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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, new graduate, retired nurse, 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. Honorary memberships include those designated for Emeritus status and those who have made supporting contributions to WIN.

COMMUNICATING NURSING RESEARCH
Issues previously published:

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
Volume 6: Collaboration and Competition in Nursing Research
Volume 7: Critical Issues in Access to Data
Volume 8: Nursing Research Priorities: Choice or Chance
Volume 9: Nursing Research in the Bicentennial Year
Volume 10: Optimizing Environments for Health: Nursing's Unique Perspective
Volume 11: New Approaches to Communicating Nursing Research
Volume 12: Credibility in Nursing Science
Volume 13: Directions for the 1980's
Volume 14: Health Policy and Research
Volume 15: Nursing Science in Perspective
Volume 16: The Image of Nursing Research: Issues and Strategies
Volume 17: Advancing Nursing Science: Qualitative and Quantitative Approaches
Volume 18: Influencing the Future of Nursing Research through Power and Politics
Volume 19: The Winds of Change: New Frontiers in Nursing Research
Volume 20: Collaboration in Nursing Research: Advancing the Science of Human Care
Volume 21: Nursing: A Socially Responsible Profession
Volume 22: Choices within Challenges
Volume 23: Nursing Research: Transcending the 20th Century
Volume 24: Partnerships: Putting It All Together
Volume 25: Silver Threads: 25 Years of Nursing Excellence
Volume 26: Scholarship in Practice
Volume 27: Research, Practice, and Education within the Health Care Agenda
Volume 28: Innovation and Collaboration: Responses to Health Care Needs
Volume 29: Advancing Nursing through Research, Practice, and Education
Volume 30: Nursing: Changing the Environment
Volume 31: Quality Research for Quality Practice
Volume 32: Nursing Research: For the Health of Our Nation
Volume 33: Building on a Legacy of Excellence in Nursing Research
Volume 34: Health Care Challenges Beyond 2001: Mapping the Journey for Research and Practice
Volume 35: Health Disparities: Meeting the Challenge
Volume 36: Responding to Societal Imperatives through Discovery and Innovation
Volume 37: Hallmarks of Quality: Generating and Using Knowledge
Volume 38: Looking Ahead: Innovations in Nursing Science, Practice, and Education
Volume 39: Building Knowledge for Practice
Volume 40: 50 Years of Advancing Nursing in the West 1957 – 2007
Volume 41: The Circle of Nursing Knowledge: Education, Practice and Research
Volume 42: Networks in Nursing Science: Creating our Future
Volume 43: Nursing Science: Informing Practice and Driving Policy
Volume 44: Transitions: Unifying Practice, Education, and Research to Improve Health
Volume 45: Advancing Scientific Innovations in Nursing
Volume 46: Creating a Shared Future of Nursing: Research, Practice, and Education

Volume 47: Taking It Global: Research, Practice, and Education in Nursing
Volume 48: Equity and Access: Nursing Research, Practice, and Education
Volume 49: Innovations in Engagement through Research, Practice, and Education
Volume 50: 50 Years of Leadership: Continuing the Vision
Volume 51: Transforming Health through Advances in Nursing Research, Practice, and Education
Volume 52: Career, Connection, Community
Volume 53: 20/20 and Beyond: Envisioning the Future of Nursing Research, Practice, and Education
Volume 54: Better Together: Integration of Nursing Research, Practice, and Education
Volume 55: Justice, Equity, Diversity, and Inclusion (JEDI): Creating a Nursing Force for Change
Volume 56: Leveraging Technology to Advance Nursing and Equity in Research, Practice, and Education
Volume 57: Health and Equity in Changing Environmental and Social Climates
Volume 58: Redesigning Nursing for New Frontiers in Health

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 59th Annual Communicating Nursing Research Conference, "Navigating the Currents in Healthcare and Academia: Bridging Research, Practice, and Education," was held in San Francisco, CA from April 21-24, 2026.

The keynote address was delivered by **Jennifer Mensik Kennedy**, PhD, MBA, RN, NEA-BC, FAAN, 38th President of the American Nurses Association. State of the Science presentations were delivered by: **Holli A. DeVon**, PhD, RN, FAAN, FAHA, Emerita Professor and Emerita Audrienne H. Moseley Endowed Chair in Community Research, UCLA School of Nursing; **Marla J. Weston**, PhD, RN, FAAN, Chief Executive Officer, Weston Consulting, LLC and Former Chief Executive Officer, American Nurses Association; and **Heather M. Young**, PhD, RN, FAAN, Professor and Dean Emerita, Betty Irene Moore School of Nursing at UC Davis.

Two award papers were presented:

Distinguished Research Lectureship Award: **Sandra J. Weiss**, PhD, DNSc, RN, FAAN, Professor and Robert C. and Delphine Wentland Eschbach Chair in Mental Health, UCSF School of Nursing.

Carol A. Lindeman Award for a New Researcher: **Roque Anthony F. Velasco**, PhD, APRN, AGPCNP-BC, Director of Gender Health and Wellness Services, University of Colorado College of Nursing.

The Proceedings include the abstracts of symposium, podium, and poster presentations. One hundred and fifty-six papers were presented in podium sessions on a wide variety of topics. Fifty-three papers were presented in eleven symposia, and one hundred and three papers were organized in twenty-four additional podium sessions. Two hundred and eighty-three WIN peer-reviewed posters were presented, representing projects and research, completed or in-progress. An additional two hundred and twenty-one 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; Alycia Bristol, UT; Annette Carley, CA; 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; Annette Nasr, CA; Joanne Noone, OR; Jessica Rainbow, AZ; Teresa Rangel, WA; Krista Scorsone, CO; Ruth Taylor-Piliae, AZ; Doria Thiele, CA; Alice Tse, HI; Andrea Wallace, UT; Kristi Westphaln, CA; Fang Yu, AZ; and Shumenghui Zhai, WA.

We extend our gratitude to all those who submitted papers and participated in the 2026 conference.

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

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

Distinguished Research Lectureship Abstract

THE SALIENCE OF CROSSTALK AMONG BIOLOGICAL, PSYCHOLOGICAL AND SOCIAL DOMAINS OF HEALTH TO KNOWLEDGE DEVELOPMENT IN NURSING SCIENCE

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The biopsychosocial model of health, with its focus on the whole person, has been central to nursing practice for decades. This model is a patient-centered framework that posits health and illness are determined by a dynamic interaction of biological, psychological, and social factors. However, from a reductionistic perspective, the three domains of this model can be considered as distinct systems that are conceptually separate and can be reasonably studied and measured independently. In this view, human biological, psychological and social phenomena have self-contained lives of their own. Historically, a considerable amount of nursing research has focused on only one domain of the model (e.g., social determinants or biomarkers) rather than the linkages among biological, psychological and social domains that may influence health. This focus on one domain arises typically from our need to manage the complexity inherent in research shaped by a more systems-driven, dynamic view of health that is multicausal and involves vibrant interacting parts.

Still, if nurse scientists are to uphold our discipline's stated commitment to holism and inform nursing care that builds on its biopsychosocial assumptions, increased efforts are needed to conduct research that examines crosstalk among biological, psychological, and social domains. Increasing evidence indicates that the interplay among these domains is almost always what affects optimal health as well as the onset, presentation and course of an illness.

In this talk, research designs and methods are discussed that enable examination of the interplay and interaction among biological, psychological, and social domains in nursing research. Examples include frameworks that build on structural equation modeling or path analysis, network analysis, cluster analysis, and multi-level modeling, among others. Research that has used these approaches to evaluate varied research questions within a biopsychosocial context are described, highlighting studies from the presenter's past and ongoing program of research. Research is discussed in which relationships among biological markers (e.g., hormonal, autonomic nervous system, genetic, and microbial) psychological factors (e.g., perceived stress, depression, temperament), and social determinants (e.g., childhood adversity, neighborhood air pollution; stressful life events) are explored.

The goal of this presentation is to enhance understanding of the importance of the interface across biological, psychological and social domains of health to nursing science as well as methods to study this interface. Increasing an integrative, biopsychosocial emphasis in generation of nursing knowledge will improve the potential for nursing care that truly considers the whole person.

The Carol A. Lindeman Award for a New Researcher Paper

STIGMA AND PRIMARY CARE ACCESS AMONG TRANS OLDER ADULTS IN THE INLAND EMPIRE, CALIFORNIA[1]

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In recent decades, an increasing amount of research has documented widespread mistreatment and discrimination faced by transgender and gender-diverse (TGD; individuals whose gender identity does not align with their sex assigned at birth) people across various social domains, including when accessing healthcare services.[1,2] Results from the 2022 U.S. Transgender Survey,[1] a landmark study involving more than 92,000 TGD individuals aged 16 and older, show that nearly half (48%) of respondents experienced at least one negative healthcare encounter related to their gender identity, such as care denial, verbal harassment, or physical or sexual abuse, along with insurance barriers like denial of coverage for gender-affirming and preventive care.[1] Due to these stigma-related experiences, about 31% of TGD adults have delayed or avoided healthcare altogether out of fear of mistreatment.[3] Such delays have profound effects on health, including worse physical and mental health outcomes,[4,5] higher risk of suicidal thoughts and attempts,[6] and increased rates of chronic illnesses, disability, and lower quality of life.[7]

Although population-level studies clearly show a link between stigma and adverse health outcomes among TGD populations, most existing research has mainly focused on TGD youth and young adults,[8,9] especially those living in coastal metropolitan areas where access to specialized gender-affirming services is more available.[1,2] Consequently, significant gaps remain in understanding how stigma influences healthcare access for TGD older adults (aged 50 and above), who may face overlapping challenges related to aging, cumulative lifetime stigma, chronic illness, and greater dependence on primary care. These gaps are particularly salient in California's Inland Empire (Riverside and San Bernardino Counties), a rapidly growing region with limited healthcare resources, reduced access to specialty care, and notable geographic and socioeconomic disparities compared to coastal areas, and where the population aged 50 and older is increasing at a striking pace.[10-12] To date, little empirical research has explored the healthcare experiences of TGD older adults in the Inland Empire, and this study is the first to investigate TGD older adults' primary care experiences in the region. Therefore, the study aims to examine how stigma shapes primary care access among TGD older adults living in the Inland Empire, California.

Theoretical Background

The stigma-power framework offers a critical lens for understanding how stigma is produced, sustained, and enacted through social and institutional processes.[13,14] Central to this framework is the concept of *stigma-power* or the capacity of dominant groups and institutions to deploy stigma as a resource to control, regulate, and marginalize stigmatized populations.[13,14] Stigmatizers exercise stigma-power by *keeping people down* through exploitation and domination, *keeping people in* through the enforcement of normative expectations, and *keeping people away* through avoidance and exclusion.[14,15] Despite the relevance of stigma-power for understanding health inequities, limited research has examined its application to primary care access among TGD older adults, particularly in under-resourced and understudied regions such as California's Inland Empire.[8,9] Applying the stigma-power framework enables a nuanced examination of how power is exercised through healthcare providers (HCPs), clinical interactions, and structural conditions that constrain or facilitate equitable access to primary care.

Methods

This study incorporated elements of community-based collaborative action research (CBCAR) to guide its design, implementation, and analytic approach.[16] CBCAR is grounded in an epistemology that emphasizes partnership with members of the study population and aims to actively dismantle power imbalances between researchers and participants across all research phases.[16,17] Rooted in participatory and action-oriented science, this approach is guided by critical theory, feminist perspectives, and Indigenous ways of knowing, while also drawing on unitary-transformative and participatory paradigms that conceptualize humans as interconnected and co-evolving within broader social systems.[17] From this perspective, knowledge production is viewed as relational, contextual, and explicitly directed toward social justice. Furthermore, CBCAR's critical, post-structural approach aligns with emancipatory nursing praxis.[17,18] It offers a methodological basis for tackling unequal power dynamics by emphasizing the co-creation of knowledge and stigma narratives.[17,18] These principles were particularly salient given the historical marginalization of TGD communities in healthcare research and practice.

Aligned with participatory research principles, the study was also built on long-standing partnerships with local TGD communities. It included TGD-identifying community members as integral members of the research team. Study materials were co-created with community partners to ensure cultural relevance, clarity, and respect. TGD-identifying team members led recruitment efforts, leveraging trusted community networks and relationships to connect with TGD older adults who might otherwise be hesitant to participate due to past experiences of stigma or exclusion. Data were collected from November 2023 to February 2025 through in-depth, semi-structured interviews, promoting ongoing engagement and responsiveness to participants' needs and availability.

Data analysis followed Riessman's[18] approach to thematic narrative analysis, which focuses on identifying thematic patterns within and across narratives while maintaining their temporal, social, and contextual dimensions. Interviews were initially analyzed as a whole to identify core narrative elements, and cross-case analysis was then used to explore shared and divergent experiences of stigma in primary care. Reflexive practices were consistently used to examine how individual, cultural, and sociopolitical contexts influenced both participants' narratives and the researcher's interpretations. Incorporating CBCAR allowed the analysis to go beyond personal stories, revealing broader patterns of power and inequality present in healthcare encounters and research processes.

Results

Demographic Characteristics

Seventeen TGD older adults (ages 53-75, mean = 61 years) participated. Over half identified as women/transgender women (53%), most were assigned male at birth (71%), and an equal number of participants identified as lesbian/gay (29.4%) and straight/heterosexual (29.4%). Approximately 59% identified as White, and about 65% identified as non-Hispanic. More than half (53%) had at least a bachelor's degree. Notable proportions experienced unemployment (30%), housing instability (24%), and food insecurity (30%). More than half (53%) reported healthcare coverage through Medicare or Medicaid, most (88%) received primary care from a primary care provider, and some (12%) reported driving at least 50 miles each way to receive primary care. Nearly half (47%) reported having two or more chronic health conditions, with two of whom (18%) reported having 11 or more chronic health conditions.

Thematic Threads[2]

Analysis revealed how stigma-power operates subtly yet pervasively in primary care encounters for TGD older adults. Using the stigma-power concept as an analytic lens highlighted the mechanisms through which stigma is enacted, often invisibly, to regulate, control, and exclude participants within healthcare systems. Across stigma narratives, several recurring thematic threads emerged, illustrating shared patterns in how stigma

shapes primary care access: while stigmatizers use mechanisms to keep TGD older adults (1) *down*, (2) *in*, and (3) *away*, the participants resist stigma by employing (4) *key facilitators* to access gender-affirming primary care.

Keeping TGD Older Adults Down. A central thematic thread involved mechanisms that worked to *keep TGD older adults down* (thematic thread #1) through exploitation and domination. Participants described how stigmatizers used institutional, interpersonal, and societal power-related mechanisms to deny access to vital health-related resources, marginalize them economically, and police their gender identities.

Denial of health-related resources. Within primary care, denial of gender-affirming care emerged as a potent mechanism. Participants described HCPs withholding or delaying medically necessary treatments (i.e., gatekeeping), including gender-affirming hormone therapy, referrals for surgeries, and even routine preventive services. These practices capitalized on the inherent power imbalance in HCP–patient relationships, leaving participants without essential care or forcing them to seek services from unlicensed peers. Gatekeeping further exemplified how HCPs exerted control over participants' bodies and identities by pacing medical transition based on HCP comfort rather than clinical need. These delays contributed to significant physical and mental health issues and eroded trust in primary care relationships.

Economic Marginalization. Beyond clinical encounters, economic marginalization served as a structural barrier, limiting participants' ability to obtain stable employment, housing, insurance, and transportation. Despite having high levels of education, many participants also faced unemployment, housing instability, and food insecurity, which further hindered their ability to access primary care consistently.

Policing TGD Identities. Policing TGD identities reinforced social hierarchies and privileged cisnormativity. Restrictive laws and policies in other states forced some participants to relocate to California to access gender-affirming care. Even in California, where stronger legal protection for TGD people exists, participants still faced identity policing in healthcare settings, leading many to conceal or modify their gender expression to avoid mistreatment. These mechanisms collectively upheld participants' marginal social positioning and created additional barriers to accessing affirming primary care.

Keeping TGD Older Adults In. Another thematic thread illustrated how stigmatizers worked to *keep TGD older adults in* (thematic thread #2) by enforcing dominant social norms. This process involved moral framing, shaming and ridicule, norm enforcement, and internalizing stigma.

Moral Framing. Moral framing, which is often rooted in medicalized and pathologizing discourses, views TGD identities as abnormal or disordered, justifying gatekeeping and lengthy evaluations before granting access to care. Participants described HCPs requiring extensive psychological assessments or delaying treatment, effectively acting as gatekeepers of who is considered worthy of care.

Shaming and Ridicule. Shaming and ridicule often occurred through misgendering, deadnaming, and intrusive questions from healthcare staff. These interactions, especially when done by individuals with institutional authority, had a substantial impact, reinforcing feelings of inferiority and alienation. Even when electronic health records allowed for correct names and pronouns, participants were frequently misgendered, highlighting systemic gaps between policy and practice.

Norm Enforcement and Internalization of Stigma. Formal and informal enforcement of norms further limited participants' access to care. Laws and policies restricted access to gender-affirming services in some areas, while cisnormative healthcare practices ignored participants' actual bodies and care needs. Informally, family members and community networks discouraged or delayed participants' transitions out of fear of rejection or losing housing. Over time, these repeated experiences led to internalized stigma, with participants doubting their worthiness of care, blaming themselves for mistreatment, and accepting poor

treatment as normal. This internalized stigma affected how participants interacted with HCPs and often suppressed self-advocacy.

Keeping TGD Older Adults Away. By using avoidance strategies, such as social segregation and rejection, stigmatizers kept *TGD older adults away* (thematic thread #3) from accessing primary care.

Social Segregation. Geographic disparities in access to affirming HCPs were especially noticeable in the Inland Empire, where a lack of trained HCPs and gender-affirming clinics forced participants to travel long distances or endure lengthy wait times. Barriers such as transportation challenges, mobility limitations, and fragmented referral systems further exacerbated these issues, especially for those managing multiple chronic conditions.

Rejection. Rejection also led to disengagement from care. Participants described withdrawing from primary care after repeated negative encounters, sometimes staying away for years. Notably, rejection from HCPs who identified as part of the broader LGBT community was especially painful, undermining assumptions of shared understanding.

Facilitators to Gender-Affirming Primary Care. Despite widespread stigma, participants also identified *key facilitators* (thematic thread #4) that countered these forces and enabled access to affirming primary care. Affirming HCPs played a central role, serving not only as skilled clinicians but also as trusted allies who addressed psychosocial needs and fostered respectful, collaborative relationships. TGD health navigators further supported participants by easing logistical burdens, helping them find affirming HCPs, and reducing exposure to stigmatizing encounters. Institutional signals of inclusion, such as visible affirming symbols and respectful practices, increased participants' willingness to seek care, though they emphasized that affirming behaviors were more critical than symbolic gestures alone. Advocacy, both self-initiated and supported by family, friends, and community members, proved a vital strategy for resisting stigma and gaining access to care. Finally, legal protections in California gave participants a sense of legitimacy and empowerment, reinforcing their right to respectful treatment and gender-affirming services.

Discussion

The findings highlight that stigma is deeply embedded within healthcare systems, influencing how TGD older adults access (or are excluded from) accessing primary care. The thematic threads (keeping people down, in, and away) did not operate independently or were mutually exclusive mechanisms. Instead, these thematic threads overlapped and were embedded within broader structural systems that sustain and reproduce power hierarchies. The findings also demonstrated the flexibility of stigma-power, which functions through intersecting mechanisms to reinforce power imbalances between stigmatizers and TGD older adults seeking care in the Inland Empire. Viewing stigma as a dynamic, power-laden process is crucial for understanding how control and exclusion are enacted in healthcare settings, as well as for identifying facilitators that might disrupt these processes. This perspective reframes stigma from a series of isolated interpersonal interactions to a persistent structural and systemic form of oppression that influences healthcare access throughout the life course while also illuminating pathways for resistance and disruption.

Nursing Implications

These findings have significant implications for nursing practice, education, policy, and research. In practice, nurses are uniquely positioned to reduce stigma and promote equitable primary care access for TGD older adults through affirming and inclusive approaches. Such practices include consistently using patients' chosen names and pronouns, employing inclusive and gender-neutral language, supporting patient autonomy, and actively challenging gendered assumptions. Given participants' cumulative experiences of stigma, trauma-informed care is critical for fostering clinical environments rooted in safety and trust. Beyond individual interactions, nurses must collaborate with patients to influence organizational practices and address systemic barriers to affirming care.

In nursing education, the findings emphasize the importance of integrating TGD health content throughout curricula rather than isolating it in separate modules. Strategies such as simulation, case-based learning, and role-play involving TGD older adults can enhance clinical skills, cultural humility, and critical reflection on power and structural inequalities. Furthermore, faculty development and institutional accountability are vital to sustaining these efforts, especially amid growing political threats to academic freedom and inclusion.

At the policy level, nurses and professional organizations must actively oppose legislation that undermines TGD rights and restricts ethical, evidence-based care. Consistent with the American Nurses Association Code of Ethics,[19] nurses have a professional duty to engage in advocacy, legislative testimony, and civic action to protect patient autonomy and maintain the integrity of nursing practice. And finally, in nursing research, this study highlights the need for longitudinal and intersectional studies examining the cumulative effects of stigma on TGD older adults' health. Advancing community-based, collaborative research approaches is essential for equalizing power dynamics and ensuring that research meaningfully benefits TGD communities.

Limitations

This study has limitations that warrant consideration. First, it was conducted with TGD older adults living in and receiving primary care in the Inland Empire, a region that is geographically and sociopolitically distinct. Therefore, the results may have limited transferability to other areas with different healthcare systems, community resources, and policy environments. Although thick descriptions were used, participants' narratives reflect regional dynamics and may not represent the full spectrum of primary care experiences nationwide. Second, the small sample size and snowball sampling approach might have restricted the variety of perspectives. Participants were likely those who were more willing to share stigma-related experiences and more connected to TGD-led organizations.

Additionally, despite targeted recruitment, transfeminine participants were overrepresented, while transmasculine, gender-diverse, and Hispanic/Latino TGD older adults were underrepresented. Third, participation required access to technology or transportation, which may have excluded individuals facing economic or safety-related barriers. Fourth, reliance on self-reported narratives may have introduced recall and social desirability biases. Although reflexive journaling, team-based analysis, and stakeholder checking were used to enhance rigor, complete neutrality is not possible in narrative inquiry, where co-construction of meaning is inherent. Finally, the rapidly evolving sociopolitical landscape surrounding TGD healthcare presents a temporal limitation. The findings represent a snapshot in time and may not fully capture the impact of subsequent policy changes on stigma and primary care access.

Conclusion

This study situated stigma narratives within a broader dialogue on stigma, health equity, and the transformative potential of narrative-based methodologies. By centering the voices of TGD older adults, this work directly challenged their marginalization within healthcare research and practice. Storytelling emerged not only as a process of meaning-making but also as an act of resistance that disrupted dominant healthcare narratives and exposed how power, stigma, and inequity are embedded within primary care systems. Participants' narratives revealed how stigma-related barriers, rooted in structural inequities and compounded by chronic illness, socioeconomic precarity, and discriminatory policies, shaped primary care access across the life course. At the same time, these stigma narratives illuminated the resilience, agency, and strategies of defiance that TGD older adults often employed to navigate and resist stigma. Grounded in CBCAR principles, this study underscored the importance of co-creating knowledge with TGD communities to advance equity-driven scholarship. The findings call for nursing practice, education, policy, and research to adopt intersectional, community-based, and justice-oriented approaches to dismantle stigma and redistribute power within healthcare systems. Ultimately, this work

envisions a future in which healthcare is not only responsive to TGD communities' needs but is fundamentally transformed to ensure that all TGD people are seen, heard, and affirmed.

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[2] Participant quotes not included due to page limitations.

SYMPOSIUM: CURRENTS OF CRISIS AND CREATIVITY: ADAPTING CARE IN NURSING HOMES

Overview: Currents of Crisis and Creativity: Adapting Care in Nursing Homes

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This symposium presents findings from a multi-state qualitative study conducted as part of a larger adaptive intervention design project aimed at refining a pre-pandemic telehealth intervention in long-term care (LTC). Adaptive intervention design is a methodological approach that uses empirical data to iteratively refine and tailor interventions based on contextual needs, stakeholder input, and evolving circumstances. It is particularly well-suited for complex care environments, like nursing homes, allowing research to adjust components of an intervention to optimize feasibility, relevance, and impact over time. As the COVID-19 pandemic unfolded, the research team conducted interviews with interdisciplinary LTC teams to understand how care delivery, leadership, communication strategies and other factors evolved under crisis conditions. These insights directly informed modifications to the intervention to ensure its relevance and sustainability in a post-pandemic context. While pilot study findings are not presented in this symposium, the four qualitative studies featured here offer critical perspectives on how LTC teams navigated the pandemic through relational, adaptive, and creative practices. Each presentation contributes a distinct perspective on how care teams sustained connection, led with compassion, integrated telehealth, and discovered unexpected silver linings amid adversity.

The first presentation, *Crisis Within a Crisis—Sustaining Connection in Dementia Care During COVID*, explores how LTC teams upheld person-directed care for residents living with dementia despite restrictive public health measures. Through rich qualitative data, it reveals how team members adapted communication strategies and care routines to preserve dignity and emotional connection, often navigating ethical tensions and moral distress in the process.

The second presentation, *Leading from the Heart: Perspectives on Nursing Home Leadership in Crisis*, examines the critical role of local leadership in fostering resilience and team cohesion. Drawing on the Adaptive Leadership framework, it highlights how flexibility, empathy, and visibility enabled leaders to support team members through emotional and operational challenges, while identifying barriers that hindered effective leadership during the pandemic.

The third presentation, *Telehealth in Nursing Homes: Experiences and Strategies for Integration*, investigates the rapid expansion of telehealth in LTC settings. It details how team members creatively repurposed roles, engaged families, and overcame technical barriers to embed telehealth into daily practice. The findings underscore telehealth's potential to enhance access, care continuity, and infection control, while emphasizing the need for sustainable infrastructure and training.

The final presentation, *Creative Solutions and Silver Linings Developed During Crisis*, synthesizes stories of innovation and adaptation, showcasing how LTC teams leveraged creativity to meet older adults' needs, support teamwork and well-being, and reimagine care practices. From hallway bingo to virtual performances and reflective storytelling, these examples underscore the potential for lasting transformation born out of crisis.

Dr. Caroline Stephens, our discussant and PI of the telehealth intervention study, will reflect on the collective insights from these studies highlighting implications for future telehealth interventions, trauma-informed leadership, workforce development, and sustaining innovations that promote connection, adaptability, resilience, and interdisciplinary collaboration in LTC.

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ADAPTING CARE IN NURSING HOMES

Crisis within a Crisis—Sustaining Connection in Dementia Care during COVID

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Purpose: This study centers the voices of long-term care (LTC) team members navigating the complexities of providing relational, person-directed support to individuals living with dementia during the COVID-19 pandemic. It explores how care teams, including nurses, certified nursing assistants, social workers, and administrators, responded to ethical tensions, emotional strain, and operational constraints while preserving connection and compassion.

Background: The COVID-19 pandemic caused profound disruption in community living environments, particularly for individuals experiencing cognitive changes. While infection control was prioritized, public health restrictions such as room isolation, visitation bans, and masking often conflicted with the emotional, sensory, and relational needs central to dementia-friendly care. Most literature has focused on clinical outcomes, leaving a critical gap in understanding how care teams upheld connection and dignity during crisis. This study explores real-world adaptations rooted in empathy, flexibility, and deep knowledge of individual needs.

Methods: Between June 2021 and July 2022, we conducted semi-structured interviews with 29 interdisciplinary team members from 22 LTC facilities across nine U.S. states. Participants included nursing assistants (n=9), nurses (n=8), administrators (n=3), providers (n=6), social workers (n=3). We used deductive and inductive thematic analysis in ATLAS.ti 25. The research team developed and refined a coding framework through collaborative, iterative transcript review. Multiple coders independently applied codes to a subset of transcripts. We met regularly to compare interpretations, resolve discrepancies, and ensure analytic consistency. We identified final themes by organizing related codes and interpreting patterns across participants' accounts.

Findings: Three primary themes were identified:

- Ethical Tensions and Moral Distress: Care teams experienced emotional conflict when safety protocols like masking, isolation, and visitation limits restricted their ability to provide comfort, connection, and presence. Some adapted these rules in urgent moments, briefly revealing facial expressions or offering touch to meet immediate emotional needs. These choices often brought distress, internal debate, and quiet affirmation of their personal values.
- Isolation and Unmet Emotional Needs: Prolonged room confinement, reduced sensory input, and lost daily rhythms led many individuals living with dementia to express increased confusion, loneliness, and emotional distress. Care teams responded with personalized, meaningful engagement, such as music, arranging outdoor family meetings, and novel in-room sensory activities, aiming to restore comfort, reduce agitation, and rebuild human connection.
- Communication Barriers and Relational Adaptations: Masking and restricted visits disrupted familiar ways of connecting and communicating, limiting access to verbal and nonverbal cues essential for emotional understanding. In response, care teams used gestures, notes, visual aids, and video calls to support meaningful interaction, preserve relationships, and sustain emotional closeness with family and friends.

Conclusions: Findings demonstrate the importance of relational ethics, trauma-informed leadership, and adaptive, person-directed practices during healthcare crises. Care teams showed ingenuity and emotional labor to support individuals living with dementia under extraordinary conditions. These insights inform future emergency preparedness, nursing education, and policy by centering frontline voices and emphasizing flexibility in crisis response, particularly as healthcare and education systems continue to face disruption.

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SYMPOSIUM: CURRENTS OF CRISIS AND CREATIVITY:
ADAPTING CARE IN NURSING HOMES

Leading from the Heart: Perspectives on Nursing Home Leadership in Crisis

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Purpose: This study explored insights from nursing home (NH) care teams and providers regarding leadership strategies, available supports, and the quality of teamwork and collaboration. It examined how these factors either facilitated or hindered their resilience and ability to care for individuals during the pandemic. Secondarily, this study sought to identify the specific leadership framework best aligning with NH care team strategies utilized to successfully navigate crisis.

Background: Moral distress and injury among NH care teams and gaps in national leadership during COVID-19 are well documented. However, little is known about local NH leadership and its impact on care teams. Adaptive Leadership, a flexible, creative approach to complex challenges, may support collaboration and resilience during crises. Although its role in healthcare has been studied, its influence on the experiences of local nursing home teams during a crisis remains largely unexplored.

Methods: Semi-structured interviews were conducted between June 2021 and July 2022 with 29 provider participants: 9 Certified Nursing Assistants, 4 Licensed Vocational Nurses, 4 Registered Nurses, 3 administrators, 6 Medical Doctors/Nurse Practitioners, and 3 Social Workers from 22 facilities across 9 states. Interviews were audio-recorded, transcribed, and analyzed using ATLAS.ti v25.

A deductive-inductive thematic approach, informed by the interview guide and early transcript review, was used. Coders independently applied initial codes to a subset of transcripts, followed by team meetings to refine definitions and resolve discrepancies and discuss coding decisions. After establishing group cohesion around the coding framework, the full dataset was coded. This iterative process reduced bias and promoted consistency in coding. Findings were grouped into categories and final themes.

An inductive lens during synthesis allowed new ideas to be identified. Leadership surfaced as a key theme, evident across roles and settings. Analysis compared leadership models and based on interviewee responses the Adaptive Leadership framework was adopted and utilized to further analyze and interpret findings.

Assessment of Findings: Care team members experienced profound emotional and moral distress, including sadness, fear, guilt, burnout, and anger. These were intensified by team member shortages, lockdowns, ethical dilemmas, personal protective equipment scarcity, and fatigue. Effective NH leadership was described as critical for fostering resilience through these challenges. Strategies utilized aligned with principles of the Adaptive Leadership framework. Key qualities of effective leadership were described as flexibility, empathy, empowerment, and innovation. Facilitators to effective leadership were visibility, collaborative problem-solving, innovative communication, role flexibility, and appreciation. Barriers to effective leadership included absent leadership, communication breakdowns, rigid roles, and lack of empathy.

Conclusions: Adaptive Leadership offers a vital lens for understanding how NH leaders navigated crises while mitigating emotional and ethical burdens. By fostering flexibility, team engagement, and addressing systemic challenges, adaptive strategies enhanced resilience, improved care quality, and supported team member retention. Embedding these principles into organizational policies can strengthen emergency preparedness, workforce development, and trauma-informed leadership. Clinically, promoting interdisciplinary collaboration, role adaptability, and team member support systems can further enhance resilience. Future research should examine long-term impacts, develop training models, and explore contextual factors integrating Adaptive Leadership in long-term care.

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SYMPOSIUM: CURRENTS OF CRISIS AND CREATIVITY:
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Telehealth in Nursing Homes: Experiences and Strategies for Integration

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Aims: This study explored nursing home (NH) staff perspectives on the strategies, challenges, and opportunities that shaped the uptake and experience of telehealth in NHs throughout the COVID-19 pandemic and how it impacted NH residents and their families.
Rationale/Background: Telehealth rapidly expanded in NHs during the pandemic, offering new ways to connect residents, families, and providers, yet also uncovered barriers in such frequent technology use, workflow integration, and engagement. As part of understanding how a pre-pandemic NH telehealth intervention needed to be adapted, it was critical to explore how NH stakeholders experienced this transition to guide what strategies are most effective for embedding telehealth into long-term care practice moving forward from the pandemic.
Methods: Semi-structured interviews were conducted between June 2021 and July 2022 with 29 participants consisting of 9 nursing assistants, 4 licensed vocational nurses, 4 registered nurses, 3 administrators, 6 medical doctors/nurse practitioners, 3 social workers from 22 long-term care facilities across 9 states. Interviews were transcribed and analyzed using deductive thematic analysis using ATLAS.ti 25 software. To ensure rigor, a nursing research team used a coding framework based on the interview guide and telehealth concepts identified. Multiple coders independently applied codes to a subset of transcripts, followed by iterative team meetings to discuss coding decisions, refine code definitions, and resolve discrepancies. Intercoder agreement was established through this iterative process as the full dataset was coded. Regular research team consensus discussions throughout the analysis promoted consistency, reduced bias, and enhanced credibility. Thematic findings were generated by grouping related codes into categories, then synthesizing across categories to identify higher-order themes that reflected participants' perspectives
Assessment of Findings: Two overarching themes emerged: (1) *Laying the Groundwork: Strategies to Embed Telehealth into NH Culture and Practice* emphasized the value of staff training, accessible technology, and proactive resident and family engagement in fostering acceptance and readiness for telehealth integration. Participants described how telehealth reduced transportation barriers for residents, allowing timely access to specialty and primary care without the stress and logistical challenges of leaving the facility. Staff also reported creative re-purposing of existing roles to support telehealth visits, such as designating team members to coordinate scheduling, facilitate connections, and assist residents during virtual encounters. (2) *The Complex Experience of Telehealth in NHs* highlighted that while challenges remained, such as technical difficulties and variability in digital literacy, the overall benefits included improved communication among providers, enhanced family involvement, increased convenience, and strengthened infection control. Participants viewed telehealth as a valuable complement to in-person care, providing sustainable opportunities to improve access and continuity for NH residents.
Conclusions: Findings demonstrate the need for sustainable strategies to integrate telehealth into NH care, including ongoing staff training, simplified technology, family and resident education, and supportive workflows. Policy, clinical practice, and future research should address NH infrastructure and cultural readiness, ensuring telehealth is implemented in ways that promote equity, quality of care, and meaningful engagement for residents and families.
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SYMPOSIUM: CURRENTS OF CRISIS AND CREATIVITY:
ADAPTING CARE IN NURSING HOMES

Creative Solutions and Silver Linings Developed during the COVID-19 Crisis

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Purpose: This study explored the adaptive strategies nursing home (NH) care teams employed during the COVID-19 pandemic and examined their lasting impact on care delivery.
Background: The COVID-19 pandemic severely impacted NH environments, intensifying isolation, limiting engagement, and challenging traditional care practices. While there were immediate and lasting negative sequelae of the COVID-19 pandemic, crises can also foster creative solutions that remain underexplored. Ongoing care delivery challenges highlight the urgent need to identify and apply innovations and "silver linings" from the COVID-19 pandemic to support resilience and adaptability in nursing homes today.
Methods: A qualitive descriptive study involving semi-structured interviews and thematic analysis was conducted. Twenty-nine NH care team members participated 1:1 via Zoom between June 2021 and July 2022—including 9 nursing assistants, 4 licensed vocational nurses, 4 registered nurses, 3 administrators, 6 medical doctors/nurse practitioners, and 3 social workers. Interviews spanned 22 facilities across 9 U.S. states. Interviews were transcribed and analyzed using thematic analysis with ATLAS.ti 25 software. Analysis incorporated deductive and inductive approaches. A coding framework was developed by the research team based on the interview guide and concepts identified during a review of initial transcripts. Multiple team members coded each transcript independently, meeting weekly to review and refine coding, resolve discrepancies, and achieve consensus. These processes supported consistency and credibility. Codes were aggregated into categories and then synthesized to identify themes rooted in the participants' perspectives.
Assessment of Findings: All participants readily described the need to adapt and apply creative solutions throughout all stages of the pandemic. Many strategies employed sought to increase engagement with residents and the multidisciplinary team. Five key themes were identified: (1*) Creative Solutions to Combat Isolation*: Care teams implemented innovative activities, such as outdoor visits, hallway bingo, and meaningful engagement to reduce isolation and sustain well-being. (2) *Technology as a Connection Tool:* Expanded use of video calls and telehealth supported connections with families and healthcare providers, particularly benefiting rural settings. (3*) Community Engagement and Partnerships:* Collaborations with local organizations provided virtual performances and resource sharing, enhancing engagement during lockdowns. (4) *Shared Generativity and Reflection:* Storytelling, shared experiences, and reflective conversations strengthened emotional resilience among care teams, individuals living in the NH community, and families. (5) *Sustaining Innovations:* Participants identified lasting changes—like improved processes for infection control, teamwork, digital access, adaptive communication tools, and meaningful engagement—as practices worth sustaining beyond the pandemic.
Conclusions: Findings highlight how crisis-driven creativity fostered resilience and connection in NHs. NH care team members emphasized these innovations as providing benefit beyond the COVID-19 pandemic, and fostering communication between key parties involved in NH care delivery: residents, families, the care team, and external providers. Ongoing challenges in NH care delivery were intensified by the COVID-19 pandemic, such as a lack of available specialty services, distance from and/or lack of family caregiver support, and challenges fostering resident engagement—further underscoring the importance of these innovations for today. Supporting and sustaining these innovations can strengthen preparedness for ongoing and future challenges.
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SYMPOSIUM: EVIDENCE DEMONSTRATING THE IMPLEMENTATION OF THE CLINICAL NURSE LEADER CARE DELIVERY MODEL FOR CREATING POSITIVE HEALTHCARE SYSTEM WORK ENVIRONMENTS

Overview: Organizing Nursing Care to Create Positive Healthcare Work Environments

***Miriam Bender**, PhD, RN, FAAN, Sue & Bill Gross School of Nursing, University of California, Irvine, CA; **Marjory D. Williams**, PhD, RN, Research, Unaffiliated Independent Scholar, Coolidge, AZ; **Ariadne Meyers**, MSN, Sue & Bill Gross School of Nursing, University of California, Irvine, Irvine, CA*

Background: Healthcare systems are facing an unprecedented nursing sustainability crisis that threatens patient safety and system stability. More than half of U.S. nurses report burnout, with 40% of those providing direct patient care considering leaving their positions. The World Health Organization defines burnout as a context-dependent syndrome driven by chronic workplace stress. Empirical evidence consistently identifies the *work environment*—not individual resilience—as the root cause. Both the National Academy of Sciences, Engineering, and Medicine (NASEM) and the American Academy of Nursing (AAN) have issued urgent calls for organizational interventions that create positive work environments to reverse workforce attrition and ensure care quality.

Purpose: This symposium examines the impact of the empirically validated Clinical Nurse Leader (CNL) care model on frontline care environments. The overarching goal is to explicate how one specific mode of organizing nursing knowledge and practice enables systems to implement, sustain, and scale a nursing care model that produces positive work environments and thus healthcare workforce well-being.

Methods: The research presented in this symposium was produced through a hybrid implementation-effectiveness design guided by systems and participatory research frameworks. Multiple mixed-method approaches—including psychometrically validated surveys (n=1265), Bayesian multilevel modeling, interview (n=399) qualitative analyses, and longitudinal organizational comparisons—were used to evaluate implementation patterns and care environment outcomes across 66 clinical units in nine hospitals spanning five states.

Findings: Findings across the symposium converge on three major themes:

1. **Conceptual and empirical foundations (Abstract 1):** We present a conceptual synthesis of the CNL Care Model with the NAM systems model of clinician burnout and well-being that establishes a coherent foundation for nursing care delivery as empirical strategy for creating positive work environments.
2. **Implementation patterns and outcomes (Abstract 2):** Bayesian analyses across two national datasets reveal that successful care environments are created through consistent CNL practice at the point of care that aligns with frontline needs and empowers all clinicians to perform to their full scope of practice. These CNL practice patterns predict stronger perceptions of teamwork, interprofessional collaboration, and ownership of practice—core characteristics of positive work environments as delineated by NAM.
3. **Leadership and sustainability dynamics (Abstract 3):** Qualitative interview analysis of health system leadership perceptions of the influence of the CNL care model on care environments substantiate a positive influence on factors that contribute to burnout and clinician well-being as important determinants of sustainability.

   Implications: This integrated body of scholarship demonstrates the Clinical Nurse Leader care model as a scalable, evidence-based system-level strategy for creating positive work environments. Implementation success is driven by structural readiness, sustained frontline engagement, relational leadership, organizational commitment to shared vision, and alignment between executive priorities and point-of-care realities. Importantly, the findings reported in this symposium advance nursing-led, system-level interventions aimed at transforming the conditions of health organizations from those that foster burnout to those that support professional well-being and excellence in care.

Funding: Agency for Healthcare Research and Quality, Grant/Award Number: 1R01 HS27181-01A1, PI Bender

SYMPOSIUM: EVIDENCE DEMONSTRATING THE IMPLEMENTATION OF THE CLINICAL NURSE LEADER CARE DELIVERY MODEL FOR CREATING POSITIVE HEALTHCARE SYSTEM WORK ENVIRONMENTS

A Conceptual Synthesis to Address Nurse Burnout through Improved Work Environments

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Purpose: Nursing burnout represents a critical threat to the U.S. healthcare system, affecting nearly half of the 4.8 million registered nurses delivering frontline patient care. The consequences of burnout extend beyond individual distress to include compromised care quality, patient safety risks, and worsening workforce shortages. Because burnout stems primarily from system-level factors, the need for evidence-based organizational interventions is paramount. This conceptual synthesis examines the alignment between the National Academy of Medicine's (NAM) systems model of clinician burnout and well-being and the Clinical Nurse Leader (CNL) care model. It highlights how empirical evidence from CNL implementation supports the system-level outcomes articulated in both frameworks and provides a coherent approach to mitigating nurse burnout through organizational redesign.

Description: According to the NAM (2019) systems model, **creating positive work environments** is identified as the *first of six system-level priority goals.* Within this model, "work systems" are the frontline care environments through which positive work environments are created and sustained. Excessive workload, inefficiencies, lack of autonomy, and poor interprofessional collaboration are identified as core contributors to burnout.

The Clinical Nurse Leader (CNL) care model was developed by the American Association of Colleges of Nursing (AACN). Our longitudinal program of research has empirically validated this nursing-led initiative as an evidence-informed model for redesigning and improving frontline work systems. The CNL is a master's-prepared nurse with expertise in clinical leadership, outcomes management, and care environment optimization. Our research identifies the CNL structures, processes, and readiness elements necessary to create positive, resilient work environments. Empirical evidence demonstrates that CNL-integrated care delivery improves communication, care coordination, and quality outcomes—factors directly aligned with the environmental determinants outlined in the NAM model.

Logic: Conceptually, the NAM model defines the what of burnout—environmental and organizational precursors—while the CNL care model operationalizes the how of system-level intervention. The CNL functions as a translational mechanism linking macro-level organizational strategies to micro-level frontline practice redesign. This linkage is grounded in the logic of system integration, articulated through three key elements. **Causal congruence:** Both models identify the care environment as a primary determinant of both clinician and patient outcomes. **Intervention Focus:** The NAM model calls for redesign of work systems; the CNL model specifies actionable processes—such as workflow optimization and care coordination—that produce these redesigns. **Empirical validation:** The CNL model's psychometrically tested measures of implementation fidelity provide quantifiable indicators of positive work environment transformation, offering a mechanism to evaluate progress toward healthy work systems.

Conclusion: The alignment between the CNL and NAM models offers a conceptually coherent and empirically informed strategy for addressing nurse burnout at the system level. This correspondence translates abstract calls for "positive work environments" into actionable, measurable interventions driven by nursing leadership. Embedding CNLs within frontline teams enables organizations to operationalize system-level redesign that strengthens professional well-being, patient safety, and organizational performance. The implication for nursing is significant: the CNL model positions the profession not only as the clinical cornerstone of care delivery but also as the architect of sustainable healthcare system resilience.

SYMPOSIUM: EVIDENCE DEMONSTRATING THE IMPLEMENTATION OF THE CLINICAL NURSE LEADER CARE DELIVERY MODEL FOR CREATING POSITIVE HEALTHCARE SYSTEM WORK ENVIRONMENTS

Administrator Perceptions of Influence of the CNL Care Model on Care Environments

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Purpose: To examine nursing administrator and manager perceptions of the influence of the Clinical Nurse Leader (CNL) care model on improving frontline care environments.
Rationale: A longitudinal program of research on the implementation and evaluation of the CNL care model provides evidence of the importance of care environment outcomes on perceptions of implementation success. Care environment outcomes are conceptualized in the model as downstream consequences of effective CNL practices. Dimensions of the care environment are also implicated in the literature as significant contributory elements to clinician burnout and well-being. Qualitative data obtained by interviewing key stakeholders during a national-level hybrid implementation-effectiveness study of the CNL Care Model includes narrative representations of the influence of the model on the care environment. This study focuses on interviews with nursing administrators and managers in order to explore determinants of sustainability of the model related to influence on the care environment.
Methodology: Retrospective deductive qualitative analysis of 26 interview transcripts in the data set (n=399 interviews) obtained from five healthcare systems during the national implementation-effectiveness study. A deductive coding guide was constructed from a review of evidence surrounding care environment factors contributing to clinician burnout and wellbeing. Interview extracts that were previously coded to CNL care model domains of outcomes and value were independently coded by two researchers for representations of care environment outcomes, as delineated in the deductive coding tool. Second pass coding was independently conducted by the same two researchers to identify any care environment influence not included in the deductive coding framework. All coded excerpts were collated and organized into a thematic structure developed through consensus discussion by the two researchers.
Assessment of Findings: As predicted by the CNL care model, predominant themes of teams, communication, coordination and support emerged as positive influences associated with successful implementation of the CNL care model. Of particular interest is the consistent expression that continual CNL presence makes the clinical environment better for others. This was represented as increased capacity to manage clinical workload, more efficient multi-disciplinary processes, as well as reduced stress and frustration. Examples include:
• "...with a bedside nurse, they want to do it, but ... how do I have time? CNLs help them build it into their practice versus them seeing it as an additional piece of work..."
• "...valuable part of the interdisciplinary team... they are the constant person...they are more goal directed when it comes to the interdisciplinary team..."
• "...find unique ways to be more efficient, more cost effective, more just all the things that we're trying to do in our healthcare world..."
• "...I could not do my job as far as keeping up with quality...coming to me with issues before they're issues..."
• "...help when (staff) are struggling...(staff) feel comfortable with (change)"
Implications: These findings provide indication that positive influence on the care environment contributes to sustainability and suggest CNL Care Model implementation as strategy for improving the care environment.
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SYMPOSIUM: EVIDENCE DEMONSTRATING THE IMPLEMENTATION OF THE CLINICAL NURSE LEADER CARE DELIVERY MODEL FOR CREATING POSITIVE HEALTHCARE SYSTEM WORK ENVIRONMENTS

Linking Implementation Strategies to Care Environment Outcomes in the CNL Care Model

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Purpose: This study examined implementation strategies of the Clinical Nurse Leader (CNL) care model, an evidence-informed approach to organizing frontline nursing care delivery, that most effectively fostered positive work environments across two national datasets to identify shifts in determinants of success over time.
Background: Positive care environments are increasingly recognized as fundamental to workforce well-being. The CNL care model integrates advanced generalist nurses at the unit level to lead care environment management, teamwork, and staff engagement. Readiness—particularly the existence of shared vision and strategic implementation planning—was the dominant predictor of success during the early diffusion phase. The present study investigates mature implementations where the CNL care model is fully operationalized across hospital units, aiming to delineate how care environments evolve as a function of successful integration.
Methods: A psychometrically validated CNL care model survey measuring five domains—Readiness, Structuring, CNL Practice, Outcomes, and Value—was administered to 1,265 respondents across 66 clinical units in nine hospitals from 2016-2019. Bayesian multilevel zero-one-inflated beta regression models estimated which CNL model components best predicted implementation success. Results were compared with the earlier 2015 national dataset, which used identical measures and modeling procedures.
Findings: Across both datasets, the care environment emerged as the pivotal outcome of successful implementation, yet its predictors shifted markedly over time. In the 2015 dataset, readiness factors such as establishing a shared vision, strategic planning, and change-management structures most strongly predicted perceived success—reflecting early-stage adoption. In contrast, in the 2016–2019 dataset, care environment outcomes were best predicted by CNL Practice components emphasizing staff engagement and presence at the point of care. Items such as "CNL is consistently present at the point of care," "CNL helps staff identify and create solutions," and "CNL empowers staff to perform to their full scope" demonstrated the highest effect sizes. These practices fostered frontline ownership, interprofessional communication, and psychological safety—key attributes of a positive care environment. Structuring items that ensured the CNL role was aligned with frontline clinical needs and not subsumed into administrative duties were also highly predictive. The Value domain reinforced that care environments perceived as improved were those in which staff and multidisciplinary clinicians explicitly valued the CNL model.
Implications: Findings indicate that positive care environments are achieved not through structural redesign alone but through sustained CNL presence, relational leadership, and ongoing responsiveness to frontline needs. Implementation strategies fostering shared vision, visible clinical leadership, and alignment of CNL practice with unit-level care processes were predictive across both datasets, though their relative influence evolved over time. Mature CNL integrations demonstrate that empowering staff engagement, interprofessional collaboration, and consistent clinical leadership transform work environments, aligning directly with the American Academy of Nursing and National Academy of Medicine's call to redesign health systems around positive work environments. These results establish the CNL care model as an empirically supported, scalable strategy for achieving both workforce well-being and high-quality patient care.
Funding: Agency for Healthcare Research and Quality, Grant/Award Number: 1R01-HS27181-01A1, PI Bender

SYMPOSIUM: FOUNDATIONAL WORK OF EMBEDDING CARING SCIENCE FOR NEW GRADUATE NURSES

Overview: Foundational Work of Embedding Caring Science for New Graduate Nurses

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Nurses experience burnout and there is evidence of utilizing caring science as a foundation for professional practice to better equip our new graduate nurses for the profession. New graduate nurses are a vulnerable group with about 33% of new nurses leaving their job within the first year and up to 56% leaving within their second year (Wolters Kluwer, 2022). A mixed methods study within a 12-month Nurse Residency Program in a large healthcare organization explored the impact of healing circles on new graduate nurses. The Theory of Human Caring, founded by Dr. Jean Watson in the late 1970s, centers around caring for self as a means for best caring for others (Watson Caring Science Institute, 2025). This research study provided new graduate nurses with an opportunity to care for themselves by participating in healing circles as a reflective practice. Healing circles is a practice of authentic human connection that cultivates belonging, compassion, and community (McClendon et al., 2025). This symposium will: 1. Discuss the Caritas Process and Caring Science in a healthcare system, 2. Describe the Healing Circles process and significance to improving nurse wellbeing, 3. Discuss quantitative study results highlighting Quality of Life, 4. Discuss qualitative results of the Healing Circles intervention, and 5. Synthesize the mixed methods study to inform the Transformational impact on new graduate nurses. Findings and best practices are discussed to incorporate Healing Circles into nurse residency curricula as an effective intervention to support the future generation of nurse leaders to promote nurse wellbeing and a healing culture.

SYMPOSIUM: FOUNDATIONAL WORK OF EMBEDDING CARING SCIENCE FOR NEW GRADUATE NURSES

Caritas Process and Caring Science in Northern California

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Purposes/Aims: 1) To describe the history of the partnership, development, and integration of Caring Science at an integrated healthcare system in Northern California. 2) To share knowledge of how to incorporate a nursing professional practice model rooted in Caring Science Theory to guide professional development, leadership approaches, and a cultural shift to deeper compassion and care. 3) To increase understanding of the value and impact of Caring Science on organizational culture, practice environments, and members of the organization.
Rationale/Background: The hospitals in the integrated healthcare system of Northern California have a 15+ year history of utilizing the Theory of Human Caring to advance nursing development, leadership, and practice excellence. The Theory has been adopted as the Theoretical model of nursing practice to foster a culture of more compassion, resilience, and healing-centered care.
Brief Description of the Undertaking/Best Practice/Methods: Crucial to the success of Caring Science integration was establishing a long-term partnership between the Watson Caring Science Institute and this integrated healthcare system in Northern California. As the partnership has grown, over 200 Caritas Coaches have been trained to be champions of Caring Science, and currently are the only organization that has an in-house Caritas Coach Education Program to develop Caritas Coaches. These Coaches have conducted workshops, educational sessions, projects, surveys, research studies, etc. to advance the utilization of Caring Science throughout the 21 Medical Centers in this integrated healthcare system in Northern California.
Assessment of Findings/Outcomes Achieved: Numerous findings over the years demonstrate the impact and outcomes related to the utilization of Caring Science. Data reports for nurse satisfaction and HCAHPS scores have increased due to the integration of Caring Science at individual Medical Centers. From 2015, 91% of degree program scholars have been retained. From 2023-2025, there were 10 participants in monthly workshops, which led to over 130 trained Caritas coaches in Northern California and more than 100 trained Heartmath trainers.
Conclusions: Caring Science has demonstrated invaluable impact on Kaiser Permanente Northern California at various levels. Future goals include 1) Continue to train 100 Caritas Coaches per year, 2) Create a Chief Nurse Executive think tank for Caring Science operationalization and vision development, 3) Expand to include more interprofessional partners, and 4) Develop process for measuring outcomes.

SYMPOSIUM: FOUNDATIONAL WORK OF EMBEDDING CARING SCIENCE FOR NEW GRADUATE NURSES

Impact of Healing Circles on Quality of Life, Social Connectedness, and Self-Care

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Purpose/Aims: This study assessed the personal and professional impact of Healing Circles for new graduate registered nurses (RNs). The aim was to examine effects on quality of life (compassion satisfaction, burnout, compassion fatigue), social connectedness (belonging, closeness, support, satisfaction), and self-care over time.

Background: Approximately 33% of new graduate nurses leave their first job within a year, and up to 56% leave by their second. New nurses are highly vulnerable to burnout and social disconnection. Healing Circles foster self-care, compassion, community, and belonging—core tenets of Jean Watson's Theory of Human Caring. Social disconnection, recognized as a workplace epidemic, contributes to loneliness, stress, incivility, burnout, and illness. Authentic connection is an antidote to disconnection, and Healing Circles provide space for participants to share openly and feel supported. The health system's Nurse Residency Program (NRP) supports new RNs' transition to practice and integrates a wellness curriculum addressing physical, mental, emotional, and social health.

Methods: A longitudinal, interventional study evaluated Healing Circles among new graduate RNs across 18 of 21 medical centers (March 2024–April 2025). Eligible participants were English-speaking, ≥18 years, and enrolled in the NRP. Cohort 1 completed the NRP only; cohort 2 participated in both NRP and Healing Circles. A one-way ANOVA was conducted to assess effects of Healing Circles on (1) Professional Quality of Life (ProQOL), (2) Social Connectedness, and (3) Watson Caritas Self-Rating (self-care) across baseline (T0), 6 months (T1), and 12 months (T2). The study was IRB-approved as exempt research. Participants self-reported outcomes via Microsoft Forms, and all analyses were performed using R Statistical Software (v4.4.1).

Assessment of Findings/Outcomes: A total of 266 nurses participated (cohort 1: n=117; cohort 2: n=149). No significant demographic differences were observed between groups. One-way ANOVA tests for Time 3 showed no significant between-group differences for compassion satisfaction, burnout, compassion fatigue, social connectedness, or self-care. For cohort 1, compassion satisfaction improved significantly between baseline and T1, $F(2,55)=3.86$, $p=0.02$, with a positive change from baseline to T2 ($p=0.02$). For cohort 2, compassion satisfaction decreased from baseline to T2, $F(2,74)=3.31$, $p=0.02$, indicating higher satisfaction in cohort 1. Across both cohorts, Watson Caritas Self-Rating scores improved significantly over time ($p=0.043$).

Conclusions/Implications: Embedding Healing Circles into NRPs may mitigate burnout, compassion fatigue, and support self-care for new nurses. Circles offer a psychologically safe space for peer connection, reflection, and emotional normalization, fostering belonging and resilience during transition to practice. Consistent scheduling of Healing Circles within NRPs can reinforce peer support and well-being. However, effectiveness depends on organizational commitment and sustaining a safe, supportive culture. Healing Circles are not a universal remedy but a promising strategy for strengthening emotional wellbeing and retention among new graduate RNs. Future studies should further evaluate optimal integration and longterm outcomes of Healing Circles within NRPs.

SYMPOSIUM: FOUNDATIONAL WORK OF EMBEDDING CARING SCIENCE FOR NEW GRADUATE NURSES

Healing Circles in Nurse Residency Programs: A Qualitative Exploration

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Themes: Two major themes of the study were the benefit of healing circles and its impact on new graduate nurses pertaining to the organization and their person and profession.
Purposes/Aims: A qualitative study was conducted at a large healthcare organization to explore the impact of Healing Circles on new graduate nurses in a 12-month Residency Program. Qualitative data was obtained from structured focus group interviews of study participants.
Rationale/Conceptual Basis/Background: The nursing profession experiences a high rate of burnout, with 18% of new nurse graduates leaving the profession within the first year. Incorporating resiliency practices into a new nurse residency program can help to mitigate stress and reduce the risk of turnover and burnout. Healing Circles is a practice that aligns with Dr. Jean Watson's Theory of Human Caring and focuses on care of self as a means of caring for others. Healing circles cultivate belonging, compassion and community.
Methods: All nurses who participated in healing circles were invited to join a structured focus group interview upon project completion (12 months). Sixty-five new graduate nurses agreed to participate across seven medical centers. To ensure rigor of the qualitative analysis, individual interviewers for each focus group coded their transcripts independently and then came to consensus between themselves. Interviewers maintained rigor through interrater reliability, fidelity to the data collection method and analysis strategies and making a grid of codes to combine to themes.
Assessment of Findings/Outcomes Achieved: Benefits to the organization was a theme identified which included a sense of connection and community, a feeling of organizational investment towards their mental health and improved overall patient care. Nurses identified an increased sense of belonging, inclusion, and commonality. Participants felt supported and expressed feeling cared for by the investment of the organization to prioritize their mental health. It created an awareness in them that carried over into improved patient care, which greatly affects the patient's trust and satisfaction with the organization. The second theme identified was the benefit of Healing Circles to the nurse and opportunities it created for shared experiences, authentic listening, advocacy of self-care and promotion of reflective practice.
Conclusions/Implications: The findings indicate that embedding Healing Circles into the curriculum of a new graduate nurse residency program can be an effective intervention to mitigate risks of turnover, burnout, compassion fatigue, and poor coping skills. It provided a safe platform for peer support through the sharing and normalization of traumatic experiences, which contributed to a sense of belonging and increased resilience among participants. Recommendations for implementing Healing Circles into a healthcare system include investment into training of Healing Circles' facilitators. Planning for the format and delivery of Healing Circles is crucial for success as well as support from leaders who can advocate the necessary resources. Utilization of Healing Circles into other areas and with other vulnerable groups should be considered. Organizations must prioritize the mental health and well-being of their employees to retain and support them.

SYMPOSIUM: FOUNDATIONAL WORK OF EMBEDDING CARING SCIENCE FOR NEW GRADUATE NURSES

Transformational Impact of Healing Circles and Caritas Processes

***Katherine Ricossa**, PhD, MS, RN, PHN, Nursing Professional Development, Kaiser Permanente, Santa Clara, CA*

Purpose: The purpose of the study was to synthesize findings and uncover the transformational impact which healing circles had with our new graduate nurse population over Northern California Kaiser Permanente.

Background: To advance Watson's Theory of Human Caring through a scientific approach, this study team supported new graduate nurses by fostering caring for self, caregiving for others including patient and colleagues in a holistic way through the creation of a human connection by using the 10 Caritas Processes as guiding principles. The Conceptual Framework utilized was Healing Circles which provided a sacred space to hold these experiences in their hearts while building social connectedness to promote healing.

Methods: A hybrid approach was used. The quantitative data was through three surveys: Professional Quality of Life (ProQOL), Watson's Caritas Self-Rating Score (WCSR), and Social Connectedness Scale Revised (SCS-R). The ProQOL survey focuses on compassion satisfaction, burnout, and secondary traumatic stress. The WCSR focused on areas of trusting-caring relationships, beliefs, and faith for personal success. The SCS-R examined belonging, closeness, support and satisfaction.

Qualitative data was collected through three methods: Caritas Processes, Healing Circles, and quotes. Caritas Processes were analyzed and categorized based on the identified themes from the findings from Healing Circles. Healing Circles were responses from structured open-ended questions, harvesting the sub-themes, and quotes from the participants. Verbatim data was transcribed and validated by each Principal Investigator for accuracy.

Findings: When reviewing an aggregate of the data, the quantitative survey results did not capture the full impact of the study. However, when combined with the quantitative results, the findings were transformational. The qualitative portion of this study allowed participants to speak from the heart and express themselves in a non-judgmental sacred space. Findings also illustrate that a more comprehensive story is told with a mixed-methods study. This study was impactful, powerful, influential, and significantly impressive allowing the voices of new graduate nurses to speak up and be heard. They will trailblaze their path as a new registered nurse not only prioritizing care for self, but promoting care with colleagues and patients.

Conclusions/Implications: These skills obtained are far reaching beyond this training program, but will influence the culture of caring at Kaiser Permanente and beyond. Through empowerment, these new nurses will be transforming and inspiring others, supporting the greater good and leading the way to role models moving forward. This study has implications for the organization to build nurses with strong transformational leadership skills and to be serious about caring for self in order to care for others. Future studies should assess the impact of Healing Circles on nurse retention over time.

SYMPOSIUM: FROM EVIDENCE TO ACTION:
HOW CAN NURSES USE IMPLEMENTATION SCIENCE TO ADDRESS COMPLEX ENVIRONMENTAL HEALTH PROBLEMS?

Overview of Implementation Science for Intervention Development

***Lisa M. Thompson**, PhD, MS, RN, FNP, FAAN, University of California, San Francisco, CA*

The environmental risk landscape is shifting in response to a changing climate, and this shift is affecting human health. Implementation science provides an essential set of methods to adapt interventions to local conditions to reduce health risk from complex environmental challenges. While many nurse-led interventions aim to address growing inequities, evidence-based interventions are not always tested, nor implemented, effectively. Developing and tailoring behavioral interventions to meet the needs of underserved communities is critical. Theory-informed approaches that drive evidence-based interventions, addressing barriers and facilitators in response to local contexts, are key components of implementation science. During the symposium overview, we will: (1) describe key principles of implementation science relevant to the development of community-level interventions, (2) outline methods for developing theory-based behavioral interventions with communities and other stakeholders to advance implementation strategies, and (3) illustrate the importance of adaptation and fidelity, two seemingly contradictory concepts, that affect the implementation process. In the subsequent three presentations, we will highlight nurse-led research studies that use specific theoretical approaches to develop behavioral interventions focused on environmental health. The first presentation will describe the integration of the Capabilities-Opportunities-Motivations-Behavior (COM-B)/Behavior Change Wheel (BCW) implementation science framework into the development and evaluation of a community-driven intervention used to reduce exposure to household air pollution in rural Guatemala. The second abstract will describe the development and refinement of a Spanish-language questionnaire using the COM-B framework to evaluate conceptual clarity and linguistic equivalence of a translated instrument used to evaluate the use of a hydration backpack among Spanish-speaking farmworkers in rural North Carolina. The third presentation will highlight findings of a mixed-methods study that documented lead exposure risks and developed culturally relevant educational and advocacy strategies among Latinx community members in urban Philadelphia using the Knowledge to Action (K2A) framework. The successful development and implementation of interventions depends upon theory-driven formative research and participatory engagement with local stakeholders to tailor interventions in local settings.

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SYMPOSIUM: FROM EVIDENCE TO ACTION:
HOW CAN NURSES USE IMPLEMENTATION SCIENCE TO ADDRESS COMPLEX ENVIRONMENTAL HEALTH PROBLEMS?

Ecolectivos Trial: Developing an Intervention to Address Air Pollution in Guatemala

***Lisa M. Thompson**, PhD, MS, RN, FNP, FAAN, University of California, San Francisco, CA*

Purpose/Aims: Concurrent with the development of a 'local' implementation science approach is the need to place participatory methods at the forefront of the implementation process. A focus on developing and carefully testing behavioral interventions is needed, especially in communities that bear the burden of environmental and climate inequities. Burning plastic waste is a major, but unaddressed environmental and health hazard in countries that lack an infrastructure to properly manage waste. *Ecolectivos* implemented community working groups to improve health-related quality of life in women of reproductive age in rural, Indigenous communities in Guatemala by reducing household-level plastic waste burning. Using a type 1 hybrid-effectiveness-implementation study design, we randomized 16 rural villages and randomly selected 400 women 15-44 years old who reported burning plastic as the primary method of waste disposal.

Description of Theory/Method to be discussed: We used the COM-B/BCW framework to develop and evaluate a behavioral intervention. We assessed reach, effectiveness, adoption, maintenance and potential for scale-up of implementation activities using Glasgow's RE-AIM framework. We will discuss the application of both frameworks and highlight the role of community engagement and stakeholder input at each step of the intervention development process. These steps included: 1) engaging local village leaders to ensure alignment with Indigenous practices; 2) working with key informants to determine potential intervention components; 3) working with community members to develop intervention components for piloting; and 4) integrating community-based selection into the final intervention strategies.

Logic (linking theory to research): The behavioral intervention was a 12-week working group conducted in 8 intervention villages. In the final 4 weeks of the working group, participants developed proposals and voted on strategies to implement (e.g., recycling, composting and coordinating community clean-ups) instead of burning plastic household waste. Trained peer-*promotoras* visited households over 9 months to encourage uptake of intervention strategies and to evaluate the community-initiated interventions. COM-B instruments were developed and implemented during the formative study phase in 37 communities (n=1572) to understand individual, household and community-level capabilities, opportunities and motivations to manage household plastic waste.. We used reflective COM-B prompts during the working groups (n=334 women) to stimulate discussion around personal and household motivations for behavioral change. Implementation outcomes were evaluated in the intervention group including: 1) number and proportion of total participants who attended working groups (REACH); number of intervention group participants who reported behavior changes based on working group attendance, engagement in activities, and reported reductions in plastic burning (EFFECTIVENESS); enablers and barriers to the adoption of the intervention at the household and community level (ADOPTION); and number and proportion of participants who reported no longer burning plastic in household fires and who continued their involvement in intervention activities at the village level after the working groups ended (MAINTENANCE).

Conclusion: COM-B/BCW is a comprehensive behavioral change framework that can be used by nurses to develop and evaluate interventions that address complex environmental health problems in community settings. RE-AIM is a framework that serves as a guide for planning and evaluating the translation of research into practice.

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SYMPOSIUM: FROM EVIDENCE TO ACTION:
HOW CAN NURSES USE IMPLEMENTATION SCIENCE TO ADDRESS COMPLEX ENVIRONMENTAL HEALTH PROBLEMS?

Knowledge into Action: Co-Creating Knowledge on Environmental Determinants of Health

***Daniel J. Smith**, PhD, AGPCNP-BC, CNE, FAAN, School of Nursing, University at Buffalo, Buffalo, NY*

Purpose/Aims: Participatory action research (PAR) positions community members as equal partners in identifying and leading research projects that directly address locally meaningful health concerns. In Norristown, PA, Latinx community members prioritized environmental determinants of health, beginning with the urgent need to understand and respond to childhood lead exposure.

Description of Theory/Method to be discussed: The Knowledge to Action (K2A) framework, developed by the CDC's National Center for Chronic Disease Prevention and Health Promotion, describes the processes of moving evidence-based research (discovery) into public health action through the translation of programs, practices and policies. Guided by the K2A framework, our collaborative team of community leaders and researchers conducted mixed-methods research to document lead exposure risks, raise awareness, and develop culturally relevant educational and advocacy strategies. We held four focus groups with a total of n=73 community members, conducted water lead testing (n=42 households), soil lead testing (n=38 households), and a lead serosurvey (n=70) to contextualize local lead exposure. Community members were trained as co-investigators, leading data collection, dissemination, and mobilization activities.

Logic (linking theory to research): The K2A framework facilitated an iterative process that linked community-identified needs with actionable public health outcomes. Results from our lead exposure work informed policy discussions with both state representatives and local council members, enhanced screening and prevention efforts, and empowered local residents to advocate for safer housing. Building on this foundation, the community has now identified urban heat islands as the next environmental threat to health, particularly given the intersecting risks of climate change, chronic disease, and structural inequities in their community.

Conclusions: Our completed work on lead exposure demonstrates how PAR, grounded in the K2A framework, can translate research into tangible community change. These successes have laid the groundwork for a new phase of inquiry into the health impacts of urban heat islands in Norristown, PA. By centering community priorities and leadership, we aim to expand this participatory model to address multiple, interconnected environmental determinants of health.

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SYMPOSIUM: FROM EVIDENCE TO ACTION:
HOW CAN NURSES USE IMPLEMENTATION SCIENCE TO ADDRESS COMPLEX ENVIRONMENTAL HEALTH PROBLEMS?

Adapting a COM-B Survey: Insights from Cognitive Interviews

***Elizabeth Mizelle**, PhD, RN-BC, CNE, College of Nursing, East Carolina University, Greenville, NC*

Purpose/Aims: This project aimed to translate and refine a 6-item self-evaluation of the Capabilities-Opportunities-Motivations (COM) model using a questionnaire for a Spanish-speaking population. Specifically, cognitive interviews were conducted to evaluate conceptual clarity and linguistic equivalence of the translated instrument.
Description (of Theory/Method): The COM-B model provides a comprehensive framework for understanding behavior change by examining capability, opportunity, and motivation as key determinants of action. To ensure accurate measurement of these constructs in agricultural contexts, we used cognitive interviewing—a qualitative method that explores how respondents comprehend, retrieve, and respond to survey items. In summer 2025, a purposive sample of Spanish-speaking farmworkers (n = 19) completed the draft Spanish-language COM-B questionnaire in the context, to assess their capabilities, opportunities, and motivations to use a backpack hydration system while working under high heat conditions. Participants rated each question on clarity, while interviewers probed participants' understanding and clarity of each question. Field notes and transcripts were analyzed to identify issues with translation, conceptual alignment, and item interpretation.
Logic (Linking Theory to Research): By integrating the COM-B model with cognitive interviewing methodology, this study advances rigorous cross-language instrument adaptation for occupational health research. This approach ensures that theoretical constructs of capability, opportunity, and motivation are accurately and meaningfully captured across cultural and linguistic contexts, enhancing the validity and comparability of behavioral assessments. Importantly, this work contributes to the investigator's NIOSH K01 career development in implementation science and community-based participatory research, demonstrating how behavioral theory and community-informed methods can be combined to strengthen intervention design and evaluation in agricultural settings.
Conclusions: Cognitive interviewing proved effective in refining a COM-B–based survey for Spanish-speaking farmworkers. Despite high clarity ranking of the questionnaire by study participants, the cognitive interviewing revealed instances where literal translation obscured conceptual intent. This methodological approach supports the development of culturally grounded, theory-informed measurement tools, strengthening the application of behavioral science in agricultural health research and intervention design.
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SYMPOSIUM: FROM FIELDS TO FRONTLINES:
NURSING RELATED RESPONSES TO LATINO FARMWORKER HEALTH RISKS

Overview: From Fields to Frontlines: Nursing Related Responses to Latino Farmworker Health Risks

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This symposium highlights occupational and health challenges faced by Latino farmworkers, particularly under conditions of extreme heat, dehydration, water insecurity, and migration. Presenters will share findings on how farmworkers navigate heat exposure, hydration practices, the stress of balancing demanding work with household responsibilities, and the motivations behind pursuing agricultural work. Discussions will emphasize the vital roles of nurse researchers, clinicians, and practitioners in developing culturally responsive interventions, assessing hydration and health risks, and advocating for farmworker-centered policies and protections. Through the identification of social determinants of health and the integration of community engagement, nursing science, and practices, this symposium advances efforts to promote health equity, environmental justice, and the overall well-being of Latino farmworkers.

SYMPOSIUM: FROM FIELDS TO FRONTLINES:
NURSING RELATED RESPONSES TO LATINO FARMWORKER HEALTH RISKS

Exploring the Hydration Practices of Latino Farmworkers during the Summer in Arizona

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Background: Latino farmworkers (LFW) represent 75% of the U.S. agricultural workforce, with 61% being foreign-born from Mexico, and predominantly male (68%). LFW face elevated immediate and long-term health risks, particularly related to dehydration, inconsistencies in clean drinking water, and heat-related illnesses (HRI). This is of special concern in Arizona, where for two consecutive summers, temperatures reached 118°F. Adequate hydration is essential for preventing HRI, especially among LFW who are at heightened risk of dehydration. A significant gap remains in the literature on hydration practices and water security among LFW in Arizona's extreme summer heat. The present study aims to understand how LFW stay hydrated, access water, and maintain water security while working in Arizona agriculture.

Methods: N=31 participants (19 men, 12 women; M_{age}= 32.7; 55% born in Mexico; 100% Latino) were recruited in Arizona from June—August 2024. Participants completed semi-structured, audio-recorded interviews in Spanish, lasting approximately 45—60 minutes. Participants received a $25 gift card as compensation. Thematic analysis was conducted using NVivo 15.

Results: Two core themes were generated from the 31 interviews. The first theme, *Water and Electrolytes: Staying Hydrated at Work Comes at a Cost*, focuses on how LFW obtain water and the various hydration options available. Specifically, among the 31 Latino farmworkers interviewed, less than a quarter relied exclusively on company-supplied water (7/31, 23%), whereas less than half mentioned buying or bringing their water bottles and drinking company water (14/31, 45%), one LFW mentioned they buy their water but do not drink company water, and the remainder used alternative sources such as electrolyte mixes but they did not mention buying or bringing water bottles (9/31, 29%). As previously mentioned, 29% of LFW reported buying or bringing alternative hydration methods instead of purchasing water. This includes *sueros*, a term used broadly to refer to electrolytes but also used to mention the Mexican commercial brand Suero Oral. The second theme, *Breaktime Refueling: Personal Supplies, Company Water, and Conditional Sharing,* pivots toward the workplace environment and culture that shape hydration practices. Specifically, twenty-nine participants responded (94%), one participant did not respond, and the other participant was not asked this question. The most common answers were to eat lunch (24/31, 77%) and hydrate themselves (16/31, 52%). All LFW were asked if they shared water with their coworkers, and their responses divided them into three distinct groups. They either said "Yes", they share their hydration resources (8/31, 26%), they do not share resources (11/31, 35%), or they share water sourced from the company water jugs (12/31, 39%).

Conclusion: Nursing clinical implications emphasize the need for proactive hydration education and culturally responsive interventions among Latino farmworkers in Arizona. Nurses should assess hydration practices during health screenings, classify the type of liquid consumption (e.g., water, sodas, energy drinks, coffee/tea), reinforce the importance of consistent water intake during high-heat work conditions, and advocate for accessible, reliable drinking water at worksites. Collaborating with clinics and using bilingual, culturally-tailored materials can enhance compliance and reduce heat-related illness and dehydration risks in this vulnerable population.

Funding: The opportunity to prepare this review was provided in part through funding from the Arizona Water Innovation Initiative. The Arizona Water Innovation Initiative is a multi-year partnership with the state led by Arizona State University's Julie Ann Wrigley Global Futures Laboratory in collaboration with the Ira A. Fulton Schools of Engineering.

SYMPOSIUM: FROM FIELDS TO FRONTLINES:
NURSING RELATED RESPONSES TO LATINO FARMWORKER HEALTH RISKS

Health Policies & Protections for Latino Farmworkers Experiencing Extreme Heat

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Background: In Arizona, roughly 83,000 individuals are employed in crop agriculture, with nearly four out of five working in Yuma County. Approximately 65,000 crop workers in Yuma support an agricultural industry valued at more than $3 billion annually. Despite their economic importance, these workers are consistently exposed to health hazards associated with Arizona's extreme heat. Extended workdays in temperatures surpassing 100°F, combined with dehydration, place workers at risk for multiple heat-related illnesses, including heat exhaustion, heat stroke, cramps, fainting, and even rhabdomyolysis. Nursing researchers are positioned to elevate farmworker voices, document environmental health risks, and advocate for evidence-based policies that prioritize worker safety and well-being. The purpose of this project is to explore how extreme heat and dehydration affect Latino farmworkers in Arizona, including specific symptoms, health problems, and patterns related to these issues.

Methods: One-on-one interviews were conducted on Latino farmworkers (N = 31) in San Luis, Arizona. Just over sixty percent of the sample identified as male (n = 19; 61%), with age ranges between 19 and 71 years (M_{age} = 32.7). Most participants had a high school education or less (n = 27; 87%), and over a third reported working more than eight hours each day under direct sunlight (n = 13, 42%). Two bilingual researchers interviewed and audio-recorded participants in person, using Spanish. Transcripts were then translated into English. Using NVivo 15, inductive thematic analysis was employed to analyze the qualitative data.

Results: Two main themes, with respective subthemes, were identified from the qualitative data. Theme 1, '*Latino farmworkers' strength depletes when working in dehydrated conditions*,' had two subthemes. Subtheme 1.1 '*Symptoms and potential health risks of inadequate hydration*.' Subtheme 1.2 '*Impact of dehydration on work performance*.' Theme 2, '*Heat or Rain: Latino farmworkers keep working,*' had three subthemes. Subtheme 2.1, '*Effects of climate on health and work.*' Subtheme 2.2, '*LFWs have emotional response or no problems at all.*' Subtheme 2.3, '*Poor weather reduces work and yield*.' Ultimately, LFWs are aware of the risks that extreme heat in Arizona can cause, with the most common being dehydration and the associated negative health symptoms. Despite dehydration, LFWs continue to work; however, their capabilities are hindered. The heat affects LFW's health, and some even recount coworkers passing away from the extreme weather. Nevertheless, some state they are unfazed by the heat and mention that the rain is more of a nuisance because it affects their ability to work or use machinery.

Conclusion: Although the Arizona heat can cause health risks and even death, LFWs continue working in the fields. This suggests that the benefits of financial compensation outweigh the risks associated with extreme weather. The findings from this research indicate an urgent need for occupational health policies and enforceable protections for this vulnerable population (i.e., more breaks, air-conditioned recovery areas). Nursing researchers can play a pivotal role by designing monitoring tools for heat-related illnesses and hydration, as well as partner with legal organizations to ensure work and health violations are reported.

Funding: The opportunity to prepare this review was provided in part through funding from the Arizona Water Innovation Initiative. The Arizona Water Innovation Initiative is a multi-year partnership with the state led by Arizona State University's Julie Ann Wrigley Global Futures Laboratory in collaboration with the Ira A. Fulton Schools of Engineering.

SYMPOSIUM: FROM FIELDS TO FRONTLINES:
NURSING RELATED RESPONSES TO LATINO FARMWORKER HEALTH RISKS

The Double Burden of Caregiving and Agricultural Labor Among Latina Farmworkers

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Purpose: In recent years, the number of women working in U.S. agriculture has steadily increased, with women representing 34% of crop workers in 2022, over three-quarters of whom identified as Latina and a majority born in Mexico. Despite their essential contributions, Latina farmworkers (LFWs) face unique occupational hazards, including extreme heat exposure, pesticide contact, musculoskeletal strain, and workplace sexual harassment that compound with home-based stressors such as caregiving responsibilities, financial hardship, and family separation. These overlapping stressors place Latina farmworkers at heightened risk of both physical and mental health challenges. However, little research has examined how Latina farmworkers, particularly those in high-intensity agricultural regions such as Yuma County, Arizona, experience these dual burdens or how they cope with them. This qualitative study seeks to address this gap by (1) examining the work and home stressors of Latina farmworkers and (2) exploring the coping mechanisms they employ to manage these intersecting challenges.
Methods: The study was conducted in Yuma County, Arizona. Qualitative data were collected through in-person interviews, which were developed in English and translated into Spanish. In the present study, we focused on selected personal characteristics, occupational safety, and health risks. All interviewer-administered interviews were conducted in Spanish at locations where participants felt comfortable, using hard-copy surveys. Participation was voluntary and included a $25 gift card incentive.
Results: A total of N=12 Latina farmworkers (LFWs) completed the qualitative component of this study. The majority had a high school education or less (n = 12; 100%). Participants ranged in age from 22 to 56 years (M_{age} =39). Two main themes were identified from the 12 interviews. The first theme, *The Dual Burden of Caregiving Responsibilities and Agricultural Labor* revealed that LFWs in Arizona face significant home-based obligations, including caring for family members and serving as the sole financial providers for their households. Caring for family members intensifies the burden on LFWs by extending their workday beyond the fields. After long, exhausting hours of agricultural labor, they continue providing care and managing household responsibilities, leaving little time for rest or personal health. In the second theme, *Coping Strategies and Traits to Overcome the Dual Burden of Caregiving and Agricultural Labor*, participants described how they balanced household responsibilities with physically demanding work. They drew upon personal traits such as optimism and grit to maintain perseverance, while employing coping strategies such as relying on family support and practicing self-management techniques to manage daily challenges.
Conclusion: For LFWs, culturally informed healthcare assessments must address interconnected physical, cultural, and socioeconomic risks. Physically, they endure strenuous labor, extreme heat, and exposure to pesticides. Culturally, they face gender-based harassment and expectations to continue caregiving after work. Socioeconomically, limited healthcare access and being primary providers heighten stress and hinder recovery. By integrating these considerations into the initial assessment process, healthcare providers can identify early warning signs of physical exhaustion, heat-related illness, and stress-related conditions, thereby promoting health equity in this vulnerable population.

