ICU always sanitized bath basins prior to use and 65% no longer found hygiene products stored in the basin. This practice change was found simple to implement by 97% of nurses and 92% stated it an important infection prevention measure.

The sustainability plan relies on peer-to-peer education strategies: if CAUTI metrics fall below target benchmark, education will be reinforced, and emails will be sent to instill the practice change.

In closing, this nurse-led project advocated for patient safety and empowered nurses to display exemplary professional practice through the application of evidence-based practice interventions. A significant decrease in CAUTI rates was a direct reflection of enhanced quality of care in this ICU.

INTERPROFESSIONAL EDUCATION/COLLABORATION

Program Evaluation of Emergency Preparedness Training Impact on Participant Response

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Background: Public health departments play a crucial role in community preparation and emergency response. Efficiency of response efforts can lead to better outcomes such as improved timeliness of response, knowledge of equipment and resources, and reduction in loss of life. This project implementation site prioritized incident command and emergency preparedness training after deficiency was noted in the COVID-19 After Action Report.

Objectives: This project is to evaluate didactic-only versus didactic and simulation combination-methods emergency preparedness training in public health supervisors, measured by participant knowledge acquisition, capacity to respond in an emergency, interprofessional collaboration, and establish training frequency.

Methods: The one-group, pre-and-posttest design will measure participant overall familiarity of emergency preparedness, activities, incident command structure, and interprofessional collaboration, utilizing the Ready, Willing, and Able framework in conjunction with the emergency preparedness information questionnaire (EPIQ). Didactic courses will provide baseline knowledge of incident command and emergency preparedness principles. One week later, participants will be offered a series of tabletop/simulation activities for individuals to practice skills. An additional post-test will assess simulation efficacy.

Anticipated Results: This project will enhance health department emergency preparedness training, as demonstrated by a statistically significant improvement in participant confidence to be ready, willing, and able to respond in an emergency and overall preparedness knowledge. Simulation activities will further promote interprofessional collaboration, confidence, and comprehension. The success of the program will drive regularly scheduled required training frequency.

Conclusion and Implications: This program evaluation will demonstrate successful implementation of combination-methods emergency preparedness training and encourage annual training to ensure knowledge and skills are practiced prior to real-life situations. Interdisciplinary collaboration can also be enhanced through simulation practice. The impact of this project will enhance individual and organizational capacity in emergency response, preparing individuals to act in emergency situations, limiting morbidity and mortality related outcomes.

INTERPROFESSIONAL EDUCATION/COLLABORATION

Increasing Special Pathogen Preparedness at a Frontline Hospital

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Purpose: The purpose of this quality improvement project is to improve a local hospital's special pathogen preparedness by implementing an evidence-based staff development program that utilizes a simulation training session, toolkit, and mystery patient drill.

Background: Local and regional special pathogen preparedness is crucial for the prevention of large-scale outbreaks of high-consequence infectious diseases (HCID). The 2014 Ebola outbreak resulted in the creation of the Regional Ebola Treatment Network and later the four-tiered system known as the National Special Pathogen System. The Joint Commission recently added special pathogen requirements for accreditation to increase frontline preparation. The Regional Emerging Special Pathogen Treatment Center for Region 10 is tasked with supporting and providing expertise and training for facilities in Alaska, Washington, Oregon, and Idaho. Thirty-seven percent of responding Region 10 facilities reported established training and education for special pathogens and 83% reported operational gaps. Several hospitals have been unable to maintain special pathogen designation since the COVID-19 pandemic. One such agency is a 330-bed hospital with a previous Level 3 designation. Gap analysis identified a need for a standardized intervention to assist frontline hospitals in developing special pathogen response plans.

Approach: Project implementation will occur between August 2024 and December 2024. The revised Iowa Model serves as the project's framework. This validated framework outlines a step-by-step approach to creating an evidence-based intervention, evaluating the outcomes, and sustaining change with review and adjustment of the intervention at each step. The intervention consists of three phases including a 4-hour didactic and simulation training session with emergency room and critical care staff, presentation of an evidence-based toolkit to the hospital's Infection Prevention Department, and a mystery patient drill. The third phase includes evaluation of time it takes staff to successfully identify, isolate, and inform when encountering a simulated patient. These interventions are developed by the Special Pathogen Unit and project lead using resources from the National Emerging Special Pathogen Training and Education Center (NETEC). Didactic training, checklists, patient simulation, and mystery patient drills are well documented as effective evidence-based interventions.

Assessment of Findings: Data collection is currently in-progress with analysis of findings to be completed by March 2025. However, analysis of findings reveals a significant increase in staff's self-efficacy after training. Following the mystery patient drill, achievement of project SMART goals of increasing preparedness by 50% will be evaluated using a mixed methods model. Preparedness is measured using NETEC's Healthcare Facility Viral Hemorrhagic Fever Preparedness Checklist before the training session and after the mystery patient drill. Completion of an anonymous Likert-type survey created by the project lead measures staff self-efficacy at each phase and analyzed using paired t-tests.

Conclusion: COVID-19 illustrated that providers and nursing staff were ill-prepared to deal with an emerging pathogen and required documentation of special pathogen readiness for re-accreditation in 2024. Recent outbreaks of Ebola, Mpox, and Marburg virus highlights the relevance of this training. The timeliness and value of this quality improvement project was two-fold: addressing a critical and timely healthcare issue and increasing local special pathogen staff preparedness.

Enhanced Recovery after Surgery: A Concept Analysis from the Care Provider Perspective

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Aim: This concept analysis aims to explore enhanced recovery after surgery (ERAS) to identify under-researched areas related to ERAS, and to develop an operational definition that can be applied to further ERAS research in ambulatory surgery patients.

Background: Enhanced recovery after surgery is an established, evidence-based global surgical quality improvement initiative that has resulted in clinical improvements and decreased healthcare costs. The ERAS concept is specific to the perioperative setting, limiting the scope of its use, and may be applied to inpatient and outpatient surgical procedures. This multimodal pathway approach improves quality patient outcomes by reducing operative physiologic stress and improving functional recovery leading to decreased length of hospital stay and reduced postoperative complications.

Methods: The Walker & Avant eight-step method was utilized to identify related antecedents, defining attributes, and consequences of ERAS. Within the context of the perspective of the healthcare worker, common characteristics and repetitive themes within existing literature related to ERAS were compiled to include; culture, multidisciplinary, multimodal, synergy, and pathway. The definitions and etymology for the individual terms were investigated followed by a search for different uses of ERAS. Cases were constructed to demonstrate the relationship between each of the defining attributes and the concept. A search for empirical referents was conducted without locating a validated instrument that can measure the defining characteristics or attributes of ERAS. An operational definition was constructed to guide clinical practice and stimulate further research.

Findings: Perioperative staff may view ERAS pathway elements as isolated tasks, losing sight of the overall concept. This concept analysis provides a perspective focused on the relationships between the defining attributes that lead to the valued consequences that improve patient outcomes and reduce postoperative complications. The analysis yields the proposed operational definition: Enhanced recovery after surgery is a multidisciplinary, multimodal approach to surgery utilizing pathways within a culture of synergy to improve patient outcomes.

Conclusion: This analysis of ERAS highlights the importance of pathway elements and synchronous teamwork in all phases of ERAS pathways to optimize outcomes. Defining attributes identified in ERAS literature formed the foundation of the proposed operational definition. An opportunity for further research includes the application of the ERAS concept in the ambulatory surgical setting to explore the impact on patient outcomes experiencing a rapid perioperative course.

Innovative Approaches to Educating Nurses in Transgender Affirming Care

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Background and/or Rationale: Access to transgender-affirming care (TAC) is essential to the well-being and survival of transgender pediatric patients. As legislation continues to limit access to this vital care, there is a pressing need for enhanced literacy in TAC. Integral to this is listening to the voices and centering the experiences of transgender individuals.

Purpose of Initiative: The purpose of this evidence-based practice project was to understand the impact an innovative TAC course had on nurses working in a freestanding academic pediatric medical center.

Implementation Plan: This project utilized a seven-step evidence based practice model developed by this academic pediatric medical center. The curriculum was grounded in research after a critical appraisal of the literature, storytelling from transgender individuals, and a simulation featuring transgender actors. Quantitative data was collected using two validated survey tools: 1) an amended version of the Sexual Orientation Counselor Competency Scale (SOCCS) Assessment and 2) the Student Satisfaction and Self-Confidence in Learning. Qualitative data was collected during a focus group which was audiotaped and transcribed.

Outcomes: Twelve nurses participated in the TAC course, survey, and focus group. Survey data demonstrated that this TAC course led to a significant increase in knowledge and confidence ($p=0.0001$) about the subject. Thematic analysis of the focus group revealed three common categories: 1) an appreciation for simulation and real-life testimonials from transgender individuals, 2) the desire for more TAC educational opportunities, and 3) an enhanced understanding of the importance of being able to deliver TAC. The overarching theme that emerged in this cohort was that TAC is a clinical imperative that should be available for all clinicians.

Implications for Practice: As more pediatric patients identify as transgender, provider education is critical. A concentrated effort promoting the well-being and survival of transgender youth is paramount in today's healthcare climate. TAC education should center the perspectives and experiences of transgender people.

Keywords: evidence-based practice, transgender affirming care, pediatrics

In Maternal Mental Health Screenings, PTSD Identification Is a Priority

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Aims: In a single low-resource clinic in Denver, this performance improvement project aims to increase the identification of childbirth-related post-traumatic stress disorder (CB PTSD) by implementing a validated screening tool and referral when indicated.

Background: Mental health is emerging as a major cause of maternal morbidity and mortality and self-harm is the leading cause of mortality in Colorado. Current methods of screening for postpartum depression alone do not identify all those suffering from mental health disorders. There are many negative outcomes associated with undiagnosed and untreated mental health disorders in the maternal population, including delayed maternal-infant bonding causing developmental delays in the infant and self-harm, such as suicide and over-dose. By broadening the disorders screened for in clinic, fewer mothers will be unidentified and fewer will go without treatment. Applying social justice theories such as emancipatory nursing praxis, it is the duty of the nurse to facilitate collaboration within the interdisciplinary team to identify and support those suffering from CB PTSD. The City Birth Trauma Scale is validated for the identification of CB PTSD following DSM-5 criteria in the postpartum population. The scale has been studied and reports excellent reliability with Cronbach's a=0.92 and strong validity in many languages, including English and Spanish, the primary languages spoken in this clinic. Nurses, providers and behavioral health staff at this clinic will implement the tool at all six-week postpartum appointments or pediatric appointments after one month of life. Postpartum patients at this clinic are often seen by providers who did not attend their delivery. This is why universal PTSD screening would be useful in this clinical setting. A pilot will be implemented for three months and will follow the Iowa Model for Quality Improvement.

Methods: In the initial phase, a team including providers, supervisors, support staff, and behavioral health personnel will attend an educational session about CB PTSD, the City Birth Trauma Scale and scoring. Women who are one to six months postpartum will be offered the screening along with a brief explanation of CB PTSD. The provider will score the results and make behavioral health referrals as indicated.

Results: Expected outcomes include an increase in staff knowledge of CB PTSD and competency in scoring the tool, an increase in the identification of CB PTSD, and an increase in mental health referrals. The provider's knowledge and competency will be validated prior to implementation with case study examples for mock scoring. Rates of CB PTSD and referrals will be tracked through EMR data retrieval.

Discussion: There has been a call to action in obstetrics to combat the maternal mental health crisis, which nursing is poised to answer. PPD is but one burden for maternal mental health. By widening the scope of metal health screenings, this practice change has the potential to improve the lives or even save the lives of mothers in this community.

Mode of Birth Following Induction of Labor: A Retrospective Cohort Study

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Purpose: The purpose of this study was to evaluate birth outcomes following induction of labor (IOL) among patients who received care at an academic nurse midwifery practice. The aims were:

1. Compare patient characteristics and birth outcomes following IOL vs. expectant management (EM) among nulliparous and multiparous prenatal patients.
2. Explore the trajectory of birth outcomes following IOL vs. EM by gestational age (GA) among nulliparous and multiparous prenatal patients.

Background: Reducing births by cesarean section (CS) is an important quality metric to prevent adverse maternal outcomes and IOL has been associated with higher CS rates. Within midwifery care, IOL is more selectively considered. Elective IOL at 39 weeks is increasingly identified as the standard of care, despite conflicting evidence IOL is associated with increased CS rates. This study replicates recent studies exploring CS and other birth outcomes following IOL by GA.

Methods: This was a secondary analysis from a data registry collected by midwives in an academic nurse midwifery practice for patients who started intrapartum care with an attending midwife between 08/2017-01/2024. Patients were included in the analysis if they had documented parity. The independent variable was IOL vs. EM. Inclusive EM (IEM) included all births starting in the same week as IOL and after; exclusive EM (EEM) included all births occurring in the next GA week and after. The primary outcome was mode of birth (vaginal vs. CS). Patient characteristics were GA, age, BMI, provision of medication pain management, and hypertension or pre-eclampsia. Descriptive statistics and unadjusted analyses were conducted for the sample, nulliparous, and multiparous groups. Birth outcomes following IOL or EM were descriptively explored in each group and GA; then unadjusted and adjusted odds ratios (OR) were computed for the likelihood of CS following IOL or EM by GA.

Findings: The sample was N=7,279 patients, including n=2,986 nulliparous and n=4,293 multiparous patients. The IOL rate for the sample was 28.86%. Among parity groups, the CS rate was 18.49% for nulliparous and 5.22% for multiparous patients ($p < .001$). Among nulliparous patients, CS rate following IOL ranged from 17.31% at 37 weeks GA to 38.46% at 42 weeks GA, compared to the CS rate following spontaneous labor between 12.18% at 37 weeks GA to 33.33% at 42 weeks GA. At 39 weeks GA, nulliparous patients were significantly less likely to have a CS following expectant management (IEM) vs. IOL (unadjusted OR 0.56, 95% CI 0.43-0.74, $p < .001$) but this was not significant when patients delivering spontaneously in the 39th week were excluded (EEM) (unadjusted OR 0.94, 95% CI 0.77-1.16, $p = .58$).

Conclusions and Implications: In this study, CS rates were low overall, consistent with current literature that has identified lower CS rates for patients served in midwifery practices. Across gestational ages, CS rates were similar following IOL and EM. CS rates can be improved among nulliparous patients, and clinicians should consider whether to offer IOL when EM might be better indicated, especially as IOL is associated with higher health care costs and adverse maternal health outcomes.

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Changes in Breastfeeding Relationships upon Return to Work during COVID-19

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Purpose/Aims: To describe the trajectory of breastfeeding relationships that mothers and infants built before, during, and after mothers returned to work from home/telework at 1, 3, 5, and 6 months during the COVID-19 pandemic.

Rational/Conceptual Basis/Background: Working from home is not a new employment option; however, the COVID-19 pandemic created teleworking requirements and options for many employees, resulting in many mothers working from home. Spending more time together with their infants at home may positively affect breastfeeding for mothers and infants. While families may use childcare outside of the home, many arrange for childcare in the home while working from home themselves. However, few studies have focused on the process of breastfeeding relationship building in the first 6 months of life during the COVID-19 pandemic. Breastfeeding relationships are defined as a dynamic, bidirectional process that is only accomplished and strengthened by mutual responsiveness between mother and infant during breastfeeding.

Methods: This study was part of prospective, mixed methods, three-group repeated measures design that examined breastfeeding relationships and maternal emotions (N = 81). Data was obtained through online survey at 1, 3, 5, and 6 months between June 2022 and August 2023 with a 100% retention rate. Participants received a $10 gift card for each data collection, a total of $40 incentive. Results reported in this abstract are based on data obtained from 25 mothers in the US who returned to work from home within the first 6 months and directly breastfed at least once a day for the first 6 months. Inductive content analysis was used to analyze mothers' written responses to three open-ended questions examining thoughts and feelings during breastfeeding, strategies used to solve their breastfeeding problems, and workplace support for breastfeeding. Trustworthiness was attained by coding to consensus, formal peer debriefing, and maintaining an audit trail.

Findings: "Breastfeeding Relationships around Mothers Return to Work from Home," the core construct, was identified. The trajectory of breastfeeding relationships was organized into three domains: (1) breastfeeding changes over time, (2) social support to continue to breastfeed, and (3) physical and emotional distress after mothers return to work from home.

Conclusions/Implications: Across the domains of breastfeeding relationship building, mothers who returned to work were challenged to accommodate breastfeeding around their work conditions. Soon after the infant was born, mothers initiated expressing breast milk, created freezer stock of expressed milk, and bottle trained the infant to prepare for return to work. During the separation from their infant at work, mothers used alternative feeding methods, i.e., expressing and bottle feeding with breast milk, which caused breastfeeding problems and emotional distress. Spending more time with unrestricted direct breastfeeding when they were united with their infants at home was the strategy mothers used to resolve their breastfeeding problems and emotional strain. Nurses are in a good position to support in building and establishing breastfeeding relationships in early infancy which will promote breastfeeding. Offering longer maternity leave or part-time job options will help achieve equitable working conditions for employed mothers and help them continue to breastfeed.

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Improving OB Clinicians’ Readiness for Social Needs Screening in SDOH Integration

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Purpose: To evaluate the readiness and knowledge of obstetric (OB) clinicians to integrate the Social Needs Screener into their daily workflow. The project aimed to ensure OB patients complete the screener to address barriers posed by social determinants of health (SDOH) and improve healthcare outcomes.

Background: Social determinants of health, including housing instability, transportation challenges, and food insecurity, significantly impact patient health outcomes, especially for OB patients. Many OB patients face difficulties accessing healthcare due to socioeconomic barriers, which can lead to poor maternal and fetal outcomes. Despite the critical role SDOH play in health, OB clinicians, including registered nurses (RNs) and medical assistants (MAs), are often not trained to screen for these issues. Implementing a Social Needs Screener within clinical workflows can help identify unmet social needs and connect patients to necessary resources. This project was initiated to address this gap in practice by assessing clinician readiness and knowledge regarding the use of the Social Needs Screener.

Undertaking: The project utilized Fink’s Integrated Course Design framework to guide education, learning activities, and assessment. The intervention consisted of three phases:

1. **Educational Development:** Nurse educators created educational presentations and pre- and post-surveys to assess knowledge.
2. **Initial Training:** Clinicians received a high-level overview during one of the monthly staff meetings, explaining the purpose of SDOH screening and how the screener would be incorporated into clinical practice.
3. **In-depth Training and Assessment:** Nurse educators conducted in-depth training and administered surveys to assess clinician knowledge and readiness. Clinicians were trained on using the screener, accessing it in the electronic health record (EHR), and addressing potential patient barriers.

Methods: To measure the improvement, pre- and post-surveys were administered to assess changes in clinician knowledge, readiness, and potential barriers to implementing the Social Needs Screener. Pre-survey questions evaluated baseline knowledge of SDOH, the screener’s purpose, and technical aspects such as assigning the screener within the EHR. Post-surveys assessed clinician confidence in using the tool and their commitment to ensure patients complete the screener.

Assessment of Findings: Before the training, 36 clinicians participated in the pre-survey. Results showed that 91% understood that social needs affect patient health. 44% knew how to assign the screener in the EHR. After the training, 42 clinicians completed the post-survey, with 100% demonstrating understanding of the screener’s purpose and commitment to ensuring its completion. Time constraints (48%) and additional workload (21%) were identified as the most significant barriers to screener use. Language barriers and concerns about patient reactions to sensitive questions were also reported.

Conclusions: The training successfully improved clinician readiness and knowledge, but concerns about time constraints and workload need to be addressed for smoother implementation. Next steps for organizational policy include exploring workflow adjustments to reduce clinician burden and ensure patients complete the screener. Recommendations for future research include examining the long-term effects of SDOH screening on patient outcomes, as well as collecting data on the number of positive screenings and referrals to services. This approach can inform broader efforts to integrate SDOH assessments into other clinical settings.

Sweet Solution: Improving Gestational Diabetes Management in Stockton, CA

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Purposes/Aims: This project aimed to improve mothers' understanding of the management of gestational diabetes mellitus and enhance their health literacy and access to self-management resources through comprehensive patient-centered education tailored to mothers' needs.

Rationale/Background: Gestational Diabetes Mellitus (GDM) is a significant concern for pregnant and postpartum women, necessitating interventions to prevent type 2 diabetes mellitus. Many women lack adequate education on GDM management, impacting their understanding and self-management skills. To address this gap, patient-centered education tailored to GDM mothers' needs is essential for empowering them and improving health outcomes for both mothers and their babies.

Brief Description of the Undertaking/Best Practice: The Iowa model guided a project in collaboration with a birthing clinic at the Family Birth Center in Northern California, targeting the 50% of pre-diabetic, non-native English-speaking adults with limited education and lower incomes. The intervention involved creating a daily blood sugar tracker and diary tailored to mothers' health literacy levels, alongside training sessions on diet and physical activity for women with GDM. Participants tracked their dietary intake, physical activities, and glucose levels, demonstrating understanding through teach-back methods. Educational materials were provided in Spanish and English, supported by three bilingual team members. A pre- and post-questionnaire assessed changes in knowledge regarding diabetes management and resource utilization. This project enhanced GDM care, educational tools, and accessibility to post-GDM education

Assessment of Findings/Outcomes Achieved: There were 7 patients who received education at the clinic. The majority of participants were aged 25-44 years, identified as Hispanic or Asian/Pacific Islander, were in their third trimester, had a high school diploma or below, and had a history of gestational diabetes. There was a 100% increase in overall post-test scores for all participants compared to the pre-test average score of 6 out of 10.

Conclusions: The results of this project showed improved GDM management through dietary changes, physical activity, and health literacy, and enhanced resource accessibility for mothers. The results suggest that enhancing GDM care through tailored educational programs is a promising strategy to reduce maternal complications and T2DM risk for mothers. For the next steps, it is essential to create a dedicated nursing team specifically trained in diabetes education for pregnant mothers. This team should work closely with community educators to ensure that the education provided is culturally relevant and tailored to the unique needs of diverse populations. Additionally, implementing a prompt referral system will allow obstetricians and gynecologists to connect their patients with endocrinologists before clinic appointments, facilitating early diabetes management and improving access to specialized care. Finally, establishing a robust system for monitoring and evaluating patient outcomes will be vital in assessing the effectiveness of these strategies. Regular feedback from both patients and staff will guide continuous improvement efforts, ensuring that the clinic meets the evolving needs of its population.

Assessing the Decline in Maternal and Child Health: Policy Gaps and Disparities

***Meral Demiroska**, Wolcott, CT*

This research project investigates the impact of maternal and child health policies on health outcomes over time. Despite advancements in healthcare, maternal and infant mortality rates in the United States remain alarmingly high, especially among marginalized populations. Key policies, including Medicaid expansion, paid family leave, and breastfeeding initiatives, are scrutinized for their effectiveness in addressing these disparities. Current literature highlights that the decline in maternal and child health outcomes correlates with insufficient policy changes and systemic inequities within the healthcare system.

The project begins by examining the relationship between paid family leave policies and health outcomes, emphasizing studies that demonstrate how the lack of comprehensive leave contributes to higher infant mortality rates and adverse birth outcomes during the first year of life (Hegyi et al., 2020). Additionally, the analysis of Medicaid expansion reveals that while some states have seen improvements in access to prenatal care, significant gaps remain, particularly in non-expansion states where low-income families continue to struggle with inadequate healthcare services (Wagner et al., 2020).

Furthermore, the research explores the role of breastfeeding initiatives and their implementation within maternal health policy frameworks. Despite evidence that breastfeeding is associated with numerous health benefits for both mothers and infants, disparities in breastfeeding rates persist, often exacerbated by a lack of support for new mothers in low-income and racially diverse communities (American Academy of Pediatrics, 2022).

In addressing the impact of systemic racism and bias within maternity care settings, the project highlights how these factors contribute to unequal health outcomes for women of color. Discrimination and insufficient cultural competence in healthcare can deter women from seeking necessary care, leading to adverse maternal and infant health outcomes (AWONN, 2022). Through a comprehensive review of government and hospital policies, as well as an analysis of current research from organizations such as the March of Dimes, CDC, and the AHA, this project aims to present evidence-based recommendations for policy reform. These recommendations focus on improving access to care, enhancing support systems for mothers, and ensuring that health policies are equitable and inclusive.

Ultimately, this research seeks to raise awareness about the urgent need for policy changes that prioritize the health of all mothers and infants, particularly those from marginalized communities. The findings will be presented in both a research paper and a symposium poster presentation, contributing to the ongoing discourse on maternal and child health policy reform.

Critical Care Nurses Experience with Maternity Leave and Return to Work

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Introduction: Nurses who are mothers face unique challenges in balancing their professional responsibilities with the demands of motherhood. The dual roles can create conflicts that affect job satisfaction, retention, and overall well-being. This study seeks to explore these experiences to identify ways in which workplace policies and support systems can be improved to better support nurses who are mothers.

Purpose Statement: The purpose of this study was to examine the lived experiences of nurses who balance motherhood with their nursing responsibilities, aiming to uncover specific challenges and identify opportunities for supportive interventions in workplace policies.

Methods:

- **Setting:** The study was conducted with registered nurses who are also mothers.
- **Sample:** Eight nurses participated in this study.
- **Design:** A descriptive phenomenological approach grounded in Edmund Husserl's philosophical framework was employed.
- **Instruments:** In-depth, semi-structured interviews were conducted and transcribed.
- **Procedures:** Data were collected through interviews and analyzed thematically to identify recurring themes and patterns.
- **Data Analysis:** Structural narrative analysis techniques were used to identify the key themes emerging from the data.
- **Results:** Thematic analysis revealed seven main themes: (1) Challenges of Balancing Motherhood and Nursing, (2) Impact of Maternity Leave Policies, (3) Support Systems and Workplace Culture, (4) Identity Transformation, (5) Implications for Nurse Retention and Job Satisfaction, (6) The Role of Institutional Support, and (7) Workplace Policy Recommendations.

Implications for Nursing: The findings suggest that nursing educators and healthcare institutions should consider implementing supportive measures such as extended maternity leave, flexible scheduling, enhanced breastfeeding accommodations, and comprehensive family support services. These improvements may promote nurse retention, job satisfaction, and overall well-being among nurses who are mothers.

Conclusion: Nurses who are mothers face substantial challenges that necessitate supportive workplace policies. Addressing these issues is crucial for fostering a work environment that values and supports both their professional and personal responsibilities.

MATERNAL HEALTH AND ILLNESS

Decreasing Emergency Room Visits and Readmissions for Delayed Onset Preeclampsia

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Purpose: The purpose of this quality improvement project was to evaluate if providing postpartum patients with focused written instructions about delayed-onset pre-eclampsia (D-PE), devices for at-home blood pressure (BP) monitoring, and access to a phone application that allowed for remote BP monitoring would decrease the number of emergency room visits and re-admissions related to D-PE.

Rationale/Background: Delayed-onset postpartum pre-eclampsia, defined as pre-eclampsia occurring 48 hours to 6 weeks following delivery, is a significant clinical condition that can lead to strokes, seizures and mortality. It is characterized by new onset elevation in BP and is estimated to occur in 0.3% to 27.5% of all pregnancies in the United States. Educating postpartum patients about early signs and emphasizing importance of at-home BP monitoring are paramount to early detection and treatment. Discharge instructions for postpartum patients at our Magnet-designated community hospital did not emphasize D-PE and the importance of BP monitoring. In October 2023, 20% of our postpartum patients with prenatal blood pressure abnormalities presented to the emergency room and were readmitted for severe hypertension and other signs of D-PE.

Method: The Plan-Do-Study-Act Cycle was used to guide this project. Following obtaining appropriate approvals and securing necessary resources, a team of postpartum nurses, spearheaded by a senior postpartum nurse, was formed to address the gap in the care of postpartum patients in relation to D-PE. The team re-designed discharge instructions incorporating evidence from literature and recommendations from Maternal Quality Care Collaborative. Discharge instructions included how to monitor for early and late warning signs and symptoms of D-PE, and an action plan that must be activated upon recognizing any signs and symptoms.

Additionally, the team advocated for providing free blood pressure monitoring devices to all at-risk postpartum patients. The team obtained approvals from Hospital Administration, Information Technology, and Vice President for Clinical Transformations for using a virtual program, which allowed for remote patient monitoring via a mobile application. Through this program, BP readings were automatically uploaded to EPIC, and alerts of abnormal readings were sent to providers who called the patient with appropriate management plan. Using this application enabled real time risk management and intervention.

Results: Prior to discharge, all postpartum patients and their significant other/family member received detailed instructions about signs and symptoms of D-PE along with steps to follow when they experience any of those manifestations. Patients with BP of $\geq$140/90 or higher were provided with monitoring devices and were instructed to check their BP twice a day during the next 6 weeks. They were also assisted to download the mobile application on their phones. The intervention resulted in 0% emergency room visits and re-admissions related to D-PE by the end of the 4th quarter 2023.

Conclusions: The results of this innovative quality improvement project demonstrated the significant role of nurses in advocating for and improving patient outcomes. Of importance to all quality improvement projects is continuous monitoring to ensure sustainability of implemented changes.

Know Your Birth: Improving Patient Education through Informed Maternity Care in Kenya

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Background: In Sega, Kenya, the maternal and infant mortality rates are much higher than the national average, with 695 maternal deaths per 100,000 live births and 111 infant deaths per 1,000 live births. These poor maternal and infant outcomes are related to limited knowledge of facility-based care, minimal decision-making autonomy, and inadequate maternal education. Additionally, 1 in 5 Kenyan women reports experiencing abuse and humiliation during labor and delivery, impacting their willingness to seek formal healthcare services. Respectful maternity care includes recognizing a mother's right to informed care. Research suggests that when mothers receive education, they can enhance their confidence and preparedness and achieve improved birth and postpartum outcomes.

Local Problem: Sega is a remote and underserved town in Kenya with limited healthcare and educational resources for pregnant women. Because Sega Dispensary, the main maternity clinic in the area, faces a large volume of patients and a shortage of healthcare providers, maternal education is insufficient. The goal of the Know Your Birth Project is to address this need by providing expectant mothers with essential knowledge about labor, birth, and postpartum recovery.

Aim: In collaboration with Goal4.org whose mission is to "end child mortality," this project aims to improve maternal and neonatal health through maternal education on critical perinatal topics. These include what to expect in labor, what to expect when giving birth at the dispensary, what to expect in interactions with healthcare workers, and how to prepare for postpartum. The three overarching goals are to (1) increase maternal education, (2) empower expectant mothers, and (3) improve birth outcomes.

Methods: The Know Your Birth project applied the Iowa Model to guide the implementation of an educational workshop designed to enhance maternal health outcomes. The project was approved by the University of the Pacific Department of Nursing ELMSN Program Institutional Review Board. The intervention consisted of three 45-minute educational sessions delivered to 46 expectant mothers at Sega Dispensary. Topics covered included what to expect during labor, the birthing process at the facility, respectful maternity care, and breastfeeding techniques. Data was collected using pre- and post-intervention surveys as well as a Likert scale questionnaire to measure changes in maternal knowledge and confidence levels.

Interventions: The Know Your Birth Project implemented a culturally specific health teaching workshop with sessions including video lessons, interactive activities, and practical demonstrations, all of which were translated live into the local dialect of Swahili. This comprehensive strategy aimed to empower mothers with the knowledge necessary to make informed decisions about their healthcare.

Results: Data collection is currently in progress. The results of this quality improvement project will be shared in the poster presentation at the conference.

Conclusions: Maternal education workshops implemented in rural areas like Sega, Kenya, could enhance birth outcomes by equipping women with essential knowledge for pregnancy, labor, and postpartum care. Empowering expectant mothers through informed maternity care can lead to improved maternal-infant health outcomes and healthier communities.

MATERNAL HEALTH AND ILLNESS

Nurse-Led Group Interpersonal Psychotherapy for Pregnant Women with Depression

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Purposes/Aims: The purpose of this project is to implement and evaluate a nurse-led group Interpersonal Psychotherapy (IPT) intervention for pregnant women with depressive symptoms. This project aims to compare three delivery modalities, in-person group, virtual group, and virtual in-person IPT, and assess their effectiveness in reducing depression and improving social support among participants.

Rationale/Background: Perinatal depression, defined as depression occurring during pregnancy and the postpartum period, has significant adverse effects on both maternal and infant health. It is associated with poor maternal outcomes, including increased risk of chronic disease and poor mental health, and can lead to adverse infant health outcomes such as preterm birth and low birth weight. Addressing perinatal depression is critical for reducing these adverse outcomes, especially for women facing additional barriers such as low socioeconomic status and lack of social support.

Although evidence-based treatments like IPT have shown effectiveness in reducing depressive symptoms in this population, access to mental healthcare services remains limited, with only a small percentage of women receiving appropriate treatment. Barriers to access include logistical challenges, financial constraints, and limited availability of providers. This project aims to fill this gap by providing a scalable, nurse-led intervention that can be delivered in either an in-person or virtual format to increase access to perinatal mental health services.

Brief Description of the Undertaking: This project is designed as a quasi-experimental, clinical implementation study comparing in-person and virtual nurse-led IPT for pregnant women with depressive symptoms. The intervention in progress includes group-based sessions and individual sessions that address key interpersonal factors contributing to depression, such as role transitions, interpersonal disputes, and loss. Women participating in the study are divided into three groups: one receiving in-person group therapy sessions, the other participating in virtual group sessions, and another group of women receiving IPT individually via telehealth platforms. Interventions are facilitated by a Psychiatric and Mental Health Clinical Nurse Specialist certified in IPT. Depressive symptoms are measured pre- and post-intervention using the Beck Depression Inventory-II and social support is being assessed using the Duke-UNC Functional Social Support Questionnaire. Feasibility metrics, including participant enrollment, dropout rates, session attendance, and participant satisfaction, are being tracked to assess the viability of this approach for future scale-up.

Assessment of Findings/Outcomes: It is anticipated that groups in-person and virtual will experience a reduction in depressive symptoms and an increase in social support. The virtual modality is expected to enhance access for women who face barriers to attending in-person sessions.

Conclusions: This project has the potential to contribute significantly to improving the mental health of pregnant women with limited social support and financial resources by providing a flexible and accessible mental health intervention. The results will offer valuable insights into the practical implementation of nurse-led IPT, particularly the potential of virtual care models to reach underserved populations. Future steps will include refining virtual delivery methods and assessing the long-term impact of this intervention on both maternal and infant outcomes. Further research is recommended to explore the scalability of this model in diverse healthcare settings.

Improving Maternal Mental Health: Linking WIC to the Babies First Program

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In the United States, 1 in 10 women experience postpartum depression (PPD), though up to 50% of cases may remain undiagnosed (Carberg & Langdon, 2023). Women of low socioeconomic status are 11 times more likely to develop depressive symptoms, with evidence suggesting that one in two low-income women may experience PPD (Klawetter et al., 2020).

Locally, the Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) found that 24% of new mothers in Oregon experience peripartum mood disorders, with half still experiencing symptoms two years postpartum. Low-income and racial/ethnic minority women are disproportionately affected (Oregon PRAMS, 2017). These findings underscore the need for systematic screening and timely intervention, particularly for low-income and ethnic minority populations. Symptoms such as mood swings, exhaustion, and hopelessness can impair a mother’s ability to care for herself and her child. Early identification and intervention can significantly improve outcomes, with up to 80% of affected women achieving full recovery with timely treatment (Carberg & Langdon, 2023).

Nontraditional referral sources, such as WIC programs, are well-positioned to address this need. This project aims to improve the identification and referral process for mothers at risk for postpartum depression (PPD) by implementing the Edinburgh Postnatal Depression Scale (EPDS) at a rural Oregon WIC office. The EPDS is a validated tool consisting of ten self-reported questions that assess PPD risk, with a cut-off score of 11 indicating a high risk. All mothers visiting the NCPHD WIC office will complete the EPDS, and those screening positive will be referred and connected to support through Babies First. This initiative, managed by the Oregon Health Authority, coordinates comprehensive care for families with young children and provides early intervention and support for maternal health challenges, aligning with the goal of timely PPD detection and support. By partnering with Babies First, this pilot project aims to enhance support services and establish robust follow-up protocols.

Outcomes include the completion rate of the EPDS tool among postpartum mothers, the number of high-risk scores (11 or higher), identification of self-harm thoughts, and acceptance of referrals to the Babies First program. Data will guide progress toward achieving the targeted SMART goals.

Purpose Statement: This project seeks to improve the referral process for mothers at risk for postpartum mood disorders in the WIC program at North Central Public Health Department in The Dalles, OR. It will use the Edinburgh Postnatal Depression Scale (EPDS) and collaborate with the Babies First program to ensure timely support and comprehensive care.

Objectives

1. Implement EPDS in local WIC clinic with a 25% completion rate within three months.
2. Establish follow-up with Babies First by ensuring 100% of at-risk mothers are offered a referral.
3. Increase NCPHD staff knowledge of postpartum mental health resources by 30%.
4. Ensure positive staff feedback on EPDS after three months.

Community Sickle Cell Screening

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Purpose: To increase awareness of Sickle Cell Disease and Trait (SCD/T) in the community setting.

Background: Knowledge of SCD/T is limited and fraught with misunderstanding or acceptance of myths. In the last 20 years, the global population affected by SCD/T increased from 5.5 to 7.7 million. It is the most common inherited blood disorder in the world, yet is often under-identified as a contributor to maternal, neonatal, and under-5 mortality and premature death. SCD/T can affect anyone, but is more prevalent among people whose ancestors are from Africa, India, Middle-Eastern countries, and some Hispanic populations. While universal newborn screening was instituted in 1990 in California, some states did not adopt universal screening until 2006. Additionally, many countries where SCD/T is prevalent do not have universal screening. Southern California communities are a melting pot of people from across the nation and international immigrants. Hence, individuals in our communities may not have had newborn screening, or may be unsure of trait status.

Familial transmission of the autosomal recessive genetic mutation results in children with a defect in red blood cell (RBC) function. Hemoglobin SS, S-Beta zero, and SC are the most prevalent sickle cell subtypes with progressive severity. Other subtypes and trait are less severe, though manifestations are highly individualized. If both parents have SCD, the child will have SCD. When one parent has SCD and one has trait, the child has a 50/50 chance of SCD. If both parents have trait, there is a 25% chance that the child will have SCD. If one parent has trait and one has normal RBCs, the child will have trait. While advances in medical technology provide options to reduce transmission risk, pregnant women with SCD/T are at up to 10 times increased risk of maternal morbidity and mortality. Therefore, it is crucial for individuals of reproductive age to know their SCD/T status, and their partner's, so that genetic counseling can support informed family-planning decisions.

Methods: Using point-of-care (POC) finger-stick testing at two community outreach events, we screened voluntary participants for SCD/T. POC testing has been globally used as a reliable screening tool in field and in previous studies.

Findings: (N = 36) participants were screened. Of these, 63.9% were female, and 36.1% were male, with ages ranging from 13 to 73 years and a mean age of 38.6 years (SD = 16.3). Ten participants tested positive for the trait, eight of whom were aware of family members with SCD/T. These family members included their mothers, fathers, grandmothers, siblings, sons, daughters, and cousins. However, none of the participants were aware of the type of SCD. More importantly, two of the 10 were unaware of family members with SCD/T. Among the 26 participants who tested negative, three reported having family members with SCD/T.

Conclusions: Our results indicate a critical need for genetic screening for SCD/T in the community, especially in underserved areas. These screening initiatives will help individuals become aware of their genetic status and support informed decisions regarding their reproductive options.

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Smart Ring Physiological Data in Pregnancy: Associations with Hypertension

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Aims: We aim to characterize patterns in continuously monitored physiological metrics—including heart rate, heart rate variability, respiratory rate, body temperature, activity level, and sleep patterns—collected during late pregnancy via a smart ring, alongside self-reported measures of blood pressure (BP) and gestational weight gain. We also explore the relationship between these physiological patterns and pregnancy-specific conditions, such as gestational hypertension (GTN) and preeclampsia.

Background: Pregnancy initiates critical physiological adaptations within the body, priming it to meet the demands of gestation, parturition, and lactation. For decades, clinicians have relied on pregnancy-specific reference intervals to assess the adequacy of a woman's physiological response to pregnancy, typically using point-in-time measurements taken during prenatal visits. However, these reference intervals were derived from small, homogenous samples and may not accurately represent the diverse patterns and intensities of physiological changes observed across various subgroups of pregnant individuals. Commercially available smart rings can reliably capture high-frequency physiologic metrics. However, whether the patterns emerging from this continuous, real-time data can reliably differentiate between healthy pregnancies and those developing complications remains unclear. If such differentiation is possible, it could revolutionize early detection of conditions like preeclampsia, which often have extended subclinical phases before symptom manifestation.

Methods: An exploratory analysis from the prospective observational study, Biological Rhythms Before and After Your Baby (BioBAYB), will be conducted. The study participants (N=127) had a mean age of 32.6 years (SD=4.1) and a mean gestational age of 30.3 weeks (SD=2.9) at enrollment. A total of 7.9% (n=10) developed GHTN or preeclampsia. Participants wore an Ōura ring, a multisensory wearable device, throughout their third trimester while self-reporting their BP and weight weekly. Descriptive statistics and time-series plots will visualize the data. Building on these results, mixed-effects models will predict pregnancy trajectories and outcomes, utilizing z-scores to quantify individual deviations from baseline values.

Findings: Ōura ring metrics showed significant correlations ($p < 0.002$) with gestational age, controlling for maternal BMI, age, parity, and fetal sex. Women diagnosed with GHTN or preeclampsia exhibited higher BP ranges (systolic 116-137 mmHg, diastolic 72-88 mmHg) compared to the general cohort (systolic 107-123 mmHg, diastolic 65-77 mmHg) ($p<0.0001$ for all tests). Time series plots and mixed methods effects analysis will be conducted further to elucidate temporal patterns and complex interactions between variables.

Conclusion/Future Research: This approach leverages wearable technology to quantify the patterns of individual physiological change and the potential for uncovering signals for increased risk for complications like preeclampsia. Future research will initiate continuous monitoring earlier in pregnancy, integrate Bluetooth-enabled blood pressure cuffs and scales to estimate hemodynamic changes linked to preeclampsia, and use machine learning to establish dynamic reference ranges. Nurses can eventually make use of real-time data collection, enabling timely interventions and personalized care strategies and supporting optimal maternal-fetal health outcomes throughout pregnancy.

The Effect of Sleep Meditation Applications on Insomnia in RNs and CNAs

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Purpose: This project aims to assess the impact of sleep meditation applications on the insomnia of Registered Nurses (RNs) and Certified Nurse Assistants (CNAs) working at Providence St. Joseph Hospital in Orange. Addressing insomnia among nurses and nursing staff improves staff well-being, which affects patient outcomes.