SYMPOSIUM: FROM FIELDS TO FRONTLINES:
NURSING RELATED RESPONSES TO LATINO FARMWORKER HEALTH RISKS

Between Worlds: Unpacking the Intersections of Migration, Socialization, and Health

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Introduction: Latino migrant youth (LMY) work throughout their adolescence to financially support their families. However, they reveal concerns about their efforts to support themselves financially and whether enough money is sent back home, which can lead to enduring adverse, irreversible physical and mental health effects. Exploration is needed to better understand their socialization practices and motivations behind pursuing agricultural work in the United States (U.S.) and to assist in preventing chronic complications or occupational injuries.Utilizing Sociocultural theory, we address two core aims: (1) Examine the socialization practices LMY developed through childhood and agricultural work experiences in their country of origin. (2) Explore how LMY's socialization practices have evolved following migration and work experiences in the U.S.
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). Interviews lasted 45-60 minutes. Participants received a $30 monetary incentive for their time. An NIH Certificate of Confidentiality was obtained to protect participants' information. Interview domains included: Childhood experiences, the type of agricultural work or house chores performed in the country of origin, who taught youth how to work, current agricultural experience in the U.S., and reflections regarding youth's non-professional life in the U.S. Interviews were transcribed and translated to English, then analyzed using thematic analysis in NVivo 14.
Results: Four core themes were developed. 100% of youth shared (1) "Childhood experiences involved poverty, hunger, and neighborhood violence." 84% of youth confirm that (2) "Agricultural work was taught and passed down from family members." However, 81% endorse higher (3) "Physical labor exhaustion in the U.S. compared to past agricultural jobs in their country of origin," with 74% sharing their "Current life situation is harder in the U.S. due to being alone and missing family members in their country of origin."
Conclusion: Participants' socialization practices originate from poverty, hunger, violence, and engagement in farm work experienced throughout their childhood. LMY's family members passed down agricultural practices to increase familial financial stability, cultivating a strong sense of family value. While this value helped shape the decision to migrate to the U.S to increase financial contributions, LMY's reports of loneliness due to their families' absence contradicts socialization practices previously formed. Many of these adolescents reported occupational physical exhaustion, but the risk for mental exhaustion increases as they simultaneously navigate the U.S. independently. LMY's age, language barrier, stressors, and occupation's location deter care-seeking behaviors that may lead to chronic stress or pathophysiological complications, increasing hospital admissions. There should be widespread dissemination of resources that can alleviate LMY's financial burden and improve accessibility to healthcare, so that these adolescents understand the importance of attending regular check-ups and receiving preventive care. Nurses must advocate for this population by providing these resources, supplies, and education to prevent illness and injury. By understanding LMY's background, nurses have the power to build trusting rapports, promoting positive, long-term compliance with healthy behaviors and enhance LMY's mental well-being. Future studies must include work-for-income socialization practices and their health effects among female LMY.

SYMPOSIUM: LEVERAGING NURSES' EXPERTISE FOR MEANINGFUL WORKFORCE RESEARCH AND POLICY

Overview: Leveraging Nurses' Expertise for Meaningful Workforce Research and Policy

***Kyla F. Woodward**, PhD, RN, Child, Family, and Population Health Nursing, University of Washington, Seattle, WA*

Theme: Nurses bring critical perspectives and insight into nursing workforce research, identifying appropriate frameworks, concepts, methods, and outcomes to understand nurses working in distinct settings and roles.

Background: Workforce research about registered nurses and other health professions is vitally important to local, national, and global communities invested in the health of their populations. The conceptualization of nursing workforce research has evolved from enumerating supply and demand to examining dimensions of nursing roles and nurses themselves, including functions, activities, competencies, work environments, and experiences that shape nursing's efficacy and impact, as well as individual nurses' retention and work-related wellbeing. Together, these abstracts highlight how the nursing perspective has enriched and deepened nursing workforce research to illustrate this broader conceptualization.

Abstracts:

Non-Nursing Tasks and Nurse Work Outcomes

The first study explores the time nurses spend at work doing non-nursing tasks. Examining how that time impacts RN job satisfaction and decisions to leave jobs in different settings is critical to developing practical policies for retention, especially in areas with high nursing job vacancies.

School Nursing Workforce Models and Implications

The next study focuses on identifying services and staffing models in the school nursing workforce and how they influence access to this critical health service. Bringing nursing experience and perspective to the study resulted in a more nuanced estimation of this workforce than traditional workforce studies. Findings allowed for an understanding of where school nursing teams can provide adequate access to healthcare in schools.

Approaches to Enumerating the Public Health Nursing Workforce

The third study also highlights the contributions of nursing to research methods. This study addresses the difficulty of quantifying the public health nurse workforce from national datasets, requiring researchers with experience as public health nurses to identify settings and specialties indicative of a public health nurse.

Public Health Nurses' Unique Contributions to Health Equity

In addition to enumerating the public health nurse workforce, evaluating their impacts on communities requires a multifaceted understanding of their role. This study explored public health nurses' knowledge and skills used to advance health equity in their roles and their confidence in addressing community needs.

Nurses at the Intersection of Public Health and Primary Care

Lastly, workforce research often lacks a framework that integrates a contextual understanding of the nursing role. This abstract presents a conceptual model that uses nursing values and perspectives to identify leadership skills needed for collaboration for nurses at the intersection of public health and primary care.

Conclusion: Altogether, these abstracts show how researchers with lived experience of nursing provide critical insight into the roles, responsibilities, and challenges encountered by nurses in different settings. Findings from these studies can inform policy and practice to support and grow the nursing workforce across all settings, including guiding the education of future nurses. Ensuring that prelicensure nursing education includes the skills and competencies needed in a variety of settings not only promotes success for students in different roles but provides exposure to the depth and breadth of nursing roles available.

SYMPOSIUM: LEVERAGING NURSES' EXPERTISE
FOR MEANINGFUL WORKFORCE RESEARCH AND POLICY

The Impact of Non-Nursing Tasks on Nurse Work Outcomes

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Purpose: The purposes of this study were to examine factors associated with increased time spent in non-nursing tasks among registered nurses (RNs) and to assess the relationship of time spent in non-nursing tasks with job outcomes.
Background: While the link between RN staffing and patient outcomes has been well established, the absence of other personnel at work may lead RNs to perform additional duties outside of their scope of practice, termed 'non-nursing tasks' or NNTs. This dilution of nursing work may lead to a diminished sense of autonomy, impacting job satisfaction, burnout, and turnover. To date, there is limited research focused on quantifying the time spent by RNs on NNTs, identifying the types of jobs or settings associated with increased time spent doing NNTs, and the impact of NNTs on RN turnover. Understanding the association between time spent on NNTs and job outcomes in distinct settings may allow for practice improvement initiatives focused on reducing NNTs and improving RN retention.
Methods: For this study, we analyzed 2022 National Sample Survey of RNs data, with the primary variable of interest being the percent of work time RNs estimated spending on various tasks, both nursing (e.g., patient care, charting) and NNTs (e.g., housekeeping, locating supplies). Using weighted sample data, we conducted descriptive and logistic regression analyses to examine the amount of NNT time among RNs, how NNT time differed by job setting and patient populations, and how NNT time was associated with leaving a primary job.
Outcomes: The weighted sample totaled 2.46 million RNs whose positions included patient care, excluding advanced practice RNs. The most common work settings were inpatient medical hospital (56.7%), ambulatory clinic (9.9%), and home health or outpatient services (8.9%). Across settings, 34.4% of RNs reported spending 0%, 35.2% reported 1-9%, and 30% reported 10% or more of time in NNTs. Regression analyses showed significantly decreased odds of spending more than 10% of time in NNTs among RNs who had 6 or more years of experience (OR 0.65, 95% CI 0.57-0.75, p=0.0), little to no time spent caring for populations with substance use disorders (OR 0.80, 95% CI 0.66-0.98, p=.04), and RNs working in indirect care, long term care, public health, school nursing, or home and outpatient services settings compared to RNs working in inpatient medical settings. In the regression focused on RNs who left their primary job in the past year, there were significantly increased odds of leaving among those reporting any level of NNTs greater than zero.
Implications/Conclusions: Many RNs spend at least part of their time in NNTs, especially in inpatient and ambulatory clinic settings. The time spent in NNTs takes away from time for patient care, impacting care quality, and may lead to increased RN overtime costs. In addition to the higher costs for overtime RN wages, organizations may incur higher recruitment and training costs as NNTs increase turnover. More detailed analyses of NNTs in specific settings would allow for targeted staffing and practice improvement initiatives, supporting RN satisfaction and retention.
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SYMPOSIUM: LEVERAGING NURSES' EXPERTISE
FOR MEANINGFUL WORKFORCE RESEARCH AND POLICY

School Nursing Workforce Models and Implications on Healthcare Access and Policy

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Purpose: To describe the Washington State school nursing workforce, services, and staffing models to inform policy on school health services.
Rationale/Background: School nurses are critical to addressing health inequities among children (PreK-12) by removing barriers to healthcare access. However, students in the Western U.S. have less access to school nursing than other regions of the U.S. Efforts to create statewide staffing guidelines have been hindered by lack of data to identify who is functioning in the school nurse role, the number of school nurses, and existing staffing models. In Washington State, school nurses may be certified (entailing additional training) or classified. In addition to registered nurses (RN), schools also employ licensed practical nurses (LPN) and unlicensed assistive personnel (UAP) to provide care. While Washington state collects employment data on certificated school nurses, the numbers of classified nurses are hidden in the aggregates of other paraprofessional staff, including LPNs and UAPs. Thus, workforce data and school health staffing models are difficult to discern and vary significantly across Washington State.
Methods: An online survey, adapted from the National School Nurse Workforce Study (NSNWS), was created with questions on demographic characteristics, staffing models, and distribution of healthcare service hours. Survey questions were developed in partnership with school nurses who provided vital information on types and phrasing of questions to successfully elicit accurate data. The survey was piloted with nine school nurse leaders (Washington State School Nurse Corps Administrators), and after revision, school district leaders (n=251) were emailed the survey. Email and telephone follow-up reminders were conducted by a retired school nurse. Analyses included analysis of variance and regression. Composite variables for health complexity and social drivers of health (SDoH) for each district were created to examine distribution of services vis a vis nurse caseload.
Findings: A total of 251 surveys were collected (100% response rate), reflecting data on 297 school districts: 293 public, 3 tribal, and 1 charter school. Almost 996 full-time equivalents (FTE) of nurses work in 2137 schools. However, only 728 of those are certified school nurses who have received additional training in this specialty. Approximately 470 nurses are classified and 55 certified nurses are employed as classified nurses. After controlling for district size and health needs, rural districts were significantly more likely to employ a certified school nurse, and urban districts were 55.2 times more likely to employ LPNs and UAPs. Caseloads varied across school districts, with no differences noted by SDoH. Differences across districts with differing levels of known SDoH were noted in the proportion of RN, LPN, and UAP hours allocated to districts. As percentages of unhoused and underrepresented minority students increased within districts, the proportion of RN hours allocated decreased, suggesting that the hours and types of services allocated to districts vary by SDoH.
Conclusions/Implications: Findings highlight the importance of understanding the complexities and nuances of how healthcare services are delivered, beyond simply enumerating numbers and FTEs, necessitating a deep understanding of the school nurse role to inform data collection and analytical needs.
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SYMPOSIUM: LEVERAGING NURSES' EXPERTISE
FOR MEANINGFUL WORKFORCE RESEARCH AND POLICY

Methodological Approaches to Enumerating the Public Health Nursing Workforce

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Purpose/Background: A strong public health infrastructure requires an adequate distribution of nurses to effectively respond to public health priorities. Yet, estimating the number of public health nurses (PHNs) is contingent upon the data available and the operational definition employed. Researchers with non-nursing backgrounds have tended to group PHNs according to setting, which limits our ability to identify nurses doing public health work outside of traditional public health settings, highlighting a need for PHN expertise when measuring this workforce. Drawing on this expertise, we evaluated how the size of the PHN workforce may differ based on two operational definitions of PHNs and the source of the data.
Methods: We compiled available licensure data from state nursing workforce centers, the National Council of State Boards of Nursing's (NCSBN) 2022 Nursing Workforce Study, and the 2022 National Sample Survey of Registered Nurses (NSSRN). We developed a decision-tree to define two PHN groups – "Governmental" and "General" PHNs – using setting/specialty combinations informed by the Public Health Nursing Scope and Standards and expert opinion. We used descriptive statistics to compare PHN distribution as well as data sources.
Results: We estimate that 4.2% (N=171,017) of registered nurses are General PHNs according to NCSBN data and 5.0% (N=153,758) are General PHNs according to NSSRN data. For both sets of data, PHNs in school health settings and specialties make up approximately 50% of the sample. However, 20.9% of General PHNs reported a public health setting and specialty in the NCSBN data compared to 13.6% of General PHNs in the NSSRN data. Further, discrepancies exist when comparing NCSBN data to state licensure data (unable to calculate state-level proportions in NSSRN data). For example, 4.2% of nurses were "General PHNs" according to Ohio licensure data, but this was only 2.3% of Ohio nurses in NCSBN data. Further, PHN group comparison across states using licensure data was difficult due to varied setting/specialty categories. Finally, we found potential error when measuring by setting only – e.g. nurses indicating a "public health" setting and "anesthesia" specialty.
Conclusions: Findings highlight the challenges of enumerating the PHN workforce using currently available data and the importance of specificity as well as PHN practice expertise when measuring this workforce. Differences in the calculated proportions of PHNs exist between different sources of nationally collected data and between national and state licensure data, posing concerns for potential miscounting of PHNs or misunderstanding of how PHNs are distributed depending on the data source or definition used. Additional measurement challenges are evident in the inability to compare across states due to lack of standards for collecting data. Such concerns need to be addressed to accurately inform policy decisions regarding growing and sustaining this important part of the nursing workforce.

SYMPOSIUM: LEVERAGING NURSES' EXPERTISE
FOR MEANINGFUL WORKFORCE RESEARCH AND POLICY

Public Health Nurses' Unique Contributions to Health Equity

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Purpose: Research demonstrates that public health nurses (PHNs) possess important competencies for doing health equity work, such as being partnership-oriented and having a broad knowledge base across different populations. Furthermore, existing studies assessing the impact of public health on health equity outcomes in communities do not explicitly address the roles, skills, and competencies of PHNs. Our study aimed to fill this gap by exploring what activities PHNs describe they undertake in advancing health equity as well as examining their skills, proficiencies, and training needs specific to health equity work.
Methods: For this mixed methods study, we collected qualitative data via interviews with 18 PHNs across the US and developed major themes using a reflective thematic analysis approach. For the quantitative arm, we conducted multivariable logistic regression analyses using 2022 Public Health Workforce Interests and Needs survey data on local health department staff. We used these analyses to predict the probability of PHNs versus non-PHNs reporting knowledge of and confidence in addressing health equity.
Results: Most participants identified as female (N=15); years of experience as a PHN ranged from 1-37. Participants stated that effective health equity work relied on building connection and trust in the community and included activities at the individual, community, and systems level, such as addressing gaps in care, facilitating collaborations across sectors, and helping to assure resource access. Participants detailed ways they as nurses were specifically equipped to do this work, including applying their clinical skills in a nuanced way, their capacity to understand their community at a systems level (e.g., knowledge of systems level factors impacting health outcomes) and their access to specialized nursing tools such as the nursing process. Leadership's low understanding of a PHN's full scope of practice (leading to less opportunity to practice at full scope), insufficient capacity due to low supply of PHNs, and lack of diversity in the PHN workforce were identified as barriers to fully engaging in health equity work. Quantitative analyses highlighted PHNs' confidence in addressing core health equity concepts, with PHNs having 7.7% higher probability of reporting confidence in addressing the social determinants of health and 7.2% in addressing the social determinants of equity.
Conclusions: Findings deepen our understanding of how PHNs contribute to health equity and the value they bring to public health. Participants highlighted how their combination of clinical skills, ability to see the big picture, and application of nursing-specific tools are valuable to them in approaching their work to address health inequities. Participants also noted that to sustain their health equity work, a more diverse PHN workforce is needed as well as the opportunity to work at the top of their scope. Strategies to address barriers and support this workforce include educating public health leadership about the PHN role and facilitating professional development to support a higher level of PHN practice. Additionally, there is a need to integrate public health nursing into nursing education and establish recruitment pathways for those from diverse backgrounds to facilitate growth of this valuable sector of the public health workforce.
Funding: This study represents research done in 2024 with support from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS)as part of an award totaling $460,000. The contents are those of the author(s) and do not represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government by the Health Resources and Services Administration of the U.S. Department of Health and Human Services (HHS).

SYMPOSIUM: LEVERAGING NURSES' EXPERTISE
FOR MEANINGFUL WORKFORCE RESEARCH AND POLICY

Nurses at the Intersection of Public Health and Primary Care

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Purpose: To propose a conceptual framework for collective leadership development that bridges research, practice, and education to support cross-sector collaboration and workforce capacity building in public health and primary care.

Description: Advancing population health equity requires greater integration between public health and primary care. Integration requires engagement from leaders adept at working collaboratively. However, traditional leadership development programs typically focus on teaching discipline-specific cognitive skills while downplaying the communication, relational, and affective skills that leaders need to excel in increasingly networked and collaborative organizations.

Grounded in the American Nurses Association Code of Ethics (Provision 7.1), this framework contributes to knowledge through diverse methodologies and perspectives, drawing upon established theory and practice to integrate nursing's relational orientation, systems thinking, and collaborative practice. The framework builds upon prior efforts to foster collaborative leadership at the intersection of individual care and population health by emphasizing three key components: collaborative leader self-efficacy, collaborative leader behaviors, and collective efficacy.

The framework is organized using Bronfenbrenner's socioecological model, with concentric levels representing individual, interpersonal, and organizational domains. Bandura's social cognitive theory is embedded within the individual level of leader development, illustrating the relationship between developmental activities, leader self-efficacy, and leader behavior and performance. Leader performance is contingent upon the individual creating conditions that support the effective exchange of information and expertise among members. Bandura's theory is extended to interpersonal and organizational levels to demonstrate how collective efficacy, a group's shared belief in its ability to produce desired results, can develop and enhance performance at these levels. Ultimately, the framework aims to foster collaborative behaviors among leaders and team members within and across organizations and sectors, thereby advancing population health.

Logic: This framework bridges the gap between research, practice, and education by translating established leadership theories into actionable strategies for workforce development. Informed by both scholarly evidence and real-world implementation experience, it provides practical guidance for designing leadership programs that cultivate collective leadership capacity across the public health and primary care sectors. The framework supports nurses and other professionals in building the shared competencies, trust, and structures needed to lead collaboratively toward population health equity. It can also guide further research that links program design to outcomes such as increased collective efficacy and improved multisector collaboration.

Conclusion: To address today's complex population health challenges, the proposed framework supports reengineering the workforce through collective leadership development, emphasizing shared processes, collaborative behaviors, and collective efficacy to drive cross-sector integration and advance population health. This work advances a practice-ready approach to leadership education that bridges sectors, disciplines, and levels of care.

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SYMPOSIUM: METHODS TO ADVANCE PRECISION HEALTH:
INVALUABLE ADDITIONS TO THE RESEARCH REPERTOIRE

Overview: Methods to Advance Precision Health: Invaluable Additions to the Research Repertoire

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

Purpose of the Symposium: Fundamental to precision health is that assessment and treatment address the specific characteristics and clinical needs of a patient rather than relying on a one-size-fits-all approach. By understanding distinct biological, psychological and social profiles of individuals, prevention can be more focused, risks can be better identified, interventions can be designed to optimize efficiency and therapeutic benefit, and adverse side effects can be minimized. Such improvements will ultimately enhance the health and wellbeing of individuals and reduce health care costs by more targeted, effective use of resources. However, the advancement of more precise approaches to care depends upon research methods that have the capacity to identify individual variability in health-related factors and heterogenous phenotypes within more general conditions or diagnostic groups. Many researchers do not take advantage of such research methods in their ongoing studies. The goals of this symposium are: 1) to describe the core principles of precision health from a conceptual and empirical perspective, and 2) to discuss three specific research methods that have high potential to advance precision health.
Logic and Methods: In the overview of this symposium, prominent precision health models/frameworks that can inform research will be discussed such as the 'Precision Health Model' and the 'Nursing Science Precision Health Model'. The centrality of omics and the exposome will be described, including their components and interrelationships. The significance of phenotypes to precision health will also be delineated. Lastly, salient validity and reliability considerations will be outlined, including clinical utility and actionability, data quality and integrity, reproducibility of complex models, technological infrastructure, and generalizability across diverse populations.
This overview will be followed by presentations on three specific research methods that offer high potential for advancing the field of precision health: 1) latent class analysis and latent profile analysis (identification of discrete groups of individuals based on their patterns of response to variables being studied), 2) epigenetic clocks (machine learning algorithms that measure DNA methylation to capture the unique pace of an individual's biological aging), and 3) multiomics (the integrated analysis of multiple 'omics' data types, such as genomics, proteomics, and metabolomics). In each of these presentations, speakers will provide a detailed description of the method, how it contributes to a more precise understanding of individualized health care needs, examples of its use in research, and the method's overall utility for nursing research, including its strengths and limitations.
Conclusions: The sensitivity and specificity of screening tools as well as the effectiveness of health care interventions varies substantially within populations. Some individuals are accurately identified for being at health risk and experience significant improvement from their treatments while other high-risk individuals go undiagnosed or realize little benefit from the care provided. Nurse researchers can address these disparities by using methods that contribute to an improved understanding of the biopsychosocial and clinical heterogeneity among individuals so that more tailored, personalized care can ultimately be provided.

SYMPOSIUM: METHODS TO ADVANCE PRECISION HEALTH:
INVALUABLE ADDITIONS TO THE RESEARCH REPERTOIRE

Latent Class and Profile Analyses: Identifying More Precise Clinical Phenotypes

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

Purpose: The purpose of this presentation is to provide a foundational overview of the theoretical concepts, assumptions, and statistical approaches underlying latent class analysis and latent profile analysis as methods to advance precision health. Latent class analysis (LCA) is a statistical procedure used to identify qualitatively different subgroups within populations who often share certain broad, imprecise characteristics. LCA uses study participants' responses to categorical indicator variables to make these determinations. A related statistical technique, latent profile analysis (LPA), is used when indicators are continuous. The assumption underlying both approaches is that membership in unrecognized or unknown (latent) classes of individuals can cause or explain unique patterns of scores across survey questions, biomarkers, or other assessment indicators. Identification and interpretation of latent classes or profiles is a key strategy for advancing precision health by clarifying phenotypes or subgroups of populations and patients who on the surface may share a common diagnosis or health condition but actually have distinctive clinical characteristics or symptom profiles that necessitate different approaches to assessment and treatment.

Methods: The presentation will begin by clarifying how LCA and LPA employ a person-oriented, mixture modeling analytic strategy in contrast to variable-oriented strategies for data reduction. Key assumptions underlying the conceptual basis of latent constructs will be discussed. Considerations regarding the importance of sample size, number and nature of indicator variables, missing data, and choice of estimators will be described. The talk will delineate procedures for conducting LCA and LPA, along with statistical criteria (e.g., Bayesian and Akaike information criterion, entropy) that aid in making decisions about the appropriate number of subgroups or classes to select. Approaches to cross-validation will be discussed as a means to test prediction accuracy, the robustness of class structure, and generalizability of the subgroups identified. The speaker will apply the content provided by showing specific examples of its use in her own published research to identify symptom profiles and related phenotypes specific to depression and anxiety. Lastly, strengths and limitations of the methods will be outlined, such as issues regarding percent of the sample in each subgroup and bias in naming classes that emerge.

Conclusions: By aggregating individuals into distinct groups based on their shared clinical or other characteristics, researchers are better able to understand complex and heterogeneous phenotypes present in the community or patient populations being studied. Such knowledge can inform salient screening and intervention for distinct phenotypes of individuals who experience the health risks or conditions being studied rather than broad-spectrum assessments or interventions that are not effective for all individuals. Use of LCA and LPA by researchers can ultimately assist clinicians in better meeting the health care needs of their patients through more personalized, precisely focused, therapeutic strategies. Precision-based assessment and treatment for different phenotypic needs have the potential to improve clinical and functional outcomes while also reducing inefficiencies and health care system costs.

SYMPOSIUM: METHODS TO ADVANCE PRECISION HEALTH:
INVALUABLE ADDITIONS TO THE RESEARCH REPERTOIRE

Epigenetic Clocks as Tools for Precision Health

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Purpose: This presentation explores the methodology, the utility, and the application of epigenetic clocks in precision health for individualized assessment, targeted interventions, and disease prevention.

Description of the Method and Its Approach: Epigenetic clocks are machine learning algorithms that measure DNA methylation (DNA-m) levels at specific CpG sites across the genome to approximate chronological age (e.g., Horvath and Hannum clocks) or to capture the biological aging pace (e.g., GrimAge and DunedinPACE). The methodology of DNA-m clocks involves both laboratory and statistical approaches. Sources of DNA include saliva, blood, buccal swabs, hair follicles, or placentas, and the specific source is determined by the study design, research objectives, funding, feasibility, and participants' compliance. DNA methylation detection using bisulfite conversion, as well as profiling approaches (microarray or sequence-based) for methylation measurement, will be identified. Statistical methodology begins with the selection of the most informative CpGs for prediction model training and through correlation tests or Epigenome-Wide Association (EWAS). The process of building predictive models of aging using machine learning algorithms, such as elastic net regression, will be presented to demonstrate how methylation patterns are used to estimate biological age, mortality risk, and health trajectories. Finally, choosing the appropriate statistical analyses will be highlighted to answer research questions within the framework of precision health.

Logic and Application in Research: Epigenetic clocks are transformative tools for advancing precision health. Their use in research goes beyond chronological aging, reflecting true physiological states at the molecular level and capturing the collective impact of genetics, environment, and lifestyle on cellular senescence. This emerging methodology has broad-range of applications in exploratory, predictive, and intervention-based research. For instance, it can be utilized for predicting overall health span, disease risk, biological changes, treatment response, and mortality risk, which allows for earlier and more customized interventions. The application of these approaches will be discussed with examples from both exploratory and interventional studies. Psychological stress and socioeconomic adversity are consistently found to be implicated in predicting accelerated biological aging for several epigenetic clocks. This presentation will also discuss the potential use of various biological clocks to evaluate cellular health following the implementation of healthy lifestyle interventions.

Conclusion: Overall, the use of epigenetic clocks in research provides a promising tool for quantifying cellular risk profiling and understanding how genetics, environment, and lifestyle interact to influence health outcomes. The benefits of using epigenetic clocks in research include a high sensitivity to environmental exposures, the ability to detect early biological changes before clinical symptoms appear, and the ability to predict disease risk and lifespan. However, challenges in using epigenetic clocks , including variability across tissues, influence of technical and population differences, and the need for improved interpretation of causality between methylation changes and disease processes, will also be discussed. Despite these limitations, integrating epigenetic clocks along with other biomarkers and psychological assessments can greatly enhance our understanding of how environmental exposures influence molecular processes and overall health functioning.

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SYMPOSIUM: METHODS TO ADVANCE PRECISION HEALTH:
INVALUABLE ADDITIONS TO THE RESEARCH REPERTOIRE

A Systems-Level Approach to Advancing Precision Health: Multi-Omics Methods

***Kayla Longoria**, PhD, MA, RN, Physiological Nursing, University of California, San Francisco, CA*

Purpose: This presentation will describe how multiple -omics (multi-omics) methods can be used to advance a more holistic understanding of mechanisms underlying human health and disease, highlighting practical applications and the utility of these methods for advancing precision health and equitable health outcomes for all.
Methodology: Methods for molecular data collection, integration, and analyses are flexible but unique to the specific -omics layers being investigated. For these reasons, describing practical applications of these methods in existing research is the most effective strategy to illustrate how these methods can be applied to advance mechanistic insights into human health and disease. To describe practical applications, I will draw upon research I have conducted using untargeted -omics approaches (i.e., microRNAs, metabolomics, microbiomics) across diverse specimen types (i.e., fecal, plasma, pending work in placental tissue) in the context of women's mental and cardiometabolic health, particularly during major life transitions that increase biological complexity. I will then discuss the versatility of these methods, highlighting their broader utility in advancing precision health, along with key strengths and limitations.
Rationale: The complexity of physical and mental health conditions arises from interactions among biology, behavior, environment, and psychosocial factors. This makes timely detection and intervention difficult, as traditional approaches are often unidimensional, overlooking the individual and contextual variability that collectively shapes symptoms, disease progression, and treatment response. Multi-omics offers a powerful solution by integrating diverse data types (e.g., multiple biological layers and specimens, psychosocial, clinical) to provide a systems-level view of human health and disease. Thus, multi-omics methods enable more holistic insights into the mechanisms driving human health and disease, supporting opportunities for more precise, personalized strategies in screening, diagnosis, and intervention.
Conclusion: Multi-omics methods provide a systems-level approach to better understand human health and disease, especially in contexts with increased biological complexity. The versatility of these methods enables application across diverse populations and conditions, supporting more precise, personalized, and equitable strategies for advancing precision health for all.

SYMPOSIUM: MICROBIOME INSIGHTS INTO STRESS AND DEPRESSIVE SYMPTOMS: MATERNAL, INFANT, AND ADOLESCENT POPULATIONS

Overview: Microbiome Insights into Stress and Depressive Symptoms Overview

***Cherry Leung**, PhD, RN, Community Health Systems, University of California, San Francisco*

Purpose: The symposium examines the role of the gut microbiome in stress and depressive symptoms across three key populations: mothers during the perinatal period, infants, and adolescents.

Background: Emerging evidence indicates that the gut–brain axis (a bidirectional communication network linking the central nervous system and the gut microbiome) may play a role in stress and depressive symptoms across the lifespan. In early life, maternal factors, environmental exposures, and vertical transmission can shape the developing infant microbiome, which is critical for immune system maturation and physiological regulation, offering a complementary framework to the gut–brain axis for understanding early-life mechanisms that contribute to stress and depression. Disruptions to microbial composition during these sensitive periods have been linked to stress-related outcomes and may influence susceptibility to mood disorders. Examining these mechanisms across the maternal period and key developmental stages from infancy through adolescence can elucidate how microbial patterns shape risk for stress and increased depressive symptoms.

Methods: The symposium highlights four studies employing diverse methodological approaches. In a longitudinal cohort of pregnant women, 16S rRNA gene sequencing of prenatal stool samples was used to assess microbial diversity and composition, which were analyzed in relation to maternal depression across pregnancy and postpartum using linear mixed models. The second study examined maternal hair cortisol concentrations during the third trimester and infant gut microbiome diversity at one month of age using 16S rRNA sequencing and generalized estimation equation models. A third study investigated whether infant gut microbial diversity mediates the relationship between trimester-specific prenatal exposure to particulate matter ($PM_{2.5}$) and infant telomere length at one month, using mediation analyses. Finally, a cross-sectional study of adolescents assessed gut microbial diversity and composition in relation to mild depressive symptoms using 16S rRNA sequencing, permutational multivariate analysis of variance, and differential abundance analysis.

Results: Key findings indicate that higher prenatal microbial diversity was associated with less improvement in maternal depression postpartum, and a greater abundance of Faecalibacterium was linked to more severe depression. Maternal prenatal hair cortisol showed a trend toward associations with infant microbiome richness. Infant gut microbial diversity partially mediated the relationship between prenatal $PM_{2.5}$ exposure and telomere length, suggesting early-life environmental modulation of microbial composition may influence cellular outcomes. Among adolescents, overall microbial diversity was not significantly associated with depressive symptoms, but specific taxa, such as Parabacteroides, were more abundant in adolescents with at least mild depressive symptoms.

Conclusions/Implications: Collectively, these studies demonstrate that maternal factors, prenatal exposures, and adolescent gut microbial patterns may contribute to stress- and depression-related conditions across these age groups. Findings highlight the potential importance of genus- and strain-level microbial differences, early-life environmental influences, and the perinatal hormonal and metabolic effects relevant to stress and mental health. Integrating these insights could inform targeted interventions, including dietary modulation and probiotic strategies, as well as guide future longitudinal, multi-omics research aimed at elucidating mechanisms linking the microbiome to stress and depressive symptom trajectories.

SYMPOSIUM: MICROBIOME INSIGHTS INTO STRESS AND DEPRESSIVE SYMPTOMS: MATERNAL, INFANT, AND ADOLESCENT POPULATIONS

Prenatal Microbiota Predict Women's Depression from Pregnancy through the Postpartum

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

Purpose: The aims of this study were to determine whether the diversity and composition of women's gut microbiota during pregnancy predict the severity and course of their depression from pregnancy through the first few months postpartum.
Background: Previous research suggests that a bidirectional neural pathway between the gut microbiome and the central nervous system (the gut-brain axis) may be involved in depression. There is evidence that the composition of the microbiome differs in depressed persons than in individuals who are not depressed, suggesting that alterations of the gut microbiome contribute to development of depression. However, little is known about the role of the gut microbiome in perinatal depression, including how women's prenatal gut microbiota may influence the course of depression from pregnancy through the postpartum in this unique hormonal and metabolic environment.
Methods: As part of a larger longitudinal cohort, women were recruited from obstetric clinics during their 3rd trimester of pregnancy. Shortly after prenatal enrollment, they provided a stool sample for microbiome analysis and completed the Major Depressive Disorder Scale of the Psychiatric Diagnostic Screening Questionnaire (PDSQ) as well as demographic and stress questionnaires. The depression measure was completed again at 1 and 3 months postpartum. 16s rRNA gene sequencing was performed on stool samples, followed by computation of the Shannon Diversity Index to identify taxonomic diversity of bacterial species. Differential abundance analysis was used to examine the prevalence of distinct species in the microbiota of women who were more severely depressed and those who were not. Linear mixed models were employed to test the aims, controlling for women's history of depression and their degree of stress during pregnancy.
Findings: The study included 50 women (mean age 35 years; SD=4.63), who were racially and ethnically diverse. On average, women experienced mild depression, but their scores ranged from no depressive symptoms to severely depressed. Overall, their depression decreased from pregnancy through 3 months postpartum, with the most significant decline from the 3rd trimester to one month postpartum (B=1.607 (.43), p=.001). However, women whose microbiota were more diverse in the abundance of varied species experienced less decline over time and greater persistence of depression than women with less diverse microbiota (B=1.252 (.46), p=.009). This effect of prenatal microbial diversity was greatest at one month postpartum (β=.36, p=.014). In addition, women who were more severely depressed had almost seven times (OR=6.722, p=.04) greater odds of having an abundance of the genus Faecalibacterium than did women who were less depressed (31.3% versus 16.7% respectively).
Conclusions: Although diverse communities of bacteria are often considered protective, too many species may lead to instability and the overgrowth of harmful bacteria. Recent research indicates that some strains of Faecalibacterium are pathogenic and increase gut and systemic inflammation, a factor increasingly linked to the development of mood disorders. Further research to confirm a potential role for Faecalibacterium in perinatal depression and the function of elevated microbial diversity can ultimately inform risk assessment and intervention strategies for women, including targeted probiotic therapy to prevent or treat depression.
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SYMPOSIUM: MICROBIOME INSIGHTS INTO STRESS AND DEPRESSIVE SYMPTOMS: MATERNAL, INFANT, AND ADOLESCENT POPULATIONS

Prenatal Hair Cortisol Concentration and Infant Microbiome Richness

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

Aims: The primary aim of this study was to determine the relationship between maternal prenatal hair cortisol concentration (HCC) during the third trimester of pregnancy and the diversity of the infant microbiome at one month of age.
Background: Maternal prenatal stress (MPS) has been implicated in a variety of adverse infant health outcomes, but the mechanisms through which MPS acts are unknown. One hypothesis suggests that MPS impacts the infant through alteration of the infant microbiome. While both maternal prenatal *perceived* stress and maternal prenatal *physiological* stress have been linked to the abundance of specific microbiome species, only maternal prenatal perceived stress has been found to have a significant relationship with the overall diversity of the infant microbiome. Critically, only one study has used hair cortisol concentration (HCC), a measure of Hypothalamic-Pituitary-Adrenal axis activity, as a measure of physiological stress in this context. This leaves open the possibility for a relationship between maternal prenatal HCC and infant microbiome diversity, which this study sought to address.
Methods: This study is a secondary data analysis of a prospective cohort of women and their infants residing in the Bay Area of California. Women were recruited from obstetric clinics affiliated with a major university hospital during their third trimester of pregnancy. Measures of HCC were obtained from women within two weeks of parturition using 3 cm portions of hair most proximal to the scalp, which corresponds with cortisol activity during the third trimester of pregnancy. Infant stool samples were collected at 1 month of age and assayed using 16S rRNA gene sequencing to calculate microbiome diversity. Diversity indices included the Chao index, a measure of microbiome richness, and Pielou's Evenness index, a measure of microbiome evenness. Two separate generalized estimation equation models were used to examine the aims.
Results: A total of 51 women and their infants provided both maternal hair and infant stool samples. HCC was not significantly related to the evenness of the infant microbiome (ß= 0.971, 95% CI: 0.932, 1.011, p=0.15). While the relationship between HCC and the diversity of the infant microbiome did not reach statistical significance, the association trended towards significance (ß= 1.148, 95% CI: 0.981, 1.343, p=0.085).
Conclusions: Findings suggest potential alterations to the richness of the fetal microbiome as a result of exposure to chronic maternal prenatal cortisol during the third trimester of pregnancy. This would support the possibility that alterations of the infant microbiome are a mechanism by which MPS causes adverse fetal health outcomes. A larger sample size would have provided more power to detect a significant effect if present. Given the failure to reach statistical significance and the relatively small effect size, more research is needed to confirm the association between HCC and fetal microbiome diversity. Future studies should aim to recruit a higher number of participants in addition to incorporating multiple time points for both maternal stress and infant microbiome assessment.

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SYMPOSIUM: MICROBIOME INSIGHTS INTO STRESS AND DEPRESSIVE SYMPTOMS: MATERNAL, INFANT, AND ADOLESCENT POPULATIONS

Prenatal PM Exposure, Gut Microbiome Changes, and Telomere Length: Mediation Analysis

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

Purpose: The study aimed to examine the mediating role of infant gut microbial diversity in the relationship between trimester-specific prenatal exposure to air particulate matter ($PM_{2.5}$) and infant telomere length (TL) at one month of age.
Background: Air pollution can disrupt fetal development and increase long-term disease risk, while infant TL reflects susceptibility to physical and mental illnesses. Emerging evidence suggests that the gut microbiome may play a key role in this process, as pollution-induced oxidative stress and inflammation can alter the developing fetal microbiome, which is critical for immune system development and pathogen defense. Disruptions in microbial composition may, in turn, influence the cellular integrity of telomeres. While previous studies have linked particulate matter to TL or the microbiome separately, the potential mediating role of the gut microbiome in connecting prenatal pollution exposure to infant TL has not been investigated.
Methods: Women (n = 45) in this study were part of a larger cohort recruited in obstetric clinics during their third trimester of pregnancy. Data on $PM_{2.5}$ exposure for each woman's residential area during each trimester were acquired from the regional Air Quality Management District. At one month postnatal, salivary and stool samples were collected from the infant, which provided salivary DNA for the telomere assay and gut microbiota compositions using 16S rRNA amplicon sequencing. Microbial diversity was assessed using Chao's richness and Faith's phylogenetic diversity (PD) indices. Mediation analysis was performed with path-specific regressions, followed by point estimates from the Sobel Test to determine proportion of the effect that was mediated. All analyses controlled for infant gestational age.
Results: Participants were diverse, including 43% who were not White and 27% who were Hispanic/Latinx. On average, mothers were 33.46 years (SD=6.05) of age. Mean gestational age of infants was 35.46 weeks (SD=2.51), 45% being girls. Average $PM_{2.5}$ exposure across pregnancy was associated with longer infant TL (β=.34, p=0.02). Mediation analyses indicated that infant microbial diversity partially mediated this association (Chao: β=.38, p=0.003; PD: β=.34, p=0.02), accounting for 27% (z=2.14 (.009), p = 0.03) and 28.5% (z = 2.15 (.009), p = 0.03) of the total effect. The mediation effect appeared strongest for first trimester $PM_{2.5}$ exposures, although this trend did not reach statistical significance (z=1.89 (.005), p=.058).
Discussion: These findings suggest a compensatory or adaptive response to environmental stress, rather than direct protection of cellular integrity. While increased microbial diversity may help buffer infants from stressors like inflammation and oxidative stress, it could also indicate pollution-related microbial instability, including proliferation of opportunistic or pro-inflammatory species. Mediation effects were strongest for first-trimester exposures, highlighting early gestation as a potentially critical window for environmental influences on the infant microbiome and cellular outcomes. Together, these results emphasize the importance of the perinatal environment in shaping biological pathways underlying development. These findings also suggest that supporting gut health through microbiota modulation may help preserve telomere integrity and reduce age-related disease risk. Future research should integrate multi-omics approaches or longitudinal designs to uncover additional mechanisms linking prenatal pollution, microbial composition, and telomere dynamics.

SYMPOSIUM: MICROBIOME INSIGHTS INTO STRESS AND DEPRESSIVE SYMPTOMS: MATERNAL, INFANT, AND ADOLESCENT POPULATIONS

Gut Microbiota Associations with Mild Depressive Symptoms in Adolescents

***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: The study assessed whether microbial diversity and composition of the gut are associated with depressive symptoms during adolescence.
Background: Adolescent depression is a major public health concern, with 5–19% of adolescents meeting criteria for major depression and up to 29% experiencing mild or subclinical depressive symptoms that are often underrecognized and undertreated. Emerging research suggests that the gut–brain axis, a bidirectional communication network linking the central nervous system and the gut microbiome, may play a critical role in adolescent depression. Although the gut microbiome has been linked to mental health in adults, little is known about its role in adolescent mild depressive symptoms. Understanding these associations may reveal biological mechanisms of risk and inform strategies to support mental health during adolescence.
Methods: This cross-sectional study consisted of 71 adolescents, 13–19 years of age, who were recruited from a community setting. The adolescents completed a demographic questionnaire and the Patient Health Questionnaire-9 (PHQ-9) and collected a stool sample. 16S rRNA gene sequencing was used to identify the diversity and abundance (composition) of microbial species. Permutational Multivariate Analysis of Variance was used to examine microbial diversity differences, and differential abundance analysis was performed to examine composition differences between adolescents with at least mild depressive symptoms and those reporting minimal or no depressive symptoms. Models adjusted for sex, race, and BMI.
Results: Participants had a mean age of 15.89 years (SD = 1.75) and represented a racially (32.05% Hispanic) and ethnically (46.84% non-white) diverse sample. Over half (51%) reported at least mild depressive symptoms (PHQ-9 score ≥5). *Bacteroides* and *Faecalibacterium* were the most prevalent genera across participants. Overall microbial diversity was not significantly associated with depressive symptoms, though adolescents with at least mild depressive symptoms showed a trend toward higher relative abundance of a sequence variant classified at the genus level as *Parabacteroides* (SV_51; adjusted FDR $p < 0.10$).
Conclusions/Implications: Over half of participants reported at least mild depressive symptoms, highlighting the prevalence and clinical relevance of subclinical depressive symptoms in this age group. The gut microbiome was dominated by *Bacteroides* and *Faecalibacterium*, genera commonly observed across age groups and particularly abundant in individuals consuming Western diets. While their dominance is not unique to adolescence, these findings suggest that dietary modulation may represent a potential avenue for influencing gut microbial composition. Additionally, these results suggest that specific bacterial taxa, rather than overall gut microbial diversity, may be associated with depressive symptoms in adolescents. These results underscore the potential importance of genus- or strain-level differences in the gut–brain axis and suggest that early microbial changes may be relevant even at mild levels of depressive symptoms. Future research should involve larger, longitudinal cohorts to validate these associations, examine the functional roles of *Parabacteroides* and other key taxa, and explore mechanisms linking gut microbial composition, diet, and the development or persistence of depressive symptoms. Integrating multi-omics approaches, such as metagenomics and metabolomics, may further elucidate microbial contributions to adolescent mental health and identify potential targets for preventive or therapeutic interventions, including probiotics and dietary modulation.
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SYMPOSIUM: NAVIGATING WORK AND HEALTH: NURSING PERSPECTIVES ON OCCUPATION AS A SOCIAL DETERMINANT

Overview

***Elizabeth Kohout**, MSN, RN, UCLA, Los Angeles, CA; **Sungwon Park**, PhD, RN, Nursing, UCLA, Los Angeles, CA; **Sandra Domeracki**, MSN, RN, FNP-BC, COHN-S, FAAOHN, Nursing, UCSF, San Francisco, CA; **Suyoung Kwon**, PhD, MPH, RN, COHN-S, College of Public Health, School of Nursing, George Mason University, Fairfax, VA; **Soo-Jeong Lee**, PhD, RN, FAAN, FAAOHN, School of Nursing, University of California, San Francisco, CA*

Purpose: This symposium examines how occupational exposures and conditions shape health outcomes. Four presenters will share research on sedentary work and metabolic disease, musculoskeletal injuries among construction workers, the employment experiences of Filipino immigrants in the United States, and disinfectant exposure and gut microbiome alterations among cleaning workers. Together, these presentations highlight occupation as a central determinant of health and bridge research, practice, and education in nursing. All presenters are occupational health nurses with extensive clinical and research expertise.

Background: Occupation is a critical yet often overlooked social determinant of health. The nature of one's work shapes exposure to biological, chemical, physical, and psychosocial risks that accumulate over time and contribute to disease and disability. However, fragmented surveillance systems, limited occupational data, and the broad scope of occupational health nursing make it difficult to identify and address work-related risks. The presenters bring diverse expertise spanning multiple worker populations: Dr. Sungwon Park (UCLA) studies sedentary behavior and metabolic health in working populations; Sandra Domeracki (UCSF) focuses on musculoskeletal injury and prevention in physically demanding trades; Dr. Suyoung Kwon (George Mason University) examines immigrants' occupational trajectories, stress, discrimination, and financial strain in the U.S. labor force; and Dr. Soo-Jeong Lee (UCSF) investigates chemical exposures and biological responses among cleaning workers.

Methods: The four presentations use complementary approaches to examine how occupational contexts influence health across biological, behavioral, and psychosocial domains. Dr. Park conducted a cross-sectional analysis of 2,424 participants in the Study of Women's Health Across the Nation to examine links between sedentary work and metabolic syndrome. Ms. Domeracki completed a scoping review of 23 studies on musculoskeletal disorders among construction workers, identifying how trade-specific demands contribute to knee and lower extremity pain. Dr. Kwon analyzed longitudinal data from the Health of Philippine Emigrants Study to assess how occupational shifts after migration affect stress, discrimination, and financial strain. Dr. Lee investigated the impact of disinfectant exposure on the gut microbiome of 253 cleaning workers during the COVID-19 pandemic.

Outcomes: From these four presentations, participants will gain an understanding of how work influences health through metabolic, physical, and psychosocial pathways. Sedentary work was associated with higher prevalence of metabolic syndrome components, suggesting the need to modify work patterns to prevent chronic disease. Construction workers experienced high rates of knee and lower extremity pain, revealing gaps in prevention strategies. Most Filipino immigrants changed jobs after migration; healthcare workers maintained job continuity but reported higher stress, while older workers faced greater financial strain and discrimination. Cleaning workers experienced increased disinfectant exposure and altered gut microbiome diversity, emphasizing the importance of minimizing harmful workplace exposures.

Conclusions: This symposium illustrates how occupation shapes health and underscores the need to integrate work into nursing research, education, and policy. Nursing curricula should prepare practitioners to recognize occupational exposures and related health risks as part of holistic care. Research should further explore biological and social pathways linking work and health to inform best practices for worker safety. Interdisciplinary and community partnerships are essential to advancing workplace equity and protecting well-being.

SYMPOSIUM: NAVIGATING WORK AND HEALTH:
NURSING PERSPECTIVES ON OCCUPATION AS A SOCIAL DETERMINANT

Occupation, Health Behaviors, and Metabolic Syndrome Among Middle-Aged Women Workers

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Purpose: We aimed to describe the distribution of occupations among middle-aged women in the Study of Women's Health Across the Nation (SWAN) and to characterize the sedentary work based on time spent sitting at baseline. Additionally, we estimated the prevalence of metabolic syndrome (MetS) and identified factors influencing MetS, including occupation, health behaviors, and sociodemographic characteristics.
Background: MetS affects approximately 34.2% of Americans, and its prevalence is continuously increasing. While various sociodemographic and behavioral factors have been associated with MetS, few studies have examined occupation-related factors. Technological advancements have made many jobs increasingly sedentary, leading to prolonged sedentary behavior that poses risk of MetS. However, there is no clear definition of "sedentary occupation", making it challenging to examine the association between sedentary occupations and MetS.
Methods: This cross-sectional analysis utilized baseline SWAN data collected in 1996-1997 from 2,424 participants across six states. SWAN is an ongoing epidemiological study to examine the health of women aged 42-52 years during their menopause transition. We developed a novel occupational classification system using the National Institute for Occupational Safety and Health Industry and Occupation Computerized Coding System combined with O*NET work context data. Twenty-two valid Standard Occupational Classification codes were used to categorize occupations into four sedentary groups: minimally sedentary, moderately sedentary, highly sedentary, and very highly sedentary. MetS was defined according to modified National Cholesterol Education Program Adult Treatment Panel III guidelines, ranged from 0 to 5. We conducted descriptive statistics and negative binomial regression analyses with reported incidence rate ratios to examine associations between sedentary work and MetS, adjusting for sociodemographic and behavioral factors. Negative binomial regressions with reported incidence rate ratios
Results: Participants had a mean age of 46.3 years and were predominantly White (50%), married (66%), and premenopausal (55%). Half of the participants worked in highly sedentary occupations (51%), followed by very highly sedentary (31%), moderately sedentary (15%), and minimally sedentary (3%) jobs. Overall, 65% had at least one MetS component, with 46% classified as having pre-MetS (1-2 components) and 19% meeting full MetS criteria (3-5 components). Participants in very highly sedentary occupations showed significantly more MetS components than those in highly sedentary occupations ($z = -2.01$, $p < .05$). Factors significantly increasing MetS risk included inadequate physical activity (versus optimal levels, $z = -7.17$, $p < .05$), current smoking (versus never smoking, $z = -2.73$, $p < .05$), sleep problems (versus without problems, $z = -3.12$, $p < .05$), and less education ($z = 3.47$, $p < .05$).
Conclusions: Our study provides important insights into relationships between occupational sedentary behavior and MetS among middle-aged woman workers. Using a novel classification of occupations based on sedentary work contexts rather than traditional industry codes, we identified that women in more sedentary jobs had a higher prevalence of MetS components. These findings underscore the need to reduce sedentary behaviors and promote physical activity in the workplace as part of comprehensive MetS management strategies.

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SYMPOSIUM: NAVIGATING WORK AND HEALTH:
NURSING PERSPECTIVES ON OCCUPATION AS A SOCIAL DETERMINANT

Knee and Lower Extremity Pain Among Construction Workers: A Scoping Review

***Sandra Domeracki**, MSN, RN, FNP-BC, COHN-S, FAAOHN, Nursing, UCSF, San Francisco, CA*

Purpose: To identify the work and personal factors associated with knee and lower extremity pain among construction workers.
Background: Work-related musculoskeletal disorders are a leading cause of non-fatal injuries among construction workers. In the United States, construction workers had a musculoskeletal disorder rate of 19.4 per 10,000 full-time equivalents in 2021–2022, ranking sixth among all industries. Specialty trade contractors (e.g., carpet and floor installers, finish carpenters) had the highest rate of musculoskeletal disorders (28.4 per 10,000) compared to building construction workers (16.4 per 10,000). These injuries are often linked to the repetitive, physically demanding nature of construction work. Despite the widespread prevalence of musculoskeletal pain, particularly knee and lower extremity pain—which ranks second only to low back pain—research in the construction industry has largely focused on the low back and shoulders. Few studies have explored how occupation, as a social determinant of health, intersects with specialty construction trades, knee/lower extremity pain, and workers' personal characteristics.
Methods: This scoping review applied the Joanna Briggs Institute protocol and Arksey and O'Malley's framework and searched PubMed, Embase, Web of Science, Cochrane Central Register of Controlled Trials, and others (i.e., Google Scholar, International Prospective Register of Systematic Reviews). Search terms included knee injuries, lower extremity, ankle, foot, cumulative trauma disorders, occupational injuries, and construction work. Two reviewers independently screened titles/abstracts and full texts, with conflicts resolved by a third reviewer.
Results: Twenty-three studies (21 quantitative [i.e., cross-sectional, case-control, cohort, quasi-experimental, randomized controlled trials], one mixed-methods, and one case-series studies) were identified. Sample size ranged from less than 100 to over 200,000. The outcome variables of the included studies primarily centered on knees. Age, gender (predominantly male), and body mass index were the only personal characteristics associated with knee or lower extremity pain. The studies identified knees as the second most common issue among construction workers, with older workers (>51 years) experiencing more knee problems than younger ones. One study showed a direct link between physical exertion, body mass index, and musculoskeletal pain. The review found risk factors for knee and lower extremity pain included physical activities (e.g., kneeling, squatting), awkward postures, tool use (e.g., knee kickers), injuries (e.g., overexertion), medical history (e.g., prior knee injuries, smoking), and trade experience. The review illustrates how job demands and trade characteristics contribute to knee and lower extremity pain.
Conclusion(s): The review highlights a gap in studies addressing job types (e.g., apprentice, journeyman, foreman, supervisor), personal characteristics, and risk factors for knee and lower extremity pain among construction workers. Further investigations to identify the relationships of these factors with knee and lower extremity pain are needed to guide nursing practice, health education, research, and occupational health policy for construction workers.

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SYMPOSIUM: NAVIGATING WORK AND HEALTH:
NURSING PERSPECTIVES ON OCCUPATION AS A SOCIAL DETERMINANT

Occupational Trajectories and Mental Health Among Filipino Immigrants

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Purpose: This study aimed to (1) examine occupational trajectories based on prior job experience and (2) assess the impact of occupations in the U.S. labor market on stress, discrimination, and financial strain among Filipino immigrants.
Background: Securing employment in the U.S. can be challenging for immigrants, even with substantial work experience in their country of origin. While employment provides financial stability, it may also expose immigrants to higher levels of stress and discrimination compared to unemployment. However, little is known about which occupational categories serve as entry points for immigrants, where they face the greatest challenges, and which occupations are associated with psychosocial well-being.
Methods: Data come from the Health of Philippine Emigrants Study (HoPES), which recruited Filipino adults aged 29–59 in process of emigrating to the U.S. within three months in 2017. Baseline data were collected in the Philippines, with a two-year follow-up in the U.S. (n = 832 at baseline; n = 442 at Year 1; n = 372 at Year 2). Open-text responses describing job titles and duties were coded using two-digit Standard Occupational Classification (SOC) codes. Cohen's kappa assessed concordance between occupations across time points. Longitudinal linear regression models, adjusted for age, gender, and education, were used to examine U.S. labor market occupations in relation to stress, discrimination, and financial strain.
Results: Occupational concordance was slight between the Philippines and the U.S. ($\kappa = .18$) and moderate across U.S. waves ($\kappa = .55$), with the highest cross-country concordance in healthcare and the lowest in management**.** Compared to unemployed participants, those employed in healthcare (B = –.23, 95% CI [–.41, –.05]) or other occupations (B = –.29, 95% CI [–.42, –.09]) reported lower financial strain, whereas participants aged 50 years or older experienced greater financial strain (B = .37, 95% CI [.12, .61]) than those in their 20s. Discrimination was more common among participants aged 50 or older (B = .31, 95% CI [.05, 0.54]) and those in sales and office occupations (B = .33, 95% CI [.08, .58]). Individuals employed in healthcare (B = 1.10, 95% CI [.19, 2.01]) and trades and transportation (B = 1.30, 95% CI [0.25, 2.35]) reported greater increases in perceived stress compared to those unemployed.
Conclusions: Although Filipino immigrants often experience occupational shifts following migration, those in healthcare tend to maintain similar job types across countries. However, employment in sectors such as healthcare and trades and transportation was associated with higher stress than unemployment, indicating that job continuity alone may not protect against psychosocial strain. Older immigrant workers experienced greater financial strain and more frequent discrimination. These findings underscore the need for targeted interventions and policies to support equitable employment transitions, reduce stress exposure, and promote well-being among immigrant workers.
Funding: Primary funding for this study was supported by the National Institutes of Health (Award numbers: 1R01HD083574–01A1)

SYMPOSIUM: NAVIGATING WORK AND HEALTH:
NURSING PERSPECTIVES ON OCCUPATION AS A SOCIAL DETERMINANT

Disinfectant Exposure and Gut Microbiome of Cleaning Staff during COVID-19 Pandemic

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Purpose: This study aimed to examine the effects of disinfectant exposure on the gut microbiome of cleaning workers.
Background: Cleaning workers frequently handle disinfecting products, which contain various harmful chemicals that can cause acute and chronic health effects. During the COVID-19 pandemic, disinfectant use increased substantially. Quaternary ammonium compounds (QACs), the most common active ingredients in disinfectants approved for SARS-CoV-2 control, are widely used in various products. QACs are primarily excreted in feces, suggesting possible interactions with the gut microbiome, which supports digestion, metabolism, and immune regulation. An animal study reported disruption of the gut microbiome by QAC exposure. However, little is known about how QACs affect the diversity and composition of the human gut microbiome.
Methods: This study included 66 cleaning or janitorial staff from a university medical center and its affiliated university campus in Northern California, who represent a subsample of the parent study conducted from August 2022 to May 2023. The participants completed surveys assessing disinfectant use and health symptoms; provided stool samples for measurement of QACs (benzalkonium chloride and didecyl dimethyl ammonium chloride); and consented to participate in the gut microbiome study in 2025. QAC levels in feces were quantified by ultra-performance liquid chromatography with tandem mass spectrometry (UPLC-MS/MS). Bacterial 16S rRNA gene amplicon sequencing was performed to characterize gut microbial profiles. Alpha diversity, reflecting bacterial richness, was assessed using Faith's Phylogenetic Diversity (PD), and associations with QACs were examined using linear models. The association with beta diversity, representing the differences in overall microbial community compositions between participants, was evaluated using PERMAONOVA. Genus-level differential abundance associated with QAC exposure was analyzed using ZicoSeq.
Results: The participants included 38 hospital support assistants, 16 hospital custodians, and 12 campus custodians (55% women, 86% Asians, mean age 49 years). Most (62%) reported increasing disinfectant use at work moderately or greatly during the pandemic; 50% moderately or greatly concerned about health risks from disinfectant use ; and 42% experienced symptoms related to cleaning/disinfecting products on a daily or weekly basis, with respiratory symptoms being the most common (36%). QACs were detected from all stool samples; the mean fecal QAC concentration was 504 pmol/g (range 35-2832, median 219). Higher QAC levels were associated with greater bacterial richness (alpha diversity; Faith's PD, $p=0.013$) and with differences in the overall gut microbial composition (beta diversity; $p=0.023$), including the increased relative abundance of uncultured genera within the phylum Firmicutes.
Conclusions: During the COVID-19 pandemic, cleaning workers experienced increased exposure to disinfectants. The findings suggest that QAC exposure has significant effects on the diversity and composition of their gut microbiome. However, higher QAC levels were associated with increased bacterial richness, which requires further research to validate. QAC exposure may influence overall gut microbial composition, as evidenced by differences in beta diversity and the increased relative abundance of Firmicutes, a phylum involved in metabolism and immune regulation. The findings highlight potential health implications for cleaning workers, underscore the importance of safe work practices, and support future studies to examine how QAC-related microbiome differences affect overall health.
Funding: National Institute of Environmental Health Sciences (1R21ES033937-01); University of California San Francisco, Resource Allocation Program

SYMPOSIUM: OPERATIONALIZING CRITICAL PEDAGOGY THROUGH TRAUMA INFORMED APPROACHES

Overview: Operationalizing Critical Pedagogy through Trauma Informed Approaches

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Purpose: This symposium presents four innovative projects that operationalize critical pedagogy in nursing education infusing trauma informed approaches by centering learner agency, disrupting traditional power dynamics, and aligning education with equity and social justice.
Rationale/Background: Critical pedagogy is an educational philosophy and social movement with the belief that teaching and learning are inherently political acts that either reinforce or contest systems of oppression. The goal is development of critical consciousness, empowering learners to recognize and challenge power structures and societal inequities. Rooting this philosophy in a trauma informed (TI) framework resists re-trauma, promotes healing, and co-creates knowledge and practices that are contextual, cumulative, and emancipatory.
Brief Description of Projects: This session explores the powerful synergy of TI principles including safety, trust, collaboration, empowerment, and culturally sensitive approaches to operationalize critical pedagogy. Each project will elaborate on the utilization of TI to dismantle processes adherent to bias, discrimination, and oppression, and honor diversity and restore learner agency and autonomy. **Utilizing a Critical Lens and Trauma-Informed Approaches for AI and Expert Syllabi Evaluation** analyzed the use of AI compared to an expert faculty within the TI framework to deconstruct traditional syllabi, providing faculty ways to leverage AI while ensuring educational materials are human-centered and promote safety and empowerment. The **Analysis of Inclusive and Exclusive Content in Open Access Nursing Fundamentals Textbooks** embraced a collaborative approach with faculty and graduate students to examine the content of open access textbooks. By developing resources that include diverse perspectives, content will reflect cultural and epistemic diversity, while utilizing trauma informed practices that build trust, and honors student voices. The **Co-evaluation of North American Nursing Curricula using an Equity Lens** utilized a TI framework, developing a tool to evaluate nursing curricula by engaging students and faculty. This work is culturally responsive practice, dismantles power structures and honors diverse community and classroom experiences through collaboration. Finally, the **Evaluating BSN Student Responses to Trauma Informed Flexible Teaching Practices** assessed student experiences with flexible teaching practices centering learning over compliance or behavior. Such practices reduce bias and decouple assessment from extrinsic rewards like attendance or participation, encourage choice and autonomy through safety, trust, and empowerment.
Outcomes Achieved/Documented: These innovative projects demonstrate a commitment to diversity, equity, and inclusion and offer a unique approach to the continued work of dismantling systems and structures that constrain faculty and students. Importantly, each project offers a breadth of information and ways to use the TI framework to implement equitable practices ensuring the graduation of equity minded nurses.
Conclusions: Educators may have little control over the changing sociopolitical climate; however, we have the power to make changes in our classrooms and clinical settings. This is the ideal time in nursing education history to provide educators and students with new ways transforming oppressive educational structures, foster, democratic learning environments where both teachers and students collaborate to dismantle systemic inequity and build emancipatory futures. There is no better time than the present to ensure future generations are equipped to recognize and subvert systems of oppression.
Funding: Funding for this work was supported by the OHSU TIEP Research Interest Group

SYMPOSIUM: OPERATIONALIZING CRITICAL PEDAGOGY
THROUGH TRAUMA INFORMED APPROACHES

Critical Lens and Trauma-Informed Approaches Syllabi Evaluation

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Purpose: This project presents an innovative approach to operationalize critical pedagogy by evaluating the language in Syllabi using trauma informed approaches. It details a convergent analysis method using both Artificial Intelligence (AI) and expert human evaluation to assess nursing syllabi alignment with the Equity Centered Trauma-Informed Education and Practice (EC-TIEP). The project centers learner agency and disrupts traditional power dynamics by critically examining the foundational educational document—the syllabus—as a first act of care and a tool for social justice.

Background/Rationale: A significant number of students enter higher education with a history of trauma, which can be reactivated by course content and power-laden syllabi. Because the syllabus functions as both a contract and a communication tool, it reflects pedagogical values and sets the tone for the learning environment. Traditional syllabi often emphasize rules, penalties, and hierarchy, rather than fostering connection, safety, and collaboration. Transforming this document is therefore a critical step in aligning education with equity. Critical pedagogy calls for environments where learners question inequities and actively participate in transforming their world. Integrating EC-TIEP with a critical lens into education resists re-traumatization and promotes safety. However, current workload demands can make this work very challenging for faculty. Given AI's demonstrated benefits in reducing educator workload and supporting personalized learning, could AI be leveraged to facilitate assessment of content to ensure equity? Exploring this possibility provides new opportunities for aligning instructional practices with equitable approaches.

Methods: Using a convergent parallel design, nursing syllabi were evaluated using EC-TIEP principles including safety; human-centered approaches; empowerment and power-sharing; collaboration; peer support; and cultural, historical, and gender responsiveness.
A content analysis of nursing syllabi was conducted in parallel with a) human reviewer with expertise in nursing education and TIEP providing context-rich, and b) a generative AI (ChatGPT) model. Results were compared to identify points of convergence and critical divergence in assessing EC-TIEP principles such as human-centeredness, safety, and empowerment. The syllabi reviewed was from one bachelorette school of nursing in four senior level courses. The expert reviewer had experience teaching in all four courses.

Assessment of Findings: While AI and human evaluation converged on several themes (e.g., transparency), significant divergences were found. The AI analysis rated language as "moderately empowering" and "supportive of human-centered values." In stark contrast, the human expert identified dehumanizing language, harmful disparaging statements, and mostly neutral or disempowering discourse, highlighting the nuanced understanding essential for trauma-informed language that AI currently lacks. This underscores the indispensable role of expert judgment in contextualizing language and power dynamics within educational materials.

Conclusion/Implications: The findings demonstrate that a convergent parallel approach is powerful for auditing educational tools for alignment with critical, trauma-informed pedagogy. AI offers scalability for initial review, but expert human evaluation is crucial for identifying subtle yet harmful power dynamics and ensuring truly emancipatory educational practices. This project provides a replicable model for nurse educators to deconstruct traditional syllabi, center student agency, and consciously build foundational safety and equity—making the syllabus a first act of care in the co-construction of knowledge.

SYMPOSIUM: OPERATIONALIZING CRITICAL PEDAGOGY
THROUGH TRAUMA INFORMED APPROACHES

Analysis of Inclusive and Exclusive Content in Open Access Nursing Fundamentals Texts

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Purpose: This study explored the presence of inclusive and exclusive content in 2 open educational resource (OER) nursing fundamentals textbooks using a trauma informed (TI) lens to better understand how educational materials may reinforce or challenge bias, influencing health equity.
Background: Analyses of health education textbooks reveal that there is an underrepresentation in darker skin tone images and lack of diversity in age, body size, gender and sexual orientation in language content. Textbooks may fail to connect health inequities to their root causes or may use negative language, thereby reinforcing bias. The textbooks chosen for nursing education programs communicate what nurse educators deem important for students to learn. They can also communicate a "hidden curriculum" of bias which can negatively impact student engagement and learning and re-traumatize students who have previously experienced discrimination and bias, eroding safety, trust, and a sense of belonging. A recent study evaluated inclusionary and exclusionary content in four traditional nursing fundamental textbooks, identifying that exclusionary content was more prevalent than inclusive language.
Methods: Using TI principles of collaboration, empowerment, and culturally responsive approaches, selected chapters from two OER nursing fundamental textbooks were analyzed using a directed qualitative content analysis approach. Ten chapters from these 2 texts were analyzed based on 7 inclusive and exclusive codes derived from the literature. The 2 inclusive codes were *inclusive/equity language* and *race-based prevalence with context*. The 5 exclusive codes were *normalizing whiteness in assessment, stigmatizing language/negative descriptors, race-based prevalence without context, cisgenderism*, and *othering*. Trained members of the research team, that included faculty and students, independently coded chapters. Codes were verified in an iterative process by other team members.
Results: Exclusive content appeared more frequently than inclusive content. A total of 281 exclusive codes were identified, alongside 165 inclusive codes. The most common exclusive code was *normalizing whiteness in assessmen*t (n = 92). The second most frequent exclusive code was *stigmatizing language/negative descriptor*s (n = 76). Among inclusive codes, *inclusive/equity language* was the most prevalent (n = 153). Three codes were refined from the analysis. Two codes, *race-based prevalence with* and *without context,* were expanded to *disparity-based language with* and *without context*. The *inclusive/equity language* code was refined to add *imagery*. While intentional thought was made to create a research team with diverse perspectives and experiences, the researchers' personal positionality may have influenced the analysis.
Implications: To prepare practice-ready equity-minded graduates who can effectively address social determinants of health and advance health equity, nursing curricula and instructional materials must promote a deep understanding of structural injustices; raise students' critical consciousness of the causes of health inequities; and avoid content that perpetuates stereotypes and bias. Nurse educators play a crucial role in collaborating with students, colleagues, and publishers to promote improved representation and adoption of inclusive content in educational materials. Additionally, we recommend development of an accessible and easy-to-use trauma informed, equity centered evaluation tool to help faculty systematically assess textbooks for inclusive and exclusive content, thereby supporting equity-focused textbook adoption decisions.

SYMPOSIUM: OPERATIONALIZING CRITICAL PEDAGOGY
THROUGH TRAUMA INFORMED APPROACHES

Co-Evaluation of North American Nursing Curricula Using an Equity Lens

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Purpose: This study sought to evaluate the curricula of three North American universities and one polytechnic college for equity, diversity and inclusivity utilizing a validated curriculum evaluation tool and identify areas of common strength and prioritize areas for improvement.
Background: The *Future of Nursing 2020-2030* called on nursing education programs to conduct curricular reviews to identify bias to create a more diverse workforce to address health equity. To ensure equity and promote social justice, critical pedagogy lens was used as it challenges power imbalances and interrogates the voices and knowledge embedded nursing curricula while trauma informed approaches emphasize collaboration, empowerment, and culturally responsive practices. The co-evaluation of nursing curricula integrates the voices of both students and faculty resulting in more inclusive learning environments that honor diverse identities and experiences.
Methods: Three North American universities and one Canadian Polytechnic college engaged students and faculty in evaluating the nursing curriculum for equity, diversity, and inclusion within their respective programs. The Curriculum Evaluation Tool for Diversity, Equity, and Inclusion (CET-DEI) was sent to students in their third or fourth year of prelicensure education and to faculty teaching across the prelicensure curriculum. The revised CET-DEI is a valid and reliable tool consisting of 23 items within six domains: Curricular opportunities to examine bias and privilege (3 items), Curricular visibility of diverse perspectives (4 items), Inclusion and belongingness (5 items), School/faculty structures supporting diverse learners (3 items), Structural violence (3 items), and Emphasis on social justice (5 items). The survey asks participants to rate their level of agreement with each statement on a 5-point likert scale (1 = strongly disagree; 5 = strongly agree). Agreement was determined by a score of 4 (Somewhat agree) or 5.
Results: The sample (n = 122) from two public universities, one public polytechnic college, and one private university included students in their third year (62%) or fourth year (22%) of nursing prelicensure program. A diverse sample of students responded to the survey: 47% of the sample identified as part of a historically marginalized racial or ethnic group, and 24% identified as part of a sexual and/or gender minority group. Participants agreed with the survey items (range*:* 0.52 – 0.89). Two items had just over 50% agreement: "A variety of perspective of nurses from historically marginalized groups are highlighted "(52% agreement) and "Nursing experts in the curriculum are drawn from a variety of backgrounds" (55% agreement). Three domains were strong across programs: Inclusion and belongingness (item range: 78% - 85% agreement), Structural violence (item range: 70% - 87% agreement), and Emphasis on social justice (item range: 74% - 89%).
Conclusion: Findings from this study provide a foundation for trauma-informed curricular reform grounded in critical pedagogy. Co-evaluation by students and faculty disrupts traditional hierarchies in nursing education, validates student lived experience, and provides faculty with actionable insights for equity-driven change. Trauma-informed, critically engaged curricular improvement can foster inclusive and socially just learning environments where all students feel safe, valued, and supported to thrive.
Funding: American Nurses Association Commission to Address Racism in Nursing #CW 2257886

SYMPOSIUM: OPERATIONALIZING CRITICAL PEDAGOGY
THROUGH TRAUMA INFORMED APPROACHES

Evaluating BSN Student Responses to Trauma Informed Flexible Teaching Practices

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Purpose: The purpose of this study was to evaluate student experiences with flexible teaching practices as a Trauma Informed Education Practice (TIEP) approach to ensure success in a Bachelor of Science in Nursing (BSN) course.
Rationale/Background: To diversify the nursing workforce and advance health equity, schools of nursing must find ways to foster belonging and success among diverse nursing students. TIEP approaches aimed at increasing student sense of personal success include providing instructional flexibility. Instructional flexibility requires identifying and adapting teaching methods to individual student needs. These pedagogical choices redistribute power in the learning environment thereby promoting fairness and cultivating inclusion by honoring the diversity of students' backgrounds which is of particular importance to students with past experiences of discrimination and bias.
Methods: This cross-sectional study took place in an online BSN research course. Course modifications included providing unlimited time and attempts on quizzes, a "Life Happens Pass" for late work which allowed for a 72-hour extension, scheduled drop-in office hours in addition to appointments, and opportunities to choose method of participation in discussion activities and the selection of topics for assignments. Students enrolled in this course were invited to participate in a single, online survey consisting of questions about demographics, facilitators and barriers to student success, and participant interpretation and evaluation of specific flexible teaching methods. Descriptive statistics were used to describe participant demographics, means on individual questions, and regression analysis was conducted to identify relationships between flexible teaching methods and other survey responses.
Assessment of Findings: A total of 60 participants completed the survey with 93% female, 70% White race and 20% Latine. The barriers to success most often selected by participants included "balancing schoolwork and responsibilities", and "teaching style that doesn't work for me". The facilitators to success most often selected included "professors setting clear expectations", and "flexible deadlines". Fifty-eight percent of participants strongly agree or somewhat agree that having alternative assignment types contributes to their success. Eighty percent of participants selected strongly agree in response to unlimited time on quizzes supported their success, while 88% selected strongly agree in response to unlimited attempts on quizzes supported their success. Fifty-five percent of participants strongly agreed that the Life Happens Pass was supportive of their success. There were no significant relationships between demographics and answers to other questions.
Conclusions: Overall, students identified flexible teaching methods as supportive of their learning and success. TIEP approaches, specifically flexible teaching methods, should be implemented, giving students choice and agency over decisions related to their learning. Future studies will further investigate transparent, learner centered approaches to teaching in nursing. Further research on operationalizing TIEP is needed to enhance student success and promote inclusive teaching practices.

Funding: Financial support for this study was provided by the OHSU SON Online and Hybrid Teaching Scholarship Interest Group.

OVERVIEW: SYMPTOM SELF-MANAGEMENT FRAMEWORK FOR INDIVIDUALS WITH COMPLEX HEALTH CONDITIONS

Overview: Symptom Self-Management Framework for Individuals with Complex Health Conditions

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This symposium will describe the Symptom Self-Management Framework for Individuals with Complex Health Conditions (SSMF-CHC) along with four examples of research studies applying this novel framework to promote patient-centered outcomes. The SSMF-CHC was developed to address a significant gap in the scientific literature—an absence of a coherent framework to guide the development, testing, and implementation of patient-centered interventions to promote individual self-management of symptoms. Components of the SSMF-CHC will first be presented: contextual factors; the interrelationships between symptom(s) and self-management individuals with complex health condition and the contribution of their self-determination and shared decision-making, and; how these interrelated processes influence outcomes of individual health status, functioning and quality of life. Research exemplars applying the SSMF-CHC include: 1) Critically ill mechanically ventilated patients appraisal of sedation self-administration for the self-management of anxiety, 2) Sleep health decrements and preferences for interventions to promote sleep self-management among solid organ transplant recipients, 3) Identification of risk factors uncovered in the microbiome that related to fatigue severity among women undergoing breast cancer chemotherapy to develop symptom self-management interventions, and 4) Self-management strategies among community-dwelling people with inflammatory bowel disease. This symposium aims to showcase how the SSMF-CHC can be used to guide research across healthcare settings to empower individuals to engage in symptom self-management to manage their health.

OVERVIEW: SYMPTOM SELF-MANAGEMENT FRAMEWORK FOR INDIVIDUALS WITH COMPLEX HEALTH CONDITIONS

Sleep Self-Management Preferences of Solid Organ Transplant Recipients

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Purpose/Aims: The aim of this study was to describe the current and desired sleep self-management strategies of adult solid organ transplant recipients to inform the development of precision sleep health interventions.

Background: Poor sleep quality is common after organ transplantation; however, interventions to improve sleep after transplantation are lacking. We applied the Symptom Self-Management Framework for Individuals with Complex Health Conditions (SSMF-CHC) to explore individual contextual factors and preferences for sleep self-management interventions among solid organ transplant recipients to inform the development of personalized treatments to support this complex population.

Methods: A descriptive, cross-sectional design was used. We recruited individuals who had received a solid organ transplant (kidney, liver, or heart) at least 6 months prior to enrollment. Measures included a demographic and clinical characteristics questionnaire, the Pittsburgh Sleep Quality Index (scores >5 indicate poor sleep health) and a questionnaire on current and desired sleep self-management strategies. Descriptive statistics were used to summarize the data and bivariate analyses examined relationships between sleep self-management preferences and individual contextual factors. Qualitative content analysis was used to analyze open-ended survey responses.

Assessment of Findings: Of the 34 adults included in the sample [mean age = 62.5 years (SD = 10.7), 22 (64.7%) female, and 29 (87.9%) White, transplant received = 17 liver/8 kidney/9 heart, time since transplant = 4.8 years (SD = 4.4)], poor sleep quality was highly prevalent, with a mean PSQI score of 9.19 (SD = 4.3). Over 67% (n=23) reported that their transplant or transplant medications have made their sleep worse. The most commonly reported sleep self-management strategy was use of prescription or over-the-counter medications [42.4% (n=14)]. While many participants endorsed the use of bedtime routines and consistent sleep schedules as strategies to promote sleep, 8 participants (24%) reported that they use no strategies to promote sleep self-management. Participants were most interested in sleep promoting interventions that included relaxation (81.8%, n=27), behavioral therapy (78.9%, n = 26), mindfulness (69.7%, n=23), music (69.7%, n = 23), and medication (55.9%, n = 19). Participants largely preferred individually delivered interventions (78.1%, n=25) or those delivered via mobile health application (72.7%, n = 24), over family (53.1%, n = 17) or interventions delivered in a group with other transplant recipients (53.1%, n = 17), or with other people with sleep difficulties (51.5%, n = 17). There were no statistically significant differences in participant preferences by age, race, gender, or time since transplant (p values > .05). Themes from the open-ended survey responses included a desire for interventions to support uninterrupted sleep ("Keep me asleep when I fall asleep") and consideration for fluctuating symptoms that impact sleep ("Because the transplant medication changes continuously so do the symptoms and sleep").

Conclusions: Solid organ transplant recipients report poor sleep quality and use a variety of medication and non-medication strategies to self-manage their sleep. These results will be used in conjunction with the SSMF-CHC to develop and test a patient-centered sleep self-management intervention to improve sleep, symptoms, and outcomes following solid organ transplantation.

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OVERVIEW: SYMPTOM SELF-MANAGEMENT FRAMEWORK FOR INDIVIDUALS WITH COMPLEX HEALTH CONDITIONS

Application of Symptom Self-Management Framework to Alleviate Cancer Related Fatigue

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Aims: of the study were to identify (1) demographic and clinical differences; (2) changes in gut physiology (microbiome diversity and metabolite changes) from before the first cycle of chemotherapy (T1) to after the first or second cycle of chemotherapy (T2); and (3) dietary intake at T1 in patients with breast cancer who reported fatigue at T2. The identification of these individual factors will assist in testing interventions for symptom self-management in patients at highest risk for fatigue occurrence.

Background/Conceptual Basis: Up to 90% of the patients with breast cancer undergoing chemotherapy experience fatigue and other co-occurring symptoms. Further, up to 30% of these patients experience persistent fatigue during survivorship. We hypothesize that identifying risk factors for fatigue will inform the development of individualized symptom self-management interventions to improve patient quality of life during treatment and beyond. The Symptom Self-Management Framework for Individuals with Complex Health Conditions (SSMF-CHC) was used to explore individual factors that contribute to fatigue.

Methods: For this descriptive, cohort study, breast cancer patients (n=36) provided comprehensive symptom data as measured by the Memorial Symptom Assessment Scale, stool and blood samples at timepoints T1 and T2. For aim 1 we performed descriptive statistics; for aim 2, we performed longitudinal UniFrac distances to evaluate microbiome diversity and volcano plot analyses identified metabolite changes associated with fatigue; for aim 3, patients' dietary intake was evaluated for food categories that included dairy, whole grain, fruits and vegetables at T1 using the National Cancer Institute (NCI) – Dietary Screener Questionnaire (DSQ). Quantitative estimates for intake of each food group were calculated from the DSQ using the publicly available scoring algorithms provided by NCI.

Outcomes Achieved: Of the 36 patients with breast cancer, 30 (93.8%) reported fatigue occurrence at T2. Fatigue was associated with feeling drowsy ($p=0.012$), nausea ($p<0.001$), diarrhea ($p=0.006$), dry mouth ($p<0.001$), and change in the way food tastes ($p<0.001$). Fatigue was associated with changes in gut microbiome diversity, specifically an increase in Bacteroidetes species in stool ($p=0.012$) and perturbation in level of sphingomyelin, a sphingolipid metabolite in blood and stool ($p<0.05$). These changes in gut physiology are associated with inflammation processes and perturbations in epithelial apoptosis mechanism. Average dietary intake of dairy, grain, fruits and vegetables was less than the recommended guidelines for these food categories at T1 in patients who reported fatigue.

Conclusions: This study highlights the association between chemotherapy-induced changes in gut physiology (individual factors) and the quantity of dietary intake that contribute to fatigue occurrence. These chemotherapy-induced changes in the gut accelerate inflammatory processes negatively affecting apoptosis mechanism and the functions in the gut-brain axis leading to fatigue occurrence. Future large sample-size studies testing individualized interventions to alleviate fatigue are needed to evaluate multilevel contextual factors in patients receiving chemotherapy for breast cancer. Based on these factors, person-centered dietary interventions may be a strategy for self-management of fatigue, such as testing individualized evidence-based prebiotic/probiotics to improve gut health for better nutrient absorption to mitigate chemotherapy related fatigue and possibly other co-occurring symptoms.

OVERVIEW: SYMPTOM SELF-MANAGEMENT FRAMEWORK FOR INDIVIDUALS WITH COMPLEX HEALTH CONDITIONS

Untangling Symptoms from Functioning in Inflammatory Bowel Disease

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Purposes/Aims: The purpose of this study was to describe the associations between symptoms (pain, fatigue, depression, diarrhea, and sleep disturbance) and functional performance (physical and social function) in adults with inflammatory bowel disease.

Rationale/Conceptual Basis/Background: Fifty million people in the US live with autoimmune disease, which is more people than type 2 diabetes or cancer. Inflammatory bowel disease (IBD), an autoimmune disease of the gastrointestinal tract, is a top cause of disability in young adults. However, interventions are lacking that improve functional performance impairments in this population. In the Symptom Self-Management Framework for Individuals with Complex Health Conditions (SSMF-CHC), symptoms (how people feel) and function (what people can do) are two distinct concepts. In this framework we propose that symptoms contribute to impairments in functioning. However, these two distinct concepts are frequently conflated in the IBD literature and clinical care, which can lead to misinterpretation of patient needs and inappropriate intervention selection. Guided by the SSMF-CHC, we examined the unique contributions of symptoms on physical and social function in a sample of working aged adults with IBD.

Methods: We recruited adults (18 to 59 years old) with IBD from a single academic medical center from 2022 to 2024. We measured disease activity using the Manitoba IBD Index, symptoms using PROMIS Pain Interference, Fatigue, Depression, Diarrhea, and Sleep Disturbance, and physical and social function using RAND SF-36. We conducted bivariate analyses and multivariable hierarchical regressions.

Assessment of Findings/Outcomes Achieved: Among 83 adults with IBD [mean age = 40.4 years (SD 10.7), 59 (71.1%) female, 56 (71.1%) Crohn's disease] physical [M = 66.9 (SD 19.4)] and social function [M = 69.5 (SD 27.5)] were impaired. After controlling for sex ($p = .919$) and disease activity ($p = .430$), we found that fatigue (standardized coefficient = -.414, $p < .001$) but not depression ($p = .997$), pain ($p = .064$), diarrhea ($p = .957$), or sleep disturbance ($p = .603$) was associated with *physical functioning* ($r^2 = .459$, $F = 7.89$, $p < .001$). In contrast, after controlling for sex ($p = .523$) and disease activity ($p = .930$), fatigue (standardized coefficient = -.414, $p < .027$), diarrhea (standardized coefficient = -.224, $p = .021$), and depressive symptoms (standardized coefficient = -.386, $p < .042$) but not pain ($p = .704$) or sleep disturbance ($p = .926$) were associated with *social functioning* ($r^2 = .695$, $F = 21.79$, $p < .001$).

Conclusions/Implications: We found that unique symptoms were associated with different aspects of functional performance in working aged adults with IBD. Our findings support the distinction of symptoms from functioning as proposed in the SSMF-CHC. Comprehensive symptom self-management interventions are needed to improve the functional performance impairments commonly seen in IBD.

OVERVIEW: SYMPTOM SELF-MANAGEMENT FRAMEWORK FOR INDIVIDUALS WITH COMPLEX HEALTH CONDITIONS

ICU Patients' Appraisal of Sedation Self-Management for Anxiety

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Purpose: The purpose of this study was to describe patients' appraisal of sedation self-administration as a novel intervention to self-manage anxiety while receiving mechanical ventilatory support during an intensive care unit (ICU) stay.
Background/Conceptual Basis: Administration of intravenous (IV) sedative medications to critically ill patients receiving mechanical ventilatory support is a common ICU practice. These potent IV medications are administered by nurses to patients for many reasons including promoting synchrony with the mechanically delivered ventilator breaths and reducing agitation yet are rarely administered based on assessment of burdensome symptoms like anxiety. Current sedation administration practices rely on subjective interpretation of motor activity and level of arousal, and do not consider patient needs in decision-making. The Symptom Self-Management Framework for Individuals with Complex Health Conditions (SSMF-CHC) posits that contextual factors (interpersonal, institutional, environmental, community) and individual experiences with symptoms (patient-centered, self-determination, shared-decision making) inform self-management of individual symptoms that in turn favorably impact outcomes (health status, quality of life, functioning). Guided by the SSMF-CHC, we hypothesized that empowering mechanically ventilated ICU patients to individually self-manage anxiety through self-administration of a sedative medication would be favorably appraised.
Methods: Descriptive, secondary analysis from a two-group randomized parent clinical trial testing sedation self-administration on anxiety, delirium incidence and length of ventilator support during an ICU stay. Patients randomized to the experimental sedation self-management arm received self-administered dexmedetomidine as their primary sedative medication for up to 7 days as long as receiving mechanical ventilation and remained willing and able to self-administer their own medication. Patients were queried post-extubation prior to ICU discharge with a 5-choice Likert scale (from very satisfied to very unsatisfied) about their satisfaction, ability, and level of relaxation achieved with sedation self-administration for anxiety.
Outcomes Achieved: Patients enrolled in the parent clinical trial (n = 161) were primarily White (92.5%) males (56%) with a mean age of 56.2 $\pm$ 16 years old receiving ventilatory support for acute respiratory failure (60%), hypoxemia (21%), and respiratory distress/airway protection (19%). Patients randomized to self-management of sedative therapy with dexmedetomidine (n = 80) were mechanically ventilated for 59.6 $\pm$ 56.2 hours from trial enrollment to extubation. Of those extubated, 57 patients completed the satisfaction survey (71.25%) with 82% reporting satisfied/very satisfied with their ability to self-administer sedation, 11% neutral, and 7% unsatisfied. Satisfaction with ability to control anxiety was evaluated by 70% of patients as satisfied/very satisfied, 21% were neutral, with 9% unsatisfied/very unsatisfied. Lastly, the level of relaxation experienced with sedation self-administration was rated as satisfied/very satisfied by 68% of patients, with 20% neutral, followed by 12% unsatisfied/very unsatisfied.
Conclusions/Implications: ICU patients will self-administer their own sedative medication to self-manage the common symptom of anxiety in a patient centered intervention that promoted self-determination. Most patients were satisfied with their ability to self-manage anxiety and were satisfied with the level of relaxation experienced with self-administration of dexmedetomidine. Other burdensome symptoms like dyspnea may be amenable to self-management and warrant investigation, along with consideration of costs associated with sedation self-administration to improve patient-centered outcomes.
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ADDRESSING CLINICAL AND POLICY IMPLICATIONS

Responding to Violent Patients: Race, Gender, and Age as Factors

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Background: Patients are the most frequent perpetrators of physical violence against nurses. Nurses' decisions to restrain and/or to press charges against these patients are made based on contextual factors. Decision-making regarding restraining patients or pressing charges have the potential to be influenced by bias.
Purpose: Multiple forms of bias exist. The purpose of this study was to examine the effects of a patient's personal background (including age, gender, and race), medical diagnosis, and behavior, on nurses' decisions to restrain and press charges when patients exhibit violent behavior.
Methods: This study used a cross-sectional, descriptive design. The method chosen for this study was the presentation of three unfolding case studies (adolescent, adult, geriatric) in an electronic survey. The gender and race of the hypothetical patient in each age group was randomized. Each unfolding case study involved three stages. At each stage participants were asked what they thought the primary cause of the patient's behavior was and whether they would restrain or press charges against the patient.
Findings: 499 hospital based nurses responded. When the adolescent was presented as a female they were referred to as "brats," "immature," "acting out of defiance," "acting out of boredom," and "attempting to get attention," language not noted when presented as a male. No associations between restraint use and gender or race were found when the hypothetical patient was an adolescent. The odds of the hypothetical adolescent female patient having charges pressed against her were significantly higher than if the patient was portrayed as male. When the adult patient was presented as a white female the primary reason respondents provided for the behavior was attitudinal; the patient was described as "a jerk," "entitled," "rude," and "mean."Among the hypothetical adult patients there were significant associations between gender and decisions to restrain. There was also a significant association between patient race and the decision to press charges. Among geriatric patients the odds of restraint were significantly higher if portrayed as white compared to Asian. The likelihood of the geriatric patient having charges pressed against them was significantly higher if the patient was female versus male.
Conclusions: This examination of the effect of race and gender on decisions to restrain or press charges was not direct. There were, however, observed gender based differences in the rationale respondents provided for the behavior, the manner in which respondents described patients, and decisions to press charges. One possible interpretation of this is that female patients are expected to behave in certain ways and when they don't behave in those ways their behavior is attributed to personality or character flaws. Results related to pressing charges can be interpreted as nurses being more willing to tolerate violent behavior perpetrated by male patients compared to females. Nurses' gender based expectations of patient behavior, and the effects of potential bias on patient care, are areas for future research and examination within clinical settings.

ADDRESSING CLINICAL AND POLICY IMPLICATIONS

Dedicated Defibrillator Nurse Improves in-Hospital Cardiac Arrest Outcomes

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Purpose: To improve early defibrillation and survival rates in adult patients who suffer in-hospital cardiac arrest.

Background: In 2017, at a 450-bed academic medical center, it was discovered through defibrillator event log and patient record reviews that only 48% of adult patients with pulseless ventricular tachycardia or ventricular fibrillation (n= 21) received defibrillation within the American Heart Association's (AHA) recommended critical 2-minute window. Survival to discharge was just 21%. Defibrillation responsibilities were dispersed among hundreds of rotating adult critical care nurses across seven units, with no additional resuscitation training beyond BLS and ACLS, leading to inconsistent and delayed performance.

Description: In 2018, a Code Blue model redesign introduced a 24/7 specially trained dedicated defibrillator nurse in which one nurse responded to all in-hospital adult cardiac arrest events, to perform rapid rhythm interpretation and deliver timely defibrillation. The small team of five adult critical care nurses had a centralized location in the hospital to respond to codes timely. During non-emergency periods, the nurse conducted "on-the-fly" code education to staff throughout the hospital. Role effectiveness was evaluated through defibrillator event log and patient record review, along with feedback from staff.

Outcomes: From 2018 to 2024, early defibrillation rates improved significantly from 48% in 2017, to 73%-100%. Correspondingly, survival to hospital discharge increased from 10% to 23-30%.

Conclusion: The implementation of a dedicated, highly trained defibrillator nurse role resulted in a significant improvement in timely defibrillation, correlating with increases survival rates among adult patients who suffered in-hospital cardiac arrest. This model demonstrates that centralizing responsibility and expertise for defibrillation can lead to meaningful and sustained improvements in resuscitation outcomes.

State Policy Gaps in AI and Nursing: A Mapped Review of Regulation

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Purpose/Aims: The purpose of this project, conducted by the American Medical Informatics Association (AMIA) Nursing Informatics Policy Working Group, was to conduct a mapped review of state, territorial, and sovereign Tribal Nation policies related to artificial intelligence (AI) and their relevance to nursing regulation and healthcare delivery. Specific aims were to (1) identify enacted and proposed AI-related legislation, (2) analyze the extent to which policies explicitly consider nursing practice, licensure, and accountability, and (3) assess implications for patient safety, nursing education, and professional regulation in AI-integrated care environments as part of a recommendation report to the American Nurses Association (ANA) and the National Council of the State Boards of Nursing (NCSBN).

Background: Global health AI investment projected to exceed $51 billion by 2027, creating both opportunities and risks in navigating AI integration as the nursing profession. Nurses remain underrepresented in policy development that governs AI use in patient care. Regulatory ambiguity increases liability exposure, blurs scope-of-practice boundaries, and risks undermining patient trust in nursing's role. At present, there is no broad guidance or precedent case law which enables boards of nursing to be agile in their interpretation of regulatory needs of nurses in this new era.

Methods: A Big Picture mapping review approach was employed to capture the breadth and evolving nature of AI policy relevant to nursing. Legislative texts were identified through systematic searches of federal and state databases, as well as sovereign Tribal Nation policy sources, completed by March 31, 2025. Policies were coded using concept coding techniques to identify central regulatory meanings and then thematically grouped into eight policy domains, including nursing autonomy protections, AI use in clinical decision-making, transparency and disclosure requirements, insurance determinations, high-risk system designations, and governance mechanisms. Inter-rater reliability was maintained at 90% agreement, and findings were synthesized through descriptive and thematic analysis. Law, policy, and informatics experts were consulted to verify interpretation and findings.

Assessment of Findings: Among 51 jurisdictions reviewed, 12 states (23.5%) enacted AI-related legislation relevant to healthcare, while 49 introduced proposals with direct or indirect implications for nursing. Six states enacted laws explicitly addressing healthcare delivery or nursing practice, while others established task forces or governance frameworks. Proposed legislation in states such as Minnesota, Oregon, and Illinois explicitly sought to preserve nursing scope-of-practice protections, underscoring concerns that AI tools may create professional boundaries. Transparency and high-risk designation emerged as dominant themes across enacted laws, reflecting growing concern about algorithmic accountability. No enacted Tribal Nation legislation specific to AI in healthcare was identified.

Implications: This mapped review reveals a fragmented AI policy landscape, with limited attention to nursing-specific roles and responsibilities. Nurses must acquire AI literacy, ethical discernment, and regulatory awareness to safely navigate AI-integrated care. The absence of clear nursing safeguards signals by oversight and influencing organizations such as NCSBN and ANA risks diminished autonomy, and accountability gaps. Next steps include embedding AI competencies into nursing education, updating licensure and disciplinary frameworks to reflect AI-mediated practice, and strengthening nursing advocacy in policy development at state, federal, and sovereign levels.

ADDRESSING CLINICAL AND POLICY IMPLICATIONS

Scoping Review on Professional Wellbeing in the Nursing Research Literature

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Purposes/Aims: Following PRISMA-ScR guidelines, this scoping review aimed to: (a) systematically examine how professional well-being has been conceptualized and operationalized in nursing research literature, and (b) assess how these conceptualizations align with descriptions in the National Academy of Medicine's (NASEM) 2019 report *Taking Action Against Clinician Burnout*.
Rationale/Background: Nearly half of the 4.8 million U.S. nurses report experiencing burnout symptoms, with 40% considering leaving the profession because of it. The NASEM report significantly reframed this crisis by identifying the systematic causes of burnout and identifying professional well-being as the intended goal of systemic change. However, the report also points to a lack of clear conceptualization and operationalization of this construct, impeding intervention implementation and evaluation. This critical review responds to their explicit call for research to address this gap.
Methods: CINAHL and PubMed were searched (January 9, 2025). Search terms included "professional well-being" OR "professional wellbeing" OR "professional well being" AND nurs*. From 134 initial records, nine studies meeting inclusion criteria were analyzed. Study quality was assessed using GRADE (quantitative) and CAMELOT (qualitative) frameworks; measurement instruments were evaluated using COSMIN standards. Critical analysis used quantitative and qualitative approaches. Study narratives of professional well-being were analyzed through deductive mapping to two frameworks: the Maslach Burnout Inventory for individual-level expressions and NASEM's five principles for system-level expressions. Co-occurrence analysis examined integration between dimensions.
Findings: All studies were published in 2022 or later, suggesting professional well-being has only recently emerged as a distinct research focus. Study heterogeneity, low methodological quality, and disparate aims prevented direct synthesis of empirical findings. However, narrative analysis revealed consistent patterns. Individual-level descriptions of PWB mapped strongly to MBI's Personal Accomplishment subscale (65% of excerpts). System-level descriptions related to PWB most frequently aligned with "enhancing meaning and purpose in work" (21%) and "facilitating interprofessional teamwork" (25%). Co-occurrence analysis revealed 76% of integrated descriptions combined Personal Accomplishment with these structural principles.
Conclusions/Implications: Findings indicated three areas of investigation to advance conceptual and empirical understanding of professional well-being. First, despite absence of psychometrically valid PWB measures, narrative descriptions showed substantial alignment of PWB with MBI subscales—65% with Personal Accomplishment versus 24% with Emotional Exhaustion and 9% with Depersonalization—suggesting the complete MBI may capture dimensions essential to professional well-being that warrant empirical validation. Second, strong alignment between system-level descriptions and NASEM's principle of "enhancing meaning and purpose" underscored the need to clarify what this construct represents in relation to PWB and how organizational structures enable or constrain it. Third, co-occurrence mapping revealed PWB emerges from dynamic interaction between nurses' ability to practice within full professional scope and organizational structures facilitating such practice.
Future research should aim to: (1) validate the MBI as a measure of professional well-being by empirically examining relationships among its subscales and self-rated PWB; (2) define and operationalize "meaning and purpose" within nursing contexts; and (3) investigate how professional well-being emerges from alignment between individual role enactment and supportive organizational structures.

ADDRESSING CLINICAL AND POLICY IMPLICATIONS

Caregiver Availability Buffers Impact of Geographic Disadvantage on Health Outcomes

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Purposes/Aims: To examine whether caregiver availability (i.e., unpaid family or friends) moderates the relationships between geographic disadvantage and three key patient-reported outcomes: physical health, mental health, and readiness for hospital discharge.

Rationale/Conceptual Basis/Background: Geographic disadvantages, such as living in areas with limited resources and lower socioeconomic status, can adversely affect health outcomes. However, the availability of caregiver support may buffer these effects by providing essential assistance with care coordination, and providing tangible support (e.g., transportation, errands, cooking). Understanding how caregiver availability interacts with geographic disadvantage can inform targeted discharge interventions and post-acute care planning.

Methods: We conducted a secondary analysis using data from a larger trial aimed at developing and validating a caregiver measure of hospital discharge preparation. Patient-level data included: Area Deprivation Index (ADI) national rank (derived from 9-digit ZIP codes), Readiness for Hospital Discharge Scale (RHDS, assessed on the day of hospital discharge), and PROMIS Global Health v1.2 physical and mental health (assessed 2 weeks post-discharge). The analytic sample included 987 patients with available ADI scores (402 of whom had 2 weeks post-discharge data).

We conducted moderation analyses using ordinary least squares regression with Haye's PROCESS macro (Model 1) in SPSS with an interaction term between ADI and reported caregiver availability (yes/no) after hospital discharge. Models controlled for LACE Index – a clinical risk prediction tool for hospital readmission, incorporating length of stay, acuity of admission, comorbidities, and prior emergency department use.

Assessment of Findings/Outcomes Achieved: Bivariate analyses revealed weak or non-significant associations between geographic disadvantage and patient-reported outcomes. However, moderation models demonstrated that availability of a caregiver significantly altered these relationships. Among those **without** a caregiver, greater geographic disadvantage was associated with lower discharge readiness ($\beta = -0.02$, $p = .028$), and poorer physical health ($\beta = -0.20$, $p = .006$) and poorer mental health ($\beta = -0.22$, $p = .006$). In contrast, these associations were attenuated and non-significant among patients **with** a caregiver, as indicated by significant interaction effects for physical health ($\beta = 0.20$, $p = .008$), mental health ($\beta = 0.24$, $p = .004$), and discharge readiness ($\beta = 0.02$, $p = .041$). These findings suggest that caregiver support may buffer the negative effects of neighborhood disadvantage, mitigating its impact on patient health outcomes and readiness for post-hospital care.

Conclusions/Implications: Although geographic disadvantage alone showed only weak associations with patient outcomes, caregiver availability significantly moderated these relationships. Patients without a caregiver were more vulnerable to the adverse effects of living in socioeconomically disadvantaged areas, exhibiting poorer health and lower readiness for hospital discharge. These findings highlight the protective role of caregiver support in buffering the negative effects of geographic disadvantage. Collectively, these findings indicate the need for interventions and support services for patients who lack caregiver support to mitigate disparities and improve health outcomes. Also, interventions aimed at strengthening caregiver involvement and support resources may help enhance health outcomes and care transitions driven by structural disadvantage.

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ADDRESSING CLINICAL AND POLICY IMPLICATIONS

From Perception to Action: Fall Prevention Behavior and Balance Confidence

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Purpose: The purpose of this quantitative study was to assess the association of balance confidence and fear of falling with fall prevention behaviors for a sample of hospitalized older adults.

Background: Inpatient fall prevention is an area of intense interest in nursing practice impacting older adults disproportionately, with falls amongst hospitalized older adults up to 50% higher than in younger patients. However, much clinical focus neglects to address the critical fall prevention behaviors demonstrated by older adults that help them maintain their balance and prevent falls. By means of the Health Belief Model, the theoretical framework for this study, we aimed to investigate the interrelationship between older adults' balance confidence, fall prevention behaviors, and fear of falling (FOF).

Methods: Survey data was collected from participants who were admitted to a large Magnet designated urban medical center. Inclusion criteria were; patients, age 60 and older, who were admitted to med/surg or telemetry status for at least 24 hours, alert and oriented, at risk of falling by nursing assessment, and English-speaking. Measures included the Falls Behavioral Scale-Inpatient (FaB-I; fall prevention behaviors), Balance Confidence Scale (CONFbal; balance confidence), and the Short falls efficacy scale-International (FES-I; FOF). Multiple regression was the primary analysis with the model including fall prevention behavior as the outcome and predictors involving demographic variables, health factors (chronic illness, use of mobility devices, vision, hearing, pain, falls history), and perceived susceptibility (fall risk, overall health, memory issues, balance problem, FOF, balance confidence).

Assessment of Findings: Data from 64 participants was analyzed (N=64); average age was 73 (range = 60 to 91), primarily female (n =34, 53%), white (n = 56, 87.5%), and non-Hispanic (n =57, 89%). For key variables of interest, the descriptive statistics were: fall prevention behaviors (M = 2.03, SD = .63, 0 – 3 scale range), balance confidence (M = 2.13, SD = .45, 1 – 3 scale range), and FOF (M = 2.10, SD = .75, 1 – 4 scale range). A multivariable regression analysis found that hospitalized older adults who reported greater use of fall prevention strategies indicated they had lower balance confidence (b = -.50; SE = .22; p = .029; $r_{semi\text{-}partial}$ = -.23), less pain over the past 7 days (b = -.07; SE = .03; p = .033; $r_{semi\text{-}partial}$ = -.22), and poorer self-reported overall health (b = -.17; SE = .08; p = .034; $r_{semi\text{-}partial}$ = -.22). No other variable in the regression model was independently associated with fall prevention behavior including FOF.

Conclusions: Fear of falling was not associated with a change in fall prevention behaviors while balance confidence was, reflecting recent qualitative findings that older adults identify with focus on balance problems versus FOF. This indicates potential for improvement in fall prevention communication with older adults by a collaborative focus on balance rather than a nurse-directed focus on falls. Further exploration of this communication dynamic as well as better understanding of older adults' fall prevention strategies is needed to develop patient-focused fall prevention interventions.

Funding: This study was supported by HonorHealth Deer Valley Medical Center, Phoenix Arizona

Adolescents' Perspectives of Life after Metabolic Bariatric Surgery

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Purpose: Metabolic bariatric surgery (MBS) is an effective treatment option for adolescents with severe obesity. The purpose of this study is to gain a better understanding of the impact MBS has on adolescents, including its long-term effects on their personal, social, and familial lives.
Background: Pediatric and adolescent obesity is defined by a body mass index at or above the 95th percentile for age and sex and represents a major health crisis in the United States, with a prevalence of 19.7%. The American Academy of Pediatrics now recommends treating childhood and adolescent obesity through multidisciplinary care, including medications and Metabolic and Bariatric Surgery (MBS). There is limited information regarding adolescents' perception of MBS and how it affects them personally, socially, and within the family unit.
Methods: This study employed a mixed-methods approach. The qualitative portion of the study used a descriptive qualitative design, and eight adolescents (aged 15-20 years) who had previously undergone laparoscopic sleeve gastrectomy participated in semi-structured interviews lasting 60-90 minutes. Thematic analysis was implemented, concepts were categorized, and connections to the coding were conducted. Data was collected from January 2 to March 27, 2025. Urie Bronfenbrenner's theoretical framework was implemented to gain a deeper understanding of the participants' perceptions through an ecological lens. Quantitative data were collected on all participants using the Impact of Weight on Quality of Life-Kids (IWQOL–Kids), a self-report questionnaire of 27 items with responses ranging from 1 – "always" to 5 – "never". Higher scores indicate better weight-related quality of life. Four subscale scores: Physical Comfort, Body Esteem, Social Life, and Family Relations, plus a total score, are computed, with scores ranging from 0 to 100, where 100 represents no weight-related quality of life concerns.
Assessment of Findings: Thematic analysis revealed the emergence of three categories: internal changes, involving both physical and mental adjustments; external changes, encompassing relationships and social eating, as well as improved accessibility to activities in their environment; and a cross-sectional category pertaining to decision-making reflections, where participants considered MBS as their last resort and viewed it as life-changing. The overarching theme was that participants felt MBS did not alter their core identity, but rather, they found themselves navigating through a changed world. Participants' scores on the IWQOL-Kids questionnaire indicated that, on average, adolescents post-MBS did not report weight-related quality of life difficulties (IWQOL Total score: 76.50 ± 19.17, range: 40.74-100). The sample reported higher scores on the social life (91.15 ± 9.30; range: 75-100), physical comfort (82.81 ± 21.64; range: 33.33-100), and family relations subscales (82.29 ± 18.33; range: 62.5-100) compared to the body esteem subscale (58.68 ± 32.31; range: 8.33-100).
Conclusions/Implications: This study provides crucial insight into the long-term psychosocial impacts of MBS on adolescents, highlighting changes in their confidence and social environments. Adolescents recalled that although MBS was a last-resort treatment, it was life-changing. This work highlights the importance of patient-centered care and provides guidance for enhancing clinical practice.

Patterns of Adversity and NSSI Addiction Among Psychiatric Adolescents

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Aims: This study aimed to identify distinct subgroups of adolescents based on patterns of non-suicidal self-injury (NSSI) behaviors and adversity experiences, and to examine the associations between adversity profiles and addiction-like features of NSSI.

Background: NSSI is a prevalent concern among adolescents with psychiatric conditions and is influenced by complex emotional and environmental factors. While prior research has examined the role of childhood maltreatment and negative life events, the combined influence of multiple adversities on addiction-like NSSI patterns remains unclear. Understanding the heterogeneity of these experiences may help tailor trauma-informed prevention and intervention strategies in adolescent psychiatric care.

Methods: A total of 345 adolescents aged 10-19 years were recruited from the psychiatric unit of a Chinese Hospital between September 2024 and August 2025. Individuals with more than 20% missing data on latent profile analysis (LPA) indicators were excluded. NSSI behaviors were measured using the Ottawa Self-Injury Inventory, which assessed one item of NSSI frequency over the past year and seven items reflecting addiction-like tendencies. Adversity indicators included six domains of negative life events from the Adolescent Self-Rating Life Events Checklist and five domains of childhood maltreatment from the Childhood Trauma Questionnaire. Two separate LPAs were conducted using Mplus 8.1 to identify subgroups based on NSSI behaviors and adversity exposures. Multinomial logistic regression analyses were then performed in Stata SE 18.5 to examine associations between adversity and NSSI classes, controlling for demographic, family-related, and clinical covariates. Missing data among covariates were imputed using multiple imputation via chained equations.

Findings: The NSSI LPA identified three classes: Low Frequency-Low Addiction (38.8%), High Frequency-Moderate Addiction (39.4%), and Moderate Frequency-High Addiction (21.8%). The Adversity LPA revealed four classes: Low Adversity (47.2%), Moderate Adversity (40.9%), High Adversity (8.1%), and Sexual Abuse-Dominant Adversity (3.8%). Multinomial logistic regression revealed that adolescents in the Moderate Adversity and High Adversity classes had significantly higher odds of belonging to both severe NSSI subgroups. In the fully adjusted model, these classes were strongly associated with membership in both the High Frequency-Moderate Addiction and Moderate Frequency-High Addiction groups (*OR*s = 3.05 - 42.03, *p*-value < 0.05). Notably, adolescents in the Sexual Abuse-Dominant Adversity class were not significantly associated with the High Frequency-Moderate Addiction group but showed a significant association with the Moderate Frequency-High Addiction group (*OR* = 8.94, 95% *CI* = 1.62 to 49.31, *p*-value = 0.012).

Conclusions: Distinct adversity profiles were differentially linked to NSSI behavioral patterns among psychiatric adolescents. General adversity exposure increased the likelihood of both frequent and addiction-like self-injury, whereas sexual abuse-dominant adversity was uniquely associated with compulsive, addiction-like NSSI despite moderate behavioral frequency. These findings highlight the importance of trauma-informed, individualized interventions that target both the behavioral and compulsive dimensions of self-injury. Future studies should adopt longitudinal designs to clarify causal pathways and inform early prevention strategies.

ADOLESCENT HEALTH AND ILLNESS

Bullying Victimization Experiences of Adolescents in a Psychiatric Unit

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Background: Bullying victimization among adolescents has been extensively studied; however, minimal research explores how this experience is understood and lived by adolescents admitted to inpatient psychiatric units. These youth represent a high-risk group—often diagnosed with depression or anxiety and recently hospitalized for suicidal ideation or self-harm—yet their voices are rarely centered in discussions of bullying and recovery. This study sought to uncover the psychological, emotional, and social processes that characterize bullying victimization in this vulnerable population.

Methods: Using a Constructivist Grounded Theory (CGT) approach, this study examined the lived experiences of 25 adolescents aged 13–17 who were admitted to an inpatient psychiatric hospital following suicidal ideation or attempts. At admission, 84% of participants had been diagnosed with major depressive disorder and 16% with anxiety disorder. All participants endorsed bullying, with an average Child and Adolescent Bullying Scale (CABS) score of 80.22/100, placing them in the upper quartile for victimization severity.

Data were gathered through semi-structured, in-depth interviews lasting 24–42 minutes, conducted privately in the inpatient setting. The iterative coding and comparative analysis process emphasized reflexivity and openness, allowing categories to emerge organically from participants' narratives. Memos, coding matrices, and diagramming were used to synthesize patterns into a conceptual model of the bullying experience as lived by adolescent inpatients.

Findings: Three major categories emerged that explain the process of bullying victimization and the path to recovery among adolescent psychiatric inpatients:

1. Enduring Bullying – capturing the chronic, pervasive nature of physical, verbal, and social victimization that intensified participants' anxiety, isolation, and hopelessness.
2. Responding to Bullying – describing the varied coping mechanisms used, from externalizing anger and withdrawal to reframing experiences and seeking help.
3. Reimagining a Path Forward – highlighting participants' efforts to rebuild trust, foster self-acceptance, and identify strategies for resilience and relational repair.

A particularly novel and concerning finding was the emergence of betrayal-based bullying—where peers disguised as friends weaponized private disclosures (e.g., trauma histories or mental health struggles) through gossip, online humiliation, or social exclusion. Unlike overt aggression, this form of bullying was covert and relational, eroding adolescents' trust in others and creating profound feelings of shame and alienation.

Implications for Practice, Education, and Policy: Findings underscore the urgent need for trauma-informed interventions that explicitly screen for bullying-related trauma and integrate therapeutic strategies addressing betrayal, emotional manipulation, and relational harm.

- In clinical practice, guidelines should be updated to ensure routine assessments for bullying and the provision of safe spaces for disclosure.
- In education, staff training must emphasize recognition of covert aggression and the importance of relational, non-punitive responses.
- At the policy level, collaboration between healthcare providers, schools, and families is essential to ensure continuity of care and prevention.

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ADOLESCENT HEALTH AND ILLNESS

Project Revive: A Mixed Methods Youth Participatory Action Research Project

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Background: Amidst COVID-19-related forced isolation, mass grief and loss, and racial reckoning, many US children lost meaningful social relationships in their communities. The prolonged COVID-19 pandemic disproportionately impacted minoritized youth's health and well-being as a result of the loss of factors that typically promote resilience among youth, including nurturing parents, supportive friends, and other social infrastructure (e.g., schools). Consequently, youth's mental health needs have been overshadowed and unmet, and what we know about adverse childhood experiences (ACEs) has been further complicated by the pandemic. In fact, the mental health needs of youth have skyrocketed, with over ⅓ of high schoolers reporting poor mental health since the pandemic.
Purpose: This presentation describes the approach used in Project REVIVE ('Resilience Empowered Villages in Virtual Environments'), a mixed-methods project that used youth participatory action research to explore the impacts of the COVID-19 pandemic on youth adversity, risk, and resilience and how the internet may be used to support youth well-being.
Methods: An explanatory sequential mixed methods design was used to do the following: 1) characterize trajectories of youth adversity (e.g., economic hardship, trauma), risk behaviors (e.g., alcohol and substance misuse), and resilience (e.g., prosocial behaviors) before, during, and after the COVID-19 pandemic using publicly available, anonymized longitudinal data from the National Institute of Drug Abuse (NIDA)-funded Adolescent Brain Cognitive Development (ABCD) Study (n = 11,868 youth); 2) recruit and train community youth as co-researchers forming a youth action research team (YART); and 3) contextualize the impact of the COVID-19 pandemic and internet use on youth adversity, risk, and resilience using qualitative data collected from youth focus groups led by youth co-researchers as a youth participatory action research project.
Results: Nine youth ages 14-19 agreed to participate and form a youth action research team. Trajectories created from the ABCD data that showed associations between adversity and trajectories of risk at the individual, relationship, and community level were presented to the YART. The YART, who participated in ongoing training during project implementation over 18 months, co-created research questions, recruited youth in their communities, conducted four focus groups in the community, and data analysis using qualitative content analysis. A total of 8 YART members (89%) participated in the entire project. Interviews and data on collective resilience, social connectedness, and community service efficacy were also collected.
Conclusion: Centering youth as co-researchers is needed to truly understand and contextualize their needs. Both trajectories from our quantitative data and emerging themes identified by our YART from qualitative data point to opportunities for intervention, such as leveraging the internet to facilitate connection, identity development, and support both online and in person. Findings from this mixed-methods study can inform much-needed interventions, leveraging the internet to address youth mental health and well-being. Not only can youth inform interventions designed to intervene in their lives, but they also have a right to be involved. Their involvement can benefit them as researchers and as future recipients of the changes in interventions and policies made as a result.
Funding: Betty Irene Moore Fellowship for Nurse Leaders and Innovators

ADULT HEALTH AND ILLNESS

Nurse Perceptions of Inpatient Use of Wearable Insulin Pumps and CGMs

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Background: Diabetes remains one of the most prevalent chronic conditions managed in the inpatient setting, with estimates suggesting that up to one in four hospitalized patients are affected (Umpierrez, 2002). The introduction of continuous glucose monitors (CGM) and continuous subcutaneous insulin infusions (CSII, insulin pumps) for patient self-management has transformed glycemic treatment, presenting both opportunities and challenges for bedside nurses. While these technologies are increasingly common, there is limited evidence regarding nurses' attitudes, comfort, and knowledge in managing patients who use their personal CGM and CSII devices during hospitalization.

Purpose/Aims: This study aimed to assess the attitudes, comfort level, and knowledge deficits of bedside nurses caring for non-critical adult inpatients using personal CGM and CSII devices at two large hospitals within an integrated health system in the Rocky Mountain West.

Methods: A modified 37-question survey, adapted with permission from a validated instrument designed for providers, was distributed to 521 medical-surgical nurses at two large community hospitals. The survey included demographic questions, as well as items assessing experience, policy familiarity, perceived barriers, and confidence in managing CGM and CSII. Data collection occurred over two months, yielding 151 responses (29% response rate) representing several unique nursing units.

Assessment of Findings: The majority of respondents were registered nurses working day shifts (70%), with 32% having 2–5 years of experience and 26% over 10 years on their current unit. Most nurses (77.7%) reported that their institution had a policy for inpatient insulin pump use, and 74.7% reported a policy for CGM use. However, only 12–16% felt "very familiar" with these policies or how to locate them. Two-thirds of nurses believed it was "very important" to continue patients' personal CGM (66.7%) and CSII (65.5%) in the hospital if no contraindications existed.

Barriers to managing CSII included lack of nursing knowledge (116 responses), lack of provider knowledge (92), fear of legal implications (79), and risk of hypoglycemia (76). For CGM, the most cited barriers were lack of nursing knowledge (42), inaccuracy of readings (39), and lack of provider knowledge (19). Confidence in managing CSII was moderate, with 60.5% "somewhat confident" and only 21.1% "very confident"; for CGM, 51.5% were "somewhat confident" and 38.2% "very confident." Notably, 86.2% reported their unit required point-of-care glucose testing for insulin adjustments, even when CGM was used.

To educate nurses on CGM and CSII the participants identified preferred modalities that included email (37.7%), in-person workshops (27.7%), and newsletters (12.3%).

Conclusions/Implications: Despite widespread policy adoption, significant knowledge and confidence gaps persist among hospital nurses regarding inpatient use of personal CGM and CSII. Barriers are multifactorial, with knowledge deficits and legal concerns most prominent. These findings underscore the need for targeted, accessible education and robust interdisciplinary support to optimize safe and effective integration of diabetes technology in the hospital setting. Addressing these gaps may improve nurse confidence, patient safety, and satisfaction, and support broader adoption of advanced diabetes management technologies in acute care.

ADULT HEALTH AND ILLNESS

SDOH, Biomarkers, and Cognitive Trajectories after a Subarachnoid Hemorrhage

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Background: Subarachnoid hemorrhage (SAH) contributes to cognitive impairment, with approximately 50% of SAH survivors experiencing long-term disability as a consequence. Cognitive impairment substantially affects daily activities and the ability to return to work. Within the initial six months, the recovery process is critical and can be influenced by various factors, leading to different cognitive trajectories. We aimed to determine whether social determinants of health (SDOH; including demographics, employment, and socioeconomic status) and inflammatory biomarkers (i.e., Toll-Like Receptor4 [TLR4], Tumor Necrosis Factor-alpha [TNF-α], Interleukin [IL] 1β, and IL6) are associated with cognitive function during the first six months following a SAH.

Methods: We conducted secondary analysis of a 6-month prospective longitudinal cohort study of SAH survivors. Cognitive function was assessed at 2, 3, and 6 months, using the Repeatable Battery for the Assessment of Neuropsychological Status, which includes a total score as well as five cognitive domains (immediate memory, visuospatial, language, attention, and delayed memory). SDOH (e.g., gender, race/ethnicity, education, employment, and income) were assessed at baseline. Inflammatory biomarkers, including TLR4 mRNA expression (TaqMan gene expression assays) and TNF-α, IL1β, and IL6 plasma concentrations (multiplex assays), were assessed at early time points (2, 3, and 7 days) and concurrently at 2, 3, and 6 months. Linear mixed models with cognitive outcomes, measured at 2, 3, and 6 months as repeated measures, were used for data analyses.

Results: Forty-four participants were included, with a mean age of 55.9±12.5 years. Better immediate memory was associated with higher education, part-time employment (vs. retired), and adequate (vs. inadequate) income. Better visuospatial and delayed memory were associated with being White and part-time employment or homemaker status (vs. retired). Better language abilities were associated with adequate or comfortable (vs. inadequate) income. Better attention was associated with being non-Hispanic and full-time employment or homemaker status (vs. retired). Only higher TNF-α levels on day 2 were associated with better delayed memory, while better performance across cognitive domains was associated with lower levels of inflammatory biomarkers. Immediate memory was associated with IL1β (days 2, 3, and 7), IL6 (day 2), and TLR4 (days 3 and 7). Visuospatial domain was associated with TNF-α (months 2, 3, and 6), IL6 (months 2, 3, and 6), and TLR4 (day 7). Language was associated with TNF-α, IL6, and TLR4 (months 2, 3, and 6). Attention was associated with TNF-α (days 7; months 2, 3, and 6), IL6 (months 2, 3, and 6), and TLR4 (day 7). Delayed memory was associated with TNF-α (day 2; months 2, 3, and 6), IL6 (day 7; months 2, 3, and 6), and TLR4 (days 2 and 7).

Conclusions: SDOH and inflammatory biomarkers demonstrated significant associations across multiple cognitive domains. These findings underscore the importance of interdisciplinary post-SAH care that integrates social risk factors and inflammation as potential underlying mechanisms of cognitive outcomes. Screening for SDOH alongside evaluating inflammatory status can help identify patients at risk for poor cognitive recovery. This approach supports the development of targeted interventions addressing social context and inflammation-related mechanisms in SAH survivors.

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ADULT HEALTH AND ILLNESS

Effects of Walking Exercise on QoL and Metabolic Syndrome in Korean Women with Menopause

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Purpose: This study aimed to examine the effects of fast walking for Korean women with menopausal symptoms on exercise adherence, menopause-related quality of life (MENQOL-K), and metabolic syndrome (MS).
Background: Menopausal women are known to be physically less active as well as at risk of developing MS due to hormonal changes. Although evidences that exercise prevents metabolic syndrome are accumulating, exercise behaviors of women in menopause remains low. Walking exercise which is safe and easy for this age group, with a wearable device for monitoring exercise intensity may enhance exercise adherence with motivation leading to better exercise performance and health outcomes.
Methods: This RCT recruited 26 overweight and obese women aged 40-65 years with menopausal symptoms from screening. The study offered 8-week exercise program to 12 women in intervention group and 14 in control groups in 2023. After one hour of tailored counseling with Advanced Practice Registered Nurse, the participants exercised wearing Galaxy Watch 4 device while performing a moderate-intensity walking, at least three days a week on treadmill or their own. At pre- and post-test, exercise adherence and performance on diary using the records of wearable device, MENQOL-K, and indicators of MS were measured.
Outcomes: Both groups showed high exercise adherence, more than 30 sessions on average over 8 weeks. The intervention group achieved moderate intensity level, 51.5% of target heart rate while the control group showed 42.7%. Although there were no significant group difference in the total score of the MENQOL-K, intervention group showed more improvements than control group. This can be explained by significant improvement in psychosocial (p=.026) and physical domains (p=.015) of intervention group in part. Group differences were not found in five indicators of MS, however the intervention group demonstrated significant improvements (p=.003) in waist circumference (WC), improving to free from abdominal obesity. Although the control group showed significant improvements in blood pressure (BP) and WC, their abdominal obesity remained. It is noteworthy that the frequency of women with at least one MS indicator in the intervention group decreased significantly from 91.7% to 33.3% (p=.016) and the reduction between two groups were significantly different (p=.046). However, prevalence of MS in control group showed a significant reduction (p=.031) that was significantly different between the groups (p=.023).
In addition, group differences were not found in the body composition except for obesity index. Over the 8-week, intervention group showed significant reductions in BMI (p=.002), obesity index (p=.002), body fat percentage (p=.019) and skeletal muscle mass (p=.041). While five women in the intervention group achieved normal BMI, only one women in control group became normal. That is, mean BMI of control group remained obese however, that of intervention group improved to the overweight with more muscle loss from moderate intensity of exercise.
Conclusions: Moderate intensity walking program using wearable devices effectively improved frequency of metabolic syndrome indicators and obesity indicator among women with menopausal symptoms. This tailored exercise intervention demonstrated beneficial for women with health challenges specific to menopause by showing better exercise performance with higher physical activity level.

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BEHAVIORAL AND SOCIAL FACTORS IN SEXUAL HEALTH AND VIOLENCE

Survivors' Voices: Lived Experiences of Sexual Violence in British Columbia

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Purpose: Sexual violence is a persistent public health challenge with wide-ranging emotional, physical, and social consequences. While research has often highlighted prevalence and risk factors, less attention has been given to survivors' firsthand perspectives on disclosure, help-seeking, and navigating health and community support systems. This study aimed to amplify survivors' voices to identify barriers, strengths, and opportunities for improving survivor-centered responses in British Columbia.

Methods: We carried out in-depth qualitative interviews with nine adult survivors of sexual violence. A semi-structured interview guide allowed participants to share their narratives around disclosure, experiences within healthcare and community services, and the broader personal and social impacts of assault. Data were analyzed thematically, enabling us to capture recurring patterns as well as unique insights across individual accounts.

Findings:

Four central themes emerged:

Complexities of Disclosure: Survivors described weighing the benefits of speaking out, such as seeking support, protecting others, and reclaiming agency against significant deterrents, including fear of judgment, stigma, prior negative experiences, and lack of emotional readiness. Many felt retraumatized by the need to repeatedly recount their assault to different providers.

Barriers to Accessing Services: Participants identified limited awareness of available resources, long wait times for counselling, financial costs, and challenges linked to living in small communities where privacy is difficult to maintain. These barriers often discouraged timely help-seeking.

Mixed Encounters with Health and Support Systems: Helpful experiences included being believed, feeling validated, and receiving coordinated referrals. In contrast, unhelpful encounters involved rushed or judgmental providers, lack of empathy, intimidating clinical environments, and a system that prioritized evidence collection over survivor wellbeing.

Enduring Psychosocial Impact: Survivors spoke of shame, guilt, self-blame, and isolation following their assault. Some described moments of healing through supportive counselling or peer connections, while others emphasized the long-lasting nature of trauma and the struggle to shift self-blame reinforced by societal attitudes.

Implications: The findings underline the need for trauma-informed, survivor-centered care. Recommended actions include:

Training providers to prioritize empathy, validation, and choice alongside medical care.

Expanding accessible and affordable counselling, especially in rural and small communities.

Improving collaboration between healthcare services and community-based organizations.

Promoting public education to challenge stigma and victim-blaming norms.

By elevating survivors' experiences, this study contributes to a deeper understanding of the systemic changes required to ensure that responses to sexual violence are equitable, compassionate, and oriented toward healing.

Sexual Motivation as a Pathway from Self-Control to Condom Use Resistance in Young Men

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Background: Condom use resistance (CUR)—the use of tactics to avoid condom use with a partner who wishes to use one—is a common yet concerning public health issue, particularly among young adult men. CUR has been linked to heightened risks of sexually transmitted infections, unintended pregnancies, and psychological distress. Although lower self-control plays a role in sexual risk-taking behaviors such as CUR, the motivational patterns underlying this association remain underexplored. Theories of motivational progression suggest that some individuals may initially engage in sexual activity to cope with distress. However, over time, the pleasurable aspects of sex may become increasingly salient, leading to a shift in motivations to use sex to enhance positive experiences.

Purpose: This study explored whether coping and enhancement sex motives were statistically associated in a serial pattern consistent with a theoretical model linking self-control and CUR. We hypothesized that lower self-control would co-occur with higher CUR indirectly via coping sex motives, enhancement sex motives, and a serial pathway from coping to enhancement sex motives. A negative direct association between self-control and CUR was expected.

Methods: Data were drawn from the baseline in-lab session of a larger study conducted between 2019 and 2023 among 418 men aged 21–30 (M = 24.39, SD = 2.81), who had sex with women. Participants were recruited from a metropolitan area in the southwestern United States. Participants completed validated measures of self-control (Brief Self-Control Scale), sex motives (coping and enhancement subscales of the Sex Motives Measure), and CUR (Condom Use Resistance Scale). IBM SPSS (version 30) was employed to analyze data. To test the hypotheses, path analysis was conducted using PROCESS macro (version 5), by applying Model 6 (serial mediation) with 5,000 bootstrapped samples, controlling for age.

Results: The serial mediation model accounted for 7.7% of the variance in CUR (R^2 = .077, p < .001). Enhancement sex motives (B = –0.17, SE = 0.07, 95% CI [–0.33, –0.05]) and the serial pathway through coping and enhancement sex motives (B = –0.14, SE = 0.04, 95% CI [–0.24, –0.07]) significantly mediated the relationship between self-control and CUR. Coping sex motives alone were not significant (95% CI [–0.37, 0.08]). Direct association between self-control and CUR was nonsignificant (p = .15), indicating full mediation. Overall, findings support the hypotheses for the serial pathway and enhancement sex motives, but not for coping sex motives or the direct effect.

Conclusion and Future Implications: Findings indicate patterns consistent with the interpretation that motivational factors—enhancement sex motives and the co-occurrence of coping and enhancement sex motives—may be more proximally associated with CUR than self-control. This aligns with motivational frameworks emphasizing a shift from emotion regulation to reward-seeking in sexual decision-making. Interventions targeting CUR should address both self-regulatory skills and sexual motives. Enhancing emotion regulation strategies and challenging beliefs that condoms reduce pleasure may be critical intervention components of CUR prevention programs. By addressing coping and enhancement sex motives, alongside self-regulation skills, such programs could reduce CUR incidence and mitigate associated health risks.

BEHAVIORAL AND SOCIAL FACTORS IN SEXUAL HEALTH AND VIOLENCE

A Theoretical Approach to Sexual Assault of Women in Later Life

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Background/Purpose: Sexual assault is a public health problem that spans all ages, crosses every border, and can affect every health dimension. Unfortunately, there is relatively little literature exploring the prevalence and effects of sexual violence in older adult survivors. Through a retrospective analysis of cases in a Mountain West state, the purpose of our study was to examine unique factors related to sexual assault against women in late life (SAWLL) through a theoretical perspective.

Conceptual Basis: Band-Winterstein, Goldblatt, and Lev (2021) developed a conceptual framework to explore the phenomenon of SAWLL and its pathways of occurrence. Findings and implications of our analysis are presented within this theoretical lens.

Methods: Design - A retrospective review of records (2010-2022) included 84 older adult female patients (≥65 years) out of 9,073 total Sexual Assault Medical Forensic Examination cases. Data Analysis - Descriptive statistics (frequencies, %, means of central tendency) were used to describe the sample. Chi-square analyses were utilized to compare older and younger survivors.

Findings:

Characteristics of Older Survivors - Mean age: 76 (8.78 SD); Gender: 84/88 older adults (95%) female.

Health History - Chronic Conditions: older adults (90%) vs. younger adults (40%) ($p<0.001$); Physical or Mental Impairments: older adults (69%) vs. younger adults (9%) ($p<0.001$); Polypharmacy: older adults (91%).

Assault Location ($p<0.001$) - House/Apartment: older adults (49%) vs. younger adults (63%); other locations were primarily care facilities for older adults (35%).

Suspect/Survivor Relationship - Older adults were less likely to identify the suspect as an acquaintance (25% vs. 58%, $p<0.001$) and were assaulted more frequently by an "unknown" assailant (24% vs. 5%, $p<0.001$). Additionally, older adults had a higher prevalence of assault by "other" suspects (22% vs. 6%, $p<0.001$), primarily facility staff.

Memory/Awareness - A higher percentage of older adults reported unknown answers to questions about body parts touched (41% vs. 17%, $p<0.001$), though they reported lower rates of loss of consciousness or awareness (32% vs. 48%, $p<0.001$) indicating difficulty verbalizing assault information.

Assailant Actions - Older adults were less likely to report that the assailant had grabbed, held, hit, strangled, used a weapon, or used verbal threat or coercion compared to the younger group.

Implications: The relatively high proportion of assaults in care facilities by facility staff is consistent with the "sexual assault in institutions" pathway of SAWLL. A high preponderance of missing documentation regarding previous trauma prevents evaluation of the "ongoing sexual assault in the community" pathway. Education of nurses can bridge research and practice, improve referrals, and maximize the usefulness of medical forensic examinations for older adult survivors of sexual assault. Multidisciplinary collaboration is urgently needed to increase awareness and establish clear, effective referral pathways. Additional research is needed to contribute to the existing limited literature on SAWLL.

BEHAVIORAL AND SOCIAL FACTORS IN SEXUAL HEALTH AND VIOLENCE

A Scoping Review of Law Enforcement-Involved Domestic Violence

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Background: Law enforcement-perpetrated domestic violence (LEPDV) is a serious public health and justice issue, occurring at rates two to four times higher than in the general population. Studies estimate that 28% to 40% of police families experience domestic violence, compared to 10% to 15% of the general population. Officers' access to weapons, insider legal knowledge, and surveillance tools, combined with the "blue wall of silence"—an entrenched culture of loyalty that discourages reporting—create significant barriers to justice for victims and enable continued abuse with impunity.
Objective: This scoping review maps the literature on LEPDV to assess its scope, examine the effects of institutional silence on accountability, explore victim risks and barriers, and evaluate the role of healthcare professionals, especially nurses, in identifying and supporting victims.
Methods:
Eligibility Criteria:
Included materials were peer-reviewed articles, government reports, and grey literature published in English between January 1995 and May 2025, addressing LEPDV in relation to culture, victim experience, reporting, or healthcare response.
Sources of Evidence:
Databases searched included PubMed, CINAHL, PsycINFO, Scopus, Web of Science, and Google Scholar, alongside grey literature from the US Department of Justice and the National Center for Women and Policing.
Charting Methods:
Data were extracted using a structured form to document study characteristics, findings, and themes. Two reviewers independently charted data, resolving discrepancies through discussion.
Results: Twenty-nine sources were identified. The literature confirms elevated LEPDV prevalence and persistent systemic failures in accountability. The "blue wall of silence" was consistently noted as a barrier, perpetuated through peer protection, supervisory cover-ups, and institutional retaliation against whistleblowers. Victims often experience heightened psychological trauma, including betrayal trauma, and face unique barriers to help-seeking—such as disbelief from institutions, difficulty securing protective orders, and fear of retaliation. Internal reporting systems are frequently manipulated, leaving victims without recourse. Nurses—particularly in emergency and forensic settings—are often first responders to LEPDV cases and play a critical role in documentation, advocacy, and trauma-informed care, yet face ethical and safety challenges in doing so.
Conclusions: LEPDV is a hidden but widespread form of abuse requiring coordinated responses across policing, healthcare, legal, and community systems. Addressing it effectively requires dismantling the culture of silence, improving institutional accountability, and equipping healthcare providers—especially nurses—with the tools and training to support victims safely and effectively. Future efforts should focus on developing trauma-informed protocols, independent oversight, and systemic reforms that center victim safety and justice.

BEST PRACTICES IN EVIDENCE-BASED TEACHING

Enhancing Engagement through Team-Based Testing in Undergraduate Nursing Education

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Introduction: Collaborative testing, also referred to as Team-Based Testing (TBT), is an instructional strategy that pairs individual assessments with a subsequent group exam using the same set of questions. Rooted in the principles of Team-Based Learning (TBL), this approach aims to promote active learning, peer collaboration, and deepr conceptual understanding. TBT typically involves students first completing a test independently, followed by a team-based retake in which group members discuss and answer the same questions together. This process encourages knowledge sharing, reduces test anxiety, and allows students to receive immediate feedback through peer interaction and faculty debriefing.

Team-Based Learning (TBL) frameworks, widely used in health professions education, are structured around readiness assurance tests, application-focused group activities, and peer evaluation. These models are particularly well-suited to nursing and medical education, where communication, teamwork, and critical thinking are essential competencies. While concerns about potential grade inflation and uneven group contributions exist, growing evidence supports the educational value of collaborative testing. Research has shown that both high- and low-achieving students benefit from increased engagement, improved communication, and enhanced retention of course material. Furthermore, students often report greater enjoyment and a stronger sense of belonging in the classroom.

Although studies on knowledge retention yield mixed results, consistent findings point to improved student satisfaction, stronger teamwork skills, and increased motivation. Importantly, collaborative testing helps shift the perception of exams from purely summative assessments to formative learning experiences. By working together to analyze and defend answers, students refine their reasoning and develop skills transferable to clinical practice.

Methods: In a pilot study, collaborative testing was integrated into an undergraduate Evidence-Based Practice course over two semesters - Fall 2024 (n=34) and Spring 2025 (n=21), for a total for 55 students. Exams included an individual test followed by a group retake. Groups achieving ≥90% received three bonus points. The faculty led a class review afterward. An end-of-semester anonymous survey assessed student perceptions.

Results: Out of 55 students, 31 (56%) completed the survey. Of these, 74% had no prior exposure to TBT. Most students (84%) agreed or strongly agreed that TBT improved their understanding. Key benefits included reduced anxiety, enhanced peer learning, and real-time feedback. Faculty noted score improvements in lower-performing students in their pre-individual scores and positive trends in course evaluations.

Discussion & Implications for Nursing Education: This pilot study suggests that TBT enhances student engagement, satisfaction, and collaborative skills in nursing education. While challenges such as group equity and dependence on stronger students were noted, the benefits---particularly in communications, critical thinking, and reduced test anxiety --are significant. As nursing education increasingly emphasizes active learning and inteprofessional collaboration, strategies like TBT offer practical ways to align assessments with real-world competencies. Future research should explore its long-term impact on academic performance and clinical readiness. When thoughtfully implemented, TBT has the potential to transform assessments into powerful learning tools that better prepare students for the complexities of modern healthcare.

BEST PRACTICES IN EVIDENCE-BASED TEACHING

Enhancing Empathy and Communication through Nonviolent Communication Training

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Purpose: Incoming nursing students often lack formal instruction in structured, empathy-based communication strategies which are essential for clinical performance, collaboration, and patient centered care. At the University of Hawai'i at Manoa, Graduate Entry Program in Nursing (GEPN) students are expected to navigate emotionally charged situations, multicultural environments, and complex clinical interactions, but the current curriculum does not include a standardized approach to address teaching conflict sensitive or empathy based communication. These gaps in knowledge can contribute to miscommunication, stress, and difficulties in collaboration, which can ultimately affect patient outcomes. The purpose of this project is to implement and evaluate the effectiveness of a Nonviolent Communication (NVC) training on empathy and communication self-efficacy amongst Graduate Entry Program in Nursing (GEPN) students in their first semester.

Methods: The single 60 minutes NVC training session was delivered during a scheduled core nursing class. The training incorporated a brief lecture, guided reflection, role play, and a group debrief. Students completed a pre and post intervention survey using two validated tools: the Interpersonal Reactivity Index (IRI) to measure empathy across four subscales (perspective taking, empathic concern, personal distress, and fantasy), and the Nursing Communication Self-Efficacy Scale (NCSES) to measure confidence in clinical communication. Post surveys included three open end questions to gather qualitative data on the training's usefulness and applicability. Data analysis for quantitative data includes descriptive statistics and paired-sample t-tests to assess changes in survey scores, while qualitative data will undergo thematic content analysis to identify common experiences and future suggestions.

Results: Twenty-six nursing students completed matched pre and post intervention surveys (54.2% response rate). While no statistically significant changes emerged in empathy or communication self-efficacy (all $p>.05$)., moderate effect sizes for Perspective Taking ($d=0.24$) and NCSES ($d=0.47$) suggest potential trends toward improvement. Qualitative findings revealed strong student engagement, with 73% identifying experiential role-play as most valuable for practicing NVC skills and observing peer approaches. Students reported high satisfaction (65% offered no suggestions for improvement) and perceived the training as relevant to clinical practice, though they anticipated challenges with emotional regulation under pressure and real time application in authentic patient encounters.

Conclusion: A single 60-minute NVC session is feasible and well-received, but insufficient for measurable immediate impact. Recommendations for future implementation include: (1) extending to multi-session format (3-4 hours minimum) distributed across the semester; (2) incorporating authentic clinical video example sand real-world scenarios; (3) adding booster sessions during clinical rotations with faculty debriefing; (4) conducting delayed post-assessment (4-6 weeks) to capture skill integration; and (5) increasing sample size ($n>64$) for adequate statistical power. The strong preference for role-play warrants expansion of experiential learning components. This pilot provides preliminary support for NVC as a promising approach for developing empathy-based communication in nursing education, justifying further investigation with enhanced intervention dosage and longitudinal assessment to fully evaluate its potential impact on student competency and patient-centered care outcomes.

BEST PRACTICES IN EVIDENCE-BASED TEACHING

Connecting Classroom and Practice: A Competency-Based Online Approach

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Purpose: Preparing nurses for team-based, equity-driven care requires innovative teaching approaches that extend beyond traditional classroom/simulation formats. This project implemented and evaluated a structured learning model connecting students in an asynchronous prelicensure course with nurse care managers. The initiative bridged didactic learning with mentorship to explore the impact of experiential learning on competency development and professional identity formation in virtual settings. Learning activities aligned with the *American Association of Colleges of Nursing (AACN) Essentials* (2021).
Rationale: Care coordination and person-centered care remain foundational to nursing practice, yet nursing students, especially in online environments, rarely engage directly with nurse care managers or experience care coordination from a systems and transitions-of-care perspective. Although clinical rotations provide bedside care planning experience, exposure to broader intra-professional practices that strengthen collaboration, systems thinking, and nursing identity beyond the bedside is limited. The *AACN Essentials* call for competency-based education that develops reasoning, communication, advocacy, and teamwork through active, practice-linked learning. This project connected students with nurse care managers who provided mentorship and feedback during applied care planning. This approach transformed a traditionally asynchronous course into a practice-integrated experience, fostering professional identity, collaboration, and translation of classroom learning into person-centered care.
Methods: Students (n = 112; Summer–Fall 2025 cohorts) completed a two-part group assignment: (1) a collaborative, unfolding case study addressing needs of medically and socially complex individuals and (2) a team-based interview with a nurse care manager. Teams developed individualized care plans integrating medication management, mental health, social support, and outcome goals, presenting draft plans for feedback during interviews. Learning outcomes and surveys mapped to eight *AACN Essentials* sub-competencies: clinical reasoning (1.3a), holistic perspective (2.3f), care planning (2.5g), communication (9.2g), peer evaluation (9.3h), professional identity (9.5), social determinants of health (7.2b), and knowledge-informed clinical judgment (10.2d). Pre/post 5-point Likert surveys measured change across domains. Paired-sample t-tests assessed mean differences, and open-ended responses were analyzed thematically to identify domains of competency development and professional identity formation.
Findings: Paired-sample t-tests on matched data from 99 students demonstrated significant improvement across all eight competency domains ($p < .01$), with moderate-to-large effects. The largest gains were in care coordination ($M = 4.12 \pm 0.61 \rightarrow 4.81 \pm 0.42$, $t(98) = 6.39$, $p < .001$, $d = 0.73$), health disparities ($d = 0.66$), and communication confidence ($d = 0.49$). Thematic analysis of 899 qualitative responses revealed four learning domains: (1) Growth in Clinical Reasoning—movement from abstract understanding to structured, evidence-informed decision-making; (2) Person-Centered Care Coordination—integrating physical, psychological, and social factors into care plans; (3) Integration of SDOH—greater advocacy and equity orientation; and (4) Professional Identity and Communication Confidence—enhanced teamwork, confidence, and readiness for practice. Quantitative and qualitative findings converged, demonstrating both measurable and perceived competency growth.
Conclusions/Implications: This project demonstrates how asynchronous nursing education can bridge academic learning with clinical realities. Embedding structured interviews and unfolding case studies with nurse care managers advanced competency-based learning, clinical reasoning, and professional identity formation. Findings illustrate how authentic intra-professional mentorship can strengthen competency-based learning in online nursing education.

BEST PRACTICES IN EVIDENCE-BASED TEACHING

Incivility Perceptions Among Students and Faculty in Pre-Licensure Nursing Programs

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Purpose/Background: The American Association of Colleges of Nursing (AACN) 2021 Essentials document highlights professionalism as a fundamental competency in nursing practice, emphasizing the importance of ethical behavior, accountability, and adherence to professional standards. Academic incivility in nursing education has been increasing and is thought to be a major issue in nursing education. The literature supports that civil and uncivil behavior need careful study and solutions. The purpose of this study is to investigate nursing students' and faculty's perceptions of civility and incivility to identify gaps and agreement. This study also aims to gain understanding of specific experiences of incivility and identify strategies for improving civility in nursing education.
Methods: Student and faculty participants were recruited within one school of nursing in the Pacific NW. Participants completed the Revised Incivility in Nursing Education (INE-R©) survey online. The Likert-type survey is 48 items, consisting of student and faculty behaviors to rate perceptions of the level and frequency of each behavior. Open-ended questions were included to ascertain experiences, potential causes, impact and consequences, and thoughts on strategies for improvement. The INE-R has strong reliability and validity. Mixed methods were used, and data were analyzed through statistical and thematic analysis. IRB approval was obtained prior to conducting the study.
Assessment of Findings: One hundred ninety-five students (73% TBSN, 13% ABSN, 13% MEPN) and 40 faculty members (57% full-time, 27% adjunct) responded to the survey. Majority of students were age 18-25 (56%). All semesters of the nursing programs were represented with most students being in their final semester (40%). Full-time and adjunct faculty from all programs, all semesters, and all teaching areas (theory, clinical, simulation) were represented in the sample. Both students and faculty members described similar perceptions of incivility and recognized the presence of uncivil behaviors within the school environment. Students and faculty both rated the civility within the school of nursing environment positively (73.5/100 and 66.7/100, respectively, 0-100 scale,100 being completely civil). Statistically significant differences showed faculty perceive themselves as more often uncivil compared to student ratings ($p=0.009$). Both groups consistently saw students as more likely to engage in disruptive, low-level incivility (mean score 2 for students and faculty). Thematic analysis revealed four themes that cause or lead to uncivil behavior: stress and workload, lack of accountability, cultural and generational factors, and power dynamics. Students and faculty agreed on the top three strategies that should be used to improve civility in nursing education: role modeling professionalism, establishing codes of conduct, and raising awareness/providing civility education.
Conclusions/Implications: The results emphasize the agreement of incivility within nursing education and strategies for improvement. By understanding these perceptions, nursing education can develop guidelines that define civil and uncivil behaviors and codes of conduct. Educators can also teach about these behaviors and develop strategies for nursing students to demonstrate competencies associated with the AACN Essentials. Additionally, schools of nursing can develop education or mentoring for faculty about role modeling civility to improve professionalism within nursing education and ultimately within nursing practice.

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BREAKTHROUGHS IN AGING AND CHRONIC DISEASE MANAGEMENT

Epidemiologic Association between Blue Zones Features with Longevity

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Purposes: This analysis aimed to estimate associations between nine Blue Zones lifestyle features and longevity using rigorously-collected data from the Women's Health Initiative (WHI), a long-term population-based prospective cohort.

Background: Nine lifestyle features have been identified from Blue Zones, five regions of the world noted for longevity and healthy lifespan**.** However, these features have not yet been comprehensively evaluated for their association with longevity.

Methods: Postmenopausal women, aged from 50 to 79 years, in the WHI observational study with complete data for nine lifestyle features and death outcomes were included. Each Blue Zones feature was matched to self-reported questionnaires: 1) Blue Zones feature of 'Move Naturally'–Physical Activity (PA) Questionnaires (MET-hours/week), 2) 'Purpose'–Purpose in Life (7-item scales of Psychological Well-Being), 3) 'Downshift'–Perceived Stress Scale 4, 4) '80% Rule'–Body Mass Index (BMI) (kg/m^2), 5) 'Plant Slant'–Mediterranean Diet Score, 6) 'Wine at 5'–Alcohol Intake (times/week), 7) 'Right Tribe'–Medical Outcomes Study Social Support survey, 8) 'Loved Ones First'–Frequency of Meetings with Family/Friends, and 9) 'Belong'–Church Attendance/month. Survival through 2024 was defined as a binary outcome of living to age 80 or 90 years. We used multivariable logistic regression, adjusted for age, demographic characteristics, and comorbidities, to examine the associations between nine features and living to age 80 and 90. Ordinal variables were tested for trend to evaluate dose-response relationships.

Outcomes Achieved: Models for living to ages 80 and 90 years included 30,994 and 14,243 participants, respectively. The odds of longevity to 80 increased with higher self-reported purpose in life (p-trend<0.001, odds ratio (OR)=1.43 for the highest vs. the lowest quintile) and higher levels of PA (p-trend<0.001, OR=2.27 for >20MET-hours/week vs. inactivity). Yet, participants with the least PA had 1.46 times higher odds of living to 80 versus inactive individuals (95% Confidence Interval (CI) 1.23–1.72). Participants who reported consuming alcohol 5–6 times/week showed higher odds of living to age 80 (OR 1.46, 95%CI 1.13–1.92) versus non-drinkers. These features were also significant for survival to 90. Particularly, morbidly obese women had significantly lower odds versus those with normal BMI in both models (age-80: OR 0.70, 95%CI 0.52–0.94, age-90: OR 0.47, 95%CI 0.35–0.62). While perceived stress was non-significant in the age-80 model, those with little stress had 1.36-fold greater odds of living to age-90 versus those with the highest stress.

Conclusions: Of all the Blue Zones features, higher PA showed the strongest associations with longevity. Considering the inverse correlation between PA and BMI, and the significantly lower odds of survival to age 80 and 90 associated with obesity, the importance of PA is underscored. While church attendance, dietary intake, and social support were not linked to longevity, some psychological factors were, suggesting the importance of mental health. Our results showing associations with alcohol intake need to be interpreted cautiously, considering the inherent limitations of observational studies. As is true for all studies of longevity, our data represent findings from women born before 1944 and may not apply to other age cohorts. Before strong conclusions can be made, future studies replicating these findings would be needed.

BREAKTHROUGHS IN AGING AND CHRONIC DISEASE MANAGEMENT

Home-Based Brain Stimulation and Mindfulness for Knee Osteoarthritis Pain

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Purpose: This study evaluated the short- and long-term effects of a digitally delivered, home-based intervention combining transcranial direct current stimulation (tDCS) and mindfulness-based meditation (MBM) for older adults with symptomatic knee osteoarthritis (OA) and tested whether the combined intervention conferred synergistic benefits beyond either modality alone**.** The study also examined demographic and clinical factors associated with treatment response to inform nursing-led nonpharmacological pain management strategies.

Background: Knee OA is a leading cause of chronic pain and disability in older adults and contributes to reduced mobility and dependence on pharmacologic treatment. Both tDCS and MBM have shown promise in modulating pain through neurophysiological and cognitive-affective mechanisms. Integrating these approaches into a home-based, digitally supervised program represents an innovative model for pain management and telehealth practice.

Methods: A double-blind, randomized, sham-controlled, phase II trial enrolled 200 community-dwelling adults ages 50–85 years with symptomatic knee OA. Participants were randomized to (a) active tDCS + active MBM, (b) active tDCS + sham MBM, (c) sham tDCS + active MBM, or (d) sham tDCS + sham MBM. Ten 20-minute sessions were self-administered at home over 2 weeks under remote supervision. Electrode placement was verified, protocol adherence monitored, and safety assessments conducted before each session. The intervention was implemented through a secure telehealth platform that enabled live observation, troubleshooting, and feedback. Standardized training was provided to ensure intervention fidelity and participant safety across sites. Pain intensity (Numeric Rating Scale, 0–100) was measured at baseline, Days 5 and 10, and 1 and 3 months post intervention. Linear mixed-effects models evaluated group-by-time effects and covariates including age, sex, and BMI.

Results: Mean age = 67.7 years (SD = 7.5); 68.3% female; 82.2% White; mean BMI = 30.9 kg/m² (Class I obesity). Groups were comparable at baseline. All groups showed decreases in pain from baseline, with statistically significant reductions in the active tDCS + active MBM and active tDCS + sham MBM groups. The active tDCS + active MBM group achieved the largest short-term improvement (−19.6 points; 43.5% decrease; $p = .0029$; Cohen's $d = 0.82$), exceeding single modality, consistent with a synergistic effect. The active tDCS + sham MBM group also showed significant improvement ($p = .010$), whereas the sham tDCS + active MBM group produced a small, nonsignificant reduction. At 3 months, between-group differences were no longer significant. Exploratory analyses indicated greater benefit for women and participants with higher BMI. Home-based delivery demonstrated strong feasibility, safety, and adherence.

Conclusions: A remotely-supervised, home-based tDCS + MBM program is feasible and safe and produces synergistic short-term pain relief beyond either modality alone in older adults with knee OA. For nursing practice, findings highlight opportunities to integrate technology-enabled, nonpharmacological interventions into home and community settings, broadening access to individualized, mechanism-based pain management. For nursing research, results emphasize optimizing intervention dosing, evaluating maintenance schedules, and exploring mechanisms underlying sustained synergy. This work advances nursing science by uniting digital innovation and person-centered care to reduce pain burden and improve well-being in aging populations.

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Implementation of Enhance®Fitness: A Scoping Review Using the RE-AIM Framework

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Purpose: Regular physical activity is essential for maintaining function, reducing chronic disease risk, and promoting healthy aging; however, older adults—especially those living with chronic conditions—face barriers to consistent participation. Enhance®Fitness (EF) is a nationally disseminated, evidence-based group exercise and falls-prevention program for older adults that bridges research, community practice, and health promotion. This scoping review aimed to systematically map and synthesize the literature on EF using the RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) Framework.

Methods: We conducted a scoping review of implementation studies with EF or its predecessor, the Lifetime Fitness Program (LFP), as the focus, following PRISMA-ScR guidelines. Searches were conducted in six databases (PubMed, PubMed Central, CINAHL, SCOPUS, Web of Science, and PsycINFO) and supplemented with EF-related publications listed on the program's official website. Publications were eligible if they: (1) investigated EF or LFP; (2) reported primary data using quantitative, qualitative, or mixed methods designs; and (3) were published in the English language. The search included all publications through July 1, 2025. Eight reviewers, working in pairs, independently abstracted data using Covidence.

Results: Thirty-three studies met inclusion criteria. EF reached racially and ethnically diverse community-dwelling older adults, participants with chronic conditions such as arthritis, hypertension, and diabetes; but often excluded people living with dementia (PLWD) or severe physical function limitations. Recruitment strategies ranged from clinic-based referrals to community outreach. EF studies assessed a broad range of outcomes, including physical function, psychosocial well-being, healthcare utilization, quality of life and other outcomes. Physical performance outcomes were most frequently measured and generally demonstrated improvement, while psychosocial and healthcare findings were reported less often. Adverse events were rare and minor across studies. EF adoption was documented across multiple U.S. regions, including Washington State, South Florida, and Hawai'i, extending to rural and urban communities. Program scale ranged from small, single-site implementations to large multi-state networks. Instructor certification and training were consistently reported, with some studies highlighting cost considerations and culturally or linguistically tailored delivery. Fidelity monitoring was explicitly reported in about one-third of studies. Implementation facilitators included strong partnerships, instructor training, and cultural tailoring, whereas barriers included funding constraints, instructor turnover, and data collection challenges. Maintenance was examined at both the program and participant levels. At the program level, 16 studies described continued EF delivery within community and organizational settings. At the participant level, improved health outcomes have been sustained across both short- and long-term periods, depending on the study design. Overall, we observed consistent positive outcomes.

Conclusions: This scoping review systematically mapped and synthesized 33 data-based publications on EF, using the RE-AIM Framework. Our findings provide greater context into the implementation and dissemination of EF in terms of the RE-AIM Framework. Continued access to EF for future generations of diverse older adults requires targeted efforts examining expanded reach, widening inclusivity approaches (e.g. adaptations for PLWD and their caregivers), continued evaluation of implementation options (e.g remote delivery, modified duration), and a focus on supports needed for long-term maintenance and engagement.

Sounds in Pneumonia (SiP): AI-Driven Cough Analysis for Early Detection in Older Adults

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Purpose: The Sound in Pneumonia (SiP) project explores the feasibility of using acoustic data for early pneumonia detection among people living in long-term care (LTC) settings. The study aims to (1) refine procedures for collecting high-quality forced cough and lung sounds in real-world LTC environments, (2) apply transfer learning to adapt an existing COVID-19 cough detection algorithm for pneumonia, and (3) establish foundational data for a future large-scale, clinically validated digital screening tool.

Background: Pneumonia remains a leading cause of illness and death among older adults but is often underdiagnosed due to communication barriers and atypical symptoms. Limited diagnostic access in LTC further delays detection. The SiP project leverages AI and mobile health technologies to capture subtle acoustic changes in breathing and coughing for early pneumonia screening. Using transfer learning, it adapts a COVID-19 cough detection algorithm trained on 250,000 recordings to identify pneumonia-specific sound patterns, supporting scalable and low-burden precision health in aging care.

Methods: This pilot study collected forced cough and lung sound recordings from older adults residing in assisted living communities in Seattle using a digital stethoscope and iPad-based recording system. De-identified recordings were uploaded to a secure cloud system for segmentation, noise reduction, and labeling. Feasibility was evaluated through data completeness, sound quality, and participant adherence. The labeled dataset will inform training of the Generalized COVID-19 cough model to develop a pneumonia-specific classifier. Model performance will be evaluated using sensitivity, specificity, and AUC metrics.

Outcomes: Thirty older adults (71–100 years; $M = 86.2 \pm 7.6$) from two assisted living communities participated between March and October 2025. Standardized procedures for data collection were successfully established, demonstrating strong feasibility for capturing high-quality acoustic data in real-world LTC environments. Forced cough sounds were reliably obtained even among residents with cognitive impairment. Challenges included maintaining adherence among participants with moderate to severe dementia and the low incidence of respiratory infections (e.g., influenza or pneumonia) during the study period, which limited health event data. Thus, a binary sick vs. not-sick classifier was trained, with the majority of positive samples being a 'cold.' Our classifier already shows an affinity for picking up disease biomarkers, even with limited samples, achieving a 70%-90% AUC across folds. Currently, Grad-CAM and saliency mapping techniques show that our model is targeting wheezing within the audio. Findings demonstrate the practicality of acoustic data collection and establish a foundation for scalable AI-based pneumonia detection.

Implications: The SiP project confirms the feasibility of collecting and analyzing respiratory sounds from older adults residing in LTC settings and underscores the potential of AI-assisted acoustic analysis for early pneumonia detection. Importantly, explainability analyses revealed that the model consistently attends to post-cough wheezing events, aligning with known clinical markers of respiratory illness. This suggests that AI models trained on cough acoustics may be capable of surfacing physiologically relevant biomarkers rather than spurious correlations. Future work will expand data collection, validate these biomarker associations against clinical diagnoses, and integrate findings into a user-friendly, cloud-based screening platform designed to support early detection in LTC environments.

BUILDING CAPACITY FOR CLINICAL RESEARCH AND EBP

Strategies to Build and Sustain Excellence in a Hospital Based Nursing Research Program

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Purpose: Describe development, infrastructure, and outcomes for the Center for Pediatric Nursing Research

Background: Research is essential to advancing and evaluating patient care, and it is critical that nurses at all levels participate in research. This is consistent with Magnet® standards, which include nursing excellence through scientific discovery and dissemination of new knowledge. The mission of the American Nurses Association highlights shaping the future of nursing and healthcare. At Seattle Children's, research and innovation are core to our mission. A nursing research program was established in 2014 through a collaboration with the hospital, Seattle Children's Research Institute (SCRI), and the University of Washington (UW) School of Nursing. The program grew into the Center for Pediatric Nursing Research (CPNR). The mission of the CPNR is to advance equitable clinical care and health outcomes through innovative research. We leverage interdisciplinary collaborations and partnerships to advance our science and our impact by fostering a strong culture of clinical inquiry in our health care system. We provide resources and mentoring to support nurses at all career levels to lead research and disseminate findings.

Description: The CPNR is directed by the Associate Chief Nurse for Practice and Research and guided by a steering committee including members from the hospital, SCRI, UW, and other Universities. Key individuals include a 0.6 FTE Nurse Scientist from the UW and a 0.6 FTE biostatistician from SCRI. Funding includes $10,000 intramural grants as well as a growing number of extramural awards. The nurse scientist mentors nurses as they conceptualize research, apply for grants, submit IRB protocols, conduct research, and disseminate results through presentations and publications. The biostatistician supports design, analysis planning, data analysis, and interpretation and presentation of results.

Evaluation and Outcomes: As of this writing, 71 intramural grants and 6 extramural grants have been funded to nurses in multiple roles, with research crossing the full organization including ambulatory, behavioral health, emergency, inpatient and perioperative departments. Currently active grants were classified into five categories: clinical-acute (32%), clinical-community/ambulatory (28%), health equity (20%), technology (12%), and workforce/health systems (8%). Eighty percent of intramural grants and 100% of extramural grants were successfully launched (completed or in progress). Projects include pilot tests of new practice ideas, evaluation of current practice, comparing different approaches to care, and instrument development and testing. Findings from twenty-one studies have been published in peer-review journals, and grant recipients have presented findings at numerous local, regional, and national conferences, with many receiving professional awards for their work. Several nurses who completed nursing research grants decided to begin PhD programs after their experiences as principal investigators.

Conclusion: A structured research program with dedicated resources resulted in the successful CPNR, supporting nurses with varying levels of experience in a variety of roles at the hospital. Grant recipients have been highly successful in conducting research activities, and results have been disseminated through publications and presentations. Findings from completed research have also resulted in important practice changes in the hospital. This work is consistent with Magnet®, ANA, and professional development expectations.

BUILDING CAPACITY FOR CLINICAL RESEARCH AND EBP

A Cross-Sectional Study of EBP Competencies of Nurses and Leaders at a Magnet Hospital

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Purpose: To assess the knowledge, skills, and attitudes (KSA) of registered nurses (RNs) and nurse leaders (NLs) toward evidence-based practice (EBP) and examine the alignment between their perceptions. A secondary aim was to identify perceived barriers and facilitators of EBP within the facility.

Background: Practicing based on evidence is central to the Magnet culture and essential for improving patient and organizational outcomes. RNs and NLs are key agents in translating and implementing evidence into practice. However, adoption of the EBP mindset across acute care settings remains inconsistent. Limited EBP knowledge and skills persist as barriers among both groups, and studies suggest that RN and NL perspectives on EBP are often misaligned. Periodic assessment of EBP competency is therefore vital to evaluate a system's capacity for evidence-based care and to address barriers hindering optimal EBP implementation.

Methods: A descriptive survey design measured EBP competency among a convenience sample of 258 RNs and 27 NLs at a Magnet facility. Demographic and competency surveys were distributed via Qualtrics^{XM} following IRB approval and remained open for five weeks. RNs completed the *Nursing Evidence-Based Practice Survey* (NEBPS), a validated 15-item tool rated on a 5-point Likert scale assessing five domains: practice climate (PC), data collection (DC), evidence appraisal (EA), implementation (I), and access to evidence (AE). Cronbach's alphas for NEBPS subscales ranged from 0.71–0.86. NLs completed the *Nurse Manager Leadership Competencies to Support EBP Self-Assessment* (NML-EBP-SA), a validated 22-item tool rated on a 4-point Likert scale assessing leading EBP (LEBP), building infrastructure (BIEBP), and promoting EBP (PEBP). Cronbach's alphas for NML-EBP-SA subscales exceeded 0.9.

Results: Most RNs were aged 30–39 years (36%), held a BSN degree (72%), and worked 1–46 years of experience at the facility (Mdn = 9). The overall NEBPS mean score was 3.9 (SD = 0.48), with the highest mean for PC (4.24, SD = 0.52) and the lowest for DC (3.28, SD = 1.02). Most NLs were aged 40–49 years (48%), held an MSN degree, and worked an average of 18 years at the facility (SD = 9). NLs rated themselves most competent in leading EBP (M = 3.22, SD = 0.72) and least competent in building infrastructure for EBP (M = 2.86, SD = 0.78). MSN preparation was associated with higher EBP competency in both groups. Among RNs, implementation competency correlated significantly with years of experience.

Nurses' narrative responses to the questions exploring facilitators and barriers emphasized strong leadership, unit champions, accessible resources, ongoing education, clear communication, teamwork, and visible patient outcomes as facilitators at the facility. Limited EBP knowledge, time constraints, burnout, resistance to change, and restricted access to resources from home were identified as barriers.

Conclusions: Findings revealed moderate EBP competence among RNs and NLs, with RNs strongest in practice climate and NLs in leading EBP. Gaps in EBP competencies differed; RNs were weakest in data collection, and NLs in building infrastructure. The facility should strengthen EBP education and mentorship, emphasizing data collection competencies for RNs and structural support for evidence translation across roles.

Building Research Capacity through a Nurse Scientist Collaborative

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Purpose: To build a nurse scientist collaborative across independent academic health systems within a single state to strengthen research infrastructure, foster a supportive research environment, and advance nursing practice.

Background: Health systems increasingly rely on nursing research to inform evidence-based practice. Clinically based nurse scientists embedded within health systems can have a major impact on clinical practice and operations. However, due to variations in infrastructure and support, challenges exist in implementing the role and optimizing outcomes. Cross-institutional collaborations offer a pathway to address these challenges and increase the impact of nurse scientist-led research and scholarship.

Methods: Ten nurse scientists from five academic health systems established a Nurse Scientist Collaborative in fall 2023. Monthly virtual meetings facilitated ongoing discussions, while annual in-person retreats allowed for focused work sessions. The initial retreat included a site self-assessment of organizational strengths and weaknesses using the Hospital-Based Nursing Research Characteristics (HNRC) questionnaire. The nurse scientists also engaged Chief Nursing Officers, Deans of affiliated Schools of Nursing, and senior academic leaders to align efforts with organizational priorities and research resources. A prioritization matrix was created to focus on scientifically novel and clinically impactful issues. These activities informed the development of a shared strategic plan for multi-site nursing research and an initial demonstration study.

Results: The HNRC questionnaire global average score across sites was 3.24 with a maximum of 4. Nursing research culture was the highest of the three domains with an average score of 3.51±0.20, followed by infrastructure 3.41±0.33 and building a research program 2.8±0.33. The sites scored above the national average on all domains except building a research program. The resulting strategic plan centered on four pillars: 1) establishing a shared infrastructure, 2) creating an integrated environment, 3) developing a sustainable financial model, and 4) executing multi-site studies that address scientific and operational priorities. The research prioritization matrix revealed an opportunity to leverage multi-site electronic health record data on evaluating nursing interventions. The first demonstration study proposal was co-written, focusing on hospital-acquired pressure injuries using an Artificial Intelligence-enhanced analysis of a cross-institutional nursing dataset.

Implications: This initiative highlights the first two years of a Nurse Scientist Collaborative to address the challenges of building a research program across multiple independent academic health systems. Aligning efforts with organizational priorities ensures direct relevance to pressing nursing issues, while shared resources and nurse scientist expertise reinforces the research infrastructure. Ongoing efforts, guided by the HNRC results, will focus on carrying out the strategic plan, securing additional funding and analytic resources, executing the demonstration study protocol, and improving data-sharing mechanisms to enhance nursing research capacity.

BUILDING CAPACITY FOR CLINICAL RESEARCH AND EBP

Research Capacity Assessment and Planning: Outcomes and Lessons Learned

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Purpose: To describe outcomes and lessons learned from a capacity assessment and planning approach to establishing the research component of a healthcare system based Institute for Nursing Excellence.

Background: In 2022, Memorial Hermann Health System (MHHS) launched efforts to create a system-wide Institute for Nursing Excellence (INE). MHHS is a non-profit, integrated health care system consisting of 14 hospitals and over 250 care sites across Greater Houston with a workforce inclusive of 14,000+ Registered Nurses. The blueprint for the INE included the component Evidence Based Practice/Research (EBP/R). The Chief Nursing Executive engaged a team of stakeholders and experts to discuss strategies for operationalizing the vision for this component. This presentation discusses the rationale for differentiating EBP and Research capacity development, outlines steps taken to assess and plan capacity for research, and describes formative outcomes and lessons learned.