Background: Riemann et al. (2022) states insomnia significantly impacts quality of life and well-being due to symptoms like prolonged sleep latency, difficulty maintaining sleep, fatigue, reduced attention, impaired cognitive functioning, irritability, anxiety, and low mood. It is recognized in major diagnostic systems, including the DSM-5, ICSD-3, and ICD-11. Affecting up to 10% of adults, predominantly females, insomnia is a chronic condition and a significant risk factor for both physical and mental health issues.

Insomnia contributes to serious occupational consequences such as errors at work (Zdanowicz et al., 2020). According to Lee et al. (2020), nurses who work long, stressful shifts become vulnerable to sleep problems. Insomnia, a prevalent sleep issue among nurses and nursing staff, affects personal well-being but also impacts patient care through reduced work productivity, absenteeism, and increased risk of errors. Mindfulness meditation, a less intensive intervention, has proven effective in treating sleep disturbances as a gold standard for addressing insomnia for a relatively low cost and easily accessible (Huberty et al., 2019). A sleep meditation application aims to reduce the severity of insomnia.

Approach: The Insomnia Severity Index (ISI) provides a comprehensive, validated tool to assess insomnia: exhaustion, mental distance, emotional impairment, cognitive impairment, depressed mood, psychological distress, and psychosomatic complaints. A pre-intervention survey was provided, then the participants had three months to use the application prior to the post-intervention survey.

Outcomes: 24 RNs and 6 CNAs voluntarily participated in the study. Of the 30 participants, 28 completed the post-intervention assessment. Analysis using a paired T-test (mean difference = -1.32, standard deviation = 0.67, $\alpha = 0.05$, critical T-value = 1.703) demonstrated a statistically significant improvement, with a calculated T-value of -10.47. Participants who used the sleep meditation app reported various benefits, including better sleep quality, faster sleep onset, and improved relaxation after stressful shifts. They also experienced increased focus and productivity at work, attributed to more restful sleep. In contrast, staff members who did not use the app generally maintained their usual sleep routines, which they considered effective for managing sleep and stress. Notably, no participants reported severe clinical insomnia after the intervention, suggesting the potential of sleep meditation apps as a valuable tool for enhancing sleep and well-being in healthcare professionals.

Conclusion: Chronic sleep deprivation negatively impacts overall health, cognitive function, and increases the risk of various health conditions. Among nurses, high levels of burnout are closely linked to sleep problems, leading to poor job satisfaction. Additionally, poor sleep hygiene can raise the risk of medication errors and lower the quality of patient care.

Medical Record Reviews to Verify Chronic Pain Diagnoses Via Quantitative Analysis

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Introduction: Chronic pain (CP) significantly impacts an individual’s physical and social functioning, leading to high medical costs and loss of productivity. Despite its prevalence, few studies examine CP among justice-involved individuals in the U.S. The Washington State Department of Corrections (WA DOC) has identified CP as a significant concern and generated datasets to estimate its prevalence and characteristics. This project analyzed the validity of using ICD codes to identify CP in DOC individuals through medical chart reviews and suggested improvements for the CP diagnostic process.

Objectives:

1. Review a sample of charts to validate the identification of CP among DOC populations using clinical administrative data.
2. Analyze the types of CP and prescribed medications among the DOC population.
3. Generate recommendations to improve the CP diagnostic process and its accuracy in DOC health records.

Background: Differentiating among nociceptive, neuropathic, and nociplastic pain guides appropriate therapeutic modalities. Electronic health records (EHRs) have improved care for chronic diseases like diabetes and could enhance CP management. However, ICD coding can result in misclassification, making validation through medical chart reviews essential. The prevalence of CP among incarcerated individuals is unknown but may be higher than in the general population due to factors like poverty and trauma.

Summary of Implementation Process: The Knowledge to Action (KTA) framework guided this project. Steps included identifying the problem, adapting knowledge to the local context, and assessing barriers to knowledge use. A chart review validated the ICD coding-based statistical analysis, revealing a CP prevalence comparable to the general population. Sixty-nine charts from two WA DOC facilities were reviewed, and data were manually verified for CP diagnoses.

Outcomes/Deliverables:

1. The chart review showed an 84% validation rate between ICD coding-based statistical analysis and manual chart reviews. Among the DOC inmates, 70% were female, and 30% were male. Musculoskeletal pain was the most common CP condition (55%), followed by headache/migraine (21%).
2. NSAIDs were the most common medication prescribed (32.35%), followed by salicylates and other analgesics (20%).

Conclusions/Recommendations/Implications: The statistical method for detecting CP among the DOC population was validated. Most subjects were female, and musculoskeletal pain was the most prevalent condition. The chart review indicated an 84% sensitivity for ICD coding-based CP diagnosis. Recommendations include verifying CP diagnoses for charts without a CP diagnosis, addressing the need for a pain scale in charting, and adopting ICD-11 for improved CP diagnosis and treatment. The DOC providers would benefit from using ICD-11 to characterize CP among DOC individuals.

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MENTAL HEALTH / BEHAVIORAL HEALTH

Mindful Eating in Overweight Adults

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Background: Obesity is a significant global health issue, linked to chronic conditions such as cardiovascular disease, diabetes, and mental health disorders. Traditional obesity management, which focuses on lifestyle changes and pharmacological interventions, often neglects the psychological aspects of eating. Addressing these aspects is crucial to achieving sustained weight management and improving overall patient outcomes. In regions such as Tacoma, WA, where obesity rates are notably high, a comprehensive approach to obesity treatment is essential for addressing the diverse health needs of the population.

Purpose: This project aims to evaluate the impact of mindful eating practices on overweight adults taking weight loss medications. By incorporating mindful eating into standard obesity management protocols, the study seeks to improve eating behaviors and long-term weight management for this population.

Methods: This quasi-experimental study uses Lewin's Change Theory as the theoretical framework, guiding the implementation of the mindful eating intervention. The study will take place in an aesthetics clinic in Tacoma, WA, where participants will attend four 90-minute mindfulness-based eating behavior awareness sessions over an eight-week period. The Dutch Eating Behavior Questionnaire will be used to assess changes in eating behaviors, specifically focusing on emotional eating. Data will be collected before and after the intervention, and analyzed using descriptive and inferential statistics to evaluate the impact of mindful eating on eating behaviors and weight outcomes.

Outcomes: Data collection is expected to be completed within eight weeks, with final analysis planned for the following four weeks. The timeline for full completion of the project, including reporting of results, is projected within three months from the start of the intervention.

Implications: The anticipated results of this project are improved eating behaviors and weight management among participants. By addressing the psychological components of eating through mindfulness practices, this study contributes to the growing body of evidence supporting the use of behavioral interventions alongside pharmacological treatments in obesity management. The findings have the potential to inform DNP practice, offering a more holistic and patient-centered approach to managing obesity. This comprehensive strategy could enhance patient quality of care, reduce the burden of chronic disease, and support long-term health behavior changes in clinical settings.

Addressing Stigma in Healthcare for Patients with Opioid Use Disorder

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Background: Opioid use disorder in primary care affects millions in the United States. Healthcare professionals and clinic staff are often unaware that they are stigmatizing individuals with opioid addiction. Increased awareness of the detrimental impact of perpetuated stigmas on opioid use disorder patient population outcomes needs to be addressed to minimize barriers to care and enhance quality care outcomes, care coordination, and treatment for patients with opioid use disorder.

Purpose: This quality improvement project investigates stigma reduction training programs to (a) improve healthcare professional perceptions and (b) decrease the stigma of the OUD patient population through a quality improvement project.

Methods: A quasi-experimental design was used to measure healthcare providers' and staffs' attitudes and beliefs about opioid addiction following the implementation of a web-based stigma training module. Demographic data was collected to assess trends or commonalities of healthcare professionals and clinic staff barriers to managing stigma through The Opening Minds Provider's Attitudes Towards Opioid Use. Pre- and post-data will be collected from patients with opioid use disorder, assessing its impact on reducing patient perceptions of experienced stigma through the use of the Brief Opioid Stigma Scale. Quantitative data analysis, including t-tests and chi-squared tests, will determine changes in patient experiences related to perceptions of stigma.

Outcomes: The project is in progress, and definitive findings and conclusions are unavailable. Results and conclusions will be determined and articulated upon the project's completion. The expected data collection and analysis completion timeline will be no later than January 31, 2025.

Implications: Stigma training for healthcare professionals and clinic staff enhances the ability to provide compassionate care tailored to patients with opioid use disorder. It promotes positive health outcomes by addressing biases and fostering open communication. Stigma training also addresses health equity by addressing structural barriers to care and promoting inclusive healthcare policies. Addressing stigma in healthcare has the potential for broader application across diseases associated with stigmas, mainly led by advanced practice nurses, in transforming healthcare responses and treatments.

Feasibility and Efficacy of Journaling for Parents of a Critically Ill Child

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Background: An estimated 230,000 or more children are admitted to the Pediatric Intensive Care Unit (PICU) annually in the United States. It is well documented that a child's critical illness is a stressful event for the entire family, causing significant emotional distress among parents and changes to family functioning. The PICU experience can lead to the development of signs and symptoms of clinical distress and anxiety in parents following patient discharge. Several researchers have explored the development of post-traumatic stress disorder (PTSD), anxiety and depression. Journal writing is an intervention that has been effective for improving mental health outcomes in various populations. Several meta-analyses have been conducted over the last 30 years on the Pennebaker expressive writing protocol that showed small to moderately sized beneficial effects in improving PTSD symptoms in the general population. Recently, there has been more interest surrounding the use of parent journals in pediatric critical care. One researcher found that the majority of parents used the journal and recommended it for other parents. They did not find any difference in stress scores between the experimental and control group, however, their group size was small.

Specific Aims: The aim of this study is to determine the feasibility, acceptability, and efficacy (reduction in stress, depression, and distress) of journal writing in caregivers of children admitted to the PICU.

Design: A quasi-experimental 2 group design was used to provide information about the effectiveness of journal writing on stress, depression, and distress.

Methods: Eligible caregivers are recruited from the PICU at a large freestanding children's hospital in the Pacific Northwest. After answering baseline questionnaires, they are allocated into the journal writing intervention group (n = 14) or control group (n = 15). Caregivers in the intervention group are given a journal and asked to write in the journal at least 4 times/week for at least 10 minutes each time, while the control group receives standard nursing care. The intervention and control group both received surveys at baseline, discharge, and at 3 months after discharge. Participants filled out a survey describing their stress, depression, and distress. The intervention group also received a feasibility and acceptability questionnaire at one week, discharge, and at 3 months.

Results: Data collection is in progress. Recruitment started 5/20/24.

Discussion: Caregivers whose child is admitted to the PICU are at risk for developing anxiety, stress, and PTSD after discharge. Interventions to improve the mental health of caregivers in the PICU are limited. Journal writing has been implemented in many adult ICUs and is considered a standard of care in hospitals in Europe. Journal writing is a simple and cost effective intervention that nurses can offer families upon admission and does not require additional nursing time other than explaining the journal to the family. The results of this study will add to the body of knowledge related to interventions that may improve parent mental health.

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Improving Women's Continuity of Mental Health Care: Jail Release to Community Re-Entry

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Purpose/Aims: This study has three main objectives: (1) to identify barriers to mental health care continuity (MHCC) for female-identifying, newly released inmates; (2) to list community resources that support MHCC; and (3) to determine institutional process changes needed to improve MHCC as perceived by jail health services (JHS) staff in two urban jails.

Background: Sixty-eight percent of female-identifying inmates have mental health concerns, compared to 20% of the general population. Post-incarceration, accessing mental health care is challenging. Failure to access care can result in a cycle of repeated incarceration, higher correctional costs, and lower chances of successful reintegration into the community. Both jail workers and formerly incarcerated individuals often have a clear understanding of these challenges, yet their input is rarely sought.

Method: A two-round Delphi study was conducted to identify staff-perceived adaptations needed for JHS processes.

Results: Three primary barriers to care were identified: insufficient JHS staffing, unpredictability of inmate release dates, and limited availability of community psychiatric appointments.

Conclusions: Closing the gap between incarceration, release, and access to community psychiatric services could reduce re-incarceration rates, facilitate successful reintegration, save costs, and support individuals in returning to productive lives.

Dyadic Drinking Patterns' Links to Individual and Relationship Outcomes

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Background: Alcohol use has been tied to a variety of negative individual and relationship outcomes, including increased risk for mental health concerns as well as romantic relationship distress and intimate partner violence (IPV). While there is sizable literature surrounding the effects of individuals' alcohol use in the context of romantic relationships, according to interdependence theory, outcomes in relationships are bidirectionally related, prompting further exploration into the effects of dyadic drinking patterns. Research has shown that partners who drink together report greater intimacy and fewer relationship problems than those who drink apart. Given these findings, it is important to examine how drinking together and apart may affect other aspects of partners' individual and relationship well-being.

Purpose: The current study examined associations between dyadic drinking patterns and individual psychosocial outcomes (depression, anxiety, stress) and relationship outcomes (IPV perpetration, IPV victimization, and relationship satisfaction).

Methods: Participants completed a cross-sectional online survey, which included the Conflict Tactic Scales to measure IPV perpetration and victimization, the Couple Satisfaction Index to measure relationship satisfaction, the Patient Health Questionnaire to measure depressive symptoms, the General Anxiety Disorder scale to measure anxiety symptoms, and the Perceived Stress Scale to measure stress. Additionally, participants reported the extent to which they were drinking alcohol (a) together with their partner, (b) alone but with their partner present, and (c) alone without their partner present via the Dyadic Drinking Patterns questionnaire. Participants were recruited from across the US through advertisements on social media and classified sites and included 152 individuals between the ages of 18-76 (*M*age = 38.46; 48.7% female; 70.7% White; 93.3% heterosexual relationship; 57.9% married). All study participants were in a current relationship of 6+ months and had a history of alcohol use and IPV.

Results: Linear regression analyses showed a consistent pattern indicating that drinking together was associated with better outcomes for individuals (β ranging from -.28 to -.19, $p < .05$) and their relationships ($\beta = .19$, both $p < .05$), whereas drinking alone without one's partner was associated with worse individual (β ranging from .54 to .44, $p < .05$) and relationship outcomes (β was .27 and .29, p < .05). Drinking alone in the presence of one's partner was not significantly associated with individual and relationship outcomes.

Conclusion and Implications: These results confirm and extend the findings of past research on dyadic drinking patterns by highlighting the harms of partners drinking apart. Drinking together, on the other hand, may be associated with certain benefits for individuals and their relationships. However, because alcohol use may not be good for partners' health, future longitudinal studies could examine the mechanisms that help explain why drinking together tends to be associated with positive outcomes (e.g., feelings of togetherness, shared excitement). Moreover, interventions should focus on helping partners identify what they are seeking from drinking together and on finding healthy alternatives to get that same feeling, such as engaging in other shared activities.

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Impact of Environmental Factors on Suicide Mortality in Montana, 2013-2022

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Purpose/Aim: The purpose of this retrospective descriptive study was to describe the characteristics of individuals who died by suicide in Montana and investigate the associations among rurality, distribution of prescribers, altitude, and suicide rate.

Background: Suicide is increasingly prevalent in rural areas across the United States, especially in the western Rocky Mountain states. The connection between suicide and rural residency is not well understood, nor is the relationship between the distribution of prescribers, altitude, and suicide.

Methods: Montana suicide mortality data for 2013-22 was used to describe individual characteristics. A second dataset was created for each Zip Code Tabulation Area (ZCTA) level in Montana utilizing ArcGIS software. The dataset included suicide ratios (by residence), rurality, altitude, postal location, and prescribers' ratio (e.g., primary care and mental health) by population. The study used ordinal regression to investigate relationships among altitude, rurality, and prescriber ratios on suicide ratios.

Results: In Montana, there were 2,281 suicides, with 60% occurring in rural areas, 34.7% in urban areas, and 4.7% without a specified residence. Nearly 40% of the victims were single, 79.4% were male, and 20% had served in the armed forces. The leading cause of death was firearm usage, accounting for 63.6% of the cases. Over 50% of the 361 ZCTAs were isolated in small rural towns. Montana had 3,887 primary care and mental health prescribers, including 50% physicians, 33% nurse practitioners, and 17% physician assistants. The analysis revealed that as the ratio of prescribers increased, so did the likelihood of transitioning to a higher suicide ratio category; however, the parameter estimates were found to be unstable during the test of assumptions. Altitude and RUCA categories did not show significant coefficients.

Implications: The findings of this study, specific to Montana, challenge much of the existing literature. Altitude, rurality, and the distribution of prescribers were not associated with Montana's suicide ratios, which could be attributed to the unique characteristics of the population and geography of the state. Additional research is needed to understand how these variables are related in rural populations of states with higher elevations.

Addressing Agriculture Stress in Communities and Rural Healthcare Settings

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Purpose/Aims: Agriculture stress, or farm stress, significantly impacts farmers, ranchers, and their families, which can lead to mental, emotional, behavioral, physical and socioeconomic consequences. This project aimed to educate rural healthcare clinicians and communities about the risk of agriculture stress and strategies for addressing these challenges

Rationale/Background: Farm/ranch operators and agriculture workers face multitude of stressors, both uncontrollable (e.g. weather variability, financial volatility, labor and supply shortages) and controllable (e.g., ordinary occupational stress like debt, excessive workload), as well as intergenerational stressors such as aging farmers or an obligation to sustain the family farm. These stressors can manifest in a myriad of physical symptoms and contribute to mental health issues, including depression, anxiety, substance use disorder, chronic health problems, injuries, and elevated suicidality. The implications of agriculture stress on the health and well-being of individuals and families have garnered increasing attention from agricultural organizations and policymakers. However, pervasive stigma around mental health and substance use (SUD) disorders have made it difficult to educate agricultural communities about the behavioral health risks associated with agriculture stress.

Undertaking/Best Practice: In alignment with a Health Resources and Services Agency (HRSA) rural behavioral health grant, which supports education and training about SUD and office-based addiction treatment in three rural Utah counties, we delivered an overview of the risks, impact, and treatment of agriculture stress at a community-wide conference on psychostimulant and opioid use. The training included an interactive discussion aimed at gauging attendees' understanding of agriculture stress and the importance of addressing it within their communities.

Outcomes Achieved: There were 149 registered conference attendees. Most attendees disagreed that depression is rare in farmers/ranchers (85%) and suicide rates are lower than the average working population (82%). A majority (69%) agreed that the incidence of opioid use is higher in farmers and ranchers than in rural populations in general and all (100%) agreed that farm stress and opioid use disorders are issues that need addressing in their communities. They ranked farmer/rancher mental health, addressing mental health stigma in farmers and ranchers, and assessment of opioid misuse amongst farmers and ranchers as the education topics in which they were most interested. Attendees shared personal narratives of family members struggling with mental health and the impact on multiple generations working on the family farm/ranch. Feedback from the community informed the development of ongoing agriculture stress training for farmers/ranchers and their families, and rural healthcare clinicians, including the LandLogic™ training—a culturally adapted version of Cognitive Behavioral Theory—and COMET™ (Changing Our Mental and Emotional Trajectory) training for community partners to facilitate supportive interactions for vulnerable rural residents.

Conclusions: The agricultural profession is inherently stressful, with farmers and ranchers experiencing physical manifestations of stress that contribute to high incidences of physical injury, depression/anxiety and suicide. It is imperative for rural healthcare clinicians, particularly nurses, to recognize and be equipped to address agriculture stress, employing approaches that respect the unique cultural context of agricultural communities.

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Reducing Stress in Healthcare Workers Using Meditation: A Systematic Review

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Aim: This systematic review aims to review efficient and feasible ways to deliver meditation to healthcare workers to reduce stress.

Background: Evidence shows that healthcare workers experience high levels of stress which has only worsened after the pandemic. Finding ways to alleviate this stress has become an important objective for healthcare systems. Meditation is shown to reduce stress levels in healthcare workers.

Methods: Using Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines as a framework, literature regarding stress reduction using meditation on healthcare workers was searched. Inclusion and exclusion criteria include: intervention was a mindfulness program, population must include nurses in the participant pool, must have full text, no dissertations, newer than 2019, and in the English language. Google Scholar, CINAHL, and PubMed were all searched. The searches were conducted using the following key terms: nurse, mindfulness, mindfulness-based stress reduction, mindfulness-based interventions, and stress. A total of 282,042 articles were identified in the initial search. Limiting criteria were applied and records were narrowed to 111 articles. In further review, articles were excluded if meditation was not included as the intervention, and 27 articles were identified. One article was not able to be retrieved for full text and one article did not include nurses in the study participant pool (n=25). The results of these studies were synthesized and presented by themes of how efficient and feasible meditation programs were created.

Results: A total number of 25 studies were used in the review, with over 1,099 participants total. Themes identified in the literature for project efficiency include: the ongoing need to address stress, types of meditation, feasibility, delivery methods, measurement of stress, and measurement of mindfulness.

Conclusions: Reducing stress in healthcare workers is possible through meditation. A feasible program can be implemented for fairly low to no cost using a mobile application device and daily consistent mindfulness. The meditation program should be tailored to the specific population.

Implications for Nursing: Reducing stress by using meditation on a mobile application is both accessible for busy healthcare workers in their day-to-day work routine as well as a cost-efficient solution for healthcare systems.

Skin to Skin Care to Decrease Length of Stay for Late Preterm Newborns

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Rationale/Background: The average length of stay for a late preterm infant in the neonatal intensive care unit (NICU) is over 20 days. One evidence-based intervention to decrease these longer stays is Skin-to-Skin Care. Skin-to-Skin Care is method of holding a baby in an upright position, skin-to-skin, on a parent's bare chest for a period of time. Encouraging early Skin-to-Skin Care for the late preterm infant in the NICU is a safe and effective intervention that may lead to decrease in length of hospital stay by one or more days.

Perceived barriers to parental contact with NICU patients may contribute to prolonged length of stay as parents may feel overwhelmed, intimidated, and unsure of their role in the NICU environment. Decreased parental confidence in caring for their infant delays readiness for infant discharge. Evidence has shown that early implementation of Skin-to-Skin Care in the NICU increases parental self-efficacy and may decrease length of stay.

Purpose and Aims: The purpose of the quality improvement project is to increase education and support to facilitate Skin-to-Skin Care in the NICU. The project aims are to increase unit staff knowledge of the benefits of Skin-to-Skin Care, to increase parental self-efficacy in caring for their newborn, and to decrease length of stay for late preterm infants in the NICU.

Methods: The Plan-Do-Study-Act framework guides this project. Staff will review a PowerPoint presentation and an informational card on the benefits of Skin-to-Skin Care and the importance of initiating as soon as possible after admission to the unit. An informational card on the benefits of Skin-to-Skin Care will be provided to the families of late preterm infants in the NICU. Self-reported surveys of unit staff will assess knowledge of the benefits of Skin-to-Skin Care and identify barriers to facilitating Skin-to-Skin Care pre-and post-education. Family surveys will assess knowledge of Skin-to-Skin Care and level of confidence in caring for their infant upon admission and discharge. Both staff and family surveys were developed specifically for the project and are Likert-style questions with one free-text question. The length of stay data will be obtained from the electronic health record and compared to prior two-year data from the unit. The data collection period will be September through December 2024.

Assessment of Findings/Outcomes Achieved: Final outcomes are pending at time of abstract submission. Descriptive statistics will compare survey responses and pre and post run charts will compare the changes in length of stay. Anticipated outcomes include an increase in staff knowledge of the importance of Skin-to-Skin Care, increase in parental confidence in newborn care, and a decrease in the length of stay of late preterm infants in the NICU.

Conclusions: Potential applications of the quality improvement project might include identifying next steps for addressing the potential barriers on the unit and engaging the quality improvement team to review findings and develop a plan of action.

Implementing One Key Question® in Home Visting: A Quality Improvement Project

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Background: Unintended pregnancies represent a critical public health issue and a key contributor to maternal, fetal, and infant mortality, as well as other adverse maternal and child outcomes in the United States (U.S.). With nearly half of all pregnancies in the U.S. being unintended, it is a public health concern that demands immediate attention and initiatives to combat its effects. Research highlights the urgent need for a client-centered, validated screening tool to evaluate pregnancy intentions, which would enhance initiatives aimed at preventing unintended pregnancies. These essential screening tools are especially critical for marginalized and vulnerable populations that experience inequities in access to reproductive health and family planning services nationwide.

Aim Statement: The overarching aim and primary purpose of this quality improvement project is to reduce unintended pregnancies by enhancing pregnancy intention screenings and providing reproductive health and family planning services for underserved individuals located in western Washington.

Methods: From September 15, 2024 to December 31, 2024, the One Key Question® (OKQ), a validated tool for assessing pregnancy intentions, was implemented within one Maternal Child Health (MCH) home visiting program at a mid-sized public health department in Western Washington.This MCH program supports marginalized and vulnerable populations during their childbearing years through home visiting services. Each OKQ assessment initiates a discussion about whether, when, and under what circumstances individuals wish to become pregnant and have children. For every positive screening (indicating that the individual is capable of becoming pregnant), specially trained home visiting nurses offer patient-centered follow-up counseling, resources, and referrals. Descriptive statistics will be gathered to track the number of One Key Question® assessments that were conducted, the number of positive screenings, the number of reproductive health and family planning counseling that were provided, the number of referrals made for reproductive health and family planning services. Pre/Post Training Questionnaires data will be collected and analyzed for effectiveness of trainings in increasing Nurse Home Visitors knowledge and confidence in assessing, providing education, and referring to reproductive health and family planning services.

Results: Results are pending as this project is still in the implementation stage. Based on previous research findings and preliminary data, we anticipate that there will be an increase in the number of assessments that were conducted, the number of reproductive health and family planning counseling that were provided, and the number of referrals made for reproductive health and family planning services. We also anticipate seeing an increase in folic acid usage and contraceptive use amongst program participants.

Conclusion: Conclusion is still pending as this project is still in the implementation phase. However, preliminary findings suggest promising results regarding nurse home visitor post training knowledge and confidence levels, pregnancy intention screenings conducted, and education provided. Further data collection will be crucial to solidify these observations and inform future implementation strategies.

Breastfeeding Establishment Window Supports Breastfeeding Success in the NICU

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Background: Establishing feeding at the breast in the neonatal period can be difficult for any maternal-infant couplet but it can be especially complicated in cases of preterm birth necessitating admission to a Neonatal Intensive Care Unit (NICU). The introduction of bottles before establishing breastfeeding can interfere with breastfeeding establishment due to differences in nipple structure, shape, and texture as well as the flow rate of milk. Barriers to establishing breastfeeding while in the NICU include difficulty coordinating childcare for the parent's other children, difficulty identifying the ideal timeframe for breastfeeding establishment, and difficulty coordinating amongst the care team regarding the feeding plan and progress. For parents desiring to breastfeed their baby in the NICU, proper breastfeeding education, support, and communication are critical to breastfeeding success.

Local Problem: This level III NICU in Utah had no guidelines for introducing bottles while establishing breastfeeding in preterm infants. The lack of guidelines led to inconsistencies in clinical practice regarding breastfeeding establishment and bottle introduction.

Purpose: The purpose of the Breastfeeding Establishment Window (BEW) is to provide a protected period of breastfeeding establishment prior to the introduction of bottles into the infant's feeding plan. Previously completed evidenced based practice (EBP) research suggested that 72 hours of breastfeeding establishment with increased coordination of care and support from applicable members of the care team were beneficial to increasing breastfeeding success.

Interventions or Approach: This quality improvement (QI) project utilized this previous research with some modifications made to determine when the BEW should begin for optimal results. Parents who were interested in establishing breastfeeding as part of their infant's feeding plan while in the NICU were educated on the BEW process and arrangements were made to set up daily feeding observations for each day of the BEW. During this directly observed feeding by a feeding specialist or RN, a test weight was performed to evaluate milk transfer during the feeding. Along with visual assessment, this component helps provide feedback to parents regarding the progress of breastfeeding establishment that can then be utilized to make decisions regarding the feeding plan moving forward.

Results: Since the BEW implementation in December 2023, 89% (n=100) of couplets that participated in the Breastfeeding Establishment Window were still incorporating breastfeeding into their feeding plan upon discharge from the NICU compared to 70%(n=64) of couplets that did not participate in the BEW. Additionally, after the BEW was implemented, breastfeeding at discharge increased in both BEW and non-BEW groups when compared to the 58% (n=27) of infants born at less than 35 weeks that were breastfeeding at discharge prior to BEW implementation.

Conclusion: This QI project found that the implementation of a Breastfeeding Establishment Window had a positive effect on the number of infants born at less than 35 weeks EGA that were still feeding at the breast upon discharge from the NICU. This data suggests that this protected period of breastfeeding prior to the introduction of bottles may be beneficial to helping families with infants in the NICU to reach their feeding goals.

Implementation of Babywearing in the NICU As an Intervention for NAS

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Purpose/Aims: To describe a quality improvement (QI) initiative of bringing babywearing into the Neonatal Intensive Care Unit (NICU) as an intervention for infants with neonatal abstinence syndrome (NAS).

Rationale/Background: NAS, or infant withdrawal, affects 60-80% of opioid exposed newborns. In the United States, one infant born every 19 minutes experiences NAS, and there has been a 6-fold increase in NAS since 2009. The continued upward trend is a public health crisis. Babywearing, or holding the infant close to the caregiver using a cloth or infant carrying device, is an effective, easy-to-use, nonpharmacologic intervention that may decrease the need for postnatal opioid treatment of NAS by increasing infant comfort. However, babywearing in the hospital is not traditionally practiced due to concerns for infant safety and infection control.

Approach/Methods: Using Plan-Do-Study-Act cycles, babywearing was implemented in a level IV NICU in the Southwest United States. PLAN: Planning included developing an implementation team, compiling the evidence, gathering support, policy development (with input from infection prevention, risk management, policy team, and stakeholders), education of certified newborn babywearing educators in healthcare (CNBE-H), and education for all staff. Outcomes for successful implementation included: 1) ability for all medically stable infants with NAS to participate in babywearing, 2) absence of adverse events, and 3) equal or decreased in length of stay (LOS). DO: A 3-month trial of babywearing for medically stable infants began in April 2023. STUDY: The implementation team completed an evaluation of the first round of education for CNBE-H's, hospital staff, and gathered feedback from staff regarding the first trial. ACT: changes were made to the education course for CNBE-H's and the tracking of infant carriers. A second PDSA cycle was started in September 2023, and at the conclusion, there was an evaluation of these changes.

Assessment/Outcome: Prior to this QI project, only infants whose caregivers had consented to participating in research were allowed to be worn. Between October 1st, 2022, and January 31st, 2024, two full PDSA cycles were completed, and babywearing was successfully implemented in the NICU for all medically stable infants with NAS (outcome 1). Infants were primarily worn by parents and hospital staff but were also worn by family and volunteer cuddlers. Carrier care, tracking, and parent and staff education were ongoing. There were no adverse events (infection or infant injury) during this QI project (outcome 2). The average LOS for the six months prior to the QI project was 14.6 days, compared to 8.2 in the six months after. This is a decrease of 6.4 days (outcome 3).

Conclusions/Implications for Translation to Practice and Future Research: Implementation of babywearing for infants with NAS in the NICU is feasible and appears to increase infant comfort. This intervention is low-cost and easy-to-use, making it an ideal nonpharmacologic intervention for infants with NAS. Additionally, babywearing may have the ability to translate to decreased LOS, as evidenced by this QI project. Further research is needed to evaluate these results and additional potential benefits of babywearing (e.g., decreased stress) in infants with NAS.

Evaluating Recent DNP Graduates Regarding Breastfeeding Care

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Purpose/Aim: The primary aim of this project is to attain baseline data from recent graduates of a Doctor of Nursing Practice (DNP) program regarding their practice, competency, and professional role related to care of the breastfeeding family.

Background/Rationale: Early breastfeeding cessation is commonly associated with physiologic difficulties for both breastfeeding parent and baby. Poor consistency in advice and fragmented care have been identified as health service factors which contribute to decreased continuation of breastfeeding. Increased understanding of current knowledge, skill, and attitudes from recent doctoral nursing graduates is needed to guide graduate education development and assure competency upon entry into the field for those serving breastfeeding families. Enhancing the standard nursing graduate curriculum through a focus on competency for the evaluation and management of common breastfeeding complications will increase the capacity of the advanced practice registered nurse workforce to provide care at the top of their license and improve access to qualified, continuous care providers.

Approach: To meet the project aim, an online survey evaluating the knowledge, skills, attitudes, educational experience, and current practice of recent graduates of Family Nurse Practitioner, Nurse-Midwifery, and Pediatric Primary and Acute Nurse Practitioner DNP programs will be used. The survey design is based on a validated survey assessing breastfeeding knowledge, comfort level, clinical practices, role perception, graduate education, and educational needs of resident physicians. The survey is anticipated to disseminate to the graduates by November 1, 2024. Data collected from the survey will be used to inform future course design aimed at achieving breastfeeding care competency among DNP graduates.

Assessment of Findings/Outcomes Anticipated: Data will be analyzed within and between graduating cohorts reflecting quantitative competency scores for knowledge and skill, descriptive statistics for confidence, attitude, and role identification, as well as qualitative barriers to practice. This data will be further stratified and analyzed by demographic information, practice environment, and years in practice. Analysis will provide insight into the relationships between graduate nursing educational preparation, current competency status, confidence to provide care, and role identification with the scope of practice responsibilities associated with providing evaluation and management to breastfeeding families.

Conclusions, Recommendations for Future Undertakings: Information attained from this project will be used for iterative development of a new course on breastfeeding management targeted at doctoral advanced practice nursing students whose scope of practice population includes breastfeeding families. Both the process and the findings from this project can be used across DNP programs to identify and rectify gaps in training. Identifying such gaps in doctoral curricula inform development of comprehensive and cohesive competency-based training, resulting in increased capacity of graduates to practice to the full scope of their license.

NEWBORN / INFANT HEALTH AND WELLNESS

Ultrasound Markers Predictive of Persistent Occiput Posterior: An Integrative Review

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Persistent occiput posterior (OP) position is linked to adverse labor outcomes, including labor arrest and cesarean delivery. Recent ultrasound advancements have reignited interest in studying additional fetal characteristics in persistent OP fetuses. This integrative review aimed to evaluate and synthesize evidence on ultrasound markers and their association with lower rotational rates and higher cesarean rates among persistent OP fetuses. Eligible studies were identified through searches in Cochrane, Scopus, PubMed, and Ovid/MEDLINE. Data extracted included first author, country, publication year, study design, sample characteristics, measurements of position and other ultrasound markers, rotational rates, and birth outcomes. Of 342 publications, 13 studies published from 2010 to 2023 met the inclusion criteria. These studies were critiqued and synthesized in this review. Key findings indicate that a narrower angle of progression (AoP), deflexion, and concordant posterior spine position are linked to lower rates of spontaneous vaginal delivery and higher cesarean rates. Despite promising associations, the evidence is limited by heterogeneity in study design and sample sizes, highlighting the need for further research. Overall, the review underscores the importance of specific ultrasound markers in predicting outcomes for OP fetuses and suggests areas for future investigation.

Keywords: Ultrasound, Persistent Occiput Posterior, Labor Outcomes, Pregnancy, Fetal Position

Implementing STEADI Algorithm for Falls Reduction.

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Background: In the United States, unintentional falls represent the leading cause of both fatal and nonfatal injuries among older adults. This alarming trend is particularly concerning given that a significant portion of these falls occur in their homes. These falls result in significant consequences, such as injuries, disabilities, early mortality, loss of independence, decreased quality of life, and higher healthcare utilization. However, falls are preventable through evidence-based strategies that identify fall risks and address potential home hazards, thereby lowering the incidence of falls.

Purpose: The purpose of this quality improvement project is to explore the impact of implementing, Stopping Elderly Accidents, Death, and Injuries (STEADI) on the incidence of falls in adults aged 55 and older and examine its feasibility of use in primary care setting.

Methods: Kotter's change model will guide project implementation, and a quasi-experimental pre-post-study design will be used. This project will be conducted in a primary care clinic in the Pacific Northwest. The primary intervention will include first asking three screening questions derived from the STEADI algorithm to detect fall-risk patients, then assessing for potential home hazards utilizing the "Check for Safety" questions, and finally providing individualized action plans to enhance fall prevention safety and awareness. Descriptive statistics will include demographic data gathered via a Qualtrics survey. At the same time, the rate of fall-related ICD-10 coding, and OT/PT referrals will be collected from the EHR three months before and one month after the project implementation.

Outcomes: Data collection for this QI project will take place over four months, including retrospective data three months before and one month after the implementation phase. Home safety responses will be collected bi-weekly. Data analysis using IBM SPSS software will begin after the post-implementation period, and completion is expected shortly thereafter.

Implications: This project could empower healthcare professionals with the knowledge and resources from the STEADI initiative, enabling earlier identification of fall risks and proactively intervening in fall prevention, thereby improving patient safety and well-being.

OLDER ADULTS / GERONTOLOGY

Improving Hepatitis C Screening and Treatment Using Evidence-Based Guidelines

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Background: Hepatitis C Virus (HCV) is a chronic liver infection affecting 3-5 million Americans annually, contributing to severe health complications such as liver failure and hepatocellular carcinoma. The opioid epidemic has driven a significant rise in HCV infections, with rates tripling between 2011 and 2016. The CDC estimates that improved HCV screening and treatment could prevent 120,000 deaths and save the healthcare system $1.5-$7.5 billion annually. Research shows that HCV screening rates remain low, with 74% of infections undiagnosed in the U.S., missing chances for early intervention (Kasting et al., 2018).

Local Problem: An outpatient gastroenterology clinic lacked formal protocols for HCV screening and treatment, resulting in missed chances for timely diagnosis and treatment for patients at risk.

Aim: This quality improvement project aimed to implement an evidence-based HCV screening and treatment protocol to identify at-risk patients, provide diagnostic testing, and treatment for confirmed cases, ultimately improving patient health outcomes.

Process: A tailored HCV screening and treatment protocol was developed following guidelines from the American Association for the Study of Liver Diseases (AASLD), American Gastroenterological Association (AGA), Centers for Disease Control and Prevention (CDC), and U.S. Preventive Services Task Force (USPSTF). The Plan-Do-Study-Act (PDSA) cycle was used to guide the process (Deming, 1993). Tools such as flowchart, checklist, and medication list were used to aid adherence to the new protocol. Staff were trained to ensure effective application of the protocol. Patients visiting the clinic were screened using HCV risk factors questionnaire such as birth year (1945-1965), history of intravenous drug use, prior blood transfusions, maternal HCV transmission, HIV-positive status, multiple sexual partners, male-to-male sexual contact (MSM), and the presence of tattoos or piercings. HCV antibody-positive patients underwent further testing for HCV RNA to confirm active infections, and those with positive results were treated using the evidence-based protocol.

Measures/Analysis: Key performance indicators included HCV screening rates, follow-up diagnostic tests for HCV-positive patients, and initiation of treatment. Data were collected biweekly using data collection tool over 12 weeks. Data analyzed using QI Macros software showed trends in the effectiveness of the intervention, with a notable increase in HCV screening rates following the protocol's introduction.

Results: At the start of the project, the average HCV screening rate was 50%. After the intervention, screening rates increased to 71%, with projections indicating further improvements. Out of 1,178 patients screened for HCV, 701 were identified as having one or more risk factors. Of these, 74.9% (525 patients) underwent HCV laboratory testing, and 49% (257 patients) received diagnostic confirmation. The results highlight the effectiveness of the PDSA model in facilitating evidence-based practice change.

Conclusion: The tailored evidence-based protocol and PDSA cycle significantly improved HCV screening rates in the outpatient GI clinic. The HCV risk factor questionnaire has been adopted for use, ensuring that patients at risk for HCV continue to be screened. Future efforts should focus on addressing barriers such as patient refusal, stigma and expanding the project to larger clinical settings for greater impact.

Integrating Age-Friendly Learning into a Baccalaureate Nursing Program

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Purpose: The purpose of this project is to incorporate age-friendly learning opportunities focused on the care of older adults across the care continuum to support gerontological nursing practice.

Background: The aging U.S. population, coupled with the rising prevalence of chronic diseases and the shift from institutional to community-based long-term care, underscores the urgent need to educate and train the nursing workforce in geriatric care.

In Oregon, only 4% of nurses are employed in skilled nursing facilities or long-term care settings. The majority (56%) work in hospitals, while 20% are in other areas such as education and public health, 15% in community-based clinics, and 5% in home health or hospice agencies. Preparing nurses to care for older adults across the care continuum is increasingly crucial, especially in rural communities where nurses serve as ‘expert generalists’ and specialty resources are scarce. The Future of Nursing 2020-2030 emphasizes the vital role nurses play in enhancing access to and the quality of care for older adults with chronic diseases to improve health equity.

Undertaking: This nursing education intervention is part of a larger Health Resources and Services Administration (HRSA) Geriatric Workforce Enhancement Program (GWEP) grant project aimed at educating and training the healthcare workforce to care for older adults through collaboration with community partners. Participants include twenty-three first-year baccalaureate nursing students on a rural campus, enrolled in courses that prepare them for providing care across various settings, such as community-based environments (e.g., senior centers), long-term care facilities, and acute care/critical access hospitals.

The Institute for Healthcare Improvement (IHI) 4M’s Framework (What Matters, Medication, Mentation, and Mobility) serves as the theoretical foundation for classroom and clinical lessons focused on the care of older adults. Faculty have developed concept-based learning activities (CBLAs) that integrate the 4M’s with the Tanner Clinical Judgment Model to focus student learning on key concepts and help guide clinical debriefing. Community and clinical partners coordinate clinical learning activities in collaboration with faculty.

Outcomes: Student learning assessments will occur at the end of each 11-week term (fall, winter, and spring) throughout the 2024-2025 academic year. Retrospective pre/post surveys will query student learning related to the 4 M’s, clinical decision making, and the care of older adults across the care continuum. Students will engage in weekly clinical blogs in response to structured prompts. Analysis of outcomes will be via descriptive statistics and thematic analysis. At both the beginning and end of the academic year, students will answer a single-item question regarding their interest in gerontological nursing.

Next Steps: Following learner assessments and feedback from students, faculty, and clinical partners, the next steps will involve revising, refining, and integrating the focused learning into the curriculum to enhance gerontological nursing across the care continuum.