Methods/Process: The process was transparent, inclusive and consistent with widely available capacity development approaches. The first step was identification and engagement of key stakeholders and clarification of the vision for the research part of the EBP/R component. Baseline conditions included robust EBP engagement with disconnected pockets of research activity. Ultimate goals were to (1) conduct knowledge generating research aligned with MHHS priorities, (2) secure extramural funding to support research, (3) actively disseminate new knowledge, and (4) gain recognition as a center of excellence. Next, a gap analysis supported description of the current capacity and identification of critical elements that required additional efforts to create a foundation for capacity development. A strength-weakness-opportunity-threat analysis was done on current capacity to focus action planning on priority issues. Leadership support for the vision and a strong culture of staff engagement in EBP were strengths. A lack of system-wide exposure to nursing research conduct or recognition of the structure/process elements necessary to support nurse scientists was a potential threat. To capitalize on familiarity with EBP, a parallel strategic planning map identified areas for integration. This highlighted the focused needs of knowledge generating research and delineation of specific milestones related to critical structures and facilitating processes. This also provided opportunity for discussion of the value added by research as a cross-cutting component of the INE.

Outcomes Achieved/Lessons Learned: Three PhD prepared scientists with diverse perspectives and expertise have been added to the INE. This team has successfully launched productive research program trajectories aligned with MHHS priorities and has continued to collaborate across the system in ongoing capacity development efforts and initiatives. INE-led internal and external collaborations have produced protocols, applications for research funding, and dissemination of research. The delineation of research and EBP as distinct yet overlapping components, and the conceptualization of research as a cross-cutting component has contributed to growth and success of the INE. Persistent challenges include timeliness of vetting research activity with process improvement initiatives ongoing.

Conclusions: The healthcare system environment is a rich context for knowledge generating research. Thoughtful, strategic attention to capacity assessment and planning positions nursing as a leader in informing critical questions of importance to the global community.

BUILDING CAPACITY FOR CLINICAL RESEARCH AND EBP

Clinical Inquiry Capacity Building Initiative in an Academic Health System

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Purpose: To implement and evaluate a multi-faceted organizational initiative that supports the capacity for clinical inquiry among nurses in an academic health system.

Background: A culture of clinical inquiry fosters evidence-based practice (EBP), quality improvement (QI) and research to improve patient outcomes and advance nursing science. Despite its importance, persistent gaps in nurses' competencies and organizational readiness can hinder progress. Studies emphasize that leadership understanding of inquiry and advocacy for resources enables frontline staff to successfully lead projects and disseminate findings. A multi-faceted approach for developing both clinical nurses and nurse leaders is needed to build capacity and sustain system-wide clinical inquiry.

Methods: The Clinical Inquiry Capacity Initiative, guided by the *EBP, Research, Innovation, and QI Alignment Model,* was implemented in an academic health system with 994 beds, over 5,000 clinical nurses, and an affiliated School of Nursing (SON). The initiative sought to strengthen organizational structures and workforce competencies for inquiry at all levels of nursing. A nine-month **leadership development program** for early-career nurse managers provided education in QI, project management, and change leadership that can foster a supportive environment for inquiry. A ten-month **EBP Fellowship program** engaged clinical nurses in structured didactics and mentored implementation projects with support from clinical leaders. A twelve-month **research grant program** funded operationally aligned nurse-led studies conducted in partnership with SON faculty mentors. Evaluation measures included nurse participation rates, self-reported competencies, professional advancement, and project outcomes such as impact on operational priorities and scholarly dissemination.

Results: The programs launched in 2022. By 2025, 199 nurse leaders, 37 EBP fellows, and 12 nurses across five research teams completed the programs. Six months post-completion, leaders rated their QI competencies 3.9 of out 5 ("excellent"). EBP competency scores increased by 1.25 points (from 2.0 to 3.2 of 4 "highly competent") post-Fellowship. Four of five grant-funded nurses served as first-time co-principal investigators. 23% of nurse leaders were promoted or advanced professionally. 8% of EBP fellows were promoted, and 11% advanced their education. 15% of the grant-funded nurses were promoted, and 25% enrolled in doctoral programs. EBP and research projects impacted quality and safety (42%), patient experience (20%), operational efficiency (19%) and workforce wellness (19%) for the organization. All project and study results were presented locally; 25% were presented at regional (5), national (5), and international (1) conferences. Three research teams produced five peer-reviewed publications, and two studies are still in progress.

Conclusions: This multi-faceted initiative effectively enhanced clinical inquiry capacity by simultaneously developing leaders and clinical nurses. The approach advanced QI, EBP, and research competencies, strengthened professional growth, and contributed to improvements in care delivery and nursing scholarship. Embedding leadership training alongside staff-level programs has the potential to foster alignment, resource support, and sustainability. Future analyses will examine the hierarchical influence of the leaders and nurses who completed the program on unit-level outcomes and assess the economic value of the programs to the organization. Cultivating clinical inquiry competence at multiple levels yields system-wide benefits by improving patient outcomes, promoting workforce advancement, and enhancing institutional prestige through scholarly dissemination.

BUILDING CAPACITY FOR CLINICAL RESEARCH AND EBP

Bridging Research & Practice: The Clinical Nursing Research Fellowship

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Purpose: The Nursing Research Fellowship was developed to provide an opportunity for clinical nurses to conduct research in a team with clinically based research nurse scientists. The purpose of the fellowship was to provide paid time for clinical nurses to engage in research with the goal of improving nursing practice and patient outcomes.

Background: Clinical nurses are uniquely positioned to recognize opportunities to improve patient care. The work of nursing does not often provide time for learning research-focused skills. When mentorship, encouragement, and resources are provided in the structure of a fellowship, organizational commitment increases and nurses develop skills that can be used in the clinical setting.

Description of Program: The NRF was developed by the organization's research nurse scientist team. Candidates are chosen through a competitive application process and begin the eighteen-month program each January. Two research nurse scientists provide joint mentorship for each fellow, ensuring a team-approach and a nurturing and collaborative learning environment. Initial work begins with didactic sessions focused on the research process and then shifts to study development and implementation. Together they write research protocols, implement studies, and disseminate study results internally and externally through presentations and publications.

Outcomes Achieved: Since January 2020, 26 fellows have completed the NRF. Of those, 9 completed projects in acute care, 6 in intensive care units, 5 in the ambulatory setting, 3 in the emergency department, 2 in women's care and 1 in the operating room. Of these studies, the majority (n=20) were quantitative studies. The number of applications for the fellowship has doubled in the last 6 years, and the current cohort has 9 fellows who are all in the data collection phase of the 18-month program. The presentation will highlight fellow studies that have been directly impactful to driving changes in nursing practice and fellow-specific professional development outcomes.

Conclusions: The NRF bridges a gap between nursing clinical practice and research. The partnership of clinical nurses with nurse researchers has provided experiential learning opportunities for clinical nurses interested in research. Through this mentored program, fellows have conducted their own research and have explored career trajectories that include research and advancement of education in the profession. The Nursing Research Fellowship provides the construct for clinical nurses to reach beyond their clinical role and engage in research opportunities not typically afforded within traditional clinical settings. This creates a research-friendly environment which energizes and motivates clinical nurses to fulfill research goals by affording them protected and paid time. Future plans for this program include designing a mechanism which allows clinical nurses to join the fellowship as grant-funded research opportunities become available. Grant cycles do not always align with the January program commencement, and a flexible admission could increase opportunities for clinical nurses to join active research studies and increase nurses' organizational involvement.

CARE IN THE CONTEXT OF PUBLIC HEALTH

Kind Room: Blending Children's Art and AI Methods in Pediatric Space Design

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Background: The United Nations High Commission affirms every child's right to play, underscoring its essential role in caregiver bonding and children's understanding of their environments. While many pediatric healthcare facilities now include play spaces, the intentional design of evidence-based, adaptable healing environments, particularly in low-resource and Indigenous communities, remains underdeveloped. With nearly 10% of global pediatric care and research now occurring in home-based or non-traditional care settings, there is an urgent need for flexible, culturally responsive, and emotionally secure environments that honor children's rights while supporting both research and clinical care.
Purpose: This project piloted and iteratively redeployed the *Kind Room* instrumentation to engage children in co-creating their ideal living and healing spaces. The study aimed to: (1) establish a participatory, culturally congruent design process suitable for under-engaged rural and Indigenous populations; and (2) describe children's environmental preferences for proximity, color, imagery, and sensory elements to inform adaptable pediatric space design.
Methods: A mixed-methods design combined art-based play, guided storytelling, and human-in-the-loop AI prompt engineering. The initial phase involved 86 children aged 5–8 from a rural community school in northeastern Montana. The second phase redeployed and refined the instrumentation with 43 Indigenous children aged 5–12 to assess adaptability and cultural resonance. Children completed a structured *Kind Room* art activity using a 24-color crayon palette and templates adapted from *Design Your World* (Carolina OFS). Semi-structured interviews captured narrative context and demographics. Data underwent qualitative descriptive analysis for thematic patterns and quantitative descriptive analysis for color, spatial proximity, and object frequency. Artwork was further analyzed using a large language model (LLM)-based art analysis tool, which generated spatial heat maps, color analyses, and aggregated scoring aligned with the *Kind Room* framework.
Results: Children across both phases favored layouts with beds and seating along room perimeters, placing people near doors or central zones to foster observation and connection. Cool tones were associated with calm or restorative spaces (e.g., water, low light), while warm tones denoted communal and gathering areas. Imagery commonly reflected food, warmth, water, and Indigenous healing patterns. Sensory elements included electronics and toys at room edges, with soft items (e.g., stuffed animals) concentrated at rest points. Redeployment with Indigenous children revealed stronger emphasis on communal visibility, family presence in care, natural materials, and motifs reflecting cultural traditions.
Implications: The refined *Kind Room* instrumentation offers a structured, child-centered method to guide flexible space design for research and care encounters in underserved and Indigenous settings. For nursing practice, it enhances cultural safety, child engagement, and co-design leadership. For research, it establishes a replicable methodology that bridges nursing, architecture, and engineering.
Future Directions: Next steps include global, multi-site validation of the *Kind Room* tool; integration with an AI-assisted embedded web platform (*designkind.art*); and development of a children's book to support culturally congruent storytelling, collective child–nurse learning, and empowerment.

Funding: Faculty Excellence Grant - Montana State University; National Science Foundation Seed Translational Research Project

Going Viral: An Analysis of How Memes Are Infecting Vaccination Discourse

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Background: In an era dominated by digital communication, internet memes have emerged as highly influential tools in shaping public discourse, including attitudes toward vaccination. Memes, as humorous and shareable visual-text media, are capable of spreading rapidly across online communities, reinforcing beliefs, sparking controversy, and amplifying both credible information and misinformation. Despite their pervasiveness, memes remain an underexplored form of health communication in nursing and public health literature. As global vaccination efforts increasingly intersect with politicized and emotionally charged digital narratives, understanding the communicative power of memes becomes essential for health professionals.
Purpose: This presentation explores the multifaceted role of vaccine-related memes in public health messaging. Drawing on three interconnected dissertation manuscripts, the session aims to (1) define the conceptual features of memes as health communication tools, (2) evaluate their dual potential for vaccine advocacy and misinformation, and (3) examine how memes evolve over time in response to public sentiment and crisis contexts. The overarching goal is to inform nursing practice and policy by advancing digital literacy and communication strategies in the face of rapidly changing digital media landscapes.
Methods: A triangulated methodological approach was used. First, a concept analysis was conducted to clarify the defining attributes of internet memes in health communication. Second, a systematic review synthesized existing empirical studies on vaccine-related memes, examining their function, tone, and outcomes. Third, a qualitative study employed qualitative content analysis (QCA) and reflexive thematic analysis (RTA) to explore the evolution of vaccine memes over a multi-year period, encompassing major public health events.
Results: The concept analysis identified four defining attributes of health-related memes: virality, iteration, community identity, and humor, each contributing to a meme's persuasive capacity. The systematic review revealed that memes function as both advocacy tools and vectors of misinformation, with significant gaps in evaluating their measurable impact on behavior. The qualitative study found that vaccine memes have undergone a rhetorical shift, from informational and expert-centered messages to emotionally resonant and politically polarized content. Changes in tone and framing corresponded with declining trust in public institutions, the rise of populist ideologies, and the amplification of digital echo chambers.
Conclusions: This research highlights the importance of public health nurses and healthcare communicators critically engaging with digital content ecosystems. Memes are not simply entertainment; they are cultural artifacts that reflect and shape public health narratives. Ethical, adaptive, and evidence-informed strategies are needed to harness the communicative power of memes while mitigating the spread of misinformation. Nursing education and leadership must integrate digital media literacy into curricula and policy development to prepare nurses for active participation in online health discourse. As digital platforms continue to influence health behaviors, nurses are well-positioned to serve as informed, culturally competent communicators in both virtual and clinical settings.

CARE IN THE CONTEXT OF PUBLIC HEALTH

Mothers' Perspectives on Discussing Adverse Childhood Experiences during a Home Visit

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Background: Adverse childhood experiences (ACEs) disproportionately impact children living in poverty and those from historically marginalized communities. Additionally, a child's exposure to ACEs strongly correlates with their parents' ACEs in a pattern of intergenerational trauma. Mothers enrolled in US home visiting programs, where enrollment is prioritized for under-resourced households experiencing social vulnerabilities, have a significantly higher prevalence of ACEs compared with the general US population. This represents an increased risk of ACEs exposure for the children of home visiting-enrolled mothers. It also presents an opportunity for home visiting nurses, who are the largest group of maternal/child home visitors, to provide ACEs-related interventions focused on prevention. The ACEs awareness conversation is a novel intervention implemented by home visiting public health nurses, which seeks to raise awareness about intergenerational trauma through a reflective conversation with parents during home visits. However, little is known about home visiting-enrolled parents' experiences of discussing ACEs during a home visit.

Purpose: The purpose of this study was to explore the experiences of mothers discussing ACEs with their home visiting nurse team to understand the acceptability and impact of the novel ACEs awareness conversation intervention.

Methods: This qualitative study was guided by the interpretive approach of Gadamerian hermeneutics and framed by the Life Course Health Development conceptual framework. Mothers enrolled in two home visiting programs that implement the intervention were invited to participate in the study following their participation in the ACEs awareness conversation intervention. Data were collected via semi-structured interviews conducted in Spanish or English from October 2024 to May 2025 with the purposive sample. Data were analyzed using the five-step Gadamerian-based research method and managed in Atlas.ti. Ethics approval was received from the institutional review boards of the university and the two participating health departments.

Findings: The 17 participants were 100% female, 82% Latina, with a median age of 27 years. The number of children per participant ranged from 1 to 5. Two of the participants were also pregnant. Twelve participants (71%) were immigrants to the US. The following three themes provided insight into their experience of the intervention: 1. ACEs conversations as healing, 2. What mothers want when discussing ACEs during a home visit, and 3. Factors that could influence intergenerational ACEs exposure. All participants experienced the intervention as beneficial. They preferred to discuss the concept of ACEs before or instead of exploring their personal ACEs and expressed a desire to revisit the topic of ACEs in subsequent home visits. The importance of discussing ACEs with a familiar nurse home visitor in private was also highlighted. Impacts of the intervention included recognizing the importance of agency, proximity to one's child, support from others, resource availability, self-care, and the developmental stage of one's child.

Conclusions: This study found that the ACEs awareness conversation is acceptable to mothers when certain conditions are present. Findings from this study can inform the practice of nurses engaged in ACEs-related conversations by incorporating the participants' recommendations into training materials and implementation guidance. Further research is needed to understand the intervention's effectiveness.

CARE IN THE CONTEXT OF PUBLIC HEALTH

Faith-Based Perinatal Support: A Community-Engaged Qualitative Study

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Purpose: This community-engaged qualitative study explores experiences with faith-based perinatal support to understand how these organizations address mental health needs in communities.
Background: Perinatal mental health conditions affect 20% of childbearing people. Despite this prevalence, 50-70% of cases remain undetected and 40% of identified cases receive no treatment. Barriers include stigma, cost, limited provider availability, and lack of culturally appropriate services. Recent studies show faith-based community support significantly impacts perinatal health outcomes, with pregnant people identifying spiritual beliefs as important coping mechanisms, particularly in underserved communities. However, limited research available how faith-based organizations integrate spiritual care with physical and emotional care. This study examines support mechanisms, care coordination between faith-based and traditional healthcare systems, and impact on perinatal experiences and well-being.
Methods: Participants were recruited from a faith-based pregnancy resource center in Idaho between April 2025 and August 2025. Perinatal people who received services within the past 12 months were recruited through flyers and staff outreach. Interested participants invited to focus groups or individual interview at the center. The sessions were facilitated by investigators using a semi-structured interview guide. Sessions were audio-recorded, transcribed, and verified for accuracy. Data were analyzed using thematic content analysis. Rigor was ensured through data triangulation, member checking, and peer debriefing. The study received IRB approval from Boise State University (IRB25-067).
Assessment of Findings: A total of 15 postpartum people participated in three focus groups and one individual interview. Participants' ages ranged from 19 to 43 years (M=29.3, SD=6.6), with one to four children (M=1.9). The majority were White (*n*=12, 80%) and had Medicaid insurance (*n*=14, 93.3%). Most participants identified as Christian (*n*=12, 80%) and had accessed pregnancy testing, ultrasound, material assistance, and counseling services from the center. Thematic analysis revealed six major themes: (1) No prior knowledge of resource, highlighting gaps in public awareness and the need for active searching during crisis; (2) Holistic perinatal support, encompassing medical, material, emotional, and social support in a coordinated one-stop approach; (3)Unconditional Support, characterized by non-judgmental environments and consistent care regardless of religious background, with no pressure to adopt religious beliefs; (4) Patient vs. person-centered care, contrasting dehumanizing healthcare experiences compared to individualized recognition at the center; (5) Logistical barriers affecting service access; and (6) Power through empowerment, demonstrating how faith-based support builds perinatal people's confidence and empowering them to be independent through providing safe space and community.
Conclusions/Implications: Findings demonstrate that faith-based pregnancy resource centers provide essential person-centered support for underserved populations, particularly where traditional healthcare systems fall short. These trusted community organizations represent promising settings for delivering perinatal mental health prevention programs, with peer facilitators already embedded in the organization potentially enhancing care access and acceptability. Recommendations include increasing public awareness about available faith-based perinatal resources and establishing formal referral pathways between traditional healthcare providers and faith-based organizations. Future research should examine the effectiveness of prevention programs delivered by trusted community advocates within faith-based settings. This low-cost, replicable model addresses critical gaps in perinatal mental healthcare infrastructure while respecting diverse spiritual backgrounds.
Funding: Community-Engaged Public Scholarship Initiative -Boise State University

CHRONIC ILLNESS: SUPPORTING PATIENTS AND CAREGIVERS

Fragmented Healthcare Among Older Asian Americans Living with HIV

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Background: As the population of Asian Americans living with HIV continues to age, their unique healthcare experiences and challenges remain largely underexplored. While advances in antiretroviral therapy have increased life expectancy among people living with HIV (PLWH), disparities persist in access, continuity, and quality of care for racial and ethnic minority populations. Asian Americans face distinctive sociocultural and linguistic barriers that intersect with age-related comorbidities and HIV-related stigma. Understanding the lived experiences of this population is essential to informing culturally competent, geriatric HIV care models that address both clinical and psychosocial needs within diverse Asian communities in the United States.

Methods: This qualitative study explored the healthcare experiences of older Asian American adults living with HIV in Los Angeles. Between 2018 and 2019, we conducted semi-structured, in-depth interviews with 34 participants aged 50 and older who self-identified as Asian American and HIV-positive. Interviews were conducted in English, Mandarin, Cantonese, Thai or Tagalog, depending on participant preference, and transcribed verbatim for analysis. Using thematic analysis, we identified recurring patterns related to healthcare fragmentation, provider–patient interactions, system navigation, and language or cultural barriers. Data were coded iteratively by multiple researchers to enhance credibility and analytic rigor.

Results: Participants reported substantial healthcare discontinuities and fragmentation across various points of care. Frequent provider turnover, insurance-related changes, and administrative transitions often interrupted long-term treatment relationships. Many participants described switching providers multiple times, resulting in inconsistent medication management, loss of trust, and emotional stress. Language barriers significantly hindered communication, particularly for participants with limited English proficiency who relied on family members or friends to interpret during medical visits. The absence of professional interpreters in HIV clinics led to miscommunication, incomplete disclosure, and compromised autonomy in clinical decision-making.

Stigma emerged as a pervasive theme affecting care engagement. Participants expressed fear of HIV disclosure within healthcare settings and their ethnic communities, leading some to delay appointments or avoid care altogether. Several described unpleasant feelings judged by providers who lacked HIV-specific or culturally sensitive training. This compounded medical mistrust and reinforced feelings of isolation. Fragmentation between HIV, primary care, and mental health services also limited integrated support. Many participants reported difficulty accessing counseling or geriatric care tailored to aging with HIV. Additionally, concerns about potential discrimination in long-term care facilities discouraged participants from planning for future aging-related needs. Collectively, these experiences illustrate the compounded effects of aging, cultural stigma, language barriers, and systemic inequities within the healthcare system.

Conclusion: Findings underscore the urgent need for culturally competent and age-sensitive HIV care for Asian American older adults. Efforts should prioritize professional interpretation services, improved care coordination between HIV and general healthcare providers, and the integration of mental health and aging services. Developing community-based HIV and aging programs that address stigma, enhance health literacy, and build trust within Asian American communities is essential to promoting equitable access and improving health outcomes. Tailored interventions and provider training are critical to ensuring that older Asian Americans living with HIV receive comprehensive, dignified, and continuous care across the lifespan.

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CHRONIC ILLNESS: SUPPORTING PATIENTS AND CAREGIVERS

Understanding Care Transition Needs of Black and African Americans with Heart Failure

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Purpose: Heart failure is a common yet preventable chronic condition that disproportionately impacts older African Americans, aged 65 and above. When heart failure is unmanaged and in combination with other social factors, there is an increased likelihood of re hospitalizations or readmissions, especially in the African American population. The high rates of readmissions in this vulnerable population despite "standard" heart failure discharge processes reflect significant gaps in health equity, disease management and support, prompting the need for a closer examination of the transition period when leaving the hospital and going home. This study presents qualitative results of what is necessary for people who identify as Black or African American to have their needs "met" when going home after hospital discharge with the goal of preventing hospital readmissions.

Background: African Americans are known to be disproportionally impacted by heart failure burden and its associated co morbidities. Long-standing disparities reflect the inequities for vulnerable populations, such as African Americans. Therefore, efforts to create equity in the care of African Americans with HF must involve the exploration of SDoH including personal, environmental, and social factors that play a significant role in HF outcomes.

Methods: This qualitative study used semi-structured interviews, informed by Riessman's narrative inquiry, as a methodological approach for collecting participant stories. Reflective thematic analysis was then used as a method of analysis to help explain the themes surrounding the care transition experience and needs of African American adults diagnosed with heart failure transitioning from the hospital to home.

Findings: This study focused on a single research question: What is the narrative about the care transition experience of African American adults with heart failure after leaving the hospital and going home? From the perspective of the African American participants, the disconnect in care transitions was the lack of respect and validation that their perspectives, concerns, and values matter. The discharge process was a critical opportunity for nurses to proactively identify potential barriers and uncover or address factors that may have hindered recovery or self-management after hospitalization. This research identified that African American people are more than their component parts; they are holistic beings who can't have aspects of care be purely transactional. There must be a shift from a "check box" approach with patient discharge to a tailored approach geared towards equity.

Conclusions: Clinicians and systems must build trust and partner with Black and African American populations and provide discharge support that is respectful, personalized, and rooted in genuine human connection; clinicians must listen with intent, communicate with cultural attunement, and engage in true partnership rather than authority. Suggestions for future research include use of artificial intelligence (AI) for participants to self-disclose SDoH needs, in private, and to choose designated resources to meet their self-identified needs, utilization of a digital screener or platform for patients admitted in an acute care unit to post questions before clinician rounding to begin bi-directional dialogue, and research from the perspective of nurses about how institutional practices or policies affect discharge quality, preparedness or equity.

Digital Supports for Families Transitioning to Long-Term Care

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Purposes: Families often experience significant emotional and practical challenges when transitioning their family members into long-term care (LTC). This scoping review aimed to identify and synthesize interventions, digital tools, and comparable products designed to support family caregivers during the transition to LTC settings (e.g., assisted living, memory care, and related).

Background: Placement of an older adult into LTC is a major life event that reshapes family roles, caregiving identity, and emotional well-being. Although support programs and technologies have emerged to ease this transition, the evidence base remains fragmented. Understanding what interventions exist, how they are delivered, and their effectiveness is essential for informing nursing practice and policy.

Methods: A comprehensive scoping review was conducted following Arksey and O'Malley's five-stage framework and reported according to the PRISMA-ScR checklist. Four electronic databases—PubMed, CINAHL, Web of Science, and Embase were searched from inception through July 2025. Eligible studies examined interventions or digital tools supporting family caregivers during or shortly after LTC placement. Two reviewers independently screened records and extracted data on intervention type, delivery mode, outcomes, and key findings.

Outcomes Achieved: Nine studies met the inclusion criteria and collectively described a range of interventions delivered through telehealth, telephone, or web-based platforms. Despite variation in format and intensity, most interventions shared the goal of facilitating caregivers' emotional adjustment, communication with care staff, and confidence in navigating the transition to LTC. Psychoeducational and coaching-based programs—whether delivered individually or in small groups—were frequently perceived as beneficial in improving caregiver understanding and coping, while self-guided or online peer-support tools offered flexible and accessible options for ongoing connection. Across studies, outcomes were mapped to four main domains: psychological well-being (e.g., stress, grief, mood), caregiving competence (e.g., burden, self-efficacy, adaptation), social connectedness, and family–staff relationships. Evidence showed interventions were feasible, acceptable, and valued for providing accessible emotional support and information during a stressful care transition, though limitations included small sample sizes, short-term follow-ups, and barriers related to digital literacy and engagement.

Conclusions: Existing interventions show promise in improving caregiver adaptation and communication during LTC transitions. Personalized telehealth coaching and structured online programs appear especially effective in enhancing confidence and coping among family caregivers. Future research should integrate care staff engagement to foster family–facility collaboration and leverage nurse-led, technology-enhanced strategies to strengthen family resilience and promote smoother transitions to LTC.

Persons with ALS and Caregivers Living at Home: A Grounded Theory of Service Sufficiency

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Rationale/Background: Amyotrophic Lateral Sclerosis (ALS) is a progressive neurological disease that profoundly affects functional ability, including mobility, communication, and self-care. The international literature regarding needs of persons with ALS reveals considerable variability in care and reimbursement models, with little information about the perspectives of persons living with ALS and their caregivers regarding services and supports to navigate this challenging illness at home. This study used grounded theory to explore the perspectives and experiences of persons with ALS and those who provide care for them.

Brief Description of the Undertaking: We conducted 26 interview sessions with 46 persons with ALS (n= 7), family caregivers (n= 13) and healthcare professionals (n= 26) to investigate the needs of persons with ALS and their caregivers living at home, and their experiences with services and supports to meet these needs.

The interview participants described extensive support and assistance needs, including for health care services, social care services, support from family and friends, and support to secure durable medical equipment, obtain education, and maintain financial stability.

They noted that as ALS progresses, the trajectory of increasing functional deficits causes these needs to change, so frequent needs assessment updates are necessary to ensure the adequacy of services and supports over time.

Interviewees revealed in detail how barriers to services and support (including high costs, low availability of equipment, lack of care providers with ALS experience, and waiting periods or other administrative delays) resulted in unmet needs and exacerbated the stress especially for those with limited resources or support, resulting in negative physical, social, and emotional outcomes and diminishing overall quality of life.

Constant comparative analysis yielded a sufficiency framework that identified *Approach to care* and *Accessibility* as key domains that determine the level of sufficiency of resources and services to address the holistic needs of persons with ALS and their caregivers.

Assessment of Findings: Key findings included: (1) Persons with ALS and their caregivers describe the current resources and services as largely insufficient due to an inadequate *Approach to care* and limited *Access*, leaving their overall needs unmet; (2) Healthcare system services and community-based organizations are seen as complementary, with community-based services attempting to close gaps in service by the healthcare system, improving sufficiency to some extent in communities where such resources exist; and (3) In-home direct care remains the area of greatest insufficiency.

Conclusions: These findings support regulatory provisions that recognize the health care team beyond the clinic to include the family and community agencies and resources. Expanding access to direct care and other in-home services and supports, including by reducing costs and increasing the pool of trained direct care workers, and proactively streamlining approval for durable medical equipment based on emerging needs would advance sufficiency for this population and improve health and well-being. The rarity and short expected survival justify special regulatory provisions for ALS.

Funding: The study was supported by the Gordon and Betty Moore Foundation (5968) and a generous donation generated by David Killoran, Ady Barkan, and Dan Doctoroff.

CLINICAL EDUCATION AND PROFESSIONAL DEVELOPMENT

Virtual Reality Training Improves New Graduate Nurses' Medication Administration.

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Purpose: To assess the impact of customized virtual reality training (VRT) on new graduate nurses' (NGNs) confidence and competence with medication administration and medication management. A secondary aim was to assess the facility's overall medication error rate.
Background: Medication errors remain a critical concern in healthcare. Studies indicate that up to 50% of errors are committed by nurses with less than two years of clinical experience. NGNs are particularly vulnerable due to their limited exposure to real-world practice. While VRT is widely used in academic settings, its application in clinical facilities-especially when customized to organizational policies, environment, and standards-remains limited.
Methods: A quasi-experimental pre-post study was conducted at a Magnet acute care facility in California with 137 newly hired NGNs over 18 months. The VRT intervention was integrated into the facility's nurse residency program. The VR sessions were developed by Oxford Medical Simulations in collaboration with facility experts to reflect institutional policies, environment, and standards. A nurse educator trained in standardized procedures facilitated all VRT sessions and pre-post data collection using separate QR codes that led to surveys built on Qualtric^{XM}. NGNs who agreed to participate provided consent and completed a baseline survey during week one. The presurvey assessed participants' educational preparation, prior VR exposure, and self-rated confidence and competence with medication administration and with medication decisions for a patient with congestive heart failure exacerbation. Ratings used a 0–5 Likert scale. NGNs participated in two VRT scenarios during weeks 2 and 3 and completed post-session assessments of competence and confidence using the same Likert scale. Changes between pre-post confidence and competence were assessed using McNemar test with significance at $p \leq 0.05$. The facility's overall medication error rate during the study was compared with the year prior to implementation.
Results: Most participants (68%) held BSN degrees and had no prior VR exposure (71%). Statistically significant increases were observed in the percentage of NGNs' ratings as confident (69%→79%, $p=0.047$) and competent (65%→80%, $p=0.001$) in medication administration. Similarly, gains were seen in managing medications for a patient with exacerbated heart failure, with ratings as confident increasing from 16% to 45% ($p<0.001$) and competent from 19% to 46% ($p=0.001$). The overall medication error rate decreased by 60% during the implementation period compared to the previous year and remains lower at the time of this reporting. Despite statistically significant improvements, the results suggest that more can be done to boost NGNs' confidence and competence in medication administration. The moderate magnitude of improvements in this study is attributed to high ratings of confidence with medication administration at baseline and to the limited number of VRT sessions practiced by the participants. Based on the results, the facility adopted and is expanding VRT use in their residency program.
Conclusions: Customized VRT, embedded within a nurse residency program, improved NGNs' confidence, and competence in medication administration and decision-making while reducing facility-wide medication errors. These findings highlight the potential of facility-specific VRT as a scalable strategy to enhance transition-to-practice programs, strengthen workforce readiness, and promote patient safety.

CLINICAL EDUCATION AND PROFESSIONAL DEVELOPMENT

Bridging Education and Practice: Preparing APN Students for Healthcare Shortage Areas

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Purpose: This project aims to prepare Advanced Practice Nursing (APN) students at a Northern California public nursing school for successful transition to primary care roles serving Health Professional Shortage Areas (HPSAs).

Background: Graduating APNs face significant challenges in navigating a complex healthcare environment, particularly amidst a shortage of primary care providers serving medically disadvantaged populations. Initiatives that bridge research, education, and practice are crucial to achieve successful transition to practice and retain APNs committed to providing primary care in HPSAs. To address these challenges, the **Underserved Coalition for Bay Area Advanced Practice Training** (UCBAAPT) was established to provide tuition support, supplemental curriculum, mentorship and targeted clinical placements to improve knowledge and skills for working in HPSAs.

Methods: UCBAAPT developed a multi-faceted approach integrating financial support, skills-based education, mentorship, and academic-clinical partnerships. Two cohorts of UCBAAPT Scholars (n=28, 2023–2024; n=31, 2024–2025) from Family Nurse Practitioner, Pediatric Nurse Practitioner, and Nurse Midwifery programs participated in quarterly supplemental workshops (60-90 minute each) that addressed communication techniques, strategies for working in primary care and avoiding burnout, career/professional development, and loan repayment panel. Academic-clinical partnerships enhanced clinical training in community clinics and connected Scholars to local/national nursing organizations. A 6-month pilot mentorship program was introduced for Cohort 2 Scholars to foster resilience and a sense of belonging. Cohorts participated in post-session surveys, focus groups, and exit forms to assess programming, with revisions made based on feedback. An additional post-graduation survey was administered to Cohort 1 to measure impact on workforce transition. Data collected include participation in program activities, reported helpfulness of program components, and perceived benefits of mentorship. Additional outcomes for Cohort 1 students included employment status, working in primary care and medically disadvantaged communities, and mentoring Cohort 2.

Findings: Seventy-nine percent of Cohort 1 and 65% of Cohort 2 Scholars completed post-session and exit surveys. Most found the supplemental curriculum to be “very” or “somewhat” helpful in preparation for transition to practice, with communication workshops and loan repayment panel ranking highest (85%), then CV and interview counseling (82%), networking event (72%), and professional skill-building content (63%). Among Cohort 2, 12 out of 20 mentorship participants reported benefits, such as career guidance (24%), information on career opportunities (18%), and emotional support (18%). Focus group themes reinforced survey findings, highlighting the benefits of financial support and program activities, and post-graduation engagement.

Post-graduation survey findings from Cohort 1 (96% response rate) indicated strong workforce outcomes with 96% employed, 70% in primary care, 63% in medically underserved areas, and 1% in rural areas. Twenty-one percent of Cohort 1 mentored Cohort 2 Scholars.

Conclusions: UCBAAPT program successfully prepared APN students for transition to practice in HPSAs through the integration of financial support, skills-based education, mentorship, and academic-clinical partnerships. Findings validate the effectiveness of a multi-pronged approach in fostering workforce readiness, resilience, and retention in HPSA. Future steps include ongoing tracking of employment outcomes, refinement of mentorship approach, and expansion of academic-clinical partnerships. Research recommendations include evaluating long-term APN retention in HPSAs and exploring institutional sustainability of such programs.

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EXCELLENCE IN CLINICAL EDUCATION

Feedback That Sticks: Nursing Students Reflect on What Helps Them Learn

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Purposes/Aims: This study evaluated nursing students' perceptions of a weekly clinical evaluation form (W-CEF) designed to support formative feedback in clinical and simulation settings.

Rationale/Conceptual Basis/Background: As nursing education continues to evolve, competency-based education (CBE) has emerged as a leading framework for preparing students to meet the complex demands of clinical practice. CBE emphasizes measurable outcomes, learner-centered instruction, and timely feedback—elements shown to enhance student engagement and skill acquisition. Within this context, formative feedback becomes a critical tool for developing clinical judgment and reflective practice. In Summer 2022, a new Weekly Clinical Evaluation Form (W-CEF) was introduced to support these goals. Adapted from the Creighton Clinical Evaluation Instrument, the W-CEF was designed to provide consistent, structured feedback on student performance in both clinical and simulation settings. Its intended users included clinical faculty, simulation instructors, and non-faculty preceptors, ensuring broad applicability across learning environments. The implementation of the W-CEF aimed to create a transparent and actionable feedback process that students could use to guide their weekly growth. This completed study explored whether students perceive the feedback as meaningful and whether it contributes to improvements in their clinical judgment and skill development—key competencies in nursing education.

Methods: This qualitative descriptive study used convenience sampling to recruit participants. It was approved by the Pacific Lutheran University Human Protections Review Board (#677). In Spring 2023, qualitative data were collected from three focus groups of pre-licensure senior-level BSN students (n=13). The participants were recruited from students who had received feedback using the W-CEF. Lunch was provided for participants during the focus groups. Semi-structured interview questions were used to collect data which was thematically analyzed using NVivo software.

Assessment of Findings/Outcomes Achieved: Two overarching themes and eight subthemes were identified. The first theme is "Challenges with the Form" with three subthemes including a) *I don't read these*, b) *if you weren't there, don't rate it*, and c) *I just don't want to do it*. The second theme is "What is Valuable" with five subthemes including a) *I got a lot of feedback in real life*, b) *she really gave me some zeros*, c) *in the moment is better*, d) *specificity is... really important to me*, and e) *I definitely read the comment boxes*. These findings suggest that students value immediate, in-person feedback and are curious about how faculty assess skills or competencies they did not directly observe. Faculty may consider prioritizing timely, face-to-face feedback alongside required documentation to better align with student preferences.

Conclusions/Implications: Students shared candid reflections on the feedback process, highlighting both barriers and meaningful practices. Findings may inform faculty development and enhance feedback strategies in nursing education by aligning them more closely with what students find helpful and impactful.

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EXCELLENCE IN CLINICAL EDUCATION

Compassionate Communication in Healthcare Students' Substance Use Encounters

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Background and Objective: Substance use disorder (SUD) impacts more than 48 million individuals in the United States aged 12 and older, representing a critical public health issue with far-reaching consequences for individuals, families, and healthcare systems. Stigma, often referred to as a "hidden enemy", continues to be a significant barrier to treatment engagement and recovery, particularly within healthcare settings. Compassionate communication has the potential to reduce stigma, foster trust, and strengthen therapeutic relationships between patients and providers. Despite its importance, there is a lack of established methods to assess compassion in provider–patient interactions specific to SUD care. This study explored compassionate communication in student simulated clinical encounters involving SUD care. It aimed to develop a conceptual model for evaluating compassion, drawing on the Empathic Communication Coding System (ECCS) and Belinda Dewar's Compassionate Relationship-Centered Care framework. Integrating these two frameworks provided a more comprehensive and complementary perspective on compassionate communication.

Methods: This qualitative study was conducted within a constructivist philosophical paradigm, which emphasizes the recognition of multiple realities and participant perspectives. Using both deductive and inductive approaches, the study analyzed simulated clinical encounters between standardized patients and health sciences graduate students across four telehealth scenarios: (1) pregnancy with fentanyl use, (2) an older adult seeking reassurance after a fall, (3) methamphetamine use, housing instability, and tooth pain, and (4) kratom withdrawal management. Twenty transcripts were examined using Braun and Clarke's six-step process for thematic analysis. Two coders independently analyzed the data until saturation was reached. Deductive coding was based on ECCS and Dewar's framework, while inductive analysis identified emergent patterns of compassionate communication. Additionally, transcripts were evaluated for stigma using Samantha Davis's Substance Use Stigma Framework, which categorizes stigma into individual (self-stigma), interpersonal (public stigma), and structural (institutional stigma) domains.

Findings: Thematic analysis revealed nine distinct themes of compassionate communication. Five themes aligned with the ECCS and Dewar's framework: Affirming Behavior, Empathic Validation, Reflective/Active Listening, Shared Experiences/Feelings, and Acknowledgment of Challenges. Four additional themes emerged inductively: Unwavering Support, Affirming Support System, Understanding Motivation for Seeking Treatment, and Affirming Context. Stigma analysis showed that patients expressed self-stigma, such as guilt, shame, fear of judgment, and low self-worth, as well as elements of public stigma. Approximately half of the students responded to these stigmatized situations with empathy, while the others missed opportunities for compassionate engagement. Using the ECCS framework, we also identified numerous opportunities for empathy. Student responses varied: some fully engaged with compassion, others offered partial or limited responses, and some missed these opportunities entirely, failing to demonstrate compassion in their communication.

Conclusion: This study demonstrates the value of integrating deductive frameworks with inductive thematic analysis to identify key elements of compassionate communication in SUD care. The resulting conceptual model highlights established and SUD-specific dimensions of compassion in clinical interactions. Simulation-based training informed by these themes can strengthen students' capacity to respond empathetically to patients experiencing stigma. The model offers a foundation for curriculum development, assessment of compassionate communication, and strategies to promote empathic, patient-centered care in SUD treatment settings.

EXCELLENCE IN CLINICAL EDUCATION

Self-Efficacy and Professional Identity Growth in Nursing Student Peer Coaches

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Purpose/Aim: This quality improvement project appraises the growth in fourth-semester nursing students' professional identity and self-efficacy from the perspective of the peer coach.
Rationale/Background: Research on peer coaching among nursing students has largely focused on recipients, overlooking the benefits experienced by peer coaches. Peer coaching is the dynamic process of influencing others where a more skilled person shares knowledge and provides feedback to a less skilled individual. New graduate nurses frequently encounter challenges related to confidence and feelings of insecurity as they transition into professional practice. One of the direct benefits of peer coaching is the growth of confidence and self-efficacy, supporting leadership behaviors for a competent professional nurse. Peer coaching during the final semester of a prelicensure nursing program fosters self-efficacy and supports the development of professional identity, aligning with the 2021 American Association of Colleges of Nursing (AACN) competencies.
Methods: Applying Bandura's self-efficacy theory, an individual's confidence in their ability to successfully perform a task is defined by the ability to observe, model, and imitate. Following IRB approval, fourth-semester nursing students who chose to participate in the project completed pre- and post-surveys utilizing the Academic Nurse Self-Efficacy Scale. To deepen understanding of how self-efficacy grows from the perspective of the peer coach, the peer coaching experience incorporated structured interactions with first, second, and third semester nursing students. These interactions included providing guidance during laboratory practice sessions and supporting students through simulation-based learning activities.
Assessment of Findings/Outcomes Achieved: Sixty-five responses were collected from 204 students over two semesters. Pre- and post-surveys using the Academic Nurse's Self-Efficacy Scale showed significant gains in self-awareness, self-regulation, self-protection, and advocacy after eight hours of peer coaching. Of the 21 pre/post survey question responses, 42% revealed a statistical significance in the peer coach's ability to enhance self-efficacy. Eleven questions related to core supportive interpersonal skills, and the results demonstrated meaningful improvement in the participants' ability to synthesize and apply complex information to solve problems, including critical thinking and evaluation skills. Moreover, the results showed a positive trend in several of the questions toward an increase in confidence and self-efficacy. Peer coaches validated their growth in personal self-worth by recognizing individual strengths and affirming their unique contributions.
Conclusions/ Implications: This project examined how the experience of being a peer coach influenced the development of self-efficacy and professional identity in final-semester nursing students. The effectiveness of peer coaching directly fostered the growth of self-efficacy, drew on the theoretical framework of Bandura, and demonstrated empirical evidence. One of the direct benefits of being a peer coach is the generation of self-confidence and self-efficacy. Cultivating self-efficacy in prelicensure nursing students aligns with Domain 10 of the 2021 AACN Essentials for professional identity and leadership development. Future research may include the incorporation of the student reflective journals to capture the qualitative analysis of themes from the peer coaches' perspective.

EXCELLENCE IN CLINICAL EDUCATION

Diving Deep to Achieve Competency-Based Outcomes in Undergraduate Clinical Teaching

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Purpose: Nursing faculty are challenged to ensure competency-based education and evaluation in all spheres of patient care and professional nursing practice since the American Association of Colleges of Nursing (AACN) 2021 Essentials were disseminated (AACN, 2021; Augusta, 2023). Clinical faculty of baccalaureate nursing students have a unique opportunity in real-time to enhance the student's assessment, interpretation of the situation, critical thinking responses, and reflection of patient care using the Tanner's Clinical Judgment Model (TCJM) during bedside teaching (Tanner, 2006). However, it can be difficult to plan purposeful patient-specific teaching and evaluate its impact on nursing students' clinical growth. This project's purpose was to facilitate clinical competence in nursing students through structured, faculty-led patient care discussions in the clinical setting under the framework of the TCJM.

Methods/Approach: During student clinicals in a pediatric medical-surgical setting, every student completed a formative, faculty-led interview called the "Deep Dive Discussion" on a patient of the student's choosing. Students were given a preparatory outline to gather patient information prior to meeting with the clinical instructor. Students were asked to present their patient's synthesized information to the faculty instructor and were asked to answer questions guided by the *notice, interpret, respond*, and *reflect* aspects of the TCJM. Further, questions aimed at evaluating the student's competency in AACN Essentials of *knowledge of nursing practice, person-centered care, quality and safety*, and *personal, professional, and leadership development* (AACN, 2021). Following the bedside discussion, students completed a brief reflection survey to evaluate their perception of gains or gaps in the assignment. Questions focused on integrated concepts from TCJM and AACN Essentials competencies within the context of the Deep Dive Discussion. All surveys were de-identified prior to analysis of quantitative Likert-scale data as well as qualitative thematic analysis from open-ended feedback.

Outcomes: Over 120 students completed a reflection survey following the Deep Dive Discussion with their clinical instructor. A significant majority of student responses indicated perceived personal growth in noticing and interpreting patient care assessment details and needs. Students reported the experience was a valuable part of their clinical learning and a helpful opportunity to reflect on their professional role as a future leader in the healthcare team. Over 90% of students reported that the Deep Dive Discussion "improved their ability to think critically about the patient and consider how to respond to improve outcomes." Themes within student feedback were extensively positive, stating the assignment was "a great experience," that allowed them to "think outside the box and dig just a little bit deeper." One student stated, "it allowed me to actually interpret the information and not just write it down on a paper" enabling the student to "feel like a real nurse."

Conclusion: Brief, organized patient-care discussions in the clinical setting can facilitate growth in clinical competence for the undergraduate nursing student. The AACN Essentials and TCJM provide structure for the faculty-led student interview and allows the student to progress from theoretical, didactic-based knowledge to real-time application in patient-centered care.

EXCELLENCE IN CLINICAL EDUCATION

Simulation to Build Nurse Practitioner Confidence in Human Trafficking Care

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Purpose/Aim: This project aimed to evaluate the effectiveness of simulation-based education in improving nurse practitioner (NP) students' confidence and clinical judgment when caring for patients who may be victims of human trafficking (HT). This project explored whether a structured simulation, including pre-briefing, a standardized patient interaction, and debriefing, could improve students' ability to recognize and respond to individuals at risk for human trafficking using trauma-informed care principles.

Rationale/Background: Human trafficking remains a significant yet under-recognized public health issue. Healthcare professionals often report feeling poorly equipped to identify and manage patients who may be trafficked due to limited education and a lack of learning opportunities. Simulation-based learning offers a safe, evidence-based approach to practice complex communication, critical thinking, and trauma-informed care skills. However, few studies have examined its effectiveness specifically among NP students by integrating simulation centered on HT recognition and trauma-informed response. This study addresses a critical gap in advanced nursing education and aligns with national priorities for preparing providers to respond to vulnerable populations.

Methods: A descriptive quantitative design was used to assess the effectiveness of an HT-focused simulation experience for NP students at. Forty-eight NP students participated in a pre-briefing, standardized patient simulation, and guided debriefing session. Participants completed the Simulation Effectiveness Tool – Modified (SET-M) immediately following the simulation to measure confidence, learning, and clinical judgment outcomes. Descriptive statistics were calculated to summarize responses across prebriefing, scenario, and debriefing domains.

Assessment of Findings/Outcomes Achieved:

Forty-four participants completed the SET-M. Findings demonstrated overwhelmingly positive perceptions of simulation effectiveness.

- Pre-briefing: 100% of participants agreed that pre-briefing increased their confidence and was beneficial to learning.
- Scenario**: Over 95%** of participants reported strong agreement that the simulation improved their clinical decision-making, communication, prioritization, and patient safety skills. Students specifically noted improved understanding of trauma-informed communication and increased awareness of subtle indicators of HT.
- Debriefing: All participants (100%) agreed that debriefing enhanced clinical judgment, provided valuable self-reflection, and contributed significantly to their learning. Qualitative comments emphasized the realism, relevance, and emotional impact of addressing HT in a safe learning environment.

Conclusion: Preliminary findings demonstrate that simulation-based education is an effective strategy for enhancing NP students' confidence and preparedness to identify and manage patients at risk for human trafficking. The consistent positive outcomes across all phases of the simulation suggest that structured pre-briefing and reflective debriefing contributes significantly to clinical learning and self-efficacy. Future research will include pre- and post-testing to evaluate longitudinal changes in knowledge, confidence, and trauma-informed care application within other nursing programs at the institution.

EXCELLENCE IN CLINICAL EDUCATION

Future Nurse Researcher in the Making: Mentorship of Undergraduate Students

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Purpose/Aims: This project is a collaboration between service and academia regarding implementation and evaluation of a structured mentorship approach for undergraduate nursing students aimed at fostering early engagement in nursing research. Students were paired with academic faculty and service nurse scientists. The association incorporated structured research experiences through consistent mentorship to build students' skills immersed in activities toward research study completion.

Rationale/Background: Nursing research is fundamental to advancing nursing knowledge, patient-care, and professional practice. Undergraduate nursing curricula has limited opportunities for meaningful research education due to time-constraints, lack of resources, or research experiences exposure. Early mentorship influences career trajectories, increase retention, building foundation for graduate education and research scholarship. Recognizing this gap, a mentorship-process was developed providing students with structured guidance and real-world research collaboration. The initiative leveraged the expertise of faculty and nurse scientists bridging academia and service, to inspire the next generation of nurse leaders/researchers.

Brief Description of the Undertaking/Best Practice: During the process, interested nursing students and mentors collaborated on their proposed research topic. Timeline was established to guide the research procedures from students' original idea to findings' dissemination. Per Benner's Novice to Expert framework, undergraduate students were at the novice-stage and required scaffolding, structured guidance, and progressive skill development. Implementation entailed regular meetings, guided literature reviews, research protocol development, data analysis, and numerous feedback sessions. Nurse scientists provided expertise, guidance on methodology, population access, and Institutional Review Boards approval. Additionally, the faculty ensured academic requirements alignment and supported their scholarly writing development. Improvement of learning was assessed through formative checkpoints. Students' and mentors' feedback were solicited to assess the experience and opportunities for improvement.

Assessment of Findings/Outcomes Achieved: The mentorship experience yielded positive outcomes including:

- Enhanced undergraduate student knowledge/skills in literature review, research design, data collection and analysis.
- Completed the research study and dissemination at different venues through poster/ podium presentations.
- Increased students' confidence, scholarly communication, and strengthened their professional identity
- Inspired students to pursue future graduate education.
- Improved students' scholarly writing-skills including poster creation, abstract and manuscript submission.
- Bridged the gap and strengthened partnerships between academia and service, reinforcing the role of nurse scientists in supporting workforce development and advancing the culture of inquiry among future/novice nurses.

Conclusions and Next Steps: This best-practice mentorship initiative demonstrated that structured, collaborative guidance from faculty and nurse scientists empowered undergraduate nursing students to meaningful engagement in research and successful study completion. This highlights the value of embedding research mentorship into undergraduate education as a strategy to build research capacity, cultivate a culture of inquiry, and develop emerging future nurse leaders in research.

Next steps include 1) expanding this mentorship model across additional undergraduate programs and clinical sites, integrating partnership into organizational undertakings for workforce development, and evaluating its long-term impact on students' career trajectories; 2) incorporating mentorship frameworks early in nursing curricula, while clinical settings foster stronger partnerships between nurse scientists and academic faculty. Future studies can examine scalability, sustainability, and the mentorship collaboration impact on organizational outcomes, nurse-retention, professional development, while contributing to generating nursing new knowledge.

FACTORS INFLUENCING MENTAL AND PHYSICAL WELLBEING

Overdose and Cardiac Emergency Simulation for Nurse Led Mobile Clinic Learners

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Purpose: The purpose of this project was to test the feasibility of conducting emergency response training for both new clinical learners and non-clinical shelter staff.
Background: Our SON Nurse Led Mobile Clinic provides health care to people experiencing homelessness (PEH) in multiple shelters in our region. Providing medical care and health education for PEH involves evaluation and treatment for patients with substance use disorder (SUD). While some PEH will admit their use of stimulants, these substances are often laced with Fentanyl and may require emergent nasal Narcan administration. New graduate NP Fellows, shelter staff, and other learners are unfamiliar with appropriate emergency response.
Methods: A needs assessment was conducted at the shelter and within the Mobile Clinic Team that identified the need for training on emergency Narcan administration. Two Nurse Practitioner Fellows from our Advanced Practice Fellowship program, working with our mobile clinic team, created this simulation. The project was facilitated by SON simulation specialists and NP faculty. The goal was to create and test a multidisciplinary team simulation involving a patient with known SUD found non-responsive in our mobile clinic at the shelter site.
A pre-briefing was conducted to set the tone and expectations for mobile clinic staff to identify and treat a patient with loss of consciousness. A structured orientation was given by an NP Fellow with color coded role guides and a volunteer standardized patient. Special attention was given to building psychological safety for participants, encouraging them to practice and learn, ask questions and make mistakes in a supportive environment. Roles were clearly defined, allowing each team member to practice their scope of responsibilities and refine workflows and communication during the simulation.
The simulation took place with simulation experts and NP Fellows offering cues and changes in vital signs according to actions and responses performed. The SP was used early in the simulation and then low fidelity mannequin was used to simulate multiple Narcan administrations and CPR. We conducted debriefing sessions after each session, based on reflections and actions performed during the simulation.
Outcomes: Eleven staff participated in the simulation in addition to faculty and simulation experts who supported the process. Evaluations were completed by all 11 participants asking about their confidence and competence level before and after the simulation using a 5-point Likert scale with 1=low and 5=high on 9 different steps on the emergency actions that occurred during the training. Aggregate confidence and competence levels rose on average from 3.0 prior to training to 4.2 after participation.
Conclusions and Future Implications: An emergency care simulation scenario was designed to reflect a real-life scenario that mobile clinic staff might encounter while serving shelter residents. The simulation process was feasible, easily conducted with minimal resources, and was found to improve confidence and competence in all participants. The structured approach to simulation fostered not only technical competency but also confidence in handling acute emergencies among a vulnerable population in a low resource setting.

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Reducing Stigma in Opioid Use Disorder Care: An Evidence-Based Training Approach

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Background: Opioid use disorder (OUD) remains a major public health challenge, with over 100,000 overdose deaths reported in 2021—a 28.5% increase from the previous year. Stigma continues to be one of the most significant barriers to care, influencing provider attitudes, treatment decisions, and patient outcomes. Within emergency departments (EDs), stigmatizing language and misconceptions about addiction contribute to delayed treatment initiation and inequitable care. Reducing stigma is essential to improving access to evidence-based treatment and person-centered care.

Purpose: The purpose of this evidence-based quality improvement (EBQI) project was to design, implement, and evaluate a Stigma Reduction Training Program for ED providers and staff at a community hospital in Sacramento County, California. The goal was to enhance provider attitudes and motivation to care for individuals with OUD through structured, evidence-based education consisting of three components: (1) perspective-taking through patient narratives, (2) education on the neurobiology of addiction, and (3) instruction on person-centered communication and evidence-based OUD management aligned with the California Bridge Program.

Methods: A pre- and post-intervention design was used to evaluate changes in provider attitudes and motivation to treat, measured with the Opening Minds Provider Attitudes Towards Opioid Use Scale (OM-PATOS). The intervention consisted of three short educational videos hosted on a private platform, accompanied by reflective exercises and discussion prompts. Quantitative data were analyzed using descriptive and comparative statistics to assess changes in mean scores, while engagement data were captured through video analytics to evaluate completion and interaction.

Results: A total of 16 participants completed the pre-intervention survey and 13 completed the post-intervention evaluation. Participants represented a multidisciplinary ED team, including registered nurses (46%), advanced healthcare practitioners (38%), and physicians (16%). The majority (54%) identified as male and 46% as female, with a mean age of 46 years and an average of 16 years of ED experience. Most participants worked primarily in acute or critical care areas. Following the intervention, provider attitudes toward individuals with OUD improved by 16%, and motivation to help/treat increased by 9% compared to baseline. Analytics showed 58 total video views and 27.2 hours of cumulative watch time, reflecting sustained engagement. These findings support that targeted education emphasizing empathy, neuroscience, and language use can reduce stigma and enhance readiness to provide compassionate care.

Conclusions: The Stigma Reduction Training Program improved provider attitudes and motivation to deliver equitable, person-centered care to patients with OUD. By addressing stigma at both cognitive and behavioral levels, the program strengthened provider-patient interactions and may foster broader organizational cultural change. Future initiatives should consider expanding the program across departments, incorporating refresher modules, and evaluating long-term effects on patient outcomes, provider communication, and overall quality of care.

Relevance to Clinical Practice: Addressing stigma through structured, empathy-focused education can enhance patient-centered care and improve outcomes for individuals with OUD. Integrating stigma reduction programs within emergency and acute care settings fosters compassionate communication, strengthens interprofessional collaboration, and promotes cultural change. Such initiatives align with national priorities to improve the quality, equity, and continuity of care for patients affected by substance use disorders.

Effects of Sleep Regularity on Sleep Quality, Depression, and Fatigue in Shift Workers

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Background: Night shift workers often sleep during the day on workdays and revert to nighttime sleep on days off, which is known to negatively affect sleep quality and overall health outcomes. Despite the inevitability of such sleep patterns among shift workers, there are currently no clear guidelines on how to improve their sleep quality or mitigate related symptoms (e.g., depression and fatigue). Adherence to consistent sleep timing—referred to as sleep regularity—is recognized as an important behavior for improving sleep quality in the general population. However, it remains unclear whether this concept can be applied to shift workers, particularly if maintaining regularity within only workdays or only days off confers any benefit.
Aims: This pilot study aimed to examine whether sleep regularity—evaluated separately for workdays and days off—is associated with subjective and objective indicators of sleep quality, as well as depression and fatigue, in night-shift workers compared to day workers.
Methods: We analyzed the data of 12 night-shift and 14 day-shift nurses, collected from 2022 to 2023 in Clark County, Nevada. To assess the sleep patterns and subjective sleep quality, the participants completed sleep diary on a daily basis for 14 consecutive days using a mobile app, along with the Pittsburgh Sleep Quality Index (PSQI). Using the reported bedtime and wake time, we calculated the Sleep Regularity Index (SRI, range 0-100%), defined as the probability that an individual is in the same state (asleep or awake) at any two time points 24 hours apart, for workday and non-workday separately. Higher SRI values indicate greater regularity. Objective sleep characteristics were obtained using a Type 2 home-based polysomnography device. Participants completed at least one sleep study on a work day (daytime sleep among shift workers) and one on a non-work day. Objective sleep quality measures included wake time after sleep onset (WASO) and the percentage of slow wave sleep (%SWS). Depression and fatigue were measured using the Patient Health Questionnaire-9 and Fatigue Assessment Scale, respectively. Given the small sample size, non-parametric tests were used to test hypotheses.
Outcomes: Night-shift workers demonstrated lower nighttime SRI (72.3 ± 7.89) than day-shift workers (78.3 ± 8.72; $p = .053$). Among night-shift workers, daytime sleep on workdays (69.6 ± 9.04) was less regular than nighttime sleep on days off (72.3 ± 7.89), though the difference was not statistically significant. After adjusting for age, more regular sleep timing was significantly associated with lower fatigue ($\rho = –.662$, $p = .010$) and showed a borderline association with better subjective sleep quality ($\rho = –.481$, $p = .081$) among day-shift workers. Among night-shift workers, sleep regularity was not significantly related to any outcome measures; however, the %SWS on workdays after night shifts tended to be inversely associated with depressive symptoms ($\rho = –.481$, $p = .052$).
Conclusions/Implications: This pilot study provides preliminary evidence that sleep regularity is associated with better subjective sleep quality and reduced fatigue among day-shift workers. However, these benefits were not observed in night-shift nurses, highlighting the need for unique and targeted health strategies for this population.

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FACTORS INFLUENCING MENTAL AND PHYSICAL WELLBEING

EHR Automation and an Online Patient Education Portal to Prevent Perinatal Depression

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Purpose/Aims: This mixed-methods study evaluated the implementation of a perinatal depression (PD) prevention program among at-risk individuals through integration of an online intervention in a healthcare system.

Rationale/Conceptual Basis/Background: If there is strong evidence to support the implementation of a guideline or intervention, why does it take so long (17 years on average) for so few (14%) to be implemented? Implementation science addresses this problem by studying the methods and strategies to promote the uptake of evidence-based practices into clinical use. In this mixed methods implementation study, the Implementation Science Research Logic Model (IRLM) was used to guide and examine context (environment, setting), clinic staff and provider input, patient perspectives, information technology (Electronic Health Record – EHR screening and alerts), patient communications, and an online patient education portal to implement a PD prevention program. This approach is important for addressing PD, the most common childbearing complication affecting 15-20% of pregnant and postpartum individuals, and associated with significant morbidity to mothers, babies, and families.

Methods: From March 2023 to August 2025, a remote-access, on-demand (self-guided) PD prevention program (cognitive behavioral and mindfulness-based practices) was embedded in an online patient education portal available and free to all pregnant and postpartum individuals seeking care in an academic healthcare system, or a collaborating rural Utah public health clinic. Automatic PD risk screening, patient notification, and a Best Practice Alert (BPA) were programmed and activated in the EHR. Implementation strategies included collaboration with stakeholders, champions, technology programmers, providers, clinic staff, and Baby 360 (patient education portal provider). Barriers and facilitators were identified and addressed. Implementation outcomes were measured at 3 timepoints (6-month intervals); 1) electronic provider surveys using validated Acceptability of Intervention Measure (AIM), Intervention Appropriateness Measure (IAM), and Feasibility of Intervention Measure (FIM), and 2) focus groups (clinic staff and patients) were recorded, transcribed, and coded using thematic analysis.

Assessment of Findings/Outcomes Achieved: Implementation of the online PD prevention program, EHR screening & messaging, and the BPA required 6 months, 18 months, and 30 months, respectively. 80-100% of providers agreed or completely agreed that the PD prevention program, risk assessment screening, and BPA were acceptable, appropriate, and feasible. Overall, clinic staff welcomed the prevention program and were positive about automation and reduced workflow. Furthermore, the 80 patients who participated in focus groups endorsed community connection, satisfaction with the skills-based program, and flexibility/convenience. Both clinic staff and patients negatively cited a lack of provider follow-up. A major barrier to patient participation is a lack of time and conflicting commitments, while family support and technology access were the main facilitators. Implementation facilitators: clinical champions, interprofessional teams, automation, and use of an existing patient education portal. Challenges: complex integration with EHR (lengthy, time-consuming), intensive human resource requirements for training, and visibility.

Conclusions/Implications: Implementation of a PD prevention program within an online patient education portal is a feasible, acceptable, and appropriate approach to increasing access to perinatal mental health resources. Next steps include identifying ways to expedite use of technology within healthcare systems to avoid delays in implementation.

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A Framework for Addressing Underuse of Interpreter Services in Emergency Departments

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Purpose: Use a proposed framework conceptualizing the underuse of interpreter services in the emergency department (ED) to guide the exploration of the patient experience of language discordance and interpreter services among Spanish-speaking patients in the ED.
Background: Clear communication is critical to the interaction of a patient and medical provider. For non-English speaking patients, language discordance, described as the lack of proficiency in a shared language, with the medical team results in a poor patient experience and poor patient outcomes. The predominant solution is the use of interpretative services; however, these services are underused in the emergency department (ED). Studies examining underuse of interpreter services have primarily focused on the clinician and little is known about the patient's experience of language discordance, interpreter services, and the patient influence on the use of interpreter services.
Methods: A model of Underuse of Interpreter Services was created to provide a working theory of how underuse of interpreter services in the ED influences communication among Spanish-speaking patients, providers, and healthcare organizations, and the impact on the patient experience and health behaviors. A comprehensive literature review explored the state of the science surrounding underuse of interpreter services in the ED. The science was evaluated for contributing factors, consistent themes, strengths, weaknesses, and gaps and served as the foundation for the proposed framework. Influenced by theoretical models emphasizing quality health outcomes, patient experiences of care, and underuse of interpretive services, the framework illustrates the relationship between communication capacity and communication outcomes, which include patient experience and patient health behaviors. This adapted framework was used to guide the exploration of the experiences of Spanish-speaking patients and their influence on the use of interpreter services.
Results: Spanish-speaking patients experience English language imposition, prioritize communication, and prefer the use of interpreter services. Patients rely on the medical provider to use interpreter services and experience inconsistent use of interpreters throughout the ED visit. When interpreter services are underused, patients will compensate by relying on alternative mechanisms, described as adaptations to facilitate communication which often become acceptable substitutes for certified interpreter services among providers.
Implications: Patients are dependent on the provider to implement the use of interpreter services and not all requests and expressed preferences for interpreter services are met with significant provider effort to engage interpreter services This dependency results in a power differential between the provider and the patient. The proposed model of Underuse of Interpreter Services was updated to reflect a shift in power among the patient, provider, and the organization and incorporate qualitative data that was found to influence the patient, provider, and organization and the underuse of interpreter services. This research highlights the responsibility for providing interpreter services rests with medical providers and healthcare organizations. It emphasizes the need for accountability measures for organizations that fail to offer these services and underscores the importance of integrating interpreter services education into nursing and medical training programs, as well as continuing professional education.

IMMIGRANT / REFUGEE HEALTH

Cultural Adaptation of a Reproductive Health Curriculum for Refugees: A Pilot Project

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Purpose: Between 2011 and 2023 over 98,000 people migrated to the US from the Democratic Republic of the Congo (DRC), the majority of whom were under the age of 25. Multiple health disparities exist between those who have resettled compared and their host country peers, particularly with regard to sexual and reproductive health (SRH) outcomes. Previous studies have shown that refugee populations often experience significant SRH and family planning knowledge gaps, increased risk for poor SRH outcomes, and low utilization of SRH services. Though the World Health Organization recommends a universal SRH program for refugees, one has yet to be developed. This may result in the inability of SRH curriculums in countries of resettlement to meet the unique cultural needs of refugee youth. This study presents preliminary results that aim to describe the experiences of Congolese refugee adolescents who participated in a culturally adapted, evidence-based SRH pilot program.
Methods: Participants for the pilot program were recruited by a community advisory board following the cultural adaptation of an evidence-based sexuality curriculum, Positive Prevention Plus (P3). The participants met once weekly over nine weeks. A peer support specialist from the Congolese community attended the classes to offer cultural translation and outside support if needed. Participants were given the opportunity to ask questions in the classroom setting or through a confidential question box. At program completion, participants engaged in a focus group using a semi-structured interview guide, to assess their experience, learning, and offer suggestions for subsequent classes. Qualitative descriptive thematic analysis techniques were used to identify and categorize concepts and patterns in the data. The study received ethics approval through the Montana State University institutional review board.
Results: Seven Congolese refugee adolescents who identified as female, in grades 9-12, and were 13 to 18 years of age (mean age = 15.3 years) participated in the pilot program. Four main themes emerged from the data 1) comfort 2) STIs/HIV 3) communication and 4) consent. The participants also described family interactions regarding SRH topics and the impacts of HIV on their personal lives. Overall, participants described the class as engaging, safe, and informative, though they agreed that future classes should offer additional education regarding romantic relationships and human trafficking.
Conclusions: Pilot program preliminary results demonstrate feasibility and acceptability for implementing a culturally adapted, evidence-based sexuality program for refugee adolescents. Recognizing the disparities in foundational SRH knowledge among resettled adolescents coupled with the complexities of cultural belief systems, future SRH programs should be tailored to meet the needs of additional refugee populations. Replication of the pilot program with adaptations based on participant feedback can provide additional refugee adolescents an opportunity to gain knowledge about sexuality in a safe and secure setting.

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IMMIGRANT / REFUGEE HEALTH

Mental Health Predictors Among Filipino Americans

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Background and Significance: Mental health is essential for overall well-being, yet it is often overlooked in the Filipino population. Cultural factors, such as *pakikisama* (social harmony) and *utang na loob* (debt of gratitude), along with stigma, complicate the recognition and management of psychological distress. Increasing rates of stress-related disorders and anxiety highlight the need for culturally appropriate assessment tools like the Satisfaction with Life Scale (SWLS) and the Perceived Stress Scale-10 (PSS-10). The SWLS measures overall life satisfaction, while the PSS-10 assesses perceptions of stress.
Objectives: This study aims to evaluate the reliability of the Filipino versions of the SWLS and PSS-10 and examine levels of life satisfaction and perceived stress among Filipino participants.
Theoretical Model: Grounded in the Transactional Model of Stress and Coping, this study also incorporates the Subjective Well-Being Theory, which underlies the SWLS.
Methods and Analysis: Psychometric methods with a cross-sectional survey design assessed life satisfaction and perceived stress among Filipino adults aged 18 and above. Data analysis involved means, standard deviations, Cronbach's alpha, and Confirmatory Factor Analysis (CFA). Participants were recruited through community outreach, local organizations and snowball sampling. The Filipino SWLS consists of 5 items measured on a 7-point Likert scale, while the PSS-10 has 10 items on a 5-point scale.
Findings:

- All participants were Filipino and completed the survey in Filipino.
- The mean age was 49.02 years (SD = 17.24), with women comprising 68.2% of the sample.
- The SWLS (N=694) showed excellent internal consistency (Cronbach's alpha = 0.91), with an average score of 26.56 (SD = 6.66).
- The PSS-10 had acceptable reliability (Cronbach's alpha = 0.68), with an average score of 16.25 (SD = 5.63).

Discussion and Implications: Results confirm the reliability and validity of the Filipino SWLS and PSS-10, aligning with previous research in Asian contexts. Their internal consistency indicates effectiveness in assessing life satisfaction and stress, while cultural adaptations uphold the scales' integrity. The observed relationships between perceived stress and life satisfaction highlight the dynamic interplay between these constructs in shaping Filipino mental health.

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Gender Differences in Diabetes Distress within a Digital Intervention

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Purposes/Aims: This study examined gender differences in diabetes distress across 12 months and tested whether gender moderated the effects of CareAvenue, a digital intervention addressing unmet social needs among adults with diabetes.
Rationale/Conceptual Basis/Background: Diabetes distress, defined as the emotional burden of living with and managing diabetes, is associated with poor self-care and adverse clinical outcomes. Prior research demonstrates higher levels of distress among women, shaped by caregiving roles, coping strategies, and financial strain. CareAvenue was developed to reduce financial and social barriers by screening for unmet needs, linking patients to community resources, and reinforcing engagement through automated reminders. Guided by the Health Belief Model, this study investigated gender differences in diabetes distress at baseline, 6, and 12 months, and tested whether gender moderated the effect of the CareAvenue intervention on changes in diabetes distress over time.
Methods: This secondary analysis drew on data from a randomized controlled trial (2019–2023) of CareAvenue. Participants (N = 598; aged 18–75) with type 1 or type 2 diabetes who reported a financial burden or cost-related nonadherence were randomized to either an intervention (n = 300) or usual care (n = 298). Diabetes distress was assessed using the two-item Diabetes Distress Scale (DDS-2) at baseline, 6 months, and 12 months. Linear mixed-effects models evaluated intervention effects over time and tested gender as a moderator, adjusting for sociodemographic, clinical, and psychosocial covariates.
Assessment of Findings/Outcomes Achieved: Diabetes distress declined significantly over 12 months ($\beta = -0.275$, $p = 0.008$). Men consistently reported lower distress than women ($\beta = -0.298$, $p = 0.035$). However, no significant three-way interaction was found between time, treatment, and gender, indicating that gender did not moderate the intervention effect. Key predictors of higher distress included elevated HbA1c levels and greater unmet social needs, while higher perceived financial toxicity was unexpectedly associated with lower distress. Attrition was modest, and missing data (0.6%) were addressed with listwise deletion.
Conclusions/Implications: Findings confirm persistent gender disparities in diabetes distress, with women reporting higher distress, but show no evidence that CareAvenue produced gender-differentiated effects. While the intervention reduced unmet needs, it did not sufficiently engage with gender-specific pathways that influence distress. Future research should integrate gender-responsive elements, such as tailored communication strategies, coping support, and intersectional analyses of gender with caregiving roles or socioeconomic status, into digital health interventions. Longer-term follow-up and mixed-methods designs may further clarify mechanisms underlying gender differences. At the clinical level, routine psychosocial screening, particularly for women, and provider training in gender-sensitive care should be standard practice.

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INNOVATIVE INTERVENTIONS ACROSS POPULATIONS

Diverse Caregiver Emotions after Mindfulness Breathing Intervention

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Background: Informal caregivers (e.g. families) of community-dwelling persons living with dementia (PLWD) experience profound and persistent emotional stress throughout their caregiving journey, which can significantly impact both caregiver well-being and the quality of care provided. To address this critical challenge, we implemented a culturally and linguistically tailored, home-based support intervention incorporating mindful breathing techniques, delivered by trained community health educators specifically for ethnically diverse caregivers with limited English proficiency. This intervention recognized the unique cultural contexts and caregiving experiences across different ethnic communities.
Purpose: This study explored emotional changes and transformations in ethnically diverse family caregivers toward their PLWD following participation in a comprehensive three-month mindfulness-based intervention program.
Methods: This descriptive qualitative study, nested within a larger randomized controlled trial, analyzed in-depth exit interviews from 114 intervention participants recruited through extensive community outreach efforts across California. Thematic analysis was performed to identify patterns, nuances, and variations in emotional experiences across different ethnic caregivers of PLWD.
Results: Participants included 25% Non-Hispanic White, 19% Latino, 31% Korean American, and 25% Vietnamese American informal caregivers. Four main themes emerged regarding caregivers' emotional experiences toward their loved ones following the three-month intervention: (1) enhanced compassion and empathy, (2) feelings of pity and helplessness, (3) ambivalent emotions, and (4) consistent feelings. Majority of White and Latino caregivers reported that mindfulness helped increase compassion, empathy, understanding, love, and patience toward PLWD. In contrast, Korean American caregivers expressed distressing emotions, particularly pity, feeling sorry, loss, and sadness related to caring for PLWD at home and witnessing their cognitive and functional decline. Vietnamese American caregivers reported a unique pattern, expressing their overall mood, attitudes, and behavioral changes rather than specific feelings directed toward PLWD. Ambivalent emotions were reported by some caregivers, while notably, no Korean American caregivers expressed experiencing conflicting emotions. Interestingly, a small number of caregivers across groups reported consistent feelings after practicing mindfulness breathing; however, despite their emotions remaining unchanged, they described making intentional and meaningful adjustments to their caregiving approaches and interactions with PLWD.
Conclusion: These findings demonstrate significant and meaningful differences in emotional experiences among ethnically diverse dementia caregivers, underscoring the critical need for culturally responsive and tailored interventions. Supporting caregivers in effectively managing their complex emotions can promote more equitable, compassionate, and sustainable dementia care practices, with important implications for developing future policies and interventions that authentically address diverse caregiving needs across cultural communities.
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Impact of Pre-Injury Adversity on Recovery after Dual-Task Exercise in mTBI

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Purposes/Aims: To examine how pre-injury adversity, trauma, and victimization experiences influence cognitive, psychosocial, and sensorimotor recovery trajectories following a mobile, home-based dual-task intervention for mild traumatic brain injury (mTBI).
Rationale/Conceptual Basis/Background: Early life adversity and traumatic events (spanning general trauma, natural disasters, accidents, victimization experiences, witnessing harm, loss of close others to violence or suicide, and other crime-related exposures) can disrupt neurobiological stress regulation, emotional processing, and sleep-cognition pathways critical for recovery after mTBI. Understanding how these pre-injury experiences shape post-injury recovery can guide trauma-informed and equity-driven rehabilitation approaches.
Methods: Data were drawn from a randomized, waitlist-controlled trial evaluating the Brain & Walk Exercise Every Day (BraW-Day) mobile intervention. Participants (N = 18; mean age 24.4 years; 67% female; 56% ethnic minorities; 86% with multiple mTBIs) completed the PhenX Lifetime Traumatic and Victimization History (LTVH) instrument along with completing cognitive (CNS-VS), psychosocial (Neuro-QoL), visual (EyeLink), and gait (mHealth sensor) assessments at baseline (T1), post-intervention (T2), and one-month follow-up (T3). Each event-based and cumulative LTVH variable indexed pre-injury adversity exposures. Standardized regression models (GLM) examined associations between adversity measures and outcome changes (T1–T2, T2–T3, T1–T3).
Assessment of Findings/Outcomes Achieved: Pre-injury adverse events reflecting natural and man-made disaster, combat experience, and interpersonal violence were associated with smaller T1→T2 improvements in processing speed, fatigue, and sleep quality. Participants with greater cumulative trauma exposure also showed less consistent improvement across other cognitive and psychosocial outcomes, supporting the role of pre-injury stress burden in limiting early gains. Associations remained directionally consistent across multiple domains, with several event-specific indicators (e.g., witnessing harm, exposure to violence) showing moderate standardized effects even after correction. Greater fear intensity and duration of prior trauma amplified these associations, highlighting a dose–response pattern. Effects lessened by T3, suggesting adaptive variability or compensatory recovery among those with higher trauma histories.
Conclusions/Implications: Comprehensive lifetime trauma and victimization histories, including both event type and contextual severity, affected slower initial recovery following the BraW-Day intervention for mTBI. Integrating standardized adversity and trauma screening into mTBI evaluation and rehabilitation can inform individualized and trauma-sensitive approaches to enhance equity, engagement, and recovery outcomes after mTBI.

Developing SAFE: A Nurse-Led, Community Approach to Financial Toxicity

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Purposes/Aims: The purpose of this study was to co-develop and refine a nurse-led intervention—Self-Advocacy for Financial Empowerment (SAFE). SAFE was developed to address self-advocacy needs for financial toxicity among rural cancer patients and caregivers in the Mountain West, a region of large rural and frontier areas. The SAFE intervention includes a resource toolkit and clinical workflow to support cost-of-care conversations, reduce stigma, and enhance health insurance literacy and self-advocacy across the cancer trajectory.

Rationale/Conceptual Basis/Background: Cancer care costs are projected to reach $246 billion by 2030, making cancer one of the most expensive chronic diseases in the US. Financial toxicity—the objective, subjective financial hardship and productivity loss resulting from cancer care, can lead to delayed treatment, lower medication adherence, and poorer quality of life. Rural cancer patients face greater financial toxicity due to travel burdens, socioeconomic factors, and barriers to accessing local providers and healthcare services. In addition, social norms such as stigma talking about money concerns and a preference for self-reliance necessitates culturally relevant approaches for financial navigation in rural populations.

Methods: Ethical review was approved by the University of Utah Institutional Review Board. Using a community-based participatory approach, we recruited rural cancer patients, caregivers, nurses, and nurse practitioners from three states in the Mountain West, and financial advocates from local and national organizations to form a 14-member community advisory board (CAB). A needs assessment was conducted using focus groups and interviews, and six Community Advisory Board (CAB) meetings were held between June 2024 and April 2025. Fuzzy cognitive mapping was used to identify overlapping and complementary priorities for patients and caregivers compared with nurses and advocates. A Strengths, Weaknesses, Opportunities, and Threats discussion was conducted, and three workgroups focused on stigma, cost communication, and health insurance literacy were formed. All meetings were conducted on Zoom, recorded, and transcribed for analysis. Qualitative descriptive analysis was used to summarize the co-development process.

Assessment of Findings/Outcomes: Achieved Patients and caregivers emphasized the need for region-specific financial resources and tools to navigate insurance challenges and seek assistance for indirect cancer costs. Nurses and financial advocates prioritized addressing emotional distress and stigma. The CAB collaboratively developed a rural-focused resource toolkit and a nurse-led cost communication workflow. These materials were iteratively refined to reflect cultural relevance, language, and the normalization of financial toxicity as a common experience of rural cancer patients. Self-Determination Theory informed the components of the toolkit, including emphasizing autonomy of financial decision making, building competence in health insurance and financial literacy skills, and highlighting relational aspects such as identifying neighborhood and community networks and healthcare team members as valuable supports for the indirect costs of cancer.

Conclusions/Implications: The co-developed SAFE intervention offers rural cancer patients and families a self-directed tool and process to navigate common issues surrounding financial toxicity for those impacted by distance. Findings underscore the importance of equipping patients and families to self-advocate in a changing economic and health policy climate, and the central role of nurses in supporting patients and caregivers throughout the cancer journey.

The Transcreation Framework to Develop an Intervention for Perinatal Substance Use

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Purpose: To engage community members through a systematic framework based in implementation science to develop, implement, and study a Recovery Coach Doula Program.
Background: Perinatal substance use disorder is a leading cause of maternal mortality in the US. Coaching from peers who are in recovery (peer support) is an evidence-based intervention for improving substance use outcomes and doula care is an evidence-based intervention for improving perinatal outcomes— the Recover Coach Doula Program braids the 2 roles.
Methods: A core team comprised of individuals in recovery, birth justice doulas, midwives, administrators, and researchers (n=7) created, implemented, and evaluated the Recovery Coach Doula Program using the Transcreation Framework—a 7-step community-engagement process for designing and delivering interventions to reduce health disparities. We met bi-weekly over 3 years to build program infrastructure: intervention prototype, training program, employment structure, billing mechanism, and evaluation and expansion plan. We conducted mixed-methods evaluation of facilitators and barriers guided by the Health Equity Implementation Framework. Metrics balanced culturally sensitive measures determined by recovery community members with research and funding requirements.
Findings: The team defined the recovery coach doula intervention as individuals with lived experience in pregnancy with substance use disorder co-trained as peer support specialists and doulas to provide support during pregnancy and 1-year postpartum in accessing clinical care and wrap-around services; developing coping skills; birth planning and labor support; infant care; navigating child protective services; and provide positive and constructive feedback. The content of interactions between the recovery coach doulas and client depends on the needs of the client and the stage of pregnancy. Recovery coach doulas work alongside the healthcare team but function autonomously and do not report the healthcare team. We trained 23 recovery coach doulas and 1 supervisor; integrated into 4 clinical sites and 1 child protective services program; and trained staff at implementing organizations about recovery coach doula intervention. 102 birthing individuals have received recovery coach doula care. Barriers identified include rurality, unscheduled nature of birth, clinician implicit bias, and funding. Facilitators include client trust, flexibility of recovery coach doula-client interaction modality (text, Zoom, in-person), state and organizational commitment.
Conclusion: Intervention design and implementation with the transcreation framework resulted in a program that balanced *flexibility* demanded of community members and *reproducibility* demanded of researchers, administrators, and funders. Program development had unique cadence—moving slowly during development stages requiring compromise between community, clinical, administration, and research partners, and moving more quickly as trust developed. Future research will be a type 2 hybrid trial that equally prioritizes implementation and effectiveness.

Concept Analysis: Impact of Climate Change on Pregnant Women with Sickle Cell Disease

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Purpose: The purpose of this concept analysis is to elucidate the link between climate change and the heightened risk of dehydration-related pregnancy complications among women with sickle cell disease (SCD).

Description of Concept: Climate change has accelerated since the mid-20th century, characterized by rising global temperatures and more frequent and severe extreme weather events such as heatwaves, floods, and hurricanes. Elevated temperatures can increase core body temperature, blood hyperosmolality, promote fluid loss, and lead to dehydration—a condition marked by insufficient water to sustain normal physiological function. Dehydration is particularly detrimental for individuals with SCD, a genetic blood disorder characterized by dense, dehydrated, and sickled red blood cells (RBCs). It can precipitate vaso-occlusive crises (VOCs), acute chest syndrome (ACS), infections, and organ damage. During pregnancy, physiological demands and hemodynamic changes already elevate dehydration risk. Among pregnant women with SCD, dehydration further compounds vulnerability to VOCs, ACS, thromboembolic events, and infections, intensifying the likelihood of adverse maternal and fetal outcomes.