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Preliminary Feasibility of Digital Physical Activity Program in Older Caregivers

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Aim: To assess the feasibility of a digital health physical activity (PA) program among older family care partners (FCPs) of persons with heart failure (HF) in a pilot randomized controlled trial (RCT).
Background: FCPs of persons with HF serve as extensions of the healthcare team, offering indispensable emotional support, aiding in activities of daily living, and facilitating symptom monitoring. Due to the challenges of managing older adults with HF, FCPs can experience significant caregiver burden, manifested as emotional distress, physical exhaustion, and financial strain. Importantly, older (≥ 60 years) HF-FCPs are more vulnerable to the dual impact of their age-related health issues and caregiving duties. Digital health technology has the potential to engage older HF-FCPs in in-home PA programs to support their health and wellness. We developed a tailored digital health PA program, *TPA4You*, which integrates four components: video-conferencing (i.e., Zoom) with a health coach; wearable activity sensor (i.e., Fitbit); and motivational messaging. We are conducting a pilot RCT with HF-FCPs randomized to receive the *TPA4You* program or attention control for 12 weeks. Herein, we focus on reporting the preliminary feasibility of the *TPA4You* intervention in the ongoing pilot RCT.
Methods: Participants are eligible if they are aged ≥ 60 years, care for a household member with New York Heart Association Class II, III or IV HF and aged ≥ 60 years, provided at least 10 hours/week of unpaid care for the past 6 months, are able to read, speak and comprehend 5th grade English, and own a smartphone. Feasibility was assessed by retention of participants, number of sessions attended, the type and frequency of technology problems, and an administration of the 30-second chair stand test (physical functional outcome).
Results: Since June 2024, we have screened 34 individuals via phone and enrolled 8 participants. All are female, 7 are non-Hispanic White, 7 are spouses, and their average age is 74.3 (±4.6) years. The 4 participants in the intervention group attended all scheduled PA Zoom sessions. To date, the first participant has reached the 12-week timepoint, while others are in earlier weeks. There have been no withdrawals. Challenges identified in delivering Zoom PA sessions include participants' lack of digital literacy, technical difficulties in connecting via Zoom links, and ensuring effective camera positioning for exercise instruction during every PA or physical functional testing session. Other challenges included system integration difficulties between Redcap and Twilio for sending text messages, and Fitbit synchronization failures leading to missing daily PA data. On the other hand, the 30-second chair stand test was successfully administered via Zoom.
Conclusions: Technical challenges associated with each component of *TPA4You* were as anticipated and most could be resolved with additional instruction. Preparing participants and research staff to efficiently and effectively address these challenges will be necessary when the *TPA4You* intervention is scaled to a larger study. Positioning the camera for clear viewing of the participant by the coach requires monitoring at every session. We will continue to monitor challenges and find solutions as enrollment proceeds to inform a future larger study.

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Feasibility and Efficacy of Remote Tai Chi on Older Adults' 24-Hour Movement Behaviors

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Purpose: To examine the feasibility and efficacy of a remote Tai Chi (TC) program on older adults' 24-hour movement behaviors, compared to usual care (UC); and to explore changes in fear of falling, cognitive function, psychosocial beliefs, well-being, and quality of life.

Background: The U.S. population is aging, with 57.8 million adults 65 and older in 2022, projected to reach nearly 89 million by 2060. Physical activity (PA), sedentary behavior (SB), and sleep, collectively known as 24-hour movement behaviors, are integral to both physical and mental health. Guidelines for these behaviors recommend increasing PA, reducing SB, and ensuring good sleep. As a low-intensity exercise, TC has been shown to increase PA, reduce SB, enhance sleep quality, reduce falls, and improve cognitive function, psychological well-being and overall quality of life among older adults. While the benefits of TC have been extensively explored, to our knowledge, no study has adopted wearable devices to assess the feasibility and efficacy of remotely delivered TC on 24-hour movement behaviors among older adults**.**

Methods: This 26-week, remote, crossover randomized clinical trial enrolled 44 participants assigned to one of two conditions: 1) Remotely-delivered TC intervention (60 minutes/session, twice weekly for 12 weeks), followed by UC; or 2) UC followed by the remotely-delivered TC intervention. While in the intervention condition, participants were asked to maintain their regular activities plus TC practices, while in the UC condition, participants continued their normal routines without TC. A 2-week washout separated the conditions. Class attendance and post-intervention surveys assessed program feasibility and acceptability. PA, SB, and sleep were tracked using Fitbit Inspire 3. Reliable and valid questionnaires were used pre- and post-intervention to assess fear of falling (Short Falls Efficacy Scale-International), psychosocial beliefs (Brief Psychosocial Scales), well-being (WHO-5 Well-being Index), and quality of life (Older People's Quality of Life Questionnaire-Brief). Cognitive function was evaluated with a digital card sorting game (EFgo™). A linear mixed-effects model was used to analyze differences between the TC and UC conditions across outcomes.

Assessment of Findings: A total of 41 participants (78% women, average age=71±5.6 years) completed the study. The majority of participants were satisfied with the program's accessibility (85%) and appropriateness (74%) and would recommend it to others (94%). A reduction in SB was seen over time across both groups (β = -14.09 minutes, SE=6.27, p=0.03), with the TC group showing a greater reduction (β = -75.95 minutes, SE=35.35, p=0.03). However, the interaction between treatment and time was not statistically significant (β = 16.90 minutes, SE=8.77, p=0.06). No significant effects of treatment, time, or their interactions were observed for the other outcome variables.

Conclusion: The findings suggest offering a remote TC program to older adults is feasible. The program effectively reduced SB, with the potential to encourage older adults to become more physically active. Although both groups showed a decrease in SB, the TC group likely experienced a greater reduction. However, the interaction effect was not statistically significant, indicating the need for further investigation.

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Masculinity, Culture, and Older Adult Caregiving in Men: A Concept Analysis

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Masculinity is defined through the behaviors, languages, and practices that are culturally associated with men and their beliefs, and actions. This concept analysis explores three major cultural influences in masculinity as they pertain to older adult caregiving; Machismo, John Henryism , and Filial Piety. Each constructs offers a distinct lens through which to understand the caregiving behaviors of men as they care for an older adult. **Machismo** refers to a culturally defined construct in Latino communities that positions men as strong, self-reliant providers and protectors, shaping identity through expectations that men should demonstrate resilience and authority, particularly in fulfilling familial roles. Machismo involves positive and negative attributes that shape male behavior and interactions within the family, aligning identity with traditional values of power and leadership, with the discouragement of vulnerability and reliance. **John Henryism** concept is a high-effort active coping strategy characterized by prolonged efforts to overcome chronic psychosocial and environmental stressors, particularly in the face of systemic racism and socioeconomic disadvantages, prevalent in African American and black communities. It highlights the intersection of offering mental resilience while also compromising wellbeing due to association with increased significant health risks. **Filial piety** is an essential component of Confucianism which defines the culturally ingrained sense of duty, respect, and moral obligation for adult children, particularly sons, to care for their aging parents reciprocating for the care they received as children. Rooted in Confucian values, it emphasizes both the physical and emotional aspects of caregiving, including the sacrifices made as adult children, positioning it as a moral responsibility that honors tradition and family stability. As cultural identity can strongly influence how men perceive themselves, understanding these masculinity concepts is integral to addressing the new wave of older adult caregiver health.

As the older adult population is expected to rise, more men are heeding the call to take on the role of a caregiver. Cultural expectations of masculinity can create barriers for men, thus, designing more effective support interventions is crucial. Latino men who adhere to machismo may be less likely to engage in caregiving tasks they perceive as feminine, while Black male caregivers influenced by John Henryism may experience greater physical health risks due to their reluctance to seek help. Understanding filial piety's role in caregiving among Asian men can guide providers in offering culturally sensitive support that respects traditional values while addressing practical caregiving needs. Culturally tailored interventions should address these barriers, ensuring male caregivers receive both emotional and physical support while respecting traditional values.

Our vision aims towards a framework that healthcare providers can use to understand the complex relationship between gender, masculinity, culture, and caregiving. By considering cultural constructs of masculinity, providers can better anticipate and address the needs of male caregivers, ensuring that they receive the emotional, social, and practical support necessary to provide effective care. Future research can expand on these findings to explore the intersection of caregiving, masculinity, and culture, with the goal of creating culturally competent caregiving strategies that improve outcomes for caregivers and older adults.

Sleep Quality in Korean American Dementia Dyads: Insights from Wearable Technology

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Background: Alzheimer's and related dementias (hereafter dementia) are associated with sleep disturbances among Persons with Dementia (PWD), such as difficulty in falling asleep and multiple awakenings at night, resulting in advanced cognitive impairment and increased behavioral problems. Additionally, family caregivers (e.g., spouses or adult children) experience reduced sleep quality due to PWD's sleep disturbances. Relatively little is known about the interaction of sleep parameters in dyads (PWD-caregiver) as paired units among understudied immigrant minorities, particularly Korean Americans (KAs).

Objectives: To describe dyads' sleep parameters (i.e., total/deep/REM/light sleep, awake duration, latency duration, sleep efficiency) using wearable technology (i.e., smart-ring) and sleep diaries, and to identify interrelationships among sleep parameters between PWD and caregivers.

Methods: This 4-week observational study used smart-ring monitoring, a sleep survey, and self-reported sleep diaries to explore sleep associations of KA dyads recruited from the community. Pearson correlations were performed.

Results: A total of 11 dyads participated in the study: mean age of PWD was 82.7 years (SD=2.3); of caregivers 69.1 years (SD=10.2). Nine PWD (81.8%) were male, all caregivers (100%) were female, and 4 dyads (36.4 %) slept in the same bed. Sleep parameters of deep/REM/awake/sleep efficiency of PWD were significantly correlated with those of caregivers (All p values were <.05).

Conclusion: Findings demonstrate that PWD's sleep parameters (e.g., deep sleep) were significantly correlated with those of caregivers' ones. This study shows the feasibility of using a wearable device to measure dyadic sleep quality for both PWD and their caregivers, particularly within immigrant populations.

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Sleep Deficiency and Multidimensional Frailty in Older Adults: A Systematic Review

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Aims: The aims are (1) to examine the association between sleep deficiency and multidimensional frailty in older adults and (2) to examine sex differences in the association between multidimensional frailty and sleep deficiency.

Background: Multidimensional frailty is a geriatric syndrome characterized by a decline in functioning across multiple physiological systems, resulting in an elevated vulnerability to stressors and homeostatic instability. Multidimensional frailty is avoidable and reversible; thus, identification of frailty determinants is essential. Sleep deficiency, which includes short sleep duration, difficulty falling asleep, spending less time asleep, sleeping at the wrong time of day, fragmented sleep, low sleep quality, and sleep disorders, is common among older adults. Sleep deficiency may be an important modifiable risk factor that is contributing to frailty among older adults.

Methods: We conducted a systematic review and reported the results using Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA) guidelines. The search was conducted by a research librarian using OVIDMEDLINE, OVIDEMBASE, OVID Cochrane Database, OVID Central, OVIDPsycINFO, CINAHL on 5/14/2024. We included studies of older adults (≥55 years) that reported a relationship between at least one sleep deficiency characteristic and multidimensional frailty. We excluded non-English studies, case studies, editorials, conference abstracts, and records that were not peer-reviewed. Two reviewers screened all titles, abstracts, and full texts. Conflicts were resolved by a third reviewer. Data extraction was conducted by two reviewers and a third reviewer evaluated the data for accuracy. We computed frequencies, weighted means, standard deviations and reported results in narrative form.

Assessment of Findings: A total of 1851 titles and abstracts were screened. The full texts of 145 records were reviewed. Twenty studies met inclusion criteria for a total sample of 27,642 participants (mean age = 71.82, SD =6.73), of whom 54.6% (n=15,100) were female. Most of the included studies were cross-sectional (n=17). Multidimensional frailty prevalence ranged from 5% to 77.6%. All 20 studies measured sleep deficiency using self-report measures. Sleep quality was the most common sleep deficiency characteristic that was reported, and poor sleep quality ranged from 34.1% to 95.4%. All studies that included a sleep quality measure found a statistically significant relationship between poor sleep quality and multidimensional frailty (n=13). Insomnia was associated with multidimensional frailty in all five studies that included an insomnia measure. Self-reported longer sleep duration was associated with multidimensional frailty in two of three studies that reported this data. The results on sex-based differences were inconclusive, with two of four studies finding a stronger relationship between sleep deficiency and multidimensional frailty in males.

Conclusions: Sleep deficiency, specifically poor sleep quality and insomnia, is associated with multidimensional frailty in older adults. Additional research is needed to understand the complex relationship between frailty and sleep characteristics that extend beyond sleep quality or self-reported duration. Future studies should incorporate repeated measures, include objective sleep assessments, report on the specific domains of frailty that are impacted, and report subgroup analyses by sex. Identifying and addressing sleep deficiency could be a key strategy to prevent and manage frailty in older adults.

Stroke Education for Cardiac Nurses

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Purposes/Aims: Participants of the evidence-based practice (EBP) project were Cardiac Intensive Care Unit (CICU) Registered Nurses (RNs) in a Comprehensive Stroke Center teaching hospital. The desired aims were increased knowledge of stroke identification and stroke activation response time; increased nurse confidence in stroke identification and knowledge for atypical stroke symptoms in women versus men patients; decreased time between clinically appropriate identification of stroke signs and symptoms and last known well with BEFAST-G and stroke activation; increased percentage of appropriate stroke diagnoses one-month after stroke activations; and measurement of the nurse perception of the effectiveness and barriers to implementation of stroke education one- to two-months post-training sessions.

Rationale/Background: While cardiac patients are particularly prone to strokes due to their risk factors, including high blood pressure, diabetes, and heart disease, CICU RNs are only required to complete 2-hours of annual stroke training. In comparison, neurology nurses within the same hospital receive 8-hours of stroke training each year. The current stroke education provided to cardiac RNs is inadequate to ensure accuracy of timely stroke recognition and intervention, particularly when identifying atypical stroke symptoms seen among women.

Brief Description of the Undertaking/Best Practice: CICU RN participants completed the Stroke Education Nurse Demographic Questionnaire pre- and post-education. Nurses' pre- and post-education stroke knowledge and confidence was measured using the *Women and Stroke Knowledge, Awareness, and Confidence level Survey (WASKACS)*. Evidence-based stroke education was conducted during in-person SIM Lab Skills Days. Within two-months after the last staff training session, participants completed the CDC's (2019) *Recommended Training Effectiveness Questions for Post-course Evaluations: Recommended Questions for Delayed Evaluation* to assess the RNs' perception of the effectiveness of and barriers to implementation of stroke education.

Assessment of Findings/Outcomes Achieved: There was a statistically significant increase in nursing knowledge from pre- to post-education with a 12.68% increase in the mean score (n=98, p=<0.001). Nursing confidence in identifying stroke increased with pre- scores of 33% (n=7) slightly confident, 33% (n=7) somewhat confident, 33% (n=7) fairly confident, and 0% (n=0) extremely confident, compared to post-scores of 19% (n=4) slightly confident, 14% (n=3) somewhat confident, 48% (n=10) fairly confident, and 19% (n=4) extremely confident. Nursing confidence in identifying stroke symptoms in women also increased, with nurses reporting feeling fairly confident or extremely confident 14% (n=3) in pre-education compared to 67% (n=14) post-education. There was no significant change in BEFAST-G documentation to Stroke Activation time after education. There was an increase in the percentage of stroke diagnoses to stroke activations (Stroke Diagnosis/Stroke Activations) pre- and post-education with a pre-score of 50% (n=2/4) to a post-score of 100% (n=2/2). Nursing perception of education was positive, with 82.4% (n=28) reporting using the education somewhat in their work and 11.8% (n=4) using the education regularly. Nurses requested further education focused on women-specific stroke symptoms.

Conclusions: Nurses requested increased annual evidence-based stroke education, with a focus on women-specific atypical stroke signs and symptoms.

Psychometric Testing of Diet Functional Assessment Scale for Patients with Dementia

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Background: Apraxia and agnosia usually interfere with eating for people with dementia (PwD). Most of previous tools were used in the long-term care facilities and the contents are not focused on the executive function for the community-dwelling PwD.

Objectives: This study was to develop and evaluate the psychometric properties of the Taiwanese version of Diet Functional Assessment Scale for community-dwelling PwD.

Methods: The items were generated based on literature review and pre-existing scales. The Content Validity Index was carried out in next step. Finally, Exploratory Factor Analysis was used to assess construct validity and Criterion-related validity was used to assess concurrent validity. For reliability, internal consistency checks were used in study.

Results: One hundred fifty-two samples participated in the study. The initially developed scale consisted of ten items on a 4-point Likert scale, which was reduced to 9 items by expert content validity. The results of the exploratory factor analysis elicited 7 items with two factors extracted including “self-eating ability” and “dietary executive function” respectively. Seven items explained a total variance of 67.256%. Significant correlation with the Mini-Nutritional Status was found (r = -0.540, p= 0.01), yielding a moderate concurrent validity. Cronbach’s alpha coefficient (.87) of all scale confirmed the high internal consistency of the scale.

Conclusions/Recommendation: The Diet Functional Assessment Scale was shown to be a reliable and valid short scale for assessing self-eating ability and executive function among community-dwelling PwD. This short scale is useful for the carers to improve the care quality for community-dwelling PwD.

Keywords: Dementia, Psychometric Testing, mealtimes, community, diet function

Navigating Burnout in Caregivers of Patients with Alzheimer's Disease

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Purposes/Aims: This project aimed to increase caregivers' confidence in managing Alzheimer's patient behavior while reducing their stress levels, thereby improving their quality of life and the care they provided.

Rationale/Background: Alzheimer's disease is the third leading cause of death in California. Caregivers often experience physically and mentally demanding responsibilities, resulting in high stress levels and burnout. Insufficient education in dementia care worsens their burden and contributes to symptoms of depression. To tackle these challenges, training on Behavioral Treatment, the Progressively Lowered Stress Threshold (PLST) model, and self-care techniques were provided to enhance caregivers' understanding of dementia care and reduce stress levels.

Brief Description of the Undertaking/Best Practice: The Iowa model was employed as the framework for this project in collaboration with the Del Oro Caregiver Resource Center, which provides support such as resources and education/training to caregivers in Sacramento County. The interventions for this project included educational sessions based on the PLST model that presented case scenarios of typical Alzheimer's patient behaviors, such as wandering or aggression, along with practical solutions for managing each situation. Moreover, self-care techniques, such as boxed breathing and acupressure, were taught and demonstrated, with participants encouraged to follow along during the session. The education was delivered virtually via Zoom and recorded for participants to re-watch at their convenience. A pre-and post-session questionnaire was used to measure changes in caregivers' confidence in dementia care and their stress levels, along with phone interviews conducted three weeks after the educational session.

Assessment of Findings/Outcomes Achieved: A total of 26 caregivers participated in the educational sessions, while seven caregivers completed the pre- and post-surveys. Most participants were women aged 18 to 24, identified as White/Caucasian, and caring for their family. The results showed an improvement in caregivers' confidence in managing dementia care, with an average increase of 5.2 points out of a possible 50, while the average stress level rose by 5.5 points out of a possible 50. Phone interviews conducted three weeks after intervention revealed that participants were experiencing higher stress levels than before. They attributed it to an improper work-life balance and a need for more social activity. Caregivers expressed that while the self-care techniques were beneficial during education sessions, they needed help to retain much of the content. Evaluation of the surveys indicated that one-time sessions were ineffective in reducing caregivers' stress levels.

Conclusions: The results suggested that education on specific interventions for typical dementia behaviors, paired with tailored solutions, is an effective and practical approach. To reinforce these stress-reducing strategies, caregivers should participate in regular educational sessions. Moreover, a more robust system for assessing the participants' reading literacy and evaluating the interventions' effectiveness is essential, as many participants completed the pre-questionnaire but not the post-questionnaire. While a custom tool was developed to measure changes in caregivers' confidence and stress levels, it did not accurately capture stress levels related to the educational session. Moving forward, the Burden Scale for Family Caregivers, a well-validated tool for measuring caregiver burden, is a more appropriate choice.

Social and Environmental Determinants of Sleep Health in Older Adults: A Scoping Review

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Aims: This scoping review aimed to 1) systematically map the landscape and characterize the research investigating environmental and social determinants of sleep health disparities in older adults and 2) explore the evidence regarding the observed or perceived impacts of environmental and social determinants of sleep health disparities in older adults.

Background: Older adults naturally experience changes in their sleep architecture and sleep patterns. However, multiple comorbidities, medications, and behavioral changes can increase the prevalence of primary sleep disorders. Additionally, research suggests that social factors such as race/ethnicity, socioeconomic status, gender, loneliness, and environmental factors, including air pollution, noise, and extreme weather, shape sleep health. In older adults, the cumulative effects of social and environmental inequities can perpetuate sleep health disparities. While these factors may not have a direct causal relationship, they can influence sleep health through various pathways and contribute to adverse health outcomes. The global impact of socio-environmental determinants of health on older adults' sleep has not yet been systematically examined. Mapping the extant evidence can inform future research and policy initiatives aimed at addressing the identified drivers of sleep disparities.

Methods: We conducted a scoping review guided by an established methodological framework (Arksey & O'Malley, 2005) and the Preferred Reporting Items extension for Scoping Reviews (PRISMA-ScR) guidelines. Our protocol was registered in Open Science Framework (https://doi.org/10.17605/OSF.IO/EX975). In consultation with a health sciences librarian, we optimized searches using keywords and controlled vocabulary terms for the following databases: PubMed, CINAHL, PsycINFO, Web of Science. We included peer-reviewed papers that examined the social and environmental determinants of sleep health in older adults (65 and older), were published between January 2015 and June 2024, and written in English, French, Portuguese, or Spanish. No restriction was placed on geographical regions. Two reviewers screened titles and abstracts, and full-text papers. Discrepancies were resolved through consensus. Data extracted included study characteristics, sample characteristics, setting, measures of sleep, sleep disparities, social and environmental determinants of health, main study findings, recommendations, and identified gaps.

Assessment of Findings: The searches yielded 856 articles; 88 duplicates were removed. After title and abstract screening, 720 articles were excluded as not meeting the inclusion criteria. During full text review of 45 articles, 32 were excluded primarily due to not meeting the age criteria (n=27). Data extraction is currently underway for the 15 included articles and will be completed by December 2024.

Preliminary findings indicate that most studies were conducted in high-income countries (n=9) and focused on social determinants of health (n=12). Over half of the included studies used cross-sectional design (n=12), and subjective sleep measures were predominant (n=11).

Implications: By synthesizing existing research and identifying gaps, this study aims to inform potential avenues for research and clinical practice to promote sleep health equity among older adults across various settings. Furthermore, the findings of this scoping review will contribute to the broader initiatives of the World Sleep Society and the National Sleep Foundation to raise awareness and advocate for sleep as a health priority and sleep equity.

Nostalgia: A Concept Analysis

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Purpose: Nostalgia, broadly considered a sentimental longing for the past, is a multifaceted phenomenon and often bittersweet swirl of emotions coined in the 17th century by Swiss physician Johannes Hofer. Originally viewed as a medical condition linked to homesickness, its meaning has evolved to reflect a deeper emotional and cognitive experience. Despite its pervasive and arguably innate role in human experience, the concept of nostalgia remains insufficiently understood, particularly regarding its implications for memory and identity formation across the lifespan. Additionally, the dual nature of nostalgia—both comforting and potentially distressing when tied to feelings of loss—requires further exploration across different populations and health contexts. This concept analysis sought to explore and articulate the dimensions and characteristics of nostalgia, examining how it shapes and is shaped by memory and identity. Using dementia as the exemplary case within the Walker and Avant methodology provides a focused context for exploring how nostalgia may impact the emergence and preservation of personhood despite cognitive decline or impairment.

Description of Theory or Method/Definition of Concept to Be Discussed: This concept analysis explored the attributes, antecedents, and consequences of nostalgia by synthesizing empirical and philosophical literature. A literature review following PRISMA guidelines identified 18 articles that examined the emotional and cognitive effects of nostalgia, with a sharp focus on dementia, where the connection between nostalgia and personhood is especially salient. Insights from *The Routledge Handbook of Nostalgia* provided theoretical grounding, integrating historical, cultural, and psychological perspectives on nostalgia to inform the analysis. Our review specifically highlights how nostalgic reflections evoke memory, foster identity, and influence emotional regulation.

Logic Linking Theory/Concept/Method to Practice or Research: The concept of nostalgia was found to have three defining attributes: (1) **emotional regulation**, where nostalgia mediates feelings of loss, helping individuals reconnect with their personal histories; (2) **cognitive activation**, facilitating autobiographical memory retrieval, which becomes essential for maintaining continuity of self ; and (3) **personhood affirmation**, wherein nostalgia reinforces a coherent sense of self alongside cognitive decline, such as in dementia. Through the lens of dementia, nostalgia's role in preserving personhood provides a bridge to the past, thus supporting a sense of continuity and coherence. This linkage demonstrates nostalgia's role in reinforcing personhood, suggesting that even in compromised cognitive states, individuals can access a connection to their autobiographical memory. Clear conceptualization of nostalgia is vital for developing a strong theoretical base that supports frameworks enhancing understanding and guiding practical applications in therapeutic interventions.

Conclusion: This concept analysis supports the notion of nostalgia playing a critical role in maintaining identity and personhood, particularly for individuals living with dementia. By evoking personal memories and bolstering continuity and sense of self, nostalgia serves as an emotional and cognitive anchor. This understanding has implications for developing psychosocial interventions that incorporate personalized memory to enhance well-being and cognitive resilience.

A Visual Framework for Mapping Eating Experiences in Dementia

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Purpose: The purpose of this study is to explore and visualize the eating experiences of people living with dementia through an innovative model that adapts Maslow's Hierarchy of Needs and the Munsell Color System. By mapping these experiences across multiple domains, the study aims to offer strategies that enhance nutritional health and positive outcomes for individuals.

Description of Method: This study uses Maslow's five-stage model of needs and the Munsell Color System to create a visual representation of eating experiences. The model organizes these experiences into five domains: Aesthetic, Esteem, Sociocultural and Belonging, Safety, and Physiological and Biological.

Logic Linking Method to Practice: The visual mapping model provides a unique method to track how external and internal factors influence eating experiences over time. This allows researchers and healthcare providers to identify which domains contribute positively or negatively to the individual's eating experience. The mapping of these domains highlights the interdependent nature of each factor and its impact on overall well-being.

Conclusion: This innovative model offers a new method to conceptualize and understand the complex eating experiences of individuals with dementia. By providing an innovative visual tool, healthcare professionals can tailor care strategies based on the current and projected domain fluctuations, ultimately improving eating experiences and overall nutritional health in dementia care.

Perceptions of Digital Health Solutions for Supporting Chinese American Caregivers

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Purpose: To explore how digital solutions can address the challenges faced by Chinese American family caregivers and staff from community-based organizations.

Background: Chinese Americans face unique challenges in providing care for family members due to difficulties navigating social services, accessing healthcare resources, language barriers, and cultural preferences. Community-based organizations that support caregivers also confront challenges in providing effective, culturally relevant services. While digital health solutions offer the potential to bridge these gaps, there remains a need for enhancing empathy and cultural understanding when developing such solutions, particularly from the perspective of ethnic minority communities like Chinese Americans.

Methods: We conducted individual interviews with Chinese American family caregivers caring for older adults and focus groups with staff members of four local community organizations serving these families from October 2023 to February 2024. Participants shared their perceptions of digital solutions, including barriers or facilitators regarding adoption. The focus groups with community organization staff provided additional insights into how the digital solution supports caregivers, the perceived needs within the community, and the potential for digital solutions to enhance service delivery. All interviews and focus groups were recorded and translated into text where necessary. We analyzed the data using inductive thematic analysis to identify key themes for digital health solutions.

Outcomes: A total of 34 individuals participated in the study: 13 family caregivers and 21 staff from four local community-based organizations. Three interviews with caregivers were conducted in English, one in Cantonese, and nine in Mandarin. The focus groups with staff were held in a mix of English and Chinese, depending on participants' language preferences. Our analysis revealed that digital health solutions have the potential to help Chinese American families in their caregiving role. We identified the following key themes based on participants' perceptions: (1) Peer support through digital platforms would be extremely helpful for relieving caregivers' stress, especially for individuals in smaller or remote Chinese-speaking communities. (2) Both caregivers and community-based staff highlighted the importance of digital platforms providing comprehensive, accurate, and up-to-date information on insurance, policy, and social service. (3) Digital solutions could streamline community-based organizations' workflow by helping with administrative tasks and have the potential to improve communication with caregivers. (4) Participants valued digital tools' ability to provide judgment-free, confidential assistance, especially for discussing personal or emotional difficulties that they might not feel comfortable sharing with others. (5) Participants expressed mixed feelings about some digital health solutions like conversational agents (e.g., chatbots) for mental health and self-care, raising concerns about the lack of human interaction, which warrants further exploration (6) Participants emphasized the need for digital health solutions to incorporate cultural nuances to deliver empathetic and effective support.

Conclusion: This qualitative study highlights the potential of digital solutions to enhance support for family caregivers by fostering peer connections, providing essential resources, and facilitating community-based organizations to offer more tailored, culturally appropriate, and effective services. The findings inspire future nursing practice and research to incorporate human-like interaction, empathy, and cultural sensitivity into new frontier digital tools to support mental health and self-care.

Funding: This study was supported by the project "Understanding the needs of families caring for Chinese American older adults and opportunities for digital health tools to promote health equity." The granting organization is Population Health Initiative Tier 1. Additionally, this abstract for Western Institute of Nursing Conference will be supported by de Tornyay Center for Healthy Aging, University of Washington School of Nursing.

Sleep for Dementia Caregivers: A Review of Cognitive-Behavioral Interventions

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Purposes/Aims: This study aimed to comprehensively review existing literature to inform evidence-based practice for the assessment of sleep quality and the implementation of cognitive-behavior-based sleep interventions to improve sleep among caregivers of individuals with Alzheimer's Disease (AD) and AD-related dementias (AD/ADRD) in primary care settings.

Rationale/Conceptual Basis/Background: AD/ADRD family caregivers are at increased risk for poor sleep quality, which may have a negative impact on emotional and physical well-being. While cognitive behavioral therapy for insomnia (CBT-I) is established as the standard non-pharmacological therapy to promote sleep quality in older adults, few primary care practices have the resources needed to implement CBT-I. A thorough examination of sleep quality assessment and cognitive-behavior-based educational implementation practices for AD/ADRD family caregivers in the primary care settings are essential.

Methods: A review of the literature led to the clinically relevant PICO question: Among caregivers of individuals with AD/ADRD (Patient), how does assessment and implementation of cognitive-behavior-based sleep education (Intervention) compared to usual care/no intervention (Comparison) affect sleep quality (Outcome)?" and led to the following exhaustive search. A comprehensive review of literature published between 2019 and 2024 was conducted up to March 2024. PubMed, PsycInfo, Cumulative Index of Nursing and Allied Health Literature, and Scopus were employed to begin the literature search. Keywords were developed for each concept: AD/ADRD, caregiver, CBT-I, and sleep. Each concept within the PICO question was then connected with AND to yield the final search in the databases. Inclusion criteria were (a) published in English, (b) peer-reviewed, (c) participants identified as family/friend caregivers of individuals with dementia, (d) aged 18 and above, and (f) implemented and tested the effect of cognitive-behavior-based intervention for improving sleep quality.

Assessment of Findings/Outcomes Achieved: A total of 167 articles were selected for title/abstract screening; 10 studies were included. Among the 10 articles, three articles are systematic reviews and/or meta-analyses, two articles quasi-experimental studies, and five articles randomized controlled trials. Nine studies showed improved sleep quality in the caregivers with seven studies indicating statistically significant improvement. Two systematic reviews showed moderate level of evidence in enhancing sleep quality and one showed improved trend for sleep quality but not significant. Additionally, other caregiving outcomes, not limited to diminished caregiver burden and psychological distress and increased quality of life, were statistically improved in five studies. Sleep quality assessment and cognitive-behavioral sleep quality education for AD/ADRD family caregivers incorporated CBT-I critical content of sleep hygiene, stimulus control, sleep restriction, relaxation, and cognitive techniques in a portable and acceptable format conducive to ease of use.

Conclusions/Implications: The studies informed the development of an evidence-based approach to sleep quality assessment and cognitive-behavior-based sleep quality education for AD/ADRD family caregivers in the primary care settings. An evidence-based sleep quality assessment and cognitive-behavior-based sleep quality education in primary care settings may have benefit for AD/ADRD family caregivers. Future research is needed to evaluate feasibility of implementation in primary care settings.

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Heart Rate Variability Biofeedback for Reducing Death Anxiety in Older Adults

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Background: Death anxiety significantly impacts the mental and physical well-being of older adults. Factors such as chronic illness, loss of independence, and grief over deceased loved ones contribute to this anxiety. Traditional interventions such as cognitive behavioral therapy may not be as effective for older adults due to potential cognitive decline and physical limitations, highlighting the need for an alternative approach. Heart rate variability biofeedback (HRVB), a promising non-pharmacological intervention, can enhance autonomic nervous system (ANS) function to improve emotional regulation and emotional resilience and reduce anxiety.

Theoretical Framework: Terror Management Theory provides a framework for understanding how awareness of mortality triggers existential anxiety, leading individuals to adopt proximal and distal defenses to manage these fears. For older adults, the increased mortality salience can overwhelm their coping mechanisms, intensifying death anxiety. Polyvagal Theory complements this understanding by emphasizing the role of ANS, particularly vagal tone, in regulating emotional and physiological responses to stress. HRVB can improve vagal tone, thereby fostering emotional resilience and reducing anxiety.

Purpose: The purpose of this study is to evaluate the preliminary efficacy of HRVB as an accessible strategy for reducing death anxiety in older adults, tailored to their unique physiological and psychological needs.

Methods: This proposed pilot study will use a two-group randomized controlled trial design. Fifty older adults aged 65 and above who report moderate to high levels of death anxiety will be recruited from senior centers and geriatric care clinics in the Phoenix metropolitan area. In two in-person sessions (baseline and post-intervention), HRV data will be collected. Also, psychological data (Death Anxiety Scale, Brief Resilience Scale) and emotional coping data (Emotional Approach Coping Scale) will be gathered using REDCap. After initial data collection, participants will be randomly assigned to either (1) an HRVB intervention or (2) a control group. The HRVB group will be trained and engaged in a 4-week app-based HRVB intervention using the Inner Balance device and app, involving daily 10-minute HRVB sessions at home, while the control group will receive general nutrition-related information. Data analysis will include descriptive and inferential statistics, including paired t-tests for within-group (pre-post) changes and analysis of covariance (ANCOVA) for between-group differences.

Expected Results: It is expected that the HRVB group will show a significant reduction in death anxiety compared to the control group, with medium to large effect sizes expected (Cohen’s *d*). Improvements in HRV are also anticipated, indicating enhanced vagal tone and emotional resilience, which should correlate with decreased death anxiety and improved emotional regulation.

Expected Conclusion and Implication: If HRVB demonstrates effectiveness in reducing death anxiety, it is expected that by integrating HRVB with Terror Management Theory and Polyvagal Theory, this study will provide a holistic approach to understanding the mechanisms of reducing death anxiety and promoting emotional resilience in older adults. The findings may support the development of non-invasive and accessible interventions for reducing anxiety in this population, with potential applications in various healthcare settings aimed at enhancing well-being.

Keywords: death anxiety, older adult, heart rate variability, heart rate variability biofeedback

Virtual Residency Modules to Facilitate Entry into Long-Term Care Nursing Practice

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The needs of an aging population are increasing the demand for licensed nurses, especially in the long-term care (LTC) sector. Additionally, the COVID-19 pandemic exacerbated the existing nursing crisis in LTC and more than 84% of long-term care facilities in the United States report ongoing staffing shortages that persist. One potential opportunity to address this shortfall is to attract new nurses to careers in LTC. Very little information is available to explain why new nurses go into careers in LTC versus other settings, it postulated that new nurses choose their initial workplace in part based on the professional support available in their new role. It is known that little formal support exists to promote success in transition-to-practice for new nurses in LTC settings. For many years, nurse residency programs (NRPs) in hospitals have been demonstrated to improve retention of novice nurses by easing entry into practice through standardized educational and clinical experiences in the workplace, but similar frameworks tailored for LTC are scarce. Thus, it is thought that the availability of formal NRPs and training modules in LTC could help attract new nurses to these jobs.

As part of the Washington State plan to address workforce issues in LTC, the legislature funded development of virtual residency modules specifically designed for nurses entering LTC environments. These modules incorporate training on topics relevant to the LTC setting and care of older adults. Evidence-based learning methods are integrated into the modules, including case-based application of concepts, use of reflection to drive practice improvement, and activities to help learners identify next steps for skill acquisition and knowledge application. Resources for LTC mentors are provided in two ways: first, as a stand-alone mentor training module, and second, though content that is incorporated into each learning module highlighting the role of the mentor in supporting the new nurse in their practice related to that topic. The virtual format aims to provide flexible access to these essential resources, fostering a supportive learning experience that is available at any geographic site and addresses the unique challenges of LTC.

The long-term vision includes the integration of these residency modules into a comprehensive state-wide program that not only offers educational resources but also provides financial and professional support for both facilities and nursing staff to mitigate the barriers to implementing this type of program. By addressing the gaps in transition-to-practice resources for new nurses in LTC, this project seeks to improve workforce stability and quality of care in long-term care facilities.

Funding: Washington State Legislature

Integrating the Six Domains of Health Framework into Dementia Care Training

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Purposes/Aims: A new training program—the Dementia and Palliative Education Network (DPEN) Curriculum—was developed to address nurses' need for additional training in dementia care.

Rationale/Background: Dementia care management aims to optimize the health and well-being of patients, caregivers, and their caring networks. Whole-person care for older people living with dementia calls for the development of training materials that address the complexities of dementia, multi-morbidity management, and the variability of individual patient and family needs. Nurses are uniquely positioned to lead dementia care; however enhanced training and skill building is necessary to sustain a nursing workforce that can successfully manage the multidimensional needs of a growing population living with dementia.

Brief Description of the Undertaking/Best Practice: The DPEN Curriculum is based on multilevel stakeholder needs assessments, a survey of existing dementia training for nurses, and collaboration with experts in dementia care. The Six Domains of Health framework is used to organize and sequence a whole-person approach to care of patients with dementia in the context of their families, communities, and health care systems. The DPEN Curriculum aims to deliver complex content in an engaging format sequenced to promote progressive understanding and build active care skills. We sought early experience feedback from undergraduate learners and practicing nurses during the development process. Pilot testing included two practicing nurses in a dementia specialty clinic and sixteen undergraduate nursing students. Future evaluation of curriculum content for real-world patient relevance will be conducted with ten dyads living with dementia in the community, and two dementia experts will review the curriculum for validation of utility in current clinical practice. Further testing of the curriculum for knowledge and skill uptake will occur with a larger sample of nursing students and practicing nurses in the coming months.

Assessment of Findings: Pilot testers identified strengths of the curriculum and areas for improvement, which are currently being addressed. Initial feedback supports the appeal of the whole-person approach reflected in the Six Domains of Health and its practical expression in the DPEN Curriculum. Engaging in a sequential yet interrelated approach to the domains of health and dementia-specific care, learners actively incorporate knowledge and understanding of how each domain influences the other. Learners wanted a "Nursing Implications" section for each lesson, more videos and interactive visuals, and expanded content for select topics. Overall, early-learner experience supports the value of the curriculum in building both confidence and skills for care.

Conclusions: The DPEN Curriculum offers a promising approach to teaching complex care of older adults living with dementia. Although developed for nursing, its components are relevant to all clinical disciplines (e.g., medicine, pharmacy, etc.). Currently, the DPEN Curriculum is undergoing additional critical review by experienced dementia care practitioners in key clinical disciplines, further student testing, and feedback from persons living with dementia and their care partners. The DPEN Curriculum could fill an important gap in nursing and healthcare education by centralizing an active, whole-person approach to care that respects its inherent complexity.

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Improving Dementia Literacy in Direct Care Workers in Independent Senior Communities

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Purposes/Aims: The purpose of this DNP project is to assess whether a novel dementia-specific training intervention for Direct Care Workers (DCWs) working with people with dementia (PwD) in independent living settings improves ratings knowledge of the disease process and builds confidence in their ability to provide appropriate care. This project addresses the gap in the literature assessing efficacy of dementia-specific trainings for DCWs evaluated using validated measurement tools.

Rationale/Background: As of 2022, the CDC reported that 4%, or 57.8 million, US adults aged 65+ had ever received a dementia diagnosis. DCWs provide the majority of paid care for PwD with the goal of supporting PwD to stay at home, prolonging the time to and/or preventing the need for assisted living/skilled nursing placement and reducing hospital readmission rates. However, multiple studies have shown that DCWs themselves, family of PwD, and other care team members all feel that DCWs are not adequately trained for the complex care needs of PwD.

Approach/Methods: Using Lewin's Change Theory of Nursing as a theoretical framework, a novel dementia-specific training program for DCWs was developed to provide information about the dementia disease process and associated best-care practices. DCWs employed at two independent living facilities with residents who are PwD, operated by the same non-profit organization (NPO), will participate in asynchronous, self-paced training modules. DCWs at the other sites operated by the same NPO will serve as controls. Dementia knowledge and sense of competence will be measured both pre- and post-intervention.

Assessment of Outcomes: All DCWs employed by the NPO have completed the Dementia Knowledge Assessment Scale (DKAS) and the Sense of Competence in Dementia Care Staff (SCIDS) to obtain the baseline level of dementia knowledge and sense of competence. The DKAS and SCIDS will be readministered to DCWs who participated in the training at the conclusion of the educational modules and 6-weeks after completion.

Conclusions: Our hypothesis based on similar studies conducted with various care professionals using validated measurement tools is that a training designed specifically for DCWs caring for PwD in independent settings will result in sustained increases in DKAS and SCIDS scores. We will have completed our data analysis by March 2025. If the training intervention results in sustained increases in DKAS and SCIDS scores over a 6-week period, comparable trainings should be incorporated to new employee onboarding and annual compliance training. Larger scale studies will be needed to determine the long-term efficacy of dementia specific training for DCWs.

Vasomotor Symptom Management Toolkit for Primary Care Providers: A QI Project

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Purpose/Aims: This Doctor of Nursing Practice Quality Improvement initiative is designed to develop, implement, and evaluate an evidence-based Vasomotor Symptoms (VMS) Management Toolkit tailored for primary care providers (PCPs). Targeting family medicine providers, women's health nurse practitioners (WHNPs), and certified nurse midwives (CNMs), the initiative seeks to enhance provider confidence in managing menopausal VMS, ultimately improving care delivery and health outcomes for midlife women. Currently in progress, this project aims to fill the critical gaps in education and resources available to PCPs dealing with these symptoms.

Rationale/Background: Vasomotor symptoms, which include hot flashes and night sweats, profoundly impact the quality of life for menopausal women. Approximately 80% of this population experiences these symptoms, which can persist for 7 to 9 years. Despite the high prevalence, there is a significant gap in comprehensive menopause education among PCPs, leading to inadequate diagnosis and management of VMS. This lack of training not only exacerbates patient discomfort but also increases the risk of chronic health conditions, including metabolic syndrome, cardiovascular diseases, and osteoporosis. Additionally, untreated VMS contributes to increased healthcare utilization and service demand, placing further strain on an already burdened system.

Methods: The toolkit will be implemented in a family medicine practice with 21 providers, including MDs, DOs, NPs, and PAs, and a women's health practice featuring 21 CNMs and WHNPs. The family practice serves a diverse patient population across all ages and genders, while the women's health practice focuses primarily on female patients. This initiative will specifically address health equity by targeting underserved populations, particularly midlife women who face barriers to accessing quality menopause management services.

The effectiveness of the toolkit will be evaluated by collecting and analyzing post-intervention provider confidence data compared to pre-intervention levels after two months of implementation. Specific survey questions will explore practice changes, barriers and facilitators to change, the toolkit's usability, average frequency of use, and the continued application of its resources in practice. To facilitate ongoing improvement, frequent communication with providers will ensure necessary adjustments to the toolkit in line with the Johns Hopkins Evidence-Based Practice model.

Assessment of Findings/Outcomes Achieved: The primary anticipated outcome is a measurable increase in provider confidence, which is expected to translate into improved healthcare delivery for midlife women. Secondary outcomes will evaluate the toolkit's usability and practicality, including provider satisfaction and suggestions for future enhancements. Qualitative feedback from focus groups will provide deeper insights into the toolkit's impact on clinical practice, potentially guiding future iterations of the intervention and informing policy changes related to menopause management.

Conclusion: This project represents a significant step toward addressing knowledge gaps in menopause management among PCPs and enhancing care for midlife women experiencing VMS. By employing a structured, evidence-based approach, the initiative aims to promote better health outcomes and improve the overall quality of care within primary care settings. Future recommendations include expanding the toolkit's reach to additional healthcare facilities and implementing continuing education initiatives to further empower providers in managing menopause-related health issues effectively.

Piloting a Person-Directed Living Course for Culture Change in Dementia Care

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Purpose/Aims: This project developed and piloted an online course for nursing and certified nursing assistant (CNA) students, aimed at fostering a cultural shift in long-term care toward person-directed living (PDL). The course equips care team members with competencies to support people living with dementia (PLWD) as decision-makers. Grounded in the Person-Directed Care (PDC) Framework, it promotes intuitive and analytical reasoning essential for understanding PLWD and addressing unmet needs empathetically.

Rationale/Background: Nursing homes (NH) often adhere to institutional models, emphasizing task management over supporting what matters most to PLWD. A shift to person-directed living requires care teams to focus on the individual's goals, preferences, and unmet needs. The PDC Framework supports this shift by fostering empathy, curiosity, and a holistic understanding before addressing care needs. Yet, many nursing and CNA programs lack exposure to the PDL approach.

Framework and Methods: The course, "Person-Directed Living: A Humanistic Approach to Care," was developed in collaboration with experts in NH culture change, geriatrics, cognitive disorders, and dementia. It is an asynchronous, six-module course aligned with the AACN Essentials Core Competencies, focusing on Domains 1 (Knowledge of Nursing Practice), 2 (Person-Centered Care), 3 (Population Health), and 9 (Professionalism).

The **PDC Framework** integrates:

1. **Validation Method™:** Promotes empathy and understanding of unmet needs, forming the foundation for intuitive reasoning.
2. **Social Determinants of Health (SDOH):** Emphasizes the broader social, cultural, and environmental factors influencing health outcomes and care decisions.
3. **Age-Friendly Health Systems 4Ms:** Prioritizes what matters most while addressing medications, mentation, and mobility.
4. **DICE Approach:** Supports reasoning when addressing behavioral expressions, considering person, environment, and caregiver dynamics.

The course incorporates personal coach videos, interactive case studies, expert-led podcasts, and reflective exercises. Six participants—two nursing students, two CNA educators, one nurse educator, and one Senior VP of NH Operations—piloted the course. Qualitative feedback was collected and analyzed using Braun and Clarke's thematic analysis.

Assessment of Findings/Outcomes: Four themes were identified:

Reframing Professional Roles: Participants recognized a shift from task management to facilitators of person-directed living, highlighting the importance of supporting people living with dementia (PLWD) to be the directors of their lives.

Emphasis on Holistic Care: The course validated the significance of emotional and psychosocial aspects, encouraging participants to focus on whole-person care to enhance overall quality of life.

Bridging Theory and Practice: Participants appreciated how abstract concepts were made practical through interactive vidoes and reflective exercises, helping them apply the PDC Framework in real-world care scenarios.

Flexible and Personalized Learning: The course's self-paced structure supported diverse learning needs, allowing participants to engage at their own pace. Course revisions included simplifying theoretical language, shortening lecture videos, and clarifying the PDC Framework for practical use by educators.

Conclusions/Implications: The PDL course has potential to drive cultural shifts in NHs by promoting person-directed care and addressing unmet needs holistically. Future developments include micro-trainings across various settings and modules for family care partners. Further research will assess its impact on care team competencies and quality of life improvements, advancing PDL practices across diverse care environments.

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Reconfiguring an EHR to Meet the Needs of a Nurse-Led Care Management Program

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Purposes/Aims: To describe the process and challenges of reconfiguring a traditional ambulatory clinic electronic health record (EHR) to meet the information management and billing requirements of a registered nurse (RN)-led chronic care management program.

Rationale/Background: More than 80% of older adults live with multiple chronic conditions and manage their health in the home and community setting. RN care managers based in primary care clinics play a key role in helping patients manage their health. A care management model led by RNs and based in an outpatient clinic offers key advantages including ease of collaboration with primary care providers (PCPs) for medical issues and the opportunity to share information systems. However, traditional ambulatory EHR systems are designed for in-clinic, PCP-oriented workflows and typically lack support for separate enrollment of clinic patients into a nurse-led program, nurse-empanelment, nurse billing, and population-level reporting for the subset of patients enrolled in a care management program. For these reasons, it is not uncommon for nurse-led programs to purchase add-on modules for the EHR which can be expensive, or to manage information in a system other than the clinic EHR. These options make information sharing between RNs and PCPs difficult and add complexity to data aggregation for purposes of program evaluation.

Description of the Undertaking/Best Practice: To address the challenges noted above, we embarked upon an extensive EHR re-configuration and enhancement project to support the information management needs of a nurse-led chronic care management program within a traditional ambulatory EHR system.

Methods/Processes: We used Person-Centered Design to engage frontline RN care managers in an iterative process of EHR reconfiguration and process redesign. First, we asked nurses to describe their care management practice and information management needs. We compared RN information needs to existing EHR functionality to identify gaps. We then authored functional specifications to guide EHR enhancement to meet care manager needs.

Findings/Outcomes Achieved: We addressed information management gaps through two EHR enhancement approaches. The first approach is straightforward EHR enhancement using EHR build tools. Examples include creation of new structured documentation forms, configuration of a new appointment type, and creation of individual RN schedules. The second approach is less common and involves repurposing EHR functionality to meet information needs that are outside the scope of an information systems' original design. Examples of this approach include plans to achieve patient "enrollment" through placement of a nursing communication order for care management services, use of order status (active vs. cancelled) to differentiate current vs. previously enrolled patients and repurposing a dynamic work list to "empanel" patients to RNs.

Conclusions: It is feasible to reconfigure a traditional EHR system to support the needs of clinic-based, nurse-led care coordination programs. The next step will be to test and go live with EHR enhancements. Benefits of EHR enhancement include transitioning from manual data abstraction to a more automated and sustainable method of data collection, enhanced data availability to support ongoing evaluation of care management outcomes, and future billing for care management services.

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Developing Management Systems That Support New Graduate Nurses to Thrive

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Purpose: The research aims to answer several key questions: What do early career nurses identify as important for their job satisfaction and retention? What workforce management and support solutions emerge from collaborative dialogues between nurses and managers? Are there cultural differences that necessitate different solutions in different countries? How can information from early career nurses inform the ongoing improvement of nursing education programs?

Background: The global nursing shortage, exacerbated by the COVID-19 pandemic, presents a critical challenge to healthcare systems worldwide. The World Health Organization reported a shortage of 5.9 million nurses in 2018, with projections indicating this could rise to 13 million by 2030. This shortage is particularly acute among new graduate nurses, who face high turnover rates due to factors such as burnout, inadequate support, and challenging work environments. An international research collaboration has formed, aimed at developing and implementing education and management systems to support new graduate nurses, thereby improving job satisfaction and retention. Participating universities include University of California Davis, University of Auckland, University of Queensland, Pontificia Universidad de Chile, University of Birmingham, and University of South Queensland. The research is grounded in the Thriving at Work conceptual model (Spreitzer et al., 2005) which emphasizes the importance of creating positive organizational environments that foster employee well-being and engagement through a sense of vitality and learning.

Methods: Data collection is underway in each participating country. The research is conducted in three phases over five years, utilizing a mixed-methods longitudinal design. Phase one involves asking new graduate nurses what they want and need to be able to thrive through surveys and focus groups. Phase two focuses on nurses and managers meeting to codesign improved management and support systems. Phase three implements and continuously improves these systems based on ongoing feedback and data analysis. Participants are recruited each year for five years during their orientation period and then followed each year until the end of the five-year research period.

Assessment of Findings: Data collection will involve standardized questionnaires measuring factors such as thriving at work, occupational hardiness, burnout, intention to leave, perceived organizational support, support from managers and colleagues, sense of belonging, and quality of care. Focus groups will provide qualitative insights into the experiences and expectations of new graduate nurses. Survey data will be analyzed via descriptive statistics including t-tests, frequencies, and averages, as well as structural equation modelling with MPlus 8.8 using the full-information, maximum-likelihood (FIML) estimator.

Conclusions: This internationally collaborative research offers a structured approach to addressing the global nursing shortage by developing supportive education and management systems that enhance the well-being and retention of new graduate nurses. Using the data to address the specific needs of new graduate nurses and to foster positive work environments will work towards improving job satisfaction and retention, and ultimately enhancing the quality of patient care.

Building Bridges to Diagnosis: The Role of Advanced Imaging in Spine Consults

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Purpose: Patients were delayed in receiving treatment, as they were presenting to neurosurgery (NES) consult without adequate imaging. The goal was to increase the number of internally referred patients who present to their initial spine consultation with advanced diagnostic imaging (MRI) within six months by 18.4% from 71.6% to 90%.

Relevance/Significance: Current (within six months) advanced diagnostic imaging (MRI) is integral to determining diagnosis and treatment plan for spine patients. During January 1 – August 31, 2021, 28.4% of patients had an initial consult without advanced imaging causing a delay in care and increased cost to the patient as additional follow up appointments were required. Literature supports standardization and optimization of imaging practices for patients with spine-related complaints referred for surgical assessment and may be an important area for cost savings.

Strategy/Implementation/Methods: The DMAIC process was utilized, as well as a fishbone diagram, to develop strategies for the quality improvement project. Rapid-cycle PDSA was utilized to make revisions and ongoing process improvements quickly. Amendments were made to the NES EPIC spine order set and changes were communicated to referring providers.

Evaluation/Outcomes/Results: After final implementation, 83.7% of patients presented to initial spine consult with adequate imaging (MRI within last 6 months). This resulted in increased provider, RN, and patient satisfaction. Balancing measure indicated that referring provider satisfaction was not negatively impacted.

The overall improvement in the number of patients who presented to initial spine consultation with adequate imaging improved department workflows, staff/patient satisfaction, and led to cost-savings for both the department and the patient. It is estimated that over a six-month period, this project resulted in $156,240 of savings between patients and the organization.

Conclusions/Implications for Practice: The time saved allowed nursing staff to work closer to the top of their scope, rather than spending time acquiring imaging or educating on need for imaging. As patient satisfaction increased, so did nursing satisfaction, as nursing was able to focus more on patient education specific to neurosurgery. In turn, the nurse-patient relationship improved in the practice. Trust between the patient and nurse increased, as well.

Research Comparing Leader Vs Non-Leader RN Views of Professional Governance

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Aims: Our ongoing research aims to compare nurses' perceptions of professional governance during the implementation of a governance program within a large nursing department. We hypothesize that leader and non-leader registered nurses (RNs) will differ in their perceptions of professional governance, with leaders viewing the shared governance culture more favorably than non-leaders.

Rationale/Conceptual Basis/Background: Point-of-care nurses often feel disconnected from nurse leaders, which includes nurse managers and executives, contributing to poor team dynamics, tension, miscommunications, distrust, cynicism, and adverse patient care impacts. One approach that might help unite frontline nurses with leadership is professional governance, an organized system that empowers point-of-care nurses to shape their practice as partners with nurse leaders through participatory (shared) decision-making.

While preceding nursing literature has explored how shared governance cultures impact organizational, nurse, and patient care outcomes, few researchers have examined how the disconnect between nurse leaders and point-of-care nurses affects the adoption of professional governance cultures. A few sources suggest that, compared to the frontline, healthcare leaders place more value on organizational initiatives and perceive their outcomes more favorably. However, more examination is needed to determine how nurse leaders and the frontline perceive shared governance cultures and the differences in their views.

Methods: The sample population includes leader and non-leader RNs from a large Mountain West academic medicine healthcare system, with five hospitals and twelve community health centers. We used motivated reasoning theory as a conceptual basis, framing nurse leaders as perceiving the success of organizational initiatives more favorably than the frontline because leaders are biased to find outcomes that favor their beliefs.

We will collect perceptions over time as nurses implement a professional governance program, hypothesizing that leaders will view the professional governance culture more favorably than non-leaders. We will use the Index of Professional Nursing Governance (IPNG) 3.0 to measure the extent of shared decision-making between management and nursing staff, collecting a baseline survey and then additional surveys every six months for two years. Preliminary analyses will include summary statistics with mean IPNG scores and inferential analyses will commence after all survey rounds have been completed.

Assessment of Findings/Outcomes Achieved: We have completed two survey rounds: the baseline survey (non-leader RNs n=861; leader RNs n=103) and the six-month post-survey (non-leader RNs n=785; leader RNs n=68). The twelve-month post-survey is being collected at the time of this application. Baseline mean total governance scores were 92.3 (SD=25.9) for non-leader RNs and 95.6 (SD=17.2) for leader RNs. After six months, these scores were 91.6 (SD=21.8) and 100.4 (SD=15.9), respectively.

Conclusions: Preliminary findings may indicate leader RNs view shared governance cultures more favorably than non-leaders. However, further study data collection and analyses are needed before making conclusions. The success of clinical practice initiatives may be enhanced when nurse leaders actively work toward understanding and empowering those impacted by their decisions. Professional governance programs have the potential to build the connection between leader and non-leader RNs through a formal system of shared decision-making.

Identifying Leadership Gaps to Enhance Shared Governance: A Needs Assessment

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Purpose/Aims: This in-progress Doctor of Nursing Practice (DNP) project aims to strengthen the shared governance systems within a Mountain West academic health system by using a needs assessment methodology to create informed recommendations. This aim includes identifying leadership skills and competency gaps among various nursing governance leadership roles, and the system barriers to shared governance.

Rationale/Background: Shared governance is a structural framework for shared decision-making that positively impacts nursing practice and improves professional accountability. It empowers frontline nurses and clinical staff by giving them a voice in all decisions that affect their work.

A Mountain West academic health system recently adopted the councilor model of shared governance. Clinical staff leaders are chairs or co-chairs who lead their local department's team council in shared governance, such as quality improvement projects and evidence-based practice changes, lead council meetings, communicate with other leaders and councils, and track shared governance activities.

Clinical staff leaders require leadership training to gain the skills and competencies to successfully lead their teams. However, not all organizations know where to start addressing nurse leader training gaps.

Methods: Guided by the Johns Hopkins Evidence-Based Practice Model, a needs assessment is being conducted to identify leadership skills and competency gaps among clinical staff leaders. A thorough literature search identified the skills and competencies needed for shared governance and specific behaviors that lead to the success of shared governance leaders and teams. Survey questions were tailored to identify gaps. Qualitative and quantitative survey questions were developed and administered to gather clinical staff leader perceptions of their shared governance activities.

A Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis is being conducted by collecting data from small focus groups involving a subset of clinical staff leaders and their mentors (currently in-progress). Additionally, an organizational shared governance expert was interviewed to identify potential barriers and facilitators for shared governance within the organization.

Assessment of Findings/Outcomes Achieved: Preliminary findings from an online survey (n=69) highlight gaps in leadership skills and competencies, as well as desired behaviors in shared governance, across several key areas: fostering buy-in, consistency, meeting leadership, time management, evidence-based practice, and problem-solving skills.

Based on preliminary findings, the SWOT analysis will likely highlight strengths in fostering psychological safety and team-building skills. The weaknesses will likely include challenges with team council engagement and the team chairs handling difficult conversations. Opportunities will likely include offering structured time for shared governance activities and standardizing the council meeting process. Potential threats will likely include inconsistent council meetings and higher councils not effectively communicating or resolving more complex issues.

Conclusions: Identifying leadership and competency skills specific to the organization will inform future onboarding and continuing needs of clinical staff leaders. When the SWOT analysis is concluded, recommendations will be devised, and an executive summary will be provided to key stakeholders. Addressing the identified gaps will likely enhance shared governance, improve nurse autonomy and engagement, and lead to higher-quality nursing care and better patient outcomes.

Promoting Patient Safety: A Correlational Analysis in Acute Care Settings

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Purposes: This study examined associations of demographic characteristics, teamwork, safety climate, job satisfaction, and perceptions of management support with nurses' safety attitudes. It also explored the effect of hierarchical structures within California healthcare organizations on nurses' willingness to voice safety concerns, contributing to a culture of safety.

Background: Patient safety is a critical concern in healthcare, particularly in acute care settings where the complexity and urgency of patient needs heighten the risk of errors. Nurses play a pivotal role in ensuring patient safety, and their attitudes towards safety are influenced by various factors. Key factors such as teamwork, safety climate, and management support are essential element in promoting patient safety. A comprehensive understanding of those factors is vital to inform strategies for enhancing patient safety in acute care settings. The Integrated Safety Culture Improvement Theory offers a framework to promote a proactive safety culture and attitudes.

Methods: A correlational, cross-sectional survey design was employed. Data were collected from 91 nurses from three acute care hospitals in Southern California. The study survey encompassed demographics and key safety culture attitudes using the Safety Attitudes Questionnaire (SAQ). The SAQ measured teamwork, safety climate, job satisfaction, and perceptions of management. The study was guided by the Integrated Safety Culture Improvement Theory that emphasizes leadership commitment and open communication, to cultivate a robust safety culture.

Results: Older ($r = .518$, $p<.001$) and more experienced participants ($r = -.260$, $p=.013$) were found to possess lower job satisfaction. Strong safety climate (SC) was associated with teamwork ($r = .557$, $p < .001$), job satisfaction ($r = .668$, $p<.001$), working conditions ($r = .531$, $p<.001$), and overall safety attitudes (SA) ($r = .685$, $p<.001$), indicating SC is fundamental to improving workplace satisfaction and safety perceptions. However, SC negatively correlated with US education ($r = -.266$, $p=.011$), suggesting differing safety perceptions by educational background. Additionally, teamwork negatively correlated with ethnicity ($r = -.417$, $p<.001$), implying potential cultural differences in teamwork perceptions.

Overall SA positively correlated with SC ($r = .685$, $p<.001$), job satisfaction ($r=.699$, $p<.001$), working conditions ($r = .735$, $p<.001$), and perception of management support ($r = .700$, $p < .001$). Nurses were hesitant to voice safety concerns due to hierarchical structures and fear of retaliation, reflected in a low mean score for speaking up about patient care issues (M= 2.00). However, a high mean score for feeling comfortable asking questions (M= 5.51) indicated a generally positive communication environment.

Implication: The study highlighted key factors affecting nurses' SA. To improve SC, teamwork, and job satisfaction, nursing leadership should implement strategies that promote a positive safety culture, such as regular team-building activities and safety training focused on collaboration and communication. Nursing education programs must prioritize safety training, especially for international graduates, to ensure consistent understanding of protocols. Organizations should regularly assess job satisfaction through surveys to identify areas for improvement and tailor interventions for diverse age groups and cultures. Improving working conditions can be achieved by addressing workload, staffing ratios, and available resources. Additionally, nurses should receive training in advocacy skills to empower them to voice concerns without fear of retaliation.

Growing a More Diverse Certified Nurse Midwife Workforce

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Purpose: This study will examine the career pathways and job experiences of certified nurse midwives (CNMs) using data from the National Sample Survey of Registered Nurses (NSSRN) and explore sociodemographic differences in these pathways and experiences.

Background: Research has highlighted the association between midwifery-led care (e.g. care provided by a midwife such as a CNM) and improved birth outcomes, including better birth outcomes among those identifying as Black or African American when they received care at health centers staffed with CNMs compared to other perinatal staffing models. Federal funding initiatives demonstrate greater recognition of the need for a diverse CNM workforce, granting approximately 34 million dollars to 56 grantees across the country in 2022. However, research focused on CNM workforce entry of diverse RNs is limited. Despite historic roots in Black communities, a majority of CNMs are white-identifying and not representative of the population they serve. Data from the American College of Nurse Midwives shows that few aspiring midwives of color enter training programs, and retention of midwifery students of color has been an issue due to bias and discrimination in programs and preceptorships. Further research is needed to identify the current state and future opportunities for facilitating growth and increased diversity of the CNM workforce.

Methods: For this quantitative study, we will use weighted NSSRN data to explore sociodemographic characteristics (e.g. race, ethnicity, gender, age), career pathways and employment experiences of CNMs in 2018 and 2022. To examine career pathways, we will look at degrees held prior to certification as a nurse midwife, prior health care experience, types of educational financial assistance, and other potential barriers or facilitators into the profession (e.g. debt owed for degrees, additional certifications needed). For employment experiences, we will look at variables such as length of current employment, ability to use full scope of practice, employment setting, full or part-time, pre-tax annual earnings, and feelings of satisfaction and burnout. We will examine these items descriptively, then compare how career pathways and employment experiences may differ according to sociodemographic characteristics of CNMs. We will also examine how findings may differ in 2018 versus 2022. We will use a repeated cross-sectional design approach to examine the association of factors such as race and ethnicity with certain outcomes (e.g. student debt, scope of practice) and examine how these outcomes differ in 2018 versus 2022.

Outcomes: Study outcomes will include description of the demographics, education and job experiences of CNMs both overall as well as over time. Outcomes will also include how educational pathways and job experiences may differ according to demographics such as age or race and ethnicity, looking at factors such as entry into practice (student debt, financial assistance), scope of practice, earnings, and feelings of satisfaction or burnout.

Conclusions/Implications: Findings would provide greater insight into the workforce-related dynamics shaping the midwifery workforce, including barriers and resources for entry into practice and how this may differ by race and ethnicity, and examines differences in work settings and experiences for diverse CNMs.

ORGANIZATIONAL AND WORKFORCE ISSUES

Ensuring a Diverse Nursing Workforce

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Purpose: The purpose of this study is to compare employment and work characteristics of RNs before and after the pandemic, with a focus on RNs who may experience discrimination in the workplace based on race, ethnicity, gender, age, or disability, and to examine work conditions associated with intent to leave and actual departure from the RN workforce.

Background: RNs play critical roles in maintaining care quality and optimal outcomes, and a diverse RN workforce is required to provide equitable access and care delivery to diverse communities. During the pandemic, RNs sustained high rates of COVID-19 exposure and infection, and many reported increased workloads and high rates of burnout and intent to leave nursing. RNs and other workers identifying as persons of color have higher levels of intent to leave and turnover than their white counterparts, and this phenomenon was accentuated during the pandemic. However, intentions to leave and actual turnover are not perfectly correlated, and U.S. labor data shows little evidence of RNs leaving in substantially increased numbers following the pandemic. This study provides an opportunity to examine more granular information related to RN job movements in the time periods before and after the pandemic.

Methods: This quantitative study will use retrospective analyses of the 2018 and 2022 National Sample Survey of RNs (NSSRN), which provides cross-sectional samples of RNs across the US. Using the weighted NSSRN data, we will describe the sociodemographic characteristics (e.g., race, ethnicity, gender, age, family characteristics, education) of the RN workforce overall, comparing responses between 2018 and 2022. We will examine how sociodemographic, income, and work characteristics are associated with responses to questions about intent to leave and/or job exit as well as RN responses indicating the reasons they made these decisions, including "burnout," "better pay/benefits," "disability/illness," "retirement," "scheduling," and "underlying health conditions." We will use regression analyses to determine which individual sociodemographic characteristics may be significantly associated with leaving or intent to leave a primary job, controlling for other sociodemographic characteristics, current work setting (e.g., acute care, ambulatory care, long-term care) and other work-related characteristics (e.g., years of experience). We will examine the extent to which the relationship between sociodemographic characteristics and work outcomes varied before (2018 data) and after (2022 data) the onset of the pandemic.

Outcomes: The primary study outcome will be an RN's intent to leave or actual departure from a job, as influenced by their individual sociodemographic characteristics and work conditions such as setting, pay, and hours.

Conclusions/Implications: Findings will be used to identify any critical changes to workforce diversity before and after the pandemic and identify conditions or characteristics associated with departure from nursing. These findings provide a foundation for recommending specific policy actions and recruitment and retention targets to maintain a diverse nursing workforce across the nation.

Rethinking the Nursing Shortage: Long-Term Strategies for a Persistent Challenge

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Purposes/Aims: The purpose of this study is to explore the Vacancy Crisis in Oregon's nursing workforce—a critical dilemma where the issue is not merely a lack of licensed nurses, but the inability to fill positions. Unlike a conventional "nursing shortage," which focuses on supply and demand, the Vacancy Crisis is driven by interconnected factors, including oversaturation of job postings, mismatched expectations, high turnover, and workforce redistribution across sectors. This study identifies these factors and proposes solutions to address systemic issues, focusing on long-term workforce stabilization.

Description of Theory / Definition of Concept: The central concept in this study is the Vacancy Crisis, which broadens the understanding of workforce gaps beyond supply-demand dynamics. Key factors contributing to this crisis include:

- **Oversaturation of Job Postings**: A high number of vacancies leads to dispersion of applicants, making it difficult for individual postings to attract qualified candidates.
- **Expectations Mismatch**: There is a growing disconnect between job opportunities and what nurses seek in terms of working conditions, career development, and work-life balance, leading to unfilled positions despite available talent.
- **High Turnover**: Job separations, particularly voluntary quits, drive vacancies. Most future job openings will stem from preventable turnover rather than growth in demand.
- **Nurse Diversification**: Many nurses are opting for non-traditional roles, including travel nursing and administrative positions, which dilutes the pool available for direct care.
- **Early-Career Fallout**: A significant portion of new nurses (23.8%) leave within their first year, exacerbating vacancy issues and impeding long-term staffing stability.

This framework emphasizes the need for systemic changes to align workforce dynamics with employer needs.

Linking Theory/Concept to Research: Data from the Oregon Employment Department and the Bureau of Labor Statistics (BLS-JOLTS) show that while job postings and hires are stabilizing, the Vacancy Crisis persists due to workforce redistribution. The pandemic reshaped hiring practices: pre-pandemic, newly licensed nurses often gained experience in long-term care before moving to hospital roles. During the pandemic, hospitals removed experience requirements, offering residency programs to train new hires, diverting talent away from sectors that traditionally served as entry points.

The Vacancy Crisis reflects this redistribution of talent, where vacancies persist in sectors like long-term care despite an overall increase in nurses. Addressing supply, turnover, job satisfaction, and redistribution is essential.

Conclusion: Addressing the Vacancy Crisis requires moving beyond simply increasing the number of licensed nurses. Systemic solutions must mitigate turnover, align nurses' expectations with job realities, and redistribute talent across sectors. These solutions include:

- **Embedding Nurses in the Workplace**: Strengthen workplace engagement through programs that foster career development, job satisfaction, and work-life balance.
- **Reducing Occupational Burden**: Tackle burnout and occupational strain through flexible work environments, manageable workloads, and support systems.
- **Bridging the Expectations Gap**: Employers must evolve hiring practices to meet modern workforce expectations, creating career paths that offer growth and prevent burnout.

Moral Injustice in Nursing

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Moral injustice is a complex and multi-dimensional concept that requires careful description and refinement to effectively address and prevent its occurrence. Therefore, the purpose of this presentation is to clarify the concept of moral injustice in nursing. To situate this discussion, I will briefly review existing literature on moral injustice in and outside of nursing. Exemplars of moral injustice within nursing will be utilized to illustrate its occurrence. Building upon our contemporary understanding of moral injustice, concepts including *epistemic injustice* and *moral distress* will be examined to demonstrate how they relate to and differ from moral injustice. For example, moral injustice occurs externally, meaning that, the nurse must experience incompatibility with other(s) beliefs of what is right and wrong, whereas epistemic injustice is focused on knowledge or who is valued as a knower. Therefore, epistemic and moral injustice are fundamentally different concepts, although they can co-occur, and one may lead to another. Moral distress, which is proposed to be a consequence of epistemic and moral injustice, not a root cause, is comparably an internal process. Ultimately, without conceptual clarity of moral injustice, ambiguity and application of proxy concepts will continue to foster distortions in knowledge production and practice change.

The Nexus of Nursing and Engineering Systems Models for Healthcare

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Purpose: The purpose of this model analysis was to examine the utility of applying the Systems Engineering Initiative for Patient Safety (SEIPS - "seeps") model in healthcare situations to enhance the discipline of nursing. This model has been used extensively in international healthcare settings by human factors engineers to identify opportunities for improvement directly affecting nursing care. Human factors engineering research has often involved nurses to evaluate and implement changes promoting patient safety and wellbeing.

Description of Theory and Method/Definition of Concept: The SEIPS model uses the patient's journey to evaluate the work system factors affecting people, environments, tools, tasks, and organizations. Quality, health, and safety are key patient outcomes along with system goals of efficiency, effectiveness, and optimal resource allocation. Enhanced morale and public confidence in the healthcare system are also included. Fawcett's nursing model analysis was applied to the SEIPS model because of its logical flow, its focus on nursing concepts and the nursing metaparadigm, as well as its relevance to a systems-focused model. The SEIPS model was examined in a stepwise approach and key concepts were derived to nursing for use in future research and practice.

Logic Linking Theory/Concept/Method to Practice or Research: The concepts included in SEIPS apply to most healthcare settings and can be used in other nursing environments like education, administration, and community health. SEIPS has similar applications to Betty Neuman's Health Systems Model, which focuses on wholism, wellness, client perception, client motivation, as well as the interplay among systems variables and the environment. Outcomes of Neuman's model are to reduce harm from internal and external stressors while enhancing the partnership among clients and caregivers to achieve mutual health outcomes. Integrating concepts from Neuman's model with the SEIPS model has the potential to promote resilience and satisfaction within the nursing workforce, identify and mitigate patient safety risks, and enhance care quality.

Conclusion: The discipline of nursing is like a unique tree in the forest of healthcare. The trunk has a solid disciplinary core, branches that extend into other areas of healthcare, and leaves filled with knowledge that are refined with the seasons. It is essential that nursing comes to the forefront of SEIPS applications because the discipline is filled with human factors knowledge that is ripe for development. Nurses are the frontline experts on patient care and safety through their experience with day-to-day workflows, patient interactions, and medical equipment. They understand the people they care for as well as the health effects of the environment. Nurses are able to anticipate errors, identify near-misses, as well as help with designing process and equipment improvements.

Nurse scientists have the opportunity to use the SEIPS model widely to evaluate patient interventions and promote positive safety outcomes. Evidence-based practice can be improved by using the SEIPS model to analyze issues in healthcare settings. Patients, caregivers, healthcare providers, and organizations would benefit from applying the SEIPS model to nursing research and practice.

Leveraging the Stetler Framework and Wearable Technology to Reduce Pressure Injuries

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Purpose: This evidenced-based project aims to evaluate the use of wearable technology to offload the sacral area in Post Critical Care Unit (PCCU) patients, using the Stetler Model as a framework to reduce Hospital Acquired Pressure Injuries (HAPIs) in an acute care setting.
Background: HAPIs are a concern at an acute care hospital in the Southwestern U.S., increasing hospital stays and costs. In 2021-2023, wearable sensors in the intensive care unit (ICU) at our hospital showed that a 30 degree turn angle effectively offloaded the sacral area resulting in a 60% reduction in sacral pressure injuries. However, staff in PCCU faced challenges maintaining consistent patient repositioning due to high acuity and difficulty measuring turn angles. The PCCU was not included in the original implementation of the wearable sensor in 2021-2023. In 2023, the PCCU had the highest HAPI rates in the organization, despite prevention efforts.
Approach: The Stetler Model was used as the framework which involves identifying a problem, reviewing evidence, engaging stakeholders, piloting an intervention, and adjusting based on outcomes. Hospital Leadership identified the HAPI issue on PCCU as offloading related, reviewed the outcomes from ICU usage and engaged staff on the unit to implement the sensor. The outcomes were continuously monitored and communicated with stakeholders, implementation strategies were adjusted with process drift and decreased utilization.
Methods: Prior to study development, effective offloading techniques using a 30 degree turn angle, were reviewed. The adapted protocol included the use of wearable sensors (LEAF Patient Monitoring System), to measure and monitor turn angles and foam wedges to reach the desired 30 degree turn angle. Data collection included application of the sensor, percentage of turn adherence, and incidence rates of HAPIs. The sensors collected the data and provided a daily "impact report" which provided the percentage of turn adherence with the goal of > 85%. Prior to this EBP project, there was no method to measure turn adherence. The incidence of HAPIs were monitored and each pressure injury incident was validated by a wound expert. HAPI rates were compared to pre-implementation data to evaluate outcomes.
Outcomes Achieved: In 2023, the PCCU reported 35 HAPIs to the sacral area. Following the implementation of the wearable sensor in 2024 this number decreased to 17, representing a 34% reduction. The severity of pressure injuries also improved, with stage 3 or greater pressure injuries decreasing from ten in 2023 to one in 2024. Mean adherence to turning protocols with sensor use was 89%. Sensor utilization increased from 8% at the start of the intervention to an average of 90%.
Conclusions: The integration of technology, such as wearable sensors, enhances monitoring and adherence to the changes in practice. Future quality improvement efforts include standardizing the use of wearable sensors as part of the HAPI prevention bundle in the acute care setting.

Moral Distress in Nursing: Analyzing Nathaniel's Theory with an Intersectional Lens

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Purposes/ Aims: This poster will evaluate the strengths and limitations of Nathaniel's Theory of Moral Reckoning using a framework of intersectional feminism. The semantic, substantive, and philosophical adequacy of the theory will be explored, as well as suggestions for future theoretical development and research.

Description of Theory: Nathaniel's Theory of Moral Reckoning, introduced in 2006, describes the process nurses experience when faced with patient care situations that cause moral distress. The theory posits that nurses typically function in a "default" state of ease, achieved when their personal, professional, and institutional values are aligned. However, situational binds occur when significant moral conflicts disrupt this alignment, leading nurses to question their purpose and values. These binds are often rooted in unequal power dynamics, which can create profound internal turmoil. Nurses reach the stage of resolution when they either take a stand or capitulate, then enter the reflection stage, in which they reckon with the choices they made.

Logic Linking Theory to Practice: Moral distress among nurses has garnered increased attention since the COVID-19 pandemic. Nursing theories like Nathaniel's Theory of Moral Reckoning provide valuable frameworks for integrating new research with existing knowledge and practice. Although empirical support for the theory remains limited, it successfully contextualizes moral distress within nursing practice and describes and defines the power structures and systemic problems that contribute to distress. However, it is limited in its conceptualization of moral distress as a reaction to a discreet, dramatic event involving patient care. There is no provision for what happens if a nurse experiences more than one morally distressing event at once, or for "moral microaggressions" that may cumulatively cause moral distress. It also assumes that all nurses normally practice in a state of ease, which may not be the case if professional or institutional norms do not encompass all aspects of the nurse's identity. Finally, it frames nursing as a solo endeavor, but nurses often work collaboratively. This perspective aligns with the broader challenge in nursing to take collective action against the social inequities that often underlie moral distress and suggests a need for the profession to more actively address these systemic barriers through both theory and practice.

Conclusion: While Nathaniel's Theory of Moral Reckoning provides a valuable framework for understanding moral distress within nursing practice, its limitations regarding the experiences of marginalized nurses and the cumulative effects of ongoing moral challenges highlight the need for further theoretical development. An intersectional feminist lens offers the opportunity to expand the theory to better account for the diverse identities and collective experiences of nurses. Future research and revisions should focus on integrating intersectionality and recognizing the systemic inequalities that exacerbate moral distress, thereby enhancing the theory's relevance and applicability in both practice and research.

Grip Strength Pilot Intervention for Nepali Nurses and Students

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Purpose: To evaluate the feasibility and efficacy of a 12-week handgrip-strengthening intervention for Nepali nursing students and staff.

Background: Globally, occupational health claims among nurses most commonly involve back and upper body musculoskeletal pain and injuries. Nursing is a physically demanding profession, and nurses with lower levels of fitness are at increased risk for musculoskeletal injuries. Grip strength, measured with a dynamometer is a valid and reliable measure of general strength. Grip strength is influenced by both modifiable and non-modifiable factors, such as age and sex, as well as height. Modifiable factors that influence grip strength include body habitus (e.g. weight, waist-to-hip ratio, waist circumference), exercise habits, stress, and hours worked. Geographic variations have also been found, making it important to compare sample results to the regional population norms. In 2020, researchers published normative reference values for healthy Nepali adults, by age and sex. Upon preliminary analysis, only 4% of 100 nurses and students at one institution met or exceeded Nepali national grip strength norms. Therefore, using evidence-based recommendations for increasing grip strength, we developed an intervention study.

Methods: Upon ethical approval of the study, all nurses and nursing students at the institution were invited to participate in a pre-post pilot intervention study. After informed consent, voluntary participants completed a short pre-intervention survey and anthropometric measures (height, weight, grip strength). Dominant hand grip strength measurements were conducted using a Jamar digital dynamometer. Exercise instructions and equipment were provided, and participants were asked to keep a log of exercise activities performed. The intervention consisted of two exercises: ball squeezes (10 repetitions) and wring out a wet hand towel (5 repetitions), three to five days/week. Bi-weekly reminders were sent, and after three months, participants completed a post-intervention survey and anthropometric measurements. Analysis involved paired samples t-tests.

Results: (*N* = 107) included 59 nurses and 46 students. Of these, 94.3% were female with a mean age of 27.60 (SD = 10.19) years. The average height was 156.43 (SD = 5.57) cm, and baseline weight (kg) was *M* = 59.19 (10.69), was significantly decreased at posttest, *M* = 58.49 (10.64), *p* = 0.01. After the 12-week intervention, significantly more participants reported regular exercise from 53.3% to 78.1% (*p* = 0.01), practicing meditation more days/week with an increase from 1.04 to 2.92 days (*p* = 0.05), and perceived stress decreased from *M* = 1.60 (SD 0.64) to *M* = 1.44 (SD = 0.61), *p* = 0.03. However, only 7.6% of the sample met or exceed the normative values of grip strength, and the change in mean grip strength from 25.89 kg (*SD* = 5.60) to 25.38 kg (*SD* = 5.76) was not statistically significant (*p* = 0.18).

Conclusions: The 12-week grip-strengthening intervention was feasible, but did not lead to significant changes in grip strength. However, other health indicators (weight, exercise and meditation habits, and perceived stress) significantly improved. Future studies should consider interventions with higher intensity and/or longer duration to improve grip strength. Improved grip strength could protect nurses and students from on-the-job musculoskeletal injuries/strains.

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Healing from Moral Distress and Trauma: The Role of Nurse Renewal Retreats

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Background: Moral distress, a pervasive issue among healthcare professionals and a leading cause of burnout, intensified significantly during the COVID-19 pandemic. To address this, the Nursing and Allied Health Resilience and Well-Being Program partnered with an external organization to create overnight renewal retreats. These retreats empower nurses and allied health professionals to heal from moral distress, trauma, and burnout by rediscovering their passion, purpose, and connection to their profession. Utilizing trauma-informed care principles, the retreats incorporate mindfulness practices, self-compassion techniques, journaling, and sharing circles to foster a safe and nurturing environment for processing challenging caregiving experiences.

Despite financial constraints caused by the pandemic, the program secured funding from the system's philanthropic entity to pilot the retreats in two hospitals. Initially, participation was hindered by healthcare professionals' tendency to internalize stress as a form of coping or misinterpret it as resilience. However, qualitative data from the first two retreats (32 nurses) revealed overwhelmingly positive responses, with participants describing the experience as "life-changing" and highlighting its impact on their self-compassion, cognitive reframing, and reconnection to purpose.

Methods: This mixed-methods pilot study was implemented in 2 hospitals within a 12-hospital system in Washington state. Renewal retreats are held in tranquil settings surrounded by natural beauty. Participants engage in journaling, trauma informed care, mindfulness, yoga, self-compassion and healing circles to promote self-awareness, cognitive re-framing, and healing. Qualitative data focused on satisfaction were shared to socialize and normalize the retreats as valuable and beneficial for nurses.

Results: The intervention cost $750 per nurse. By the end of 2023, 98 nurses from 7 hospitals attended a retreat. In Q1 2024, data confirmed a 98% retention rate among these nurses, compared to the national turnover rate of 32.8% for new nurses and 35.71% for experienced nurses. This represents annualized savings of $1,277,656.03, 12 months post-intervention.

Qualitative data collected from participants revealed positive outcomes. Nurses reported feeling "truly cared about for the first time in my life" and "this was the first workshop that I felt safe and open to express my inner most feelings about work." These comments highlight the program's ability to create a supportive and safe environment for processing difficult emotions and experiences.

Despite initial challenges in filling the retreats, demand has exponentially increased, with 240 nurses requesting to attend for the available 48 spots. This surge in interest highlights the critical need for such programs to support the well-being of healthcare professionals.

Limitations: The project over two years included a relatively small sample size and relied on self-reported data. Ongoing research is exploring the long-term impact of the intervention.

Conclusion: Overnight Nurse Renewal Retreats provide a valuable investment in the well-being of healthcare professionals. By offering a safe space for processing difficult experiences, these retreats empower individuals to reconnect to their purpose and heal from occupational stress and trauma. The results demonstrate significant benefits in terms of retention, job satisfaction, and cost savings.

ORGANIZATIONAL AND WORKFORCE ISSUES

Controlled Substances Prescribing Patterns: A Comparative Analysis

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Aim: This study aims to compare nurse and non-nurse prescribing of controlled substances across the US and Washington State.

Background: The expansion of nurse prescribing authority in parallel with widespread policy response to the opioid epidemic has altered the landscape of healthcare delivery, and prescription of controlled substances. Controlled substance prescribing practices among providers have not been well studied and additional information is needed.

Methods: Prescribing trends are analyzed utilizing comprehensive datasets from the National Institute on Drug Abuse (NIDA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Washington State Medical Association, this analysis identifies trends in opioid and other controlled substance prescriptions among Nurse Practitioners (NPs) and other providers.

Assessment of Findings: In progress

Implications: The findings highlight the need for national guidelines and continuous education to balance access and safety concerns in controlled substance prescribing. Additionally, these findings help evaluate the impact of NP education, both pre-licensure and post-licensure on safety concerns related to controlled substances. This data can also help identify the need for ongoing education and monitoring to mitigate risks of controlled substance-related morbidity and mortality.