Concept Analysis Approach: Following Meleis' fluid and practical approach to concept analysis, six stages guided the process: (1) *Taking in*—identifying and situating the clinical concern; (2) *Describing the phenomenon*—outlining its attributes and dimensions; (3) *Labeling*—clarifying terminology and conceptual boundaries; (4) *Developing the concept*—integrating empirical and theoretical evidence; (5) *Declaration development*—stating the significance to nursing science; and (6) *Explanatory assumptions*—proposing how the concept influences practice and patient outcomes.

Logic Linking the Concept to Nursing Practice: Climate change presents an emerging health challenge for pregnant women with SCD, who face increased risk of dehydration-induced complications. Nursing practice emphasizes hydration and thermoregulation as key preventive measures in SCD management. Nurses are uniquely positioned to promote awareness, provide anticipatory guidance, and implement preventive interventions—such as individualized hydration plans and environmental risk assessments—to help pregnant women with SCD avoid dehydration and mitigate vaso-occlusive triggers.

Conclusion and Recommendations: Current literature lacks direct exploration of the intersection between climate change, dehydration, and pregnancy outcomes in women with SCD. Future nursing research should examine this phenomenon to inform clinical guidelines, enhance patient education, and develop adaptive strategies that address the health impacts of climate change on vulnerable populations. Understanding this concept is essential to advancing nursing knowledge and promoting maternal health equity in a changing climate.

Classifying Maternal Healthcare across the Continuum Using AI and Rules

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Purpose: This study aimed to design and validate a reproducible classification framework for maternal healthcare encounters across the continuum of care using all-payer claims data (APCD). Specifically, we aimed to identify episodes as occurring during the antepartum, intrapartum, postpartum, or non-pregnant period to allow inclusion of multiple pregnancies for the same individual. Maternal morbidity and mortality rates remain unacceptably high in the United States, and improved use of population-level data is essential for identifying risk patterns and informing evidence-based interventions. Classification of periods of care in administrative data sets would allow research on severe maternal morbidity to include information about diagnoses and treatments utilized during the antepartum period.
Approach: We conducted a descriptive, population-based analysis using the Virginia APCD (2018–2022), which aggregates claims from Medicaid, Medicare, and most commercial insurers. Healthcare encounters were classified into maternal care periods using a rule-based algorithm anchored to pregnancy termination events identified by International Classification of Diseases 10th Revision (ICD-10) codes. Episodes were classified backward to the first encounter with a pregnancy-related ICD-10 code to identify the period of antepartum care. Episodes were classified using an eight-week rolling window until no further pregnancy-related ICD-10 codes were found to identify the period of postpartum care. Validation was performed by comparing pregnancy counts to National Center for Health Statistics live birth data and comorbidity distribution benchmarks based on peer-reviewed studies. The validation was limited to live births occurring in the hospital. To support scalability, we trained a transformer-based artificial intelligence (AI) model to replicate the rule-based algorithm.
Outcomes: The validation data included 326,548 pregnancies. Antepartum and postpartum care were captured for 90.4% and 77.2% of pregnancies, respectively. The number of live births was consistent with expectations based on National Center for Health Statistics data. Comorbidity rates during intrapartum hospitalizations aligned with literature benchmarks for 23 of 27 conditions, with sensitivity analyses confirming robustness. The AI extension reproduced rule-based classifications with high fidelity, offering a scalable and replicable tool for use across APCDs.
Conclusion: The primary contribution of this work is a validated methodological tool for classifying maternal healthcare encounters across the care continuum in an APCD. This approach enables longitudinal linkage across multiple pregnancies, supporting population-level research into maternal health trajectories and outcomes. For nursing research, this method extends the usability of all-payer claims databases, allowing inclusion of the maternal continuum of care in advanced computer models to understand vulnerable periods for intervention. For nursing practice, this method will allow advanced data science projects to inform evidence-based strategies to improve perinatal outcomes across diverse populations.

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Maternal Biopsychosocial Adaptation in the Great Obstetrical Syndromes: A Framework

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Purpose: To introduce a conceptual framework encompassing the Great Obstetrical Syndromes (i.e., preeclampsia, preterm labor, fetal growth restriction), which share a common underlying pathophysiological pathway (abnormal placentation-associated hypoxia, inflammation, and vascular dysfunction). Grounded in Roy's Adaptation Model (RAM), this conceptual model frames these conditions through the lens of individuals' adaptive responses to internal and external stimuli, emphasizing health as a dynamic process of adaptation. This model connects the biological mechanisms underpinning these Syndromes with the influence of social determinants of health, providing a comprehensive framework for nursing research and clinical decision-making.
Description: RAM is a grand nursing theory that conceptualizes a person as a holistic, adaptive system continually interacting with a dynamic environment to maintain balance and well-being. Individuals respond to different types of environmental stimuli through two central coping mechanisms: the regulator (innate physiological processes) and the cognator (cognitive-emotional processes). These coping processes are expressed through four adaptive modes: physiological, self-concept, role function, and interdependence, each of which can be adaptive or compromised.
In the proposed conceptual model, pregnancy acts as the focal stimulus, requiring a person to adapt across physical, psychological, and social domains. Social determinants of health (e.g., support networks, access to care, living conditions) form the contextual stimuli that influence pregnancy adaptation. Less visible factors like implicit biases and systemic racism operate as residual stimuli, subtly impacting the overall experience and adaptation/coping process during pregnancy. The coping processes are dynamic and reflected in the adaptive modes. The physiological mode is of primary interest because its adaptive capacity most directly determines whether adaptation is adequate (supporting a healthy, uncomplicated pregnancy) or suboptimal, increasing vulnerability to the development of one of the Syndromes. The other adaptive modes may amplify or buffer physiologic vulnerabilities, underscoring that pregnancy outcomes are shaped by more than physiology alone. Clinicians can assess these observable patterns and provide interventions that guide and enhance a person's adaptive responses.
Logic: This model takes a holistic approach to pregnancy by identifying key physiological, psychological, and social factors that guide adaptation, influencing the incidence and clinical manifestation of the Great Obstetrical Syndromes. This aligns with evidence showing that social and structural factors interact with biological systems, altering physiological pathways that underlie these complications. This model operationalizes complex concepts by translating theoretical constructs (e.g., adaptation, stimuli, coping) into measurable variables that can guide assessment, research, and interventions for birthing persons. For example, physiological adaptation can be measured with wearable sensor data and biomarkers, while the psychosocial modes can be assessed using validated surveys, ecological momentary assessments, and other contextual measures. This model enhances hypothesis development, measurement, analysis, and interpretation, ensuring theoretical consistency and supporting translation of research findings into meaningful interventions.
Conclusion: This model serves as a unifying framework for research and practice in maternal health. It will advance nursing research by providing a versatile, theory-based structure for identifying key variables, designing methodologically sound studies, and interpreting findings in context. It also enhances clinical practice by supporting targeted, evidence-informed interventions to promote adaptive responses in pregnancy.

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Sleep Disturbances and Hypertensive Disorders of Pregnancy: An Integrative Review

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Background: Hypertensive disorders of pregnancy (HDP) remain leading causes of maternal morbidity and mortality worldwide. Emerging evidence identifies sleep disturbances—such as obstructive sleep apnea (OSA), short sleep duration, poor sleep quality, insomnia—as risk factors for adverse perinatal outcomes. Notably, disturbed sleep can elevate sympathetic tone, oxidative stress, and inflammatory markers that impair placental function and blood pressure control. However, there is a lack of systematic evidence linking sleep problems to HDP in pregnant women.
Objective: This integrative review aimed to synthesize the existing evidence on how sleep disturbances are associated with HDP.
Methods: This integrative review followed Whittemore and Knafl's (2005) five-stage framework. Comprehensive searches of PubMed, CINAHL, and Scopus were conducted from August 2023 to February 2025 to identify empirical studies examining the relationship between maternal sleep and HDP. Inclusion criteria required studies of pregnant populations reporting sleep disturbances with outcomes of HDP and/or blood pressure changes, published in English (2013-2025). Two reviewers independently screened, extracted, and appraised studies using Covidence software and the National Heart, Lung, and Blood Institute (NHLBI) Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies.
Results: Thirty-two studies were retrieved for review, with 10 (31.3%) using prospective cohort design and 10 (31.3%) being rated as good or high quality. Nearly two-thirds (n=20, 62.5%) reported significant associations between sleep related factors and HDP. Fourteen (43.8%) studies showed that short sleep duration, poor sleep quality, or snoring—particularly when measured in the first trimester—were most consistently associated with elevated blood pressure and/or increased risk of developing HDP. In contrast, findings for insomina, restless leg syndrome, shift work, screen time, or sleep position were inconsistent across 17 (53.1%) studies. Various factors may influence these results, including measurement bias, inadequate covariate control, small sample sizes, and lack of longitudinal investigation examining how sleep impacts cardiovascular health throughout pregnancy. Specifically, subjective surveys were more likely than objective tools to detect significant associations, reflecting possible psychological and perceptual influences on self-reported sleep. Notably, most snoring studies did not adjust for OSA, underscoring the need to differentiate primary snoring from sleep-disordered breathing. Furthermore, only 7 (21.9%) measured sleep across multiple time points during pregnancy.
Conclusions: This review synthesized evidence regarding relationships between sleep disturbances and HDP. The results indicate that sleep disturbances, especially during early gestation, may increase cardiovascular risk in pregnancy, including elevated blood pressure and or developing HDP. Future large-scale, high-quality, powered, and prospective studies are needed to further confirm associations between sleep disturbances and HDP in pregnant women. Additional rigorous evidence could provide opportunities to emphasize that early identification and management of sleep problems could be a potential strategy to improve cardiovascular health during pregnancy.

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MATERNAL HEALTH AND ILLNESS

Investigating Associations of Placental Biomarkers with Term Birth

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Purpose: The purpose of our analysis is to evaluate whether a group of five placental biomarkers related to placental development are significantly associated with term birth.

Background: Giving birth at term (defined as ³37 weeks gestation) is a basic goal for all pregnancies due to significantly improved maternal-newborn outcomes compared to preterm birth. No screening tool exists that can accurately predict when a person may give birth, which would have major implications for prenatal counseling and could lead to improved interventions to increase the chance that a pregnancy will lead to a term birth. A small but growing body of research has begun to identify certain placental biomarker levels during pregnancy that are associated with preterm birth, such as placental growth factor (PlGF). However, to date, no analyses have been conducted to evaluate any relationships between placental biomarkers and term birth.

Methods: We conducted a secondary data analysis of participants who were enrolled in the Perinatal Research Repository, managed by the Ohio Perinatal Research Network. Five placental biomarkers (human chorionic gonadotropin (hCG), hyperglycosylated human chorionic gonadotropin (hCG-H), soluble fms-like tyrosine kinase-1 (sFlt-1), placental growth factor (PlGF), and matrix metalloproteinase (MMP)) were measured at various intervals between 8-38 weeks gestation. Clinical data was abstracted from participant medical records. We calculated descriptive statistics for all participants at ³24 weeks gestation and did not have a diagnosis of preeclampsia. Differences in median placental biomarker levels among term and preterm births were calculated using Kruskal-Wallis tests.

Assessment of Findings: A total of 399 participants comprised our final analytic sample. The rate of term birth was 71.4% (n=285). Most participants self-identified as Black (60.0%, n=216) or White (33.1%, n=119) and had government-assisted insurance (91.1%, n=347). No significant racial/ethnic, sociodemographic, pregnancy or birth outcome differences were found between participants who experienced term versus preterm birth. In addition, we did not find any significant differences in the five placental biomarker levels between the two groups. The one level approaching significance was PlGF levels in the second trimester, with the term group experiencing lower levels than the preterm group (p=0.059).

Conclusions: While our analysis did not find significant associations with the five placental biomarkers measured in the sample and term status at birth, the near-significance of the second-trimester PlGF finding is consistent with findings so far that implicate this biomarker in preterm birth. Further investigation in a larger sample with additional biomarkers of interest in timing of birth, such as Pregnancy-Associated Plasma Protein-A (PAPP-A), may elucidate patterns of placental biomarker levels and associations with term birth.

MENTAL AND BEHAVIORAL HEALTH

Posttraumatic Stress Disorder and Cardiovascular Disease in Women Veterans

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Purposes/Aims: This study examined the relationship between posttraumatic stress disorder (PTSD) and cardiovascular disease (CVD) among women Veterans (WVs). We aimed to determine whether PTSD is an independent predictor of CVD and to identify differences in CVD profiles among WVs with and without PTSD.

Rationale/Conceptual Basis/Background: Women Veterans are at increased risk for both PTSD and CVD compared to civilian women and male Veterans. Biological, psychosocial, and behavioral mechanisms may contribute to this risk, including hypertension, hyperlipidemia, diabetes, obesity, smoking, and physical inactivity. Prior research indicates that PTSD may impact CVD outcomes, particularly when comorbid with depression, but studies focusing specifically on WVs remain limited. Understanding these associations is critical to developing targeted preventive care and integrated treatment strategies.

Methods: A cross-sectional survey was conducted with 380 WVs receiving care through a California VA medical center or affiliated Community-Based Outpatient Clinics. Participants self-reported CVD diagnoses, traditional CVD risk factors, and completed validated mental health screens: the Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) and the Patient Health Questionnaire-8 (PHQ-8) for depression. Demographic and military service information was also collected. Statistical analyses included descriptive statistics, chi-square tests, Wilcoxon rank-sum tests, and multivariable logistic regression with multiple imputation for missing data. Covariates in the regression model included age, hypertension, hyperlipidemia, diabetes, obesity, smoking, depression severity, race/ethnicity, employment, and relationship status.

Assessment of Findings/Outcomes Achieved: Among participants, 38% screened positive for probable PTSD. Those with PTSD were younger, had higher rates of obesity (41% vs. 32%), more depressive symptoms (67% vs. 24%), and greater racial/ethnic diversity. Posttraumatic stress disorder was associated with unemployment, lower income, and single or divorced status. Multivariable analysis revealed that PTSD was not a statistically significant predictor of CVD (OR = 1.04, 95% CI = 0.86–1.25, $p>0.05$). Hyperlipidemia was the only significant predictor of CVD (OR = 1.81, 95% CI = 1.02–3.23, $p=0.044$). Despite the lack of a direct PTSD-CVD link, significant differences in CVD risk factors, particularly obesity and depression, were observed in WVs with PTSD.

Conclusions/Implications: Although PTSD did not independently predict CVD in this sample, the high prevalence of comorbid obesity and depression underscores the importance of integrated preventive strategies for WVs. Interventions combining trauma-informed mental health care with lifestyle modification programs, such as VA MOVE! and MOVE! + UP, may reduce long-term CVD risk. Early intervention in younger WVs and incorporation of routine PTSD screening in primary care may facilitate holistic risk management. Future research should include longitudinal designs, clinical measures of CVD, and exploration of mediators (e.g., health behaviors, comorbidities, and female-specific military factors) to clarify the PTSD-CVD relationship. Tailored, integrated programs hold promise for addressing the intersecting physical and mental health needs of WVs.

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MENTAL AND BEHAVIORAL HEALTH

Psilocybin-Assisted Psychotherapy, PMHNPS' Legal Risks, and Patient Benefits

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Purpose: Over the past decade, medicinally administered psilocybin and adjunctive psychotherapeutic processes (PAP) have received significant attention as promising mental health interventions. Previous studies have focused on either efficacy and safety, or legal and policy implications of PAP, but never in conjunction. Despite robust data indicating PAP effectiveness addressing several epidemic psychiatric needs, and despite several U.S. states recently contemplating or enacting PAP legalization, a critical knowledge gap persists regarding PMHNPs' considerations when engaging in PAP. Specifically, there is no literature addressing PMHNPs' legal risks versus patient outcomes when engaging in PAP, let alone systematically comparing both to quantify PMHNPs' risk-benefits for decision-making purposes. This study presents a composite model derived from a meta-analysis of PAP efficacy and safety, and a systematic doctrinal analysis of PAP's legal status concerning PMHNP practice across every United States jurisdiction.

Methods: This dual-methodology study included a PRISMA-compliant meta-analysis of PAP randomized controlled trials (MEDLINE, EMBASE, Cochrane, Google Scholar, inception through July, 2025; pooled $N = 587$; 24 included) and quantified patient benefit using standardized mean difference (Hedges' g) for continuous outcomes, and risk ratio (RR) for categorical outcomes, pooled via a random-effects model. Adverse effects were categorically reported as safety outcomes. Heterogeneity (I^2) and publication bias (funnel plots) were assessed. Legal risk was quantified via a systematic doctrinal analysis across 51 United States jurisdictions, yielding a weighted Legal Risk Metric (LRM). Results then were integrated using an adapted Grading of Recommendations Assessment, Development, and Evaluation Evidence-to-Decision framework, employing Monte Carlo simulations to model uncertainty and produce state-specific Risk-Benefit Ratios (RBRs).

Results: The meta-analysis demonstrated substantial patient benefit, yielding a pooled Hedges' g of 0.78 (95% CI: 0.65 to 0.91) across all clinical indications. Conversely, the doctrinal analysis showed high average legal risk (LRM of 7.1/10)—driven by psilocybin's Schedule I classification—with PMHNP engagement in direct PAP administration found "Professionally Unfeasible" in 45 jurisdictions (88%). In six jurisdictions (Oregon, Colorado, Washington, Alaska, Nevada, and the District of Columbia) the RBR was below the 5.0 critical threshold and therefore "Favorable." PAP correlated with a small but significantly increased risk of any adverse event [RR = 1.20; 95% CI, 1.01–1.42; $I^2 = 43\%$]. Importantly, the study identified legally feasible, ancillary PAP practices for PMHNPs nationwide—activities not involving psilocybin administration— including safeguarding, preparation, and integration therapy.

Conclusion: The meta-analysis supported the robust clinical efficacy of PAP, yielding a substantial patient benefit with minimal safety risk. Conversely, the doctrinal analysis showed psilocybin's Schedule I status limits feasible PMHNP administration to only six U.S. jurisdictions. Combined, these finding suggest that PMHNP professional safety—not treatment efficacy or safety—is the primary limitation of PMHNPs' work with psilocybin. Importantly, these data suggest that PMHNP provision of non-administration PAP services is feasible nationwide, given meticulous documentation to address legal challenges. Future research should include feasibility studies assessing implementation and training challenges for PMHNPs engaging in legal, ancillary PAP services. Further health policy analysis is also warranted, to model the risk-benefits of removing specific legal constraints—*e.g.*, federal rescheduling—and thereby inform regulatory changes.

Symbolic Amplification: Expanding Nursing Research through Jungian Theory

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Purpose/Aims: This presentation introduces symbolic amplification, a Jungian-informed method offering a novel approach to qualitative interpretation in nursing research. Grounded in Jungian theory, symbolic amplification extends traditional hermeneutic analysis by exploring images, metaphors, and archetypal motifs that emerge in narratives of illness, suffering, and healing. This approach equips nurses and researchers with tools to access layers of meaning often overlooked by conventional thematic analysis. By integrating Jungian concepts into qualitative inquiry, symbolic amplification deepens understanding of individuals' lived experiences and broadens the theoretical and methodological scope of nursing research.

Description: Symbolic amplification originates in Jung's analytic psychology, where images and symbols are contextualized within cultural, mythological, and archetypal frameworks. Applied to nursing research, the method invites systematic engagement with symbolic expressions that patients and clinicians often communicate indirectly, through metaphors, bodily imagery, or narratives that resist literal explanation. Unlike conventional coding, which tends to reduce symbolic material to surface-level categories, symbolic amplification embraces the psyche's symbolic language and seeks to unfold its multiple layers of meaning. For example, when an individual with chronic illness describes their condition as "a battle with darkness," the metaphor can be amplified in relation to Jung's concept of the shadow, yielding insight into the psychological and relational dimensions of living with illness. By situating these symbolic expressions within broader archetypal and cultural contexts, the method offers a richer account of human experience. In doing so, it illuminates unconscious dynamics shaping individuals' suffering, resilience, and capacity for recovery.

Logic: The logic of incorporating symbolic amplification into nursing research rests on the recognition that illness and healing are not solely biological or psychological phenomena but also meaning-making experiences. Individuals frequently articulate suffering, resilience, and transformation in symbolic terms. While conventional qualitative methods identify recurring themes, the archetypal resonance and transformative significance of these symbolic narratives are often overlooked. By amplifying symbols, researchers can uncover how individuals unconsciously frame their illness journeys, imagine resilience, and symbolically negotiate death, loss, and renewal. This interpretive depth enhances the nurse-patient relationship by fostering empathic attunement, interpretive sensitivity, and clinical practices that honor the meanings individuals ascribe to their experiences. It also allows researchers to generate insights that connect subjective narratives with universal human motifs, thereby linking personal struggles to broader patterns of human resilience and transformation.

Conclusion: Symbolic amplification, a Jungian-informed methodological innovation, offers nursing research a systematic way to access hidden dimensions of meaning embedded in individual narratives. Attending to symbolic and archetypal material equips nurses with a lens that validates and engages individuals' imaginal language, enriching therapeutic communication and supporting holistic care. For research, the method strengthens interpretive rigor, facilitates theory development, and broadens the paradigms available for studying mental health, trauma, and recovery. For practice, it supports nursing's longstanding commitment to addressing not only the physical body but also the psychological, existential, and spiritual aspects of health and healing. Ultimately, symbolic amplification provides a pathway for nurses to more fully engage with the depth of human experience, thereby advancing both the science and art of nursing.

Disclosure of Suicidal Ideation Predicts Help-Seeking Among Nurses

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Aims: This study aims to develop an innovative definition of suicidal ideation (SI) disclosure using a dual-item approach and to examine whether SI disclosure predicts professional help-seeking intentions and behaviors among nurses over a one-year follow-up. Additionally, it investigates whether these associations are moderated by sex and age.

Background: Nurses are a high-risk population for suicidal ideation but remain underrepresented in suicide prevention research. While disclosure of SI is a recognized gateway to support, many individuals choose not to disclose due to stigma, fear, or cultural norms. Prior research often used binary yes/no metrics to measure disclosure among individuals who have reported SI, potentially missing individuals who are at risk but reluctant to disclose. Understanding how disclosure relates to actual help-seeking behavior in this group is crucial for early intervention strategies.

Methods: This longitudinal cohort study used data from 5,075 nurses with SI, drawn from a national survey of nurses in China. Suicidal ideation disclosure was measured using a dual-item approach combining a direct SI question from the Columbia Suicide Severity Rating Scale and item 9 of the PHQ-9. Participants were categorized as "disclosers" if they responded "Yes" to the direct SI question, and "non-disclosers" if they answered "Prefer not to answer" but scored > 0 on PHQ-9 item 9. Outcomes at one-year follow-up included: professional help-seeking intentions, mental health service use, and participation in mental health promotion programs. Binomial logistic regression models were used to estimate adjusted odds ratios (AORs) and 95% confidence intervals (CIs), adjusting for sociodemographic, psychosocial, and clinical covariates, including baseline help-seeking behaviors. Interaction terms were added to test for moderation by sex and age (≤35 vs. >35 years). Two sensitivity analyses expanded the non-disclosure definition (adding individuals who answered "No" but scored > 0 on item 9) and excluded baseline help-seekers, respectively.

Results: Only 46% of the 5,075 nurses disclosed SI. In fully adjusted models, SI disclosure was significantly associated with higher odds of help-seeking intentions (*AOR* = 1.17, 95% *CI*: 1.04–1.31, $p = 0.009$) and behaviors (*AOR* = 1.18, 95% *CI*: 1.01–1.37, $p = 0.035$), including mental health service use (*AOR* = 1.36, 95% *CI*: 1.13–1.62) and program participation (*AOR* = 1.29, 95% *CI*: 1.09–1.53). Age moderated these associations: significant results were observed only among nurses aged ≤35 years (all $p < 0.01$). Stratified models by sex showed significant associations among female nurses but not males. Sensitivity analyses supported these findings and revealed that nurses who selected "Prefer not to answer" had higher odds of help-seeking than those who answered "No," suggesting that ambiguous responses may indicate risk.

Conclusions: SI disclosure is a strong predictor of future help-seeking behavior among nurses, especially younger females. Our dual-item approach provides a more sensitive classification, capturing concealed risk in non-disclosure. "Prefer not to answer" responses should be considered clinically meaningful rather than neutral. Future work should evaluate disclosure-based screening tools and interventions that support vulnerable subgroups, particularly older and male nurses who may be underserved.

MENTAL AND BEHAVIORAL HEALTH

Motivation and Barriers to Change for Those with Housing Instability and Substance Use

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Background: Understanding people's motivations for substance use, readiness for change, and the complex interaction between the two, can support care design that maximizes engagement while addressing the underlying needs that drive use. Cox and Klinger's Incentive Motivation Model states that people's motivation for substance use is organized around self and social, enhancement and avoidance incentives: 1) self-focused – a) enhancement (physical / emotional pleasure) and b) avoidance (coping with physical / emotional threats) and 2) social-focused – a) enhancement (connection with others) and b) avoidance (avoiding social censure).
Purpose: To better understand motivations for use and incentives for change among people with housing instability, we surveyed people across four Montana syringe service programs (SSPs). Using the Incentive Motivation Model, we categorized motivations for use, motivation for change, and barriers and facilitators of change.
Methods: As part of two preliminary and one community-led study, SSP and research staff surveyed people using opioids, stimulants, and polysubstances.
Results: We surveyed 218 people, 80% of whom were unhoused, 63% identified as white, 31% as Native American, and 6% as black. 41% of respondents used stimulants, 24% used opioids, and 35% used both. When asked about interest in reducing or stopping substance use, 41% were very interested, 20% somewhat interested, and 25% not interested.
Motivations for use centered on self-focused enhancement incentives, such as increased energy (65% of respondents) and to get high (56%) along with self-focused avoidance motives - to cope (53%) and to relieve depression (51%) and anxiety (48%). In contrast, motivations for change reflected both self-focused goals—getting one's life back (56%) and improving physical and mental health (37%)—and socially focused goals related to family and relationships (54%) and employment (39%). On average, participants reported that motivations for use and for change were nearly evenly balanced.
Facilitators of change were socially focused, including both enhancement motives such as positive relationships (38%) and social supports (34%) and avoidance-focused such as distance from social circle (25%) and a partner reducing use (23%). People also noted that meeting basic needs such as housing (40%) and physical / mental health (38%) would support change. Barriers to change included self-focused avoidance incentives, such as a fear of withdrawal (26%) and not being ready to stop use (30%). Socially focused barriers to change included partner or family use (29%) and ease of access to drugs (29%). Finally, a key barrier was avoiding social stigma upon seeking care (26%).
Discussion: Findings highlight a balance between motivations for use and motivations for change among people experiencing housing instability. Even when many participants expressed interest in reducing or stopping use, self and socially focused incentives for continued use remained strong, reflecting the complex interplay described in the Incentive Motivation Model. The social and emotional motives underscore that substance use is not solely about chemical dependence but also about connection, coping, and survival in contexts of instability.

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ORGANIZATIONAL AND WORKFORCE ISSUES

Moral Resilience and Ethics Consultation Participation Among ICU Nurses

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Purpose: To examine differences in moral resilience (MR) among intensive care unit (ICU) nurses based on prior ethics education, perceived need for ethics consultation, and participation in ethics consultation.

Background: MR - the capacity to preserve or restore integrity in response to moral adversity—is essential for nurses in ethically complex environments such as the ICU. MR is inversely associated with burnout, moral distress, moral injury, and turnover intention. Ethics consultation services may support nurses' moral deliberation and ethical discernment, yet barriers to participation persist and include limited awareness of available support and hierarchical dynamics. Whether participation in ethics consultation influences MR among ICU nurses remains unknown.

Methods: This exploratory secondary analysis of a cross-sectional survey parent study conducted in 2023 analyzed data collected via REDCap from ICU nurses at 22 sites across a large faith-based health system in the Western United States. Data for this analysis included responses to a demographic questionnaire and a validated, 4-point Likert scale instrument, the Revised Rushton Moral Resilience Scale. Descriptive statistics were calculated to characterize the sample and Kruskal-Wallis tests were used to examine differences in MR scores across groups defined by:

- Prior ethics education (yes/no)
- Perceived need for ethics consultation (did not need, neede and requested, needed but did not know how)
- Participation in ethics consultation (never, 1–2 times, ≥3 times)

Results: 304 nurses completed the survey.

Prior ethics education: 34% reported never having had ethics education, and no significant differences in MR scores were observed by education status.

Perceived need for consultation: Nurses who reported needing an ethics consultation but not knowing how to request one had the lowest MR scores (M = 2.74) compared to those who had requested a consultation (M = 3.04) or did not feel they needed one (M = 2.94), $H(2, n = 289) = 14.66$, $p < .001$.

Participation in consultation: Nurses who had participated in three or more ethics consultations had the highest MR scores (M = 3.15) compared to those who had participated once or twice (M = 3.03) or had never participated (M = 2.94), $H(2, n = 290) = 6.73$, $p = .035$.

Conclusions/Implications: This exploratory secondary analysis identified differences in MR among ICU nurses based on their experiences with ethics consultation. Nurses who reported repeated participation in ethics consultations demonstrated the highest MR scores, while those who felt they needed but did not know how to request a consultation had the lowest. No differences were observed by prior ethics education, though more than 1/3 of nurses reported never receiving ethics education and the content or quality of that education was not assessed. These findings are hypothesis-generating and suggest that ethics education may be necessary but not sufficient, and that repeated access to opportunities for moral deliberation—such as ethics consultations—may be an important strategy to cultivate MR. Future research should explore the quality and integration of ethics education, the role of ethics consultation participation, and other strategies to strengthen MR among ICU nurses.

ORGANIZATIONAL AND WORKFORCE ISSUES

Nurse Managers' Perspectives on Intent to Leave and Substance Use Risk

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Purpose: This study examined middle-level nurse managers' (MLNMs) perspectives on factors contributing to their intent to leave (ITL) and substance use (SU) risk, as well as practices they view as effective in reducing these risks.

Background: MLNMs are essential to workforce stability and patient safety but face rising demands, inadequate staffing, and organizational pressures that drive burnout, turnover, and psychological strain. Nearly half have recently considered leaving their positions (American Organization for Nursing Leadership [AONL], 2022). In addition to their own risk for stress-related SU, they are responsible for addressing SU among staff, creating a dual burden with system-level consequences. While research on nurses' SU is expanding, little focuses on nurse managers. This study addresses that gap through a descriptive content analysis of MLNMs' perspectives on ITL and SU risk.

Methods: As part of a larger mixed-methods study, an electronic survey was distributed through professional nursing organizations and social media to MLNMs with 24/7 unit responsibility. A total of 234 MLNMs responded. In addition to quantitative measures, four open-ended items examined factors influencing ITL, practices supporting retention, contributors to substance use, and protective strategies. Responses were analyzed using descriptive content analysis, with coding, categorization, and theme development. Two researchers ensured coding consistency and trustworthiness.

Findings: MLNMs described both pressures driving intent to leave and factors sustaining them in their roles. For ITL, the global theme centered on the cumulative strain of workload and responsibility without adequate resources. Themes included (1) trauma and mental health challenges from workplace violence and patient suffering, (2) organizational stagnation and undervaluation, (3) limited authority with high accountability, and (4) communication and team breakdowns. At the same time, MLNMs identified protective themes that supported retention: (1) organizational measures to promote work-life balance, (2) access to mental health services, (3) recognition and opportunities for professional growth, (4) empowerment in decision-making, (5) strong team culture, and (6) continued passion for nursing as a meaningful profession.

For SU, the global theme reflected both intrinsic and extrinsic causes, overlapping with turnover pressures. Risk themes included (1) exhaustion from the relentless workload leading to mental health struggles, (2) easy access to medications and weak safeguards, (3) inadequate organizational support, and (4) personal histories of trauma. Strategies to reduce risk emphasized system-level improvements, with themes of (1) safer staffing ratios, equitable pay, and supportive environments, (2) organizational education and clear policies, (3) stigma-free cultures around addiction, and (4) individual supports such as counseling, peer mentoring, and early intervention resources.

Conclusions: The findings show that ITL and SU risk among MLNMs stem from systemic pressures rather than individual characteristics. Addressing these challenges requires organizational and regulatory interventions that reduce workload, strengthen safeguards around controlled substances, and expand access to mental health resources. Leadership preparation should include training to recognize and respond to staff substance use while equipping nurse managers with strategies for coping with trauma in leadership roles. Sustained system-level action is essential to promote MLNM well-being, strengthen retention, and safeguard patient care.

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ORGANIZATIONAL AND WORKFORCE ISSUES

Workplace Incivility: A Multipronged Mitigation Plan for New RNs

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Purpose: The purpose of this project was to address rising levels of incivility experienced by new graduate registered nurses (RNs) with an aim to improve retention of new RNs.
Background: Workplace incivility, commonly understood as rude or discourteous behavior, is a pervasive issue in nursing that disproportionately affects new graduate RNs. This can lead to increased stress, higher turnover, and lower job satisfaction among this population; culminating in a direct organizational cost for each instance of RN turnover of $61,110. Existing literature focuses on five primary intervention types: educational modules, cognitive rehearsal, simulation and role-play, team-based strategies, and feedback/communication strategies. A comprehensive approach combines many of the intervention types for a sustainable incivility prevention program.
Description: This mixed-methods project introduced a five-part intervention series sequenced over a two-year period at a freestanding children's hospital. The interventions included: 1) October 2023: recurrent collection of incivility survey data from new graduate RNs; 2) November 2023: a standard escalation process reporting instances of incivility to the Chief Nursing Officer and local unit nursing leaders; 3) October 2024 – January 2025: establishment of organization-wide incivility policies in conjunction with organization-wide training; 4) October 2024 – September 2025 implementation of mandatory charge nurse incivility in-person training; 5) October 2025: implementation of Just Culture. These five interventions, spread over two years, supported the five primary intervention types supported by the literature and allowed for interventions specific to nursing (incivility tracking and escalation, charge nurse incivility training) as well as every employee in the hospital (policies, awareness campaign, and Just Culture).
Evaluation and Outcomes: Since October 2023, new graduate RN turnover has decreased by 55% (October 2023 = 16.1% turnover, August 2025 = 8.86% turnover). While cost savings vary year over year, this decrease represents average cost savings of $733,000 between October 2023 to August 2025. Since 2023. Overall reported incivility instances decreased by 81% (2023 = 11% disruptive behavior instances, 2025 disruptive behavior instances = 2%).
Conclusion: This project demonstrates an effective model for addressing incivility experienced by new graduate RNs across a healthcare system while also demonstrating cost savings through staff retention. By combining education components, structured classes including role play and simulation, strong institutional policies and escalation pathways, organizations can create a more welcoming and supportive environment that supports new graduate RNs. The findings of this project support comprehensive strategies to improve the experience of new nurses and promote a healthier, more resilient workforce more likely to stay at their organization.

ORGANIZATIONAL AND WORKFORCE ISSUES

Creating and Validating the REPORT Scale to Foster Nursing Safety Reporting

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Purposes/Aims: This study developed and psychometrically validated the REPORT (Reasons Employees Perceive Obstacles to Reporting) Scale, a self-report instrument designed to identify barriers to incident reporting among nursing staff.

Rationale/Conceptual Basis/Background: Adverse safety and behavioral events occur frequently in healthcare settings, and include workplace violence, injuries, medication errors, other mistakes, and near-misses. These events often go unreported, limiting healthcare organizations in their ability to employ risk reduction tactics. Existing tools that support leaders in measuring the workplace safety climate are broad and do not adequately explore nurse reporting behaviors. Guided by the Theory of Planned Behavior, this project aimed to bridge this gap by creating a scale to measure the reasons why staff choose not to report, enabling leaders to tailor interventions that strengthen reporting culture.

Methods: The study included a multiphase, descriptive design. Nursing staff (registered nurses, certified nursing assistants, medical assistants, technicians, etc.) were sampled from the Mountain West region of the United States, within a health system consisting of five hospitals and twelve ambulatory sites. Phase one involved a literature review and expert input to create an initial pool of items representing the reasons why nurses do not report. A sample of nursing staff (n=1302) completed the preliminary scale, and the results of exploratory factor analysis (EFA) indicated conceptual gaps to address through further rounds of item development. Phase two used focus groups and content validity index testing to refine and generate items for the next iteration of the scale. Phase three recruited a subsequent, independent sample from the same nursing department (n=1105) to complete the revised scale. This sample was randomly divided into three groups for psychometric testing, including EFA, confirmatory factor analysis (CFA), and validity testing (convergent, discriminant, predictive).

Assessment of Findings/Outcomes Achieved: The factor loadings from the EFA suggested six distinct factor groups representing the key barriers to reporting: reporting burden, leadership influence, personal and relational risks, reporting cynicism, knowledge and skill deficits, and normalization of events. The final 24-item scale (four items per factor group) demonstrated excellent model fit. Strong evidence of validity was confirmed through CFA and further supported by convergent, discriminant, and predictive validity testing, using randomly divided groups within the overall nursing sample.

Conclusions/Implications: The REPORT Scale provides a practical, theory-informed, and validated method for measuring staff beliefs about reporting and pinpointing targeted safety interventions. With multiple domains representing obstacles to reporting, leaders can administer the scale to their teams to identify ways to promote reporting behaviors based on the results. For example, a low ‘personal and relational risks’ score combined with an elevated ‘reporting burden’ score could suggest that participants are comfortable with the personal and relational risks of reporting, and that leadership efforts should instead focus on simplifying the reporting process to decrease its burden. Next steps for this research include examining demographic differences in new samples (invariance testing) and evaluating the outcomes of interventions informed by scale findings.

PERINATAL AND INFANT HEALTH

Postnatal Adaptation Model: Developing a Conceptual Framework for Neonatal Care

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Purpose: Theoretical frameworks and conceptual models are essential for establishing a foundation that guides research and advances nursing knowledge. Yet, frameworks specific to neonatal care remain limited. The Postnatal Adaptation Model was developed to address this gap by combining existing theories into a unified framework that explains how preterm infants adapt to environmental stimuli in the neonatal intensive care unit (NICU). This model was designed to capture not only the infant's ability to survive but also their potential to thrive by identifying the types and levels of stimuli that may cause physiologic stress and, ultimately, lead to exhaustion.
Description: The Postnatal Adaptation Model was developed through the integration of three established frameworks. Hans Selye's General Adaptation Syndrome provides the foundation for the stages of stress response: alarm, resistance, and exhaustion. Roy's Adaptation Model contributes to the understanding of the internal regulatory systems activated during adaptation and how responses are shaped by stimuli. Heidelise Als' Synactive Theory of Development offers a developmental and environmental perspective, emphasizing how infants interact with and respond to their surroundings.
Building from these foundations, the Postnatal Adaptation Model was structured based on three main components: the neonate, the environment, and the process of adaptation. These components are depicted as a continuous, circular interaction with the neonate at the center. The model positions the infant within four levels of environmental influence—extrauterine, NICU, institutional, and global—and illustrates how increasing stimuli can move the infant's adaptation process from alarm to resistance and, if unrelieved, to exhaustion.
Link to Practice/Research: This model provides nurses and researchers with a conceptual tool for examining neonatal adaptation. It highlights physiologic/autonomic, state organization, and motor indicators as key signs of stress and adaptation, guiding systematic assessment and intervention. This framework supports research by generating questions and identifying variables such as thresholds of environmental stressors and the effectiveness of nursing interventions aimed at promoting stability, supporting adaptation, and preventing exhaustion.
Conclusion: The Postnatal Adaptation Model represents an effort to develop a neonatal-specific conceptual framework. By integrating elements of Selye's General Adaptation Syndrome, Roy's Adaptation Model, and Als' Synactive Theory of Development, it provides a tool for understanding the relationship between stress, adaptation, and nursing care. The model helps identify an infant's vulnerabilities within the complex care environment and supports evidence-based clinical decision-making and research aimed to improve outcomes for preterm infants.

PERINATAL AND INFANT HEALTH

Black Mothers' Journeys to Advocacy in Navigating Health Systems

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Purpose: The purpose of this research study is to describe Black mothers' intuition in recognizing developmental differences in their children, to describe their advocacy in seeking help for their children with developmental differences, to explore their perceptions of disability, and last, to highlight the experiences of Black mothers of children with developmental differences 0–5 years of age in navigating health care and early intervention systems. The goal is to explore the barriers and facilitators to developmental screenings and early intervention services. In the future, the hope is that more Black children receive access to early intervention through timely screening and referral.

Background: Black children experience significant delays in developmental disability diagnosis and access to early intervention services. Despite having similar or higher prevalence rates of developmental disabilities, Black children often receive diagnoses later than their White counterparts, often past the critical birth-to-age-three period of optimal brain development. These delays can lead to negative developmental trajectories and poorer long-term health and academic outcomes.

Methods: Using Constructivist Grounded Theory methodology, this study relied on interviews with 17 Black mothers of children ages 11 months to 5 years with developmental delays or disabilities in California. An integrated theoretical framework included symbolic interactionism, early relational health, critical race theory, and public health critical race praxis. Data collection occurred from April 2023 to October 2024, with analysis including constant comparison, process coding, focused coding, and theoretical coding techniques.

Findings: Results were developed and refined to form the Grounded Theory of the Transformative Process of Black Mothers of Children 0-5 years with Developmental Differences Gearing Up to Advocacy for Quality Care and Resources. The process is composed of five interconnected categories: 1) Coming to an Awareness of Child's Needs, 2) Grappling with Ableism, 3) Intersecting Identities of Race, Culture, Disability, and Socioeconomic Status, 4) Gearing Up to Advocacy, and 5) Building Resilience. Transformations were catalyzed by experiences of feeling disrespected or dismissed, encountering systemic flaws, and witnessing their children endure neglect or violence within healthcare and early intervention systems. Through this process, mothers had to combat ableism, manage self-blame, and balance their employment with packed therapy schedules.

Conclusions/Implications: Intersecting identities shaped mothers' experiences, as race, culture, disability, and socioeconomic status simultaneously affected quality of care received and disparities in service access. Findings highlighted the burden on Black mothers to learn to advocate for equitable care and services, illustrating systemic inadequacies in early intervention systems. Mothers developed resilience by shedding internalized ableism, combating societal ableism, leaning on spirituality, and building supportive communities. These findings have implications for improving provider training, implementing home visits by public health professionals, creating culturally appropriate assessments, and reforming policies to ensure equitable access to timely, quality developmental screenings, referrals, and services for all children.

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PERINATAL AND INFANT HEALTH

Freestanding Birth Center to Hospital Transfers of Care in Arizona

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Purpose: The purpose of our study is to describe birth center births that occurred in the state of Arizona between 2012 to present and analyze intrapartum transfer rates, reasons for transfer, and outcomes among pregnant women who were initially admitted to birth centers.
Background: In Arizona, approximately 27.4% of all births in the state occurred following a transfer of care before delivery. The severe maternal morbidity (SMM) rate among these births is 1.5 times higher than the rate among births in which a transfer of care did not occur. Despite the high percentage of transfers of care and associated SMM, little is known about where, why, and how transfers occur, and underlying causes of transfer-related SMM. Nearly 1% of all births in Arizona occur in midwifery-led, freestanding birth centers. Seven of the 13 freestanding birth centers in Arizona participate in the American Association of Birth Centers (AABC) Perinatal Data Registry (PDR), a national, deidentified dataset containing demographics and clinical characteristics for birth center births across the United States, including perinatal transfers of care. To date, no analysis has been conducted about birth center to hospital transfers in Arizona.
Methods: We conducted a secondary data analysis of the AABC PDR and calculated descriptive statistics for the 4,583 participants who were first admitted in labor to seven Arizona birth centers since 2012. We then conducted logistic regressions among participants who experienced an intrapartum transfer from a birth center to a hospital compared to those who did not to evaluate significant differences in maternal-newborn experiences and outcomes.
Assessment of Findings: There were no significant race/ethnicity or socioeconomic differences among participants who experienced an intrapartum transfer from a birth center versus those who did not. Most participants self-identified as white (80.6%, n = 3,691) and/or Hispanic (24.5%, n = 979). The majority of participants had private health insurance (59.7%, n = 2,735), followed by government insurance (Medicaid/Medicare/CHIP) (17.0%, n = 779) and self-pay (16.1%, n = 738). The intrapartum transfer rate from birth center to hospital settings was 16.7% (n=766). Of the transfers, 11.0% (n= 84) were referrals upon birth center admission, 83.4% (n= 639) were non-emergent transfers after admission, and 5.6% were emergency transfers after admission (n=43). Transfers were more likely to occur if participants were nulliparous (p=<0.001), younger (p=0.013), and had a higher BMI (p=0.011). Participants who experienced an intrapartum transfer had a cesarean birth rate of 23.9% and were less likely to be exclusively breastfeeding upon discharge and at the 6-week postpartum visit compared to participants who did not experience a transfer (p=<0.001). Newborns of participants who experienced transfer were more likely to experience complications than newborns born at a birth center and admission to neonatal intensive care (p=<0.001).
Conclusions: While intrapartum transfers from birth centers to hospitals occurred among a relatively small percentage of participants admitted to birth centers for labor, significant differences in characteristics and maternal-newborn experiences of participants persisted. Evaluation of participant experiences of intrapartum transfers could further elucidate transfer-associated SMM in Arizona.

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PERINATAL AND INFANT HEALTH

Nocturnal Sleep in Breastfeeding and Formula Feeding Mothers, Infants, and Dyads

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Background: Postpartum mothers experience disrupted sleep for a variety of reasons associated with infant care and feeding. A recent meta-analysis concluded that breastfeeding mothers get more sleep than formula-feeding mothers, but sleep differs by parity, infant age, sleeping location, and support from fathers or others.
Purpose: The purpose of this descriptive study was to compare sleep patterns of breastfeeding and formula-feeding mother-infant dyads at two months postpartum.
Methods: Data for this secondary analysis are from a randomized clinical trial in which women expecting their first infant were recruited from prenatal clinics and allocated to either attention controls with dietary information or intervention designed to improve sleep during the first month postpartum. Participants were enrolled during third trimester and received their assigned intervention. Sleep was assessed at 1, 2, and 3 months postpartum using an actigraph worn on the non-dominant wrist (mother) or ankle (infant). This analysis includes 107 mother-infant dyads with complete actigraphy data at two months.
One-way ANOVAs controlling for sleep location were used to compare nocturnal (21:00 to 09:00 hrs) sleep minutes, number of wake episodes, and duration of wake episodes for mothers and infants by feeding type (exclusive breastfeeding n=56; formula n=51). We then used partial correlations to describe the dyad as the unit of analysis controlling for sleep location and feeding type. Statistical significance was set at $p \leq .05$.
Results: The two groups did not differ on infant age (60±8 days) or bed sharing practice (43%). The two groups of mothers did not differ on any sleep variable. While both infant groups had a similar number of wake episodes (9.8±3.8), breastfed infants had significantly (p=.028) shorter wake time per episode (16.9±8.9 minutes) and significantly (p=.053) more total sleep time (505±80 minutes) than formula-fed infants (21.6±11.9 and 471±92 minutes, respectively). Mother-infant dyads had significantly correlated total sleep minutes (partial r=.340, p=.001). Number of infant wake episodes was not correlated with mother's total sleep minutes, but shorter mean duration of infant wake episodes was related to more maternal sleep minutes (partial r= -.209, p=.047).
Conclusions and Implications for Practice and Research: Breastfed infants at 2 months of age had shorter wake episodes and longer total sleep time compared to formula-fed infants, and a mother obtained more sleep if her infant had more sleep. These findings could be used to motivate exclusive breastfeeding practice if new mothers value more sleep. Parents look forward to an infant "sleeping through the night" and duration of nocturnal wake episodes may be a more valid measure of sleep-wake patterns for the dyad than number of wakes. Further research and clinical guidelines for early postpartum interventions to foster breastfeeding and reduce sleep loss are critical, particularly for novice parents who are at high risk of sleep loss with added risk to maternal-infant health and safety. Rather than interventions aimed at increasing the total sleep time for individual mothers or infants, it may be more efficacious to focus on minimizing their dyadic interaction time before, during and after nocturnal wake episodes.

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PERINATAL AND INFANT HEALTH

Maternal Stress and Infant Regulation Associations with Infant Telomere Length

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Purpose: Fetal exposure to maternal stress during pregnancy, including socioeconomic adversity and perceived stress, can have lasting negative effects on infant health and development. According to the Developmental Origins of Health and Disease (DOHaD) model, maternal stress can influence fetal development, leading to adverse biological and behavioral outcomes. Socioeconomic stressors such as housing insecurity, financial hardship, and prejudice exacerbate maternal stress, potentially influencing infant health through neuroendocrine, immune, and oxidative processes. Telomere length (TL), a biomarker of cellular aging linked to disease susceptibility and long-term health outcomes, may serve as a mechanism through which maternal stress becomes biologically embedded in infants, influencing long-term health outcomes. In addition, emerging evidence indicates that an infant's ability to regulate emotion in response to stress may influence TL; however, this relationship has shown mixed results. In this study, we examined whether maternal stress and infant emotional regulation predict infant TL at one or 6 months of age, aiming to identify important stress-related components for early intervention to mitigate adverse impacts on TL.

Methods: This study utilized secondary data from a longitudinal cohort of 190 women and their infants followed from the third trimester of pregnancy (P) through 1 month (T1) and 6 months (T2) postpartum. Maternal exposure to socioeconomic stressors (CRISYS) and perceived stress (Perceived Stress Scale) were assessed during pregnancy, along with demographic context. Infant emotional regulation was evaluated by coding of emotional distress behaviors in response to a standardized caregiving stressor at T1 and T2. Covariates included maternal factors (age, education, income, depressive symptoms) and infant characteristics (sex, gestational age, and neonatal morbidity) to assess biological and medical status. Infant TL was measured at T1 and T2 using qPCR techniques to analyze saliva samples for T/S ratio, a validated marker of cellular aging. Linear regression procedures were used to assess the relationship of maternal perceived stress, socioeconomic stressors, and infant emotional regulation to infant telomere length at T1 and T2.

Results: At 1-month postpartum, maternal stress and infant emotion regulation were not significantly associated with infant telomere length ($p > 0.05$). However, several biological and medical factors were significantly related to telomere length at 1-month postpartum, including sex assigned at birth, gestational age, preterm status, and neonatal morbidity. Notably, higher baseline infant emotionality during the caregiving stressor at 1-month postpartum was significantly associated with shorter telomere length at 6 months (estimate: -0.04, 95% CI [-0.05, -0.01], $p = 0.004$).

Conclusion: Findings highlight the role of infant biological and medical vulnerability, as well as emotional regulation, in shaping telomere length, a biomarker of cellular aging. Infant characteristics, including sex and illness-related vulnerability, were associated with telomere length at 1 month postpartum, while higher baseline emotionality was associated with shorter telomere length. Understanding these relationships highlights the importance of prenatal and early-life interventions in supporting infant emotional regulation, addressing medical vulnerability, and examining their impact on biological aging and developmental trajectories over time.

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PERINATAL AND INFANT HEALTH

Trusting Telehealth in Colorado's Nurse-Family Partnership: A Secondary Analysis

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Purpose: This secondary analysis aimed to compare patient trust in telehealth delivery between two nurse-led models of care in Colorado: Nurse-Family Partnership (NFP) and primary care.
Background: Telehealth use is widespread following the COVID-19 pandemic, but patients' trust of telehealth in a nurse home visiting (NHV) setting is unknown. NFP is an evidence-based NHV program that pairs a first-time, under-resourced mom with a home-visiting nurse before the 28th week gestation. Nursing care is provided to mom and baby through the child's second birthday, supporting the health, safety, and long-term economic self-sufficiency of the family. Telehealth leverages everyday technology to bring care directly to patients. Patient uptake is mediated by geography, visit type, internet access, language barriers, and digital literacy. Beyond implementation barriers, successful telehealth delivery relies on the patient trusting the technology, the healthcare organization, and the one-on-one care delivered. While telehealth can make care more accessible, in the setting of NFP, it is unclear if telehealth is trusted.
Methods: Patients from NFP and nurse-led primary care clinics in Colorado completed the PAtient Trust Assessment Tool (PATAT) survey online from 2021-2022. Eligibility included receiving care from either setting during the stay-at-home phase of the COVID-19 pandemic, ³18 years, and English or Spanish fluency. PATAT is a 25-item, validated instrument that measures five domains of trust in telehealth: trust in the healthcare organization, trust in the healthcare professional, trust in the treatment, trust in the technology, and trust in the telehealth service. PATAT scores were calculated for each domain, then assessed for significance between groups using the Kruskal-Wallis test. Demographic characteristics for each group were summarized using descriptive statistics and compared with Chi-square and Fisher's Exact tests.
Results: The sample (N=785) included patients from NFP (n=151) and nurse-led primary care clinics (n=634). NFP had more patients speak Spanish at home ($p<0.001$), were younger (most 20-39 years old; $p<0.001$), and their telehealth visits in the last year were predominantly video based ($p<0.001$). PATAT scores significantly differed between NFP and nurse-led primary care patients for all domains: trust in care organization ($p <0.001$), trust in care professional ($p <0.001$), trust in treatment ($p <0.001$), trust in technology ($p <0.001$), and trust in telehealth service ($p <0.001$).
Implications for Nursing Research and Practice: NFP patients trust telehealth more than nurse-led primary care patients and their trust is multidimensional. Trust in the care organization, care professional, and treatment may be explained by the nature of the patient-provider relationship: NFP patients interact with the same nurse as often as weekly whereas nurse-led primary care clinic patients can have different providers and receive care annually and/or episodically. This suggests that the success of telehealth may be influenced by the patient's relationship with their provider. Difference in age of the two samples may explain trust in technology and trust in telehealth, as digital literacy mediates telehealth use. Future research should consider how the quality and frequency of a patient-provider relationship affects telehealth usage, trust, and health outcomes.

PROMOTING HEALTH AND WELLBEING AMONG OLDER ADULTS

Independent and Synergistic Effects of Social Isolation and Loneliness on Well-Being

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Background: Social isolation and loneliness became more pronounced during the COVID-19 pandemic, which limited social interaction and access to resources. Subjective well-being (SWB), reflected in emotional balance, self-realization, and self-efficacy or resilience, is a key indicator of psychological health. Older adults with cardiovascular disease, who often experience mobility limitations and fatigue, are particularly vulnerable to declines in SWB. However, longitudinal evidence on the combined effects of social isolation and loneliness remains limited.
Purpose: To examine the longitudinal associations between social isolation and loneliness and next-year well-being among community-dwelling older adults with heart disease, and to test the interaction term between social isolation and loneliness on well-being.
Methods: We analyzed data from the National Health and Aging Trends Study (NHATS) with baseline 2022 and follow-up 2023. NHATS is an annual survey of a nationally representative sample of U.S. Medicare enrollees. The analytic sample included community-dwelling older adults with heart disease at baseline (n = 917). Exposures were social isolation and loneliness, measured in 2022. Social isolation was assessed with five items to represent the network and integration (socially isolated vs. socially integrated). Loneliness was defined with a single self-reported item asking participants whether they had felt lonely during the past month (yes vs. no). Outcomes were the subjective well-being with three domains, including positive/negative emotions, self-realization, and self-efficacy/resilience in 2023. We fit separate Ordinary Least Squares regression models for the overall and each domain of subjective well-being, including social isolation and loneliness simultaneously, an interaction term (isolation × loneliness), the baseline outcome, and covariates (age, sex, race/ethnicity, education, marital status, living arrangement, self-rated health, depressive symptoms, ADL/IADL limitations, comorbidity count).
Results: Among the 917 participants with heart disease at baseline, 53.6% were aged ≥80 years, 52.1% were female, and 69.1% were non-Hispanic White. The prevalence of social isolation and loneliness was 23.7% and 17.7%, respectively. In a multivariable OLS regression model adjusting for baseline scores and covariates, compared with participants who were socially integrated, those who were socially isolated had lower subjective well-being ($\beta = -0.51$, 95% CI $= -1.00$ to -0.03, $p < 0.05$) and lower self-realization ($\beta = -0.30$, 95% CI $= -0.37$ to -0.10, $p < 0.05$). Compared with those not lonely, lonely participants had lower overall well-being ($\beta = -0.69$, 95% CI $= -1.16$ to -0.22, $p < 0.05$), lower positive/negative emotions ($\beta = -0.71$, 95% CI $= -1.02$ to -0.40, $p < .05$), and lower self-efficacy/resilience ($\beta = -0.21$, 95% CI $= -0.42$ to -0.38, $p < 0.05$). The interaction between social isolation and loneliness was significantly associated with lower self-realization ($\beta = -0.54$, 95% CI $= -0.93$ to -0.15, $p < 0.05$). It suggests that the coexistence of both factors leads to a compounded negative impact on personal growth and meaning in life.
Conclusion: This study provides longitudinal evidence that social disconnection adversely affects subjective well-being in community-dwelling older adults with heart disease. Nurses need to integrate social health assessment into cardiovascular care and develop technology-based interventions to reduce social disconnection.

PROMOTING HEALTH AND WELLBEING AMONG OLDER ADULTS

DST-Camm Model: Meaning-Making through Digital Storytelling for Dementia Caregivers

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Background: Alzheimer's disease and related dementias (ADRD) affect over seven million older adults in the United States, with nearly 12 million family members providing unpaid, informal care. These caregivers are at risk for diminished well-being driven by disruption in coherence, purpose, and mattering, the three core dimensions of meaning in life. Digital storytelling (DST) has emerged as a promising intervention method, offering caregivers with a structured approach to articulate emotionally significant experiences into coherent, meaningful stories. However, the theoretical foundations of DST interventions are often underspecified.

Purpose: Guided by Sidani et al's (2020) recommendations for reporting intervention's theory, the purpose of this presentation is to introduce the Digital Storytelling for Caregiver Adaptation via Meaning-Making (DST-CAMM) model, a theory-driven framework designed to operationalize meaning-making processes and enhance caregivers' well-being.

Description: DST-CAMM integrates the meaning-making model and narrative theory to establish a comprehensive foundation for intervention theory. Within the meaning-making model, meaning violations arise when discrepancies occur between caregivers' global and situational meaning. This situation requires reappraisal through assimilation or accommodation to generate meaning-made that contributes to well-being. Narrative theory extends this process by situating meaning reconstruction within social, cultural, and dialogical contexts, positioning storytelling to restore coherence, reorient purpose, and reaffirm mattering. DST-CAMM consists of a three-day, in-person, group-based workshop with three core components: 1) story circles which enable caregivers to reframe fragmented experiences into coherent narratives; 2) digital story production in which caregivers creatively externalize experiences into multimedia expressions, reinforcing purposeful life narratives; and 3) group sharing and reflection where caregivers present their digital stories, receive validation from peers, and foster a sense of belonging and value.

Logic: DST-CAMM components align with the three core dimensions of meaning in life: story circles foster coherence, digital story production reinforces purpose, and peer reflection affirms mattering. Reappraisal, which includes cognitive, affective, and social pathways, serves as the central mechanism of action. Cognitive reappraisal involves redefining events to align them with global meaning; affective reappraisal facilitates emotional processing; and social reappraisal occurs through peer recognition and perspective-taking during story sharing. Contextual factors such as cultural values, caregiving norms, facilitator competence, and group safety are essential for intervention engagement and outcomes. This process demonstrates consistency between intervention components, mechanisms of action, and expected outcomes. In this way, DST-CAMM translates abstract constructs of meaning into observable, replicable practices addressing caregiver well-being.

Conclusion and Implication: DST-CAMM provides a conceptually coherent and theoretically grounded foundation for intervention research supporting caregivers. By identifying reappraisal as the mechanism of action and specifying critical content aligned with well-being, DST-CAMM offers practical implications for designing caregiver programs that embody equity, inclusivity, and accessibility into intervention delivery. In future applications, DST-CAMM may extend beyond ADRD caregiving to other settings where meaning reconstruction is central, such as bereavement, psychiatric illness, or palliative care. Research is needed to determine the feasibility of DST-CAMM and its empirical promise among ADRD caregivers at risk for disruption in purpose, coherence, and mattering.

Functional Fitness for Mental Health in Older Women: A Systematic Review

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Background: Older women experience higher rates of anxiety and depression than older men, with prevalence nearly twice as high in most national surveys. Physical activity is consistently linked with improved mood regulation, cognitive function, and quality of life, yet evidence on which exercise modalities are most effective for supporting mental health in older women remains limited. Functional fitness, multicomponent training that integrates strength, balance, endurance, and agility, has become increasingly popular among older adults and is recommended for maintaining independence and reducing fall risk. However, its potential to enhance mental health and social well-being in older women has not been systematically synthesized.
Purpose: To evaluate and synthesize existing evidence on the mental health benefits of functional fitness interventions among women aged 60 years and older.
Methods: Following PRISMA 2020 guidelines, five databases (CINAHL, Global Health, PsycInfo, SportsDiscus, and Web of Science) were systematically searched without publication date limits. Eligible studies examined functional fitness–type interventions (e.g., high-intensity multimodal, HIIT, HIFT, or exergame-based) and included at least some participants aged ≥60 years. Studies were screened and appraised using the 14-item QualSyst tool. Data were extracted using a standardized template and thematically synthesized to identify trends in intervention characteristics, outcomes, and populations.
Results: Twenty-one studies representing 12 countries met inclusion criteria. Most were randomized controlled trials (n=17), with sample sizes ranging from 16 to 279 participants. Seventy-one percent of studies demonstrated significant mental health benefits, including reductions in anxiety and depression and improvements in quality of life and social functioning. Effective interventions commonly involved 60-minute sessions performed two to three times per week for at least eight weeks. Moderate-intensity programs yielded comparable benefits to high-intensity protocols, suggesting that accessibility and adherence may be more critical than exertion level. Interventions conducted in group formats frequently showed the greatest psychosocial improvements, underscoring the importance of social connectedness in promoting mental health. Notably, few studies analyzed results by sex/gender, and most enrolled participants with chronic medical conditions rather than primary mental health diagnoses.
Conclusions: Functional fitness interventions, even at moderate intensity, appear to support emotional well-being, social functioning, and quality of life in older women. These findings highlight the value of incorporating functional fitness principles into nursing-led health promotion and rehabilitation programs for aging populations. Future research should examine outcomes among women with primary mental health conditions and explore mechanisms such as social engagement and self-efficacy that may mediate the mental health benefits of functional fitness.

Stigma and Primary Care Access Among Trans Older Adults in the Inland Empire, California

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Background and Purpose: Research has documented how transgender and gender diverse people (TGD; people whose gender identity does not align with their sex assigned at birth) experience pervasive stigma within healthcare settings. While population-level studies consistently demonstrate a correlation between interpersonal stigma and adverse health outcomes, much of this research has centered on TGD youth and young adults, leaving critical gaps in understanding the experiences of TGD older adults 50 years and older. The purpose of this study was to explore how stigma shapes primary care access among TGD older adults living in the Inland Empire (Riverside and San Bernardino Counties), California.
Methods: Incorporating elements of community-based participatory research, we built on established partnerships with the local TGD community and included TGD community members in the research team. Study materials were co-developed with the TGD-identifying team members, who also led recruitment. In-depth qualitative interviews were conducted between November 2023 and February 2025. Guided by the Stigma-Power framework and using Riessman's narrative-based approach to thematic analysis, we identified thematic threads across interviews and described shared and divergent experiences of stigma in accessing primary care.
Results: Seventeen TGD older adults (ages 53-75, mean=61 years old) participated. Over half identified as women/transgender women (53%) and White (59%). While more than half (53%) had at least a bachelor's degree, notable proportions experienced disability-related unemployment (30%), housing instability (24%), and food insecurity (30%). Participants' storytelling emerged as both a meaning-making practice and a form of resistance against systemic oppression. The stigma narratives generated thematic threads, which underlined how stigma shaped primary care access by keeping TGD older adults (1) *down* through exploitation and domination (e.g., healthcare providers using institutional power to deny or delay care and the downstream effect of economic marginalization on affordability of healthcare services), (2) *in* through enforcement of social norms (e.g., pathologization of TGD identities, misgendering/deadnaming, and anti-TGD policies designed to undercut access to care), and (3) *away* through avoidance and exclusion (e.g., lack of provider training, refusal to provide services, and closure of clinics that provide gender-affirming hormone therapy leading to geographical disparities in access to affirming clinics and providers). Participants' narratives also described facilitators that acted as countermeasures to stigma, such as access to affirming primary care providers and support from TGD health navigators. These thematic threads underscore how stigma is deeply embedded within the healthcare system, shaping ways TGD older adults access, or are excluded, from primary care.
Conclusion: Stigma shapes primary care access for TGD older adults in complex and multilayered ways. Recognizing the dynamics between mechanisms that keep TGD older adults *down*, *in*, and *away*, and the facilitators that counter them, offers critical insight in informing multilevel, culturally-informed interventions that address stigma at its interpersonal and structural levels. By situating stigma narratives within broader conversations on health equity and narrative-based inquiry, this study centered the voices of TGD older adults in the Inland Empire and challenged their marginalization in healthcare discourse.

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PROMOTING HEALTH AND WELLBEING AMONG OLDER ADULTS

Feeding the Brain: Linking Gut-Brain Axis Theory to Nursing Research

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Purpose: This theory-based analysis presents the gut-brain axis (GBA) as a systems-level biological framework for understanding age-related cognitive decline and proses a nursing-relevant logic model to guide the development of future intervention and clinical research. By linking age-related gut microbiome disruption (dysbiosis) to cognitive outcomes through inflammation, neuroendocrine, and metabloic pathways, the goal is to integrate biological theory with nursing science to promote holistic, non-pharmacologic strategies that help maintain cognitive function in older adults.

Background: The gut-brain axis describes a bidirectional communication system linking the gastrointestinal and central nervous systems through neural (e.g., vagus nerve), immune (e.g., cytokine signaling), endocrine (e.g., cortisol, gut peptides), and microbial (e.g., short-chain fatty acids, tryptophan metabolites) pathways. Current evidence shows that aging is associated with a decline in gut microbial diversity and compromised gut barrier integrity, increasing vulnerability to chronic low-grade inflammation and systemic oxidative stress. These changes weaken the blood-brain barrier and imipair cognitive functions such as episodic memory, processing speed, and executive function, which are early signs of neurodegenerative decline. Factors like chronic inflammation, infections, antibiotic use, and polypharmacy further disrupt the microbiome, adding to the risks of accelerated cognitive decline.

Logic Linking Theory to Nursing Research: Framing the gut-brain axis as a biological theory of cognitive aging aligns with the nursing sceince's systems-thinking perspective. Within this framework, dysbiosis becomes a modifiable risk factor embedded in a nursing logic model that targets diet, stress, inflammation, and autonomic regulation. Dietary supplementation emerges as a testable pathway for intervention: a nutrient-based, non-invasive, and non-pharmacological strategy to improve vagal tone, mitigate inflammation, and restore microbial balance. This model encourages nurse scientists to empirically test whether targeted supplementation can influence neurocognitive health, offering measurable endpoints such as memory performance, perceived energy, attention, and mood. The theorectical integration of the GBA into nursing research fosters the development of holistic, preventative interventions grounded in person-centered care, functional maintenance, and cognitive resilience.

Conclusion: The gut-brain axis framework offers a straightforward and adaptable foundation for nurse-led research into the biological and behavioral determinants of cognitive aging. By creating a logic model that links dysbiosis to cognitive decline and highlights interventions point, this proposed framework bridges complex biological science with practical nursing strategies relevant to diverse older adult population and care setting. Future research should explore interventions that evaluate the impact of dietary supplements as practical and scalable methods to enhance cognitive health by strengthening the gut-brain axis.

Drawing Insight: Sequential Art Narratives in Hermeneutic Nursing Research

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Background: Acute care nurses (ACNs) spend considerable time at the bedside, yet little research examines how they provide *existential support* to patients with life-limiting illness (LLI). Using van Manen's interpretation of hermeneutic phenomenology, researchers explored the ACN–patient relationship and how it enables such support. As interviews progressed, participants' symbolic language and the researcher's own reflexive notes were strikingly visual. To honor that texture without abandoning hermeneutic rigor, researchers developed a visual–text adaptation: bringing Sequential Art Narratives (comics strips/panels) into the analytic process as a heuristic aid.
Aims: (1) Show how sequential art can be embedded ethically and rigorously within hermeneutic phenomenology; (2) demonstrate how drawing acts as an analytic catalyst that deepens interpretation; and (3) illustrate the approach with a brief overview of findings.
Method/Description: Researchers treated drawing as an interpretive act. After each interview and transcript review, the primary investigator sketched one to three panels depicting felt dynamics (emotion, tempo, silence, spatial arrangement, turning points). Sketches were then read alongside transcripts, memos, and emerging themes in a hermeneutic spiral of visual–text dialoguing: returning to the language, revising the image, and testing what was essential through free imaginative variation. Panels were symbolic and non-literal to protect identity and prioritize meaning. Language and philosophical interpretation remained primary; drawing extended the established practice of writing/rewriting by engaging prereflective, aesthetic knowing. The iterative methodological steps of this research included: (a) holistic reading; (b) analytic sketching; (c) memoing; (d) line-by-line rereading; (e) thematic formation; and (f) panel refinement for later teaching/presenting.
Results/Logic: Comic strips organize meaning through sequence, juxtaposition, and space, which is well-suited to symbolize palliative care, where nursing care unfolds through timing, quiet, and incremental decisions. Applied to 17 ACN interviews, this method revealed three interwoven themes: *Earning Trust Amid Vulnerability, Fostering Mutuality*, and *Giving Time*. Together they formed the essence *Attuning to Compassionate Reality*—maintaining honesty while protecting dignity and comfort. Drawing helped researchers see these threads as a web rather than a hierarchy, aligning with the layered, recursive movement of hermeneutic interpretation.
Conclusion/Implications: Incorporating sequential art widens what researchers can notice and how insights are shared, without sacrificing philosophical coherence. The approach offers a replicable heuristic that augments writing/rewriting with sketching/resketching to uncover essential meanings. For educators and clinicians, the resulting panels are approachable, practice-ready artifacts that translate complex relational work into recognizable moments and serve as icebreakers for discussing early palliative care, quality of life, and the nurse's role in existential support. Ultimately, comics within hermeneutics invite readers to recognize–not to capture everything, but to distinguish meaning in ACN practice and how that can be utilized for patient care.

PROMOTING STUDENT CONFIDENCE, ENGAGEMENT, AND WELLBEING

Impact of SBIRT Training and Simulation on Confidence in Nursing Students

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Purpose: This study evaluated changes in confidence levels among Bachelor of Science in Nursing (BSN) students following Screening, Brief Intervention, and Referral to Treatment (SBIRT) education and training. It aimed to identify training gaps by examining which specific areas of confidence improved significantly following the training and which did not. Additionally, the study examined the added impact of Kognito simulation training on confidence.
Background: Substance use remains a significant public health concern, and nurses are essential in early identification and intervention. SBIRT is an evidence-based approach that equips BSN students, as future frontline providers, to effectively address substance use. While SBIRT training improves knowledge and skills, building confidence in applying these techniques is crucial for real-world success. To enhance confidence, Kognito, a virtual simulation tool, has been introduced alongside traditional SBIRT education. By offering realistic, scenario-based practice in a safe setting, Kognito helps students develop more balanced real-life confidence, making it a valuable addition to SBIRT training and supporting better clinical readiness.
Methods: This pretest–posttest interventional study included a convenience sample of 488 fourth-year BSN students from a large public university in California. All students completed SBIRT training through required community health courses, including home health practice. A subset completed additional training using Kognito simulation. Data were collected over three years using a demographics survey and a self-report questionnaire on SBIRT Confidence, Knowledge, and Behaviors, administered before and after training. Analyses included descriptive statistics, paired t-tests, and ANOVAs. The study was guided by Knowles' Adult Learning Theory.
Results: Participants had a mean age of 29.3 years and were predominantly female (83.6%). Nearly half (48%, n=234) reported prior experience working with adult clients in healthcare or related settings. Overall confidence significantly increased from pretest (M =56.41, SD =17.26) to posttest (M =64.90, SD=15.50), $t(329) = 8.61$, $p < .001$, (95% CI[6.91,11.00]. Higher confidence levels in 8 out of 9 areas ($p < .001$) were reported. The greatest improvement was in intervening regarding misuse prescription medications, $t(340) = 9.35$, $p < .001$. The area of expressing empathy and reflecting emotions during an interview was not found significant. The results showed that posttest confidence scores were marginally lower for students who received Kognito training compared to those who did not (M =67.4, SD =2.01), $F(1,327) = 2.99$, $p = .06$. However, item-level ANCOVAs revealed significantly higher confidence in the Kognito group regarding several areas including providing feedback on substance use ($F = 5.85$, $p < .05$).
Implications: SBIRT training significantly increased students' overall confidence, especially in core skills like identifying and addressing substance misuse. Smaller gains in empathy suggest an area for improvement. Kognito simulation enhanced confidence in specific skills like motivational interviewing, feedback delivery, and empathy, indicating more realistic self-assessment. These findings support combining traditional SBIRT instruction with simulation to strengthen both competence and confidence in nursing education. As nurses often serve as the first point of contact in community health, equipping them with practical SBIRT skills and realistic self-assessment abilities is critical to improving early identification, brief intervention, and referral for individuals at risk of substance use disorders.

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PROMOTING STUDENT CONFIDENCE, ENGAGEMENT, AND WELLBEING

Participation for the WIN

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Purposes/Aims: The purpose of this project was to increase engagement and participation among undergraduate nursing students through a low-cost, gamified raffle system. The goal was to enhance classroom interaction and motivation in both lecture and lab environments.
Rationale/Background: Active participation supports the development of clinical judgment, communication, and critical thinking. However, many nursing students hesitate to engage in class discussions. Behavioral reinforcement and gamification theory suggest that small, consistent rewards can positively influence participation and group dynamics. This project evaluated the impact of an incentive-based participation model using raffle tickets as a tool for engagement.
Brief Description of the Undertaking/Best Practice: Instructors distributed raffle tickets for active participation behaviors such as answering questions, contributing to discussions, and volunteering for demonstrations. Tickets were entered into drawings for small prizes at the midterm and end of the quarter (e.g., coffee gift cards, nursing supplies). Post-intervention surveys were completed by students across three classes (n = 117). Quantitative questions assessed engagement, willingness to participate, and perceived equity. Qualitative comments were reviewed thematically.
Assessment of Findings/Outcomes Achieved: Survey results showed strong positive outcomes: 90.6% of respondents found the raffle system made class more engaging, 71.8% felt more willing to participate, and 96.6% supported continuing the system in future terms. The average equity score was 2.73 out of 3, suggesting students viewed the process as highly fair. Qualitative themes included “learning feels fun again,” “less pressure to speak up,” and “a great motivator to participate.”
Conclusions: This simple and sustainable incentive model enhanced classroom energy, inclusivity, and engagement. Students described feeling more confident participating and more connected to peers and instructors. Future steps include examining the relationship between participation frequency and academic outcomes, exploring digital reward tracking, and sharing this strategy across nursing programs to foster equity and belonging through gamified learning.

PROMOTING STUDENT CONFIDENCE, ENGAGEMENT, AND WELLBEING

Understanding Global Stress and Depression in Nursing Students: A Systematic Review

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Purpose: This systematic review and meta-analysis aimed to (1) identify the global prevalence of stress and depressive symptoms among undergraduate nursing students and (2) examine the sociodemographic and interpersonal factors that contribute to these symptoms.

Background: Undergraduate nursing students experience high levels of stress and depressive symptoms due to demanding academic coursework, clinical training, and personal responsibilities. Given ongoing shifts in education, such as increased reliance on simulation-based learning, heightened academic and clinical expectations following the COVID-19 pandemic, and broader societal stressors, updated prevalence data are essential to quantify the current mental health burden and identify student subgroups at greater risk. A systematic synthesis is also needed to clarify how socio-demographic and interpersonal factors contribute to stress and depressive symptoms among nursing students across diverse educational and cultural contexts.

Method: Following the PRISMA guidelines, a systematic review and meta-analysis were conducted across four databases (PubMed, Web of Science, Embase, and CINAHL) for studies published between 2019 and 2024. Eligible studies were full-text, peer-reviewed articles in English that included undergraduate nursing students, reported prevalence of stress or depressive symptoms, and examined associations with sociodemographic or interpersonal factors. Pooled prevalence rates of stress and depressive symptoms were calculated using random-effects models. Subgroup analyses were performed based on the severity of symptoms, study location, country income groups, and measurement instruments. Effect size (ES), 95% confidence intervals (CIs), and p-values were reported. The risk of bias in individual studies was assessed using the NIH Quality Assessment Tool. A systematic synthesis was used to identify the sociodemographic and interpersonal factors associated with students' stress and depressive symptoms.

Findings: The review included 43 studies, most of which were cross-sectional and predominantly involved young female nursing students aged 18–24. The majority of the studies were conducted in Asia, Latin America, and Europe, with sample sizes ranging from 100 to 500 participants. The pooled prevalence of depressive symptoms and stress was 47% and 49%, respectively, with moderate levels of both outcomes being most frequent (22%). Depressive symptoms were most prevalent in studies conducted in Latin America (57%), lower-middle-income countries (60%), and those using the Beck Depression Inventory II (68%). Stress prevalence was highest in studies from North America (69%), upper-middle-income countries (63%), and those using the Perceived Stress Scale-10 (57%). Sociodemographic and interpersonal factors associated with these outcomes included younger age, female gender, single status, years of study, relationship conflict, and dissatisfaction with social activities. Financial hardship, poor perceived health, and limited social support were identified as key modifiable factors.

Conclusions: Among these studies, nearly half of undergraduate nursing students experience stress and depressive symptoms, with prevalence varying by region, country income, and measurement instruments. These findings underscore the importance of addressing modifiable risk factors, such as financial strain, poor perceived health, and limited social support, through culturally tailored interventions specifically designed for nursing students and their education contexts. These strategies may improve students' mental well-being, academic performance, and retention, and may ultimately contribute to the development of a competent, resilient, and sustainable nursing workforce.

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Promoting Self-Care in Graduate Nursing Students through Mindfulness and Acupressure

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Purposes/Aims: This project aimed to integrate evidence-based self-care practices into a Doctor of Nursing Practice (DNP) curriculum to improve students' self-care competency, practice consistency, and overall well-being while addressing the high stress and fatigue commonly experienced in graduate nursing programs.

Rationale/Background: Nursing students in graduate nurse practitioner programs face significant stress and fatigue that negatively impact their well-being and academic performance. Evidence indicates mindfulness and acupressure interventions are effective self-care strategies for reducing perceived stress and burnout in DNP students and new graduates. Acupressure offers a practical, low-cost technique for managing clinical symptoms, while mindfulness-based programs have demonstrated success in promoting mental health. Embedding these evidence-based approaches within formal curricula can establish lasting self-care habits that support academic success, ensure long-term sustainability, and ultimately enhance patient care quality.

Brief Description of the Undertaking/Best Practice: We developed a comprehensive self-care curriculum for DNP students using the Self-Care Matrix framework. The eight-week program included three integrated components: (1) in-class mindfulness sessions led by trained faculty at the beginning of each synchronous class; (2) daily mindfulness exercises delivered via a mobile app; and (3) twice-daily self-acupressure practice. Students received initial training on the app and acupressure techniques on day one, with weekly reminders throughout the program that included instructional videos and acupressure point images. The program concluded with a celebratory hands-on healthy cooking session during an on-campus immersion, serving as a community-building and wellness-focused activity. We measured students' self-care practices, perceived stress, and fatigue levels at baseline and eight weeks using validated instruments and paired t-tests to evaluate program impact.

Assessment of Findings/Outcomes Achieved: Of 21 DNP students, 18 completed both pre- and post-intervention surveys (mean age = 32.8 ± 7.64 years; 44% White, 39% Asian, 6% Black; 89% working as staff nurses). Results demonstrated significant increases in both self-care practices: acupressure use (1.28 ± 0.46 vs. 1.72 ± 0.75, p=0.04) and mindfulness use (1.61 ± 0.61 vs. 2.33 ± 0.97, p=0.005). Students reported significant improvement in perceived competency for both acupressure (1.25 ± 0.58 vs. 1.94 ± 0.57, p=0.01) and mindfulness (1.61 ± 0.61 vs. 2.33 ± 0.97, p=0.005). Over half (56%) expressed interest in continuing mindfulness as part of their ongoing self-care routine, while 11% preferred continuing acupressure. However, perceived stress levels showed no significant change (20.06 ± 5.40 vs. 20.67 ± 4.20, p=0.66), and fatigue scores unexpectedly increased (24.06 ± 7.50 vs. 28.78 ± 6.24, p=0.002).

Conclusions: Consistent with previous research, incorporating self-care practices into formal curricula improved students' competency and practice consistency. Making interventions easily accessible and integrable into daily routines proved crucial for engagement. However, the unchanged stress levels and increased fatigue likely reflect additional clinical requirements and academic demands students faced during the quarter, suggesting earlier curriculum integration is essential. The eight-week intervention period may have been insufficient to demonstrate measurable physiological effects, as behavioral changes require longer implementation periods. Future interventions should adopt a comprehensive approach that strengthens self-care skills earlier in the program, optimizes implementation timing, and addresses systemic program factors impacting student well-being outcomes.

STRENGTHENING THE HEALTHCARE WORKFORCE:
EDUCATION, EQUITY, AND LEADERSHIP

Bridging the Academic–Practice Gap: A Delphi Study on Essential Skills

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Purpose: This modified Delphi study sought to establish consensus among academic and clinical nursing educators on essential psychomotor skills for pre-licensure nursing education. The aims were to (a) differentiate essential from non-essential skills, (b) identify optimal instructional settings, and (c) determine which skills require competency evaluation for practice readiness. Defining essential psychomotor skills is critical as nursing education transitions to competency-based assessment. Without consensus, the academic–practice gap persists, and programs risk teaching outdated or irrelevant skills. Unlike medicine, which has unified guidance for technical skill development, nursing lacks a consistent framework for prioritizing psychomotor skills. Regulatory agencies also provide little direction, leaving programs to rely on inconsistent, institution-driven lists. By engaging both academic and practice experts, this study provides evidence-based recommendations to guide competency-based education and ensure graduates enter practice with the skills most essential for safe, effective care.

Methods: A modified Delphi approach was used to establish consensus. Seven foundational nursing textbooks were reviewed and then consolidated into 176 items across 15 categories. Skills related to physical assessment, non-psychomotor competencies, and specialty areas were excluded. Academic and clinical educators with at least two years of practice and teaching experience were recruited through professional networks, referrals, and social media using snowball sampling. Participants rated each skill as essential or non-essential, identified instructional settings, and indicated whether competency evaluation was required. Surveys were conducted over three rounds (October 2024–February 2025), with consensus defined as ≥80% agreement.

Results: A total of 114 educators participated, representing all four U.S. regions and international sites. Most identified as academic experts (79%), with the remainder as practice experts (21%). All completed Round 1, with 42 completing Round 2 and 36 completing Round 3. Of the 166 skills evaluated, 95 reached consensus as essential, 2 as non-essential, and 69 did not reach consensus. Most consensus occurred in Round 1 (84 essential, 1 non-essential), with 11 additional skills classified in later rounds. Essential skills were concentrated in Patient Safety (100%), Asepsis and Infection Control (83.3%), and Medication Administration (71.9%). Experts recommended most essential skills be taught in lab/simulation (92%), with fewer in didactic (6%) or clinical (2%) settings. Nearly half (46/95) were designated for competency evaluation, particularly in asepsis, fluids/electrolytes, and medication administration. Academic experts rated fewer skills essential than clinical experts (72.8% vs. 80.9%, $p = .037$).