Resiliency Among Southern California and Hawai'I Nurses Post COVID-19 Pandemic Surges

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Purpose: This study examined the prevalence and mediating effect of resiliency, burnout, job satisfaction on turnover among clinical registered nurses (CRNs) and nurse leaders (NLs) in the inpatient units and perioperative services post COVID-19 pandemic surges. This abstract will focus on the aggregate data from seventeen medical centers within a large integrated healthcare system in Southern California and Hawai'i (SCAL/HI) markets.

Rationale/Background: COVID-19 pandemic profound aftermath contributed to negative psychological effects on nurses who practiced during outbreak. United States evidence reported moderate resilience and burnout scores however, nurses are not immune to the adverse consequences of exposure to sever pain, suffering, and multiple deaths during short period of time. Boosting nurses' resilience is essential as it safeguards their mental health against adversity and enables effective adaptation to the pandemic's burden. Resilience plays a crucial role in enhancing nurses' engagement, crisis management capabilities, and reducing susceptibility to burnout. It positively influences job satisfaction and overall physical/mental wellbeing leading to safer, quality patient centered care. Understanding the prevalence and mediating effect of nurse resilience post COVID-19 surges can provide valuable insights for nursing leadership to develop strategies/interventions aimed at ensuring safety and well-being of current and future nursing workforce.

Methods: This institutional review board approved cross-sectional descriptive correlational mediation study surveying resilience and job satisfaction effect on the relationship between burnout and turnover. Valid reliable 5-point Likert scales including Connor-Davidson Resilience Scale (CD-RICS10), Pro-QOL R-IV Burnout (BO), Brief Index of Affective Job Satisfaction (BIAJS), and Turnover Intention Scale (TIS-6) were used to collect corresponding data. A convenience, anonymous, volunteer CRNs and NLs participated via SurveyMonkey between December 2022, and September 2023. Descriptive and inferential statistics towards path statistical analyses were employed as appropriate.

Findings: N=1574, average age M = 45.48 years with 17.61 years of RN experience representing 10.45% of the population. Instruments Means (SD) follow, DC-RICS10 29.51 (5.76), BO 36.16 (6.09), BIAJS14.24 (3.25), and TIS-6 16.82 (5.88). Of the participants, 58.8% reported intent to stay. Significant findings of differences were detected with $p<.05$ between: 1) resilience and nursing specialty F(10,1563)=5.114, education F(4,1568)=7.719, RN experience F(4,1535)=9.823, position F(4,1569)=13.755, and NLs had higher resilience compared to others F(2,1571)=17.283; 2) BO and nursing specialty F(10,1530)=5.974, education F(4,1536)=4.858, and RN experience F(4,1535)=9.823, and position F(4,1536)=3.478; 3) job satisfaction and nursing specialty (F(10,1495)=8.641, education F(4,1501)=5.259, RN experience F(4,1500)=8.343, and position F(4,1501)=9.709; and 4) Intention to stay and nursing specialty F(10,1511)=4.982, RN experience F(4,1516)=12.422, position F(4,1517)=4.250, and employment F(2,1519)=10.301. Overall, five predictors explained 65.6% of the variance in intention to leave ($R^2=.65$, F(5,1482)=568.17, $p<.001$). Confounding relationship was established between BO and intention to stay in the presence of resilience, only BO stays significant ($p<.001$).

Conclusion/Implication/Recommendation: Results positively demonstrated that nurses are resilient and intend to stay. Findings are not generalized beyond the sample. Findings suggest continued leadership support to foster resilience and mitigate BO towards increasing satisfaction and promoting intention to stay is crucial. Application of targeted interventions must be based on the individual medical center needs. Future interventional studies to boost resilience and satisfaction are recommended.

The Impact of Experience, Culture, and Beliefs on Nurses' Death Attitudes

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Background: Attitudes towards death are influenced by a myriad of factors, such as exposure to death and the dying. Healthcare professionals, particularly nurses, often find themselves at the forefront of end-of-life care. Nurses, regardless of their specialty, hold unique attitudes towards death that impact their approach to care. These attitudes are comprised of positive and negative perceptions, shaped by various factors including work experience and exposure to death or dying patients. However, in assessing attitudes towards death, the influences from factors such as religion, spirituality, and cultural upbringing remain unexplored in existing literature, particularly in the United States. By understanding these influences and potential biases, healthcare education and training can better support and prepare nurses in their roles, ultimately improving the quality of end-of-life care.

Methods: To address the current gap in research, this study recruited 186 nurses licensed in Washington state, who took part in an online survey conducted from May 2024 to July 2024. Surveys were sent via email invitation, and simple random sampling was used to ensure a representative sample of the population. To measure the participants' attitudes towards death, quantitative and qualitative methods of data collection were used. A series of open-ended questions were analyzed using thematic analysis, while the Frommelt Attitude Toward Care of The Dying (FATCOD) scale was employed to assess the participants' levels of comfort towards taking care of dying patients. Demographic data was also recorded, including nurses' religion, years of work experience, and level of agreement in having spiritual values or beliefs.

Results: The results of the study indicated no significant relationship between years of work experience or personal beliefs (spirituality, religion) and FATCOD scores. Contrarily, a strong relationship was found between the nurses' specialties and their FATCOD scores, per one-way ANOVA analysis [$F = 1.933$, $p = .030$]. Nurses employed in palliative care, hospice, and areas with limited patient interaction generally obtained higher scores on the FATCOD scale, whereas those in cardiology and critical care achieved lower scores. The average overall score on the FATCOD scale, 131.7 out of 150, suggests that the study's participants hold highly positive views towards taking care of dying patients. Thematic analysis of open-ended responses revealed three main themes: (1) Personal Beliefs, (2) Professional Imperative, and (3) Cultural Values. Following the three main themes, nine subthemes were identified.

Conclusion: As indicated by analysis of the study's open-ended responses, some participants' religious beliefs, spiritual beliefs, and cultural upbringing influenced their approach to care of dying patients, while quantitatively, factors such as religion and spirituality held no significant impact over FATCOD scores. Overall, in this study, nurses scored highly on the FATCOD scale, reflecting positive attitudes toward death.

Implications: The lack of significance between FATCOD scores and personal beliefs in this study could indicate a strong adherence to workplace protocol that emphasizes neutrality and professionalism over individual belief systems. On the contrary, this may differ from healthcare practices in other cultures where personal values and beliefs may play a more significant role in influencing professional attitudes towards death.

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Model of Postmortem Caring and Coping

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Purposes/Aims: Postmortem care can evoke difficult feelings for nurses, which may manifest through emotional and physical symptoms, negatively impacting nursing care. Despite extensive literature on issues related to end-of-life care, nurses continue to report feeling underprepared to care for patients who have died. Families too may face difficulties during their participation in postmortem care and communication about their loss, as well as emotional and physical symptoms of grief. The purpose of this framework is to propose a guide for research on how family members and nurses cope with this difficult experience, and how their experiences may be interrelated. Two broad factors have been identified as potential concepts for the framework: postmortem self-efficacy (PMSE) and coping intelligence (CI).

Description of Theory or Method/Definition of Concept to Be Discussed: For the nurse, PMSE reflects their belief that they can provide appropriate physical and emotional care in the postmortem period, resulting in favorable outcomes for the grieving patient's family. For the family, PMSE reflects their belief that they are able to participate in physical postmortem care, and to facilitate a dignified experience that meets the wishes of their deceased loved ones. For both nurse and family, CI is the ability to manage and regulate feelings in the postmortem period to understand and work through grief. Together, CI and PSME facilitate positive health outcomes for the nurse and family in the postmortem experience.

Logic Linking Theory/Concept/Method to Practice or Research: Nurses' lack of confidence in providing, and lack of ability to address and regulate feelings evoked by postmortem care may lead to compassion fatigue and burnout. This can lessen nursing PMSE further, creating a negative spiral that may become detrimental to patient and family care. For the family, lack of PMSE may lead to feeling that they are not able to participate in care, or raise concern about patient specific wishes that may need to be considered in the postmortem period; a nurse experiencing poor PMSE in this situation may not think to ask about those considerations. Family lack of understanding about available resources for grieving may lead to unresolved grief or mental health issues. Poor PMSE on the side of the nurse may lead to this information not being provided to the family without prompting, and a family with poor self-efficacy may not be able to request it. Ultimately, the PMSE and CI of the nurse and grieving family interact with one another to shape postmortem care outcomes.

Conclusion: Death has traditionally been a taboo discussion topic, creating fear and anxiety around time of death and postmortem care. Nurses are often told to avoid showing feelings in front of patients, and families may feel embarrassed showing feelings in front of nurses. This framework offers a guide to promote exploration of these feelings, foster partnerships between nurses and grieving families, and explore long term strategies for processing and coping with patient loss.

PALLIATIVE AND END OF LIFE CARE

Efficacy of Using Simulation to Support Readiness for Post-Mortem Care

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Purposes/Aims: The primary aim of this pilot study was to evaluate the effect of simulation education on the self-efficacy of senior level nursing students when providing end-or-life and postmortem care (ELPC).

Rationale/Conceptual Basis/Background: Nursing students, as well as new nurse graduates, often express anxiety, fear, and low self-efficacy about providing end-of-life and postmortem care (ELPC). Simulation has been shown to improve confidence and self-efficacy of nursing students and nurses completing palliative care, but little has been written about simulation's impact in postmortem education. Well-designed simulation education provides exposure to and practice with ELPC skills. Through this learning modality, students are able to explore the nurses' role in facilitating end-of-life care discussions, setting end-of-life care goals, addressing withdrawal of care with family members, consoling family after the patient dies, and preparing the deceased body for transport to the morgue. Practicing these activities has the potential to positively affect the self-efficacy of BSN students.

Methods: A pre-post intervention design was used for this study. All senior BSN students who were scheduled to complete a 4-hour end-of-life and postmortem care simulation experience were invited to complete both a pre and post simulation survey. This survey includes demographic information and Conley's of End of Life and Postmortem Care Self-Efficacy Scale (EOLPMSS). The EOLPMSS asks participants to rate their confidence in their ability to provide each of 18 elements of end-of-life and postmortem care using a scale from zero (not confident) to 100 (highly confident). In this pilot study, twenty students completed both surveys and were included in the analysis.

Assessment of Findings/Outcomes Achieved: Following the pilot study, paired t-tests were used to measure the change in each individual item as well as the overall combined scores of all 18 items from pre- to post-intervention. Results indicate that participants' ratings of self-efficacy significantly increased following participation in the post-mortem simulation activity. There was a significant increase in the total EOLPMSS scores between the pre-intervention (M= 898, SD= 72.1) and post-intervention (M= 1319, SD=59.5, t(19)=8.337, $p < 0.001$.) indicating improved self-efficacy.

Conclusions/Implications: The results of this study can provide guidance for curricular change. Areas of lower confidence can help faculty prioritize simulation content, didactic education content, and clinical practice opportunities. This work also provides support for the use of simulation for both nursing students and practicing nurses to improve confidence and self-efficacy in providing EOLPM care. Next steps in this research involves repeating this study with a larger sample, expansion to a longitudinal study that re-assesses self-efficacy ratings post-entry to practice, as well as comparing learner self-efficacy ratings to faculty perception of efficacy.

RACIAL / ETHNIC MINORITIES

Pulse Oximeter Bias Among Diverse ICU Patients

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Background: Hypoxia is a common complication of cardiopulmonary diseases and can have profound consequences on end organ function if undetected or untreated. Pulse oximetry (SpO2) has long been used as a screening and monitoring tool for oxygenation status and is usually a reliable marker of arterial oxygen saturation (SaO2). However, SpO2 can overestimate the SaO2/PaO2 leading to undetected, occult hypoxia and subsequent clinical complications from untreated hypoxia. While arterial blood gas analysis (ABG) is the gold standard for accurately diagnosing hypoxemia, it is invasive, costly, and painful which has led to the widespread use of SpO2 as a surrogate for arterial oxygenation. Recent data have demonstrated unacceptably high rates of SaO2/PaO2 overestimation by SpO2 especially in patients with darker skin pigmentation. Despite these reports, little research has been performed to understand why this discrepancy exists and increases among patients with darker pigmentation.

Objective: To evaluate the efficacy of pulse oximetry among an ethnically diverse group of intubated patients in the intensive care unit (ICU).

Methods: Intubated, adult patients in two ICUs at an academic medical center were enrolled prospectively. Reflectance spectrophotometry was performed with a Konica Minolta CM-700d spectrophotometer (Konica Minolta Ramsey, NJ) to measure the melanin index (MI), which is an estimate of skin melanin content. A lower MI indicates lighter skin, while a higher MI indicates darker skin. The MI was then compared to the difference between SpO2 and SaO2. SpO2 was measured with Masimo SET pulse oximetry (Masimo Corporation Irvine, CA) while SaO2 was obtained from a simultaneously drawn ABG measured on a Radiometer ABL800 FLEX blood gas analyzer (Radiometer America Brea, CA). Linear regression analysis was used to determine the association between melanin index and SpO2-SaO2 difference after controlling for age, race/ethnicity, patient temperature, hemoglobin level, and vasopressor infusions. Statistical analysis was performed using R software.

Results: Thirty-five critically ill participants were enrolled with an average age of 58 (range 19-78). Ten (28.6%) participants were female and 25 (71.4%) were male. There were 14 (42.9%) non-Hispanic white with the remaining 21 being Black, Hispanic, Asian, or mixed race/ethnicity. White participants had a mean MI of 0.61(SD=0.15), a mean SaO2 of 98.1(SD=1.62), and a mean SpO2 of 97.9(SD=2.35). Non-white participants had a mean MI of 0.76(SD=0.12), a mean SaO2 of 98.2(SD=2.25), and a mean SpO2 of 98(SD=1.99). Data collection is ongoing. Final regression analyses will be presented at the conference.

Conclusions: Findings can help understand how skin pigment affects pulse oximeter bias. Pulse oximeter bias may be increased among patients with higher concentrations of melanin. Pulse oximetry (SpO2) readings should be correlated to an ABG (SaO2) in ICU patients with hypoxia.

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Cancer Fatigue Experiences Among American Indian Men

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Aims: We report on the unique experiences of American Indian male cancer survivors as they negotiate post-treatment cancer-related fatigue. Qualitative focus groups explored the facilitators, experiences, and cultural constructs associated with cancer-related fatigue.
Background: Cancer-related fatigue is a common symptom following cancer treatment. It is difficult to treat and can last for years. Little is known about indigenous populations' cancer symptom experiences, particularly around fatigue management and care. Gaining an understanding of the unique experiences of American Indian male cancer survivors as they negotiate the experience of fatigue is important for symptom management and may lead to their improved quality of life.
Methods: As part of a randomized clinical trial (RCT) on a cancer symptom management intervention, preliminary focus groups and an intervention pre-test were conducted among 232 adult American Indians diagnosed with cancer. Participants were recruited from eight Southwest reservation and urban sites. Thirteen focus groups of 10-15 community members per group were held to gather information prior to the intervention of an educational Talking Circles series reinforced with a Tool Kit for cancer symptom management. The focus groups explored communication preferences, health seeking behaviors, and perceptions of and barriers to cancer symptom management (pain, depression, fatigue, functionality). These focus group findings, and the pre-test informed the RCT in areas of culture-bound behaviors, perceptions, and barriers to fatigue mitigation."
Assessment of Findings: The findings from the focus groups were: 1) isolation, 2) stigma, 3) communication problems, and 4) adverse events. The findings from the pre-test were: limited attention to fatigue relief caused by, 1) limited communication, 2) lack of network support, and 3) illness beliefs. The data demonstrated the male survivors are faced with beliefs that limit or restrict attention to fatigue relief, including limited communication with providers and family, lack of network support, illness beliefs, and on-going stigma over adverse events such as loss of hair and being diagnosed with an illness that often results in weakness, fatigue, pain, and loss of several bodily functions.
Conclusions/Implications for Future Research: Understanding the cultural influences of cancer-related fatigue beliefs and behaviors is important for symptom management and quality of life measures in this underserved population. Since variation among the 576 federally recognized tribes exists, findings cannot be readily generalized to all American Indians as the participants were recruited from eight Southwest reservations and urban sites. Nursing care that includes culturally appropriate education and interventions can increase cancer-related fatigue management.

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Carcinogenic Metal(loid)s in Drinking Water in a Uranium Mining Impacted Area

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Aims: The purpose of this study was to determine the extent of environmental contamination in a heavily mined area in an American Indian community in New Mexico (NM). Uranium (U) and associated metal(loid)s such as arsenic (As), cadmium (Cd), and lead (Pb)) were determined in drinking water samples; the study aims were to: (1) identify drinking water behavior and also identify its association to the intake of locally harvested foods, (2) compare U and metal(loid) concentrations in drinking water from areas known to have high levels of contamination, and (3) disseminate study findings to the Navajo (Diné) leadership and communities.

Background: Diverse communities are disproportionately exposed to hazardous environmental materials by virtue of close proximity to toxic waste materials. From the 1940s to the 1980s, northwestern NM alone contributed 40% of the U.S. U production for military purposes. There remain > 1,100 abandoned mines, milling and waste sites in the study area. Drinking water is used in the home for other uses such as cooking, bathing, watering crops, watering locally harvested animal protein and for cultural purposes. Human and animal water studies of those exposed to U have shown kidney chemical toxicity and damage to liver, cardiovascular, and nervous systems. Arsenic is a metal(loid) and a teratogen. The other metals can impair renal function (Cd), cause developmental and nervous system problems (Pb), *and are carcinogenic: As (bladder, kidney, ureter skin cancers; IARC Group 1), Cd (lung, kidney, prostate cancers; Group 1), and Pb (lung, kidney, bladder; Group 2A).*

Methods: Participants were recontacted from the Diné Network for Environmental Health study and were asked to join the current study. Navajo Nation and UCLA IRBS were obtained. New participants were also invited into the study by word-of-mouth, public announcements, tribal *Chapter* (community) house meetings and community events. Four *Chapters* consented to be in the study. Two water and food intake questionnaires were administered. Metal(loid) concentration levels were determined on a scale of microgram per liter (µg/L) for water. Metal(loid) concentration levels were derived from drinking water samples (*N*=24) and utilizing Inductively Coupled Plasma-Mass Spectrometry. Geographic Information System data was collected as distance proximity data and sample location information.

Results: In general, Cd (10.64 µg/L) exceeded the EPA (2024) National Primary Drinking Standard Max Contaminant Level (MCL) and Pb (11.04 µg/L) was near the Action Level drinking water concentration. Uranium (3.53 µg/L) and As (4.21 µg/L) concentration levels were below the MCL for all other types of direct and indirect water consumption (personal consumption, watering livestock that was consumed, tea steep-water consumption, and those consisting of cultural uses (i.e. sweat lodge, medicinal plants)) and those used for bathing.

Implications: Further research is needed with larger drinking water sample sizes in other mine impacted areas of the community. Existing education regarding safe drinking water use needs to be reemphasized with coordination of the Tribe. Future research should focus on determining biological contaminant levels in humans who consume contaminated water. We recommend continued health surveillance and monitoring to inform environmental health and water policy.

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Recruitment and Retention of Diverse Cancer Survivor-Caregiver Dyads in Trials

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Background: Diverse and underserved cancer survivors and caregivers are historically underrepresented in clinical research. Demographic representation of minorities in cancer clinical trials in the United States (U.S.) remains inadequate compared to their U.S. Census population parameters. Low enrollment of diverse populations in cancer trials worsens health inequity and care disparities. Furthermore, sociocultural and socioeconomic barriers sustain these inequities and disparities.
Purpose: We describe our systematic approach to recruiting and retaining diverse survivor-caregiver dyads in supportive cancer care studies.
Methods: This abstract highlights principles and strategies for recruiting and retaining diverse and underserved cancer survivors and caregivers in clinical research using exemplars from the Symptoms, Health, Innovation, and Equity (SHINE) Cancer Research group. Our methodology employs Matsuda's Evaluate, Engage, Reflect, and Carefully Match (EERC) framework, emphasizing dyadic survivor-caregiver engagement in supportive care trials. The six principles: 1) Team Development, 2) Shared Passion, 3) Collaboration, 4) Community Engagement, 5) Partnership, and 6) Careful Matching, operationalize EERC by emphasizing researcher reflexivity, cultural competence, and community engagement to enhance health equity and retain diverse participants.
Results: A systematic approach to recruitment of underrepresented dyads in cancer support research includes 1) Practicing reflexivity and cultural competency at a personal and organizational level, and developing a bilingual, bicultural study team with shared language and culture of the study population; 2) Ensuring team members share a passion for cancer health equity and are trained with a community-centric approach; 3) Designing accessible interventions, study materials, and shared data collection tools across similar studies with community and stakeholder input; 4) Engaging local and regional stakeholders with health disparity expertise in the catchment area; 5) Partnering with Community Health Workers (CHWs) and informal insiders to facilitate a co-learning process between the community and the research team, and 6) Ensuring careful application of matching study team members and participants beyond race and ethnicity to prioritize the cultural values and social factors that impact cancer survivors and caregivers.
Conclusion: Engaging diverse, underserved cancer survivors and caregivers in research requires deliberate self-reflection by the researcher and the team. Cultural competency should be central to team development, focusing on integrating cultural values, beliefs, and language into all aspects of the research and consciously assessing behaviors, attitudes, and biases. Research team members with a passion for cancer health equity, a commitment to community outreach, and shared experiences create a unified and authentic team that is relatable and approachable.
Effective community engagement requires internal collaboration, and streamlining recruitment procedures may reduce the burden on the community. Community insiders and trusted partners expand research outreach, making it more inclusive. Collaborations with local health organizations strengthen connections with hard-to-reach populations.

Underrepresentation in research limits relevant data, leading to ineffective clinical decisions and health policies. Our tailored strategies addressed barriers in rural, Spanish-speaking, and low-SES communities. While effective, broader application in diverse regions could assess their generalizability. The Six Recruitment Guiding Principles offer an innovative approach to advancing health equity through inclusive cancer research.

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Recruitment and Training of Diverse Simulated Patients in Vancouver, WA

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Purpose/Aims: This project aimed to recruit and train people from diverse backgrounds in the Vancouver, WA, area on the role of simulated patients (SP) in nurse practitioner education. This faculty-led project aimed to increase awareness and interest in future employment opportunities as simulated patients.

Rationale and Background: Innovations are needed to provide nurse practitioners with the skills and experience to deliver high-quality, evidence-based healthcare for diverse populations. Increasing diversity among simulated patients will further broaden the exposure and sensitivity of nurse practitioner students to culturally diverse people. A limited number of people are trained to do this vital work. We wanted to increase diversity in the pool of simulated patients available to work within the local community and the overall number of people who can do this work.

Brief Description of the Undertaking: Best practices in simulated patient education guided our approach, but we were creative in our outreach efforts and messaging. We sought diverse candidates through a church, a community theater organization, and a local community college. Our intention to reduce health disparities and improve healthcare for minoritized groups was made explicit in recruitment materials. We developed a flyer and an online registration form to invite participants to an information session. Everyone who participated in the information sessions received a gift card and an invitation to the 8-hour paid training course, which was offered over 3 sessions. The training, developed by our faculty, was held via Zoom and included a free textbook. We then surveyed the participants regarding their satisfaction with the training and likelihood of pursuing employment as an SP.

Outcomes Achieved: Six participants of diverse ethnic and/or gender identities attended the information sessions and of these, 100% went on to complete the full training and achieve our learning outcomes. All participants were provided with a certificate of training and hiring resources for local SP work; all expressed satisfaction with the training and interest in future work as SPs.

Conclusions: This project was successful in meeting its aims. All participants learned the role of SPs, and some went on to apply for SP work. Challenges included scheduling live sessions around people’s availability. Three make-up sessions were needed, which was time-intensive for faculty. We recommend repeating the recruitment and training program for diverse SPs within our organization. We also recognize opportunities to enhance the training delivery method to accommodate schedules. There is an opportunity to develop this project further to increase diversity among simulated patients within the local community.

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Social Needs and Diabetes Prevention and Management Among Latinos

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Type 2 diabetes (T2D) disparities in Latinos in the United States continue to rise despite ongoing health equity efforts. Latinos are more likely to report lower levels of education, lower income, and residing in neighborhoods where outdoor physical activity is perceived as less safe. These and other social determinants have been linked to poor T2D outcomes. The social determinants of health (SDoHs) include the conditions and environments in which people are “born, live, learn, work, play, worship, and age” that impact health (US Department of Health and Human Services, 2020). At the individual level, SDOHs create “social risks” and “social needs.” Social risks are the objective assessment of risks an individual may experience based upon their environment and context. Social risks become “social needs” when an unmet need is subjective, or endorsed as unmet by the individual. Social needs such as food security and childcare have been reported by individuals at risk for and managing T2D. Thus, a thorough understanding of how social needs influence T2D in Latino communities could provide valuable insight into diabetes prevention and management efforts in Latino communities. However, to our knowledge, there has not been an integrative review of the literature examining the influence of social needs on T2D in Latinos. This poster will report on an in-depth integrative review of the literature examining how social needs influence diabetes prevention and management in Latino populations. We reviewed 1,397 articles published between 2017-2024 generated from searches in five databases. Ultimately 27 studies including a total sample of 7,528,452 participants met inclusion criteria and described the complex influence of social needs on T2D management behaviors, prevalence, risk, glucose regulation, and complications. Most articles studied food security (n=16) followed by financial need (n=7) and transportation (n=6). Intervention studies (n=5) targeted food security, social support, and financial need, but only two used an RCT design. We identify clear gaps in the literature such as a paucity of research describing specific social needs (e.g. legal, safety), implementation of social needs interventions (specifically RCTs), and clear description of Latino subgroups. All articles were categorized in the “Clinical Research” stage of the Translational Research Spectrum, indicating a clear need for research at the “Clinical Implementation” and “Public Health” stages. The results from this review indicate a need for research including comprehensive assessment of social needs among Latinos. More rigorous interventions integrating multiple social needs are needed as well as research examining the role of social needs in the diabetes space across the lifespan.

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Amplifying Voices of American Indian/Alaska Native Students in Medicine & Nursing

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Purpose: This study describes the unique lived-experiences of AI/AN constituents in nursing and medicine and aims to explore the barriers and facilitators for American Indian/Alaska Native (AI/AN) students to gaining admission and successfully completing nursing and medical school programs.

Background: The absence of health workforce representation contributes to the perpetuation of health inequities and disparities that already exist among certain patient populations. This underrepresentation is especially prevalent for AI/AN people in the medical and nursing fields. According to the AAMC, less than 1% of physicians identify as AI/AN, and 90% of U.S. medical schools have three or fewer AI/AN students. A report from HRSA reported only 0.3% of RNs identified as AI/AN, and only 0.5% of bachelor's, master's, and doctoral nursing students reported being AI/AN. The lack of AI/AN medical and nursing students reflects institutional and structural inequities that prevent adequate representation in the workforce. This is important because evidence supports that patients and healthcare practitioners of the same race and ethnicity have better health outcomes. Although, some medical and nursing schools have pipeline programs to increase AI/AN enrollment, little is known about their experiences and the factors that affect their academic and professional success. Furthermore, higher education institutions are unaware of the unique challenges experienced by AI/AN students who want to study nursing or medicine.

Methods: Guided by a community advisory board, an exploratory mixed-methods design was used to identify the micro, meso, and macro elements that affect AI/AN medical and nursing careers. An online survey administered to 100 undergraduate pre-nursing and pre-medical AI/AN students, with follow-up focus groups, explored their experiences in higher education. Additionally, to understand the interpersonal, community-based, and institutional aspects that impact the success of AI/AN medical and nursing students, 50 semi-structured interviews were conducted with 1) medical or advanced practice nursing students, 2) practicing RNs/NPs or physicians, 3) pathway program leaders.

Findings: From 37 semi-structured interviews, we are noticing growing patterns that lead to an imbalance, and emerging sub themes related to discrimination, racism, and prejudice when it comes to academic scholarship, opportunity, mentorship, and aid for AI/AN students who are pursuing health degrees. Additional interviews are currently underway, and analysis from the survey and focus groups is pending the completion of data collection.

Conclusions: Findings from this study will produce significant insights to improve imbalances among practices within academic institutions and among nursing and medical programs for AI/AN scholars. We aim to improve tribal feedback and impact participation in community-level reporting, presentations, and dissemination. This project's findings will help us identify realistic, sustainable, and scalable parts of the continuity of care paradigm for identifying, supporting, and protecting AI/AN medical and nursing students. We seek to identify, sustain, and improve promotive and protective factors that keep pre-med and nursing students on these professional pathways and encourage them to thrive.

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Building Bridges: Communication Strategies for Enhancing Refugee Healthcare

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Purpose/Aim: This nurse-led project aimed to develop communication strategies to facilitate trust between the healthcare team and refugees. Strategies were collaboratively developed by an advisory board composed of refugees using a community-engaged research approach.

Rationale/Background: Refugees face numerous barriers while navigating the US healthcare system including communication challenges due to discordant values and world perspective compared to their healthcare team. This study underscores the need for a culturally humble approach to build trust between a healthcare team and refugees while aligning care with refugees' values. A framework of cultural humility is vital to ensure that the approach is flexible and inclusive, avoiding rigid cultural guidelines that might overlook each refugee's individuality. Trust is crucial, as refugees often fear discrimination and may hesitate to share sensitive yet important information. While existing communication strategies for minoritized patients are underutilized due to a lack of practical application, strategies collaboratively developed with refugees provide tangible tools to foster trust.

Methods: This project capitalizes on the everchanging influx of refugees by incorporating the voices of former and current refugees. Using a community-engaged approach, community advisory board (CAB) members with a refugee background were recruited. CAB meetings, facilitated by an interdisciplinary team including a nurse trained in healthcare communication, were conducted monthly over 16 months to establish meeting norms/expectations and foster a culture of trust. After trust was established, the CAB discussed barriers and facilitators to healthcare communication and trust building. The resulting conversations culminated in four communication strategies collaboratively refined and modified using the Delphi method over the remaining 12 months.

Assessment of Findings/Outcomes Achieved: The CAB consists of 11 members (9 women, 2 men) from countries in Africa, Asia, and the Middle East. 17 languages were represented. No interpreters were required as all members were fluent in English. Iterative discussions focused on the need for the healthcare team to document and share information such as religion, history of torture, and the need for an interpreter in clinical settings. Of importance, refugees see all members of the healthcare team as one, without differentiating between disciplines. Conversations focused on actions from the healthcare team including active listening, recognizing bias, strategies for using a strengths-based approach such as recognizing the patient as the expert of their medical history, and checking for empowerment by acknowledging the ability to make choices. Conversations resulted in four overarching communication strategies for healthcare teams to use when facilitating a visit with refugees in the clinical setting: 1) Be respectfully curious 2) Listen with intent 3) Use a strength-based approach, and 4) Check for empowerment.

Conclusion: The four strategies were designed to facilitate a trusting relationship, empowering refugee patients to share their authentic selves and ultimately improve health outcomes for refugees. Rooted in cultural humility, these strategies prioritize respectful curiosity, active listening, incorporating a strengths-based approach, and empowering refugees to address their unique needs. By amplifying the voices of those with lived experience, these strategies provide practical, adaptable tools for healthcare teams to build more meaningful, trust-based relationships with refugee patients.

Asian American Mental Health Detection and Treatment in Primary Care

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Background/Rationale: Despite being the fastest-growing group of new immigrants, Asian Americans (AAs) are still relatively understudied within scientific literature, most notably within the field of psychiatry and mental health (Aqua, 2021; Fancher et al, 2014; Hok, 2023; Jung et al, 2020, Kim & Lee, 2021, Lee et al, 2021; Miller et al, 2011; Park & Park, 2020; Yang et al, 2020). AAs have often proved to be a racial group characterized by resilience and self-sufficiency, as evidenced by high rates of employment, education, home-ownership (PRC, 2012), health coverage, (Chen et al, 2017), low rates of suicide (Stone et al, 2023), and low demonstrated need for mental health services (Lee, 2021). Alternatively, the latter may suggest high barriers to mental health detection and treatment, rather than a low prevalence of mental health illness. Mental health services in the US are increasingly delivered by primary care providers (PCPs), who accounted for almost half of all psychotropic prescriptions written in 2019 (AAFP, 2021; WHO, 2019; Wu et al, 2012). Considering how PCPs serve as vital access points to care, targeting interventions at this level may be meaningful in addressing the mental health of AA patient populations.

Purpose: This project aims to uncover the most compelling factors that hinder mental health treatment and outcomes among AA patients. Within the primary care setting, treatment adequacy and adherence are the strongest predictors of depression response at 24 weeks (Sirey et al, 2020). Findings will serve to identify areas of need along treatment pathways most relevant to AAs, especially those who are initiating mental health care.

Approach & Methods: A gap analysis will be conducted via a retrospective chart review from a group of metropolitan community health clinics in Seattle, WA from 2022-2023. A Strengths-Based model leverages values such as community and resilience in order to empower patients towards a pathway of healing; this approach guides the analysis over limitations in existing practices and therefore how they are overcome (Gottlieb & Gottlieb, 2017). Factor analysis will further explore the relationship amongst barriers and reveal what needs can be addressed to overcome mental health intervention shortcomings in the primary care setting.

Assessment of Findings: After SPSS quantitative analysis of the data is performed, significant findings are intended to highlight patient disparities at varying points in the treatment pathway as well as reveal systematic deficits contributing to such disparities. Assessment of these findings will further accentuate patient needs, address challenges, and therefore, present opportunities for growth and sustainability for mental health interventions in primary care.

Implications & Recommendations: The implications of this project will serve to address ways in which AA patients are initiated on, adhere to, and ultimately benefit from established mental health treatment pathways. Strategies for improvement can be developed based on desired outcomes from both patient and provider perspectives, thereby representing promising models in mental health interventions in not only the participating community health clinics, but in other primary care settings.

The Impact of Trauma on Health and Education Equity in an Indigenous Community

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To improve the wellbeing of Native American (NA) children, educators and healthcare providers need to collaborate in developing culturally responsive approaches which connect people and apply the social determinants of health. Current data suggests that NA children suffer from a prevalence of serious psychological distress and experience suicidality at four times the rate of their non-Native peers in U.S. public schools. The Health Education and Art for Resiliency Teaching (HEART) project developed and evaluated trauma-informed and culturally responsive classroom-level interventions as a means of increasing the resiliency of elementary-aged students in a public school serving a NA community. Two research questions were addressed. First, to what extend does student participation in the HEART intervention increase student resilience as measured by the Pupil Assessment of Self and School (PASS). Second, to what extent did teacher professional development activities and instructional coaching increase student-teacher classroom relationships as demonstrated by CLASS observational protocol scores?
Methods: The intervention consisted of monthly art-based activities with the students which began with a mindfulness session, then students were read a story highlighting tribal values as confirmed by an Elder. The children were then oriented toward the art project and provided the time and support to express their thoughts on a well-being topic. Finally, a healthy snack was provided to the children along with an explanation on the nutrition facts about the snack. Teachers were coached each month to facilitate positive student-teacher relationships. Eighteen teachers and 260 4th, 5th, and 6th grade students participated. A mixed methods evaluation combined quantitative data obtained using pre- and post-test measures from the PASS to assess changes in student resiliency, and pre-/post-test Classroom Assessment Scoring System (CLASS) observation protocol scores to assess changes in student-teacher relationships. Qualitative data was gathered from intervention observations, interviews with educators, and comments from parents and community members collected during an end of year art show.
Results: Teacher professional development and coaching significantly improved teacher-student relationships when compared to a control group ($p<.001$) with a moderate effect size (Cohen's $d=.33$). Student resiliency scores were related to improvements in teacher-student relationships. Qualitatively, students demonstrated and improved level of task persistence, took more initiative in controlling their behavior during stressful situations, and felt more positively about school.
Conclusions: A triad of connections link teachers, students and learning content. School improvement efforts focus on the connection between learning content and the student; yet it appears that the teacher-student connection may be the leverage point. To improve the wellbeing of NA children, educators and nurses as well as other healthcare providers need to collaborate in developing culturally responsive approaches which connect people and apply the social determinants of health in classrooms to ameliorate the deleterious effects of anxiety and depression experienced by Native American children. This began as a pilot in a single grade-level, expanded to the school level engaging three grade-levels and then implemented to scale at two additional school districts. A toolkit is being created to further expand the use of the HEART interventions.

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Examining Adverse Pregnancy Outcomes in Imperial County, CA

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Purpose: Adverse pregnancy outcomes (APOs) are pregnancy or fetal complications (e.g., preeclampsia, gestational diabetes, placental abruption, preterm birth), which are major health risks for individuals during pregnancy and throughout their lifespan. Several meta-analyses have identified associations between a history of APOs and developing cardiovascular disease, which is the leading cause of death for women worldwide. Thus, understanding APOs, and their risk and protective factors, can inform strategies to improve health outcomes well beyond the pregnancy period.

Background: Maternal mortality is nearly two times higher in rural areas than urban areas, and APOs of preeclampsia and placental abruption increase risk for maternal mortality. Maternal mortality among U.S. Hispanic women increased by 44% between 2019 and 2020. This pilot project examines APOs within Imperial County (IC), California, a rural US-Mexico border region with a population of 181,000 (>86% Hispanic/Latino). Our clinical partner for this project is Innercare, the largest network of outpatient clinics in the region.

Methods; Specific Aims: This pilot project is framed within a socio-ecological model in which we consider that a health problem like an APO is a multifactorial challenge that results from interactions within and between different levels of influence: individual, interpersonal, and community/organizational levels, with factors varying on their degree of modifiability. To gain a comprehensive understanding of APOs in the region, a mixed methods approach is used, examining quantitative patient data from electronic health records (Aim 1) and qualitative interview data (Aim 2) from patients and healthcare professionals (N=20). Data will be abstracted from records of patients who delivered at Innercare between 7/20/24 - 1/1/2026, anticipating 1500 births.

Aim 1: Identify direct and interactive sources of influence on APOs. Which individual, interpersonal, and community-level factors are associated with an increased risk for an APO? Are there interactions within and between levels that further increase the risk of APOs? We anticipate that APO risk may increase when two or more factors co-occur. For example, risk of APOs may be higher for individuals experiencing inadequate prenatal care utilization (community-level factor) who also have a chronic health condition (individual-level factor).

Aim 2: Identify patient and healthcare professional perspectives on APOs, and facilitators and barriers to perinatal care. Utilizing a qualitative approach, we will conduct in-depth interviews with patients and healthcare professionals to examine individual and organizational awareness of APOs and facilitators and barriers to perinatal care in IC. Within the socio-ecological model, a content analysis of emerging themes could reveal an interdependence of factors within and across different levels of influence. This qualitative approach will complement Aim 1 by contextualizing APOs within the broader context of healthcare in IC.

Collected Data: While data abstraction protocols are still being developed, with the first of three data pulls scheduled to occur 12/31/2024, an initial data pull from 7/20/24-10/13/24 identified 162 patients of our clinical partner who gave birth, with 146 full term births, 17 preterm births, and 1 spontaneous abortion.

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The Experiences of Native Americans after a Nonfatal Suicide Event and Healthcare

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Purpose/Aims: The purpose of this study was to explore the experiences of Native Americans after a nonfatal suicide attempt and their encounter with healthcare providers prior to receiving suicide prevention intervention. The specific aims of this work were to understand the Native person's experiences with healthcare professionals post suicide event. Identify the needs of the Indigenous patient post suicide event and how healthcare providers may address those needs. Determine if the Native patient experienced culturally congruent and sensitive care relating to the patient's culture and diagnosis.

Rationale/Conceptual Basis/Background: Native Americans make up only 2% of the population, yet have one of the highest suicide rates of any ethnic or racial group in the United States. High suicide rates in Native American communities can be attributed to a number of factors including historical trauma, genocide, and lack of access to healthcare. Culturally congruent healthcare is vital to the Native patient that has attempted suicide. Healthcare providers that appreciate the diversity amongst tribes, individuals, and acculturation amongst Native people directly impact the Native person's needs post suicidal act

Methods: A qualitative approach was used for this study including surveying Five hundred and fifty-four Native American participants via three qualitative questions from the Client Satisfaction Questionnaire- 8 prior to receiving a culturally adapted suicide intervention. Thematic Analysis was used to interpret and identify patterns of meaning in the data collected. Through team analysis of the transcripts, an understanding of the participant's experiences was developed. Thematic Analysis, allowed for insight into the Native participants' experience and how they make sense of their experiences as a Native person that has attempted suicide. The information obtained from the participant interviews allowed for extrapolation of meaningful themes related to Communication (subthemes: Counseling, Characteristics of Communication, and Role of Staff Communication), Access (subthemes: Care Received, Access to Medications, and Access to Services), and Connection (subthemes: Provider Patient Relationship, Coping Skills, Provider Consistency, and Culturally Congruent Care). The themes informed the patient perspective of the healthcare received.

Findings: The majority of participants emphasized the importance of having the ability to talk to someone. They noted that honest and direct communication was important for establishing patient trust. Native participants stressed that adequate services that were easily accessible were essential to meeting patient needs. The ability to obtain medications that met their behavioral health needs were as important as talking with a healthcare provider for participants. Finally, participants appreciated and trusted healthcare workers who were aware and respectful of Indigenous culture and active in the culture.

Implications: Healthcare workers, specifically nurses, may be the first person a Native person engages with post suicide attempt. Nursing education must move from a position of cultural competency to cultural humility and include Native culture in curriculum. It is imperative that nurses provide care to the Native patient post suicide attempt that is culturally sensitive and void of cultural, racial, and behavioral health stigma. Suicide prevention in Native communities must be a priority for current and future research.

Perspectives of Rural, Spanish and English-Speaking Families Affected by Alcohol Use

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Purposes/Aims: The study aims to elicit the perspectives of English-speaking and Spanish-speaking individuals living in rural Oregon who are affected by alcohol use disorder (AUD). These individuals were queried about their experiences with healthcare providers around their alcohol use.

Background: Heavy alcohol use and AUD are prevalent in the U.S., particularly in rural areas. Healthcare providers can effectively address alcohol use problems in many cases, but screening and treatment are not always implemented, while rates of AUD and alcohol-related morbidity and mortality continue to rise. While barriers to effective interventions have been studied on the practice/provider side, little research has been conducted on the patient experience of seeking or receiving help from healthcare professionals for alcohol problems.

Methods: Individuals and their family members affected by alcohol use disorder were recruited through a community agency, The Next Door, Inc., and listening sessions were conducted via Zoom. A Spanish-language session included 10 individuals and an English-language session included 6 individuals. Both groups responded to and discussed the same questions about personal experiences interacting with healthcare providers around alcohol use throughout their lives. Results of the discussion were transcribed and the Spanish session professionally translated, and are currently in the process of qualitative descriptive analysis by the primary investigator and two other nurse scholars in a DNP-PhD collaboration. After independently sorting, coding, and reflecting on the data, the group will meet to discuss findings and elaborate on patterns and themes.

Assessment of Findings: In progress. The group has met once.

Conclusions/Implications: The voice of individuals affected by alcohol use disorder is a necessary part of the conversation for nurses and other healthcare providers who want to provide patient-centered care for this population. Information on what these individuals value, appreciate, or find aversive in healthcare is important to know in order to provide effective care.

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Cultural Adaptation of an Asthma mHealth Tool Using Human Centered Design

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Purpose/Aims: The aim of this study was to culturally adapt an existing asthma mobile health (mHealth) tool from Australia for Native Hawaiians to provide asthma education, asthma management strategies, and access to care.

Rationale/Conceptual Basis/Background: Asthma is the leading cause of chronic respiratory illness among Native Hawaiians living in Hawaii. Approximately 17% of Native Hawaiians report having asthma which is nearly double the rate as all others in the state, 9%. Native Hawaiians with asthma are more likely to live in rural areas, live in poverty, and have poor asthma control, plus the pandemic exacerbated these and other existing health inequities. Lastly, the unique environment of Hawaii, which includes sub-tropical climate, active volcanoes, and VOG (volcanic smog) may contribute to high prevalence of asthma. Development of culturally-tailored health interventions (including images/art, and in language resources) offer avenues for reducing health disparities. Recent work with Aboriginal and Torres Strait Islander peoples identified the positive impact of a culturally-tailored evidence-based asthma mHealth tool (mobile app and webpage).

Methods: Human centered design approach was used to conduct a series of focus groups to culturally adapt the existing Australian based asthma mHealth tool. These focus groups were guided by the theory of planned behavior and cultural safety framework. Participants were Native Hawaiian key stakeholders and participated in three 60-minute focus groups over the course of 6 months. Content analysis was used to analyze the data.

Assessment of Findings/Outcomes Achieved: The content analysis focused on three areas what was good, what was bad, and what else is needed. Health education content was appropriate to the intended audience, and participants recommended minor changes to word choices such as "puffer" to "inhaler", the addition of commonly used Hawaiian words, and to have the narration more of a story versus a lecture. The images used were appropriate in capturing the health education content. Participants recommended that the images be redrawn to capture a Pasifika feel. Lastly, the original tool functionality was easy to navigate and use. The original tool was then adapted to a web-based tool. Participants recommended the advance buttons were not needed if the user could simply click on the card to advance the card deck and that a resource and glossary feature be added.

Conclusions/Implications: These findings have informed the culturally adapted asthma mHealth tool. The tool will be test with the intended audience of Native Hawaiians with asthma including caregivers with children who have asthma.

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Exploring Burnout Solutions: Native Hawaiian and Filipino Physician & NP Focus Groups

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Aims: This qualitative study seeks to explore culturally-appropriate solutions for mitigating burnout by conducting focus groups with Native Hawaiian and Pacific Islander (NHPI) and Filipino physicians and nurse practitioners.

Background: NHPI and Filipino physicians and nurse practitioners face compounded health risks due to the intersection of ethnicity and occupation. In Hawaii, NHPI and Filipinos are among the populations most at risk for cardiometabolic and mental health issues. To address disparities in minority health outcomes, organizations such as the American Medical Association and the American Association of Nurse Practitioners have emphasized the importance of a multicultural workforce, advocating for greater diversity and inclusion in nursing. Research shows that patient satisfaction is higher when there is ethnic concordance between patient and provider, underscoring the vital role NHPI and Filipino physicians and nurse practitioners play in reducing health disparities by delivering culturally competent, patient-centered care to those of similar backgrounds.

The COVID-19 pandemic has intensified burnout among healthcare workers, a condition marked by prolonged physical, psychological, and emotional strain. According to Maslach's theory, burnout manifests through three core dimensions: exhaustion, cynicism, and a reduced sense of personal accomplishment. This syndrome is linked to numerous adverse outcomes, including substance abuse, high turnover, poor-quality care, medical errors, depression, anxiety, and suicidality. Additionally, Leiter's Areas of Work Life theory highlights six organizational factors that influence burnout: workload, control, reward, community, fairness, and values. By examining the interplay between burnout and these workplace factors in NHPI and Filipino physicians and nurse practitioners, this study aims to develop culturally appropriate strategies to enhance well-being and address this multifaceted issue systematically.

Methods: This qualitative study will be conducted in a large health system in Hawaii. Participants, NHPI and Filipino physicians and nurse practitioners, will be recruited through email flyers in October 2024. Four one-hour focus groups will be conducted using a modified-Delphi Method between November and December 2024. Two groups will consist of 6-8 NHPI providers, and two will include 6-8 Filipino providers. Prior to the focus groups, aggregated responses from the health system's physicians and nurse practitioners to the Maslach Burnout Inventory and the Areas of Worklife Scale will be shared with participants. The focus group discussions will begin with participants' reflections on these results and will primarily aim to identify culturally relevant interventions to mitigate burnout and enhance provider wellness. Audio recordings of the sessions will be transcribed, and participant identities will be protected through the use of anonymizing codes. Thematic analysis will be applied to the transcripts to derive key insights.

Assessment of Findings: Focus group sessions are currently in process and findings are forthcoming.

Conclusions: This study aims to collect NHPI and Filipino physician and nurse practitioner community-generated ideas for culturally relevant interventions to address burnout within their occupational communities. The insights gathered will serve as a foundation for future research, with the goal of developing targeted interventions to improve well-being in NHPI and Filipino physicians and nurse practitioners.

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Educational Activity with Lay Midwives in Remote Guatemala about Preeclampsia

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Background: Preeclampsia is the second leading cause of maternal death in Guatemala where the maternal mortality rate (MMR) was highest in Latin America at 115 deaths per 100,000 births in 2017. Part of the problem is lay midwives who attend most births in their country at home are not trained to recognize preeclampsia nor do they have the means to take a blood pressure.

Methods: In a partnership among the Guatemalan Ministry of Health, expert faculty in the University of Utah College of Nursing, and Madre y Nino, a U.S. non-profit organization, 195 lay midwives attended 11 educational sessions about preeclampsia in the remote Peten department. Before the educational sessions, participants answered seven, demographic data questions and took a 26-item pretest about preeclampsia. Lay midwives then participated in an oral educational session about preeclampsia, based on the Home-Based Life Saving Skills curriculum of the American College of Nurse Midwives (ACNM), that included how to take a blood pressure. The educational session was offered in Spanish and translated into indigenous languages for participants who did not speak Spanish. The educational session included culturally appropriate roll plays, storytelling, repetition, return demonstrations, and ample time for lay midwives to practice taking a blood pressure. All participants who were able to demonstrate how to correctly perform 11 items on a checklist about taking a blood pressure were given a blood pressure cuff and stethoscope. Participants also were given a culturally appropriate, laminated reminder card about preeclampsia with drawings of what they learned to reinforce knowledge retention. After the educational session, participants answered five quality improvement questions and took the posttest about preeclampsia.

Results: Nearly 48% of participants were illiterate and had no education. Still, 94% answered all items correctly on the blood pressure checklist, indicating they knew how to correctly take a blood pressure. Only participants who could not see, hear, or use their hands were not able to demonstrate how to correctly take a blood pressure. Participants also showed a significant change in knowledge about preeclampsia when comparing the pretest (N=179, Mean = 16.02, SD= 4.04) to the posttest (M = 21.5, SD = 4.69) t(178)=12.262, p <.001. Most participants were satisfied with the educational sessions, intended to use what they learned, and would not let anything dissuade them from using what they learned.

Conclusion: Results from this study underscore findings from two previous studies that showed low-literacy lay midwives can learn how to correctly take a blood pressure. One pilot in San Raymundo included 11 lay midwives. Another study in the Western Highlands included 48 lay midwives who attended a 14-week, intensive train-the-trainer program. In the current study, even illiterate lay midwives understood how to take a blood pressure, as well as basic concepts about preeclampsia, particularly when taught orally in their native language with methods designed for low-literacy audiences that incorporate cultural humility. Future educational sessions should incorporate the aforementioned methods so Guatemalan lay midwives stand a fighting chance of addressing the MMR in their country.

Wy’east Nursing: American Indian Cultural Safety in Nursing Education

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Purpose: American Indian and Alaska Native (AIAN) nursing students often face unique challenges, such as cultural isolation, financial barriers, and limited representation in both the curriculum and faculty. These factors can lead to feelings of alienation and contribute to lower retention rates. To succeed, AIAN students need culturally safe support systems, including mentorship from AIAN faculty, financial aid, and curricula that honor Indigenous knowledge and perspectives. Wy’east Nursing at Oregon Health & Science University aims to create a culturally safe environment for AIAN students by addressing these challenges. This initiative seeks to disrupt colonial systems perpetuating imbalance and marginalization, fostering resilience and community among AIAN nursing students.

Approach: Wy’east Nursing’s approach dismantles power imbalances and creates a safe, respectful space for Indigenous students. The work of influential Indigenous scholars deeply informs the program. Linda Tuhiwai Smith’s decolonizing methodologies guide Wy’east’s challenge to colonial educational practices, fostering an environment that honors AIAN students’ identities. Taiaiake Alfred’s focus on Indigenous resurgence helps shape the dismantling of hierarchical, Western-dominated nursing frameworks. Shawn Wilson’s relational approach emphasizes community-building and respect, while Margaret Kovach’s emphasis on storytelling and place-based learning ensures that Indigenous methodologies are embedded in the curriculum. These scholars’ contributions guide Wy’east’s culturally safe environment, promoting Indigenous agency, relational worldviews, and respect for diverse cultural narratives. The program reconnects AIAN students with their cultural values and ensures their voices are central to the learning process, empowering them in their educational journey.

Program Structure: The Wy’east Nursing program provides comprehensive support to AIAN students through ongoing mentorship, a three-month pre-entry period to help them prepare for nursing school and financial assistance. The program also offers a culturally grounded curriculum that honors Indigenous knowledge and perspectives. Additionally, Wy’east students have access to a dedicated space on campus, fostering a supportive and inclusive environment. This holistic approach ensures that students are academically and culturally well-prepared, promoting their success and retention in the program.

Outcomes: The Wy’east Pathway has developed a curriculum and support system incorporating AIAN cultural values, histories, and practices. This approach disrupts traditional colonial frameworks in nursing education by promoting critical reflexivity among educators and students, fostering mutual respect, and empowering students through culturally relevant content and support. Preliminary results indicate higher student retention and a greater sense of belonging among AIAN students, highlighting the program’s positive impact.

Conclusion: Wy’east Nursing integrates the work of Linda Tuhiwai Smith, Taiaiake Alfred, Shawn Wilson, and Margaret Kovach to create a culturally safe, decolonizing environment for AIAN students. The program honors Indigenous knowledge systems by dismantling colonial power structures in nursing education while addressing systemic inequities. Wy’east Nursing is a model for decolonization within nursing education, demonstrating how culturally safe environments can promote positive outcomes and empower Indigenous students to thrive.

The Expanded Role of Nursing Practice in Type 2 Diabetes Care in Chiapas, Mexico

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Purpose: Evaluate the impact of a Type 2 Diabetes (T2D) educational intervention on nursing professionals in primary care clinics of Compañeros en Salud (CES), a non-governmental organization (NGO) in rural Chiapas, México.

Background: Type 2 Diabetes (T2D) represents a major global health challenge. In 2022, T2D ranked as the third leading cause of mortality in Mexico, affecting approximately 6% of the indigenous population in Chiapas. The expansion of advanced practice nursing roles within primary care settings is imperative for the prevention and management of T2D, particularly in remote and underserved rural communities. However, the role of advanced practice registered nurses (APRNs) in Mexico has not been fully developed.

Methods: The sample consists of ten nurses employed by Compañeros en Salud (CES) community health centers. We are conducting a mixed-methods evaluation, pre-post educational evaluation, and focus groups with measurements at baseline, six months, and twelve months. The primary outcomes include evaluating changes in the scope of nursing practice and expanding baseline nursing roles in T2D management.

Expected Outcomes: We anticipate that the nurses at Compañeros en Salud (CES) will improve their decision-making and clinical responsibilities. This includes implementing effective strategies for Type 2 Diabetes (T2D) surveillance, prevention, and disease management. Additionally, we expect an increase in nursing autonomy, satisfaction, and overall quality of care.

Conclusion: The World Health Organization (WHO) emphasizes the importance of expanding the role of nurses to enhance healthcare access and improve the care of underserved communities. Research studies like this one can support the dissemination and implementation of these efforts. The management of chronic non-communicable diseases (NCDs) in low and middle-income countries (LMIC) such as T2D requires innovative advances of nursing education and the development of disease and population specific chronic care models. As a result, nursing professionals will be prepared to assume greater professional responsibility and autonomy leading to improved patient care and better health outcomes.

Implementing Intimate Partner Violence Screening in a Rural Primary Care Clinic

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Intimate partner violence (IPV) is a pressing public health concern, particularly in rural areas with limited resources. This quality improvement project assessed the effectiveness of the Extended Hurt, Insult, Threaten, Scream (E-HITS) screening tool in identifying and intervening in IPV cases at a primary care clinic in Eatonville, Washington. Utilizing Lewin’s Change Theory, the project implemented a structured intervention over three months, screening patients during annual physicals or mental health follow-ups. Those with positive screens received community resource cards. The project anticipates an increase in screening rates of IPV and positive feedback from the patients and clinical staff.

Problem: IPV is frequently underreported and inadequately addressed in rural settings due to limited screening protocols and geographic isolation. In Eatonville, the absence of standardized IPV screening emphasizes the need for evidence-based tools to improve identification and intervention.

Background: IPV significantly impacts physical and psychological well-being. Pierce County faces high IPV rates, especially in rural areas where access to resources is challenging. The CDC reports higher IPV-related homicides in rural regions. Despite the prevalence, routine screening remains infrequent. The E-HITS tool, a validated IPV detection method, has shown promise in enhancing patient outcomes when integrated into healthcare practices.

Measurement: Success was gauged by the increase in IPV identification rates post-implementation of the E-HITS tool, including tracking screening completion rates, positive screens, and the distribution of community resource cards. Clinical staff provided feedback through surveys to evaluate the tool’s feasibility and impact.

Design: A quasi-experimental design assessed the E-HITS tool’s effect on IPV identification rates among a convenience sample of patients. The screening protocol was introduced via staff training and integrated into routine care.

Strategy: Following Lewin’s Change Theory, the project progressed through three phases: 1) staff training on the E-HITS tool; 2) integration into clinical workflows; and 3) evaluation through data collection and staff feedback. Positive screens were followed up with resource cards providing information about local services and national hotlines.

Results: The project anticipates a significant increase in IPV screening rates, improving early identification and access to support services. Clinic staff and medical providers are expected to report greater confidence in addressing IPV and increased awareness of its prevalence. Patient feedback may reflect appreciation for the clinic’s proactive approach, though some may feel apprehensive discussing personal issues.

Lessons and Limitations: The project emphasizes the need for training and support in IPV screening. Limitations include reliance on self-reported data, which may lead to underreporting, and challenges in accessing sufficient resources for survivors. The short intervention duration limits long-term sustainability assessment.

Conclusion: The E-HITS tool shows promise for improving IPV detection rates in rural healthcare settings. However, limited community resources hinder comprehensive intervention efforts. Continued investment in IPV resources and education in rural areas is essential for timely and appropriate care. Further research is recommended to evaluate the sustained impact of IPV screening tools on patient outcomes and community health.

Child Fatality Review in Rural Counties: Causes and Prevention Efforts

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Purpose/Aims: The purpose of this project was to analyze data compiled from law enforcement, autopsy records, first responder reports and child protection records over a 5-year period to gain insight into child death issues in a rural county in southwestern Idaho. A comprehensive report was created for the board in an attempt to recognize the cause of and reduce/prevent the number of child deaths in the future. This analysis summarizes five years of data surrounding the cause(s) of death related to basic demographic variables such as age, gender, as well as other significant factors. Additionally, new data collection procedures were implemented to help the team improve alignment with national standards of fatality review.

Rationale/Background: A Child Fatality Review (CFR) team investigates child fatalities in an effort to identify the causes, risk factors and preventability of child deaths within a specific community. Several statewide reports have been published in Idaho, yet there remains a gap in up-to-date information that individual counties can use to allocate resources for public health activities geared towards safety of children. Up-to-date information of child fatality at a county level can assist county officials with decisions regarding use of limited resources. In 2012, A state training grant allowed local county officials to create a partnership with Boise State University to increase the quality and accuracy of the review process. In 2023, Boise State received funding from the CDC to assist the county with Sudden Unexpected Infant Death (SUID) assessment. As this partnership has evolved, collection and tracking of child deaths, not just infants, in the county has improved, leading to a more comprehensive reporting process.

Description: Following approval from the Institutional Review Board, a comprehensive data collection process from multiple sources was initiated and modified as needed. Cases were analyzed from these records for fatalities that occurred from 2018-2022. A report has been created and distributed to select county leaders. This report contains an analysis of data from multiple sources as well as recommendations for reducing/preventing these types of deaths in the future. All recommendations are based on national, evidence-based standards.

Outcomes: With assistance from the county prosecutor's, coroner's office, local police & first responders, the amount and quality of the collected data should lead to a much better understanding of the factors surrounding pediatric fatalities in the county. Public service announcements, press releases, social media posts and training initiatives with local hospitals can be created and refined using the CFR report data. Training for new CFR team members was also identified as an impeding issue to team process. This training is scheduled for February of 2025.

Conclusions: This project has played an important role in helping to understand the occurrence of child fatalities at the county level. Accurate, up-to-date data increases the CFR board's ability to target limited public health resources appropriately, such as public service announcements or programs in local schools, as well as to promote legislative policy changes. Both are vital to decreasing preventable child deaths in the community.

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The Rural Community Participatory Design Framework: Meaningful Research Partnership

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Purpose: Healthcare facilities in rural and frontier areas are shuttering at record rates (as high as 76% in Hawaii, and 30% in Montana) due to financial woes, an aging population, and absent or overextended service lines. The communities which are served by these rescue hospitals, federally qualified health centers, and clinics are being approached by research teams to observe rurality as a culture as a means of supporting new innovative ideas in care delivery or improving outcomes. However, research teams may not consider the physical, technological, and organizational infrastructure requirements demanded by additional research-based activities and how these activities should tangent to a community's definition of health and observable patterns of health seeking behaviors. The purpose of developing the Rural Community Participatory Design Framework was to guide researchers to meaningful, sustainable co-design and partnership when engaging with rural or frontier populations.

Description of Framework: The framework was developed to address a knowledge-based gap among interdisciplinary research teams when navigating engagement with rural and frontier communities. Outsider or unfamiliar teams seeking to invent or design new technologies, aspects of the care delivery environments, or workflows may struggle to gain entree to communities or develop the necessary cultural humility for effective partnership. A subject matter expert was consulted on design team and rural nursing interactions. Theory derivation was conducted with the Theory of Built Environment and Rural Nursing Theory to explain and predict periods of vulnerability in establishing or maintaining meaningful engagement, which was then visualized as the current framework. Member checking with outside researchers and experts then supported refinement prior to testing the framework with a pilot rural, northeastern Montana community.

Connection to Research: The framework's initial testing with the rural Montana community centered on a mixed methods approach of environmental critical access hospital assessment and community co-design to ideate augmentations to the hospital built environment that would enhance both patient and provider satisfaction with wellness-centered care/care delivery. Use of the framework connected rurality concepts such as *isolation*, *familiarity*, *insider/outsider*, and *networks* to common design project phases including *ideation*, *alignment*, *construction*, and *transition*. Through the foundation of the framework, the research team garnered insights via qualitative community interviews, established a community advisory board, and hosted 'Lunch and Learns' for the hospital staff to amplify community awareness to the importance of the built environment and establishing a design mindset to healthcare-related problem solving. The team also completed a secondary analysis of the most recent Community Health Needs Assessment to validate environmental assessment and community feedback with the larger county resident responses. The hospital agreed to an additional partnership year with the research team to execute the design ideas identified, which includes virtual skylights and virtual windows to mimic natural lighting. This evidence-based design integration will support mood and sleep regulation, circadian rhythm of staff/patients, and enhance ambulation safety in corridors.

Conclusion: The Rural Community Participatory Design Framework is a scalable, generalizable guide to aid in the translation of community needs to design and research teams with the objective of meaningful design.

Funding: Center for American Indian and Rural Health Equity (NIH)

Trauma Care in Rural Communities: Outcomes Based on Initial Receiving Facility,

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Purpose: The purpose of this project is to conduct a descriptive retrospective analysis of quality care indicators of trauma care in rural communities between physician and advanced practice providers.

Objectives: Is there a difference in care metrics for patients who receive their initial trauma resuscitation in Community Trauma Facilities, Trauma Receiving Facilities, or non-designated centers based on provider type (Physician, Nurse Practitioner, Physician Assistant).

Project Description: Montana is the fourth largest state, and according to the 2020 census, 44% of Montana residents live in a rural community. There are 11 general acute care hospitals and 49 critical access hospitals. Montana is divided into three trauma regions (Western, Central, and Eastern. Throughout the state, there are four regional trauma centers (RTC), four area trauma hospitals (ATH), 12 community trauma facilities (CTF), 23 Trauma receiving facilities (TRF), and 22 non-designated centers (NDC).

In rural communities, the initial provider is less likely to be a physician, and the presence of a surgeon is even less likely. Advance Practice Providers (APPs) often perform initial care and stabilization, including Nurse Practitioners and Physician Assistants. It is important to understand if there is a difference in the quality for initial trauma care depending on the type of provider.

Project Design/Research Methodology: This is a descriptive retrospective design using state trauma registry data to examine differences in care between Advanced Practice Providers (APP) and Physicians in small rural facilities. Is there a difference in emergency department dwell times, is there a difference in time to decide to transfer, is there a difference in admissions and transfers when controlling for the injury severity score (ISS), is there a difference in 30-day mortality. Data will be collected, and a descriptive analysis will be conducted. Examining differences between APP and Physicians will be conducted using a t-test for continuous variables and chi squared for categorical variables.

Expected Outcomes/Impact: Between January 2020 and December 2022, there were more than 6,000 trauma activations which originated in rural Montana facilities which are designated as low resource facilities (CTF, RTC, and NDC). The expected outcome of this project is there is no difference in care indicators or transfer times between Physicians and APPs. When accounting for the injury severity, measured by the injury severity index (ISS), there is no difference in mortality between the two groups of providers.

Description of Relevance to NPs: Many of the rural and frontier critical access hospitals in Montana utilize APPs to provide the initial resuscitation for victims of trauma. This project is important to demonstrate the quality of care provided in rural communities.

Redesigning the Nursing Student Care Plan to Foster Clinical Judgment

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Purpose: The purpose of this project is to introduce the revised nursing student care plan.
Background: In nursing practice clinical judgment reflects the student's ability to think critically, employ the nursing process, and draw inferences that facilitate prioritization in patient care. Clinical judgment depends on both empirical knowledge and clinical expertise. While empirical knowledge is introduced in lectures, student nurses begin to gain expertise in practice through the mentorship of clinical instructors. Therefore, the effectiveness of the translation of empirical knowledge into clinical practice depends on consistent communication between academia, and clinical instructors; it is reflected in the nursing student's clinical judgment when prioritizing patient-centered care. Program expansion, or changes in personnel can lead to a breakdown in communication across the various links that support nursing students' cultivation of clinical judgment. Evaluation of clinical judgment in clinical practice revealed that nursing students required scaffolding with interpretation and integration of multiple-point patient data, prioritization, and communication of patient's needs. To improve clinical judgment, we revised and piloted the nursing student care plan—a tool used by students for patient data collection and nursing activities in clinical practice. We modeled the nursing student care plan after the National Council of State Boards of Nursing model of clinical judgment.
Methods: The nursing student care plan was created in collaboration with clinical instructors, students, and nursing faculty, who identified areas for improving clinical judgment. We expanded on the existing nursing student care plan. The existing tool guided the student to gather information on patient's history, referrals or consultations, physical and social assessment, diagnostics including laboratory data, as well as interventions such as physician orders and medications. In preparation for patient care, students were required to document, in the care plan, information concerning the patient's existing status and concerns as well as any changes that arose while caring for their patient on their clinical day. The new tool asks students to recognize and analyze cues in the same domains and adds an interpretation component with the goal of prioritizing hypotheses. Additionally, we changed the communication handoff to include the Situation Background Assessment and Recommendations format as the evidenced-based methodology for communicating patient information between providers.
Discussion: We implemented the revised nursing student care plan in September of 2024. As clinical judgment is a cognitive skill that improves over time, we will continue to monitor and improve the nursing student care plan through feedback. Plans are in place to evolve the nursing student care plan to include other nursing specialties. In aligning pedagogical and clinical practice we hope to improve students' clinical judgment and prepare them for the emerging challenges of clinical practice.
Conclusion: Our project aligns pedagogical processes with those of clinical practice to aid nursing students in cultivating clinical judgment. The revised care plan introduces changes to nursing students' process for collecting, interpreting, prioritizing, and reporting data. We expect to see improvement of clinical judgment in practice as indicated by clinical instructor and student evaluations over the course of the nursing program.

Navigating Academic Support: A Thematic Analysis of CCNE Standard II-C

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As the nursing profession confronts critical workforce shortages, academic support services play a key role in retaining students, ensuring they graduate and succeed in practice. This ongoing study explores how U.S. nursing programs define and implement academic support services in response to Commission on Collegiate Nursing Education (CCNE) Standard II-C, which requires that such services meet student needs and be regularly evaluated. Early findings from the literature consistently emphasizes the importance of mentorship, remediation, and tailored academic interventions in improving student retention and success. However, there remains no standardized framework guiding the implementation of these services, resulting in considerable variability across institutions. This wide range of approaches make it difficult to define best practices.

A qualitative thematic analysis of CCNE accreditation documents from 2019-2022 is underway to identify how nursing programs describe and evaluate their academic support services. We anticipate that this analysis will uncover key themes, including how different types of programs (e.g., undergraduate vs. graduate) and regions approach student support. We hope to find that certain academic support services are more closely tied to improved student outcomes, offering a foundation for standardizing these services. The preliminary literature findings will be visually presented on the poster alongside thematic maps and initial patterns from the document analysis, illustrating the variability in academic support services. By aligning the findings with the theme "*Redesigning Nursing for New Frontiers in Health,"* this research will suggest ways to standardize academic support to better meet student needs, improve retention, and maintain a steady flow of nursing graduates to help address the growing nursing shortage.

The hope is that the data will inform policy and provide evidence for a new framework that nursing programs can adopt, creating a more consistent and effective approach to academic support. These findings are critical for redesigning nursing education to ensure that students are adequately prepared for the demands of modern healthcare.

Evaluating the Evaluation: Improving Quality of Data on Clinical Competency

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Purposes/Aims: This project aimed to improve methods identifying students who need extra support and enhance the feedback students receive on clinical performance.

Rationale/Background: The 2021 American Association of Colleges of Nursing standards focus on clinical judgment and skills essential to the first year of practice. Academic nurse educators lack valid and reliable tools to assess student performance in clinical settings. In 2022, we implemented a clinical evaluation form based on the Creighton Competency Evaluation Instrument® to objectively measure student competency in the clinical environment. The goal was early and accurate identification of students who need additional support to be successful in the clinical setting. This form not only aimed to provide an objective measure of student competency but also was the primary way students received feedback on their clinical performance.

The quantitative metrics used to evaluate clinical performance were confusing to both faculty and students, which often resulted in inaccurate data. Evaluation of the form demonstrated that data did not accurately reflect student competency or provide useful feedback to students. The options provided for overall evaluation of student competency were too dichotomous, and faculty would avoid marking students as “not progressing” in the clinical setting despite communicating concerns about the competency of those students. Faculty also felt the form was too long and unwieldy, which prevented them from providing students with personalized feedback. Students did not perceive the feedback from the form to be valuable to their learning.

Approach: Within the context of Plan-Do-Study-Act, we are evaluating a new form for collection of data on clinical competency for pre-licensure nursing students. We adapted the original clinical evaluation form to encourage constructive feedback for students and improve the accuracy of data on student competency. The new form aimed to address identified issues by: 1) shortening the form to reduce faculty workload and allow for provision of more meaningful feedback, 2) revising options for overall evaluation of student competency to transition from a pass/fail mindset to focus on identification of support needs, and 3) adjusting form verbiage to encourage more personalized, detailed comments.

Methods: This new clinical evaluation form was implemented in summer of 2024. Data collection and analysis are ongoing. This is a descriptive secondary data analysis of de-identified weekly clinical evaluation data. We are exploring if students who needed more support were identified prior to failure as well as analyzing the quality of the feedback students received.

Results: The sample consists of pre-licensure nursing students from seven cohorts across two different semesters from a small liberal arts college in the Pacific Northwest. Data collection and analysis are ongoing.

Conclusions: Results from this project will 1) assess the effectiveness of the new form and 2) inform the evaluation of clinical judgment and skills of nursing students.

Human Papillomavirus Screening at a Private University Health Center

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Background: Human Papillomavirus (HPV) is a sexually transmitted infection linked to various cancers and genital warts. College students face risk due to increased sexual activity and limited healthcare engagement, compounded by a lack of knowledge about the importance of vaccination and screening. Barriers such as financial constraints, cultural stigmas, and limited healthcare access prevent many young adults from vaccination.

Purpose: The purpose of this project is to establish an HPV screening initiative at a private university healthcare center, to address HPV-related risks among college students. The initiative will raise awareness about HPV prevalence and dangers, increasing vaccination rates, and improving screening. Through comprehensive education, promotion of preventive care behaviors, and identification of barriers to vaccination and screening services, the project will empower students to take control of their sexual health.

Methods: A quasi-experimental design with convenience sampling is used to gather data on vaccination status, demographic information, and HPV vaccination knowledge from voluntarily participating students aged 18-44 years by using the THinK screening tool with an adapted questionnaire. Descriptive statistics will summarize the findings, while comparative analyses using SPSS will examine vaccination rates and health behaviors across student subgroups. Healthcare providers and staff participated in training sessions on HPV risks, vaccinations, and strategies for student engagement prior to data collection.

Outcomes: Data collection and analysis will conclude by January 2025. There are an anticipated 200 participants.

Implications: This project emphasizes the critical role of preventive healthcare and evidence-based practices in reducing HPV-related morbidity and mortality. By addressing barriers to vaccination and screening, it aims to enhance student health and inform future strategies for expanding HPV care. Additionally, it highlights the vital contributions of advanced practice nurses in education, research, and policy advocacy, fostering a culture of prevention while advancing public health initiatives.

Effect of a Maternal Newborn Immersion Program on Nursing Student Learning

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Purpose: The purpose of this study was to explore the effects of a multi-modal maternal and newborn nursing education immersion program ("program") on student knowledge and perceived satisfaction and self-confidence in learning. This specific content area was selected due to student-reported gaps in knowledge which was supported by poorer standardized assessment outcomes on maternal and newborn content.

Rationale: The American Association of Colleges of Nursing encourages schools to adopt a learner-centric, competency-based approach to nursing education. This is transforming contemporary nursing education and requires innovative teaching and learning strategies.

Methods: Participants included pre-licensure students in an Accelerated Bachelor of Science in Nursing (ABSN) program at a small, liberal arts university in the Pacific Northwest. During their third semester, students completed an intensive two-day program of maternal and newborn nursing content consisting of didactic, clinical skills, and screen-based simulation experiences focusing on care in the antepartum, intrapartum, postpartum, and neonatal periods. Techniques used to enhance learner engagement included rich media such as videos and NCLEX-RN-style quiz questions, gamification, and an unfolding case study. Following completion of the immersion program, students were invited to participate in this study. After obtaining consent, participants anonymously completed a survey containing an adaptation of the National League for Nursing's Student Satisfaction and Self-Confidence in Learning instrument along with demographic information. Students were also asked to rate their perceived knowledge of maternal and newborn content pre- and post-program. Secondary data consisting of de-identified standardized assessment scores were also analyzed. These assessments were completed by all students as part of the standard ABSN curriculum. Ethical approval was obtained from the University.

Findings: Thirty-three participants completed the survey. Of the participants, 30 self-identified as women (90.9%) and three as men (9.1%) with an average age of 29.82 years (5.61). Participants reported high satisfaction (M = 4.49, SD = .79) and self-confidence (M = 4.27, SD = .72) in their learning after completing the program. A paired-samples t-test showed that participants' perceived knowledge regarding maternal and newborn content significantly increased from pre-program (M = 2.13, SD = .83) to post-program (M = 3.28, SD .58, t = -9.66, p <.001). Additionally, assessment scores for all enrolled students were analyzed. Students who completed the program (n = 32) scored significantly higher on standardized maternal and newborn assessments (M = 60.78, SD = 10.13, t = -2.91, p = .002) than students who did not complete the program (n = 46, M = 53.18, SD = 12.90).

Conclusions: These results suggest that an intensive, immersion-like education program may serve as an effective strategy to facilitate integration of competency-based approaches in pre-licensure nursing curricula. Future research should evaluate the effectiveness of similar programs in other content areas.

Assessing the Opioid Overdose Training Program for Staff in One WA School District

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This program evaluation investigates education program methods and effectiveness in the Bellevue School District (BSD) for unlicensed assistive personnel (UAP) administering naloxone in response to BSD procedure 3418P. This procedure states that naloxone may be administered when a nurse or a trained staff member has reasonable evidence that an unresponsive person has experienced an opioid overdose. Since implementation in 2020, a formal program evaluation has not been conducted. This program evaluation will assess the current training program and offer recommendations for improvements based on outcomes and guidelines from the National Association of School Nurses (NASN), the Office of Superintendent of Public Instruction (OSPI), and the Substance Abuse and Mental Health Service Administration (SAMHSA).

Both nationally and locally, drug overdoses are increasing, and opioids are involved in over 75% of drug-related overdoses. In Washington state, rates of opioid fatalities for 14- to 18-year-olds nearly tripled between 2016 and 2022. Washington State law S.B. 5804, signed in 2024, states that all public schools in Washington state should stock the opioid reversal medication naloxone. In support of this legislation, the OSPI has recommended opioid overdose recognition and reversal training by school nurses to UAP. The current state of the opioid epidemic, its impact on young people, and updated state legislation require that opioid reversal training in public schools receive increased attention as a critical harm reduction strategy.

Following the Centers for Disease Control and Prevention’s (CDC) Framework for evaluation in public health, the program evaluation will engage BSD stakeholders, describe the current program, gather credible evidence, and share lessons learned. Appreciative Inquiry is the guiding philosophical framework, which is a strengths-based approach to assessing programs and organizations.

Semi-structured interviews are being conducted with nurses who train UAP to recognize and respond to opioid overdose events. Trained UAP will be given surveys to assess their knowledge of opioid overdose recognition and reversal, satisfaction with training, and confidence responding to an overdose event. Thematic data analysis will be used to analyze the results of semi-structured interviews with individual school nurses to reveal each of their training methods. Survey results, including an opioid overdose recognition and reversal knowledge score and ordinal data on satisfaction and confidence extracted from Likert scales, will determine the training’s efficacy.

Findings will be communicated to BSD school nurses, the Director of Special Education, and the Health Services coordinator to promote transparency around current practices and reveal the efficacy of these trainings. The program evaluation results will also be used to share best practices across the district and align training with national guidelines and current recommendations from the extant literature. Data may reveal that more training or greater standardization of training is needed to meet the program’s original goals, support school nurses, and ensure that trained UAP have the confidence to appropriately respond to opioid overdose emergencies. In summary, this program evaluation seeks to contribute to a more robust nurse-led and community-based response to the opioid epidemic.

Integrating Planetary Health into a Prelicensure Nursing EBP Course

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Purpose/Aims: The purpose of this educational project was to integrate planetary health concepts into a prelicensure nursing Evidence-Based Practice (EBP) course. The goal was to increase nursing students' awareness of the impacts of climate change and environmental degradation on global health, while fostering their ability to strategize evidence-based initiatives that address these issues in nursing practice.

Background: Nurses are leaders in addressing planetary health. Global climate changes (e.g., extreme weather events, wildfires, rising sea levels) threaten human health, particularly affecting vulnerable populations, including communities of color and economically disadvantaged groups. Ecosystem changes have been linked to adverse health outcomes and fatalities, creating a public health emergency. Nursing curricula lacks integration of applicable planetary health concepts despite the nursing profession's recognition of its importance. By embedding planetary health into nursing education, students will gain knowledge and tools to mitigate climate change impacts within their future nursing roles.

Methods: The Planetary Health Education Framework (PHEF) and its five integrated domains (Interconnection within Nature; the Anthropocene and Health; Equity and Social Justice; Systems Thinking & Complexity; and Movement Building & Systems Change) were used to guide this project. Didactic content on drivers of climate change and their health impacts was integrated into a prelicensure nursing EBP course. Students participated in small group discussions following a PowerPoint presentation on planetary health concepts. Students used a graphic organizer adapted from the National Institute of Environmental Health Sciences to connect climate change exposure pathways to their assigned EBP problems. This included considering climate drivers, environmental hazards, health outcomes, vulnerable populations, and clinical implications.

The summative evaluation required students to complete the EBP process using an adapted version of the Johns Hopkins Nursing EBP Model: Ask, Access, Assess, Appraise, and Apply. Students then translated evidence into proposed practice changes, offering rationale for how these changes could impact planetary health.

Findings: Initial assessments of the students' work demonstrated increased understanding of the intersection between climate change and health. Many students identified innovative strategies to integrate planetary health concepts into clinical practice, including recommendations for reducing healthcare institutions' environmental footprints (e.g., waste reduction, energy conservation, promoting sustainable practices). Some common themes identified were a focus on reducing carbon emissions in healthcare and personal settings, promoting sustainable supply chain management, and addressing health equity in climate-vulnerable populations. Students also demonstrated competence in applying the EBP process to climate-related health problems and connecting these issues to nursing practice.

Conclusion: This project highlights the effectiveness of integrating planetary health concepts into nursing education. Students were able to identify and propose actionable, evidence-based strategies that align with both nursing practice and environmental sustainability. Moving forward, embedding planetary health into nursing curricula will be crucial in preparing future nurses to address the health impacts of climate change, equipping them with the tools necessary to lead change in healthcare institutions and contribute to a healthier planet. Further research is needed to evaluate the long-term retention of planetary health concepts and the impact on nursing practice.

High Fidelity Simulation in Pre-Licensure Nursing Education Programs

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Aim: The objectives are to evaluate the effectiveness of high-fidelity simulation in pre-licensure nursing programs as it relates to the knowledge, skills, and confidence of student nurses.

Background: Among efforts to improve the quality of pre-licensure education in nursing programs are initiatives based around high-fidelity simulation. The focus on the confidence of student nurses remains limited in the literature. Nurses' confidence in practice settings is quintessential for quality patient care and therapeutic use of self.

Methods: Articles published between 2014-2024 that used Randomized Control Trials and Quasi-Experimental studies on High Fidelity simulation were searched. The databases searched were EBSCOhost**,** Google Scholar, ProQuest, Medline, and CINAHL (Cumulative Index to Nursing and Allied Health Literature).

Results: A total of six articles were included. 301 participants in the experimental groups and 300 in the control groups. The experimental groups exposed to simulation training scored better than the control groups that had only traditional training related to skills, knowledge, and confidence. Using Cochrane RevMan 5.4 on test for overall effect, Z=5.52 (P<0.00001) with 95% CI 0.96 to 2.0. Std Mean difference and random effect at Z=3.18 (P<0.001) with 95% CI 2.91 to 12.29. No risk for bias was detected in either group as evidenced by a test on homogeneity with a Chi-Square of 143.53, df = 5(p < 0.00001).

Conclusions: This review signifies the importance of High-Fidelity simulations in pre-licensure nursing programs. Simulations improve the skills, knowledge, and confidence of student nurses before assuming caring roles in various settings. Confidence is essential for new nurses to provide competent patient-centered care with a demonstration of professionalism.

Relevance to Clinical Practice: The use of high-fidelity simulations in pre-licensure nursing programs improves student nurses' skills, knowledge, and confidence essential for quality patient care in practice settings.

What does this paper contribute to the wider global clinical community?

- Improved clinical reasoning skills essential for quality patient care
- Practical and demonstratively effective way to inculcate confidence and knowledge among new nurses
- Consistency with High-Fidelity simulations can reduce time students spend in the traditional clinical rotations

Keywords: Simulation, High-Fidelity, Pre-licensure Nursing program, Randomized Control Trials, Quasi-Experimental design, Systematic review

Cinematherapy: Redesigning Nursing Education for New Frontiers in Health

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Purposes/Aims: This project aims to assess the willingness of Doctor of Nursing Education (DNE) students to incorporate cinematherapy into their teaching of sensitive topics, with the goal of building resilience among nursing students and preparing them for the evolving challenges in healthcare.

Rationale/Background: As the healthcare landscape continues to evolve, nursing educators must equip students with the emotional resilience needed to navigate new frontiers in health. Cinematherapy, the use of films as therapeutic tools, offers an innovative method for introducing and discussing difficult topics in a controlled and guided environment. Understanding the willingness of future doctorly-prepared nurse educators to adopt this approach is essential for its potential integration into nursing education.

Brief Description of the Undertaking/Best Practice:

- **Approach:** The project presented two different lesson plans, one using a documentary and one using a scripted film, to evaluate the perceptions and willingness of DNE students to use films in teaching sensitive topics.
- **Methods:** DNE students were surveyed to gather their perceptions and willingness to incorporate cinematherapy into their curriculum. The survey included questions about their familiarity with cinematherapy, perceived benefits, and potential challenges of using this method in educational settings.
- **Assessment:** The willingness of DNE students to adopt cinematherapy was assessed through their survey responses, focusing on their interest, perceived effectiveness, and readiness to implement this approach in their teaching practices.

Assessment of Findings/Outcomes Achieved: The survey results revealed a high level of interest and willingness among DNE students to integrate cinematherapy into their teaching practices. Many respondents recognized the potential benefits of using films to prepare nursing students for emotionally challenging situations and expressed a readiness to explore this innovative approach.

Conclusions: Cinematherapy is viewed positively by DNE students as a tool for building resilience in nursing education. The willingness of these future educators to adopt cinematherapy suggests that it could be effectively integrated into nursing curricula to enhance students' emotional preparedness for the new frontiers in health.

Next Steps and Recommendations:

- **Organizational Policy:** Encourage nursing education programs to consider incorporating cinematherapy as a standard practice for teaching sensitive topics, aligning with the theme of redesigning nursing education.
- **Clinical or Educational Practices:** Develop training modules for DNE students and current educators on how to effectively use cinematherapy in their courses.
- **Future Research:** Conduct further studies to explore the long-term impacts of cinematherapy on nursing students' resilience and professional development. Investigate the feasibility and effectiveness of implementing cinematherapy across diverse educational settings.