Conclusion: This study provides national consensus on essential psychomotor skills for pre-licensure nursing curricula, narrowing an initial list of 166 to 95. Results support clearer curricular priorities, reduce cognitive overload, and identify 46 skills requiring competency evaluation aligned with competency-based education initiatives (AACN, 2021; NLN, 2023). Findings highlight opportunities to consolidate instruction around four priority categories—patient safety, infection control, medication administration, and fluid/electrolyte balance—and emphasize scaffolding skills across curricula rather than frontloading them. Differences between academic and clinical educators underscore the academic–practice gap and the need for dialogue to ensure graduates are prepared with the psychomotor skills most critical for safe, effective practice. These results support consistent, competency-based preparation of practice-ready nurses, advancing patient safety and workforce readiness.

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STRENGTHENING THE HEALTHCARE WORKFORCE:
EDUCATION, EQUITY, AND LEADERSHIP

Racism and Discrimination Contributing to Attrition of the Midwifery Workforce

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Purpose: To describe the experiences of racism and discrimination that led midwives to withdraw from the profession and characterize process of withdrawing from the midwifery workforce.

Background: The U.S. midwifery workforce lacks racial, ethnic, and gender diversity. While various initiatives seek to increase the number of diverse individuals entering the midwifery profession, insufficient attention is paid to retaining the small population of diverse midwives. Racism and discrimination have been identified as factors that contribute to midwives leaving the workforce. In this study, we aimed to understand the lived experiences of midwives who reported withdrawing from the profession due to racism and discrimination.

Method: A team of diverse midwives and nurses conducted a qualitative study using a hermeneutic phenomenological approach. Participants (n=35) were recruited from related studies, social media, and snowball sampling. We conducted in-depth, one-hour, semi-structured interviews via Zoom. Participants were interviewed by a midwife and offered racially congruent interviewers. Transcripts of interviews were transcribed, reviewed for accuracy, open coded by one team member, and reviewed by a second member. Throughout coding, the team met every other week to refine codes. Initial codes were discussed by the full study team and organized into themes over a 2-day intensive retreat in which team members engaged in ongoing reflexivity. Transcripts were reviewed a third time to refine the themes. Finally, themes were member checked with 3 participants.

Findings: Withdrawal took four forms: leaving clinical practice, leaving employers, leaving the profession, and leaving mentally and emotionally while physically staying in the profession, job, and clinical practice. Overall, participants reported a process of gradual erosion and a lack of unconditional positive regard. Five themes characterized the lived experiences: daily experiences, being the only, witnessing racist and discriminatory care, harms perpetrated by well-intentioned white midwives, and guilt.

Conclusion: Underrepresented midwives are withdrawing from the workforce in ways not easily detectable through standard workforce metrics. Experiences were both active (micro- and macro-aggressions) and passive (being ignored). While systems were implicated, individual midwives, particularly white midwives, were primarily identified as perpetrators of racism and discrimination. Experiences were reflective of experiences of the general population of midwives, suggesting race, gender, and midwifery are three intersecting sources of marginalization.

STRENGTHENING THE HEALTHCARE WORKFORCE: EDUCATION, EQUITY, AND LEADERSHIP

Sustaining Nursing Leadership Development: Rwanda's HRH Program

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Purpose: Due to the severe global nursing shortages, constituting almost 90% of the deficit in Low-and lower-income countries (LMICs), Rwanda sought to strengthen its nursing workforce. The Rwanda Human Resources for Health (HRH) initiative aimed to address the shortage through sustainable nurse leadership development, utilizing 'twinning' partnerships between the Rwanda Ministry of Health and American academic institutions from 2012-2019. The 'twinning' model was used to directly transfer knowledge and skills. Although sustainable and cost-effective initiatives are essential, 40-50% of global health efforts fail within a year, and only 1% of development projects undergo evaluation post-funding. To this end, the factors affecting the sustainability of nursing leadership development are not well known. This study aims to identify barriers and facilitators that influenced the sustainability of the HRH nursing leadership development and describe the effects of COVID-19 on the sustainability of implemented programs and activities.

Methods: A qualitative descriptive study was conducted to understand the barriers and facilitators that affected the sustainability of the nursing leadership development. 'Twinned' U.S. faculty nurse leaders (USFNL) and Rwandan nurse leaders (RNL), who participated in the HRH program from 2013-2018, were recruited through purposeful sampling. Participants were based at one university and two teaching and referral hospitals in Rwanda. Semi-structured in-depth interviews, document analysis, and observations were employed to collect data. The Upvall and Leffers revised conceptual model of partnerships and sustainability in global health was used to guide the study. The data were transcribed and managed using ATLAS.ti, and content analysis was employed to analyze the data.

Results: Twenty participants, comprising 10 dyads (10 USNL and 10 RNL), participated in the study, aged 30-80 years, with degrees ranging from Associate to PhD level. The primary barrier to sustainability was the lack of a clear framework and guidelines. The concept of 'twinning' was used to pair USFNL with RNL; however, an actual 'twining' model did not guide the processes. The secondary barrier was the challenges posed by the COVID-19 pandemic, including staffing shortages that hindered the implementation of sustainability measures. RNL reported postponing training sessions, including continuous professional development, until further notice. Observations and document analysis confirmed inconsistencies in sustainability, primarily related to documentation in patient files. The major facilitator for sustainability was leadership training, in which RNL gained skills through 'twinning' partnerships with USFNL, which helped them function effectively during the pandemic. Other facilitators included the government's commitment to the program, country ownership of program initiatives, collegial friendships that continued after program completion, and publications achieved in collaboration with 'twinned' partners.

Conclusions: This study contributes to the extensive research on implementing global HRH initiatives and nursing leadership development. The reprioritization of pandemic resources and persistent global health funding reductions should be considered when evaluating the sustainability of global health programs and nursing leadership development in LMICs. Future nursing leadership development programs must evaluate sustainability requirements at the outset to ensure effective monitoring and evaluation. Preparation and empirical understanding of challenges associated with working in LMICs can equip future nurse leaders to plan practical sustainability strategies.

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TECHNOLOGY IN NURSING EDUCATION

Course-Sharing: Cutting Costs, Boosting Faculty, and Enhancing Learning

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Purposes/Aims: This presentation highlights a course-sharing partnership as a strategy to reduce costs, optimize faculty resources, and expand learning opportunities in nursing science education. The aim is to demonstrate a collaborative process for addressing funding restrictions, faculty shortages, budget constraints, and declining graduate student enrollment in nursing education.

Rationale/Background: Many universities are facing significant financial challenges due to federal funding reductions, rising inflation, and projected shortfalls. In nursing education, these constraints are compounded by declining PhD enrollment and increasing faculty vacancies at public universities. Decreasing enrollment creates minimum thresholds that cannot be met, while funding restrictions often result in the discontinuation of low-enrollment programs. At the same time, faculty shortages limit student admissions, progression, and the capacity to sustain high-quality programs. This places additional strain on the nursing education workforce and its ability to meet growing healthcare demands.

Brief Description/Methods: In 2004, four universities established NEXus, a non-profit initiative to collaboratively offer online graduate nursing courses. This partnership enables universities to save time and money through course sharing. By leveraging NEXus, nursing schools can bridge the gap between costs, enrollment, and revenue while still fulfilling curriculum requirements, enhancing both efficiency and access to high-quality graduate nursing education.

Applying the NEXus Process:

1. Institutions assess course requirements and enrollment projections.
2. Departments analyze faculty vacancies and salary costs for courses.
3. Courses are selected for delivery through NEXus rather than being offered at home.
4. Select home courses are incorporated into the NEXus catalog to generate potential revenue from visiting students.
5. Schools derive a comprehensive projection of total cost savings and tuition revenue.

Assessment of Outcomes/Results: An exemplar school of nursing budget is presented to compare the financial picture before and after implementing the course-sharing model, highlighting resulting cost savings and course reductions. To date, over 560 students have utilized NEXus to complete their doctoral degrees, and 1,110 graduate students have participated in NEXus courses as part of their degree requirements. In 2024, NEXus enrollments generated $174,000 in tuition and an estimated cost savings of $932,000, an average of $69,600 in income and savings per institution.

Conclusions: The NEXus Consortia provides access to expert-led courses while supporting timely degree progression, even amid significant financial challenges and faculty shortages in higher education. Course-sharing partnerships help prevent student withdrawal, program closures, and the high costs associated with for-profit course-sharing platforms. This approach keeps expenses low, allows tuition revenue to be shared, and offers students a broader selection of coursework each term.

Universities benefit from reduced costs related to course development, faculty recruitment, and salaries. Graduate departments can ensure courses meet minimum enrollment while generating additional tuition revenue. NEXus enables institutions to maintain and strengthen their graduate nursing programs, while contributing to the overall quality and sustainability of nursing education.

Walking in Patients' Shoes: Virtual Reality and Social Determinants of Health

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Purposes/Aims: This study evaluated the feasibility, usability, and acceptability of a virtual reality (VR)-based educational experience designed to enhance nursing students' empathy and awareness of social determinants of health (SDOH). The VR simulation placed users in the first-person perspective of a patient navigating multiple healthcare encounters while experiencing barriers related to poverty, language, transportation, housing, and health literacy.

Rationale/Conceptual Basis/Background: Social determinants of health (SDOH) account for 80-90% of health outcomes, yet nursing education programs often lack structured, engaging SDOH training. While simulation-based learning is widely used in nursing education, VR technology offers unique advantages by providing immersive, perspective-taking experiences that can deepen empathy and understanding. Research suggests VR improves long-term content retention and increases empathy through first-person experiential learning. This study addresses the critical need to prepare nursing students to recognize and address health inequities in clinical practice.

Methods: A qualitative descriptive design using semi-structured interviews explored 25 nursing students' perceptions following completion of a VR session featuring three patient scenarios. Participants included undergraduate (64%) and graduate (36%) nursing students recruited via convenience sampling. Interviews lasting 30-45 minutes were conducted immediately post-VR experience, audio-recorded, transcribed verbatim, and analyzed using Braun and Clarke's six-phase thematic analysis framework. Quantitative measures assessed simulation sickness, technology acceptance, usability, and presence. Trustworthiness was established through investigator triangulation, audit trails, and reflexive memoing.

Assessment of Findings/Outcomes Achieved: Participants (mean age 27.24 years, 84% female, 76% White) reported minimal simulation sickness and high technology acceptance scores (1-7 scale), with perception of enjoyment on a (5.92±1.09) and intent to use (5.64±1.37) ranking highest. Usability ratings (1-5 scale) were positive (3.91±1.11), with participants strongly endorsing the importance of healthcare providers identifying SDOH (4.68±0.56). Qualitative themes revealed that the VR experience enhanced empathy by immersing students in the patient's lived reality, increased understanding of how SDOH impacts health outcomes and care adherence and provided realistic scenarios that resonated with students' future practice. Students valued the experiential learning approach over traditional lectures and noted the simulation would create lasting impact on their clinical practice.

Conclusions/Implications: This study demonstrates that VR-based SDOH education is feasible, acceptable, and engaging for nursing students. The immersive nature of VR may bridge the gap between theoretical knowledge and experiential understanding of health inequities. Next steps include refining user interface and navigation minor usability issues or barriers to engagement based on participant feedback. Future research should examine the long-term retention of empathy and SDOH awareness on the patient experience of VR-SDOH training compared to traditional methods and explore integration into standard nursing curricula across educational levels.

TECHNOLOGY IN NURSING EDUCATION

Practices and Pitfalls of Using Artificial Intelligence in Research

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Purpose/Aims: The aim is to discuss the integration of Artificial Intelligence (AI) into research methodology in authentic and legitimate ways. The purpose is to describe best practices and pitfalls for the use of common AI tools, especially Large Language Models (LLMs), in literature reviews. The Data, Information, Knowledge, and Wisdom (DIKW) Framework of information management and quality is used to guide this project.

Description: The authors use their recently published scoping review as a case study in which AI supported the traditional scoping methodology. The DIKW Framework describes the hierarchical relationships between data, information, knowledge, and wisdom to represent how data is processed, sequentially, in the literature synthesis process**.** The authors review key concepts of generative AI models and make recommendations for their appropriate use in literature and scoping reviews. The process of Data gathering to apply data into evidence-based and context- appropriate decisions for Information is discussed. In addition, the ability to use AI tools and LLM to contextualize human insights from evidence-based practice is critical for nurses while using essential human-in-the-loop oversight.

Logic/ Results: Commonly considered merely a timesaver in the research process, the use of LLMs in literature synthesis projects is particularly notable in data extraction of study details which are considered raw inputs in the process. These inputs are then organized and summarized into information which appear in an organized and structured table of evidence (TOE). The model can effectively cluster studies semantically into themes which are given meaning and ranking by the human-in-the-loop function of the research team. Though a LLM can suggest implications logically drawn from these steps, only the nurse researcher can align all steps in the research process to final conclusions or implications in a context of ethical, professional, or social realities.The authors describe and facilitate the use of AI and LLMs in research, while discussing limitations, cautions, and strengths. The scoping review of literature reveals a persistent emphasis on AI as an assistive entity across many products, processes, and pilots identified in our corpus. Interestingly, this finding mirrors the placement of AI and LLMs in our work process. Nurses clinically and professionally play a pivotal role in not just using AI but also defining the ethical implementations of AI and LLMs in the clinical and academic settings. Ethical concerns include bias, data privacy, and academic dishonesty and should be addressed in education and practice so nurses can safely use AI.

Conclusion: Substantial opportunities exist for nurses to integrate AI-driven technologies into the research process, with the understanding that critical thinking and oversight are always needed. LLMs and other less complex forms of AI are helpful tools to organize data (creation of a table of evidence), synthesize information from the data (theme creation), internalize the information to nursing knowledge while deploying wisdom to incorporate the literature synthesis in disciplinary logic. The nurse researcher must always remain the final arbiter of meaning and wisdom.

Multifactorial Model of Cancer-Related Accelerated Aging

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Purpose: To present the Multifactorial Model of Cancer-related Accelerated Aging (MMCRAA), a conceptual framework that is grounded in Life Course Theory and supported by empiric evidence.
Background: A growing body of evidence suggests that cancer-related accelerated aging contributes to an earlier onset of chronic disease; persistent unrelieved symptoms; and decrements in patients' quality of life. As the number of survivors of cancer increases, the identification of risk factors associated with cancer-related accelerated aging is essential to prevent poorer health outcomes in these individuals. Currently, no comprehensive framework exists that comprehensively synthesizes the literature and outlines the potential risk factors and underlying mechanisms that influence cancer-related accelerated aging.
Methods: The MMCRAA was developed based on a comprehensive literature review of the risk factors associated with cancer-related accelerated aging. Identified factors were grouped into broader concepts, and the relationships among the concepts were outlined. Existing theories of aging were examined and adapted. The model's underlying assumptions and operational definitions were described.
Findings: The model includes six inter-related concepts: person factors, behavioral factors, biological factors, treatment factors, symptom factors, and life course factors. These concepts are hypothesized to interact and contribute to cancer-related accelerated aging through complex multi-level pathways that may be unidirectional, bidirectional, or moderated. In addition, the relationships among the concepts are thought to be dynamic, shifting over time and across contexts to influence the aging process. Person factors, such as a patient's sex, minoritized status, number of chronic conditions, psychological traits, and levels of stress, impact how they respond to their treatment and influence their risk for accelerated aging. Behavioral factors, such as lifestyle choices and the use of coping strategies, also influence cancer-related accelerated aging. Biological factors, such as the hallmarks of aging, may interact synergistically with the mechanisms that promote cancer progression and the pharmacokinetic pathways through which cancer treatments exert their effect(s) to accelerate aging. Treatment-related factors such as the type(s), number of treatments (i.e., combination, recurrent), and intensity (i.e., duration, number of cycles, length of time between cycles/treatments) contribute to cancer-related accelerated aging. Cancer-related symptoms, symptom clusters, and post-traumatic stress symptoms may interact with other factors to amplify or modify their impact on cancer-related accelerated aging. The Life Course Theory can be applied to describe how social pathways and principles, such as lifespan development, human agency, time and place, and linked lives, contribute to cancer-related accelerated aging through cumulative advantage and/or disadvantage.
Conclusions: The MMCRAA can be used by clinicians and researchers to identify patients at increased risk for cancer-related accelerated aging; guide personalized treatment planning; and inform the development of targeted interventions. Future research is needed to characterize the cancer-related accelerated aging phenotype using a life course perspective. Importantly, a need exists to develop a consensus on a valid and feasible measure of accelerated aging in patients with cancer that can be used in clinical and research settings. In addition, a need exists to create a comprehensive, multidimensional index of cancer-related accelerated aging that integrates person, behavioral, biological, treatment, symptom, and life course factors.
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Cancer Survivorship in Under-Represented Minority Populations

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Purpose: This study explored the survivorship experiences, quality of life (QOL), and multidimensional needs of under-represented minority (URM) cancer survivors (CS) to inform culturally responsive and patient-centered nursing care. The goal was to identify biobehavioral, social, and psychosocial factors influencing survivorship and to generate nursing strategies that enhance equitable care outcomes.

Background: Cancer remains a major global health challenge disproportionately affecting URM populations, who experience higher mortality rates across cancer types than White counterparts. According to the National Cancer Institute, URM individuals face greater death rates from breast and prostate cancers, reflecting enduring inequities in prevention, treatment, and survivorship. Despite increased attention to screening disparities, less emphasis has been placed on survivorship—the ongoing phase of living with, through, and beyond cancer. This study addresses critical gaps by centering the lived experiences of URM survivors and identifying unmet needs that impact their recovery and quality of life.

Methods: This mixed-methods community-based project included 20 URM cancer survivors, 20 caregivers, and five pre-licensure nursing students as research collaborators; the present report focuses on the survivors. Quantitative data were collected through demographic surveys and the World Health Organization Quality of Life–Brief (WHOQOL-BREF) instrument. Qualitative data were obtained through semi-structured interviews analyzed using ChatGPT-assisted thematic coding, iterative review, and constant comparison by two nurse scientists. Trustworthiness was maintained through memoing, peer debriefing, and an audit trail. Quantitative data were analyzed using SPSS version 31.0.0.0.

Findings: Participants were primarily African American (78.9%) and Hispanic (15.8%), with breast (58%) and prostate (10.5%) cancers most common. Treatments included surgery (74%), chemotherapy (58%), and radiation (47%), with 37% reporting recurrence and 42% living with cancer for less than one year. Educational and income disparities exacerbated stress and reduced QOL. Seven major themes emerged: (1) Navigation and Agency—self-advocacy, fast-tracking, and insurance literacy as protective tools; (2) Diagnosis and Trajectory—emotional transitions from shock to vigilance shaping identity; (3) Treatment and Late Effects—fatigue, neuropathy, and altered body image disrupting daily life; (4) Care Networks and Spirituality—faith, family, and culturally matched peers buffering isolation; (5) Work, Finance, and Logistics—economic and transportation barriers influencing access; (6) Sexuality, Intimacy, and Relationships—physical and emotional changes challenging closeness; and (7) Communication and Trust—respectful, transparent provider communication building confidence in care.

Conclusion/Implications: Survivorship is an ongoing process of adaptation, embodiment, and relational negotiation within complex social and healthcare systems. Recommendations include: (a) integrating navigation and insurance literacy education at diagnosis; (b) incorporating sexuality and intimacy counseling into survivorship plans; (c) aligning reconstructive options with treatment histories; (d) expanding culturally and linguistically congruent peer-support networks; and (e) implementing proactive checklists for genetic counseling and social work referral. This study amplifies URM survivors' voices and reinforces nursing's vital role in advancing equitable, holistic, and culturally informed survivorship care.

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Nurse-Led Telehealth Diabetes Coaching: Advancing Equity in Rural Black Communities

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Purposes: This completed study evaluated whether a nurse-led tele-health coaching program improved glycemic control, diabetes self-management behaviors, and perceived care equity among rural Black adults with type 2 diabetes.
Background: Rural Black adults experience disproportionate diabetes morbidity and mortality due to transportation barriers, limited specialty care, and historical mistrust of healthcare institutions. These structural inequities contribute to persistent health disparities. In rural communities surrounding Fresno, California, such as Mendota and Firebaugh, patients face some of the state's highest rates of diabetes-related complications, compounded by provider shortages, agricultural labor demands, and limited broadband coverage. Telehealth offers an innovative approach to increase access, yet evidence on culturally responsive, nurse-led tele-health strategies in rural California communities remains limited. Guided by the Social Ecological Model, this study tested a multilevel tele-health intervention to reduce structural barriers, strengthen patient-provider trust, and promote equitable diabetes outcomes.
Methods: A quasi-experimental, two-group design was implemented at two federally qualified health centers in rural Fresno County, California. Adults aged 30–75 years with glycated hemoglobin (A1C) ≥ 8% (n = 104) were enrolled after informed consent. Intervention participants (n = 52) received 12 weeks of nurse-led tele-health coaching that included weekly video visits, app-based glucose monitoring, and structured follow-up from community health workers familiar with local culture and resources. Comparison participants (n = 52) received usual in-clinic care. The proposed outcomes: A1C, diabetes self-care behaviors (Summary of Diabetes Self-Care Activities), and perceived access equity (Patient-Reported Access Equity Scale), were measured pre- and post-intervention. ANCOVA was conducted, adjusting for baseline values and relevant socio-demographic covariates.
Results: Intervention participants achieved a mean A1C reduction of −1.4% (SD 0.6), compared to −0.5% (SD 0.5) in controls ($p < .001$). Self-care adherence improved by 28% in the intervention group versus 9% in controls ($p = .002$). Perceived access equity scores increased by 1.8 points on a 5-point scale for the intervention group versus 0.4 for controls ($p = .008$). Telehealth usability ratings were high: 85% described the technology as "very easy" to use despite initial concerns about connectivity. Qualitative comments revealed enhanced trust in nurses' culturally attuned support and appreciation for consistent follow-up. Attrition was minimal (6%), underscoring strong engagement and feasibility.
Conclusions and Future Implications: Nurse-led tele-health coaching significantly improved glycemic outcomes, self-management behaviors, and perceived equity among rural Black adults with type 2 diabetes in Fresno County's agricultural towns. Findings reinforce nurses' capacity to bridge digital divides, deliver culturally responsive care, and advocate for policies that expand broadband access and tele-health reimbursement in in rural California. Scaling similar interventions can advance health equity and inform innovative nursing practices, education, and rural health policy.

TOPICS IN RURAL HEALTH

Developing a Rural Ready Nurse Practitioner Program in Rural Montana

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Purpose: The purpose of the Rural Ready Nurse Practitioner (RRNP) at Montana State University's (MSU) Mark and Robyn Jones College of Nursing (MRJCON) is to educate and graduate nurse practitioners (NPs) who are prepared for practice in rural, remote and underserved communities of Montana.

Background: Approximately 20% of the population of the United States, live in areas designated as rural. Healthcare delivery systems in rural areas face substantial challenges in meeting the needs of the communities they serve. Attracting and keeping healthcare providers has historically been a problem for rural health care organizations. Recent projections of worsening physician shortages and their inadequate distribution in rural areas suggest relying on the physician workforce will only perpetuate the difficulties rural hospitals, clinics, and other providers face. The deficit in the rural physician workforce, combined with the closure of 180 critical access hospitals since 2005 has heightened health policy makers' interest in NPs to increase access to health care in rural America.

Methods: MRJCON, Montana Area Health Education Center (AHEC), and partner organizations identified a need to prepare a rural-ready nurse practitioner. MRJCON faculty worked with rural facilities to determine what additional education was necessary to prepare NPs for rural independent practice. This discussion led to a rural readiness education plan with three strategic components: relationships, resources, and reinforcement. The program was developed with these strategic components and grounded in the evolving middle range Rural Nursing Theory.

Assessment and Findings: We deployed the RRNP program in 2019. To date we have had 31 NP graduates from the RRNP program. The majority of our RRNP graduates are female (94%) and white (77%) followed by Indigenous (19.4%). 19.5% of RRNP graduates were in the Psychiatric Mental Health Nurse Practitioner Track and 80.5% were in the Family Nurse Practitioner track. Of the 31 RRNP graduates, 29 are currently employed, 80% of employed RRNP graduates are working in non-metropolitan areas.

Our program reinforces the pillars of relationships, resources and reinforcement through monthly seminars, additional educational opportunities offered in person and virtually, and direct mentoring from graduate faculty and practicing NPs. All RRNP students also participate in AHEC Scholars, which is an interprofessional education program for all health profession students interested in enhancing their skills for practice in rural and underserved settings. Qualitative data collected after graduation indicates RRNP students find value in the additional learning activities and believe the RRNP program has better prepared them for rural practice.

Conclusion: The RRNP at MSU MRJCON continues to grow and evolve in its pursuit to meet the healthcare needs of rural and underserved populations in Montana. We gauge our success in the number practitioners completing the program and currently employed in rural areas of our state. Further work is needed to identify the education and skills needed for NP graduates to transition into practice in rural settings. We also advocate for incentive programs for current healthcare providers to prioritize precepting NP students.

Funding: T94HP32889-07-00 HRSA Advanced Nursing Education Workforce Grant to Montana State University, Inc, Bozeman, Montana

Expanding Nurse Educator Capacity through the Retain Initiative: Results from Year One

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Purposes/Aims: The Residency in Education, Teaching, And Instruction in Nursing (RETAIN) project was created to strengthen the nursing education workforce by increasing increase the number of academically trained nurse faculty and clinical in Northern California's rural and urban underserved areas.

Aim 1: Recruit and train 20 registered nurses (RNs) to participate and complete a 12-month Nurse Faulty Residency (NFR) program.

Aim 2: Recruit and train 48 RNs to participate and complete a 3-month Clinical Instructor Internship (CI2) program.

Background: While most of the California population is concentrated in the San Francisco Bay Area and Southern half of the state, about 25% reside north of UC Davis and is our catchment area, which spans 65,000-square-miles and includes 33 mostly rural counties. These counties have significant mental illness and chronic illness and need professional nursing care. Unfortunately, studies show these counties have a higher-than-average percentage of licensed RNs working outside of nursing and a shortage of nurses overall. According to the State of California, 16 of the 33 Northern California counties are designated RN Shortage areas with 22 of the 33 counties ranking among the bottom half of counties in health outcomes. More than 320,000 RNs work in California yet we expect to face a shortage of 44,500 RNs by 2030 as the workforce ages and retires.

Description of the Program: RETAIN's training model is grounded in the National League for Nursing Academic Novice Clinical Educators and Clinical Nurse Educator competencies and has two comprehensive programs. The NFRs participate in a 12-month program, complete 12 units of course work, and 1,000 hours of applied preceptorship teaching experience. The CI2s participate in a 3-month program combining didactic content and precepted experiences in the hospital.

Outcomes: To date, 3 NFRs completed the 12-month program, with nine currently enrolled. Among CI2 nurses, four completed the program, five are currently enrolled and four are admitted for the next cohort. All graduates successfully completed coursework and demonstrated measurable growth across NLN competencies, assessed on Patricia Benner's Novice-to-Expert framework (1=Novice and 5=Expert).

NFRs completed self-assessments at baseline, midpoint, and program completion. Results showed average improvement from 2.9–3.6 at baseline to 3.6–4.1 at completion, with the greatest gains in Competency 3: Use Assessment and Evaluation Strategies, which increased from 2.9–3.9. Qualitative data was positive, highlighting increased teaching confidence, appreciating learning from the program, and identifying opportunities for program refinement.

CI2s completed self-assessments at baseline and program completion. Nine CI2s completed the baseline while only 3 have completed the final self-assessment. Average baseline scores range of 2.1–3.4, with final scores ranging from 4.2–4.4, an overall improvement increased from 1-2.1 points. All individual competency subcomponents scored at least 4.0 at the end of program indicating participants reached the level of proficient.

Conclusions: Early results demonstrate RETAIN graduates are exhibiting measurable growth in NLN competencies and completing the program with new skills that prepare them to become nurse faculty or clinical instructors in the communities that need them most, showing positive proof of concept.

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Inhalers & Obstacles: A Qualitative Inquiry into School Nurse Asthma Management

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Purpose: To qualitatively describe the systemic issues affecting rural school nurse management of pediatric asthma.

Background: Asthma is a leading cause of pediatric hospitalizations, emergency department visits, missed school days for children, and missed work days for caregivers. Low-income families are disproportionately affected by the hidden costs associated with uncontrolled asthma, such as a lower quality of life and impaired school performance. While asthma control indicators and care quality have improved over the past several years, disparities persist in rural communities.

Better Asthma Control for Kids is a school-based program that was developed to improve pediatric asthma outcomes and related attendance rates in rural Colorado elementary schools. This qualitative work was developed as part of a larger parallel mixed-methods, step-wedge, randomized control trial across four school regions.

Methods: 40 in-depth, semi-structured interviews were conducted with school nurses from four regions of Colorado (Colorado Springs, Lower Arkansas Valley, Morgan/Weld counties, and Grand Junction) between December 2023 and April 2025. The interview guide was informed by the Practical, Robust, Implementation and Sustainability Model. A general inductive thematic analysis was completed to synthesize findings across participants and diverse regions of Colorado. Key barriers to effective asthma management were identified among all elementary school settings.

Assessment of Findings: Nurses carry tremendous responsibilities when managing the health conditions of school children. Many rural Colorado settings have one nurse covering several schools while using unlicensed health assistants or secretaries to bridge care gaps. This school system design can lead to one nurse being responsible for the health of over 1,000 children. Themes developed from the qualitative data included the systemic challenges school nurses face that directly limit their ability to provide timely and effective asthma care to children. School nurses reported barriers to asthma management such as inadequate access to proper rescue medications, insufficient staffing for preventative treatments, a lack of time to properly address asthma needs through provider orders and care plans, and limited specialized education.

School nurses act as advocates and care coordinators between healthcare systems and educational environments. These external settings have limited communication processes in place, which inadvertently restrict the asthma care available in schools. While school nurses recognize the importance of treating asthma effectively, there remains a gap in what they can reasonably do for children with asthma among other competing priorities such as seizure management, tube feedings, and tracheostomy care. School nurses also noted a lack of asthma medication availability and limited resources. With many nurses covering more than one school building, there is an imbalance of health demands with school nurse responsibilities. This situation raises questions about whether all elementary children are receiving equitable care, and what school resources are in place for emergent asthma management.

Conclusions: Nurses are obligated to provide asthma care to the best of their abilities, however, systemic limitations directly impact care delivery. Resource restrictions, communication barriers, and knowledge gaps among school staff highlight the importance of additional collaborative support for the school nurse role to function as intended when managing pediatric asthma.

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Travel Impacts for Oncology Patients Living in the Rural Mountain West

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Purpose: Travel time to access cancer care for those living in rural areas is higher than the national average of 32 minutes, with estimates ranging from 129 minutes 7 to 262 minutes. The Mountain West is unique in that it has a greater area of land that is classified as Frontier or Remote (FOR), ranging from 3% in North Dakota to 6% in Montana, compared to the east and southeastern areas where there is less than 1% area with a FOR classification.
Methods: This mixed-methods, exploratory, and descriptive study used an online questionnaire and key informant interviews to examine how travel affects access to cancer care. The 13-item questionnaire assessed the impact of travel-related factors on missed or rescheduled infusion services for patients currently receiving anti-neoplastic infusion treatments. Follow-up interviews added depth to the survey results, enhancing our understanding of the travel experiences through remote areas to receive care. The study examined cost, mode of transportation, social support received during travel, and travel conditions (e.g., weather) to contextualize patients' experiences with the distances they traveled.
Findings: A total of 186 individuals responded to the questionnaire. Sixty-two respondents (33.3%) reported experiencing financial difficulties related to travel costs. Additionally, 98 respondents (53.6%) had to cancel or reschedule appointments due to transportation issues, weather, or other conflicts and commitments. Welch's t-test was used to compare the reported barriers faced by patients traveling a one-way distance of less than 60 miles (n = 151; 84%) with those traveling 60 miles or more (n = 29; 16%). Twenty-five individuals completed follow-up interviews. The qualitative interviews revealed unique themes regarding the role of community support, and the consequential impact of travel barriers and distance, challenges of care coordination across providers and settings, and a significant time burden.
Conclusions: This study highlights the greater difficulties in arranging travel and the increased inconveniences associated with travel for rural and frontier residents who are living with a cancer diagnosis. Additionally, the differences in perceived travel burden compared to the described experience of traveling for cancer care emphasize the need to better understand the impacts of travel burden from a contextual standpoint. Despite these challenges, the number of missed or rescheduled appointments was low. By understanding these lived experiences, cancer centers serving these communities can better design systems of care and support to help all individuals access quality cancer treatment.

Funding: Alliance for Equity in Cancer Care Merck Foundation

Transforming Nursing Practice: Advancing Quality through Mindful Collaboration

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Purposes/Aims: This project was designed to identify and address persistent challenges related to nurse turnover, rising labor costs, and increasing reliance on agency personnel to fill critical staffing gaps within the Medical/Surgical and Observation units at Mount Graham Regional Medical Center (MGRMC), a rural Critical Access Hospital in Arizona. These factors created workforce instability, strained departmental resources, and led to inconsistent staffing ratios that threatened patient safety and overall quality of care. The resulting operational and cultural pressures underscored the urgent need for a sustainable strategy to stabilize staffing, strengthen retention, and improve long-term quality outcomes.

Rationale/Background: Rural hospitals often struggle to recruit and retain nurses because of their remote locations, limited resources, and fewer opportunities for growth. In 2023, MGRMC faced rising vacancies and labor costs that placed added pressure on staff and threatened patient safety. To address these issues, the hospital implemented the Arizona Hospital and Healthcare Association's (AzHHA) Transition to Practice (TTP) Program—an evidence-based model that supports new nurses through structured mentorship/leadership, preceptor training, and teamwork development to strengthen confidence and promote long-term retention.

Description: Quality improvement tools such as the Plan-Do-Study-Act (PDSA) cycle and Ishikawa (fishbone) diagrams were instrumental in identifying barriers, refining processes, and guiding sustainable workforce strategies. Within one year of implementation, Mount Graham Regional Medical Center (MGRMC) achieved measurable and sustainable improvements across clinical, financial, and cultural domains. RN turnover decreased by more than 35%, and reliance on traveler nurses was fully eliminated in the Med/Surg and Observation units—resulting in approximately $250,000 in annual labor cost savings. The program also achieved a 100% retention rate among Transition to Practice (TTP) new graduate nurse participants through their first year of employment, signaling strong program impact and workforce stability. Team cohesion, accountability, and adaptability markedly improved as mentorship evolved into a sustained professional partnership between leaders and bedside staff.

Assessment of Findings/Outcomes Achieved: The Transition to Practice Program demonstrated that structured mentorship and leadership-driven engagement can effectively stabilize the nursing workforce and enhance care quality in a rural hospital setting. By embedding trust, reflection, and teamwork into daily practice, MGRMC achieved measurable improvements in retention, patient safety, and staff engagement. Through these initiatives, the team was able to achieve cohesion, while demonstrating leadership capabilities to sustain growth and development

The program's success illustrates how intentional investment in professional development, communication pathways, and emotional intelligence can transform both outcomes and culture. This model offers a replicable framework for rural hospitals statewide—advancing workforce resilience, reducing costs, and reinforcing organizational values of people, compassion, and excellence

Conclusion: This project redefined how a rural hospital can operationalize innovation by linking retention strategies to professional identity formation, policy refinement, and leadership empowerment. Through the TTP framework, MGRMC established a replicable model for sustainable nurse development—where innovation is not a one-time project but a continuous process embedded in culture, education, and shared accountability.

ACUTE AND CRITICAL ILLNESS

Caregiver Presence as a Factor in Patient Readiness for Hospital Discharge

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Purpose: All hospitalized patients undergo a discharge process to support their transition to the next care setting, typically involving anticipatory planning. Despite the critical role of unpaid or informal caregivers (family, friends, neighbors) in patients' transitions from hospital to home, little attention has been given to how their presence influences patients' perceptions of their discharge readiness. The purpose of this study was to understand whether and how the presence of a caregiver was associated with patients' readiness for discharge.

Methods: Using secondary data from a study designed to develop and test a caregiver readiness measure, patients' readiness for hospital discharge was assessed on the day of discharge using the Readiness for Hospital Discharge Scale (RHDS), where higher scores indicate greater readiness. Following common practice for identifying patients in need of intervention, RHDS scores were dichotomized: scores <7 (on a 10-point scale) indicated low readiness, while scores ≥7 indicated higher readiness. This dichotomized measure served as the outcome in logistic regression models. Predictor variables included age, ethnicity, race, gender, type of insurance, LACE total score (a composite measure of acuity and readmission risk), and caregiver presence (yes/no).

Results: The sample included 1,112 patients; half were females (50%) with a mean age of 54 years (SD=17.5). The majority were White (88%) and non-Hispanic (87%); 50% had private insurance, 45% were admitted electively,91% had caregivers after discharge, and 79% had RHDS scores ≥7. LACE scores ranged from 2 to 16 (M=6.8, SD=3.2). The Logistic regression model demonstrated an acceptable fit, as indicated by the non-significant Hosmer and Lemeshow test (χ^2 (8) = 8.89, p = .351). Caregiver presence (OR=.30 [.20 -.47] p<.001), insurance (OR=1.96[1.38 -2.77] p<.001), LACE score (OR =.94[.90 -.99] p=.017), and age (OR=1.02[1.01 -1.03] p=.001) were significant predictors of patient reported readiness for discharge. Patients without a caregiver were 70% less likely to report readiness. Patients with private insurance were nearly twice as likely to be ready for hospital discharge as those with Medicare/Medicaid. For every one-unit increase in the LACE score, the likelihood of readiness decreased by 6% whereas each additional year increased readiness by 2%.

Conclusion: Patients without caregivers were significantly less likely to feel prepared to leave the hospital. Identifying patients at higher risk for reduced transition readiness and suggesting a key patient characteristic will allow health systems to develop and implement tailored strategies such as enhanced discharge education, structured follow-up, or community-based services. Potential next steps include developing and evaluating scalable interventions to compensate for the absence of informal caregivers and testing how these approaches can be integrated into routine discharge processes to improve outcomes for patients with limited access to family or friends for post-discharge support.

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ACUTE AND CRITICAL ILLNESS

Chronotype and Cognitive Training Adherence in Older Adult ICU Survivors

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Purpose: Older adult intensive care unit (ICU) survivors are at risk for delirium-related cognitive impairment and Alzheimer's disease-related dementias (ADRD). ICU hospitalization disrupts circadian rhythms, contributing to sleep disturbances and cognitive decline. This exploratory analysis examined the influence of chronotype and self-reported cognitive function on adherence to and acceptability of computerized cognitive training (CCT) among hospitalized older adult ICU survivors.

Background: Older adult ICU survivors often experience delirium and cognitive impairment during critical illness recovery. CCT interventions appear promising to mitigate delirium severity but often overlook the role of the biological circadian rhythm, which may influence engagement and efficacy. Chronotype, an individual's natural preference toward morning or evening, may affect cognitive abilities depending on timing. Tailoring CCT to chronotype may improve adherence and outcomes.

Methods: This secondary analysis utilized preliminary data from two randomized controlled trials (SLEEP-COG Study and OPTIMIZE Study; NIH/NIA K23AG078448). Enrolled participants were older adults (≥60 years) who were functionally independent prior to hospitalization and had an ICU stay ≥24 hours. Participants were categorized by chronotype (morning/afternoon) and sex (female/male). Self-reported cognitive function was assessed using the PROMIS Cognitive Function Abilities T-score, and adherence to CCT was calculated as percentage of completed sessions. Acceptability was evaluated with Likert-type survey items. Descriptive statistics explored trends among chronotype, self-reported cognitive function, CCT adherence, and acceptability. A multivariate analysis of covariance (MANCOVA) was conducted to evaluate the influence of chronotype, sex, and their interaction on self-reported cognitive function and CCT adherence, while controlling for age.

Results: Of the first 44 enrolled participants, 29 were randomized to receive CCT sessions (mean age: 67.4 ± 4.5 years; 70% male; 90% White non-Hispanic/Latino). Of the 29 participants who were randomized to CCT, a total of 8 participants completed 100% of offered CCT sessions, 13 participants completed ≥75% of CCT sessions, and 18 completed ≥50% of CCT sessions.

Although not statistically significant, there were trends observed between morning and afternoon chronotypes. Morning chronotypes tended to demonstrate higher CCT adherence (67%) compared to afternoon chronotypes (50%). Afternoon chronotypes tended to report lower self-reported cognitive function scores but also reported greater perceived benefit.

The MANCOVA revealed a significant multivariate effect for the dependent variables (Wilks' $\Lambda = .634$, $F(4, 21) = 3.025$, $p = .041$), with a moderate effect size (partial $\eta^2 = .366$). Follow-up univariate tests revealed a significant interaction for chronotype × sex for CCT adherence ($F(1, 21) = 4.794$, $p = .040$, partial $\eta^2 = .186$), indicating that morning chronotype males demonstrated the highest adherence (86.7%), while morning chronotype females had the lowest (34.5%).

Conclusions/Implications: Findings suggest that chronotype may influence adherence and acceptability of CCT among older adult ICU survivors. Although chronotype alone was not significantly associated with adherence, this may reflect sex differences in symptoms such as fatigue, insomnia, or depression. Future work should confirm with larger samples and test whether chronotherapeutic timing improves adherence. These efforts could inform precision cognitive intervention approaches for older adult ICU survivors and help mitigate risk of long-term cognitive decline associated with ADRD.

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ACUTE AND CRITICAL ILLNESS

Combined Use of MEWS and qSOFA in Rapid Sepsis Identification of Hospital-Onset-Sepsis

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Purpose: Hospital-onset sepsis (HOS) presents significant clinical and fiscal challenges, including increased mortality, prolonged hospitalizations, higher ICU transfer rates, and greater resource utilization. The purpose of this evidence-based practice project was to evaluate the effectiveness of a combined Modified Early Warning Score (MEWS) and quick Sequential Organ Failure Assessment (qSOFA) scoring protocol to improve rapid identification of sepsis in adult inpatients, those admitted to non-ICU medical-surgical and telemetry units at a community hospital in South Bay California.

Background: Sepsis remains a leading cause of mortality and morbidity in U.S. hospitals, and HOS is particularly associated with worse outcomes compared to community-onset cases. Existing literature shows that neither MEWS nor qSOFA alone offers sufficient sensitivity or specificity for identifying early clinical deterioration or predicting mortality, respectively. Delays in sepsis recognition and intervention, especially on general inpatient units with higher nurse-to-patient ratios, amplify risk. National guidelines and institutional performance improvement mandates underscore the need for tailored, evidence-driven sepsis identification protocols.

Methods: A two-stage EBP intervention was designed and implemented, beginning with baseline assessment of outcomes under the MEWS-only protocol. The intervention included comprehensive staff education, competency assessments, workflow analysis, and creation of reference materials for the combined MEWS/qSOFA protocol. Implementation will be over a 10-week period with iterative feedback, real-time scoring, intensive monitoring, and daily huddles to address barriers. Pre- and post-intervention outcomes will be measured over 8-weeks starting in November 1, 2025 and ending January 2, 2026, focusing on sepsis-related mortality, ICU admissions, average length of stay, and 30-day readmission rates. Protocol compliance will be tracked with weekly surveys and rapid response audits.

Results: Extensive literature review supports the combined tool's diagnostic complementarity: MEWS reliably detected early patient deterioration, while qSOFA enhanced specificity for severe sepsis and mortality prediction. Data collection will start November 1, 2025 and be collected over an 8-week period. Preliminary data analysis will be undertaken at the start of the new year. Staff will be interviewed to assess their confidence and satisfaction in use of the structured two-stage algorithm, for sustained adoption.

Conclusions: Combining MEWS and qSOFA for hospital-onset sepsis surveillance will hopefully improve early detection, facilitate prompt intervention, and positively impact key clinical outcomes. This EBP project supports system-wide integration of dual-protocol screening, multidisciplinary education, and ongoing data-driven refinement for evidence-based translation. Future work will focus on sustaining gains, resource allocation, and exploring scalability across diverse inpatient settings within the hospital.

Efficacy of Zinc Oxide with Petroleum Jelly for ICU Incontinence Dermatitis

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Abstract: Critically sick individuals frequently suffer from incontinence-associated dermatitis (IAD), especially if they have diarrhea. To manage IAD in adult intensive care unit patients at Khoulah Hospital in Oman from September to December 2023, this nonrandomized controlled trial sought to assess the safety and efficacy of a topical therapy that involved the combination of 20% zinc oxide with petroleum jelly and 20% zinc oxide ointment alone.

Methods: This study included 75 patients (mean age 44.39±20.29 years; 70.6 male) diagnosed with IAD who were systematically sampled and conveniently assigned to either the intervention group (n=36) receiving a mixture of 20% zinc oxide and petroleum jelly or the control group (n=39) receiving 20% zinc oxide ointment exclusively. A maximum of eight days were spent using both therapies daily. The main result was the IAD healing state, which was evaluated using the Ghent Global IAD Monitoring Tool over a period of three months. The relative risk (RR) of unfavorable results, time to full healing, and safety, including the frequency of skin irritation, were secondary outcomes.

Results: Compared to those in the control group, which had a healing rate of 46.2% (18/39), the healing rate in the intervention group was much greater, at 80.6% (29/36). The percentage of patients in the intervention group who did not heal was 5.6%, whereas that in the control group was 38.5%. Additionally, the average healing periods of the intervention group were marginally longer (7.58±2.14 days) than those of the control group (6.97±1.55 days), while their median healing times were comparable. The intervention group had a significantly lower relative risk of adverse outcomes (RR=0.1419, 95% CI=0.0353 to 0.5708), as indicated by a z-statistic of 2.750 and a P value of 0.006. The number needed to treat (NNT) was 2.56 (95% CI: 1.71 to 5.11). The safety profiles of the two groups were similar; 13.9% of the intervention group and 15.4% of the control group experienced moderate skin irritation, which all went away well.

Conclusion: Despite maintaining a comparable safety profile, the 20% zinc oxide and petroleum jelly combination was more successful at treating IAD than was zinc oxide ointment alone. This approach greatly increased healing rates and decreased the chance of unfavorable results. These findings imply that this combination therapy is a better choice for treating IAD in individuals who are in critical condition.

Keywords: topical treatment, zinc oxide, petroleum jelly, incontinence-associated dermatitis, intensive care unit, healing outcomes, nonrandomized experiment.

Nurses' Perspectives on Caring for Critically Ill Children during a Measles Outbreak

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Purpose: The purpose of this case report was to describe 3 nurses' perspectives of caring for critically ill children with measles during the 2025 measles outbreak. We wanted to learn the types of support (e.g., education, policy, and resources) that might assist them personally and professionally.

Background: Measles is a highly contagious respiratory illness spread through droplets. Signs range from mild to severe, and some patients need hospitalization. Most pediatric patients with measles are treated without hospitalization. However, severe complications necessitate a higher level of care and admission to the pediatric intensive care unit (PICU). Vaccines to prevent measles have been accessible since the late 1960s, and the disease was declared eliminated in the United States in 2000. Starting in January 2025, the number of measles cases in Texas significantly increased because of an outbreak in a Mennonite community in Gaines County. The outbreak rapidly spread to multiple Texas counties and neighboring states. By May 20, 2025, the Texas Department of State Health Services reported 722 confirmed measles cases connected to the west Texas outbreak.

Approach: A measles outbreak in 2025 provided an opportunity to examine the perspectives of 3 pediatric intensive care unit nurses who cared for critically ill children with measles. We used a case study approach to explore nurses' perspectives.

Outcomes: Interviews revealed strengths and stressors they encountered during their care of these patients. The nurses demonstrated resilience and adaptation while managing an infectious disease outbreak. They used organizational support, teamwork, and lessons learned from the COVID-19 pandemic to navigate the complexities of patient care. Strengths included enhanced preparedness, responsiveness facilitated by organizational leaders, and infection prevention measures. Stressors included media impact, community trust issues, and communication barriers. Despite these challenges, the nurses were committed to overcoming misinformation, building trust, and effectively communicating with families to ensure comprehensive disease prevention education.

Conclusion and Implications: As hospitals increasingly care for individuals from various cultural backgrounds, building strong partnerships with community-based organizations becomes essential in fostering meaningful connections with the communities they serve. Recommendations for health care institutions include enhancing media literacy, addressing vaccine hesitancy, and promoting disaster preparedness to equip nurses for future challenges.

ACUTE AND CRITICAL ILLNESS

Feasibility of Journaling for Parents of Critically Ill Children

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Purpose/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.

Background: A child's admission to the Pediatric Intensive Care Unit (PICU) is a stressful event for the entire family, causing significant emotional distress among parents and changes to family functioning. Annually, over 230,000 children are admitted to the PICU in the US. There is a paucity of research on interventions that support coping in the PICU. Journal writing is an intervention that has been effective for improving mental health outcomes in various populations.

Methods: A quasi-experimental 2 group design was used. Eligible caregivers were recruited from the PICU at a freestanding children's hospital in the Pacific Northwest. 171 parents were approached, xx consented to participate, and xx filled out the baseline questionnaire. They were allocated into the journal writing intervention group (n = 39) or control group (n = 31). Caregivers in the intervention group were given a journal and asked to write in the journal at least 4 times/week for at least 10 minutes each time. The control group received standard nursing care. At discharge and at 3 months after discharge, caregivers filled out a questionnaire describing their stress, depression, and distress using valid and reliable instruments. Caregivers in the intervention group also received feasibility and acceptability questions one week post recruitment, at discharge, and at 3 months.

Findings: The intervention and control group had similar parent and child demographics. At baseline, parental role alteration and child's behavior and emotions were the highest stressors, while staff communication and behaviors of staff were the least stressful for both groups. Depression severity scores were similar between the control (M = 9.02) and intervention (M = 8.27) which indicates mild depression. After discharge, depression severity was higher in the intervention group (n = 10; M = 12.4) compared to while the control group (n = 19; M = 7.8). At the 3-month timepoint, only 4 participants in the intervention group and 1 participant in the control group filled out the survey. Parents in the intervention group used the journals 3 days a week. Most wrote in the journal for at least 10 minutes; 85% of parents found the activities enjoyable, 61% found the activities difficult to complete; however, 68% of parents found the journal helpful to decrease stress.

Conclusion/Implications: Interventions to improve the mental health of caregivers in the PICU are limited. Consistent with one other study, this study confirms that journal writing feasible and acceptable intervention that nurses can offer families upon admission and does not require additional nursing time other than explaining the journal to the family. Although parents reported some activities difficult to complete, they reported that they thought the journal helped them with their stress. Challenges with attrition limited the findings of this study. However, journal writing is likely to be helpful to some families and should be offered an option.

ACUTE AND CRITICAL ILLNESS

Implementing a Noise Reduction Protocol in the Intensive Care Unit

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Purposes/Aims: This project aims to decrease perceived noise in the ICU and promote a healing environment through a multi-interventional noise reduction protocol and nursing staff education.
Rationale/Background: The World Health Organization (WHO) recommends hospital noise levels stay below 35 decibels during the day and 30 at night. However, ICU noise often exceeds 50 to 70 decibels. Increased noise levels are primarily caused by conversations, monitoring alarms, and routine care activities, such as cleaning and procedures. These high noise levels directly affect patients ' sleep, which is essential to recovery. Insufficient rest can lead to immunosuppression, prolonged mechanical ventilation, and elevated levels of stress hormones. The consequences of these effects can persist beyond hospitalization, with up to 80% of ICU survivors experiencing long-term physical, cognitive, or psychological impairments.
Methods: The Johns Hopkins Evidence-Based Practice Model framework was utilized to formulate a multi-interventional approach for the noise reduction protocol in the ICU. This protocol will be implemented during Quiet Time hours (from 0000 to 0400 and 1400 to 1600, daily). During this time, nurses will offer earplugs and eye masks to patients, make environmental adjustments, avoid unnecessary interruptions, and decrease noise levels.
The effectiveness of Quiet Time will be evaluated using pre- and post-implementation surveys completed by ICU nurses. After eight weeks following the education intervention, surveys will collect data evaluating primary noise sources, and the perceived effectiveness related to patients and/or caregivers.
Assessment of Findings: The EBP project is currently being implemented at the time of this abstract submission. Anticipated outcomes include improved staff and patient/caregiver perceptions of the noise level in the ICU, and nursing staff will report that the noise reduction training effectively enhanced their understanding and application of the protocol in daily care. Patients and caregivers will experience a decrease in perceived noise satisfaction following implementation.
Conclusions and Future Implications: This project hopes to demonstrate the potential of a nurse-led intervention to decrease perceived noise in the ICU. Through this opportunity, nurses can apply evidence-based practice in clinical settings to promote a healing environment for patients. Future projects should explore the long-term effects and sustainability of implementing a multi-interventional noise reduction protocol, as well as strategies for expanding its implementation across multiple units or institutions.

ACUTE AND CRITICAL ILLNESS

Optimizing TBI Care: Brain Oxygen Monitoring in Nursing

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Purpose/Aims: This DNP project aims to enhance the care of patients with traumatic brain injury (TBI) by improving nurses' knowledge, clinical decision-making, and early intervention strategies through the integration of brain oxygenation data into routine neurocritical care assessments. This project seeks to promote personalized patient care, reduce secondary brain injury, and improve neurological outcomes for critically ill adults with TBI by implementing an educational protocol designed to deepen understanding of brain oxygen monitoring. This project utilizes the Johns Hopkins Evidence-Based Practice (JH-EBP) PET model and the Promoting Action on Research Implementation in Healthcare Services (PARiHS) theoretical framework.
Background: TBI remains a leading cause of death and disability worldwide and continues to pose a significant public health burden. In the United States, severe TBI accounts for approximately 30% of all injury-related deaths and results in substantial economic costs. Additionally, many nursing professionals have a notable gap in knowledge regarding the implementation and clinical importance of brain oxygen monitoring. While nurses play a crucial role in patient care, they might not always receive specialized training in neurocritical monitoring. Managing TBI is complex, requiring a solid understanding of neurophysiology and familiarity with emerging technologies like brain oxygen monitoring.
Methods: A baseline survey to identify knowledge gaps and evaluate perceptions of current TBI management was conducted on an adult surgical trauma, transplant, and neuroscience ICU. In the fall of 2025, nursing staff will be invited to complete a demographic survey, a pre-assessment survey on the RAUMEDIC NEUROVENT-PTO, and a self-assessment of confidence in recognizing and managing TBI. All staff will participate in evidence-based training, complete a knowledge and confidence survey, and fill out the CDC's post-course evaluation survey to assess training effectiveness. Eight weeks after the training, nursing staff will be invited to complete the CDC delayed evaluation survey to assess retention and the sustained impact of the education.
Results: Although this project is currently being implemented, it aims to provide education to enhance nurses' knowledge and competence in using and managing the Raumedic NEUROVENT-PTO device for patients with traumatic brain injury (TBI). It also seeks to improve nurses' perceived confidence in caring for TBI patients. After completing the training, nurses are expected to report that the TBI education module was effective. Additionally, retention of knowledge following the intervention will demonstrate that nursing staff have integrated the education into their clinical practice or will identify and discuss barriers to its implementation.
Conclusions and Future Recommendations: This DNP project will show that the potential applications of brain oxygen monitoring may extend beyond TBI management, providing possible advantages for patients with other neurological disorders.

ACUTE AND CRITICAL ILLNESS

Physiologic Responses Associated with Alcohol Withdrawal Syndrome

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Purpose: The purpose of this systematic review was to examine physiologic responses associated with alcohol withdrawal syndrome (AWS), determine the occurrence rate of individual physiologic responses, and examine if physiologic responses were associated with AWS severity.

Background: In patients experiencing AWS, nursing severity assessment scales are used to guide treatment and minimize serious complications such as delirium tremens, seizures, and death. An important limitation of current AWS scales is the lack of objective signs of autonomic dysfunction (physiologic responses) and/or vital signs. However, little is known about which physiologic responses may be useful.

Methods: A systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. A comprehensive search with no date restrictions was performed using five electronic databases. Two independent reviewers screened articles using defined inclusion and exclusion criteria. Eligible studies examined physiologic responses associated with AWS among adult patients admitted to an inpatient setting. Methodological quality of evidence was assessed using the National Heart, Lung, and Blood Institute's Health Quality Assessment tools. A qualitative synthesis of quantitative studies is reported. This systematic review is registered with PROSPERO (#CRD42024592285).

Results: Nineteen studies were included between 1979 to 2023; ten (59%) cohort and nine (47%) prospective case-control with an overall low risk of bias assessed in 12 (63%) studies. Fourteen different noncontinuous physiologic responses were examined: arrhythmias, baroreflex sensitivity, blood pressure, cardiorespiratory coupling, cerebral autoregulation, heart rate, heart rate turbulence, heart rate variability, hemodynamics, pupillary light reflex, QT variability, respiratory rate, sympathetic skin response, and temperature. The presence of autonomic dysfunction was consistent across studies regardless of the physiologic response measured. The most common measures included blood pressure (15 studies [79%]) and heart rate (14 studies [74%]). Only five (26%) studies correlated physiologic responses to AWS severity.

Conclusions: Few studies have examined physiologic responses associated with AWS severity. Two important limitations were that physiologic responses were measured at one point in time, rather than continuously, and none were conducted in the acute care setting where patients are more likely to experience moderate to severe AWS and have coexisting acute illnesses. Continuous electrocardiographic and vital signs monitoring is readily available in the acute care setting creating an opportunity to examine the dynamic physiologic responses before, during, and after AWS, which could add to the understanding of physiologic responses that correlate with AWS severity.

ACUTE AND CRITICAL ILLNESS

Transdisciplinary Team Research – Bridging Research and Practice

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Background/Significance: Alarm fatigue, due to frequent false and non-actionable alarms (arrhythmia/vital signs), among hospital-based nurses remains a significant issue that impacts patient care. A primary source of false alarms are sub-optimally designed algorithms used in current bedside and telemetry unit ECG devices; thus, novel algorithms are needed. While engineering approaches (new algorithms) to reduce false alarms have created optimism, they often lack collaboration with nurses who understand the intricacies of direct patient care and use of ECG monitoring systems. Conversely, nurses often lack an understanding of how ECG algorithms in hospital-based devices work (e.g., arrhythmia detection) and how this affects alarms.
Purpose: This presentation will describe the approach that our transdisciplinary team of nurses, physicians, engineers, data scientists, and software developers uses to create and test novel algorithms designed to improve hospital-based ECG monitoring systems.
Description: Three unique research projects will be illustrated.
Methods: False ECG alarm related research questions are derived from real-world alarm data obtained from adult ICU and step-down unit (SDU) ECG devices using a sophisticated data capture system maintained by our engineering team. The nursing and physician team analyze false alarms and identify patient characteristics and algorithm deficiencies associated with false alarms. Our engineering team develops new algorithms and applies these to our existing data (started 2013 = thousands of patients). The performance of our new algorithms are examined by our nursing and physician team to determine accuracy (false versus true). A software engineer maintains a secure web-based annotation platform used for annotations. A data scientist links these data to electronic health records (EHR) to determine patient characteristics and hospital outcomes. Project #1 (completed): This project examined the accuracy of a new ventricular tachycardia (VT) algorithm, to address current ICU monitor performance (10% true positive). Five PhD prepared nurse scientists annotated 22,325 potential VTs in 5,320 ICU patients and 11,970 (53.62%) were adjudicated as true, which is superior to the current rate of 10%. Project #2 (in progress): Create ECG derived VT burden definitions within a cohort of 660 ICU patients with 7,500 true VTs using the following features: frequency (per day/hospitalization), duration (min:sec), heart rate (max/min), blood pressure/SpO2 (max/min), and VT morphology (right vs left bundle branch block type). Three nurses examined true VTs using a web-based annotation platform to calculate the above features. Project #3 (in-progress). Test a real-time alerting system that forecasts cardiorespiratory instability (CRI) in SDU patients. Four hospital-based nurses will examine the EHR before and after potential CRI alerts to determine the accuracy. We will examine 500 CRI alerts in 490 SDU patients.
Lessons Learned: Transdisciplinary teams are essential. Annotations are time consuming and require highly skilled nurses with expertise in ECG interpretation and the context of clinical care. Frequent team meetings are required to maintain inter-rater reliability. Sufficient funding is required.
Conclusion: Testing novel algorithms to improve detection of VT and identify CRI events has the potential to enhance nursing care and improve patient outcomes. Fostering collaborative and transdisciplinary research may yield sustainable implementation of algorithm-based solutions.

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ADOLESCENT HEALTH AND ILLNESS

Facilitators and Barriers to Implementing a Rheumatology Transition Clinic

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Purpose: The ACCORD (adult center for childhood onset rheumatic disease) clinic is an experimental rheumatology clinic focused on Health Care Transition (HCT) for adolescent and young adult patients who are transferring from pediatric rheumatology to adult rheumatology. In ACCORD, an adult rheumatologist is introduced in the pediatric rheumatology setting, facilitating a warm handoff. Our aim was to better understand patients' experience in ACCORD, elucidate barriers to a successful transition, and clarify patients' perspective on what signifies a successful HCT.

Rationale: In childhood onset rheumatic disease, 30-50% of patients fail to complete timely HCT from pediatric to adult healthcare, contributing to an increase in morbidity and mortality. Patient-centered research that engages the target population is needed to improve the likelihood of feasible and acceptable implementation of HCT interventions into clinical contexts.

Methods: This cross-sectional study included chart reviews and semi-structured interviews, the latter of which are reported here. Eligible interview participants were identified via chart review and contacted over phone, email, or text message for a 45-minute semi-structured interview. The interview script incorporated tenets of the *Got Transition* framework, focusing on experiences with ACCORD, barriers to transition, and perspectives on successful transitions. Interviews were recorded, transcribed, quality checked, and qualitatively analyzed through a two-phase deductive content analysis. In phase one, data was deductively sorted by trained analysts according to Got Transition tenants. Coder consensus meetings occurred bi-weekly for two months to ensure reproducibility in the application of coding. A need to identify emergent thematic categories arose, and overlapping or problematic codes were resolved. The codebook was developed and revised in an iterative process with data collection and input from all research team members. In phase two, two interviews were double coded independently (Kappa 0.78), after which the codebook was applied to the remaining interviews.

Assessment of Findings: A total of 14 interviews were analyzed. Median age was 24. Diagnoses included juvenile idiopathic arthritis and systemic lupus erythematosus. Participants voiced overwhelmingly positive experiences with the ACCORD clinic; meeting the adult rheumatologist in the pediatric setting was unanimously a positive experience. Negative experiences were few, but opportunities for engaging nursing arose, with one participant suggesting, "...nurses in the clinics play such an important role, and I think that's a part that's crucially lacking." The greatest perceived barrier to a successful transition was navigating a new physical environment in adult care settings (e.g. parking, finding the clinic room, check-in process). Finally, there was no concordance among participants on how to define a successful transition, but several participants voiced good clarity and communication, personalization of care plans, and warm handoff.

Conclusions/Implications: The patient experience of the ACCORD clinic was overwhelmingly positive, suggesting that introducing the adult rheumatologist in a pediatric clinic prior to transfer is an acceptable approach to improving HCT. The greatest perceived barriers, related to logistical support and encouragement, are easily overcome. Nursing-based interventions may dramatically and positively improve the transfer experiences of AYA with rheumatic disease.

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ADOLESCENT HEALTH AND ILLNESS

HPV Vaccine Access for Youth with Developmental Disabilities and PCCCs

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Aim: To evaluate HPV vaccine initiation among U.S. youth aged 9–15 with and without four representative developmental disabilities (4DDs), and to assess the influence of pediatric complex chronic conditions (PCCCs) on vaccination uptake.
Background: Developmental disabilities (DDs) are lifelong conditions diagnosed before age 22 that impair physical, cognitive, language, or behavioral functioning. Nearly 1 in 5 individuals under age 22 lives with one or more DDs, which vary in severity and impact. These conditions are associated with significant disparities in healthcare access and quality, including reduced participation in preventive care and immunization programs. Consequently, individuals with DDs face lifelong disadvantages in health outcomes. DDs frequently co-occur with PCCCs, which are linked to increased hospitalization and mortality. Oncogenic human papillomaviruses (HPVs) are causative agents of multiple adult cancers. HPV vaccination is a critical cancer prevention strategy for all youth, regardless of disability status.
Methods: We conducted tabular analyses, data visualization, and multivariable logistic regression to estimate the odds of HPV vaccine initiation among youth with up to four representative DDs—autism spectrum disorder, cerebral palsy, intellectual disability, and spina bifida. We also examined adjusted odds of vaccination among youth with up to 11 PCCCs, including conditions affecting major organ systems, malignancies, and transplant history. Data were drawn from the Optum Labs® Data Warehouse (n = 1,567,904), comprising youth with up to five years of continuous healthcare coverage between 2009 and 2019. HPV vaccination odds were compared between youth with 4DDs and unaffected peers using logistic regression models adjusted for PCCCs, healthcare utilization, sociodemographic factors, birth year, and sex.
Results: Overall HPV vaccine initiation among youth aged 9–15 was low (29.3%), though the incidence increased steadily across birth cohorts (1999–2005). Vaccination uptake among 9-year-olds remained consistently low across cohorts, while uptake among 10- to 12-year-olds showed a marked upward trend. Notably, youth with 4DDs exhibited delayed initiation, with uptake lagging at ages 11 and 12 but surpassing those of unaffected peers at ages 13 and 14 in four of seven birth cohorts (2001, 2003–2005). PCCCs had mixed effects on vaccination incidence; some were associated with increased uptake, while others showed lower odds of vaccination. Youth with 4DDs had 2.0–6.2 times lower odds (range: OR=0.16-0.51) of initiating HPV vaccination compared to same-age peers without DDs in fully-adjusted models. Only youth with organ transplant (OR = 0.50 [0.46, 0.56]) and those with technology dependence (OR = 0.62 [0.60, 0.65]) PCCCs had similar odds of vaccination as youth with spina bifida (OR = 0.51 [0.45, 0.57]) and autism (OR = 0.50 [0.49, 0.52]).
Conclusions: Youth with 4DDs and select PCCCs are significantly under-vaccinated against HPV, underscoring persistent disparities in access to preventive care. Given the universal recommendation to initiate HPV vaccination at age 9, targeted interventions are urgently needed to improve vaccine uptake among youth with developmental disabilities. Enhancing equitable access to preventive services is essential to reducing future cancer risk in these vulnerable populations.
Funding: University of California (UC) Health-OPTUM Labs Research Collaboration Program. 2020 Grant Cycle Award.

Integrating Mental Health Screening into Metabolic Care Clinic Workflows

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Purpose/Aims: This quality improvement initiative promoted the well-being of adolescents with phenylketonuria (PKU) by implementing a routine mental health screening program within a Mountain West pediatric metabolic clinic. Specific aims included evaluating changes in staff knowledge and confidence in screening procedures, identifying implementation barriers, and assessing workflow feasibility.

Rationale/Background: PKU is a rare inherited metabolic disorder that impairs the conversion of the amino acid phenylalanine into tyrosine, causing phenylalanine to build up in the blood and brain. Consequently, these individuals can experience chronic neurochemical imbalances and have a higher risk for depression and anxiety than the general population. Despite these risks, mental health screening is not routinely performed in metabolic care clinics. Barriers to screening can include time constraints and limited staff knowledge of screening procedures, such as interpreting and responding to screening results. Addressing these gaps is essential for promoting the mental health of populations with metabolic disorders.

Brief Description of the Undertaking/Best Practice: The quality improvement initiative took place in a pediatric outpatient clinic housed in a university-affiliated tertiary care center in the Mountain West United States. Guided by the Johns Hopkins Evidence-Based Practice Model, the project team developed resources and a clinical pathway for routinely screening individuals with PKU for depression and anxiety, including the use of validated screening instruments: the Patient Health Questionnaire-9 (PHQ-9) and the Generalized Anxiety Disorder-7 (GAD-7). Training resources focused on how to administer these instruments, interpret their results, and respond to positive screening results. Staff training sessions were held, and workflows were adapted to incorporate screening into both in-person and virtual visits. The pretest-posttest design evaluated staff knowledge, confidence, and workflow usability through survey and electronic medical record data. The analysis included descriptive statistics and inferential statistics of dependent pre- and post-survey data using the Wilcoxon signed-rank test ($p < 0.05$) and Pearson's r.

Assessment of Findings/Outcomes Achieved: Nineteen staff members participated during the six-week implementation period, including nurse practitioners, nurses, medical assistants, biochemical geneticists, metabolic dietitians, genetic counselors, clinical coordinators, and other clinic management. The pre- to post-survey comparison suggested statistically significant increases in staff confidence and competence in performing mental health screenings, with medium to high effect sizes. Screening was completed for 33 of 38 (86.8%) of eligible patients, with 36.5% (n = 12) screening positive. Of those, 33.3% (n = 4) accepted mental health referrals, while 66.7% (n = 8) declined due to lack of interest or because they already received those services. Staff reported the workflow as efficient and sustainable, although some barriers remained, including resistance from healthcare users to accept mental health services.

Conclusions: This initiative demonstrated that structured training and workflow integration can enhance the confidence and competency of pediatric metabolic care staff in performing routine mental health screening. These results may demonstrate the effectiveness of the training intervention and resources, supporting the feasibility of implementing similar mental health screening programs in other clinical care settings. Future efforts may explore strategies to increase healthcare-user receptiveness to mental health referrals and expand access to psychological services.

ADULT HEALTH AND ILLNESS

Comprehensive Checklist for Opioid Use Disorder Care in Primary Care

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Purpose: This project aimed to improve care for patients with Opioid Use Disorder (OUD) at a San Diego Internal Medicine office by implementing a comprehensive care checklist to increase screenings for comorbid conditions and increase access to necessary resources.

Background: The opioid crisis continues to escalate, with record levels of opioid-related mortality in recent years. Many individuals with OUD experience comorbid mental illnesses and are at increased risk for infectious diseases such as HIV, hepatitis, tuberculosis, and sexually transmitted infections. Many also face barriers related to social determinants of health, concurrent substance use, and difficulty remaining in treatment. Despite the severity of OUD, care is often fragmented and inconsistent.

A comprehensive approach to OUD management is the standard of care, and several studies have developed or implemented checklists to enhance quality and consistency in treatment delivery. The American Society of Addiction Medicine (ASAM) National Practice Guideline for the Treatment of Opioid Use Disorder outlines best-practice recommendations that include screening for psychiatric disorders, infectious diseases, and pregnancy; ensuring completion of laboratory work; providing hepatitis vaccinations when indicated; prescribing naloxone; addressing concurrent substance use; monitoring prescription drug databases; and assessing social and psychosocial needs. For this project, these recommendations were adapted into a 17-item comprehensive care checklist to guide patient visits.

Methods: Using the Johns Hopkins Nursing Evidence-Based Practice (EBP) Model, an interprofessional team—including a DNP student, faculty mentors, and clinic staff—fostered a spirit of inquiry, gathered evidence, and reviewed the checklist using a 17-item scoring system. Over a three-month period, the DNP student attended patient visits weekly, utilizing the checklist at initial, first follow-up, and second follow-up visits to assess progress and communicate unmet needs to providers. Pre- and post-implementation data were compared to evaluate changes in screening rates and resource access. Future steps involve analyzing the data and identifying practice improvements.

Results: Twenty patients with OUD received care guided by the checklist. Preliminary findings demonstrated improvements in naloxone access, psychosocial support referrals, and consistent screening for comorbidities. Both project objectives—increasing screenings and improving resource access—were achieved. Repeated use of the checklist across three visits promoted continuity of care, with most patients achieving full checklist completion by their third visit.

Conclusions and Future Implications: Implementation of a comprehensive checklist for OUD treatment in primary care standardizes care delivery, improves screenings, and ensures patients receive necessary resources. The checklist also supports providers in identifying and addressing individual care gaps. Future analysis should explore long-term outcomes—including treatment retention, patient satisfaction, and relapse or overdose reduction—to evaluate sustainability and scalability across diverse primary care settings.

Enhancing Hypertension Control through Home Blood Pressure Monitoring in Primary Care

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Background: Hypertension, or high blood pressure (BP), is a chronic condition in which blood exerts excessive force on the arterial walls. Typically, hypertension does not present with warning signs, requiring routine BP screenings for early identification. According to the American College of Cardiology (ACC)/ American Heart Association (AHA) guideline, hypertension is diagnosed when there is a systolic BP greater than or equal to 130 mmHg and/or a diastolic BP greater than or equal to 80 mmHg on two separate occasions. These guidelines also recommend incorporating home-based BP readings to confirm diagnosis. Home Blood Pressure Monitoring (HBPM), in which patients use a portable device to measure BP at home, is a validated and cost-effective method to acquire home BP readings. HBPM reduces anxiety-related BP elevation seen in clinic readings, known as white coat hypertension, improving measurement accuracy. This method empowers patients to perform BP checks correctly and interpret their results, enhancing self-management. Implementing HBPM in primary care has been linked to higher rates of BP control, making these clinics vital access points for patients with uncontrolled hypertension. While utilizing HBPM is well-supported, at an outpatient primary care setting, there is no standardized approach for implementation.
Purpose: This project aims to introduce an HBPM program in a primary care setting to improve hypertension management.
Methods: This quality improvement project uses a pre- and post-intervention design guided by the Johns Hopkins Evidence-Based Practice model. Participants with uncontrolled hypertension will enroll in a group medical visit (GMV) focused on BP self-management. During the GMV, patients will be given education on hypertension, medication adherence, low sodium diet, HBPM technique, and emergency precautions. After the session, participants will regularly record and submit HBPM readings over a 4-week period for review by the clinic's nursing team. HBPM adherence and BP control (defined as a BP less than130/80 mmHg) will be evaluated using patient pre- and post-tests. Provider feedback will be collected anonymously through an eight-item Likert-scale survey using QuestionPro.
Outcome: While pending, expected outcomes include improved BP control, increased HBPM adherence, greater patient knowledge, enhanced anti-hypertensive medication adherence, and increased provider satisfaction.
Conclusions: This project underscores the role of primary care clinics in advancing population health. By expanding access to patient education and promoting chronic disease management, clinicians can enhance outcomes for individuals with hypertension.

Integrating Digital Cognitive Behavioral Therapy for Insomnia in Behavioral Health

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Background: Approximately 6-10% of the adult population meet diagnostic criteria for insomnia (Qaseem et al, 2016). There are many barriers for behavioral health patients in accessing Cognitive Behavioral Therapy for Insomnia, which includes the limitation of provider availability, limitations in remote areas, high cost, and lack of knowledge about the interventions available form both providers and patients (Soh at al, 2020). The need for therapy services outnumber the availability of clinicians, and the wait to see one is long. As patients are waiting to receive treatment for extended periods of time, their symptoms may worsen and affect their quality of life. Even within the clinician and provider community, Cognitive Behavioral Therapy for Insomnia is an underutilized intervention. Despite extensive research and literature stating that the intervention should be first-line treatment for insomnia, many clinicians first line treatment include sleep hygiene, pharmacotherapy, and relaxation therapy. There is a need to educate providers and clinicians that Cognitive Behavioral Therapy for Insomnia is the gold standard treatment for insomnia symptoms, and the resources available to treat patients with it.
Purpose: The purpose of this project is to utilize digital Cognitive Behavioral Therapy for Insomnia (CBT-I) as a first-line treatment for insomnia as established by current treatment guidelines. The project aims to offer all adult patients with insomnia symptoms the use of digital CBT-I as a first-line treatment. CBT-I should be a widely used intervention across a broad variety of patients and settings. Nursing projects should look to expand offerings of CBT-I, due to its accessibility, low cost, quality, and evidence based. Cognitive Behavioral Therapy for Insomnia is the gold-standard intervention for people with insomnia symptoms (Qaseem et al, 2016).
Methods: Standard CBTI is delivered in six to eight sessions, and typically includes Sleep Restriction Therapy, Stimulus Control Therapy, Sleep Hygiene, and Cognitive Therapy (Walker at al, 2022). Providers will offer patients with insomnia, who use smartphones, the application "CBTI Coach". This is a free of charge intervention that patients can utilize in the comfort of the homes at their own convenience. The patients utilizing the intervention must have a working smartphone, and working knowledge on how to download and operate a telephone application. To increase access to digital CBTI, behavioral health clinicians will educate patients on its availability in the treatment of insomnia.
Results: Outcomes will be measured with the number of patients offered digital CBT-I as first-line treatment, compared to the number of patients who accepted digital CBT-I as an intervention. Patients will follow-up six to eight weeks from initial meeting for post-intervention assessment. Results are pending.
Implications: Implementing digital CBT-I as a first-line intervention has the potential to significantly reduce barriers to insomnia treatment by increasing accessibility, lowering cost, and minimizing wait times for behavioral health services. By integrating evidence-based digital tools such as the CBT-I Coach applications, clinicians can extend care to underserved populations, enhance treatment adherence, and promote self-management of insomnia symptoms. This approach supports a shift toward more standardized, accessible, and sustainable insomnia care across diverse healthcare settings.

Telehealth Preference, Delayed Care, and ED Visits Among Adults with Chronic Disease

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Background: Telehealth plays a vital role in improving access to primary care, especially for individuals with complex healthcare needs who may encounter challenges in receiving appropriate services in a timely manner. Yet, telehealth is underutilized by mid-life and older adults with chronic conditions. Emergency department over-utilization or delayed care may result from barriers to accessing primary care.

Objective: We sought to identify the socio-demographic factors associated with telehealth preference over in-person care among mid-life and older adults with chronic conditions, and the relationships between telehealth preference and delayed or forgone care and Emergency department utilization.

Methods: We conducted a secondary analysis of cross-sectional data of the 2023 California Health Interview Survey. Our study included 5,711 adult respondents with chronic health conditions who utilized telehealth in the past year. Multivariable logistic regression was used to test associations between socio-demographic and health characteristics, preference for telehealth, delayed or forgone care, and Emergency department utilization. The covariates in the models were organized based on the Andersen Behavioral Model.

Results: In the sample of 5,711 telehealth users, 58% preferred telehealth over in-person for future care. Adults aged 60–69 years had a significantly higher odds of preference for telehealth compared to those aged 18–49 years (OR=1.35, 95% CI: [1.11–1.65], $p<0.01$). Similarly, women (OR=1.24, 95% CI: [1.06–1.45], $p<0.01$), higher education and higher income (OR=1.37, 95% CI: [1.10–1.70], $p<0.01$) had greater odds of preferring telehealth. Respondents who identified as Asian (OR= 0.63, 95% CI: [0.46–0.84], $p<0.01$) and were either English proficient or non-proficient had lower odds of preferring telehealth. Preference for telehealth was associated with lower odds of delayed or forgone care (OR=0.48, 95% CI: [0.39–0.59], $p<0.01$). There was no significant association with Emergency department utilization.

Conclusion: This study reveals disparities in telehealth preference among Californians with chronic conditions, shaped by sociodemographic and health-related factors. Future longitudinal studies are needed to confirm factors motivating telehealth preference, to develop telehealth programs tailored to the unique needs of aging individuals with chronic conditions and improve their timely utilization of quality health care services.

ADVANCED PRACTICE

Bridging Education and Practice: Evaluating PMHNP Readiness Via Simulation

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Background: The United States faces a critical shortage of psychiatric providers. Psychiatric mental health nurse practitioner (PMHNP) programs are essential to addressing this workforce need; however, clinical placement experiences vary widely in quality and often lack opportunities for consistent feedback and structured competency assessment.

Competency-based education, guided by the AACN Essentials, emphasizes observable performance and measurable progression toward practice readiness. While simulation is well established in prelicensure nursing education, it has not been systematically integrated into PMHNP curricula despite its potential to foster safe skill development, objective evaluation, and formative feedback. This project explored simulation as a bridge between academic preparation and clinical practice readiness.

Purpose: This project integrated simulation into a first-year PMHNP course to evaluate competency development in therapeutic communication, empathy, adaptability, and session management. Faculty, near-peer, and student data were triangulated to assess practice readiness and guide competency-based curricular refinement.

Methods: A simulation-based design was implemented using two standardized patient encounters replicating outpatient psychiatric intake sessions. Eighteen first-year PMHNP students participated in both midterm and final simulations at a university simulation center.

Data Sources:

1. Faculty and near-peer data: Rubric-based quantitative scores and narrative comments aligned with AACN Essentials and course outcomes. Near-peer evaluators had previously completed the simulation, contributed to its refinement, and were trained for evaluation consistency.
2. Student data: Pre–post surveys measuring comfort in the provider role and beliefs about simulation effectiveness using a 5-point Likert scale.

Quantitative rubric and survey data were analyzed using the Wilcoxon Signed Rank test. Qualitative comments were analyzed thematically through inductive and deductive coding, with coder triangulation and intercoder reliability to ensure rigor.

Assessment of Findings/Outcomes: Rubric scores demonstrated improvement in empathy, adaptability, and goal orientation, though gains were not statistically significant ($Z = 1.52$, $p = 0.131$). However, students performed appropriately for their level. Among 17 matched pre–post surveys, statistically significant increases were observed in addressing unmet needs ($p = .013$) and in four belief domains: understanding social needs ($p = .007$), using ethical and inclusive practices ($p = .041$), prioritizing needs ($p = .012$), and addressing adverse outcomes ($p = .017$). Other domains, including psychiatric intake, application of course content, and recognition of social determinants, trended upward but were not significant.

Thematic analysis across faculty and near-peer data revealed five recurring themes: (1) therapeutic relationship and rapport, (2) communication style and questioning, (3) adaptability and responsiveness, (4) session organization and clarity, and (5) professional collaboration. Findings reflected progressive development in psychosocial reasoning, ethical awareness, and confidence in complex, person-centered care.

Conclusions/Implications: Simulation provided a structured, psychologically safe environment for early competency development and formative feedback. Triangulation of faculty, near-peer, and student data offered a more comprehensive view of practice readiness than quantitative results alone. Although some gains were not statistically significant, performance reflected appropriate early-stage competencies and expected developmental progression.

Findings support simulation as an effective pedagogical approach for assessing and advancing PMHNP competencies. Expanding simulation across program years and refining rubrics are recommended to strengthen consistency, validity, and workforce preparation in PMHNP education.

ADVANCED PRACTICE

Engaging Near Peers to Bridge Competency and Professional Identity

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Rationale and Background: Nursing faculty develop assignments that foster competency and professional identity formation, yet a persistent challenge lies in the distance between faculty expertise and students' current experience levels. Assignments often reflect advanced practice expectations that may not align with students' readiness or clinical understanding. This gap limits clarity, engagement, and competency progression. Guided by Kolb's Experiential Learning Theory, this initiative engaged near peers, advanced students who had recently completed a psychiatric intake simulation, to bridge this gap. Integrating near-peer perspectives into simulation design supports learning that aligns with readiness, promotes authentic demonstration of competency, and strengthens professional identity formation.

Purpose/Aims: This project aimed to engage near-peer scholars in refining a psychiatric intake assessment simulation within the Doctor of Nursing Practice program, to improve simulation quality and relevance while promoting leadership, reflection, and professional identity formation among near peers.

Methods/Undertaking: Using a collaborative, competency-based approach, near-peer scholars (n = 3) who had completed the simulation or expressed interest in psychiatric nursing partnered with faculty to enhance the learning experience. The group met across multiple structured sessions to review competency goals, analyze simulation components for developmental alignment, and co-develop a rubric that emphasizes therapeutic communication and relational competency, rather than checklist-style questioning. Near peers also participated in evaluating current students with a rubric during two simulation sessions (midterm and final), providing guided feedback under faculty supervision. To explore their experiences, participants took part in a focus group using a semi-structured interview guide. Data were analyzed using thematic analysis, and codes were verified through consensus to enhance the credibility of the findings. The project was reviewed by the institutional IRB and deemed exempt for educational quality improvement purposes.