Growing Leaders: Participatory Research with Prelicensure Nursing Students

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Problem: The need for evidence-based approaches in community and public health nursing is crucial for promoting health equity and fostering sustainable health improvements. Traditional nursing curricula often emphasize theoretical concepts without sufficient opportunities for students to apply these concepts in real-world community settings. This limits their ability to engage with complex public health challenges and develop practical solutions that address intergenerational health concerns.

Context: The Master's Entry Program in Nursing (MEPN) at a large academic School of Nursing aligns with the university's Strategic Plan and Inclusive Excellence framework, promoting inclusive, evidence-based research that addresses the diverse health needs of local populations. A curricular redesign was implemented to bridge the gap between theory and practice, particularly in community and public health settings.

Intervention: The Research Methods and Evaluation course was revamped to foster collaboration between students and local communities, focusing on the theme of "Intergenerational Thriving." This fall, students will work in teams within a "think tank" setting to conduct literature reviews, identify problem statements, analyze root causes, and develop research proposals aiming to address public health challenges. The emphasis focuses on transforming research into actionable change, rather than solely understanding theoretical models. This collaborative approach mirrors real-world problem-solving environments found in public health and hospital settings.

Study of the Intervention: Students will select sub-populations identified within the community and, under faculty guidance, engage in critical analysis and peer feedback to refine their research proposals. At the end of the quarter, students will present project proposals at a community poster presentation, where local residents from a university residential community will choose projects for further development and potential implementation. Students will also have the opportunity to continue their work in a subsequent leadership course, allowing for ongoing research and implementation efforts.

Outcomes: This course structure enables students to work in a community setting earlier in their academic program, fostering practical research skills, leadership, and a deep understanding of public health challenges. The collaborative poster presentation model aims to empower local community members to engage with the research and select proposals that align with their needs. Through this, students gain hands-on experience in translating research into practical interventions, while contributing to the creation of a healthier community.

Discussion: This curricular innovation aligns with the school's commitment to inclusive excellence and promoting social health equity. By embedding community engagement and research application early in nursing education, the program fosters leadership and quality improvement in healthcare. The process demonstrates that nursing education can not only impart theoretical knowledge but also creates measurable community impact through evidence-based practice. The long-term aim is to refine this model further and continue to use it as a foundation for advancing nursing research, promoting health equity, and improving the quality of care in diverse populations.

Reimagining STI Self Screening for University Students

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Purpose/Aims: Student health centers (SHCs) serve a population with the highest incidence of chlamydia and gonorrhea. However, not all SHCs offer services in line with evidence-based practice recommendations and as a result, do not provide appropriate screening and prevention. This pre/post practice change quality improvement project aimed to evaluate the impact of implementing a new questionnaire on individual sexual practices and targeted screening recommendations on the rates of proper STI screening and identification of chlamydia and gonorrhea among college students.

Rationale/Background: The incidence rates of chlamydia and gonorrhea in the U.S. are highest in people ages 18-34. Infections are often asymptomatic but can be transmitted between individuals and cause long term health complications for those who go untreated. STI screening is a valuable tool in finding asymptomatic infections. Many college students utilize their SHC for primary care services including STI screenings. Due to low literacy around sexual health in this age group, patients rely on information and services provided by SHCs to direct their care. Despite these circumstances, many SHCs are not providing services that align with evidence-based recommendations. An example of this is failure to provide extra-genital screening options or education regarding extra-genital STI infections. A rapid critical appraisal of the available literature revealed not only the importance of extra-genital screenings, but also that education around STI screening recommendations based on individual sexual practices increase the utilization of appropriate STI screening.

Approach/Methods: Guided by the Johns Hopkins Evidence-Based Practice Model framework, a questionnaire was implemented into a university STI self screen portal that asks patients about their individual sexual practices. Once the questionnaire is completed, the portal will generate a list of STI screening orders based on the information shared. The list of recommended screenings would also contain brief blurbs designed to deliver easily digestible education on STIs and related sexual health topics. Rates of extra-genital screening ordered through the STI self screening portal and rates of positive infections will be compared pre and post implementation of the questionnaire. Data will be collected over one academic quarter and compared to data from the same quarter in the previous academic year.

Assessment/Outcomes: Data will be collected during Winter quarter, 2025 and compared to data from Winter, 2024. Data collection and analysis will be complete in March, 2025.

Conclusion: Will be discussed at the conference in April

Keywords: Student Health Services, Student Health, University Health, College Health, Sexually Transmitted Diseases, Epidemiology, Prevention and Control, Chlamydia, Gonorrhea, Screening

Developing Lay Trust in Student First Responders: A Mass Casualty Simulation

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Background: Trust is essential in emergency healthcare settings, significantly influencing patient-provider interactions and compliance. This study addresses the role of interdisciplinary mass casualty simulations in fostering trust between the public and healthcare responders.
Aim: To explore how volunteer student patient actors perceive trust-building behaviors exhibited by nursing and emergency medical technician students during large-scale trauma simulations.
Design: A qualitative, descriptive, serial, cross-sectional trend design.
Setting: Conducted at a private university campus in the Mountain West region of the United States.
Participants: Volunteer student patient actors.
Methods: Data were collected through open-ended reflective feedback from participants post-simulation, and thematic analysis was used to interpret the responses.
Results: Participants reported increased trust in healthcare professionals due to positive interactions, a comforting presence, and tailored patient care.
Conclusions: This study highlights the potential of mass casualty simulations to cultivate public trust in student healthcare responders. Findings support the integration of realistic simulations in healthcare education, advocating for the role of experiential learning in bridging the gap between medical and non-medical communities and promoting public trust in emergency response capabilities.

Funding: Myrtie Fulton Endowment Award from Brigham Young University

Learning to Switch between Nurse and Non-Nurse Roles

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Introduction: Nursing students often navigate challenging role transitions between their professional nursing identity and their personal lives. These micro-transitions can significantly impact their well-being and professional development. This study explores how these daily shifts between nursing and non-nursing roles affect nursing students and highlights the importance of mindfulness and support systems to foster resilience and compassion.

Purpose: The purpose of this study is to explore the experiences of undergraduate nursing students as they navigate daily micro-transitions between their nursing roles and personal lives, aiming to understand how they develop and sustain their professional identity while maintaining personal well-being.

Background: Managing transitions between work and personal life can be challenging, especially for nursing students who are learning to balance a demanding professional role with personal obligations. As they transition in and out of "nurse mode," students encounter opportunities for personal growth but may also experience stress and identity conflicts. This study emphasizes the need for educational strategies that promote mindfulness and support during these transitions.

Design: This research employs a qualitative, cross-sectional interpretive phenomenological approach, drawing on hermeneutics to explore the lived experiences of nursing students as they navigate role micro-transitions.

Methods:

- **Setting**: The study involved undergraduate nursing students from various institutions.
- **Sample**: Seventeen nursing students participated.
- **Data Collection**: Semi-structured, audiovisual-recorded interviews were conducted online until data saturation was reached.
- **Data Analysis**: Structural narrative analysis techniques and the hermeneutic circle were applied to identify recurring themes and patterns within the students' experiences.

Results:

Three primary themes emerged from the data:

1. Discovering Nurse Mode: Students described the process of recognizing when they needed to adopt their professional role and the associated behaviors and attitudes.

2. Practicing Mindfully: Students highlighted the benefits of mindfulness in managing the stress of transitions, helping them remain present in both professional and personal contexts.

3. Learning the Role of the Nurse: Students reflected on how they navigated their evolving identity as nurses, balancing professional responsibilities with their personal lives.

Nursing Implications: Supporting nursing students in managing role micro-transitions is essential for their development. Educators can implement strategies that foster mindfulness and self-awareness, helping students develop resilience and an adaptable professional identity. Enhanced support systems may improve students' quality of life and, in turn, their clinical practice.

Conclusion: This study underscores the challenges nursing students face in managing daily role transitions and highlights the importance of targeted support and educational interventions. By addressing these needs, nursing programs can better prepare students to navigate their professional roles while maintaining a balanced and fulfilling personal life.

Funding: Myrtie Fulton Endowment Award at Brigham Young University

Explaining Nursing Student’s Stress: The Self-Trust and Learning Patience Theory

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Purpose: The Self-Trust and Learning Patience Theory (STLP) was developed to dissect a potential root cause of academic stress in nursing students.

Description: Nursing students experience extreme stress, whether from grueling curriculum or balancing their everyday lives. They usually lack time for self-care activities. High-stress levels can impair cognitive function, attention, and memory retrieval, leading to difficulties concentrating, processing information, and retaining new knowledge. Learning is a complex process that involves time and repeated exposure to information. However, due to the quick nature of nursing programs and intense curriculum, students learn new content weekly, negatively impacting patience in learning. The STLP was developed to understand this phenomenon. Self-Trust is a concept derived from psychology that encompasses self-acceptance, competence regarding control, judgment, adaptability, and vulnerability. When students’ self-trust improves, their thought processes, actions, and belief in themselves reduce their stress levels. The Patience in Learning concept, derived from education, focus on learning and growth and accept potential mistakes and setbacks. Patience in Learning enhances student motivation and engagement, improves academic performance, learning outcomes, and social skills, and reduces stress. Self-trust can reduce stress by promoting confidence and resilience. When nursing students trust their knowledge, skills, and abilities, they are less likely to second-guess their decisions. This, in turn, lessens anxiety and stress about making mistakes, improving problem-solving skills. Patience in learning reduces stress by encouraging a kind and compassionate approach to learning new information. When nursing students accept that learning is a continuous process that takes time, the sense of urgency to achieve instant success is lessened, decreasing stress in the learning process. Patience in learning can lead to increased resilience, which promotes calmness and reminds students that it takes time and effort to achieve mastery.

Logic Linking Theory to Practice or Research: Stress among pre-licensure nursing students is a known problem. However, there is a dearth of published literature regarding this specific population. In practice, the STLP can be used to shift the negative connotations of nursing school to positive experiences. Integrating this theory into nursing school curricula could reduce attrition and improve NCLEX pass rates. Additionally, nursing students can use their high self-trust and patience in learning to become resilient new graduate nurses and provide meaningful care to their patients. The STLP can be used as a framework for research examining meditation interventions to reduce stress. Meditation trains the mind to observe current thoughts and feelings without casting judgment. This present-moment awareness builds self-trust and resilience. Meditation fosters patience in learning by acknowledging the wandering mind during meditation sessions, accepting the path, and bringing the mind back to the present moment without anger or frustration.

Conclusion: Nursing students experience stress due to academic demands, patient care responsibilities, and interactions with nursing staff and faculty. The STLP was developed using Walker and Avant’s theory derivation approach using concepts from psychology and education. Building self-trust and patience in learning reduces stress in nursing students by shifting the focus from fear of failure to positive learning experiences.

Overdose Watch: Educate, Prevent, & Respond

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Aim: The initiative Overdose Watch: Educate, Prevent, & Respond aims to raise awareness about opioid overdoses, reduce stigmas associated with opioid use disorder (OUD), improve readiness for naloxone (Narcan) administration among University of the Pacific ELMSN students, and increase Narcan accessibility on campus.

Background: While the University of the Pacific ELMSN program focuses on preparing nurses to provide safe and equitable care that improves the health outcomes of communities, it has not yet incorporated education on opioid overdose and Narcan administration. By narrowing the education gap, nursing students will be prepared to recognize and respond to opioid overdoses in any setting.

Local Problem: The opioid overdose epidemic in the United States has been fueled by the rise of prescription opioids in the 1990s and the current widespread street use of synthetic opioids, such as fentanyl. Within Sacramento, CA, the opioid overdose epidemic has the highest prevalence among individuals who are 25-39 years old. Individuals in this age group are often in their formative years, pursuing higher education or establishing themselves as contributing members of society.

Methods: A pre- and post-survey design, using Likert scale questions adapted from previous studies, assessed the effectiveness of a seminar and simulation intervention aimed at reducing stigma and improving confidence in administering Narcan. Data from 40 participants were collected anonymously via the Canvas platform and analyzed using SPSS. Non-paired t-tests evaluated changes between pre- and post-survey results.

Interventions: Two interventions were implemented at the University of the Pacific's Sacramento campus. The first involved 40 ELMSN students completing pre-surveys, attending a seminar on opioid overdose, and participating in Narcan administration simulations, followed by post-surveys to measure changes in confidence and attitudes toward OUD. Implied consent was obtained, and participants could opt out at any time, upholding the principle of beneficence. The second intervention placed Narcan kits in nine CPR/AED stations, developed in collaboration with faculty and Risk Management. Each kit includes instructions along with a QR code for anonymous restocking reports. These interventions aimed to enhance readiness for opioid emergencies and reduce stigma.

Results: Pre- and post-training surveys from the 40 participants showed statistical significance across all 12 measured areas. Key findings included a 58% increase in knowledge of the Good Samaritan Act ($n = 40$, $p < 0.01$), a 46% rise in readiness to recognize overdose signs ($n = 40$, $p < 0.01$), and a 7% improvement in attitudes toward individuals seeking treatment for OUD ($n = 40$, $p < 0.01$).

Limitations: The small sample size and short-term assessment limit long-term retention evaluation and generalizability. Additionally, the lack of interdisciplinary involvement reduces a broader impact across health fields.

Conclusion: The Overdose Watch initiative demonstrated the feasibility of integrating opioid overdose education and Narcan accessibility in a university setting. Future efforts should formalize Narcan training across departments, integrate overdose response into the nursing curriculum, and expand to all health science programs. These steps will enhance opioid overdose prevention within the university and the broader Sacramento community.

Qualitative Analysis of a Faculty-Nursing Student Mentoring Program

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Purposes: The purposes of this qualitative study are to determine the effectiveness of a faculty-nursing student mentoring program and identify measures that could be implemented to improve the program.

Background: Nursing school can be a uniquely stressful time for students of all ages and backgrounds. This stress often leads to dissatisfaction with the program, and for some, results in leaving school altogether. Researchers have found that high stress levels are significantly linked to anxiety, social withdrawal, and failure to complete a nursing program or stay in the profession upon graduation. A dedicated support system, such as a faculty-student mentoring program, can significantly increase student satisfaction and success rates by creating a safe and supportive learning environment. Effective mentoring can increase students' satisfaction and can elevate perceptions of the nursing profession. An intentionally designed faculty-nursing student mentoring program can be used to facilitate degree completion, improve the overall undergraduate educational experience, and help to develop future nursing professionals and leaders.

In one college of nursing in the western United States, faculty designed and implemented a faculty-nursing student mentoring program aimed at decreasing stress levels and promoting engagement and socialization to the profession.

Methods: Volunteer participants comprised of both faculty and students will be recruited for separate focus groups and qualitative data will be collected. Focus group questions have been developed by the Primary Investigator and Co-Investigator. A graduate student will conduct the focus groups and will record and transcribe the discussion. Descriptive statistics and thematic analysis will be used to examine the data and a SWOT analysis will be conducted.

Assessment of Findings: Anecdotal feedback about the program thus far has been mixed. Some faculty members find the program has been extremely valuable and has helped them to get to know students, while others feel they do not have the time to dedicate to the program. Student's comments are also varied, with some reporting the program is very useful, has reduced their stress, and helped them feel a sense of belonging, while others have stated they found the program less useful and did not access its benefits. We plan to elicit feedback that will help us identify existing issues and measures for improvement.

Conclusion: Mentoring programs can be beneficial for students and faculty and should be officially examined to ensure effectiveness. Next steps are to complete recruitment of faculty and students, hold focus groups, transcribe the discussion, and analyze the data and identify themes. Future undertakings will include a newly redesigned mentoring program that is focused on needs of students and faculty. Focus groups comprised of both faculty and students will help the study team identify specific opportunities for improvement which will be shared with all faculty involved in the program.

Exploring Nursing Students Lived Experiences with Racism in Nursing School

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Background: Enculturation involves the process nursing students learn the culture of their profession through experience, observations, and instruction, both consciously and unconsciously. Current research focuses on the positive aspects of enculturation in the nursing education. However, students can learn negative behaviors, like racism, from nursing education as well.

Purpose/Aims: This study aimed to understand the lived experience of racism in nursing school experienced or witnessed by nursing students. Additionally, the study aims to understand how racism can be encultured through nursing education and how it affects patient care for racially or ethnically diverse patients.

Rationale/Conceptual Basis: The understanding of the effects of bias and racism on nursing education and practice is limited. Current research tools allow for calculating individual biases. However, this information provides a limited understanding of how racism can affect patient care. Additionally, limited research exists on how racism can be encultured in nursing education. This research uses interpretive phenomenology and the social-ecological model to explore the enculturation of racism in nursing education.

Methods: The research team completed interviews and focus groups over Zoom with nursing students and recently graduated nurses across Utah. The interviewers utilized a semi-structured interview guide focusing on racism experienced individually, with peers, in the nursing school environment, and the clinical setting. Two coders completed data analysis utilizing thematic analysis.

Assessment of Findings/Outcomes Achieved: Seven themes were identified in the data analysis, including curriculum about race and racism, meaning of racism and implicit bias, lived experience of racism and implicit bias, enculturation of racism through nursing education, enculturation of racism through the clinical education environment in nursing education, experiences of reporting witnessed or experienced racism in nursing education, and individual learning regarding racism through nursing education. During the research collection, participants identified multiple encounters with the clinical environment, faculty, nursing school curriculum, peers, and individuals that could enculture racism responses that reinforced and created racism in nursing students.

Implications/Conclusions: The completed research study provides essential information regarding how racism experiences and education could enculture racism in new nurses. Racism experiences, especially when occurring frequently, could normalize those experiences in the future and limit advocacy. Students identified times when racism affected the care of patients through differential treatment regarding education, pain control, and overall experience. Despite most nursing programs providing some education regarding race or racism, students often identified a need for more training and education to help prepare them for their role in advocacy, especially since students did not witness this frequently in their education. The findings can help nursing schools understand how negative behaviors can be encultured and provide a framework for integrating information regarding racism into nursing education curricula and policies. Future research can focus on how race-based stereotypes affect racially or ethnically diverse student outcomes and faculty role in supporting students. Overall, the completed research focused on accurately describing how racism affects nursing education and identified how racism can be encultured in nursing education. The results contribute to this essential field of study and provide groundwork for future anti-racism work.

Sense of Belonging of Nursing Students in an Undergraduate Program

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Background: A sense of belonging, defined as the perception of acceptance, inclusion, and identity within a group, is crucial for students' academic and social adjustment in college settings. Previous studies have shown that a lack of belonging significantly contributes to student attrition. The diverse nursing programs and student populations in our university's Department of Nursing call for an exploration of the factors influencing students' sense of belonging, in order to better support their academic success.

Purpose: This study aims to explore the sense of belonging among nursing students and identify factors that promote or hinder this phenomenon.

Methods: A cross-sectional descriptive comparative study was conducted following IRB approval. Undergraduate nursing students from multiple settings in an urban region of the southwestern United States were invited to participate. Data was collected through an anonymous Qualtrics survey distributed via email. Descriptive and comparative statistics were used for data analysis.

Results: There were 189 survey participants which comprised of 153 female and 36 male students, with an average age of 24.25 years. Their ethnic backgrounds included Hispanic/Latino (n=85), Asian (n=51), White/Caucasian (n=35), Black/African American (n=6), American Indian/Alaska Native (n=1), and other races (n=11). Out of 189 respondents, 166 completed questionnaire responses were included in the comparative analysis of three groups of students in different programs and sites. While multiple variables showed no significant impact on students' sense of belonging, campus location emerged as a significant factor: main campus (M =81.9, SD = 13.37) and satellite campus (M = 92.36, SD = 12.30) with a significant mean difference of (X-Y = 10.46, $p < .001$). Students from the satellite campus reported a stronger sense of belonging to the department of nursing compared to those from the main campus.

Conclusion: Understanding factors that influence students' sense of belonging is crucial for enhancing their success in nursing programs. This study highlights the importance of campus location in fostering a sense of belonging. Further research is needed to explore strategies for improving the sense of belonging among students at satellite campuses. These findings can guide nurse educators in developing targeted interventions to enhance students' sense of belonging and, consequently, their academic success.

Keywords: Sense of belonging, nursing education, student success, campus location, academic achievement

Region 8 Clinical Faculty & Preceptor Academy: Strengthening the Nursing Workforce

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The Department of Health and Human Services Region 8 encompasses Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming, representing 15.4% of the United States landmass but only 3.7% of its population. This largely rural region faces significant challenges in healthcare access and positive health outcomes, primarily due to workforce shortages and geographic barriers. Recruiting and retaining a skilled nursing workforce in these areas is particularly difficult, necessitating robust education and training programs to develop clinical nursing faculty and preceptors. Such initiatives are vital for providing quality clinical experiences and expanding nursing programs' capacity to graduate qualified nurses.

The HRSA-funded Nurse Education, Practice, Quality, and Retention Region 8 Clinical Faculty & Preceptor Academy (CFPA) is led by the Mark and Robyn Jones College of Nursing and the Montana Office of Rural Health & Area Health Education Center at Montana State University. This initiative aims to support the rural nursing workforce through a collaborative six-state partnership, ultimately increasing access to services and improving health outcomes for the region's population. The project's primary goal is to enhance the number of skilled, qualified clinical nursing faculty and preceptors across these states.

To achieve this goal, state liaisons spearhead efforts to recruit, train, and retain clinical nursing faculty and preceptors in collaboration with key partners, including the Colorado Center for Nursing Excellence, Colorado University College of Nursing, North Dakota State University School of Nursing, South Dakota State University College of Nursing, Southern Utah University, and Wyoming Center for Nursing. Project leaders will maintain a regional partnership that focuses on recruiting and training clinical faculty and preceptors from diverse care settings, particularly in rural, underserved, and urban communities.

Key strategies include curriculum assessment and revision, the development and implementation of targeted recruitment plans, and training over 900 clinical faculty and preceptors through three specific training programs: Clinical Scholars, Preceptor 101, and the Montana AHEC Preceptor Course. This initiative addresses the pressing need for enhanced support for clinical faculty and preceptors, as expressed by employers, nursing schools, and current faculty.

This poster will discuss the completion rates, participant feedback, and lessons learned from the liaison group that coordinates these trainings. Through these comprehensive strategies, the Region 8 CFPA aims to strengthen the nursing workforce, enhance educational opportunities, and improve healthcare access and outcomes for the diverse populations in this largely rural region.

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STUDENTS

Cultural Safety and Socioethical Nursing Needs Identified by American Indian Students

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According to the 2022 National Center for Health Workforce, American Indian and Alaska Natives (AI/AN) represent 0.4% of registered nurses in the United States nursing workforce (Smiley et al., 2023). An influential factor in improving health outcomes and possibly reduction in health disparities for minority subgroups is educating and having health care workforce that representative of AI/AN community (Larsson & Johnson, 2022). AI/AN nurses provide an important front-line role in providing care for AI/AN peoples and have the potential to contribute to research and drive the quality of health for both the community and nation at large (Henley, 2006; Glazer et al, 2015). The purpose of this paper is to share the experiences of first semester American Indian/Alaska Native nursing students that transferred and started the nursing program from tribal colleges in Montana. The cultural safety and socioethical nursing model were used to analyze and find themes in the AI/AN experiences in the nursing program. The cultural safety and socioethical nursing model combine social and ethical practices that represent cultural safety through sociocultural practices, sociopolitical dynamics, promoting social justice and empowerment, maintaining individual/collective cultural autonomy and identity, and trust and respect (Woods, 2010). Indigenous methodologies were used to collect the stories of 4 AI/AN nursing students from tribal colleges to understand challenges and strengths they encountered. The sociocultural practices revealed that students experienced challenges with lack of AI/AN perspectives and knowledges as well as different ways of understanding material. Analyzing stories revealed some emerging themes through the sociopolitical dynamics that reflected challenges in clinical environments and microaggressions, triggering lecturing material when referring to AI/AN populations, and Indigenous identities. In the trust and respect of the model, faculty support, realness, and relationships with students were expressed as significant in creating an inclusive environment. Social justice and empowerment for AI/AN students were reflected in conversations about the importance of acknowledging gaps in research for AI/AN communities and the encouragement to consider graduate education for nursing research. Learning about the experiences of AI/AN nursing students informs the process and support of including Indigenous perspectives and knowledges in trainings for faculty and staff. By shifting focus to understand power dynamics that are present in the nursing program for AI/AN student experiences it provides an opportunity to focus on policy, education, training, and support that provide culturally attuned responsive ness and care. Future research for supporting AI/AN students into nursing would look to identify Indigenous perspectives represented the hiring AI/AN faculty and staff within the nursing program. In addition, a review of policies, curriculum, and education to reflect Indigenous perspectives and tribal histories and culture. Finally, future research should look to support faculty and staff in understanding and learning how to better support AI/AN students to increase representation in the nursing workforce.

Impact of Conference Attendance on BSN Students' Consideration of Graduate Education

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Purpose: To determine the effectiveness of attending the Western Institute of Nursing (WIN) conference on undergraduate nursing students' likelihood of attending graduate school and attending and presenting at future nursing conferences.

Background: Nationally, rural areas experience significant health disparities. Residents of rural areas are less likely to see a provider annually, undergo preventative screenings, and to have access to the high-speed internet and cell phone service for telehealth appointments (Huntsman Cancer Institute, 2024).

With a population density of 7.45 people per square mile (U.S. Census Bureau, 2021), Montana is an extremely rural state that is greatly affected by health disparities. Montana's percentage of uninsured residents is higher than the national average, and many of those who do have health insurance experience difficulties in accessing care, as 92.86% (n=52) of Montana's counties experience a partial or complete shortage of primary care providers (U.S. Census Bureau, 2021; Rural Health Information Hub, 2024).

Montana is extremely dependent on nurses, with about ~20,000 registered nurses, compared to only 2,569 MDs, creating a ratio of ~7.78 nurses per MD (Trautman, 2023; Dahal & Skillman, 2022). Due to this, it is imperative that nurses consider graduate degrees in the field and are exposed to the research occurring surrounding nursing.

Methods: A simultaneous pre-post survey design was used to collect quantitative and qualitative information on students' experience at WIN. The survey was distributed to students after the conference in 2023 (n = 32, response rate = 11, 34.4%) and in 2024 (n = 27, response rate = 9, 33.3%). In 2023, 32 nursing majors received funding to attend the conference, and in 2024, 27 nursing majors received funding to attend. Only students who attended at least 18 hours of conference events were surveyed, and those that completed it received an incentive.

Results: In both years, students indicated they were more likely to pursue graduate nursing education, specifically advanced research, clinical, and administrative degrees upon their return from WIN. They also indicated that, following the conference, they would be more likely to attend and present at future nursing conferences. In the qualitative portion of the survey, students stated that, during the conference, they learned about the different types of nursing research and advanced research degrees in nursing. Students in both years also indicated they were more likely to attend or present at a future nursing conference after attending WIN. Students highlighted the low-stress environment of poster presentations and their reduced fear surrounding presenting.

Implications: Funding students to attend WIN positively impacts their likelihood of attending graduate school. Montana is currently facing a healthcare provider shortage, and there are several health disparities present in the state for which more research is needed. By encouraging students to pursue graduate education after attaining their undergraduate nursing degree, the Mark & Robyn Jones College of Nursing can assist in improving access to and quality of healthcare in Montana.

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Menopause Education for Undergraduate Nursing Students: Quality Improvement Project

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Purpose/Aims: The purpose of this quality improvement project was to enhance nursing students' knowledge and self-efficacy in providing health promotion education for patients experiencing the menopausal transition.

Rationale/Background: Many women experiencing the menopausal transition are concerned by their symptoms and either worry in silence, seek non-evidence-based interventions available on the internet, or seek advice from healthcare providers for typical symptomatology, resulting in unnecessary healthcare costs for a normal life transition. Research indicates that most nursing programs were previously teaching this content as recently as the year 2000, however an article from 2023 indicates that programs are no longer teaching it.

Brief Description of the Undertaking/Best Practice: This utilized two cycles of the Plan Do Study Act (PDSA) framework over two semesters prior to implementation. The intervention included a 2.5-hour lecture for undergraduate nursing students during their obstetric nursing course including content on the normal menopausal transition physiology, expected symptoms, and health promoting interventions. Interactive demonstrations were utilized to depict complex topics such as the ovarian cycle and bone remodeling. Pre- and post-intervention surveys were conducted immediately before and after the lecture assessing knowledge acquisition and self-efficacy using questions created by the author and reviewed by nursing research experts.

Assessment of Findings/Outcomes Achieved: Twenty-seven students consented to and completed both the pre- and post-intervention surveys. Mean knowledge about the menopausal transition increased by 42% in the post-intervention surveys as compared with the pre-intervention knowledge, based on a 5-question survey (3.39 versus 4.68 points out of 5) with the mean approaching 100% ($t(26) = -5.79$, $p<0.01$). Pre- and post-intervention confidence improved from 29.41 to 70.41 respectively using the Wilcoxson Signed Rank Test ($z = -4.54$, $p<0.01$). The perception of difficulty educating patients pre- and post-intervention decreased from 50.04 to 34.15, respectively, in a paired t-test ($t(26) = 2.47$, $p = 0.02$).

Conclusions: Pre-licensure nursing students demonstrated an improved sense of knowledge and self-efficacy related to providing menopause education to future patients and loved ones after receiving education on the menopause transition. This education relates to an important life stage that affects many people that nurses will serve during their careers. Nurses are poised to provide education to this population as they interact with them in various settings, thus alleviating the concern and providing health promotion information. It should therefore be included in nursing curricula. In alignment with this project, The Menopause Society recently announced their Step-by-Step resource, educating healthcare students and providers on menopause care. Additional areas of study include long-term retention of knowledge one to two semesters after intervention. Examining the role of biological sex and age on baseline knowledge and comfort providing patient education about the menopausal transition could also be studied, as this project included a homogenous sample of primarily female students in their 20's.

Transforming Nursing Education through Mentored Research Experiences

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Purpose/Aims: This study explored the impact of mentored research experiences on undergraduate nursing students, focusing on the perspectives of former research assistants. The aim was to understand the academic and professional benefits of these experiences during their education and beyond graduation.

Background/Rationale: Evidence suggests that mentored research experiences can significantly enhance nursing students' education and future practice. These experiences improve critical thinking, communication, presentation, scholarly writing, time management, organizational skills, and attention to detail, fostering a deep satisfaction during their educational journey. Undergraduate nursing students often struggle to see the relevance of research to their future careers. However, those who engage in research build stronger relationships with faculty, expand their professional networks, and prepare for graduate studies. Additionally, undergraduate research enhances students' appreciation and understanding of evidence-based practice, bridging the gap between theory and practice.

Several years ago, an undergraduate nursing college integrated opportunities for students to engage in faculty research. These one-on-one or small group mentoring sessions provided an educational experience typically reserved for graduate students. While this collaboration initially aimed to introduce undergraduate students to nursing research, this study explores the broader impacts of this initiative.

Methods/Processes/Procedures: A convenience sample of alumni graduating between 2007 and 2023 was used. Invitations were sent to 1,895 individuals who had graduated from the undergraduate nursing program. One-hundred and thirty-eight alumni responded to the web-based Qualtrics survey. Of the respondents, 105 met the inclusion criteria and consented to proceed to questions seeking participants' demographic data, information about their research assistant experiences, and their subsequent educational and professional experiences. A random sample of eligible participants was interviewed using a semi-structured guide. Thirty-two interviews were conducted until data saturation was achieved. Data were analyzed using a constant comparative approach to identify underlying themes. The research team collaboratively reviewed and refined these themes to ensure they accurately reflected the data.

Results/Outcomes: Thirty-two alumni from 2007-2023 were interviewed. Eighty-four percent were currently employed as Registered Nurses. Sixty-four percent had presented at conferences, and fifty-two percent had contributed to publications while working as a research assistant. Data analysis revealed the following themes: Development of Leadership Attributes, Professional Enrichment and Progression, Satisfaction with Education, and Appreciation for Research.

Limitations: The study sample lacked diversity and was drawn from a single college of nursing, limiting the generalizability of the findings.

Conclusions/Implications: The findings have significant implications for nursing students, faculty, program administrators, hiring managers, and the nursing profession. Recognizing the value of mentored research is crucial for developing future nurse researchers and leaders and informing decisions about resource allocation for these opportunities.

Nursing Student Perceptions about Mentored Learning in Nursing Program Accreditation

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Purposes/Aims: The purposes of this project were to provide prelicensure nursing students with mentored learning experiences in nursing program accreditation, and to describe their perceptions about their experiences.

Rationale/Background: Mentored learning experiences are pivotal in the education and professional development of prelicensure nursing students; they foster critical thinking, professional behavior, and practical skills. Mentoring provides students with personalized support, enhancing their confidence and competence in practice settings.

Nursing program and healthcare organization accreditation are similar in many respects. Both require multi-year planning with an extensive team to ensure the institution meets all pertinent standards. Ongoing compliance necessitates regular review to confirm the program's structure, processes, and outcomes maintain alignment with the standards. Engagement in nursing program accreditation preparation offers prelicensure nursing students valuable opportunities to acquire specialized knowledge of regulatory requirements and processes, and to develop professional attitudes and skills that prepare them to become effective team members and leaders in healthcare. There is a paucity of research describing the involvement of prelicensure students in accreditation processes.

Approach: Benner's "Novice to Expert" theory informed the approach to this project. Benner proposed that learners move through five stages as they acquire competency. Benner found that when nurses engaged in various experiences, and learned from them, they developed "skills of involvement."

Methods: Prelicensure nursing students were hired, using experiential learning funds, to assist faculty members from a College of Nursing Evaluation Council in confirming and maintaining accreditation "readiness." The students were educated about accreditation standards. After signing confidentiality agreements, they were also oriented to the College's historical accreditation documents and accreditation infrastructure, including key personnel and resources. The students learned how to arrange, conduct, and document interviews with key stakeholders and faculty to collect accreditation data. They also learned how to perform internal database searches to gather evidence of the College's compliance with accreditation standards. The students utilized and organized a Canvas Learning Management System course and the Evaluation Council's Box files to serve as repositories for the data and documents gathered. The Evaluation Council faculty members met weekly with the students to provide mentoring and support, and to monitor their progress.

Assessment of Findings/ Outcomes Achieved: The students were periodically asked five open-ended questions to evaluate their perspectives about their mentored experiences. Their responses will be coded to identify dominant themes.

1. What knowledge or skills have you developed or strengthened during your experiential learning?
2. What insights have you gained about problem-solving?
3. What insights have you gained about collaborating with others?
4. Which aspects of your experiential learning are the most satisfying? Which are the most challenging?
5. How could you see yourself applying your new knowledge, skills, and insights in your future career?

Conclusions: Mentored learning experiences in nursing program accreditation may offer prelicensure nursing students valuable opportunities to develop specialized knowledge and "skills of involvement" that prepare them to become effective team members and future leaders in healthcare. The paucity of research on this topic suggests this may be an overlooked opportunity to augment student learning and growth.

STUDENTS

Increasing Pneumonia Vaccination Among Asthmatic Students through Change of Workflow

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Streptococcus pneumoniae is a leading cause of bacterial infections, including pneumonia, otitis media, and meningitis, particularly among high-risk groups such as individuals with asthma. Pneumonia caused by S. pneumoniae is a highly communicable disease, transmitted through respiratory droplets during coughing, sneezing, or contact with items contaminated by infected saliva. Community-acquired pneumonia, a severe manifestation of this disease, ranks as the seventh leading cause of death in the United States and contributes to approximately $9 billion in annual healthcare costs. Asthmatic patients are at heightened risk of developing severe pneumonia and may experience prolonged recovery and frequent exacerbations following an infection.

College students, a population highly susceptible to respiratory infections due to communal living arrangements, dense campus environments, and lifestyle stressors, are particularly vulnerable to pneumococcal pneumonia. Approximately 9% of the 17.5 million U.S. college students are diagnosed with asthma, making it crucial for this group to receive the pneumococcal vaccine, which is recommended for individuals with chronic pulmonary conditions. Vaccination remains one of the most effective preventive measures against S. pneumoniae infection, and the pneumococcal vaccines currently available in the U.S. — including the pneumococcal conjugate vaccines and pneumococcal polysaccharide vaccine — are shown to significantly reduce hospitalizations due to all-cause pneumonia. Despite this, pneumococcal vaccination rates among college students remain suboptimal, particularly among those with asthma, suggesting an urgent need for targeted interventions to improve vaccine uptake in this population. The purpose of this project is to increase the rate of pneumococcal vaccination at the project site.

This is an evidence-based quality improvement project with the practice flow change to ensure sustainability. This project will be conducted at the Student Health Center in the academic university in Southern California. Eligible participants include student patients with a documented history of asthma in the center's electronic medical record (EMR) system patient registry. The project intervention was created based on the literature evidence supporting three distinct intervention modalities in improvement of vaccination rate: 1) EMR alert or prompts to the providers regarding the need for vaccination, 2) patient education, 3) human interaction in encouraging vaccination. For this project, an EMR-based alert will be activated for student patients who are not up to date with pneumococcal vaccination to notify healthcare providers, prompting providers to recommend pneumococcal vaccination during their clinical visit. Infographics developed for this project detailing the importance of pneumococcal vaccination will be delivered to these patients via the patient portal messaging system during the visit. The primary outcome is the percentage of patients who received the vaccination during the project implementation period (12 weeks). Data will be collected weekly. At the end of the project, a survey using a 4-point Likert scale will be distributed to student patients who received the infographic, assessing its effectiveness in influencing their decision to be vaccinated. Another survey using a 5-point Likert scale will be sent to healthcare providers to gather feedback on the integration of the EMR alert and the use of infographics within their clinical workflow. Results/conclusion will be available for the conference

Development and Implementation of a Holistic Admissions Process

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Purpose/Aims: The purpose of this project was to update admissions in our competitive nursing programs (prelicensure Bachelor of Science in Nursing [PL-BSN] and Doctor of Nursing Practice [DNP]) to a more holistic and equitable model.

Rationale/Background: The diversity of the nursing workforce does not reflect the population that it serves. Implementing holistic admissions is an evidence-based, structural action for colleges of nursing to diversify their student body.

Approach/Methods: In 2019, the College used the AACN Holistic Admissions Tool Kit as a guide for adopting a holistic review of applicants. The Experiences-Attributes -Metrics (EAM) model was used to broadly conceptualize holistic admissions' score breakdowns and explore tools to evaluate applicant information. The model ultimately guided the College to use an attribute-based interview tool (A) alongside tracking hours of various experiences (E) and continued use of academic metrics (M).

The composition and weighting of admissions metrics were revised and approved by the respective faculty governance committees. Experiences such as military service, previous degree, work history (healthcare and non-healthcare), parental level of education, rural upbringing, and spoken languages were given consideration in the experiential metrics (E). The academic metrics (M) were adjusted and less weight was given to cumulative GPA. Further, the overall admission metric was revised from being weighted with academics 80% and interview score 20% to a 50/50 split.

The College operationalized holistic admissions beginning with the 2023 Spring-start PL-BSN program and in the Fall of 2023 for the DNP program. The scoring system in the Nursing Common Application System (CAS) was built out for processing applicants and determining which to interview. Interview questions and evaluation rubrics for interview reviewers were created. Kira Talent platform was adopted to administer virtual, attribute-based (A) interviews. Once the interviews were scored, all components for admission were used and reviewed by a faculty governance committee with student representatives to determine who received an admission offer (PL-BSN and DNP).

Outcomes: Diversity has increased since the utilization of holistic admissions. The range of minimum GPAs of admitted applicants broadened, making admission still competitive but more accessible for applicants who had valuable experiences but a GPA below 3.7. NCLEX first-time pass rates and advanced practice board pass rates remain strong at above 90%. No relationship was seen between adopting holistic admissions and progression or retention issues among students in the 2023 cohorts. Evaluation of other outcomes is ongoing.

Conclusions: Pass rates demonstrate that admitting students who may be less academically competitive does not jeopardize their learning or ability to succeed in nursing. Refinements continue. Interview and rubrics have been updated based on reviewer feedback. Each reviewer annually reviews a pre-determined interview to assess interrater reliability. The College tracks demographic information and compares patterns with cohort admissions. Students' admissions information is reviewed to explore patterns in progression. Recently, horizontal reviewing of interviews of our PL-BSN applicants was implemented to further mitigate reviewer bias. Holistic admissions can be successfully developed to promote diversity among nursing academic programs.

Beyond the Policy: Exploring Paid Parental Leave Use Among New Mothers in Connecticut

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Purpose: This study explores the experiences of women across various employment sectors in using Paid Parental Leave (PPL).

Background: Because PPL is a social determinant of health, it impacts maternal and infant well-being, mental health, recovery, and bonding by reducing financial stress and providing new parents with essential time off. Yet, despite the benefits, nearly 1 in 4 employed individuals in the United States return to work within two weeks of childbirth, often due to financial strain and unequal access to PPL. Understanding women's experiences with PPL can help nurses better support postpartum recovery, mental health, and family well-being. By being informed about PPL, nurses can address gaps in care, reduce stress for new mothers, and promote long-term health outcomes for both mother and child.

Methods: A qualitative approach was used, featuring semi-structured interviews with 25 postpartum women in Connecticut, a state with newly implemented PPL. Interviews were conducted between January and June 2024, then transcribed and analyzed using Braun and Clarke's thematic analysis. Key themes were identified and refined through an iterative coding process by the research team.

Assessment of Findings: The majority of participants identified as Hispanic/Latina (n=10, 41.7%) or Black/African American (n=6, 25%). Four participants (16.7%) were stay-at-home mothers who chose not to re-enter the workforce after childbirth. Of the 20 employed participants, 40% (n=8) earned at or below Connecticut's minimum wage of $15.69, working in roles such as housekeepers, nail technicians, or patient care associates. Four key themes emerged: (1) Rest and Recovery: Captured the critical role of PPL in supporting both mental and physical postpartum recovery, while highlighting challenges faced due to inadequate leave and social support; (2) Internal Struggles and Family Guilt: Focused on the emotional conflict mothers faced about returning to work early, often driven by financial pressures and career concerns; (3) External Barriers: Highlighted the workplace and policy challenges that hindered mothers and their partners from fully utilizing their PPL benefits; and (4) Paving the Way Forward: Participants called for clearer PPL policies, longer leave, and workplace cultural changes to diminish stigma, especially for their partners.

Conclusion: Although most Connecticut residents were eligible for PPL, many women, regardless of employment type, still encountered barriers in utilizing it. PPL's role in supporting mental and physical health is undeniable, but systemic improvements are needed to ensure equitable access.

Implications: For nursing practice, this study stresses the importance of initiating conversations with pregnant and postpartum women about their support plans. Nurses should collaborate with healthcare teams to develop support plans tailored to each patient's PPL situation, ensuring a holistic approach to care. In education, nursing curricula should emphasize the importance of social determinants of health, including access to PPL, to better equip nurses in supporting postpartum recovery and mental health.

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Physical Restraints Research: A Bibliometric Analysis of the Web of Science

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Background: Physical restraints are methods used to limit a patient's movement for safety or medical purposes, commonly used in hospitals and nursing homes. Despite their intended benefits, their use remains controversial due to ethical concerns and potential adverse effects. This bibliometric study aimed to evaluate the evolution of scientific output, key research themes, and influential contributors in the study of physical restraint use in healthcare from 1985 to 2023.
Methods: Original articles published in English between 1985 and 2023 were extracted from the Web of Science Core Collection Science Citation Index Expanded database using the keywords "physical restraint" and "healthcare." Bibliometrix and VOSviewer were used to analyze publication patterns, prominent authors, influential journals, and collaborative networks.
Results: A total of 3,277 original articles were identified, showing an annual growth rate of 8.6%. These articles were published across 1,198 journals by 14,495 authors, with an average of 34.2 citations per article. The most prolific journal was the "Journal of the American Geriatrics Society" (75 articles), and the leading author was Jan P. H. Hamers (19 articles). The United States, China, and the United Kingdom emerged as the top contributing countries. Keyword analysis revealed key themes, including "physical activity," "care," and "behavior." Thematic evolution analysis indicated a shift from earlier themes such as "physical restraints" and "restraint stress" (1985–2003) to broader themes such as "physical activity" and "behavioral responses" (2021–2023). Thematic maps identified "care" and "seclusion" as central themes.
Conclusion: Interest in physical restraint use in healthcare has grown steadily. The research field is multidisciplinary, with contributions from diverse researchers, institutions, and countries. The focus of research has evolved from the use of restraints to broader topics, including physical activity and behavioral responses. Future research should explore alternatives to physical restraints that prioritize patient safety and autonomy.

Keywords: Physical restraint, Healthcare, Bibliometric analysis, Nurse, Behavioral responses

The Impacts of Energy Generation on Health: An Umbrella Review

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Purpose/Aims: We are conducting an umbrella review (review of systematic reviews and meta-analyses), following JBI standards, of the health implications of fossil fuels, biofuels, biomass, nuclear, solar, wind, geothermal, hydropower, tidal, mining for rare earth metals (battery storage) and hydrogen.

Rationale/Conceptual Basis/Background: Given climate change, it is an imperative to transition to clean and renewable energy sources that do not cause harm or burden disadvantaged populations.

Methods: We searched PubMed, Elsevier Embase, and GreenFILE on EBSCOhost for terms related to energy sources and generation, environmental pollution, and health, including key words related to pulmonary disease, cardiovascular disease, and reproduction, on October 8, 2024. The search was limited in PubMed and Embase to the past ten years and publication types of Systematic Reviews and Meta-Analyses. In GreenFILE, Systematic Review and Meta-Analysis were added as title/abstract keywords as the filter is not available in that platform, and similarly limited to 10 years. Articles will be included if they are related to the generation of energy and health and were systematic reviews and/or meta-analyses. We will exclude articles primarily about the health impacts of hazardous pollutants that lack specificity about the energy source. We will analyze our findings in the light of what is known about the health impacts of greenhouse gas emissions and climate change.

Assessment of Findings/Outcomes Achieved: In total, 284 deduplicated results were obtained and uploaded to Covidence for screening. We will screen the articles for full-text review and extract details (year of publication, energy sources, study purpose, study design, geographic location and setting, study populations (especially inclusion of disadvantaged populations in the study), quality of review, health impacts (including occupational and public health), additional findings relevant to environmental and nonhuman impacts, recommendations and future directions). We will appraise the methodological quality of the systematic reviews. Our results will include details about what is known about health impacts. We will provide recommendations for which energy sources are least harmful, more beneficial and just in their health and climate impacts.

Conclusions/Implications: Nurses can play a pivotal role in the energy transition, from making informed choices for health in practice, advocacy, education and in their personal lives. To do so, nurses require knowledge about the health issues related to energy production, distribution, use, and disposal. We will identify next steps for further study.

An Integrative Review of the Literature on Tai Chi and Chronic Lung Disease

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Purpose/Aims: The objectives of this integrative review were to identify, evaluate, and synthesize current knowledge on the use of Tai Chi in patients with chronic lung disease (CLD) and to determine the effects of Tai Chi on symptoms experienced by patients with CLD.

Rationale/Conceptual Basis/Background: Tai Chi is an ancient martial art and mind-body exercise that combines slow gentle movements coupled with body positioning, a meditative state of mind, and controlled breathing. Research indicates that Tai Chi enhances cardiovascular fitness, increases respiratory efficiency, and reduces symptoms of anxiety and depression. In patients with CLD specifically, the practice of Tai Chi may help to improve exercise capacity, lung function, and quality of life (QOL). As such, this study was carried out to investigate the use and effects of Tai Chi in patients with CLD.

Methods: This integrative review, guided by Whittemore and Knafl's methods, included both experimental and non-experimental studies, and followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to provide a thorough understanding of the phenomenon of interest. A comprehensive electronic search of the literature was performed in Cumulated Index to Nursing and Allied Health Literature, Cochrane Database of Systematic Reviews, Embase, Google Scholar, ProQuest Dissertations & Theses Global, and PubMed, using key terms for 'Tai Chi' and 'chronic lung disease' to identify relevant articles published in the past 10 years. Data extraction and quality assessments were independently performed by two reviewers and any discrepancy in scoring was reviewed until a consensus was reached.

Assessment of Findings: The literature search generated 339 non-duplicated titles and abstracts for initial screening with 29 studies advanced to full-text screening based on inclusion/exclusion criteria. Studies (n = 16) were excluded due to incorrect outcomes, study design or intervention, as well as book chapters and conference presentations without accompanying manuscripts. As a result, 13 studies published between 2014-2023 were included in the integrative review. Of the 13 studies, three were qualitative studies, eight were quantitative studies, and two were mixed-methods studies. The average quality assessment score was 3.49, representing a score between "good" and "fair". The synthesized findings suggest that among older adults with CLD, Tai Chi is a feasible and safe exercise that can improve QOL, dyspnea, anxiety, perceived social support, diaphragm strength, and exercise capacity in this patient population. Conflicting data were reported on the effects of Tai Chi on depression, fatigue, self-efficacy, and pulmonary function.

Conclusion/Implications: Among adults with CLD, Tai Chi is effective in improving QOL, dyspnea, anxiety, perceived social support, and exercise capacity. Tai Chi is a feasible and safe form of exercise and can be integrated as an exercise maintenance option following completion of pulmonary rehabilitation and/or in place of pulmonary rehabilitation for patients who experience access barriers to a program. Further research is needed with an inclusive participant sample spanning varying types of CLD. Additionally, future research should employ rigorous study designs, examination of dose-response relationship between Tai Chi intervention length and outcomes, and adequate descriptions of important Tai Chi exercise intervention qualities.

Implementing Standardized Discharge Checklists for Veteran Patients with HF

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Purpose: This project aims to improve heart failure (HF) readmission rates and self-care efficacy among Veteran patients upon hospital discharge through a multidisciplinary approach.

Background: Heart failure (HF) is a complex clinical syndrome that results from any structural or functional impairment of ventricular filling or ejection of blood. Patients with heart failure experience physical and emotional symptoms such as dyspnea, fatigue, edema, sleeping difficulties, depression, and chest pain that limit activities of daily living and results in poor quality of life. It is a significant cause of mortality and morbidity and the most common cause of 30-day hospital readmission. In the United States (US), the total cost of care (direct and indirect) for HF in 2020 was estimated to be $43.6 billion, with over 70% of costs attributed to medical expenses. Without improvements in outcomes, the annual total cost of care in the US is projected to increase to $69.7 billion by 2030.

Among individuals in the United States over the age of 50, Veterans are at increased risk of developing heart disease. This is attributed to a higher prevalence of comorbidities in this population. At a large Veterans Affairs (VA) hospital in southern California, the HF readmission rate is 18.89%, more than 1% higher than the VA national readmission rate of 17.66%. In the past decade, reducing readmission rates for HF hospitalization has become a national priority for the VA population.

Methods: The John Hopkins model was used to guide this quality improvement project. A literature review was conducted, with a total of 21 articles and the American Heart Association (AHA) HF guidelines included. Informed by the evidence, a HF discharge checklist was developed, modelled after the AHA recommendations. The checklist includes the distribution of self-care resources (blood pressure machine, weight scale, and 30-day medication supply), patient education, and an appointment to the HF clinic within 2 weeks of discharge to promote self-care and close follow-up. The nurses in the stepdown and telemetry units at the project site will receive training on checklist implementation through email, unit posters, and huddle announcements. Close collaboration with a multidisciplinary team, including case managers, pharmacists, the HF clinic, and unit nurses will be ongoing. The outcome measures will include pre- and post-intervention readmission rates, resource distribution rates (BP cuff, scale, 30-day medication supply), 2-week follow-up appointments made and completed, and discharge checklist completion rates.

Results: While the results for this project are pending, expected outcomes include reduced HF readmission rates, increased outpatient follow up, and improved access to resources that promote self-care efficacy among Veteran patients.

Conclusion: Evidence indicates that HF patients who receive transitional care and access to multidisciplinary outpatient HF services experience less exacerbations and hospital readmissions. The implementation of a checklist standardizes the discharge processes, ensuring all vital patient education and outpatient services are provided prior to the patient leaving the hospital. This empowers patients with crucial resources to care for themselves, appropriately monitor their condition, and seek care early when needed.

VETERAN / MILITARY HEALTH CARE:
INNOVATION AND RESEARCH FOR AN EVOLVING SPECIALTY IN NURSING

Overview: Veteran / Military Health: Innovation and Research for an Evolving Specialty in Nursing

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***Mona Pearl Treyball**, PhD, RN, CNS, CCRN-K, FAAN, College of Nursing, University of Colorado, Aurora, CO*

Care of military service members and veterans is an evolving specialty, driven by a national imperative and underscored with a $400 billion annual budget. Veterans represent a protected class under Federal law, characterized as a vulnerable and diverse group that face discrimination, unconscious bias, and invisibility. This symposium supports the inaugural year of WIN's Special Interest Group in Military/Veteran Health and showcases the needs of this population through education, clinical practice, research, prevention and innovation as critical pathways forward.

Education. The foundation of military-veteran health care begins with education. A comprehensive evaluation of decade-long graduate education programs in military-veteran health, highlights a curriculum preparing nurses to care for service members, veterans, and their families. The Master of Science and Doctor of Nursing Practice degree programs focused on psychological (psyche/culture), physiological (service-connected conditions), and systems (federal healthcare, legislative frameworks, and advocacy) needs. Through a structured internship, graduates applied specialized knowledge, touching the lives of over one million veterans, laying the groundwork for excellence in this field.

Clinical Practice. Bridging the gap between education and clinical practice, the development of a common taxonomy resulted in a Veteran-Centric Toxic Exposure Clinical Toolkit to address practice guidelines within the Promise to Address Comprehensive Toxins Act of 2022. This toolkit, piloted with primary care providers in the Veteran Administration addresses the health concerns of 3.5 million veterans exposed to service-related toxins. This initiative demonstrated improved provider confidence and proficiency when addressing toxic exposure concerns, setting a precedent for evidence-informed, veteran-centered care.

Research. Addressing the healthcare needs of marginalized groups within the veteran community, a qualitative study on older homeless female veterans amplified the voices of this vulnerable population. With over 35,000 homeless veterans, understanding their health needs is critical. This research exemplifies community-based efforts to connect older female veterans to essential resources and benefits, highlights the need for more focused research and interventions.

Prevention. Reintegration challenges, coupled with military trauma and disability, contribute to suicidal ideation among veterans, and prevention strategies remains a top priority. A novel strategy for preventing suicide among student veterans highlights the role of higher education in providing a sense of belonging—a key protective factor. The WE-SERVE (Ways of Engaging Student Veterans) RoadMap supports the transition from military service to civilian student life, fosters belonging and connection, mitigating the risk of suicide.

Innovation. The future of military and veteran healthcare requires robust professional collaboration. The establishment of the Association of Military/Veteran Nursing (AMVN) in 2024 unifies efforts across communities. By defining core competencies through Scope and Standards of Practice for Military-Veteran Nursing, AMVN aims to drive specialized care for over 25 million veterans, uniformed service personnel, and their families. This collaboration fosters a national community of practice for nurses to deliver consistent, high-quality care.

In aligning with the theme of Redesigning Nursing for New Frontiers in Health, this symposium addresses the critical need for specialized military-veteran healthcare. Through education, clinical practice, research, prevention, and professional collaboration, care of this population is evolving as a specialty area of practice in nursing.

VETERAN / MILITARY HEALTH CARE:
INNOVATION AND RESEARCH FOR AN EVOLVING SPECIALTY IN NURSING

Ten Year Program Evaluation of Graduate Education in Veteran/Military Healthcare

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Purpose: Veterans live with a warrior ethos that goes back not only generations but civilizations. The culture within the military harbors a shared identity that resonates within an individual, their military community, larger service, and nationally. In providing holistic care, it is incumbent on nurses to approach veterans with humility and gain a cultural competence to potentiate healing sensitive to individual needs. A program evaluation of graduate degree education in Veteran and Military Health Care (VMHC) was conducted with graduates over the last ten years since the inception of the program.

Background/Evidence Informed Education: Military/Veteran (Mil/Vet) nursing is an emerging specialty based on the unique attributes of the Mil/Vet population and its largest health care delivery system. There are a total of over 26 million beneficiaries in both the Veterans Administration (VA) and Military Health System (MHS) and combined budget of over 400 billion dollars a year. One in every ten patients in the United States is a veteran. There is a need and demand for nurses to be educated to care for this population based on the complex systems of care and the growing health care needs of service members, veterans, and their families, and outsourcing of this care to the community. Identified needs of this population included the visible/ invisible consequences of war, effects of service on health, understanding the culture of this population, and supporting families. Systems specific practice issues relate to access to care, benefits based on disability, and federal policies/regulations.

Best Practices: Educational programs include an interprofessional Graduate Certificate, Master of Science in Nursing with a specialty in VMHC, a Doctor of Nursing Practice in VMHC Leadership, and a PhD/VMHC Certificate. Six courses form the core specialty content: *VMHC Systems, Home from the Battlefront: Psychological Health Care for Veterans and Service Members, On the Homefront: Supporting Veteran and Military Families, Wounds of War: Military and Veteran Disability Evaluation; Women and War; and Caring for Veterans: Aging, Chronicity and End of Life Care*. An internship is offered so students can focus on an identified area of practice. Faculty for this online program includes educators from the VA, MHS, and community.

Assessment: A ten-year program evaluation revealed effectiveness of preparing nurse advocates to provide leadership, policy change, and care based on an understanding of the complexity of individuals, families, federal bureaucratic systems, and community-based care for this unique population. Through the care and programs delivered, nurse graduates from this program have touched the lives of over a million veterans.

Conclusions: Veterans have sacrificed much in service to their country. To provide precision care, it is incumbent for nurses to seek specialized graduate education to approach this unique population with an agile, sensitive cultural competence. Innovative future growth that originated from this program is expanding nationally with the inception of a specialty association and a workgroup that includes graduates from this program who are engaged in authoring the first Scope and Standards of Practice.

The Older Homeless Female Veteran: A Qualitative Study

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Purpose: The purpose of this study is to 1) Qualitatively describe female veterans' perceptions of homelessness/near homelessness and their perceived contributory factors; 2) Identify needs to attain and maintain self-sufficiency; 3) Quantitatively determine levels of anxiety, depression and PTSD.

Background: Nationwide, the population of female homeless veterans is rising. There is a new influx of homeless/near homeless women who served during the wars in Iraq and Afghanistan. Qualitative description and connection to PTSD, depression, and anxiety in these women is lacking.

Methods: A purposive sample of approximately 15 female Iraq/Afghanistan veterans in Colorado and 10 in Texas, who are residing in shelters or receiving housing assistance will be recruited, surveyed, and interviewed using semi-structured interviews. Qualitative data will be analyzed concurrently with data collection, using content analysis methods. The Atlas.ti software will be used to manage qualitative data. Quantitative instruments will be analyzed descriptively using SPSS.

Findings: At this time, we are collecting data and expect to have findings by the conference. Based on previous literature about homeless female veterans, we believe that anxiety will play a role in their mental health along with depression and/or PTSD and that their knowledge of veteran benefits has the potential to mitigate their homeless situation.

Conclusions and Implications: In this study we will compare findings from our previous older homeless female veterans with younger homeless female veterans. These results will provide a foundation for policy recommendations regarding transition from military to civilian life. The goal would be to provide the resources necessary for female veterans that would eliminate homelessness in this population.

Enhancing Student Veteran Engagement Suicide Prevention Strategy in Higher Education

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The Problem: Reintegration challenges coupled with military trauma and disability contributes to suicidal ideation (SI) among student veterans (SVs) The VA National Veteran Suicide Prevention Strategy calls out higher education as a pivotal intersection for veterans transitioning from the military. The highest cause of death by suicide in Colorado is with a gun. Gun Safety Locks provide a seven second pause between intention and action. Our campus did not distribute Gun Safety Locks.

Local Context: The American Colleges Health Assessment (ACHA) survey identified that health professional students experience very high stress, have lower sense of belonging (SoB), have barriers to help-seeking, have experienced SI and some have acted on plans in the past 12 months. A qualitative interview study with student veterans (n=27) highlighted ways to engage non-traditional and health professional students. We conceptualized our integrated medical campus as a health and well-being system network of people, communities, partnerships, academics and policies. Watson’s theory of Caring Science guided the understanding that a SoB is related to sense of self and place.

Purpose of the Presentation: The presentation discusses a novel solution for suicide prevention through strategic higher education initiatives.

Project Intervention: The WE-SERVE (Ways of Engaging Student Veterans) RoadMap is a systems initiative to increase active engagement. It supports the transition from military service to civilian student life by fostering belonging as an essential protective factor which mitigates suicide risk in SVs. The RoadMap is a visual tool to facilitate discussion of social determinants of health applied to mapping campus resources. We created a brief Onboarding check-in (OC) with the Office of Student Outreach to mimic familiar military procedures as a first step in getting to know the campus. Clinical Social Workers onboard SVs opening the conversation around needs, emotional and physical well-being and ways to continue to serve (engagement). Gun Safety Locks are made available.

Results: As veteran status is protected, the project was granted exempt status by the local institutional review board. A 6 months (May-Oct 2024) program evaluation using the CDC framework and pre-post survey was used to evaluate ACHA outcome measures of SoB and engagement. Qualitative content analysis from key partner interviews informed the contextual understanding of the program as a ‘powerful, important intervention’. SVs received the survey by email (n=276) and participated in an OC (n=13). The OCs lasted 15 minutes on average with 35% of SVs preferring to extend to one hour of case management in the moment. SoB and engagement increased (23%), satisfaction with the check-in was high (95%). The initiative is hard wired into the system through fall enrollments and SWs reported transferring the RoadMap approach to other student appointments. The raised awareness of suicide prevention across campus leadership and amplified available resources.

Limitations: As SVs are a hard-to-reach population we anticipated a small sample. The change impact outcomes of the WE-SERVE RoadMap are transferable to other similar settings but no claims to generalizability can be made.

VETERAN / MILITARY HEALTH CARE:
INNOVATION AND RESEARCH FOR AN EVOLVING SPECIALTY IN NURSING

The Mil/Vet Nursing Association: Specialized Care through a National Collaboration

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Purpose: The Military/Veteran Nursing Association (AMVN) was created to address the healthcare needs of over 25 million uniformed service personnel, veterans, and their families. The Association aims to define core competencies guiding specialized nursing practice in military and veteran healthcare settings while fostering community, collaboration, and advocacy.

Background: These populations face complex health challenges, including combat-related injuries, PTSD, and chronic diseases linked to their service. Despite the need for specialized care, no unified nursing body has provided the necessary standards, training, and advocacy. The AMVN seeks to fill this gap through a professional community that supports nurses and ensures consistency in high-quality care for this population.

Method/ Approach: Through a national collaboration of content military and veteran healthcare experts, the AMVN's development follows a competency-driven framework combining clinical expertise with culturally competent care for military and veteran populations. The Association is working to define best practices and standards, enhance professional development, and improve healthcare outcomes for military personnel, veterans, and their families.

To establish the AMVN, a national panel of military healthcare experts, organized through the American Academy of Nursing (AAN) Military and Veterans Health Expert Panel, was formed. This group developed the AMVN's framework, including the Scope and Standards of Practice Committee and the Association's Board. Feedback from the expert panel and Corps Chiefs, representing uniformed services and the civilian/veteran community helps ensure that the AMVN's progress aligns with its mission. Regular assessments measure the AMVN's development and track milestones related to creating standards of practice.

Outcomes: The AMVN has already achieved several key milestones. In 2024, the Association was successfully incorporated, a Board of Directors was established, and an Executive Director was appointed. Bylaws were developed and adopted, and work on defining the Scope and Standards of Practice continues. The AMVN has also successfully created a national network of nursing professionals who collaborate and share veteran and military care expertise. These accomplishments mark significant progress in building a cohesive organization supporting professional development and advocating for improved healthcare standards for military personnel, veterans, and their families.

Conclusion: The AMVN plans to strengthen partnerships with healthcare institutions, government bodies, and veteran advocacy groups to promote the widespread adoption of its core competencies. Efforts will focus on the growth of the Association through membership, integrating mil/vet competencies into nursing curricula, and continuing education programs to ensure nurses are equipped with specialized skills. Ongoing research is necessary to evaluate the long-term impact of AMVN's initiatives on patient outcomes and healthcare provider satisfaction. The following steps will include expanding training programs and conducting longitudinal studies to assess the Association's effectiveness in improving care for military and veteran populations.

The establishment of the AMVN represents a crucial advancement in addressing the specialized healthcare needs of military personnel and veterans, ensuring that nurses in this field are well-prepared to deliver high-quality, consistent care.

Impacting Change: A Nurse Leader's Role in Increasing Patient Access to Healthcare

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In a healthcare landscape increasingly hindered by barriers to timely care, women often face significant challenges in securing prompt appointments for routine health concerns, such as vaginal infections. With an estimated 10 million provider visits annually in the United States for conditions like vaginitis, these issues are among the most frequent reasons for seeking medical attention. Nurses, positioned at the forefront of this access crisis, frequently encounter patients with symptoms who require diagnostic testing but face delays due to limited physician availability.

Nurse leaders can drive substantial change by advocating for patients and advancing nursing practice within large academic institutions. A collaborative effort between nursing leaders and laboratory medicine has emerged to address these challenges. At three outpatient practices within an academic setting, nurse leaders have spearheaded an initiative to validate patient-collected swabs for vaginitis. This innovative approach aims to reduce the necessity for physician visits and shorten the time from symptom onset to diagnosis.

The drive to explore patient self-collection stemmed from growing evidence suggesting that self-collected samples could be as accurate as those collected by providers, with the added benefit of privacy. Validation efforts included comparing patient-collected and provider-collected swabs through gram stain bacterial vaginosis (BV) and Candida culture tests. Results demonstrated a high level of concordance—98% for BV and 94% for Candida. A survey conducted with participating patients revealed overwhelming satisfaction: 100% rated their experience with self-collection as satisfactory to very satisfactory, and 96% expressed a preference for self-collection in the future if available.

The introduction of patient-collect appointments has shown promising results, reducing the wait time from symptom onset to testing and increasing physician availability for more complex cases. This new approach allows women to discreetly perform necessary tests without the need for a traditional physician appointment. By expanding access to care for women experiencing vaginitis, this initiative not only enhances patient convenience but also elevates nursing practice and optimizes physician capacity for addressing more intricate medical needs. The success of this project underscores the potential for nursing-led innovations to improve healthcare accessibility and efficiency, highlighting the critical role of nursing leadership in advancing patient care and organizational practices.

Improving STI Screening through Self-Collected Vaginal Swabs

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Purpose: This quality improvement project aims to improve the detection of Chlamydia, Gonorrhea, and Trichomonas among sexually active women aged 14-50 years at a reproductive health clinic in Baltimore City by implementing and measuring adherence to self-collection of vaginal specimens for testing.

Background: Urine specimens detect up to 10% fewer infections compared to vaginal specimens for sexually transmitted infections (STI) screening. A reproductive health clinic in Baltimore City relies heavily on urine specimens rather than vaginal for STI screening. An annual data report from January 2022 to January 2023 from the clinic indicated a 35% increase in the use of urine testing for Chlamydia, Gonorrhea, and Trichomonas compared to vaginal testing. Assessment of the clinic revealed that urine specimen collection is the preferred method due to its convenience and ability to ease the clinic's workflow. Collecting urine specimens is more convenient for patients, and vaginal specimens are typically collected when a provider deems it necessary during a pelvic exam.

Brief Description of the Undertaking: The Promoting Action on Research Implementation in Health Services (PARIHS) model was employed to predict the success of the implementation at the clinic. Staff members demonstrated knowledge of the evidence and readiness for change. From September to December 2024, sexually active women aged 14-50 years seeking screening for Chlamydia, Gonorrhea, and Trichomonas at the clinic are being offered self-collected vaginal swabs for specimen collection. Before the implementation, the following structural and workflow changes were implemented: incorporation of self-collected vaginal swabs into the Chlamydia, Gonorrhea, and Trichomonas testing workflow, supply order of vaginal swabs, display of self-collection diagrams in the clinic's exam rooms and bathrooms, and integration of self-collection training module into the CAL system (Employee Training system). Clinic staff were oriented on how to instruct patients on proper techniques of self-collection of vaginal specimens and were required to complete the training module on the CAL system. Self-collected vaginal specimens are being collected for Chlamydia, Gonorrhea, and Trichomonas testing instead of urine samples unless a patient declines to self-swab. Weekly chart audits are being conducted to ensure adherence to the practice change and descriptive statistics were performed to evaluate goal achievement.

Outcomes Achieved: Data collection is in progress and will be analyzed upon completion of the implementation. However, preliminary findings to date indicate 83 eligible participants were tested with an age range of 16 to 44 years. Fifty-nine participants self-swab and 24 gave urine specimens, indicating a 71% (n= 59) overall adherence. Participants that gave urine samples instead of vaginal specimens cited discomfort with self-swabbing, despite receiving education on the importance of vaginal specimen collection for STI screening.

Conclusion: Preliminary findings suggest that 100 % practice adherence is achievable. However, the fact that 29% of participants opted for urine specimens indicates that personal preferences or discomfort with self-swabbing remain a consideration and demonstrates that further efforts are needed to address personal discomfort and build confidence in self-swabbing to promote effective screening.

Evaluating SBIRT Efficacy for Women with Unhealthy Opioid Use in the ED

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Purposes/Aims: The purpose of this program evaluation is to assess the recent implementation of the SBIRT model of care and provide findings and recommendations to confirm best practices and improve patient outcomes.

Rationale/Background: Opioids have been indicated as the most frequent cause of substance use death in the United States. The leading cause of disability-adjusted life years (DALYs) in US women ages 20-49 is due to drug use disorders. Despite recommendations for screening unhealthy drug use in adults 18 years and older, women continue to face morbidity and mortality related to unhealthy opioid use. The Opioid Use Disorder (OUD) disease burden carries barriers that limit the potential for women to access needed safe, women-centric treatment. An evidence-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) model of care was implemented in April 2024 within an urban growth area hospital emergency psychiatric service (EPS) to systematically address the unmet needs of substance-using patients in the Emergency Department (ED). SBIRT is an intervention aimed at improving morbidity and mortality rates for those who use substances by identifying and providing interventions that match the level of clinical need and patient readiness. In this setting, screening is done by utilizing evidence-based tools and clinical interviews. Interventions may range from psychoeducation on the effects of substances on the individual's health and functioning, to motivational interviewing for resolving ambivalence of change behavior, or to referral for treatment and/or the initiation of medications to manage their substance use or withdrawal.

Brief Description of the Undertaking/Best Practice: The Theory of Human Caring Science is this program evaluation's guiding philosophy. The SBIRT implementation will be evaluated using the CDC Program Evaluation process framework. Between April 2024 and February 2025, the following deidentified data will be collected by agency representatives and analyzed using a mixed methods approach: Brief Intervention Rates (BI,) referral to treatment rates, and average length of stay (LOS) pre- and post-SBIRT implementation. Additionally, EPS staff knowledge, confidence, and perceptions in utilizing SBIRT will be measured through student developed Likert-type questionnaires and Focus Groups based on the Theory of Planned Behavior.

Assessment of Findings/Outcomes Achieved: This project is currently in progress and will be completed by March 2025. Quantitative data obtained from BI, referral to treatment rates, average (LOS) pre- and post-SBIRT model of care implementation, and staff Likert-type questionnaires will be analyzed using descriptive statistics, while qualitative data from staff questionnaires and focus groups will be analyzed through thematic analysis. This analysis will document the effectiveness of the intervention with the goal of demonstrating improved brief intervention (BI) rates, referral rates, and ease of use by staff.

Conclusions: Evidence-based recommendations for program improvements with possible/additional interventions will be provided to interested parties regarding the sustainability and effectiveness of the current program; these may be used to inform clinical or educational practices or organizational policy.

The Healthy Beginnings Intervention for Unhoused Women: A Mixed Methods Study Protocol

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Purpose: Middle-aged, and older, unhoused women often experience challenges maintaining, monitoring, and managing multimorbidity (co-occurring chronic physical and mental health conditions) leading to decreased healthy-related quality of life and health status. Conventional approaches to chronic disease self-care interventions frequently exclude people with multimorbidity or frailty, and often do not consider traumatic history in the intervention delivery. Due to the scarcity of interventions specifically designed for middle-aged and older, unhoused women that promote self-care of multimorbidity and that consider their lived experience of homelessness, a trauma-informed, chronic disease self-care program, HEALthy Beginnings, was developed and tailored for middle-aged and older, unhoused women. HEALthy Beginnings was designed to be delivered by a nurse and two community health workers over 3-months and integrates trauma-informed care principles and maintenance, monitoring, and management of chronic disease self-care for middle-aged and older, unhoused women living with multimorbidity.

Description of Method: Using a community-based, participatory research approach, a mixed method, quasi-experimental, prospective, single-arm, single-site study will be implemented to test the feasibility of HEALthy Beginnings and evaluate the intervention, in Central City East (Skid Row) in Los Angeles, California, with our community-based organization partner site. Our first aim is to assess feasibility of the HEALthy Beginnings intervention using quantitative methods with 23 middle-aged and older, unhoused women over 3 months. Our second aim is to evaluate the HEALthy Beginnings intervention using qualitative methods during postintervention focus groups with 15 middle-aged and older, unhoused women who completed the HEALthy Beginnings intervention. For aim 1, a quantitative study design will be employed. Descriptive statistics, assessment of distributional characteristics, and evaluation of missing data will be conducted. For aim 2, a qualitative study design will be employed, principles of trustworthiness will be applied (i.e., credibility, confirmability, dependability, transferability), and a thematic approach will be used to analyze the data.

Logic Linking Theory to Research: Guided by the Adapted Theory of Factors Affecting Self-Care of Multimorbidity, we propose that middle-aged and older, unhoused women's self-care for their multimorbidity will be affected by contextual (e.g., community resources, living conditions), intrapersonal (e.g., sociodemographic, social structure, personal history, personal health practices, personal resources, use of health services), and interpersonal factors (e.g., personal/family resources). The HEALthy Beginnings intervention considers these factors (e.g., contextual, intrapersonal, interpersonal) and integrates maintenance, monitoring and management of self-care of chronic disease in the delivery of the program.

Conclusion: Previous research has demonstrated that middle-aged and older, unhoused women have multimorbidity; however, there are a dearth of tailored multimorbidity interventions for this underserved population. Trauma-informed, chronic disease self-care interventions are a promising approach. To our knowledge, this is the first study which will meet this gap by pilot testing the feasibility of HEALthy Beginnings and evaluating the intervention using a mixed method, quasi-experimental design. Insights gained from this study will help to build empirical data to not only finalize HEALthy Beginnings but also to develop a future randomized controlled trial for the next frontier in the testing of HEALthy Beginnings for this underserved community.

Funding: Hillman Foundation Emergent Innovation Grant

Healthcare Experiences of African Refugee Women in Refugee Camps

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Purpose: The purpose of this qualitative study is to explore the experiences of African refugee seeking health care services in refugee camps for their mental and physical health needs. The study seeks to elucidate the challenges, barriers, facilitators, and needs encountered in accessing and receiving healthcare services by women in a refugee camp.

Background: The United Nations High Commissioner for Refugees (UNHCR) reports that 31.6 million refugees are under its mandate (UNHCR, 2023). According to the UNHCR, “refugees are people who have fled war, violence, conflict or persecution and have crossed an international border to find safety in another country”. Many refugees end up in refugee camps, majority of whom are women. Healthcare providers in refugee camps face challenges when providing appropriate physical and mental health care to refugees who come from diverse backgrounds with varying levels of need. Refugee women, in particular may have trouble with their identity after going through trauma and many refugee women are diagnosed with Post-Traumatic Stress Disorder.

Methods: Qualitative research design will be utilized to explore the experiences of African refugee women’s health care experiences in refugee camps guided by the Culture Care Theory. Participants will be recruited from the refugee population in Boise, Idaho, using purposive sampling and snowball sampling. The target is to have 15-30 participants in the study. The inclusion criteria will include refugee women 18 years and older, who spent time in a refugee camp within the last 10 years and are proficient in English. A recruitment flyer will be sent to the Director of the Idaho Office for Refugees to assist in recruiting potential research study participants. Participants will be asked to provide written consent. A demographic questionnaire and an interview guide will be utilized to collect data. Interviews will be conducted in a location agreed upon by the participant and the PI. The Otter.ai software will be used to record interviews and the Atlas.ti software for analysis.

Assessment of Findings: Thematic analysis strategy will be utilized to analyze the collected data. Themes emerging from the data will be examined in relation to the research questions and the Culture Care Theory to allow exploration of refugee women’s healthcare experience in refugee camps. Responses will be compared from the data set to find themes and commonalities that emerge.

Conclusions/Implications: This research study will provide a better understanding of barriers and facilitators of access to healthcare services in refugee camps. The results of the study may lead to the policy changes that would improve the provision of healthcare services in refugee camps. Results from this study would contribute to the existing research on healthcare services in refugee camps that could be used as a source of knowledge in research, clinical and educational settings.

Intimate Partner Violence in Rural Fundamental Microcultures: A Feasibility Study

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Purpose: This project sought to discern the feasibility of a larger study to explore what screening barriers have existed in nurses failing to identify Intimate Partner Violence (IPV) among females from rural fundamental microcultures and if the factors are a culturally significant phenomenon.

Background/Conceptual Basis: Rural communities in the US have higher populations of conservative and fundamentalist religious backgrounds that shelter abusers within their power-imbalanced microcultures. Myra Levine’s Conservation Model theory guided this research.

Methods: Voluntary purposeful sampling and snowball sampling were employed for this qualitative project. Data was collected utilizing anonymous Microsoft Office Forms from n=6 participants. The resulting qualitative data was analyzed using Atlas TI.

Assessment of Findings: The collection of anonymous data for a more comprehensive future study was found to be pertinent and feasible. Themes of entrapment ran thick. A victim’s staying in a relationship did not equate consent, rather it is a lack of education on the cultural norms of abuse.

Conclusion: Future comprehensive research is feasible to help nurses approach IPV screening with cultural humility and understanding. This understanding combined with patient education can lead to more accurate screening of this vulnerable population.

Community Health Interventions to Address Intimate Partner Violence: A Scoping Review

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Purposes/Aims: Intimate partner violence is associated with substantial societal costs in healthcare, work-time loss, and criminal legal system involvement. Given its disproportionate effect on rural and underserved populations, as well as the adverse outcomes associated with intimate partner violence, prevention efforts are crucial. This scoping review aims to assess the existing literature on the role of community health professionals (e.g., nurses, social workers, and health visitors) in addressing intimate partner violence, identify the nature and extent of research evidence, highlight gaps in the literature, and make recommendations for future research aims.

Background: Intimate partner violence is a significant public health problem and social determinant of health. In the US, 47.3% of women and 44.2% of men report experiencing physical violence, sexual violence, or stalking by an intimate partner in their lifetime. Experiences of intimate partner violence are associated with long-lasting health consequences over the life course, including physical and emotional injury, depression, anxiety, cardiovascular disease, adverse sexual and reproductive outcomes, and, in extreme cases, homicide and suicide. Growing evidence indicates that prevention of intimate partner violence is possible using evidence-based practices. These include primary prevention practices (e.g., teaching healthy relationship skills), as well as interventions to lessen the harm of intimate partner violence among survivors (e.g., survivor-centered community services). Community health professionals can play a key role in intimate partner violence prevention, particularly in rural and underserved communities.

Methods: We systematically searched the following databases for empirical peer-reviewed articles related to community health professionals and intimate partner violence that were published prior to September 2024: PubMed, Embase, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Web of Science. We conducted this review using the PRISMA for Scoping Reviews guidelines. All articles from the database searches were imported into Covidence, a web-based collaboration software platform for managing literature reviews. Two independent reviewers screened titles and abstracts and reviewed full texts for inclusion. We resolved discrepancies via a third reviewer or through group discussion and consensus. The reviewers will jointly develop a data-charting form. Two independent reviewers will chart data from the included articles and synthesize the range of evidence. U.S.-based studies published in English which focused on intimate partner violence interventions in community health settings were included in our review.

Assessment of Findings: We identified 4,014 articles, which included 744 duplicates. Of the remaining 3,257 articles, 3,153 were excluded during the title and abstract screening, leaving 104 articles for full-text review.

Implications: This review will highlight the practices of community health professionals, including public health nurses, in intimate partner violence prevention and can guide future research and program development.

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Internal Pathway to Develop RNs in Underrepresented Communities
Fernando Fierro, Denise Rios

Developing a Wound Care Program in a FQHC
and Addressing Implicit Bias in Wound Care Delivery
Fernando Fierro, Gabrielle C. Johnson

Nursing Leadership in Wildfire Response: Integrating Clinical & Community Care
Fernando Fierro, Adrienne Martinez-Hollingsworth

Innovative Staffing: Role-Specific Nursing Assignments for Wildfire Evacuation
Adrienne Martinez-Hollingsworth, Zuri Inzunza, Tiffany Carmona,
Naomi Ruiz, Maybelle Liquigan

Post-Disaster Volunteer Support: Data-Driven Resilience & Recovery for Staff
Adrienne Martinez-Hollingsworth, Brooke Briggance, Maximus Balliett, Zuri Inzunza

From Cosmology to Publication: Nurse-Led Scientific Training in Ambulatory Care
Adrienne Martinez-Hollingsworth, Zuri Inzunza, Monika Scherer

Strength in Collaboration: AltaMed & Kaiser Address Public Health in Disasters
Adrienne Martinez-Hollingsworth, Tiffany Carmona, Naomi Ruiz,
Maybelle Liquigan, Namrata Shivaprakash, Abigail Villalobos, Harold Giron,
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Extending Clinical Onboarding:
Transforming Nurse Retention, Satisfaction, and Turnover in FQHC's
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Vivian Thuy Vi Nguyen, Laura Shouse

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An Immersive Learning Experience
Ivelys Vega, James Phillips

Building Excellence: Establishing a Centralized Preceptor Model in FQHC's
Marvin Ayala, Vivian Thuy Vi Nguyen, Laura Shouse

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Challenges and Successes
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AltaMed Research, Implementation Science & Evaluation (RISE) Book Club
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Heart Rate Variability Biofeedback for Opioid Use Disorder: A Pilot Feasibility Trial
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Exploring HIV Stigma, Violence & Support in Eastern Cape, South Africa
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Engaging Hispanic/Latino Dementia Caregivers: Overcoming Outreach Barriers
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Sex and Condom Use-Related Alcohol Expectancies
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Rel. btw Safe Pt Handling Prog Compliance & Pt Handling Injury Incidence in VA HC Facilities
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WIN AWARDS AND HONORS

The Western Institute of Nursing recognizes members and colleagues with the following awards and honors in 2025.

DISTINGUISHED RESEARCH LECTURESHIP

The Distinguished Research Lectureship recognizes a senior researcher whose research efforts have made significant and sustained contributions to nursing.

Nancy Pike, PhD, RN, FNP-BC, CPNP-AC/PC, FAHA, FAAN, Professor and Founding Associate Dean for Research, University of California, Irvine Sue & Bill Gross School of Nursing

WIN EMERITUS

The honorary designation of WIN Emeriti was established in 1984 by the Western Council on Higher Education for Nursing (WCHEN). WIN has continued this honorary designation to recognize retired nurses or other individuals who have demonstrated distinguished service to WIN or to its predecessor, WCHEN.

Margaret Heitkemper, PhD, RN, FAAN, Professor, University of Washington School of Nursing

Kathryn Lee, PhD, RN, FAAN, Professor Emerita, University of California, San Francisco School of Nursing

Charlene Winters, PhD, RN, FAAN, Professor Emerita, Montana State University Mark & Robyn Jones College of Nursing

ANNA M. SHANNON MENTORSHIP AWARD

The Anna M. Shannon Mentorship Award was established in the name of the former Dean and Professor of the College of Nursing, Montana State University – Bozeman who unselfishly supported and promoted the professional growth of nurses in the West.

Paula M. Meek, PhD, RN, FAAN, Professor and Assistant Dean for the PhD Program, University of Utah College of Nursing

CAROL A. LINDEMAN AWARD FOR A NEW RESEARCHER

The New Researcher Award was established in 1976 by Carol A. Lindeman to support nursing researchers early in their careers. In 1987, the award was renamed to recognize Dr. Lindeman for her contributions and support of colleagues.

Kimberly Brinker, MSN, MPH, RN, PhD Candidate, University of Washington School of Nursing

SIGMA / WIN RESEARCH GRANT

Sigma and WIN jointly sponsor a research grant to encourage qualified nurses to contribute to the advancement of nursing through research.

Erin K. George, PhD, CNM, Postdoctoral Research Fellow, University of Arizona College of Nursing

ANN M. VODA AMERICAN INDIAN / ALASKA NATIVE / FIRST NATION CONFERENCE AWARD

The Ann M. Voda American Indian/Alaska Native/First Nation Conference Award was established in 2008 by Ann Voda to encourage American Indian/Alaskan Native/First Nation nursing students or nurse clinicians to participate with the WIN community of scholars.

Emmaline Jackson, BSN-RN, DNP Student, Montana State University Mark & Robyn Jones College of Nursing

CONFERENCE SCHOLARSHIP AWARD

WIN is committed to structuring opportunities to advance health equity in the West and specifically to promoting health equity through WIN programming and to developing nurse leaders from diverse populations.

Harison Lagat, BSN, MPH, MSC, PhD Student, University of Washington School of Nursing

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In 1989, WIN established the Western Academy of Nurses (WAN) to recognize and honor nurses who have been actively engaged in WIN and have demonstrated excellence in nursing research, practice, and/or education.

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Jessica Rainbow, PhD, RN, CNE, Associate Professor & Director of Clinical Research Partnerships, College of Nursing, University of Arizona

Jean Shreffler-Grant, PhD, RN, Professor Emerita, Mark and Robyn Jones College of Nursing, Montana State University

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