Results: We identified five themes about near-peer engagement: knowledge and skill development, professional identity formation, faculty relationships and perceptions, experiential role transformation, and collaborative processes in simulation design. Participants reported enhanced understanding of psychiatric assessment, communication strategies, and competency expectations, along with greater confidence in their emerging advanced practice role. Collaboration with faculty fostered mentorship and partnership, while participation in simulation evaluation promoted reflection, leadership, and insight into curriculum development. Findings directly informed revisions to the simulation rubric and structure, improving clarity and therapeutic focus for future cohorts. These outcomes demonstrate the dual benefit of near-peer involvement for both learner growth and curriculum improvement.

Conclusions: Engaging near peers in simulation design enhanced learning for both current students and near-peer participants, expanding competency development, reflection, and clinical readiness. The process modeled experiential learning in action, as near peers cycled through reflection, concept application, and active teaching, solidifying their learning while contributing to curricular refinement. Although limited by a small sample size and single-site design, the project demonstrates a sustainable and scalable strategy for integrating near-peer collaboration into competency-based nursing education. This approach has the potential to strengthen education, promote practice alignment, foster student relationships, and enhance academic practice partnerships across nursing specialties. Future work should examine long-term outcomes and evaluate the dissemination of this approach across other clinical education contexts.

ADVANCED PRACTICE

Innovating Advance Practice Nursing Education for Treating Substance Use Disorders

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Purpose/Aims: To enhance nursing SUD education at UCSF School of Nursing, we created an initiative titled Transformational Education for Reducing Stigma, Empowering and Advocating for Comprehensive Health for Patients with Substance Use Disorders (TEACH-SUD). The project aims to develop a curriculum with didactic and simulation components, equipping nurse practitioner students with the skills to provide equitable access to stigma-free and evidence-based care for individuals with substance use disorders (SUD). The initiative fosters collaboration with students from medicine and pharmacy to ensure comprehensive, team-based care.

Rationale/Background: SUDs remain a significant public health issue. Nurses are at the forefront of SUD care, providing screening, early intervention, and ongoing management, and existing nursing curricula could better provide specialized training to address patient needs. Effective SUD care requires collaboration with other health professionals as well as engagement with community partners to address the social determinants of health. Addressing these needs in nursing education is essential for preparing nurse practitioners to lead and advocate for high-quality, patient-centered care for individuals with SUD.

Brief Description of the Undertaking: Stakeholders from UCSF's Schools of Nursing, Medicine, and Pharmacy, and community partners, guided a design process for an interprofessional SUD training curriculum. A preceding needs assessment identified key SUD treatment competencies, and mapped those to existing school curricula, revealing three core curricular needs: 1) screening and brief intervention practices, 2) overdose prevention principles, and 3) discussion of pharmacotherapy options.

To address these educational needs, the TEACH-SUD team has created a foundational asynchronous didactic session with input from community partners. The curriculum also includes patient simulation scenarios where nurse practitioner, medical, and pharmacy students collaboratively screen for, diagnose, and manage SUD for a composite patient across outpatient and inpatient settings. The simulation also emphasizes these curricular components important to the provision of SUD care: 1) patient-centered, non-stigmatizing communication, and 2) trauma-informed care.

Plan for Assessment and Outcomes: The poster describes our needs assessment and curricular design process including resulting identified areas of curricular focus. The didactic and simulation-based curriculum were designed to address existing curricular gaps, mindful of professional role development and informed by patient-expressed treatment needs. The curriculum will launch in Spring 2026. The delivered curriculum will be followed by learner feedback tools that assess if curricular goals met learning needs with learner satisfaction. Lessons learned from this project will inform future curricular iterations and adaptations.

Conclusions: The TEACH-SUD initiative intends to strengthen nursing education by integrating SUD care as a core competency within an interprofessional framework. By equipping nurse practitioner students with the skills to deliver stigma-free, evidence-based care and to collaborate effectively with other health professionals, this curriculum aims to position nurses as leaders in the delivery of SUD care. Next steps include piloting the curriculum, refining it based on learner feedback, and evaluating its impact on nursing practice and competency. Recommendations include advocating for institutional adoption of interprofessional curricula and scaling the program to other nursing schools seeking to enhance SUD care training.

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ADVANCED PRACTICE

Integrating a Nurse Driven Preop Order Set & CHG Hygiene Protocol Guided By ERAS

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Purpose: The purpose of the Doctor of Nursing Practice (DNP) scholarly project is to conduct a quality improvement initiative to implement and evaluate a nurse driven preoperative order set and Chlorohexidine Gluconate (CHG) Hygiene protocol guided by the Enhanced Recovery After Surgery (ERAS) guidelines.

Aim: The aim is to optimize preoperative nursing practice and improve adherence to evidence-based principles. Additionally, the goal is to reduce the incidence of surgical site infections (SSIs) among patients scheduled for surgical procedures within the Same Day Services (SDS) unit. The DNP project focuses on nursing empowerment and agency to lead preoperative standardized guidelines directly improving patient outcomes and surgical safety.

Background: One of the most preventable perioperative complications is SSIs, leading to delay recovery, increase healthcare cost and patient dissatisfaction. The literature supports standardized preoperative CHG hygiene and ERAS guidelines significantly reduce SSI rates. Based on the needs assessment in SDS unit identified inconsistent CHG education, utilization causing variability, adherence to surgical hygiene practices with ERAS principles and absence of a nurse driven order set. Aligning ERAS course of action with nursing practices establishes a structure that supports nursing participation, enhances preoperative consistency, and encourages multidisciplinary collaboration throughout perioperative services.

Methods:

- Approach: The Plan, Do, Study, and Act (PDSA) framework is used to guide project implementation and evaluation.
- Development: Creating a standardized, nurse driven preoperative order set incorporating ERAS guidelines and institutional infection prevention policies.
- Education: Implementation of a multimodal CHG hygiene education material for preoperative nurses and patients, including visual infographic, competency checklist, and laminated reference guide.
- Intervention: Disseminating of CHG hygiene packet and preoperative order set to ensure standardized patient preparation prior to surgery.
- Measurements: Pre and post intervention CHG compliance audits, along with validated nurse knowledge and confidence survey. SSI data will be evaluated through existing infections prevention reports. Data is currently in progress.

Assessment Finding & Outcomes: Preliminary observation indicates consistency with workflow and nurse engagement improvement utilizing ERAS practices. Informal staff feedback highlights enhanced comprehension of CHG hygiene significance and confidence in delivering standardized patient education. Quantitative data regarding CHG compliance, nurse knowledge, and SSI outcomes are currently being collected and will be analyzed after the post-application phase to assess the effectiveness of the intervention.

Conclusion: While data analysis is ongoing, the in-progress DNP project emphasize the fundamental role of nurses in leading evidence-based preoperative intervention associated with ERAS principles. The initiative is meant to strengthen team communication, clarify preoperative expectations and improve nursing ownership of patient safety. The next steps involve completing data analysis, distributing findings to preoperative leadership and developing the protocol across additional surgical units to sustain long term CHG compliance and SSI reduction.

ADVANCED PRACTICE

Optimizing Care for Patients with Skin and Soft Tissue Infections in the ED

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Background/Purpose: Skin and soft tissue infections (SSTI) represent a diverse group of infections varying in clinical presentation and degree of severity. The International Classification of Diseases codes for patients presenting with cellulitis or abscess account for $5.5 billion in health care costs and 1.4% of all hospital admissions. Outcome data is needed to inform management decisions to prevent unnecessary hospitalizations and overuse of antibiotics. The purpose of this study is to examine relationships among sociodemographics, physical examination findings, and treatment modality and management in patients with SSTI.
Method: A retrospective, cohort design. A convenience sample (N = 857) of patients, aged 18 and older diagnosed with a SSTI, receiving ED services at a rural ED. Descriptive and inferential analyses.
Results: Average age was 45.65 years (*SD* = 17.17), 67.1% male, 75% Hispanic origin, 60.4% of the patients presented with a heart rate greater than 90 beats per minute (bpm), and less than one percent (0.8%, *n* = 7) had a temperature equal to or higher than 37.7 degrees Celsius. Final diagnosis: 56.9% cellulitis, 40.1% abscess, 2.2% both cellulitis and abscess, 0.7% other SSTI. The most common treatment modality was the administration of an oral medication (56.7%), followed by incision and drainage (I&D) plus an oral medication (30.8%), and oral medication plus intravenous medication (7.5%, *n* = 64); 97.7% discharged home; 2.3% admitted; 8.8% returned within 24 hours of discharge. Age was significantly different for patients final diagnosis, *Welch's F*(3, 20) = 24.30, $p < .001$; younger age for abscess (*M* = 40.69, SD = 13.61) compared to cellulitis (*M* = 49.60, *SD* = 18.55); abscess and cellulitis (*M* = 35.00, *SD* = 11.00) compared to cellulitis (*M* = 49.60, *SD* = 18.55) and final disposition *F*(1, 855) = 6.78, $p = .009$; older age significantly increased for those admitted to the hospital (*M* = 55.50, SD = 13.95) compared to discharged home (*M* = 45.42, *SD* = 17.17). Firth logistic analysis identified age (*Adj. OR* = 1.06, 95% CI 1.00 - 1.12, $p < .001$), and a heart rate greater than 90 bpm (*Adj. OR* = 10.94, 95% CI 2.42 - 71.46, $p = .001$) significantly increased the risk of being admitted to the hospital. Prescription for oral medication (*Adj. OR* = 0.004, 95% CI 0.00 – 0.15, $p < .001$), and an I&D treatment plus an oral medication (*Adj. OR* = 0.02, 95% CI 0.00 – 0.15, $p < .001$) decreased the risk for hospitalization.
Conclusions: SSTIs are commonly treated and managed in the ED. A comprehensive understanding of the patient, including demographic information, outpatient access, physical examination findings, and past medical history is imperative to optimal treatment and management. Age, heart rate, and management should be included when evaluating and treating a patient with SSTIs. Study findings within this community support the current literature, including the identified risk factors and current clinical practice guidelines, thus supporting the consideration of sociodemographic factors and social determinants of health as central for standardized care within all communities.

AI Avatars: Bringing Technological Innovations to Online Asynchronous Education

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Purpose: To develop and evaluate an innovative, competency-aligned telehealth simulation using artificial intelligence (AI) avatars in a graduate-level online asynchronous (OA) informatics course. This project aims to enhance student engagement and support the development of digital health competencies aligned with the AACN Essentials.
Rationale/Background: Despite the increasing integration of digital technologies in healthcare, nursing education has lagged in providing interactive, competency-based digital health training, particularly in OA environments. Traditional simulation-based education (SBE) often lacks alignment with emerging technologies such as AI. This project addresses these gaps by introducing AI-driven avatars to simulate telehealth encounters, fostering communication, clinical reasoning, and informatics competencies.
Description of Undertaking/Approach, Framework, Process: Using the systems life cycle framework to guide the project, the team is replacing a static clinical note assignment in a graduate informatics course with an AI avatar-based telehealth simulation. Students will interact with AI avatars representing diverse patient case studies and receive rubric-guided feedback. The simulation is embedded within the learning management system and supported by a student tutorial and faculty training.
Findings are in Progress: Data collection is in progress with usability and satisfaction surveys using the System Usability Scale (SUS) and adapted Telehealth OSCE items, as well as qualitative interviews.
Conclusions/Implications:
This project demonstrates the feasibility and potential of AI avatar simulations to enhance digital health education in OA nursing courses. Next steps include completing data analysis, refining the simulation based on student feedback, and expanding implementation across additional courses. Future research will explore comparative effectiveness with human-simulated patients and broader applications of AI avatars in nursing education.

Funding: University of Colorado, College of Nursing, Office of Research and Scholarship, Deans Innovation Teaching Grant

AI Meets the Adjunct: Voices from the Virtual RN-BS Nursing Classroom

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Purpose: The purpose of this study is to explore how RN-BS online adjunct faculty perceive artificial intelligence (AI) usage and how AI impacts their practice as nurse educators.
Background: Artificial intelligence (AI) is a rapidly evolving technology that is increasingly influencing online education and professional communication. Within nursing education, both students and faculty are utilizing AI tools in various capacities. However, concerns persist regarding the reliability of AI-generated content and the importance of verifying AI output prior to professional use.
Given the pace of AI development and the widespread accessibility of diverse AI platforms, there is a growing need for targeted guidance and support for online nurse educators. Despite emerging discussions around AI integration in higher education, there is significantly limited research specifically examining how RN to BSN (RN-BS) online faculty perceive AI usage and how it impacts their teaching practice.
This study seeks to address this gap by exploring the perceptions, concerns, and needs of RN-BS online adjunct faculty related to student and adjunct faculty use of AI tools in the educational setting.
Methods: The study was approved by the university's Institutional Review Board. This study will employ a descriptive, cross-sectional survey design using a convenience sampling method. The research will be conducted at a School of Nursing located in a large metropolitan area in the northwestern United States. The target population includes online adjunct faculty teaching in the RN-BS program. All participants must hold at least a master's degree. A convenience sample will be used, consisting of all eligible online adjunct faculty in the RN-BS program. An invitation to participate in the survey will be distributed via school email. Participants will have three weeks to complete the survey, with a reminder email sent one week prior to the deadline. A brief online survey will be administered to the subjects, consisting of 13 questions, including both demographic questions and short-answer questions focusing on artificial intelligence. The survey link will be sent out via school email to all RN BS online adjunct faculty.
Results: The survey will be deployed following the Fall adjunct faculty meeting. This survey link will be emailed to all RN BS online adjunct faculty who are teaching courses in the Fall 2025 semester (n=31). Descriptive statistics (mean, median, mode, and frequency) will be used to analyze demographic data. Open-ended responses will be analyzed using thematic analysis. The research team will collaboratively identify recurring themes and synthesize key findings. An artificial intelligence model will be used to validate themes that were generated by the investigators and the research assistant. The final determination of themes represented in the findings will represent the voices of the research team.
Implications: Following data analysis, the full-time RN BS faculty will use the feedback to guide the formation of RN BS program policies and procedures regarding the appropriate use of artificial intelligence for faculty to support workflow and for students to support the promotion of academic student success.

Artificial Intelligence Augmented Thematic Analysis for Intervention Effectiveness

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Purpose: To compare traditional manual coding of qualitative data using standard qualitative analysis software (Atlas.ti™) with artificial intelligence (AI)-augmented coding of participants experiences with a Self-Paced Shock Management (SPSM) intervention after a recent implantable cardioverter defibrillator (ICD) shock.
Rationale: Approximately one million Americans with heart failure or documented ventricular arrhythmias have an ICD. While the ICD has substantial lifesaving benefits by delivering high energy shocks in response to life-threatening arrhythmias, ICD shocks are painful and result in increased anxiety, activity avoidance, reduced quality of life, and post-traumatic distress disorder (PTSD). Even with optimal ICD programming, more than 100,000 patients/year experience shocks. SPSM is a biobehavioral intervention developed to reduce symptoms of anxiety and distress, while enhancing return to activities of daily living after an ICD shock. This report addresses participant perceptions of the SPSM intervention following an ICD shock. Because traditional approaches of manual coding using thematic analysis is time consuming involving more than one investigator. AI tools provide a potential method to support the conduct of qualitative analysis.
Methods: The parent study uses an embedded mixed methods, randomized control trial to compare Self-Paced Shock Management (SPSM) + usual care (UC) to UC alone. Outcomes are assessed at three times: baseline within 1 week of ICD shock, 1 month at intervention completion, and 6 months follow-up. The SPSM intervention is a 4 week nurse-led online and telephone coaching intervention based on principles of heart rate self-monitoring and stress management, to reduce the physical and psychological impact of ICD shocks and to prevent PTSD. At the end of the study, intervention participants complete an open ended semi-structured telephone interview to address feasibility and acceptability of SPSM. Interview responses have been transcribed and thematic analysis is being conducted. This study compares traditional manual coding using Atlas.it software by the investigators compared to AI-augmented coding using four AI platforms (ChatGpt, Microsoft Co-Pilot, Perplexity, and Atlas.ti AI Assistant). IRB approval included the use of AI methods. The AI tools operate on cloud-based architectures that leverage transformer-based language models and neural reasoning. They enable context-aware text generation, real-time information retrieval, and qualitative data analysis through secure integration of deep learning, retrieval-augmented generation, and natural language processing technologies. Two investigators analyzed exit interviews by question and coded the results using Atlas.ti software. Independently, AI tools were instructed to perform sentence-by-sentence thematic analysis and generate a codebook, single-line coding, and a summary based on the qualitative text. Concordance between the manual coding approach and AI tools will be systematically compared.
Results: Data analysis is ongoing, with ten exit interviews completed to date. A comparison of manual coding with the AI responses with illustrative examples will be provided. Post-intervention interviews provide rich and complementary descriptions about patient experiences and the ways in which the interventions did or did not promote the ability to manage ICD-related anxiety, engage in physical activity, and prevent PTSD.
Conclusion: AI-augmented thematic analysis may provide a valuable and less time consuming tool for qualitative analysis, allowing for more timely reporting of findings.
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Artificial Intelligence in Diabetes Self-Management: An Integrative Review

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Background: Artificial intelligence (AI) tools for diabetes self-management have expanded rapidly since the emergence of large language models (LLMs) and other advanced AI architectures. These tools include conversational agents, AI-driven diabetes programs, and adaptive coaching systems. To date, no systematic review has synthesized evidence across the full spectrum of patient-facing AI interventions for diabetes management in the post-LLM era, integrating findings from quantitative and qualitative research, as well as theoretical papers. While recent systematic reviews have summarized evidence for older AI systems such as chatbots, these syntheses have not accounted for newer LLM-based technologies. Moreover, they have had limited scope regarding important diabetes outcomes, equity considerations (e.g., cultural tailoring and language accessibility), and implementation factors (e.g., unintended consequences, effectiveness, safety).
Purpose: This integrative review aims to provide a comprehensive synthesis of evidence on AI-driven patient-facing tools, decision support systems, and nursing-led interventions for diabetes management. It focuses on effectiveness, safety, unintended consequences, health outcomes, and equity considerations across diverse populations, intervention types, and care contexts.
Methods: Following Whittemore and Knafl's integrative review methodology and adhering to PRISMA 2020 guidelines, this study progresses through five stages: (1) problem identification, (2) literature search (screening), (3) data evaluation (extraction), (4) data analysis (synthesis), and (5) presentation. The literature search was conducted across multiple databases covering biomedical, nursing, psychological, engineering, and computer science literature (including MEDLINE, Embase, CINAHL, PsycINFO, Cochrane Library, IEEE Xplore, and ACM Digital Library). Grey literature searches complemented these databases to capture emerging evidence that had not yet been peer-reviewed or indexed. Screening and extraction are managed through a collaborative software platform, with each record independently reviewed by two team members. Eligible studies include adults (≥18 years) with type 1 or type 2 diabetes using patient-facing AI interventions that directly support self-management. Discrepancies are resolved through discussion, with the lead reviewer serving as arbiter.
Expected Outcomes: We are currently conducting title and abstract screening for 2,321 records identified in the literature search. Approximately 150 records are expected to be included for full-text screening. This review will provide a detailed mapping of AI intervention types and their effects across clinical, behavioral, safety, and equity domains. We hypothesize that AI tools will improve clinical and behavioral outcomes for diabetes, but equity considerations, such as cultural tailoring and accessibility features, may be infrequently addressed or evaluated.
Implications: Anticipated findings will map the landscape of patient-facing AI for diabetes management, identify gaps in safety and equity evaluation, and inform the design of inclusive, patient-centered AI interventions. The findings will highlight evidence gaps and provide recommendations to guide future research, clinical practice, and policy development for equitable, patient-centered AI tools in diabetes care.

Artificial Intelligence in Sleep Health: A Systematic Review

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Purpose: This systematic review aimed to (1) synthesize artificial intelligence (AI) applications in sleep health, (2) evaluate study designs, methodological rigor, and outcome focus, including equity, cultural adaptation, and patient-centered measures, and (3) examine the feasibility of AI-assisted data extraction in systematic reviews.

Background: AI is increasingly used in sleep research, with applications ranging from diagnostic support to digital interventions. However, the evidence base remains fragmented, and few reviews have rigorously assessed methodological quality, translational readiness, and equity. A comprehensive systematic review is needed to inform nursing and health science.

Methods: A protocol was registered in PROSPERO (CRD420251039895). Comprehensive searches of PubMed, CINAHL, PsycINFO, ProQuest Computer Science, and Cochrane were conducted in August and December 2024. Eligible studies applied AI to human sleep health and reported empirical outcomes. Exclusions were non-English, non-human, or non-AI methods. Screening followed PRISMA guidelines; data extraction used a 37-item template capturing study characteristics, equity reporting (race/ethnicity, cultural adaptation), and patient-centered measures (usability, engagement, trust). To evaluate efficiency, AI-assisted extraction was first compared against human reviewers on a subset of studies; once validated, AI-assisted extraction was applied to all 85 included studies, with human oversight for complex variables. Quality appraisal with the Mixed Methods Appraisal Tool (MMAT) is in progress.

Results: Eighty-five studies published between 2015 and 2024 were included. Of these, 57 (67%) addressed diagnostic support, especially automated sleep staging and disorder detection (e.g., REM sleep behavior disorder, sleep apnea). Five deep learning Polysomnography studies reported sensitivity and specificity >90%, while heart-rate variability based and lightweight transformer models achieved similarly high accuracy with lower computational cost. Predictive modeling comprised 15 studies (18%), forecasting insomnia persistence, incident excessive daytime sleepiness in Parkinson's disease, and mental-health comorbidity, typically outperforming traditional regression (AUC ~0.70–0.90). Digital interventions (6 studies, 7%) such as chatbots and virtual agents showed feasibility and preliminary improvements in sleep quality and anxiety, though randomized trials remain limited. Population-level natural language processing (NLP) analyses (7 studies, 8%) mapped trends in adolescent insomnia and mental health, demonstrating novel surveillance approaches. Across domains, equity reporting was sparse (<1/3 described race/ethnicity or cultural adaptation), and patient-centered outcomes (usability, engagement, trust) were seldom measured. In the AI–human extraction pilot, agreement for structured variables was high (e.g., sample size, group composition; correlation ≈1.0, overall accuracy ≈95%), but lower agreement for one extraction item of "personalized level". Based on this validation, AI-assisted extraction was successfully applied to all included studies, substantially reducing reviewer burden while maintaining rigor through human oversight.

Conclusions: AI applications in sleep health are expanding rapidly, with strong evidence in diagnostic support and emerging potential in prediction and digital interventions. To accelerate translation, future studies should prioritize external validation, transparent equity reporting, and patient-centered evaluation.

Implications for Nursing: Nurses are uniquely positioned to guide responsible AI integration in sleep health by ensuring usability, fairness, and cultural relevance. This review demonstrates the current state of AI in sleep research and the feasibility of AI-assisted synthesis, pointing to a future of more efficient, inclusive evidence translation.

Artificial Intelligence: Enhancing Patient Safety, a Scoping Review

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Purpose: In healthcare, Artificial Intelligence (AI) has successfully modified some everyday functionality of the interprofessional team, notably, reduction of documentation burden. With advancements in scientific and technologic innovations, AI has also enhanced the abilities of clinicians to care for health consumers. One aspect of care most important to health professionals is ensuring the efficiency of their work without jeopardizing the safety of their patients. Many are convinced of AI's efficiency and convenience in healthcare, yet its role in measurable improvements in patient safety is still questionable. This scoping review will demonstrate the utility of AI in enhancing patient safety in healthcare when select digital innovations are deployed.

Method: A scoping review of AI innovations impacting nursing practice was conducted using CINAHL and PubMed databases (2022-2024). A thematic analysis was supported by the use of an LLM through ChatGPT to identify the categories of AI advancements that enhance nursing practice.

Results: Seventeen out of 49 articles on AI were focused on a crucial theme of enhancing patient safety. The literature is clear regarding the capacity of AI to improve safety in healthcare through 1) real-time monitoring, 2) proactive interventions to minimize risks and adverse outcomes, 3) predictive analytics, and 4) workload management and care coordination. Wearable devices such as integrated continuous glucose monitoring (iCGM) allow for effective disease management. Additionally, other innovations in healthcare, such as ambient listening ease documentation burden and predictive analytics (e.g., Epic Sepsis Model [ESM] alert system) alert clinicians to respond immediately, enabling quick personalized decisions that reduce morbidity and mortality. Overall, AI solutions support the healthcare team from triage to discharge, improving care and enhancing patient safety.

Conclusions: Through a larger scoping review of the literature about AI's utility in nursing practice, a subset of themes surfaced about its ability to enhance patient safety in healthcare. With increasing complexity of patient care, coupled by the scarcity of human resources, it is imperative for clinicians to apply digital solutions that will reduce aspects of their workload while improving outcomes.

Keywords: Artificial Intelligence, innovation, patient safety, nursing practice

Culturally Adapted Conversational Agent and User Experience: A User Study

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Purpose: To evaluate whether the culturally adapted self-care support conversational agent is perceived as more culturally relevant, empathetic and better aligned with users' expectations compared to a non-adapted version.

Background: Chinese-speaking family caregivers caring for older adults face unique challenges, including language barriers, difficulties navigating social and healthcare services, and limited access to culturally responsive resources. Artificial intelligence (AI)-driven conversational agents offer the potential to support, but their effectiveness depends heavily on cultural adaptation. Building upon prior work developing and expert-testing a culturally adapted conversational agent for Chinese-speaking caregivers, this study assessed whether end-users perceived the adapted agent as more culturally competent, empathetic, and therapeutically aligned than a non-adapted agent.

Methods: From July to August 2025, we conducted a two-group randomized user study with Chinese-speaking family caregivers of older adults in North America. Participants were randomly assigned to interact with either 1) a culturally adapted agent that uses the context-engineered large language model workflow, or 2) the non-culturally adapted agent (GPT-4o). Both versions of agents were configured to deliver a brief Problem-Solving Therapy session to help caregivers identify self-care practices. Perceived cultural competence, empathy, and therapeutic alliance of the agent were assessed by using the adapted Healthcare Provider Cultural Competency Measure (CCM), Sharma's Empathy Instrument and the Session Rating Scale (SRS). Randomization and data collection were implemented via the Qualtrics survey platform. Participants were blinded to the version of the conversational agent they interacted with. Group differences in demographics were examined using ANOVA and Chi-square tests. Between-group differences in perceived cultural competence, empathy, and therapeutic alliance were examined using independent sample t-tests and regression models that controlled for gender.

Outcomes: A total of 58 family caregivers participated in this study: 26 interacted with the non-adapted agent, and 32 interacted with the culturally adapted agent. No significant demographic differences were found between groups except for gender (90.30% female in adapted vs. 64.00% in non-adapted, $\chi^2 = 5.70$, $p = .02$). Independent samples t-tests revealed no statistically significant differences between groups on any outcome variable ($p > 0.10$). However, participants in the adapted agent group reported consistently higher scores across cultural competence, empathy and therapeutic alliance and the exploratory post-hoc analysis revealed a significant group difference on the recommendation willingness item. The culturally adapted agent consistently achieved higher mean recommendation scores (M = 5.03, SD = 1.79) compared to a non-adapted one (M = 4.00, SD = 1.88).

Conclusion: Although between-group differences on global measures were not statistically significant, results showed consistent directional improvements favoring the culturally adapted agent. The higher willingness to recommend the adapted agent to peers of similar cultural background indicates greater perceived cultural alignment and acceptability. These findings highlight the potential importance of cultural adaptation in fostering user trust and engagement with AI-driven self-care tools. Larger, longitudinal studies are needed to confirm these trends and explore how cultural adaptation influences sustained use and real-world effectiveness of therapeutic conversational agents.

Funding: This study was supported by the University of Washington Population Health Initiative Pilot Grants. Additionally, this abstract is for the Western Institute of Nursing Conference, which will be supported by the de Tornyay Center for Healthy Aging, University of Washington School of Nursing.

Enhancing AI Literacy and Leadership Communication Skills in DNP Education

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Purpose: This project aimed to enhance artificial intelligence (AI) literacy and promote the ethical use of AI among Doctor of Nursing Practice (DNP) students at Touro University Nevada by supplementing the standard discussion format with an interactive component using Microsoft Copilot.

Background: Nurse leaders must be prepared to foster collaborative work environments across healthcare disciplines. In the Advanced Leadership course, students learn leadership strategies for effectively communicating with and managing conflict among interprofessional teams. With the growing relevance of AI in healthcare and nursing education, this project introduced Copilot as a supplemental tool for supporting structured conflict analysis, critical thinking, and the ethical use and evaluation of AI-generated content.

Methods: Students selected a real-world conflict scenario from their professional experience and used Copilot to conduct a 5 Whys Root Cause Analysis. Guided by structured prompts, students identified the root cause of their conflict and generated three AI-supported solutions. The AI output was exported into a summary table for posting in a discussion forum. In the discussion, students evaluated the root cause analysis, comparing personal observations to the AI-generated content, course readings, and scholarly evidence. Students also reflected on their experience using Copilot, discussing the tool's helpfulness, effectiveness, and limitations.

A rubric was used to evaluate students' ability to meet the learning objective for the lesson, as well as outcomes related to AI literacy and the ethical use of AI. Copilot helped summarize and analyze student reflections for thematic insights.

Outcomes Achieved: All students (n = 7) successfully used Copilot to apply the 5 Whys Model and identify a root cause of the conflict. Each student critiqued the AI-generated analysis and proposed three viable, evidence-based solutions aligned with course readings. 57% of the students cited two or more sources in their critique, while the remaining 43% cited one source. All students submitted reflective responses that discussed the helpfulness, surprises, challenges, and insights gained from using Copilot.

Students found Copilot beneficial for structuring their analysis, clarifying conflict dynamics, and facilitating deeper reflection. Several noted that the tool helped them move beyond surface-level issues to identify systemic root causes. Students were surprised by the specificity and relevance of Copilot's responses. Challenges included navigating the tool initially, recognizing its limitations in addressing emotional or interpersonal factors, and validating the accuracy of AI-generated suggestions. Students reported increased awareness of how structured AI prompts can enhance critical thinking and reflective practice. Many emphasized the importance of supplementing AI-generated content with professional judgment, scholarly evidence, and contextual understanding.

Conclusions and Future Implications: This project demonstrated that integrating AI tools into DNP education effectively fosters AI literacy while strengthening leadership competencies in communication and conflict management. The DNP program plans to expand AI-supported assignments across the curriculum. Incorporating AI tools into academic settings equips students with the skills to use them effectively and ethically, while promoting the development of critical thinking, professional judgment, and readiness for leadership in complex healthcare environments.

Funding: AI Innovation Grant, Touro University

Explainable AI (XAI) for Personalized Inpatient Fall Risk Prediction

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Purpose: Inpatient falls are a frequent and critical threat to patient safety, and conventional static fall risk assessment tools have limitations in reflecting multidimensional clinical data. This study aims to identify key risk factors for inpatient falls using real-world data from a tertiary care hospital and Explainable Artificial Intelligence (XAI). The ultimate goal is to evaluate the clinical utility of a dynamic prediction program that provides personalized, evidence-based fall risk assessments for individual patients.
Methods: A retrospective case-control study was conducted using Electronic Medical Records (EMR) from adult inpatients admitted for over 24 hours between January 2023 and April 2025 in South Korea. A total of 945 patients were included, with 189 patients in the fall group matched 1:4 to 756 patients in the control group based on age (±2 years), sex, and admission period (±2 weeks). A Random Forest model was developed using 46 variables, including sociodemographic data, clinical diagnoses, laboratory results, and medication prescriptions. For model interpretability, we applied SHAP (SHapley Additive exPlanations) and ANCHOR algorithms. Critically, we leveraged
SHAP force plots and dependence plots to visually analyze the interactions and individual contributions of factors that decisively influenced each patient's fall risk prediction.
Results: The developed model demonstrated high predictive performance on an independent test dataset (Accuracy = 0.96, Balanced Accuracy = 0.89, AUROC = 1.00). SHAP analysis identified nutritional status as the most significant predictor for falls, followed by consciousness disorder, length of stay, Morse Fall Scale (MFS) score, and serum albumin levels. The SHAP force plots effectively visualized that even within the same high-risk group, the primary drivers of fall risk such as specific medications, malnutrition, or delirium differed from patient to patient. The ANCHOR analysis extracted a simple, high-precision rule: 'If a patient's nutritional status meets a specific condition, the model predicts them as high-risk, regardless of other variables'.
Conclusion: This study identified novel and significant fall risk factors, such as nutritional status, through XAI and quantified their importance. Furthermore, by utilizing individual interpretability tools like SHAP force plots, we confirmed the potential to move beyond assigning uniform risk scores. This approach allows for providing specific, visual evidence explaining 'why' a particular patient is at high risk. This can directly empower clinical nurses to establish personalized intervention plans based on each patient's unique risk profile. These findings will serve as foundational data for developing future real-time, individualized fall risk monitoring and prevention programs.

Funding: This work was supported by INHA UNIVERSITY Research Grant.

Generating Automated Texts for Nurses Supporting Older Adults with Aging-in-PLACE

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Aim: To investigate the ability of OpenAI GPT-5, a large language model (LLM), to provide relevant health summaries and care planning recommendations for 'health smart home' residents.
Background: The older adult population is growing, people are living longer, and most older adults prefer to remain living at home for as long as possible. However, nearly 93% of older adults have at least one chronic condition and approximately 79% are managing two or more chronic conditions. Remaining independent requires sustaining one's health. Smart homes featuring automated health monitoring are emerging as a potential solution. Our prior work shows that smart homes with whole-home continuous ambient sensing are (1) capable of automatically recognizing behavior pattern changes that represent health changes and (2) that older adults are open this type of in-home monitoring. We posit that nurses are the healthcare team members best positioned to use sensor-based data for care planning. However, they not trained to understand this new type of "evidence" regarding health status changes. LLMs are positioned to assist with communicating findings from sensor-based data to enhance meaningful use.
Methods: In this interdisciplinary study (nursing, engineering, computer science), we build on prior smart home health monitoring work and leverage the OpenAI GPT-5 LLM to deliver health summaries and recommendations for nurses to use for care planning. A subsample of independent older adults (age 65+) managing multiple chronic conditions who enrolled in a larger study were included in this substudy (N=6). LLM inputs included (1) 136 days of digital behavior markers collected from passive infrared, temperature, light, and door sensors; (2) 12 audio recordings of participants' descriptions of their health during a telehealth call with a nurse. Audio recordings were automatically translated, transcribed, and combined with numeric markers for the LLM. A prompt indicated the model should provide current health summaries for each participant and make individualized suggestions for health management over the proceeding week. The output contained individualized overall health status statements, a vital signs report, and specific quantified and non-quantified statements regarding normal and abnormal activity, sleep, mobility, bathroom use, and socialization patterns. The output also included personalized questions and suggestions. Outputs were reviewed by nurses for accuracy and relevance.
Results: Findings reveal that LLMs can analyze and comprehensively report on multiple types of health data inputs. Out of 224 total output statements 183 were accurate (82%) and 41 were inaccurate. The model omitted clinically significant and relevant details 2 of 6 cases.
Conclusions: LLMs like the OpenAI model show promise for assisting nurses with care planning for older adults at home. Individualized summaries of smart home residents' health status were overall helpful, but the output contained subtle yet relevant inaccuracies. Use of such information by nurses requires careful consideration because small but important inaccuracies can lead inappropriate or ineffective care.
Implications: Legislation and health policies are needed that keep up with the generative artificial intelligence capabilities. Using LLMs to support the delivery of care at home requires transparency and clear defining of the roles and responsibilities of all stakeholders.

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Mapping Nurse Educator Adoption of Generative AI: A Framework for Innovation Diffusion

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Purpose: This project will describe the adoption of generative AI technologies like ChatGPT by nurse educators, applying the Concerns-Based Adoption Model (CBAM) as a framework for studying diffusion of innovations in nursing education. The CBAM framework is designed to assess how individuals adopt and implement new innovations in educational settings. Prior literature on generative AI in nursing education has largely emphasized detection of student misuse rather than strategies for faculty integration of AI. Understanding how nurse educators adopt AI tools is essential to support professional development and align with American Association of Colleges of Nursing (AACN) Essentials calling for competence in emerging health technologies.

Methods: This mixed-methods implementation study will recruit approximately 90 nurse educators across Nevada. Participants will attend three professional development workshops on AI integration, with continuing education units provided. Adoption will be measured using CBAM framework tools: The Levels of Use assessment measures adoption and will be administered pre-intervention and at 1- and 4-month follow-up. The Innovation Configuration Map is used to define acceptable and unacceptable AI use based on faculty behaviors. Quantitative data will describe changes in adoption levels over time, while qualitative data will provide contextual understanding of adoption concerns and practices.

Results:

The results of this study will include:

1. An Innovation Configuration Map providing a framework for studying nurse educator adoption of generative AI tools in their workflow and teaching. This map will be a tool that can be used by other researchers examining generative AI in nurse education.
2. Description of nurse educator adoption of generative AI at each time-point, overall and stratified by years of teaching experience.
3. Estimates of the magnitude of the effect of structured professional development on nurse educator adoption of generative AI, calculated using the Friedman Test for non-parametric repeated ordinal data. This test will allow us to measure the shift in Level of Use between those who did and did not attend professional development.

Conclusions: This project addresses a critical gap in nursing education by providing an evidence-based framework to support nurse educator adoption of generative AI technologies. Using the Concerns-Based Adoption Model (CBAM) and an Innovation Configuration Map, the study will generate practical tools to guide future professional development and curriculum innovation. Findings will clarify nurse educator readiness, barriers, and the impact of structured development, informing policies that advance American Association of Colleges of Nursing (AACN) priorities for technological integration and quality improvement. By providing a framework for empowering a diverse group of nurse educators to confidently adopt AI, this work also supports inclusion efforts. Results will be shared through publications, presentations, and workshops, ensuring broad impact and scalability across nursing programs.

Keywords: nursing education; artificial intelligence; innovation adoption

Motivations Driving Nursing Student Use of AI during Clinical Reasoning

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Purposes/Aims: This study develops an explanatory, practice-ready grounded theory of why prelicensure nursing students choose to use—or avoid using—conversational Artificial Intelligence during clinical reasoning (the process of collecting cues, processing information, forming and justifying care decisions). We aim to identify the conditions students report (for example, time pressure, uncertainty, assessment stakes, policy clarity, perceived clinical risk), the motivations they describe (for example, efficiency, mastery, anxiety relief, confidence repair, compliance with norms), the ways they incorporate AI into reasoning versus generative writing, the verification approaches they use, and the consequences for independence, explanation/justification quality, professional/legal defensibility within nursing scope, accuracy/completeness, and patient-safety awareness.
Rationale/Background: Conversational AI (for example, large language model–based assistants) is increasingly present in nursing education, yet programs lack an empirically grounded account of students' motivations and decision processes when AI intersects with clinical reasoning (Sengul et al., 2025). A usable theory, tied to clear decision rules for explainable, verifiable, scope-concordant, and defensible practice, can inform curriculum, assessment, and policy (Shin et al., 2024).
Methods: We used constructivist grounded theory with constant comparison, memo writing, and theoretical sampling. Data collection comprises: (1) a two-tier survey (Tier 1 brief census to map prevalence, policy clarity, and headline motives; Tier 2 an incentivized, scenario-based survey on reasoning vs writing use, verification, accountability, and scope), and (2) task-elicited individual interviews in which participants complete a brief fictional clinical case independently, and then complete a semi-structured interview anchored to those artifacts. Member-reflection groups are used near the end to refine language and confirm clarity. Maximum-variation sampling spans program level, prior AI exposure, technology comfort, and language background. Analysis applies explicit anchors for verification and an outcome rubric (independence; explanation/justification quality; professional/legal defensibility within scope; accuracy/completeness; patient-safety checks).
Findings/Outcomes: Data collection is in progress and will be complete before the conference. Anticipated results based on available literature suggest that nursing students employ AI tools to support various aspects of their learning, yet frequently overlook the possible reduction in meaningful learning outcomes and future knowledge gaps.
The poster will report:

- A final explanatory model linking conditions, motivations, strategies of AI use, verification approaches, and observed consequences.
- Descriptive distributions (from survey and interview coding) of frequently cited conditions and motivations, the distinction students make between reasoning versus generative writing, the range of verification practices, and summaries of outcomes and consequences.
- Representative artifacts and excerpts (de-identified) illustrating how students describe accountability, scope, and justification when AI is involved.

Conclusions/Implications: The study provides a practice-ready framework educators can apply to design assessments, instruction, and policies that anticipate upstream conditions and support motivations associated with explainable, verifiable, and scope-concordant AI use. The model clarifies where to intervene, through assessment design (rewarding verification and mechanism-based explanation), unambiguous policy (permitted uses, disclosure, and required verification), and simple verification routines, to preserve independence, strengthen explanation/justification quality, and maintain patient-safety vigilance. By aligning culture and environment with these levers, programs can shape everyday AI practices to achieve the desired outcomes in learning and clinical reasoning, thereby directly bridging research, education, and practice.

ALIGNMENT OF RESEARCH AS CAPACITY BUILDING STRATEGY IN A HEALTHCARE SYSTEM SETTING: POSTER SYMPOSIUM

Alignment of Research as Capacity Building in a Health Care System Setting

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Purpose: This symposium highlights the alignment of research efforts with strategic priorities as capacity building for nursing excellence and knowledge generation in a healthcare system setting.
Rationale: The ANA has called for elevation of the profession of nursing through alignment of practice-based research across five strategic areas. Nurse scholars embedded in the healthcare setting have unique opportunities but may be challenged to justify the value of efforts required to establish programs of research. The capacity to build successful programs of research requires commitment to cohesive long-term trajectories of growth. This symposium presents the efforts of a team of healthcare system-based scientists to frame individual programs of research as valuable pathways to achieve organizational priorities within the context of an Institute for Nursing Excellence in the healthcare setting.
Methods: Setting. Memorial Hermann Health System (MHHS) is a non-profit, integrated health care system consisting of 14 hospitals and over 250 care sites across Greater Houston with a workforce inclusive of 14,000+ Registered Nurses.
Capacity Development. The research team in the MHHS Institute for Nursing Excellence identified areas of overlap between the system-wide nursing enterprise strategic plan, the ANA research agenda, and focus areas of interest to individual researchers. Opportunities for collaboration were incorporated into the research capacity building plan. Milestones were established to support research program knowledge generation, to promote ongoing research capacity development, and to explicate the value of each research program trajectory to the strategic goals of the nursing enterprise.
Assessment of Findings: Three research program trajectories were formalized in the areas of (1) empowerment of the nursing workforce, (2) professional and practice impact of innovative models of care, and (3) partnering with community in creating healthy communities. This overarching poster illustrates milestones, shows integration with the goals of the nursing enterprise, and describes potential contribution to the knowledge base of each program of research. The three other posters each describe current milestone efforts within one of the trajectories.
Abstract 1: Baseline assessment of professional governance (PG) behaviors across the healthcare system nursing workforce as a starting point for a five year initiative to evaluate relationships between PG, workforce well-being, and organizational outcomes.
Abstract 2: Framework for evaluating virtual nursing models that builds upon lessons learned from prior work as well as a scoping review of virtual nursing models in the acute care setting. This work supports longitudinal evaluation of the impact of a virtual model on nursing, organizational, and patient outcomes.
Abstract 3: Collaboration to assess feasibility of participatory research in the evaluation of the impact of a health professions high school program on individual, family, and community health and well-being.
Implications: The trajectories illustrated in this symposium provide opportunity for workforce engagement, practice innovation, enhanced healthcare system research capacity, and collaborations across diverse scholars and scholarly settings. The ability to build robust programs of research within the healthcare delivery context is responsive to the aim of putting nursing at the forefront of innovation and excellence, and supports healthcare system priorities of creating healthy communities.

ALIGNMENT OF RESEARCH AS CAPACITY BUILDING STRATEGY IN A HEALTHCARE SYSTEM SETTING: POSTER SYMPOSIUM

A System Wide Evaluation of Professional Governance

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Purpose: In 2023, Memorial Hermann Health System, a 14-hospital system in Houston, TX, launched the Institute for Nursing Excellence (INE) to address the organizational priority of elevating the profession and amplifying nurses' voices. A key initial initiative was to transform traditional shared governance structures into a professional governance model through aligned, standardized processes and resources designed to strengthen nursing decision-making, accountability, and ownership of practice.
The purpose of this project is to describe and evaluate patterns of nursing professional governance behaviors across the nursing workforce two years after implementation of these foundational initiatives. Using a systemwide assessment of professional governance maturity, this project examines trends in nurse participation, leadership, and autonomy, and explores correlations with workforce engagement.
Rationale: Nursing has been described as "one of the oldest practices but one of the newest professions". Although traditionally task-driven and directed by physicians, nursing has evolved into a profession whose members act in the best interest of those they serve, are accountable for their decisions, and contribute meaningfully to shaping education and practice. Professional governance provides the model through which nurses enact these responsibilities by promoting accountability, autonomy, and collaboration in clinical and organization decision-making.
The transition from a shared governance framework where nurses were provided structural and process opportunities to participate in decision-making activities, to a professional governance model that envisions nurses acting with accountability and decisional authority for their individual, collective, and collaborative practice is a subtle but significant shift and it's necessary to evaluate this effort.
Traditionally, studies of shared governance have focused on the existence of councils or structures that enable participation. However, the presence of these structures is insufficient to determine if there is a culture of professional governance. Measurement therefore needs to include the manifestation of professional governance behaviors demonstrating how nurses engage, make decisions and exercise professional authority within a complex a health care context.
Methods: This study utilized a descriptive, observational cross-sectional design. The sampling was purposeful recruitment of all employed by the health system. Data collection occurred via online survey using voluntary self-report. Recruitment of nurses occurred via targeted announcements and publicity regarding the study. The Professional Governance Congress representatives were integral champions promoting the study across the campuses. The survey instruments were developed for and validated in the nursing population and included:

- Verran Professional Governance Scale (VPGS) measuring behaviors related to professional governance as conceptualized as professional obligation, collateral relationships, and decision-making
- Short Control Over Nursing Practice Scale (CONP)
- Job Satisfaction Scale
- Burnout

Assessment of Findings: Results will be available by the time of the conference.
Implications: This study demonstrates the strong alignment between the INE's research agenda and system-wide strategic priorities. The findings lay a vital foundation for future inquiry into professional governance across the healthcare system, informing innovative interventions that strengthen governance structures, elevate healthy work environments, and drive nursing excellence forward. Insights gained will help shape targeted strategies that foster shared accountability and sustain a thriving culture of professional governance.

ALIGNMENT OF RESEARCH AS CAPACITY BUILDING STRATEGY IN A HEALTHCARE SYSTEM SETTING: POSTER SYMPOSIUM

A Conceptual Framework for Evaluating Virtual Nursing Models

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Purpose: Memorial Hermann Health System (MHHS), one of the largest non-profit integrated health care systems consisting of 14 hospitals, has tested virtual nursing care models (where the virtual nurse is a continuous part of the care team) in several inpatient settings. Pilot studies leveraged implementation science methods and frameworks to examine the implementation of virtual nursing care models in medical/surgical units; this research underscored the importance of how acceptability, fidelity, adoption and feasibility influenced implementation outcomes. These learnings prompted the research team to conduct a scoping review of virtual nursing care models in non-critical care, inpatient settings, which examined the breadth and scope of virtual nursing research including how virtual nursing care models were evaluated. The scoping review highlighted that the body of evidence is replete with pilot studies and that the lack of a standardized operational definition makes it difficult to perform meta-analysis. Furthermore, the scoping review revealed that patient and nurse satisfaction were the most common outcome measures, followed by hospital throughput and efficiency measures. Most research and quality improvement studies lacked a conceptual framework. The scoping review validated the need for longitudinal, multi-site studies as well as the need for a conceptual framework to define appropriate outcome measures from multiple perspectives.
Rationale: In order to design (and then conduct) a longitudinal study that examined the impact of a virtual nursing care model on multi-level outcomes, we created a conceptual framework that captured how operational inputs and structural components were related to care processes and organizational, nurse and patient outcomes.
Methods: We leveraged a conceptual model (Oner et al, 2020) that integrated measures relevant to acute care nursing, with measures from the National Quality Forum and the American Nurses Association--all integrated into a Donabedian framework. We modified Donabedian's Structure-Process-Outcomes framework to add virtual nursing model-specific structural measures, as well as virtual nursing relevant process measures. We elaborated on Donabedian's 'outcomes', further defining 'nurse outcomes', 'nurse professional outcomes' and 'patient outcomes'. Double-sided arrows demonstrated bi-directional relationships and how structure-process-outcomes were interconnected. All of these elements were influenced by and framed within an organization's context (mission, vision, policies), professional governance structures, the broader nurse regulatory environment, and community health needs (e.g. patient acuity, payer mix and patient health needs).
Assessment of Findings/Outcomes: The conceptual framework is the basis of an in-progress longitudinal research study that explores the impact of a virtual nursing care model on organizational outcomes (e.g. length of stay, incremental nurse overtime), nurse professional outcomes (e.g. nurse competencies, nurse practice), and nurse quality outcomes (e.g. nurse turnover and workload) and patient quality outcomes (e.g. falls with injury, discharge readiness etc). Preliminary findings will be shared.
Implications: Virtual nursing is rapidly expanding and the lack of a standardized, operational definition, the fact that the literature is replete with short-term studies underscores the need for a more robust, comprehensive approach to examining how this new model of care impacts nurses and patient care.

ALIGNMENT OF RESEARCH AS CAPACITY BUILDING STRATEGY
IN A HEALTHCARE SYSTEM SETTING: POSTER SYMPOSIUM

Participatory Research Approach to Evaluating a Health Professions High School

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Purpose: To assess acceptability, suitability and feasibility of a participatory research approach with students participating in a health professions high school program. We explore the potential role and impact of peer, family and community networks on adolescent health and wellness outcomes.

Rationale: Memorial Hermann Health System (MHHS) is a non-profit, integrated health care system consisting of 14 hospitals and over 250 care sites across Greater Houston. MHHS has an education partnership with a high school in an underserved north Houston community, which offers a unique opportunity for knowledge generation about perceptions of health and wellness for adolescents and families engaged in a health professions training curriculum. Led by scientists at the MHHS Institute for Nursing Excellence (INE), an interdisciplinary team with community health and education partners is exploring health and wellness benefits of the newly implemented health professions high school.

Methods: Virtual brainstorming connected a nursing interest in how participation in the health professions high school might influence adolescent health and health-related behaviors in peer groups and families with the community health network interest in how student participation in health professions training might influence other family and community members' interest in health professions employment training and options. A literature review of the topic adolescent health and health behaviors provided evidence that peer, family, social, and community networks influence adolescent health behaviors. A follow up review of the topic multi-directional influence of adolescent networks provided a basis for exploring the role of networks in the potential outcomes of interest. Consideration of approaches that engage stakeholders in research provided information about adolescent participatory action research (A-PAR) in which adolescents themselves identify focus areas for study, inform methodological approaches, contribute to interpretation of findings, and conceptualize next steps. Prior to formalization of a large scale research proposal the team decided to pursue a pilot study of the acceptability, suitability, and feasibility of A-PAR as a methodological approach for this sample in this community.

Assessment of Findings: Additional key stakeholders are being engaged to inform strategies for connecting with key informants of the adolescent population of interest, and for ensuring that all policy, regulatory, and human subject protection considerations for all involved organizations are considered. The plan is to form an advisory team inclusive of adolescents to (1) identify and prioritize health and wellness questions of interest to the adolescent population, and (2) determine the acceptability and feasibility of an A-PAR approach to exploring the role of peer, family, and community networks in outcomes of interest to adolescents, families, community, and health care system-education partner organizations. Preliminary findings and lessons learned to date will be presented.

Implications: The results will inform the development of inclusive approaches to understanding the impact of high school student participation in a health professions high school program on outcomes of interest to community stakeholders. This information can ultimately inform development of proactive strategies to maximize positive community impact of programs that engage adolescent populations.

CANCER

Epigenetic Age Acceleration and Cardiovascular Event Risk in Cancer Survivors

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Purpose: Accelerated biological aging occurs when age defined by epigenetic DNA methylation markers is greater than chronological age. There may be a link between accelerated biological aging and cardiovascular disease (CVD). Cancer survivors are particularly vulnerable to CVD due to the combined effects of treatment and shared risk factors. We investigated whether pre-cancer EAA was associated with major adverse cardiac events (MACE), defined as a composite of coronary heart disease, myocardial infarction, coronary revascularization, heart failure, stroke, or CVD-related death, after cancer diagnosis and whether the association differed in women with and without cancer.
Approach: We conducted a secondary analysis using data from participants in the Women's Health Initiative, a prospective cohort of postmenopausal women, who had measurements of DNA methylation (N=3,628, including 761 women diagnosed with invasive cancer during follow-up). DNA methylation was assayed from blood samples at enrollment using the Illumina Infinium 450K platform, and standard quality control and normalization procedures were applied. EAA was estimated with five widely used epigenetic clocks (*GrimAge*, *Horvath*, *Hannum*, *PhenoAge*, and *DunedinPACE*). The primary outcome was incident, physician-adjudicated MACE. Cox proportional hazards regression models were used to estimate 1) associations of pre-cancer EAA with MACE risk after cancer diagnosis among cancer survivors, and 2) associations of baseline EAA with MACE risk during follow-up in women both with and without cancer. Models were controlled for income, education, diabetes, hypertension, smoking, alcohol consumption, BMI, waist circumference, physical activity, and cardiac medications. To examine effect modification by cancer status, cancer diagnosis was modeled as a time-varying exposure and included as an interaction term with EAA.
Outcomes: The sample mean age was 63.0±7.1 years at baseline. The median follow-up time was 20.5 years, and 87 cancer survivors experienced MACE (11.3%) compared to 617 women without cancer (21.6%). Among cancer survivors, a 5-year increase in EAA as measured by the *GrimAge* clock was associated with significantly greater risk of MACE (Hazard Ratio [HR]=1.62; 95% Confidence Interval [CI]: 1.16–2.28; $p<0.01$), as was a 1-unit increase in pace of aging, defined as years of biological aging per year of chronological aging and measured with the *DunedinPACE* clock (HR=6.35; 95% CI: 0.92–43.93; p=0.05). The *Horvath*, *Hannum*, and *PhenoAge* clocks were not associated with MACE. We did not find evidence that developing cancer modified the association of accelerated aging and MACE (p-value for interaction >0.05).
Conclusions: EAA is associated with incident MACE among cancer survivors, but having cancer does not strengthen this association. This suggests that epigenetic aging measures may help identify survivors at increased CV risk. Further work is needed to validate these associations and to evaluate whether modifying accelerated aging reduces CV risk.

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CANCER

Ethics of Treating Cancer-Related Depression in Indigenous Cancer Survivors

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Background: Diagnosing and treating depression in cancer survivors can be challenging as it may be overlooked or attributed to medical treatment. In addition, diagnosing and treating cancer-related depression among Indigenous survivors can pose challenges due to unique cultural illness beliefs and traditions. Medical providers unfamiliar with indigenous cultures can induce moral distress among patients and families.
Purpose/Aims: This paper reports on the voices of adult American Indian (AI) cancer survivors as they shared their experiences following a cancer diagnosis. Issues of informed diagnosis, full disclosure of treatment, and medical provider respect for the cultural constructs of illness and treatment are examined in the stories told by American Indian cancer survivors.
Methodology: A study among Southwest American Indians held 13 focus groups in the state of Arizona to better understand aspects of cancer-related symptom management of depression, pain, fatigue, and loss of function. A total of 132 cancer-survivors held group sessions to discuss their experience with the cancer diagnosis, treatment, and the influence of cultural beliefs and practices on their depression. Qualitative methods of inquiry were applied to gather the data.
Analysis: The analysis used an explanatory model based on in-depth interviews, where participants shared their beliefs and responses to cancer symptoms. Thematic analysis identified key patterns, emphasizing how cultural beliefs shaped symptom acknowledgment and treatment hesitancy. Coding was iterative, ensuring themes accurately reflected participants' perspectives.
Impact: By highlighting the role of cultural beliefs in shaping responses to cancer-related symptoms, the study can guide the development of targeted interventions that reduce stigma, improve symptom recognition, and promote treatment acceptance.
Results: Cultural perceptions of depression often frame it as a personal failure, leading individuals to deny symptoms to avoid labels of weakness or moral flaw. Uncertainty around how to label depression reflects a desire to distance from its stigma, with people acknowledging internal pain without directly associating it with the condition. Fear of medication, fueled by concerns about addiction and negative perceptions, further hinders treatment acceptance. Despite this, some individuals recognize depressive symptoms, although societal stigma complicates their response. These findings emphasize the need for culturally sensitive education and stigma reduction to improve acceptance and support for mental health treatment.
Conclusion: The ethics of diagnosis and treating cancer-related depression among American Indians is requires attention to improved information on the diagnosis, recommended treatment, with allowance and respect for the influence of cultural illness beliefs and traditional medicine. Allowing for open dialogue, one that encourages discussions regarding the etiology of depression, experiences, recommended treatment, and exploration of historical beliefs is valuable. A better understanding of cancer-related depression was explored so that targeted treatment, counseling, and community/family awareness could be fostered. Implications The cultural constructs of cancer experiences and depression symptom management need to be legitimized through programs designed especially for American Indians. Study findings on depression among AI cancer survivors have implications for clinical and educational interventions and quality of life improvement.

CANCER

Increasing Colorectal Cancer Screenings in Direct Primary Care

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Purpose/Aims: The purpose of this project is to increase colorectal cancer screenings and identify barriers and facilitators to screening at a direct care clinic in Southwest Washington.
Rationale/Background: Colorectal cancer is the second leading cause of cancer-related death in the United States. Increasing rates of colorectal cancer in younger people have prompted a change in guidelines, lowering the recommended screening age from 50 to 45 years. Screening is associated with high survival rates, making timely completion critical. The direct care model makes healthcare accessible to patients for whom insurance is cost prohibitive. However, patients in this setting are more likely to postpone recommended cancer screenings related to barriers to access. At the project site nearly half of eligible patients are due or overdue for colorectal cancer screening.
Brief Description of Undertaking/Best Practices:
Approach: Grounded in nursing's holistic model of care, this project aims to advance health promotion and disease prevention through education, autonomy and equitable access, guided by the Knowledge to Action Framework and the Health Belief Model. A multilevel approach applies best practices to increase cancer screening rates. Eligible patients are identified using electronic health records. Clinic staff are trained on colorectal cancer and evidence-based interventions to increase screening rates. Infographics are used to guide the patient-provider discussion. Providers will give a clear recommendation and offer screening options. Clinic staff will provide patient reminders via digital and phone outreach. Staff meetings support consistent use of interventions. Anonymous patient surveys identify barriers and facilitators to screening. Interventions and completed screenings are tracked throughout the implementation period.
Setting: Implementation takes place at a family medicine direct care clinic in Southwest Washington.
Participants: Clinic staff include one physician, four nurse practitioners, five nurses, and two medical assistants. Interventions are focused toward patients aged 45-75 years at average risk for colorectal cancer and due/overdue for screening.
Intervention components: Provide a clear recommendation for screening. Offer screening options. Provide patient reminders. Provide care navigation support. Identify screening barriers and facilitators.
Measurement: Data on application of interventions and completed screenings will be collected by clinic staff and maintained in digital spreadsheets. Data on barriers and facilitators to screening will be collected via anonymous surveys.
Implementation: Standard scripts will be used for patient education. Clinic staff will provide a clear recommendation for screening. Fecal immunochemical test kits will be offered as an affordable alternative to colonoscopy. Patient reminders and navigation will be implemented by clinic staff.
Assessment of Findings/Outcomes Achieved: Data will be analyzed to identify if applied interventions increased screening rates and to what degree. Survey data analysis will aim to identify barriers and facilitators to cancer screening in this unique setting. Discoveries from this healthcare intervention project will inform future clinic efforts to increase recommended cancer screenings. The implementation period will conclude in December 2025. Data analysis will begin in January 2026. Dissemination of findings is scheduled for April 2026.
Conclusions: Findings and implications for practice are pending data analysis and reflection, scheduled for April 2026.

CANCER

Instruments to Measure Symptom Self-Management by Children with Cancer and Parents

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Purpose: We present an evaluation of the psychometric properties of instruments developed to measure symptom self-management behaviors among school-age children with cancer and their parents: the Symptom Self-Management Behaviors Tool (SSMBT) Child and Parent versions.
Background: Effective self-management of childhood cancer-related symptoms requires initiation of behaviors to alleviate symptoms by both the child and the parent. These behaviors may be initiated proactively, prior to the anticipated onset of symptoms, or reactively, in response to the emergence of symptoms. Our prior research indicates that children as young as 6 years of age initiate behaviors to self-manage their symptoms. Our prior work also depicts symptom self-management for children with cancer as a triadic process involving actions initiated by children, parents, and clinicians. Formal assessment of symptom self-management is limited by a lack of validated measures.
Methods: This cross-sectional study enrolled 95 dyads including school-age children [6-12 years (mean 9.1, SD=2); 55% male] and parents [24-59 years (mean 39, SD=6.8); 67% mothers] at two childhood cancer centers in the United States. Children and parents completed their respective versions of the Symptom Self-Management Behaviors Tool (SSMBT) instruments (higher scores indicate greater frequency of using symptom self-management behaviors) and Memorial Symptom Assessment Scale for 7–12-year-olds (higher scores indicate a greater number of symptoms and greater intensity of symptom severity and distress. Exploratory factor analysis confirmed the underlying structure of each SSMBT version for construct validity. Internal consistency reliability was evaluated with McDonald omega coefficients. Criterion-related validity was evaluated using Pearson correlation coefficients.
Outcomes: The 5-item SSMBT: Child (SSMBT-Child) and 10-item SSMBT-Parent had similar 2-factor structures representing interdependent and independent symptom self-management behaviors. These factors explained 52% of the variance of the SSMBT- Child and 59% of the variance of the SSMBT-Parent. Internal consistency reliability for each instrument was supported with McDonald omega reliability coefficients of 0.66 (SSMBT-Child) and 0.90 (SSMBT-Parent). A weak, negative correlation was observed between the SSMBT-Child total score and child-reported mean symptom severity (r=-.23, p=.046). A weak positive correlation was present between the SSMBT-Parent total score and parent-reported mean symptom distress (r=.14; p=.245).
Conclusions: Psychometric evaluation of the SSMBT: Child and Parent versions provided preliminary evidence of their reliability and validity. The underlying factor structures of these instruments further supports a triadic approach to symptom self-management in which both children and parents can independently initiate actions to alleviate the child's symptoms yet also rely on the support of others, including the clinical care team, to manage the child's symptoms. Because symptom management behaviors can be both proactive and reactive, further research is needed to better understand and interpret SSMBT scores in the context of research and clinical care. Nevertheless, these instruments have potential use in future studies to evaluate engagement in symptom self-management behaviors by children with cancer and their parents and to evaluate outcomes of studies seeking to support symptom self-management.
Funding: This work was supported by intramural awards from the Cancer Control and Population Science Group at the Huntsman Cancer Institute, Salt Lake City, UT, USA; the University of Utah, Salt Lake City, UT, USA; and Children's Mercy Hospital, Kansas City, MO, USA.

CANCER

Mixed-Method Study to Refine the ASHA Health Intervention for Women in India

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Background: Cervical cancer remains a common malignancy among women living in India, affecting nearly 100,000 annually. Especially when co-infected with HIV and HPV, high risk HPV is more likely worsened by lack of awareness of HPV and HPV screening, as well as high levels of depression, stigma, and malnutrition. While nutrition is not often assessed, there is a positive association between certain nutrients and cervical cancer.
Purpose: This study explored the perspectives of 31 women from northern (Belgaum) and southern (Bangalore) Karnataka about awareness of HPV and cervical cancer screening, women's health concerns, healthcare utilization enablers and barriers, and stigma. Refinement of the ASHA Health program was also discussed. To assess nutrition, we pilot tested and refined the NINA-DISH, a dietary assessment tool for women in Karnataka and updated a comprehensive nutrient database for the region.
Methods: Using a mined methods approach, a community advisory board was first established to guide the refinement of the study and recruitment of women from antiretroviral treatment (ART) centers and NGOs for focus group sessions. In total 31 persons participated in three focus group sessions. Inclusion criteria included women age 18-50, and self-reported diagnoses of HIV and HPV. Digital files were transcribed from Kannada to English, with guided coding. Data were analyzed using codebook thematic analysis, following Braun and Clarke's (2019) framework. All transcripts were coded in NVivo 15. Codes and corresponding quotes were cross-validated by team. members, with discrepancies resolved through discussion. Protocols were approved by the UCI IRB and India Ethics committees. In addition, a three-day dietary recall was performed on 10 women to refine the NINA-DISH assessment tool.
Results: The women were primarily widowed (65%), were Hindu (81%) and about one third had a non-spousal sexual relationship**.** Four major themes emerged from the analysis: 1) Intersecting stigmas experienced within healthcare, family, and community settings; 2) Importance of strengthening engagement and support to address HIV-related challenges; 3) Existing gaps in HPV screening awareness; and 4) Enhancing Women-Centered HIV Care Through Integrated Health Education. There was limited awareness of HPV and screening, while discrimination and stigma were high. Interest in the ASHA Health program was high. Food distinctions were apparent between north and south Karnataka, along with differential food composition data.
Conclusions: The formative phase of the study provided a comprehensive understanding of the knowledge level of HPV and cervical cancer and acceptability of the planned ASHA Health intervention. The NINA-DISH was updated with foods unique to northern and southern Karnataka, and software of the program tested. The knowledge gained from this study prepares the team well for the next phase, an individual randomized clinical trial with 420 women co-infected with HIV and HPV, designed to improve HPV screening and health outcomes of women living in Karnataka.

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CANCER

Physical Function Changes from Pre- to Post-Transplant in allo-HCT Patients

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Purposes/Aims: The primary aim of this study was to characterize longitudinal changes in physical function and exercise capacity from pre-transplant through one, three, six, and twelve months after allogeneic hematopoietic cell transplantation (allo-HCT) among older and medically vulnerable adults, and to identify baseline predictors of early decline.

Rationale/Conceptual Basis/Background: For many patients with life-threatening hematologic diseases such as leukemias, lymphomas, and other marrow disorders, allo-HCT is a potentially curative treatment option. However, transplant-related inflammation and physiologic stress can exacerbate underlying comorbidities, resulting in reduced exercise capacity and physical function. Understanding the extent and determinants of this functional decline is essential for targeting early rehabilitation interventions.

Methods: Data were pooled from two studies with longitudinal assessments of physical function and exercise capacity in allo-HCT patients who were considered vulnerable based on age ≥ 65 years, frailty, or high comorbidity burden.

Physical function assessment data was assessed pre-HCT and at 1, 3, 6, and 12 months post-HCT using four standardized measures: 1) four-meter walk test (seconds); 2) six-minute walk test (meters); 3) timed get-up-and-go test (seconds); and 4) grip strength (kilograms). Longitudinal changes were modeled using linear mixed models with random intercepts. Predictors of early change (baseline to 3 months) were examined using multinomial logistic regression.

Assessment of Findings/Outcomes Achieved: A total of 408 participants were included in this analysis (mean age 65.2 years; 62% male). The majority of participants had a diagnosis of either acute myeloid leukemia (35.8%) or myelodysplastic syndrome (32%). Across all measures, physical function declined at 1-month post-HCT and partially recovered by 12 months.

Mean four-meter walk time increased from 4.01 seconds (n=408, SD=1.03) at baseline to 4.54 seconds (n=11, SD=1.45) at one month and improved to 4.16 seconds (n=175, SD=1.04) at 12 months (p<.001). Six-minute walk distance decreased from 369 meters (n=390, SD=88.8) to 323 meters (n=11, SD=100), then recovered to 373 m (SD=81.2, p<.001). Timed get-up-and-go performance declined from 9.7 seconds (n=393, SD=2.45) to 13.3 seconds (n=11, SD=4.95), with gradual improvement to 9.5 seconds (p<.001). Grip strength decreased from 28.4 kilograms (n=369, SD=11.5) to 25.6 kilograms (n=11, SD=6.17), and improved to 27.3 kilograms (n=155, SD=10.1) (p<.001).

Participants were categorized into early-change groups based on deviation from expected 3-month recovery: worse-than-expected (36%), as-expected (42%), and better-than-expected (22%). Worse-than-expected decline was most strongly associated with older age, higher HCT-Comorbidity Index, baseline cardiovascular comorbidity, and slower gait speed. Each additional year of age reduced the odds of being in the as-expected or better-than-expected group (OR 0.94 and 0.93; both $p < .001$). Cardiovascular disease predicted lower odds of non-worse trajectories (OR 0.25-0.32; $p < .05$), and slower baseline gait speed predicted lower odds of early improvement (OR 0.45; $p < .001$).

Conclusions/Implications: Allo-HCT is associated with a drastic short-term decline in physical function followed by partial recovery by twelve months. Age, comorbidity burden, and cardiovascular health at baseline are key determinants of early post-transplant decline. These factors may help clinicians identify high-risk patients and target early rehabilitation strategies to preserve functional independence.

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CANCER

Qigong for Stress Reduction in Adult Cancer Survivors: A Systematic Review

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Purpose: To investigate the effects of Qigong exercise on psychological and physiological stress levels among cancer survivors aged 18 years and older.
Background: Psychoneuroimmunology (PNI) suggests that stress can disrupt mind–body regulation, affecting psychological, neuroendocrine, and immunological well-being. Cancer survivors often experience excessive psychological and physiological stress, which contributes to negative health outcomes. There is a growing body of research evidence supporting the therapeutic effect of Qigong in cancer care. Qigong is an ancient mind–body exercise rooted in Traditional Chinese Medicine, consisting of gentle movements, controlled breathing, mindfulness, and meditation. Empirical evidence supports the role of Qigong in modulating stress responses through psychophysiological mechanisms. However, evidence regarding its effectiveness on stress outcomes (e.g., self-reported stress levels, cortisol level, heart rate variability, and immune/inflammatory markers related to stress) exclusively among adult cancer survivors has not yet been systematically synthesized.
Methods: This systematic review follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. A systematic literature search was conducted in eight electronic databases from their inceptions to September 2025, including PubMed, Cumulative Index for Allied Health and Nursing (CINAHL), Cochrane, PsycINFO, Embase, ProQuest Dissertations & Theses, Scopus, and Google Scholar. Databases were searched using relevant keywords (e.g., stress, distress, Qigong, Chi Kung, Qi Gong, Chi Gong, cancer survivors, survivor* of cancer) and Medical Subject Headings (MeSH) terms (e.g., “Stress, Psychological”, “Stress, Physiological”, Qigong, “Cancer Survivors”). Titles and abstracts were screened independently by two reviewers for eligibility, and the full text of potentially relevant articles will be reviewed in detail. Any discrepancies are resolved through discussion or by a third reviewer. For each included study, data will be extracted on study design, sample size, participants’ characteristics, details about the Qigong intervention, and the measurement tool used to assess stress. In addition, risk of bias will be assessed using the modified version of the Downs and Black Quality Index checklist.
Outcomes: The systematic search yielded 237 articles, and 180 articles remained after removing duplicates. Following title and abstract screening,168 articles were excluded because they were study protocols without reported findings (n=12), non-clinical trials (n=41), not cancer related (n=56), lacking Qigong intervention (n=48), not Qigong specific (n=8) or had no stress/distress outcomes measured (n=3). A total of 12 articles meet the inclusion criteria for full-text review. These Qigong clinical trials (10 were randomized controlled trials and 2 were quasi-experimental studies) were published between 2013-2023 and assessed stress or distress among adult cancer survivors. A more comprehensive full-text review and risk of bias analysis of the studies is in progress.
Conclusions: This systematic review will synthesize current evidence on the effects of Qigong on stress levels among adult cancer survivors. The findings are anticipated to inform clinical practice, highlight research gaps, and support the development of Qigong as a part of integrative cancer care. Understanding Qigong’s effects on stress through a PNI lens may shed light on the psychophysiological mechanisms linking Qigong and holistic recovery among cancer survivors.

Big Data Answers the Question: Mapping Pediatric Infection Risk Patterns

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Aim: To visually describe variation in pediatric surgical site infection (SSI) risk across facility types and county locations in California from 2021–2023 using data from the California Department of Public Health. Findings aim to support stakeholders in evidence-based decision-making.

Background: Surgical site infections remain a persistent source of morbidity, mortality, and cost in postoperative care. Pediatric populations, though less frequently studied, face unique vulnerabilities related to developing immune systems and procedure-specific risks. These differences highlight the need to move beyond individual-level factors and examine system-level contributors to infection risk, including geographic and facility variation.

Methods: This repeated cross-sectional study used de-identified, publicly available surgical site infection (SSI) data from the California Department of Public Health (CDPH) Pediatric SSI database, which collected hospital-reported data across counties and facility types from 2021–2023. As the dataset is open-access and de-identified, no additional ethics approval was required for this study. A total of 4,300 records were obtained; data were cleaned and organized in Excel by removing duplicates, handling missing values and outliers, identifying inconsistencies, and applying normalization and standardization techniques. After cleaning, a total of 3,100 records remained. Pivot tables supported exploratory data analysis; risk tables were developed in Excel and SPSS to calculate infection rates per 1,000 population by surgical procedure, county, and facility type. Descriptive statistics (frequencies and proportions) summarized infection counts across the three-year period.

Findings: Of 58 counties in California, 47 reported data. SSI risk was first calculated for each pediatric surgery type. The highest risk was seen in knee and hip prostheses. When analyzing facility type, the highest risk occurred in pediatric hospitals (procedure count = 26,308; 6.54 infection risk per 1,000), followed by major teaching hospitals (23,178 procedures; 5.35 infection risk per 1,000). Among reporting counties, 25 reported more than 100 pediatric surgical procedures under the “All Procedures” category and 22 reported fewer in a 3-year period. Counties with fewer than 100 procedures were excluded from risk grouping to ensure data stability. After sorting county-level SSI data from highest to lowest, visual inspection of the distribution revealed natural groupings in infection rates. Based on these distributions, counties were categorized into three groups according to SSI rates per 1,000 procedures: high (≥8.0), medium (3.0–7.9), and low (0–2.9). The highest SSI rates were observed in Fresno and Tulare counties, with 14 counties classified as medium risk and 9 as low risk.

Implications: These descriptive results provide a foundation for future predictive modeling of pediatric SSI risk. Although overall statewide infection risk remains low, county-level variation persists, with two adjacent counties showing notably elevated rates. Future research should investigate regional factors contributing to these differences through expanded big-data analyses. A key limitation is that the dataset lacked variables for surgical wound classification (Class I–IV), potentially missing post-discharge infections. Despite this constraint, findings highlight the value of mapping facility and geographic predictors to guide data-driven decision-making and inform pediatric infection-prevention strategies and resource allocation across California.

Development of an Evidence-Based Policy Handbook Utilizing a HUB and Spoke MODEL

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Purpose: This project was designed to build a foundation for telehealth services for fetal alcohol spectrum disorder (FASD) evaluation and diagnosis in the rural landscape of Alaskan healthcare.
Background: FASD is a term that describes a set of observed and experienced manifestations of a neurocognitive disease and affects 65 per 1000 children in Alaska, well-above the U.S. prevalence. The State of Alaska FASD program requires the 4-Digit Code team-based evaluation, and only three teams are credentialed in the state. A literature review revealed similar geographical and cultural challenges in Canada, where a telehealth model was introduced with success; however, a telehealth model did not exist in Alaska. The early foundation for an FASD telehealth model was desired at local and state levels. Given IRB limitations and the sensitive population (indigenous children), the project focus was shifted to create a policy handbook for a hub and spoke FASD model, rather than completing FASD evaluations using the new model.
Methods: The Model for Improvement (MFI) guided the development of this project's policy handbook. The policy handbook was created using a Hub and Spoke model for one of the FASD teams. The handbook contained a user-friendly algorithm and tailored provider forms (medical, speech, and psychology). These forms were created for use in the specific evaluation near the child's home of reference and were returned to the "hub" clinic for their use during the evaluation. According to the handbook, the hub team would gather data for the FASD evaluation and apply the 4-Digit Code method, subsequently serving as the hub for the family. Experts in the field were recruited to evaluate the policy handbook- a psychologist with experience using the team-based method, an FASD team coordinator, and the epidemiologist who created the 4-Digit Code method (University of Washington). Subject matter experts were given the same set of questions for consistency. IRB approval was sought under Not Human Subjects Research.
Results: Utilizing Plan-Do-Study-Act model of the MFI, revisions were made to the policy handbook based on expert feedback over 2 rounds. The first round elicited the following: subject matters emerged- content improvement for clarity of process and updates to the policy based on the new 4-Digit Code revisions of 2024. Revisions were made, and the handbook was given back to the experts for a second revision, and a new set of recommendations was given, and changes were made.
Conclusions and Future Implications: This project lays a foundation for telehealth use in FASD evaluations in Alaska. This model is currently being piloted, and the next steps are to evaluate the effectiveness and satisfaction of the hub and spoke model post-implementation in a clinical setting. Further development is needed in validation of this model, with consistent use in the FASD population in rural Alaska. More work in this area could open opportunities for evaluation of other neurocognitive disorders via a hub and spoke model.

CHILD HEALTH AND ILLNESS

Exploring Sleep, Clinical, and Demographic Factors in Pediatric CNO

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Aim: To examine the relationships between self- and parent-proxy-reported sleep disturbances, clinical, and demographic variables in children with Chronic Nonbacterial Osteomyelitis (CNO).
Background: Chronic nonbacterial osteomyelitis (CNO) is a rare autoinflammatory disease that disrupts children's physical, emotional, and social well-being. Evidence shows that sleep disturbances are common in CNO and are strongly associated with increased pain, higher disease activity, and poorer health-related quality of life. While both parent-proxy and child-reported outcomes are essential for understanding the impact of chronic illness, sleep measures reported from these complementary perspectives remain underexplored among patients with CNO.
Methods: We analyzed secondary data collected from Seattle Children's Hospital during the period of December 1, 2024, and June 30, 2025 from the CHronic nonbacterial International Registry (CHOIR) registry (NCT04725422). Participants completed surveys about sleep (PROMIS Sleep Disturbances) and pain interference**,** while their clinical and demographic information were collected by the research team. Descriptive statistics were conducted to examine associations betweensleep and pain, demographic and clinical characteristics.
Results: Forty-five children, ages 8 to 21 years (Mean = 14.9 years) with CNO (52% female) and their parent-proxy were included. The mean PROMIS sleep disturbance T-score was 50.2 for children and 52.9 for parent-proxy report**.** Of the 32 self-reports, 26.5% scored above the clinical T score cut-off score for sleep disturbances. Of the 13 proxy-reports, 30.8% reported sleep disturbances above the clinical T score cut-off score. Child-reported sleep disturbance showed a significant positive correlation with child-reported pain ($\rho = 0.361$, $p = 0.03$) but was not significantly associated with demographic or clinical factors. Proxy-reported sleep disturbance was strongly correlated with proxy-reported pain ($\rho = 0.846$, $p < .001$) and moderately correlated with lower household income ($\rho = –0.524$, $p = 0.12$). Higher physician-rated disease activity ($\rho = 0.465$, $p = 0.11$), though not all reached statistical significance.
Conclusions: Sleep disturbances are prevalent in patients with CNO. The presence of sleep disturbance was significantly associated with self-reported pain by both children and parent-proxy. Clinicians should consider routine screening for sleep-related concerns with patients and/or their caregivers as part of comprehensive pediatric CNO care. Further research incorporating objective measures of sleep (e.g. actigraphy) with ecological momentary assessments of sleep can be considered to better understand the clinical context of sleep disturbances in this population.

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Innovation in Health Information Exchange: Engaging School Nurses

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Rationale/Conceptual Basis/Background: Despite the expansion of HIEs across healthcare systems, school nurses—especially in rural areas—remain excluded from these networks. This exclusion creates significant barriers to timely and accurate health information access, often leaving parents to act as intermediaries between healthcare providers and school nurses. The lack of direct access to medical records hinders effective care coordination and can compromise student health outcomes. This pilot study addresses a critical gap by exploring the integration of school nurses into a regional HIE managed by a Health Information Organization (HIO), offering a scalable model for improving school-based healthcare delivery. The initiative exemplifies how research can inform practice, fostering interdisciplinary collaboration to improve student health outcomes.

Methods: A mixed-methods convergent parallel design was employed, combining qualitative and quantitative data collection. Seven participants—including school nurses, a pediatric nurse practitioner, a care coordinator, and school-based health center (SBHC) administrators—were recruited from a rural school district and SBHC. Data were collected via a REDCap survey based on the Unified Theory of Acceptance and Use of Technology (UTAUT), focus groups, and individual interviews. The survey assessed performance expectancy, effort expectancy, and facilitating conditions. Qualitative data were analyzed using thematic analysis guided by Normalization Process Theory (NPT), and quantitative data were analyzed using descriptive statistics and chi-square tests. This methodological approach reflects the integration of academic research with practical healthcare delivery in educational environments.

Results/Assessment of Findings/Outcomes Achieved: Survey results indicated high levels of agreement across all UTAUT constructs, with participants strongly affirming that HIE access saved time, improved job performance, and supported critical aspects of student healthcare. No participants reported disagreement with any survey items. Thematic analysis revealed strong positive sentiment toward the HIE system, emphasizing its feasibility and usability. Participants reported that HIE access enabled real-time viewing of medical records, improved care coordination, addressed parent health literacy needs, and reduced reliance on parents as the "middleman" for health information transmission. The system was described as easy to learn and use, with adequate training and support provided. No statistically significant associations were found between technology skill level and survey responses, suggesting broad usability across varying levels of technical proficiency. These findings underscore the potential for HIE integration to bridge care coordination between healthcare and educational systems.

Conclusions/Implications: This case study demonstrates that integrating school nurses into regional HIEs is both feasible and beneficial, particularly in rural settings with high student-to-nurse ratios and complex health needs. The findings support expanding HIE access to school nurses nationwide, potentially through partnerships with existing HIOs, SBHCs and school districts. Future research should explore longitudinal health outcomes, scalability across diverse regions, and policy implications for broader implementation. Recommendations include developing standardized protocols for school nurse onboarding into HIEs, enhancing training resources, and advocating for policy changes that recognize school nurses as essential healthcare providers within the HIE ecosystem. This initiative exemplifies how research can drive practice improvements and inform educational and policy strategies, contributing to the conference theme of navigating the currents in research and practice.

CHILD HEALTH AND ILLNESS

Maternal Justice Involvement and Young Children's Mental Health

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Purpose: The purpose of this study was to understand the association between maternal justice involvement and mental health in 0-5-year-old children.
Background: Over half of all women in the U.S. criminal legal system are mothers to minor children. Maternal justice involvement (i.e. probation, parole, incarceration) may be disruptive to early childhood mental health, however, no studies have been conducted to understand how maternal justice involvement may be associated with mental health in 0-5-year-old children. Understanding the mental health impact of maternal justice involvement on very young children is crucial for helping nurses tailor their care to support the unique needs of this population.
Methods: This is an exploratory, cross-sectional secondary data analysis of the Maternal (Justice) Infant Data Hub. This novel dataset links maternal and pediatric electronic health records (EHR) from a large, pediatric hospital with maternal criminal legal records from the Ohio state corrections department. Mental health diagnoses were measured as International Classification Diagnostic 9/10 codes from the pediatric EHR and grouped according to the Children's Hospital Association Child and Adolescent Mental Health Disorders Classification System (CAMHD-CS). Maternal justice involvement was measured as 1 = *active state prison incarceration, on parole following state prison incarceration, or a prior history of state prison incarceration* and 0 = *not incarcerated in state prison at the time of the data pull*. We examined frequencies of mental health diagnoses in children whose mothers were and were not justice-involved. We fit logistic regression models adjusting for child racial and gender identity to determine the association between maternal justice involvement and child mental health. We did not conduct cohort matching due to limitations on variables available in the dataset for matching.
Results: Of the 61,369 children and 50,582 mothers in the dataset, there were 89 children aged 0-5-years-old whose mothers (n = 70) were justice-involved. Approximately 38.2% (n = 34) of children whose mothers were justice-involved had a mental health diagnosis, compared to 23% (n = 14,078) of children with mothers who were not justice-involved. Perinatal substance-use exposure (e.g., drug withdrawal syndrome in newborn) and communication-related disorders (e.g., developmental disorder of speech) were the most common CAMHD-CS mental health diagnosis groupings identified in children whose mothers were and were not justice-involved. Controlling for racial and gender identity, the odds of a child having any mental health diagnosis was 1.99 times higher for children whose mothers were justice-involved compared to those whose mothers were not, p = 0.0023, 95% *CI* [1.28, 3.11].
Conclusion: This was one of the first studies to understand the relationship between maternal justice-involvement and mental health diagnoses in very young children. More research is needed to adjust for other social risks and confounding factors. Additionally, research is needed to understand the impact of and mechanisms by which maternal justice-involvement influences young children's mental health. Implications for nursing practice include developing and adopting care approaches to mitigate the potentially negative impact of maternal justice-involvement on young children's mental health**.**

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CHILD HEALTH AND ILLNESS

Physical Stressors Increase Delirium after Pediatric Cardiac Surgery

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Background: Delirium is a common complication in critically ill children, characterized by acute brain dysfunction. Children recovering from cardiac surgery experience a higher occurrence of delirium (40%) compared to other critically ill children (20%). Adult studies have identified frequent and prolonged hospital stressors as risk factors for delirium which can lead to increased morbidity and mortality. The primary aim of our study is to evaluate the association between experienced physical stressors and the occurrence of postoperative delirium among young children in the Pediatric Cardiac ICU (PCICU).

Methods: This study was a single-center, prospective cohort study of children aged 6-60 months during their postoperative cardiac surgery recovery in the PCICU at a quaternary children's hospital from 2020-2023. The primary predictor was number of physical stressors experienced by the child during their PCICU stay as measured by the PCICU Physical Stressor Scale. The PCICU Physical Stressor Scale, adapted from the Neonatal Infant Stressor Scale, quantifies physical stressors by measuring the number of intermittent (e.g., suctioning, position changes) and constant stressors (e.g., mechanical ventilation) experienced during a 12-hour nursing shift. The primary outcome was delirium score, obtained using the Cornell Assessment of Pediatric Delirium (CAPD), a validated screening tool in which scores ≥10 indicate a positive delirium screen. A linear mixed-effects model was used to examine the association between physical stressor scores and delirium scores over postoperative days, controlling for age, gender, pre-term birth, cardiopulmonary bypass (CPB) time, and Risk Adjustment for Congenital Heart Surgery (RACHS-1)

Results: Among 32 infants and children, 56% were male, 16% were born preterm, and 50% had moderate-to-high risk for mortality (>3 RACHS-1 categories). Median age was 18 months (IQR 12-26) and the median PCICU length of stay was 2 days (IQR 1-4). CPB duration varied, with 38% <60 minutes, 41% 60–180 minutes, and 22% >180 minutes. The median delirium score was 10 (IQR 6-15) and the median PCICU stressor score was 19 (IQR 13-26). In multivariable mixed-effects linear regression, higher stressor scores were associated with higher delirium scores (β=0.08; 95% CI: 0.01, 0.15; p=0.03), meaning for every 1-unit increase in the stressor score there was a 0.08 increase in mean delirium scores. CPB duration >180 minutes was associated with increased delirium scores (β = 6.04; 95% CI: 1.05, 11.04; p=0.02). For each additional day in the PCICU there was a 1.52 decrease in mean delirium scores (95% CI: -2.21, -0.83; p<0.001).

Conclusions: Young children who experienced greater number of physical stressors during their postoperative recovery had higher mean delirium scores. Overall, children recovering from cardiac surgery demonstrated high delirium scores, which decreased over the course of their stay. These findings highlight the critical role nurses have in promoting recovery and mitigating modifiable physical stressors by clustering care and facilitating early weaning from modifiable interventions. Future studies should identify which types of physical stressors most strongly influence delirium and evaluate nursing interventions to mitigate these effects.

Shifts in Hawaii Parents' Attitudes Toward Routine Childhood Vaccines Post-COVID-19

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Purpose: This study aimed to assess changes in parental attitudes toward routinely recommended childhood vaccines in Hawaii following the COVID-19 pandemic.
Background: The pandemic was an unprecedented health emergency that set off a cascade of negative vaccine rhetoric. This negative vaccine rhetoric extended beyond the COVID-19 vaccine itself and included other routine vaccines. Negative vaccine rhetoric erodes vaccine confidence among parents. Identifying factors associated with vaccine attitude changes following this may inform policies and programs aimed at counteracting negative vaccine rhetoric and ultimately improving vaccine acceptance.
Methods: A cross-sectional online survey was conducted in March 2023 among primary caregivers of children aged 0-12 years residing in Honolulu, Hawaii. Data collected included socio-demographics and household characteristics, theoretical constructs of the Health Belief Model, emergency/disaster preparedness, and attitudes toward vaccines. Descriptive statistics were used to assess parental vaccine attitudes, and logistic regressions were employed to identify factors associated with changes toward positive or negative vaccine attitudes.
Results: Of the 278 participants, the majority were female (84.2%), college-educated (68.3%). Regarding vaccine attitudes, 60.1% always held positive attitudes, 21.9% changed to positive attitudes, 12.9% changed to negative attitudes, and 5.0% always held negative attitudes. Multivariable logistic regression revealed that factors such as race, concerns about climate-related health impacts, perceived time barriers, and the belief that routine vaccines are part of an emergency preparedness plan significantly influenced changes in vaccine attitudes. Specifically, individuals of Japanese or Filipino descent, those with an emergency plan, and those less concerned about climate change were less likely to change to negative vaccine attitudes. Conversely, perceiving vaccines as unrelated to emergency preparedness and experiencing time barriers were associated with an increased likelihood of changing to negative attitudes.
Conclusion: Health emergencies, such as the COVID-19 pandemic, may have unexpected, unintended consequences. While routinely recommended childhood vaccines were not directly related to the pandemic, shifts in attitudes towards these vaccines have been observed. This study provided a snapshot of the dynamic changes in parental attitudes toward routine childhood vaccinations following the pandemic. It identified the important modifiable factors, such as concerns about climate change and time barriers, as influences on vaccine attitudes. These insights can inform targeted public health interventions to improve vaccine acceptance and community preparedness for future health emergencies. Given the increasing negative vaccine rhetoric in the media and policy, future research on evolving factors influencing attitudes towards routine childhood vaccines is essential for monitoring and addressing emerging challenges to vaccine acceptance in the post-pandemic period.

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CHILD HEALTH AND ILLNESS

The Cumulative Influence of PAE and ACE on Maternal Circulating miRNA Expression

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Purpose: The objective of this study is to examine whether maternal circulating non-coding RNAs, microRNAs (miRNAs), display differential expression among individuals who consume alcohol during pregnancy (PAE) and those with a significant history of adverse childhood experiences (ACE). Our overarching hypothesis is that a dysregulation of miRNAs occurs in pregnant women who consume alcohol as well as those with a significant history of ACE that when combined may synergistically influence development of fetal alcohol spectrum disorder (FASD).

Rationale/Background: PAE is associated with a continuum of disabilities known as FASD. Prevalence estimates of FASD range from 1.1% to 5% among school-age children making it one of the top forms of preventable developmental disabilities in the U.S. Almost 40% of women in the U.S. reported exposure to multiple ACE, and among those who self-report ≥ 4 ACE, the risk of prenatal alcohol consumption is almost 5 times higher. However, there is limited investigation into the potential synergistic influence of PAE and ACE on the risk of developing FASD, which highlights a gap in our understanding of factors influencing susceptibility to FASD. Epigenetic mechanisms, such as miRNA that regulate gene expression, are increasingly being recognized as mediators of the transmission of long-lasting effects of PAE and maternal ACE affecting fetal development. The placenta, a critical interface between the mother and fetus, facilitates exchange of oxygen, nutrients, hormones and waste. Studies demonstrate bidirectional traffic of maternal and fetal cells across the placenta, thus maternal circulating miRNAs may influence offspring outcomes via this unique interface.

Methods: Individuals in their third trimester of pregnancy were recruited and classified into PAE, ACE and control groups (HC) based on self-report measures. Participants were administered structured interviews. Maternal serum was collected at the time of interview. Total RNA was extracted from serum followed by miRNA sequencing and bioinformatic analysis per vendor's protocol (LC Sciences, Houston Texas).

Assessment of Findings: A pilot study was conducted with16 participants (8 HC, 4 PAE, 4 ACE). A large proportion of ethnic minorities were identified (50% Hispanic, 5.6% Native Americans). Of the 708 detected miRNAs in the PAE and HC groups, 527 were similar. Unique clusters of miRNA expression were noted between PAE and HC with 159 highly significant ($p < 0.01$) differentially expressed (DE) miRNAs between groups. Of the 744 detected miRNAs in the ACE and HC groups, 540 were similar. A unique cluster of miRNA expression was also noted between ACE and HC with 107 highly significant ($p < 0.01$) DE miRNAs between groups.

Conclusions/Implications: Emerging results suggest a unique miRNA biomarker signature associated with these exposures. Next steps will assess the most DE miRNA's with substantial fold changes between groups to further characterize miRNA signatures, explore their target genes and their potential role in placental health and function. Understanding the complex changes to circulating miRNAs associated with PAE and ACE exposures is pivotal in understanding offspring outcomes and to developing miRNA-based biomarkers and therapeutics that may alter the inter-generational transmission of adverse outcomes.

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CLINICAL EDUCATION

Evaluation of a Mentoring and Onboarding Program for Early-Career Nurse Faculty

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Purpose: The purpose of this project was to create a formal onboarding and mentorship program for early-career nurse faculty to promote confidence, belonging, and preparedness.

Background: There is a growing shortage of qualified and effective nurse educators. Several factors contribute to this, including disparities in compensation and identifying qualified candidates prepared to teach. Specific issues for novice nurse educators include less structured orientation compared to the practice environment, complexity of academic policies and expectations, lack of experience with academic educator competencies, and working in isolation while taking on responsibilities of teaching, curriculum design, and student advising. These challenges impact new faculty members' confidence, sense of belonging, and integration into academic communities.

These same issues were evident within our College of Nursing (CON) and were exacerbated by the COVID-19 pandemic. To address the challenges experienced by faculty hired over the past few years, we developed the Success Academy. This program provided structured workshops, professional development, and competency-based mentoring to support teaching, student advising, and curriculum design. We focused on two primary outcomes: demonstration of Novice Academic Educator competencies (National League for Nursing) and increased confidence in the educator role.

Methods: Four experienced faculty led 16 in-person workshops over a 10-month period. Twelve faculty participated in at least four workshops and were each assigned an experienced faculty mentor. Mentors assisted faculty in developing educator competencies and served as resources within the CON. At program completion, participants completed a mixed methods online survey developed by Success Academy facilitators. The survey contained ten questions that inquired about overall satisfaction with the Success Academy, post-program confidence levels, contributors to confidence, intent to continue as faculty in the CON, and how the program could be improved.

Results: Eight participants completed the survey. Regarding the overall program, seventy-one percent stated they were "extremely satisfied" and twenty-nine percent were "somewhat satisfied." All participants valued having in-person workshops to receive peer support in addition to formal mentoring. Participants emphasized how individualized mentoring helped them apply their new knowledge. Mentors reported that all active participants met competency goals and have continuing development plans.

Post-program confidence levels showed improvements in specific areas: advising individual students (87%), helping students learn (88%), assessing student learning (79%), making curriculum decisions (77%), and leadership skills/acting as a change agent (74%). Ninety-five percent were confident they would have continuous improvement in the role, and 86% stated they are "very likely" to stay in the faculty role at this CON for the next five years.

Participants attributed their increased confidence to one-to-one mentorship, peer support, better role understanding, and access to career resources. Throughout the program, participants emphasized the value of community building through gathering with other novice faculty and experienced faculty facilitators, which enhanced their sense of belonging.

Conclusions: Mentoring and onboarding programs for early-career nurse faculty can help promote confidence, belonging, and preparedness. Future initiatives should include formal mentoring as a core component of onboarding programs, with evaluation across multiple institutions to strengthen evidence.

CLINICAL EDUCATION

Accessible Futures: Breaking Barriers in Clinical Nursing Education

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This session presents findings from an immersive assessment exploring accessibility and inclusion for nursing students with physical disabilities in clinical education. Conducted through a partnership between the State University School of Nursing and the State Hospital, this project addresses a critical gap in understanding how students with disabilities experience clinical learning environments and how institutions can design equitable and sustainable systems of support. The work emphasizes the importance of collaboration between nursing education programs and clinical partners in creating inclusive, competency-driven environments that prepare all students for safe and effective practice.
An embedded Disability Specialist observed a beginning-level nursing clinical rotation over multiple shifts, documenting real-time interactions among students, faculty, and hospital staff. This immersive method provided a rare lens into the lived experiences of nursing students navigating clinical practice with visible and invisible disabilities. Through qualitative observation and reflective interviews, the study revealed multifaceted barriers—physical, procedural, attitudinal, and institutional—that collectively shape access to learning and performance evaluation.
Findings demonstrated that while peers and faculty were broadly accepting of disability inclusion, inconsistencies in accommodation implementation often led to inequitable learning experiences. Informal accommodations—such as modified task expectations or flexible evaluation—were provided ad hoc, based on individual faculty discretion rather than formal policy. Consequently, students risked losing needed support as they transitioned between courses or instructors. Faculty expressed a strong desire for professional development focused on fostering an "accommodation mindset" that maintains academic rigor while ensuring access.
At the clinical site level, staff members voiced uncertainty about how to support students with disabilities within patient care settings. Some expressed concern about safety or performance, underscoring the influence of implicit bias and the need for disability awareness training in healthcare environments. Physical accessibility barriers were also prevalent, including narrow patient room layouts, equipment designed for standing users, and communication systems that lacked multimodal accessibility for students with hearing or vision impairments.
Despite these challenges, the assessment identified meaningful opportunities for transformation. Faculty demonstrated willingness to explore competency-based evaluation methods, and students responded positively when adaptive techniques—such as Bluetooth stethoscopes or textured gloves—were integrated into clinical practice. These examples illustrate how low-cost, high-impact interventions can advance equity without compromising safety or standards.
This session will translate findings into a practical framework for inclusive clinical education, emphasizing collaboration among nursing programs, disability support services, and healthcare partners. Attendees will gain strategies for formalizing accommodation processes, engaging faculty and clinical staff in inclusion training, and applying universal design principles to real-world clinical settings. An interactive discussion will allow participants to analyze their own contexts and identify actionable next steps for advancing accessibility in nursing education.
Ultimately, this work positions disability inclusion as both an ethical imperative and a workforce strategy. By cultivating environments that support all learners, nursing education enhances the profession's capacity for empathy, innovation, and patient-centered care. The future of nursing depends on ensuring that the pathway to practice is truly accessible for every student.

Funding: Josiah Macy Foundation

CLINICAL EDUCATION

Advancing Clinical Judgment through a Nursing Priorities Framework

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Purpose and Aims: The purpose of this initiative was to strengthen students' clinical judgment and practice-readiness by shifting from nursing diagnoses to a nursing-priorities framework. The aims were to (1) align course objectives with the AACN Essentials and Next Generation NCLEX expectations, (2) support students in identifying and providing rationale for patient care priorities, and (3) promote clear, patient-centered communication by moving away from NANDA International language. Consequently, this shift is also intended to enhance the integration of classroom learning with clinical practice.

Background and Rationale: Nursing diagnoses have been taught in nursing education since the 1970s with the goal of better communicating patient needs by using standardized terminology. And yet, rather than creating a common language that enhances patient care, students struggle to fit the patient presentation into nursing diagnoses terminology, rather than focusing on the patient condition and context of care. Additionally, using nursing diagnoses language does not support collaborative practice because NANDA-I taxonomies are not used outside of nursing. Just as using plain language enhances health literacy, communicating patient needs using common language better serves the purpose of identifying and communicating patient care priorities within the healthcare team. To support collaboration and focus learning on development of clinical judgment this program shifted from nursing diagnoses to a nursing priorities framework.

Approach: Faculty removed nursing diagnoses from the clinical patient care plan assignments in the medical-surgical courses and replaced them with a nursing priorities framework. Students are taught to identify the most acute patient problems, justify their reasoning for patient priorities, patient–centered goals, interventions, and patient outcomes. Integration occurs across didactic instruction, simulation, and clinical assignments, ensuring consistency and reinforcing practice-readiness in multiple learning environments.

Outcomes: The transition from using nursing diagnoses to emphasizing nursing priorities supported the development of nursing students' clinical judgment. Focusing on real-time clinical needs, rather than predetermined diagnostic labels, enabled students to more effectively generate and evaluate appropriate interventions. This approach also encouraged the use of clear, concise language that is easily understood by the entire interdisciplinary healthcare team. As a result, students demonstrated more accurate clinical decision-making and developed clinical judgment skills that align with the expectations of entry-level nursing practice.

Conclusions: Fostering the development of clinical judgment and application remains a persistent challenge in nursing education. The shift from nursing diagnoses to nursing priorities in both didactic and clinical assignments promotes clinical judgment with prelicensure nursing students. Students gain a deeper understanding of their individual patients' needs, thereby strengthening clinical judgment. By focusing on nursing priorities, students were able to direct their attention to patient-specific problems and the reasoning that supported those priorities. Consequently, Students developed appropriate nursing interventions and goals associated with the priority problems. This shift enables prelicensure students to focus on the nursing role and responsibilities. Next steps include disseminating the nursing priority framework to other clinical courses within the program to strengthen clinical judgment in various acute care settings.

CLINICAL EDUCATION

Advancing Regional Preceptor Education to Strengthen Rural Nursing

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Purpose/Aims: The purpose of this quality improvement project was to refine an asynchronous preceptor course developed as part of a six-state partnership to strengthen the rural nursing workforce. Project aims include: 1) improve the learning experience of course participants by incorporating qualitative feedback from previous course offerings and 2) identify best practice for preceptor development to create future learning modules

Rationale/Background: The Montana AHEC Preceptor Development Course is one of several educational offerings within the Region 8 Nurse Education, Practice, Quality, and Retention (NEPQR) initiative—a six-state partnership across the Rocky Mountain region. This largely rural and frontier area continues to face persistent challenges in recruiting and retaining a skilled nursing workforce, underscoring the need for strong educational and training pathways. Participation in the asynchronous preceptor course exceeded program expectations, reflecting both interest and need among practicing nurses. Strengthening clinical education and supporting preceptor development remain essential strategies for addressing regional workforce shortages. In response to participant feedback and evolving educational needs, the program revised the existing course and is developing new asynchronous modules that enable nurses to earn continuing education credits while enhancing their precepting skills.

Brief Description of the Undertaking: This quality improvement project utilized the Plan-Do-Study-Act framework to refine and expand an asynchronous preceptor development course. Peer-reviewed literature (within the last ten years) on nurse preceptorship, preceptor standards, and nursing faculty development was reviewed to identify current best practices. These findings were compared with existing course content and qualitative feedback from prior participants to inform revisions and guide the creation of future asynchronous offerings.

Assessment of Findings: While the existing course addressed most evidence-based preceptor development topics, opportunities emerged to enhance and expand the content. The course was revised to ensure alignment between instructional hours and the awarded continuing education units. Participant feedback identified priority areas for further learning, including managing difficult conversations and conflict, providing effective feedback, fostering critical thinking, and supporting unmotivated or struggling learners. These topics are being developed into standalone, optional learning modules available to participants upon completion of the foundational course.

Conclusion: This quality improvement initiative strengthened the alignment of the asynchronous preceptor course with evidence-based standards and participant learning needs. Incorporating best practices and learner feedback enhanced the relevance and rigor of the foundational content while informing the development of targeted, flexible learning modules. These ongoing improvements aim to better equip nurse preceptors across the rural and frontier areas of Region 8 with the skills necessary to support student learning, foster workforce retention, and ultimately improve access to quality healthcare.

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CLINICAL EDUCATION

Enhancing Tardive Dyskinesia Screening: A Quality Improvement Initiative

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Purpose: This project was designed to strengthen PMHNP trainee competence and confidence in the recognition and assessment of Tardive Dyskinesia at the UCSD outpatient psychiatric training clinic.

Background: Tardive dyskinesia (TD) is an irreversible movement disorder typically associated with long-term use of antipsychotic medications but can occur after short-term medication use as well. Despite its clinical significance, TD remains underrecognized in practice, particularly within training environments where psychiatric nurse practitioner (PMHNP) students may lack structured education in its early detection. The Abnormal Involuntary Movement Scale (AIMS) is a validated, standardized tool designed to facilitate systematic screening for abnormal movements; however, its routine use is inconsistent, and trainees often report low confidence in both performing and interpreting the exam. The purpose of this Doctor of Nursing Practice (DNP) quality improvement project is to enhance PMHNP trainee confidence and competence in early detection of TD through structured education and hands-on practice with the AIMS.

Methods: This project will be implemented at the UCSD outpatient psychiatry PMHNP training clinic and participants will include PMHNP trainees currently completing clinical rotations. A pre-intervention survey will evaluate baseline knowledge, skill, and self-reported confidence in performing the AIMS. The intervention will consist of a structured training session that includes didactic content, demonstration, and supervised practice. Following the intervention, trainees will complete post-intervention surveys and will be encouraged to apply the AIMS in clinical encounters over a one-month period. Documentation of AIMS assessments in clinical notes will also be reviewed to evaluate changes in practice behavior. An additional post-intervention survey will be conducted after the one-month period for further evaluation of sustainment of the intervention.

Results: Anticipated results include a measurable increase in trainee knowledge scores, greater self-reported confidence in performing the AIMS, and more consistent application of the tool in patient encounters. It is further expected that trainees will demonstrate improved ability to identify abnormal involuntary movements, thereby increasing the likelihood of early TD detection. While patient-level outcomes will not be the direct focus of this project, enhanced trainee competence is anticipated to indirectly contribute to improved quality of care and timely clinical decision-making.

Significance and Future Implications: The significance of this project lies in its contribution to psychiatric nursing education and clinical practice. By embedding structured AIMS education within a training program, the initiative fosters sustainable habits of systematic TD monitoring that can extend into future practice. Early detection of TD is critical for reducing long-term morbidity, preserving treatment adherence, and improving patient quality of life. Additionally, this project aligns with broader goals of promoting safety, consistency, and evidence-based care in psychiatric settings. Successful implementation may provide a scalable model for integrating AIMS education into other training programs, thereby addressing a key gap in psychiatric nurse practitioner education.

CLINICAL EDUCATION

Focused SUD Curriculum for DNP Students Leads to Improved Confidence in SUD Patient Care

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Purpose: Educating students early in their professional coursework will improve role perceptions and increase confidence associated with treating patients with substance use disorder (SUD).

Background: SUD is a global health problem, not only present in the inner city but also in rural areas. It is imperative that health professionals understand the challenges and obtain the skills to provide needed health services in all communities. Clinicians' negative attitudes, decreased empathy, and tendency to stigmatize are often associated with patients feeling disempowered and leading to poor treatment outcomes. To avoid these unpleasant interactions, patients often refrain from seeking assistance for care, which leaves SUD services underutilized. This cycle increases the risk of patient harm, poor outcomes, and thwarts recovery efforts. Graduate faculty must develop strategies and implement curricula that increase healthcare student engagement, motivation, and competence in treating patients with SUD, while simultaneously decreasing perceived stigma. Partnering with SUD experts to create learning modules, and providing a lived clinical experience for students with direct patient contact, is a viable and valuable option that positively impacts student perceptions and their competence in providing care.

Methods: Idaho State University Graduate School of Nursing developed and implemented an in-depth SUD curriculum into the Doctor of Nursing Practice program where educational modules from Substance Abuse and Mental Health Services Administration (SAMHSA) were implemented. Complementary education was initiated that included in-person subject matter expert lectures, clinical hours with SUD community interprofessional (IP) experts and patients experiencing SUD, and IP work with counselling. The Drug and Drug Problems Perceptions Questionnaire (DDPPQ) assessed student therapeutic attitudes and was used to evaluate role perceptions as well as confidence.

Results: In Spring 2025, 26 nurse practitioner students (mean age = 34 years; 88% female) participated in SUD training; 19 completed post-surveys. Before training, most reported limited knowledge and confidence treating patients with SUD. After training, most students felt more confident, all believed they would be better providers, and all were satisfied with the training. Analyzing the DDPPQ instrument using Wilcoxon W, the pre-average of the total items for all participants was statistically significantly higher than the post average ($p<0.001$) indicating overall improved attitudes, confidence and role readiness. Qualitative feedback from students on the IP community clinical experience showed that all reported improved role readiness and perceptions. One exemplar quote was "Probably not the right fit for everyone, it's gritty, but for me it will shape my practice and gave me important insight into how addiction stems from so much more than drug use". Community partners indicated satisfaction with the institutional partnership and precepting.

Conclusions: Results indicate curriculum and clinical IP community training effectively increased confidence and role readiness in caring for patients with SUD. Curricula focused on reduced stigma and proper treatment for patients with SUD is a valuable investment, which should be expanded throughout healthcare education. Continued community partnerships with subject matter experts and SUD care providers is equally valuable and allows for direct feedback on changes within the community and any needed real time curricular adjustments.

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CLINICAL EDUCATION

Rooted in Rural, Ready for Anything: The Oregon Rural Nurse Scholars Program

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Purpose: The Rural Nurse Scholars (ORNS) Program strengthens the preparation of pre-licensure baccalaureate nursing students, referred to as Scholars, for rural practice through targeted education and strategic clinical experiences that build rural-specific competencies and promote workforce readiness.

Background: Rural nurses practice in geographically isolated settings that shape the culture and complexity of their role. As expert generalists, they care for diverse populations across the lifespan, often with limited resources and greater autonomy than their urban peers. The unpredictability of rural care demands broad knowledge, adaptability, and clinical courage. Preparing nursing students for this environment requires developing rural-specific competencies, cultural awareness, and readiness to practice independently ensuring they are grounded in rural practice and truly ready for anything.

Approach: Scholars are selected through a structured application process prioritizing rural backgrounds, interests, and commitment to rural nursing. Once admitted, they receive comprehensive fiscal, academic, and social support to promote retention and success. Scholars complete 80 hours of supplemental rural-focused education in addition to their standard nursing curriculum. The program emphasizes rural health and the distinct role of rural nurses through concept-based learning activities (CBLAs) centered on recognizing rapid changes in patient conditions, high-risk low-volume scenarios, and immersive VR simulations of care transitions. Clinical placements in critical access hospitals and long-term care facilities, provide hands-on experience with the broad scope of rural nursing. Preceptors and rural care partners are engaged to support Scholar readiness for practice.

Findings: In Year 1, the ORNS Program supported 13 students, primarily non-Hispanic White women from rural, disadvantaged backgrounds, with a total of $339,328 in scholarships and stipends. To evaluate program impact, five surveys were administered. Post-seminar survey findings showed increases in students' knowledge about, confidence in, and comfort level in providing patient care compared to pre-seminar levels. Most (69%) of students reported being extremely satisfied with seminar content. Post program survey results indicated students were prepared for the challenges of rural nursing with 58.3% reporting being confident or very confident in their abilities and 92.3% agreeing or strongly agreeing with statements about their self-efficacy for meeting the challenges of rural nursing. Preceptors expressed a strong willingness to continue precepting, though identified communication as a key area for student improvement. Scholars reported high satisfaction with the program and 62% indicated a strong intent to pursue rural nursing careers, while identifying transitional care and multimorbidity management as areas needing further development.

Conclusion: Initial findings suggest the ORNS Program is an effective model for preparing nursing students for the realities of rural practice. The combination of targeted education, immersive clinical experiences, and support structures contributes to increased student readiness, satisfaction, and commitment to rural nursing careers. Future efforts will focus on strengthening rural nurse competencies and expanding rural clinical partnerships.

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The Feasibility of School Nursing as an Undergraduate Pediatric Clinical Experience

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Purpose: To conduct a feasibility assessment of a school nursing specialty rotation for prelicensure nursing students.
Rationale/Background: Nursing student clinical experiences have primarily focused on exposure to inpatient acute care of adult patients, with additional experiences in pediatric, mental health, and obstetric nursing. However, these experiences are often limited in availability and scope, resulting in students graduating with either minimal specialty acute care experience, where available, or simulation. Offering a unique school nursing clinical experience for undergraduates may increase student satisfaction through self-directed learning and reduce onboarding needs. Despite limited resources, school nurses deliver primary and acute care, manage complex health needs, and bring expertise in public health, quality improvement, and systems thinking, fields with limited emphasis in student training. Growing numbers of children with complex health needs are receiving care within school communities but future nursing professionals are not afforded enough opportunities to be exposed to and learn the skills necessary to provide high quality care within these settings. Previous studies of school-based nursing clinicals have primarily focused on activities in the health room, neglecting other aspects of school nursing work of care coordination, quality improvement, and community health. Districts in Washington State are prime potential partners in clinical education, as many schools in Washington State do not have a nurse on campus every day. While schools represent incredible opportunities for nursing student learning, nursing students and faculty can be valuable partners in evaluating and improving school community health, enabling better focus, attendance, and greater academic achievement. This study will evaluate the feasibility and acceptability of this new type of clinical experience for nursing students and school staff.
Methods: Clinical experiences will occur over a 15-week semester. Students will engage in valuable pediatric experiences providing developmentally-appropriate care, patient education, and management of chronic conditions, including asthma and diabetes, in resource-constrained settings. In addition to time spent in the school health room, students will engage in clinical experiences aligned with the National Association of School Nurses Practice Framework to plan, design, implement, and evaluate school-level health interventions to address the health needs of students and staff. Examples of potential projects include teacher and staff training to recognize potential communicable diseases, Stop the Bleed training, emergency simulation with school staff, hygiene education for elementary students, and oral hygiene education. Each clinical group of eight students will be assigned an elementary, middle, or high school and meet with the nurse assigned to the school to evaluate options for intervention. Groups will collaborate with the school administrator to implement and evaluate their intervention. At the end of the semester, students and school staff involved in the intervention will receive an electronic survey to assess the acceptability of the intervention and identify any barriers to its implementation. Qualitative results will be compiled to guide changes to the clinical experience. A cost-benefit analysis will be used to evaluate university and school resources necessary to implement the clinical experience, along with the potential benefits to determine clinical capacity and potential for expansion.

The Impact of Clinical Experiences on Nurses' Attitudes Toward Homelessness

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Purpose & Background: Homelessness is a major public health issue in the United States. People experiencing homelessness (PEH) are at increased risk for infectious and chronic diseases, and are more likely to suffer from mental illness, and alcohol and substance use disorders. Patients who are unsheltered or homeless have a lower life expectancy and experience extreme social isolation. They are stigmatized and place a significant burden on hospitals and healthcare staff due to complex medical and social needs. Nurses are often the first point of contact in acute care settings and play a critical role in the delivery of care for this population. Very little has been published about the impact of community health clinical experiences in pre-licensure nursing curricula on hospital-based nursing competencies and overall attitudes and perceptions towards patients experiencing homelessness. The purpose of this study is to examine whether participation in community health clinical experiences with PEH during an undergraduate nursing program influences newly graduated nurses' attitudes toward this population. A secondary aim is to explore whether the duration of these experiences (measured in hours) is associated with differences in attitudes.

Methods: Participants include 2021–2024 graduates from a pre-licensure BSN program who have recently entered the nursing workforce. Participants will complete a questionnaire collecting demographic data, details of their clinical experiences, current employment information, and responses to the Health Professionals' Attitudes Toward Homelessness Inventory (HPATHI). Descriptive statistics will summarize participant demographics (age, gender, graduation year, and practice setting). Attitudes toward PEH will be assessed across three domains—personal advocacy, social advocacy, and cynicism—using 5-point Likert scale items. Independent sample *t*-tests will compare HPATHI mean scores between graduates who did and did not have exposure to PEH during community health clinical rotations. Correlation analysis will explore relationships between the number of clinical hours with PEH and attitude scores. The study received ethical approval from Sacramento State's Institutional Review Board.

Anticipated Findings & Implications: Data collection is ongoing and will be completed in November 2025. It is anticipated that structured, community-based clinical experiences with PEH may positively influence newly graduated nurses' attitudes towards caring for this population. As national nursing curricula continue to evolve, findings from this study may inform the integration of meaningful clinical learning opportunities that prepare students to provide compassionate, equitable care for PEH. Embedding such experiences into undergraduate programs has the potential to reduce stigma, strengthen advocacy, and foster socially responsive nursing practice.

COMMUNITY / PUBLIC HEALTH

Baseline Findings of Unhoused Women with Multimorbidity: The Healthy Beginnings Study

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Rationale/Background: Trauma exposure is common among unhoused women living with multimorbidity; however, tailored interventions are lacking. HEALthy Beginnings (HB) is a trauma-informed, chronic disease self-care intervention which is delivered by a community health worker and nurse. Integrated throughout the HB intervention is chronic disease content, grounding and visualization exercises, and an unfolding story which illustrates the journey of a woman becoming housed.
Purpose/Aims: A descriptive analysis was undertaken to examine sociodemographic, psychosocial and behavioral baseline characteristics of unhoused women 40 years and over who are living with multimorbidity and enrolled in the HB intervention. Understanding the baseline data will provide an initial understanding of participant characteristics.
Methods: Guided by the Adapted Theory of Factors Affecting Self-Care of Multimorbidity, middle-aged and older, unhoused women (N=23) were enrolled in a quasi-experimental, single site, prospective study in a large urban city. Descriptive statistics (means, frequencies) were used to analyze the baseline data.
Results: The mean age of the unhoused women (N=23) was 52.7 years (SD 8.68, range 40-70) and all self-reported being female. Less than half (43%) were Hispanic or Latino. The majority were Black/African American (48%), other (22%), White/Anglo/Caucasian (17%), American Indian/Alaskan Native (4.3%), Asian (4.3%), and more than one race (4.3%). The majority (91%) were continuously unhoused for $\geq$ 1 year and 74% had $\geq$ 4 episodes of homelessness in the past three years. All had a history of trauma (mean=15.8 events, SD 9.8, range 1-43). All self-reported a high multimorbidity burden (mean 4.1 conditions, SD 1.31) with 48% self-reporting depression and backpain and 26% with hypertension, depression, and backpain. The majority (87%) met the criteria for frailty (mean=8.5, SD 3.0) and among frail participants, most (87%) had multimorbidity. Over a quarter (26.1%) met the criteria for severe drug disorder, 17.4% had a moderate drug disorder, and 21.7% met the criteria for hazardous and harmful alcohol use. Approximately 65% had depressive symptoms (mean=23.2, SD 12.9) and 61% had PTSD symptoms (mean=47.4, SD 16.6). For anxiety symptoms (mean=8.83, SD 6.95), 35% of participants had minimal symptoms, 22% had mild symptoms, 17% had moderate symptoms, and 26% had severe symptoms. On scales from 0-100, the mean score for self-care maintenance was 63.6 (SD 15.7), self-care monitoring was 67.6 (SD 21.1), self-care management was 63.9 (SD 18.3), and self-care confidence was 69.1 (SD 20.8) – all below the cut-point for adequate self-care. On a scale of 9-63, trauma coping self-efficacy had a raw score of 41.3 (SD 13.2).
Implications for Translation to Practice/Further Research: Middle-aged and older, unhoused women experience a high burden of multimorbidity and frailty, physical and mental health symptoms, and poor chronic disease self-care. Trauma-informed, chronic disease self-care interventions need to be designed to address the lived realities of this underserved community which center on maintaining health, monitoring symptoms, and managing multimorbidity. This study is a steppingstone to support a future pilot randomized controlled trial study to test the HB intervention tailored for this underserved community to improve their health status and quality of life.
Funding: Rita and Alex Hillman Foundation

COMMUNITY / PUBLIC HEALTH

Behavioral Interventions to Increase Contraceptive Use Among Women Living with HIV

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Background: Contraceptive use is an important cost-effective public health strategy in preventing unplanned pregnancy, maternal mortality and morbidity, and reducing vertical transmission among women living with HIV. However, contraceptive use remains low among women living with HIV. Further, reviews examining the efficacy of counseling-based behavioral interventions on contraceptive use among women living with HIV are limited. Therefore, this systematic review and meta-analysis evaluated the efficacy of behavioral interventions in increasing contraceptive use among women living with HIV.

Methods: A systematic literature search was conducted across PubMed, Embase, Web of Science, Cumulative Index to Nursing and Allied Health Literature, ClinicalTrials.gov and the Cochrane Central Register of Control Trials from their inception to 09/15/2025. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines were followed in conducting this review. Peer reviewed randomized controlled trials (RCTs) published in English and focusing on the efficacy of behavioral interventions on contraceptive use among women living with HIV were included. Effect estimates (odds ratios) were pooled using DerSimonian-Laird random-effects model (REM) in STATA version 18.0. Pooled effects estimates were presented using forest plots.

Results: The search yielded 853 records. Five trials involving a sample of 4633 women living with HIV and published between 2009 and 2021 were included in this review. Across the five trials included, structured contraceptive counseling was the most common intervention implemented. Other interventions implemented included provision of family planning vouchers, client outreaches and education and counseling on safe sex, risk reduction and social support. Two of the studies were conducted in Uganda, two in Kenya and one in the United States. Across the trials, participants were aged 30-40 years. Two of studies reported 100% of women using anti-retroviral therapy with a mean duration ranging from 4.1 years (SD=3.33) to 7.8 years (SD=7.1). One study reported 83.9% viral suppression among their sample. Across the studies included, counseling-based behavioral interventions were significantly associated with greater odds of contraceptive use among women living with HIV with a pooled odds ratio of 3.30 (95% CI: 1.83, 5.95), $p<0.001$ compared to controls.

Conclusions: These findings underscore the efficacy of counseling-based behavioral interventions in enhancing contraceptive use among women living with HIV. Counseling-based behavioral interventions could serve as an important tool in enhancing reproductive health outcomes among women living with HIV.

Implication for Nursing research, practice and education

Nursing education curricular could incorporate training on person-centered reproductive counseling to support and improve reproductive health outcomes for women living with HIV. Similarly, health policies could support nurse-led counseling-based interventions to enhance contraceptive use among women living with HIV.

Keywords: Behavioral interventions, counseling, contraception, systematic review, meta-analysis, unplanned pregnancy, HIV.

COMMUNITY / PUBLIC HEALTH

Empowering Reproductive Health Decision-Making Among Young Adults with Sickle Cell

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Purpose: To evaluate the effectiveness and feasibility of an eight-week educational pilot intervention designed to improve reproductive health knowledge, psychosocial awareness, and informed decision-making among young adults with sickle cell disease or trait (SCD/T).

Background: Individuals with SCD/T face complex reproductive decisions related to genetic risk and family planning. Although reproductive counseling is essential, few age-appropriate educational materials specifically address the needs of this population. To fill this gap, *Empower Your Future* was developed as a culturally sensitive, nurse-led educational program that integrates genetic education with discussions about reproductive options, communication skills, and emotional well-being.

Methods: Participants aged 19-25 years and having SCD/T were recruited through sickle cell care services using snowball technique. Eight hybrid weekly sessions were delivered, and each session took approximately 120 minutes. Pre- and post-intervention assessments included the SCKnowIQ instrument, which measures six domains: Knowledge (min: 0, max:15), Parental Decision-Making (0-12), Intention (0-52), Attitude (0-16), Behavioral Avoidance (0-6), and Concern (0-8), and several psychosocial well-being measures: Noticing and Body Listening (min: 0, max:28), Somatic Symptom Scale–8 (SSS-8; 0-32), Hopkins Symptom Checklist-10 (HSCL-10; 0-30), and World Health Organization Well-Being Index (WHO-5; 0-20). Descriptive analyses examined changes from baseline (T1) to post-intervention (T2).

Outcomes Achieved: Five participants (60% female; 100% African American or mixed-race) completed the pilot intervention, demonstrated high engagement with the sessions (May 27 to July 14, 2025). Across SCKnowIQ subscales, post-intervention findings indicated a slight improvement in reproductive health knowledge (T1 = 7.4; T2 = 7.8). Parental Decision-Making (T1 = 6.0; T2 = 5.2) and Attitude (T1 = 8.6; T2 = 7.2) showed a slight decline, which, according to qualitative feedback, may reflect participants' increased awareness of the complexities surrounding reproduction. Intention (T1 = 14.2; T2 = 14.2), Behavioral Avoidance (T1 = 3.4; T2 = 3.6), and Concern (T1 = 4.6; T2 = 4.4) scores remained stable, indicating sustained motivation and awareness.

Psychological and interoceptive assessments showed mixed patterns. Scores for Noticing and Body Listening (T1 = 18.6; T2 = 18.4) and WHO-5 (T1 = 16.4; T2 = 16.0) declined slightly, indicating stable body awareness and a very small reduction in perceived well-being. In contrast, SSS-8 scores increased (T1 = 5.2; T2 = 9.0), reflecting greater awareness of somatic symptoms. HSCL-10 scores remained unchanged (T1 = 7.0; T2 = 7.0), suggesting stable psychological distress.

Conclusions: This pilot study demonstrates the feasibility and potential impact of a nurse-led, culturally grounded reproductive health program for young adults with SCD/T. Findings highlight the importance of early, community-based reproductive health interventions to support informed decision-making and family planning. The integration of psychosocial assessments provides valuable insight into the emotional and physical responses that accompany discussions of genetic risk and family planning. Future program iterations may benefit from incorporating structured stress-management and wellness components to support participants' emotional adjustment. Scaling this model to larger and more diverse cohorts may inform nursing practice, education, and policy aimed at improving reproductive and mental health outcomes in populations affected by SCD/T.

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COMMUNITY / PUBLIC HEALTH

Improving PrEP Access and Uptake for Cisgender Women at Planned Parenthood

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Purpose/Aims: This quality improvement project seeks to increase equitable access to HIV prevention for cisgender women at Planned Parenthood of Greater Washington and North Idaho (PPGWNI). Aims include: (1) increase provider knowledge and comfort in initiating PrEP (pre-exposure prophylaxis) discussions with cisgender women, and (2) increase the number of eligible cisgender women who are identified, counseled, and offered PrEP. The overarching goal is to increase PrEP uptake among cisgender women by reducing missed opportunities for prevention.

Rationale/Background: Nationally, cisgender women account for one in five new HIV diagnoses, with heterosexual contact responsible for the majority of those cases. Yet, only 10% of eligible cisgender women are prescribed PrEP, reflecting a persistent implementation gap. The low use of PrEP among women is not due to its effectiveness but rather failures in implementation, awareness, and access. At PPGWNI, PrEP is routinely offered to men who have sex with men, but conversations with cisgender women remain inconsistent and provider-dependent. An internal EHR review identified more than 6,000 cisgender women who would have met criteria for a PrEP discussion; however, documentation is lacking on these conversations, and currently, no cisgender women at PPGWNI are prescribed PrEP.

Methods/Frameworks: Guided by feminist theory and the Plan-Do-Study-Act (PDSA) framework, this QI project integrates provider education with standardized HIV risk screening criteria embedded in the EHR screening tool. A brief educational session reviews the CDC PrEP guidance, highlights stigma and barriers specific to cisgender women, and demonstrates inclusive communication strategies. The intervention adds clear criteria to prompt provider-initiated PrEP discussions, with documentation captured via a designated ICD-10 code. Improvement is assessed using pre- and post-education provider surveys, weekly de-identified EHR audits, and qualitative provider feedback.

Assessment of Findings/Outcomes: The project is currently in the implementation phase, with ongoing data collection from both provider surveys and EHR audits. Preliminary results show improvement in provider confidence and frequency of PrEP conversations, highlighting a cultural shift within the clinic toward more thorough and consistent HIV prevention practices. Early EHR audits reveal the first instances of provider-initiated PrEP conversations documented with an ICD-10 code. Full analysis will explore changes in PrEP offers and uptake, as well as provider perceptions of workflow integration.

Conclusion: This project promotes equity in HIV prevention by integrating provider education and standardized screening into routine workflows, reducing stigma and increasing access for cisgender women. Next steps include expanding implementation across the affiliate, improving documentation to inform policy, and examining the long-term impact on PrEP uptake and sustainability.

COMMUNITY / PUBLIC HEALTH

Nurses in Emergency Preparedness in Marginalized Communities: A Conceptual Framework

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Purposes/Aims: The purpose of this conceptual framework is to examine and advance understanding of the nursing role in public health emergency preparedness, particularly within marginalized communities disproportionately affected by health emergencies such as pandemics and natural disasters. The aim is to identify existing gaps in preparedness, explore how nursing competencies can enhance community resilience, and propose strategies to integrate health equity principles into preparedness.

Description: The World Health Organization (2025) defines *health emergencies* preparedness as processes aimed at strengthening public health and health system capacities to mitigate risks and reduce the impact of diverse crises. These include infectious disease outbreaks such as the COVID-19 pandemic, bioterrorism, natural and climate-related disasters, and other emergencies arising from chemical, radiological, or food contamination events. Although such emergencies can occur at any time, their effects are not evenly distributed. Certain populations—such as children and racial and ethnic minorities are disproportionately affected.

This inequity highlights the necessity for robust and inclusive preparedness programs that promote health for all. Within this framework, *nurses* emerge as a critical component of health system resilience, encompassing the competencies, leadership, and community engagement required to anticipate and respond effectively to crises.

Logic: The concept of nursing role in preparedness for public health emergencies within marginalized communities has significant implications for the advancement of nursing practice, education, and research. Nurses play an essential role in bridging acute, community, and public health systems, making their engagement in preparedness vital to improving outcomes and promoting equity among vulnerable populations.

Conclusion: This conceptual framework provides a foundation for advancing research in nursing education and policy in public health emergency preparedness. It highlights the need for competency-based training, interdisciplinary integration, and policy alignment to empower nurses as leaders in emergency management. The proposed conceptual framework offers practical and theoretical guidance for future research and program design, supporting the creation of resilient, inclusive, and equitable public health systems capable of protecting marginalized populations during future emergencies.

COMMUNITY / PUBLIC HEALTH

Simulation Based Training for Sexual Assault Nurse Examiners

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Background: Sexual assault nurse examiners (SANEs) deliver specialized, trauma-informed forensic care bridging healthcare and legal systems through evidence collection, expert examination, and testimony. Despite their proven impact on survivor outcomes and prosecutorial success, Nevada faces a severe shortage—only 16 certified SANEs statewide as of 2025, compared to an estimated need of 146. Barriers include extensive certification requirements and limited access to clinical training. Innovative educational approaches are urgently needed to strengthen the forensic nursing workforce and improve equitable access to care.
Purpose: This Doctor of Nursing Practice (DNP) project aimed to increase SANE workforce capacity in Nevada by partnering with the University of Nevada, Las Vegas (UNLV) to develop and implement a simulation-based education (SBE) program to augment existing didactic training. The program sought to enhance competency, confidence, and readiness among nurses pursuing SANE certification.
Methods: Guided by a competency-based education (CBE) framework, the project designed, implemented, and evaluated simulated clinical scenarios replicating sexual assault forensic examinations. Simulation cases addressed trauma-informed history taking, evidence collection and photography, and adherence to legal protocols. Competency checklists were developed to assess participant performance. Two statewide skills training events were held—one in Las Vegas and one in Reno—integrated with the IAFN-aligned didactic curriculum.
Results: A total of 52 nurses participated in the statewide SANE training initiative. Of these, 42 completed simulation-based skills validation. Post-training evaluations demonstrated significant gains in learner confidence, competency, and preparedness to pursue SANE certification. Participants reported that the immersive simulation experience enhanced their clinical readiness and bridged the gap between didactic instruction and real-world forensic practice. Program outcomes also informed quality improvement of the statewide SANE curriculum, contributing to a stronger pipeline of forensic nurses in Nevada.
Implications for Practice: Expanding access to simulation-based SANE education offers a scalable model for preparing nurses in high-risk, low-frequency forensic skills. Broader implementation could enhance trauma-informed care, improve evidence integrity in legal proceedings, and expand access to forensic services in rural and underserved areas. Strengthening the forensic nursing workforce supports both patient care and the justice system, ensuring survivors receive expert, compassionate care.
Conclusion: This project demonstrates how simulation-based, competency-focused education can address workforce gaps in forensic nursing. Through academic-practice partnership, innovative pedagogy, and statewide collaboration, Nevada advanced its capacity to respond effectively to sexual assault with skilled, evidence-based, and trauma-informed care.

COMMUNITY / PUBLIC HEALTH

Substance Use and HIV/HCV Prevention in Transitional-Age Youth

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Background: Transitional-age youth (TAY) aged 18–24, particularly racial and ethnic minorities and those experiencing homelessness, face significant challenges related to substance use (SU) and heightened risk of Human Immunodeficiency Virus (HIV) and Hepatitis C virus (HCV). Data from Alameda County, Northern California, highlight high rates of mental health (MH) conditions, including depression, anxiety, and PTSD, among TAY, with over 20% of stably housed youth reporting both SU and MH conditions. Among TAY receiving SU care, 80% report daily marijuana use. Risk behaviors such as unprotected sex and injection drug use contribute to concerning outcomes, including a 0.4% HIV prevalence countywide in 2020 and a sharp rise in HCV cases between 2007 and 2015. These findings underscore the need for targeted interventions addressing SU and HIV/HCV risk among TAY. Nurses working in community clinics play a vital role in educating and advocating for vulnerable populations, such as TAY. In partnership with two community health clinics in Alameda County, this study aimed to examine SU behaviors, HIV/HCV risk, and how awareness of HIV/HCV relates to access to care.
Methods: A convenience sample of TAY aged 18–24 was recruited between 2023 and 2025 through community clinics and outreach events led by partner institutions. Eligibility included age 18–24 and receiving or eligible for services at the partner site. Participants completed a self-administered survey, which included the Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) tool, as well as questions on sexual activity, condom use, SU before sex, HIV/HCV status awareness, and access to care. Descriptive statistics measured SU prevalence, sexual activity, and unprotected sex, while Chi-Square tests assessed associations between SU, sexual activity, HIV/HCV awareness, and care access. Analyses were conducted in Stata 19.0. The study was approved by the University of California, San Francisco Institutional Review Board.
Results: Among 34 participants, 52.9% reported daily marijuana use, 61.8% daily alcohol use, and 41.2% binge drinking. Sexual activity was common (76.5%), with 38.2% engaging in sex after SU. Unprotected sex was reported by 32% (vaginal), 23.5% (anal), and 20.6% (oral) in the past 30 days. Gaps in HIV/HCV awareness and care access were prevalent, with 35.3% unaware of their HIV status, 61.8% unaware of their HCV status, and 29.4% lacking a usual place for care. Substance use was significantly associated with sexual activity after use, with cannabis ($X^2(1) = 17.3$, $p = 0.001$) and alcohol ($X^2(1) = 8.31$, $p = 0.004$). Awareness of HIV status ($X^2(1) = 7.47$, $p = 0.006$) and HCV status ($X^2(1) = 4.78$, $p = 0.029$) was significantly linked to having a usual place for care.
Conclusions: Substance use is prevalent among TAY and strongly associated with HIV/HCV risk behaviors. Integrating SU screening, motivational interviewing, and care navigation into clinical models may mitigate risk behaviors and address social determinants contributing to poor outcomes. Nurses play a critical role in delivering these interventions, fostering trust, and connecting TAY to essential care services, ultimately improving health outcomes for this vulnerable population.

COMMUNITY / PUBLIC HEALTH

Weaponized Spirits: Alcohol, and Family Violence in a Native Hawaiian Community

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Purpose: This study explored how Native Hawaiian community members understand the historical and ongoing impacts of colonization—particularly the introduction of alcohol—and how these legacies continue to influence trauma, alcohol misuse, and interpersonal and domestic violence (IPV/DV) within families and communities. Prior to Western contact, Native Hawaiians sustained complex cultural systems grounded in balance, collective responsibility, and well-being. The introduction of alcohol in 1778 marked a profound disruption that coincided with land loss, cultural suppression, and political disempowerment. Over time, alcohol became a mechanism of disconnection and control, shaping intergenerational trauma that persists today. Guided by historical trauma theory (Brave Heart, 1998; Sotero, 2006) and an Indigenous framework of epistemic, structural, and relational harm, this study situates alcohol misuse and IPV/DV not as personal failings but as consequences of colonization and systemic inequities that continue to marginalize Native Hawaiian communities.

Methods: A qualitative transcendental phenomenological design was employed to understand the lived experiences of Native Hawaiians residing in a rural island community. The study included 10 Native Hawaiian participants—eight women and two men—between the ages of 30 and 60. Data were collected through *talk story* interviews—an Indigenous method emphasizing relationality, trust, and cultural reciprocity. Analysis followed Moustakas' (1994) phenomenological reduction and reflexive thematic analysis to identify meaning units and thematic clusters. Credibility was enhanced through member checking, analytic journaling, and collaboration with a community liaison to ensure cultural and contextual integrity.

Results: Nine interconnected themes emerged, revealing the layered impacts of colonization and the weaponization of alcohol. Participants described (1) the normalization of alcohol-fueled interpersonal and domestic violence; (2) the intergenerational transmission of alcohol-driven relational, structural, and epistemic harms; (3) institutional and legal entanglements (policing, incarceration, and child welfare); (4) disrupted harmony: alcohol and the cycle of violence; (5) alcohol as a colonial weapon; (6) family disintegration and ʻohana–ʻāina (family— land) ties; (7) fractured relations: kūpuna (elders), alcohol, and intergenerational conflict; (8) racialized misrecognition: colonial stereotypes and the devaluation of professional roles; and (9) story as medicine: healing, resistance, and the restoration of Indigenous voice. Participants also connected their experiences to enduring racialized tropes such as the "lazy Hawaiian" and "drunken Indian," which perpetuate stigma, justify institutional neglect, and reinforce deficit-based narratives that obscure the colonial roots of addiction and violence.

Conclusion: Findings reveal that alcohol misuse, IPV/DV, and racialized misrecognition share roots in epistemic, structural, and relational harms embedded within ongoing colonial systems. These stereotypes not only dehumanize Indigenous peoples but also shape punitive institutional responses—such as policing, incarceration, and discriminatory health care—that further entrench cycles of harm. Reframing substance use and violence as structural and historical phenomena challenges these narratives and calls for community-led, culturally grounded interventions that promote healing through cultural revitalization, relational accountability, and Indigenous values of aloha (love, respect), pono (balance, harmony, and kuleana (responsibility). Nursing education and health systems must integrate historical and cultural safety frameworks to address both interpersonal and institutional harms.

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Feasibility of Coach Mpilo to Support Men's HIV and TB Treatment Adherence

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Background: In Arizona, the HIV cases are higher among men compared to women. The overall statewide portion of new HIV/AIDS cases in Arizona were in men (86%), with only 62% virally suppressed. An intervention is needed to address men's treatment outcomes. We tailored the Coach Mpilo (CM) program into a peer-support HIV treatment support intervention for men in South Africa. Male peers (coaches) with successful HIV outcomes are trained in motivational interviewing to guide men (players) in their treatment journeys. Coaches leverage their TB-HIV experiences in forms like photovoice to support and honor players. CM mirrors TB-HIV clinical visits with weekly then monthly 1:1 session with a player. Based on successful feasibility outcomes, we will tailor it for men in Arizona.
Objective: To assess the feasibility of Coach Mpilo intervention for men initiating and adhering to HIV treatment in Arizona, a study in progress.
Methods: We will conduct a one arm pilot study of CM to assess feasibility and preliminary impact on HIV outcomes for men in Arizona. Using clinic-based recruitment, men will be screened and then consented into the study. Coaches will meet with players weekly for one month then monthly afterward for 6 months. Feasibility surveys and interviews were completed in 2- and 6-months with clinical chart review. Qualitative interview data were analyzed using a thematic approach; quantitative data were analyzed using univariate statistics.
Results: The Coach Mpilo pilot test has begun with the men in Arizona with expected results showing high retention, acceptability, and treatment adherence given the outcomes from South Africa. In that study, men 20-60+ years of age were randomized into CM (n=31, 55%) and standard of care (SoC) (n=25, 45%); most lived with family or partners in CM (81%) and SoC (64%). Increased CM acceptability was reported from 2 months (88%) to 6-months (100%). Player retention was high, with 83.3% of CM sessions completed. Missed clinical visits were 10% lower in CM compared to standard of care. Players valued CM sessions that linked to clinic visits for convenience and privacy and responded to their needs. Coach professionalism and knowledge boosted player trust.
Conclusion: Coach Mpilo is potentially highly feasible and may be a model intervention for men to support their HIV outcomes, that may in turn build their health self-efficacy and empowerment. Similar CM findings may be found with heterosexual men in Arizona where low HIV viral suppression rates continue. Coach Mpilo is designed to support men to see that they can adhere to their treatment by strengthening their self-efficacy in doing so through peer support.

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CROSS-CULTURAL & GLOBAL HEALTH

From Discrimination to Depression: The Roles of Sleep and Mindfulness in Thai PLHIV

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Aims: This study aimed to quantitatively evaluate the moderating effect of mindfulness and the mediating effect of sleep disturbances on the relationship between discrimination and depressive symptoms among People Living with HIV (PLHIV) in Thailand.
Background: Thailand remains among the countries with the highest HIV prevalence in the Asia-Pacific region, and a significant proportion of people living with HIV (PLHIV) who experience depression also report frequent sleep disturbances. Sleep-related problems are common in this population, with higher rates of depression closely linked to increased prevalence of self-reported sleep issues. While the impact of depressive symptoms on sleep has been well established in the general population—with evidence suggesting a bidirectional relationship—growing research highlights the potential benefits of dispositional mindfulness on sleep quality. Notably, mindfulness has been shown to moderate the relationship between discrimination and depressive symptoms and may similarly buffer the direct impact of discrimination on sleep. Mindfulness-based stress reduction interventions for PLHIV have demonstrated promising health benefits, suggesting that enhancing mindfulness could be a valuable strategy to address both mental health and sleep disturbances in this vulnerable group.
Methods: This research utilized cross-sectional data from 320 participants recruited for a stigma-reduction intervention targeting PLHIV in Thailand. Eligible participants were HIV-positive adults residing in Thailand, aged 18 years or older. Data collection occurred from summer 2023 through spring 2024, using interviewer-administered surveys via the REDCap platform. Analyses employed moderated mediation path modeling with model eight of the PROCESS macro in SPSS, assessing the relationship between average scores for discrimination (predictor), mindfulness (moderator), and sleep quality (mediator), with depressive symptoms as the outcome.
Findings: Findings demonstrated that sleep disturbances significantly mediated the association between discrimination and depressive symptoms. Both discrimination and sleep disturbances were strongly linked to heightened depressive symptoms. While mindfulness was negatively correlated with depressive symptoms in bivariate analyses, it did not significantly moderate associations in the full model. These results align with prior research suggesting mindfulness may improve sleep and mental health. Sleep disturbances emerged as a key mediating pathway for the impact of discrimination on mental health outcomes among PLHIV in Thailand.
Conclusions: This study highlights the importance of sleep disturbances in the development of depressive symptoms among Thai PLHIV exposed to discrimination and underscores the need for targeted interventions to address the mental and behavioral health burden in this population. These results underscore the urgent need for comprehensive, targeted interventions that address both sleep health and mental well-being within this vulnerable population. By recognizing and intervening on the interconnected pathways between discrimination, sleep disruption, and depression, healthcare providers and policymakers can more effectively reduce the mental and behavioral health burden faced by Thai PLHIV.

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Gender, TB and HIV-Related Stigma and Mental Health Outcomes in Botswana

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Purpose: Tuberculosis and HIV are leading infectious causes of illness and death globally, especially in low and middle-income countries including Botswana. Both diseases are highly stigmatized, and co-infection can result in intersectional stigma worsening mental health outcomes (depression and anxiety). Meanwhile stigma may be experienced differently by gender due to varying gender roles, expectations and inequalities. This study aimed to examine the associations between TB and HIV-related stigma and mental health outcomes, and to assess whether gender moderates these relationships among people newly diagnosed with TB in Botswana.

Methods: Individuals newly diagnosed with TB were recruited from 12 health centers in Gaborone, Botswana. Data were collected through questionnaires administered via face-to-face interviews. Depression, anxiety, TB-related Stigma (from patient and community perspectives) and HIV-related Stigma were assessed using PHQ-9, the ZUNG Self-Rating Anxiety Scale, the Van-Rie TB-related Stigma Scale and HIV-related Internalized Stigma Scale, respectively. Association between mental health outcomes and TB and or HIV-related stigma was examined using linear regression models. Moderation analysis was done by using interaction terms to test whether the association between stigma and mental health outcomes was moderated by gender.

Outcomes: Among 180 participants with TB included in the study, 64 (35.6%) were women and 99 (55.0%) had HIV. The association between depression and stigma (TB-related stigma from patient perspective, TB-related stigma from community perspective, HIV-related stigma) did not reach statistical significance after adjusting for confounders ($\beta = 0.12$, $p = 0.065$; $\beta = 0.03$, $p = 0.7$; $\beta = 0.07$, $p = 0.4$, respectively). Similarly, the regression models for anxiety and stigma (TB-related stigma from patient perspective, TB-related community perspectives, HIV-related stigma) also showed no evidence of association from the multivariate regression models ($\beta = 0.04$, $p = 0.7$; $\beta = -0.11$, $p = 0.4$; $\beta = 0.24$, $p = 0.14$, respectively). Food insecurity consistently showed a positive association with both depression and anxiety scores whereas male gender was associated with lower depression and anxiety. There was no evidence of gender moderation for the association between mental health outcomes and the various stigma types.

Conclusion: We found no association between either TB or HIV-related stigma and mental health outcomes after adjusting for confounding. Moreover, our study suggests that gender does not moderate the association between TB and or HIV-related stigma and mental health outcomes. We recommend conducting further studies with larger sample sizes to explore the nature of the relationship between mental health outcomes and TB or HIV-related stigma among patients with TB. Limitations include lack of data on other related factors such as social support and coping strategies that may moderate this relationship. We also recommend that TB programs should be strengthened and extended to address food insecurity as well as other financial and material needs of people with TB and/or HIV. Gender specific strategies may be needed to address the more severe mental health outcomes among women with TB.

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Providers' Perspectives on Mental Health in West African Neonatal Intensive Care Wards

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Background: Mental health is a critical aspect of pregnancy and the postpartum period. Globally, the mental health of postpartum people, families, and providers has been identified as a key focus in neonatal intensive care environments, such as neonatal intensive care units (NICUs) and special care baby units (SCBUs). Within West Africa, mothers and families with infants in NICUs and SCBUs report experiencing financial, educational, emotional, and other stressors. However, questions remain regarding providers' perspectives on their own mental health and that of their patients in such settings in West Africa.
Purpose: The purpose of this scoping review was to describe and critique the literature on providers' understandings and experiences of mental health, both their own and that of mothers and families, in West African neonatal intensive care wards.
Methods: This scoping review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRIMSA-ScR) guidelines. A PICo-based search strategy was used to identify peer-reviewed articles published in English in PubMed, Embase, Web of Science, PsycINFO, and CINHAL. The search string included keywords for West African countries and NICUs/SCBUs. There were no limits on publication dates. The first author conducted the title/abstract and full-text screenings. Key variables (e.g., country, study design, providers' perspectives on themselves and their work) were extracted using Covidence and displayed in a table in Microsoft Word. The Joanna Briggs Institute Critical Appraisal Tools and the Mixed Methods Appraisal Tool were used to assess the quality of included studies.
Findings: Ten independent studies were analyzed in this review. All but one study came from Ghana. Eight studies were qualitative, and two were quantitative. Four of the 10 individual studies were conducted by the same first author. Only two studies were framed in mental health-related terms (i.e., bereavement). Two major findings related to providers themselves were that (i) they reported facing overwhelming feelings, burnout, and a lack of resources, thus necessitating structural changes and mental health support, and (ii) their counseling and communication with mothers and families support their mental health. Providers' perspectives about the mental health of mothers and families included that (i) mothers and families experience stress, anxiety, psychological strain, and grief, and (ii) families need psychological, staff, and system support. The studies had sufficient conclusions based on the presented data, and they used quotes to represent participants' voices. However, the studies were that they lacked reporting on philosophical perspectives and researcher reflexivity.
Conclusions/Implications: The results show that there are psychological and resource stressors experienced in West African neonatal intensive care settings among providers, mothers, and families. A large gap is the lack of research into providers' meanings of mental health, which should be explored. This review also shows that there needs to be more mental health-specific research in the context of West African neonatal intensive care wards that is: (i) rigorously collected and analyzed from multiple countries and perspectives, (ii) analyzed through lenses of power and oppression, and (iii) informed by historical contexts, policy analyses, and researcher reflexivity.

CV DISEASE

Increasing Repeat Blood Pressure Compliance Rates in a Primary Care Clinic

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Purpose/Aims: The purpose of this quality improvement (QI) project is to increase repeat blood pressure (BP) measurement compliance for patients with an initial BP ≥140/90 mmHg at a primary care clinic by utilizing visual cues and patient education. The goal is a 40% improvement in repeat BP measurement compliance over four months, aligning with Medicare Shared Savings Program (MSSP) and value-based care quality measures.
Rationale/Background: Hypertension is the leading global cause of morbidity and mortality, significantly increasing the risk of cardiovascular disease, stroke, renal failure, disability, and premature death. Accurate BP measurement is essential for the accurate diagnosis, management, and treatment of hypertension. Studies have shown that when an initially elevated BP (≥140/90 mmHg) is re-checked, more than 30% of repeat measurements fall within the normal range. The 2017 American College of Cardiology and American Heart Association hypertension clinical practice guidelines recommend taking at least two blood pressure measurements, at least 1-2 minutes apart, in the clinical office setting. Despite this, repeat BP compliance for initial BPs of ≥140/90 mmHg has remained low at a Providence primary care clinic.
Methods/Approach: This project is being completed at a small primary care clinic located in the Pacific Northwest. Guided by the Theory of Planned Behavior to address medical assistant (MA) behavioral determinants and the Plan-Do-Study-Act (PDSA) model for iterative evaluation, this project implements a dual-component "2nd BP Bundle" intervention that includes visual cues and patient education to increase repeat blood pressure compliance rates. After training the clinic's MA staff on the project intervention components, four monthly PDSA cycles will be completed (August–December 2025). Weekly repeat blood pressure compliance rates will be tracked and analyzed using descriptive statistics, while monthly MA questionnaires and biweekly interviews will evaluate behavioral and contextual factors. Findings from these analyses will inform intervention adjustments following each PDSA cycle.
Outcomes: Incremental pre- and post-intervention comparisons will assess changes in repeat BP compliance rates over time, with the first month's data demonstrating a 23.2% increase in compliance rate. Feedback from the initial MA questionnaire responses highlighted opportunities to refine the intervention to strategically address key components of the Theory of Planned Behavior: subjective norms and perceived behavioral control. Final project outcomes will be available by 12/26/2025.
Conclusions: This DNP QI project addresses the significant clinical issue of accurate hypertension diagnosis and management by standardizing repeat BP measurement practices in the primary care setting. The implementation of visual cues and patient education within a structured PDSA framework is expected to substantially improve repeat BP compliance rates, ultimately contributing to better patient hypertension management and outcomes.

CV DISEASE

Prevalence of Volume Overload in Adults with Heart Failure and Dysphagia

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Purpose/Aim: The aim of the study described is to investigate the association between dysphagia and volume overload in adult heart failure patients, particularly understanding the prevalence of volume overload among individuals with and without dysphagia.
Background: Dysphagia, or difficulty in swallowing, is a common complication in adults with heart failure, affecting approximately 20% of this population. Dysphagia and volume overload are clinically significant conditions that may co-occur, particularly in populations with cardiovascular comorbidities.
Methods: In this cross-sectional study, we assessed the prevalence of volume overload in patients with and without dysphagia and volume overload. Prevalence ratios with confidence intervals were calculated to evaluate the strength and significance of the association.
Outcomes: Within this cohort of 25,068 individuals, 5,270 (21%) were diagnosed with dysphagia, while 19,798 (79%) did not have dysphagia. Individuals affected by dysphagia exhibited approximately a 27% higher prevalence of volume overload compared to those without dysphagia. Notably, the relative risk of volume overload associated with dysphagia demonstrated an increasing trend with advancing age. Furthermore, the association between dysphagia and volume overload was more pronounced among females, individuals identifying as non-Hispanic or non-Latino, and persons of Asian descent.
Conclusions: This study demonstrates a significant association between dysphagia and increased prevalence of volume overload in adults with heart failure. These findings suggest that dysphagia may serve as an important clinical marker for volume overload in heart failure patients, highlighting the need for heightened clinical awareness and targeted monitoring in specific demographic subgroups. Early identification and management of dysphagia in this population could potentially improve volume status assessment and overall patient outcomes.

CV DISEASE

Quality Improvement: Referral Algorithm for Team-Based Care of Blood Pressure Control

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Purposes/Aims: This quality improvement (QI) project evaluates a referral algorithm designed to provide clinical decision-support for nurses conducting hypertension follow-up visits. This QI project aims to promote standardized, guideline-aligned care, and nurse-driven deployment of team-based care (TBC) to improve blood pressure (BP) control.

Rationale/Background: Hypertension affects nearly half of U.S. adults. Three-quarters of those diagnosed have uncontrolled hypertension, and one-third remain untreated. Uncontrolled hypertension increases the risk of heart disease and stroke, resulting in billions of dollars in annual healthcare costs. Underlying causes of uncontrolled hypertension are multifactorial. Most patients require both lifestyle modifications as well as pharmacologic therapy to achieve BP control. While a large body of research recommends a TBC approach to support BP control, approaches to implementing TBC in the primary care setting can vary widely. This highlights differences in local resources, staffing models, and practice culture.

Brief Description of the Framework/Best Practice/Methods: This QI project utilizes a mixed methods design to measure the impact of the intervention on staff knowledge, primary care team dynamics, TBC for hypertension management, and patient outcomes. Guided by the theory of Organizational Readiness for Change (ORC) and the Kirkpatrick Model of Evaluation, this project aims to strengthen team readiness, foster a shared mental model of nurse-driven TBC, and assess whether education about the algorithm leads to changes in referral patterns and improved BP control. The referral algorithm builds on an existing nurse visit protocol for hypertension follow-up by adding clear clinical parameters to engage the integrated care team (ICT) (i.e., behavioral health specialists, care management, and clinical pharmacists). The existing protocol includes standing orders for ICT referrals but lacks guidance on when to engage each team member. Through interprofessional collaboration, consensus was reached to align ICT activation with risk stratification from the 2025 American Heart Association (AHA) and 2024 European Society of Cardiology (ESC) hypertension clinical practice guidelines.

Nurses will utilize the referral algorithm during hypertension follow-up visits to guide nursing interventions and referral pathways for one month. Changes in perception of team-dynamics and TBC management of hypertension will be evaluated through pre- and post-implementation surveys. Process measures include the number of nurse protocol visits completed and number of ICT referrals ordered. Outcome measures include mean reduction in systolic blood pressure (SBP) and diastolic blood pressure (DBP), as well as proportion of patients achieving BP control per HEDIS guidelines (SBP $\leq$ 140 and/or DBP $\leq$ 90) within 3 months of the initial nurse protocol visit.

Assessment of Findings/Outcomes Achieved: The project is currently in progress with final data analysis expected in January 2026.

Conclusions: This project will provide data on the integration of clinical decision-support tools to optimize nurse-driven deployment of TBC for blood pressure control. Examining the relationship between primary care team dynamics, referral patterns to the ICT, and rates of blood pressure control will also inform best practices for hypertension management and strengthen interdisciplinary collaboration.

Reduce Inappropriate Cardiac Stress Tests by Adherence to Educational Guidelines

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Purpose: This quality improvement (QI) project aimed to educate primary care providers on the various indications and contraindications for nuclear and non-nuclear cardiac stress testing in the outpatient setting. The goal was to improve patient outcomes by ensuring appropriate stress tests and timely follow-up care.

Background: Cardiovascular disease accounts for one in every three deaths in the United States, with coronary artery disease (CAD) responsible for over half of all cardiovascular events in adults under 75. While cardiac stress testing is essential for detecting CAD, an estimated 5% to 25% of cardiac imaging tests are performed for inappropriate indications, leading to unnecessary costs, radiation exposure, and potential patient harm. Determining which test is suitable requires sound clinical judgment, adherence to evidence-based guidelines, and thorough evaluation of the patient's clinical condition. Appropriately ordering cardiac stress tests minimizes unnecessary harm and ensures the most accurate care.

Methods: A pre-implementation chart audit revealed that 4-13% of stress tests required modifications due to inappropriate orders, indicating an opportunity to enhance provider knowledge through targeted education. Using the Plan-Do-Study-Act (PDSA) cycle approach, a 30-minute educational intervention was delivered to four primary care providers. The intervention included a PowerPoint presentation covering types of cardiac stress tests, their indications and contraindications, and clinical decision-making guidelines based on American College of Cardiology Appropriate Use Criteria. A flowchart algorithm tool was provided to guide test selection based on patient symptoms, clinical status, and electrocardiogram findings. Pre- and post-intervention surveys assessed provider knowledge, confidence, and likelihood of incorporating the educational materials into practice. A four-week post-implementation chart audit evaluated the appropriateness of stress test orders from providers who received the intervention.

Results: Significant improvements were observed across all measured outcomes. Provider understanding of different cardiac stress test types increased from 50% agreement pre-intervention to 100% agreement or strong agreement post-intervention. Confidence in selecting appropriate tests grew from 25% to 75% agreement or strong agreement. Knowledge of contraindications for treadmill and pharmacological stress testing improved markedly, with 100% of providers reporting agreement or strong agreement after intervention compared to 25% before. Confidence in interpreting national guidelines rose from 0% agreement to 75% agreement or strong agreement. All providers (100%) indicated they would incorporate the flowchart into their clinical practice and believed the education would help reduce inappropriate stress test orders. Post-implementation chart audit of eight stress test orders over four weeks revealed seven (87.5%) were appropriate, with only one requiring cardiologist guidance for modification.

Conclusion: This quality improvement project demonstrates that targeted provider education and practical decision-support tools can significantly enhance primary care providers' knowledge, confidence, and clinical decision-making regarding cardiac stress testing. By promoting adherence to evidence-based guidelines, this intervention can potentially reduce unnecessary patient risks, diagnostic delays, and healthcare costs while improving workflow efficiency and patient outcomes.

Social Factors Influencing Symptoms and Quality of Life in Atrial Fibrillation

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Background: Despite advances in the management of atrial fibrillation (AF), many individuals experience significant symptom burden and reduced quality of life (QOL). Social factors, such as social support, living situation and social roles, are key determinants of QOL. However, their influence on the symptom and QOL experience in AF is poorly understood, and little is known about whether women and men with AF differ in the type and experiences of support received.
Purpose: To explore the perception of social factors and their impact on symptoms and QOL among women and men for whom AF ablation is pending.
Approach: This qualitative study was conducted in a subsample of participants (N=23) from a larger study that enrolled pre-ablation AF patients at a large academic medical center in the Pacific Northwest. This subsample included participants with high AF symptom burden, defined as an Atrial Fibrillation Symptom Severity score ≥ 12 (approximately 1 standard deviation above the pre-ablation population mean; scale 0–35). These participants completed a semi-structured telephone interview that inquired about their perceptions of the links between symptom burden, QOL, and specific social factors including perceived social support (emotional, informational, and instrumental), sources of support, current living situation, and social roles. The interviews were audio-recorded and transcribed verbatim. Two independent reviewers coded the transcripts using Atlas.ti software, with agreement between coders reached through discussion and consensus. Using inductive thematic analysis, key themes described by participants will be derived. An audit trail has been maintained to ensure methodological rigor. The emerging themes and subthemes will capture participants' perceptions of the relationships between social support, AF symptoms, and QOL. Comparisons will be made based on the thematic concordance/discordance described by women and men participants.
Outcomes: Twenty-three adults (8 women, 15 men) with highly symptomatic AF (mean AFSS symptom score: 18.6 ± 4.6) completed the interview. In this subsample, participant mean age was 66.9 ± 12.6 years (range 36–84), 91.3% were White, 62.5% were married or in a domestic partnership, 69.6% had a college degree or higher, and 69.6% were retired. Seven participants (30.4%) lived alone, while 16 participants (69.6%) lived with others in the household. Twelve participants (52.2%) had paroxysmal AF and 11 (47.8%) had persistent AF. Currently, data analysis is ongoing. Themes will be finalized prior to the conference. A thematic framework will be created to describe how social support influences AF symptoms and QOL, as well as summative analysis of themes between women and men.
Conclusion: This study is one of the first qualitative studies to capture and detail patient perspectives on how elements of social support shape AF symptom experiences and QOL, with nuanced insights into the differences between women and men. By integrating gendered perspectives through a social–contextual lens, the findings will generate insights into the interpersonal and emotional dimensions of the AF symptom experience.

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DIABETES

A Clinical Tool to Improve Monitoring of Chronic Kidney Disease in Diabetes

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Purpose: This project was designed to improve the monitoring and screening of chronic kidney disease for patients with diabetes by implementing a clinical decision support tool (CDS) to increase the collection rates of the urine albumin-creatinine ratio (uACR) at a primary care clinic in Coeur d'Alene, Idaho.

Background: Albuminuria is the most specific marker of kidney damage and is measured by the uACR collected via urine sample. Clinicians use the results from the uACR in conjunction with the estimated glomerular filtration rate (eGFR) to stratify the risk for adverse events associated with chronic kidney disease (CKD), initiate pharmacotherapy, and refer patients to nephrology. CKD is currently the 11th leading cause of death and suffering worldwide. In 2023, CKD affected more than 37 million Americans, or roughly 1 in 7 individuals. This project was conducted in Kootenai County, Idaho, where the prevalence of CKD is 3.3%, higher than the national average of 3.1%. The American Diabetes Association (ADA) and Kidney Disease Improving Global Outcomes (KDIGO) recommend annual screening for microalbuminuria via the uACR for patients with diabetes. Despite best practice recommendations, uACR testing is often missed in primary care. Without routine uACR monitoring, clinicians may miss early signs of CKD progression, leading to delays in care and an increased risk of complications. To address this gap, a primary care clinic in Coeur d'Alene, Idaho, began tracking the uACR collection rate in January of 2024. Initial uACR completion rate was 3.8% and increased to 34% by September; however, this remained well below the target rate.

Methods: A CDS tool informed by best-practice recommendations from the ADA/KDIGO was implemented at a primary care clinic in Coeur d'Alene, ID, in August of 2025. This tool is a standardized order set called the Kidney Profile and includes the uACR, eGFR, and KDIGO heat map for risk stratification. The Kidney Profile enables clinical staff to work autonomously, thereby promoting uACR collection rates. Clinical staff received 30 minutes of in-person education on the role the uACR has in monitoring/screening for CKD, patient criteria for uACR collection, and instructions for using the Kidney Profile within the electronic health record (EHR). A pre- and post-test Likert-style survey informed by Albert Bandura's Self-Efficacy theory was administered to measure the clinical staff's confidence in ordering the uACR. The PDSA cycle framework will be employed to collect information on barriers and successes to the implementation of this intervention and inform necessary changes.

Results: This project is currently in the implementation phase. Data collection encompasses uACR order and completion rates, along with aggregated data from the pre- and post-test surveys completed by staff. Outcomes will also include thematic analysis of the qualitative responses from the surveys.

Conclusion and Future Implications: If this project is successful, then the order set will be permanently integrated within the clinic's workflow. Evidence from the literature suggests that the next step to improve CKD screening and monitoring in patients with diabetes is to implement an EHR alert that notifies staff when a patient is due for uACR collection.

DIABETES

Barriers & Nurse Attitudes on Inpatient CGM/Insulin Pump Use Evaluation

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Purposes/Aims: Evaluate bedside nurses' confidence, role clarity, and perceived workflow barriers related to continuing patients' personal continuous glucose monitors (CGMs) and insulin pumps during hospitalization; describe unit-level glycemic outcomes (hypo-/hyperglycemia) associated with device continuation vs discontinuation; and assess documentation trends relative to the Diabetes Technology Management–Inpatient guideline.

Rationale/Background: Personal CGMs and insulin pumps are increasingly present at admission, yet inpatient integration varies across units. Evidence suggests continuation can improve safety and efficiency when supported by clear policy, documentation, and education. MultiCare permits eligible patients to continue using devices; however, the consistency of implementation and nurses' confidence with policy and workflows are unknown. Understanding frontline perspectives and outcome trends will guide targeted improvements in safe inpatient diabetes technology management.

Brief Description of the Undertaking/Best Practice: Approach/Framework: Guided by pragmatism and the CDC Program Evaluation Framework, the project engages frontline nurses and stakeholders to describe workflows, barriers, and outcomes within routine operations. Setting/Participants: Adult inpatient medical–surgical units at Auburn Medical Center (MultiCare). Participants are bedside nurses; patient data are aggregated and de-identified. Methods/Process & Measurement: (1) Anonymous electronic nurse survey assessing confidence, role clarity, policy familiarity, and perceived barriers (Likert + open-ended). (2) Unit-reported glycemic events comparing patients with personal device continued vs discontinued: hypoglycemia <70 mg/dL; hyperglycemia >180 mg/dL. (3) Documentation patterns aligned with the institutional guidelines. Analysis: descriptive statistics; brief thematic coding; between-group comparisons of proportions as available.

Assessment of Findings/Outcomes Achieved: In progress. Survey distribution (Oct–Nov 2025); unit outcomes through Dec 2025. Analyses planned Jan–Mar 2026. The poster will report nurse confidence/role clarity and barrier themes; device continuation patterns; and hypoglycemia/hyperglycemia frequencies for continued vs discontinued groups, as available.

Conclusions: The evaluation will clarify nurses' confidence and barriers, reveal how consistently the inpatient guideline is implemented, and describe glycemic trends associated with device continuation. Findings will inform pragmatic recommendations for workflow alignment, documentation, and staff support to enhance safe, patient-centered inpatient diabetes technology management. Next steps include targeted education and process refinements based on identified gaps.

DIABETES

Blending Digital and Traditional Diabetes Education for Vietnamese Patients

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Purpose: The purpose of this Doctor of Nursing Practice quality improvement project is to enhance culturally tailored Type 2 Diabetes Mellitus (T2DM) education for Vietnamese speaking patients by integrating culturally appropriate education materials in a digital platform and handouts into the clinic workflow. The project aims to improve consistency in delivering culturally sensitive education and increasing patient engagement with educational resources.
Background and Significance: Vietnamese Americans experience disproportionately high rates of T2DM. Healthcare costs for individuals with T2DM are 2.6 times higher than for those without the condition, largely due to its complications such as heart disease, stroke, kidney failure, and amputations. Culturally appropriate health education has been shown to significantly improve glycemic control and diabetes knowledge among ethnic minorities. Providers at a community-based clinic in Southern California, where Vietnamese patients comprise over 20% of the daily caseload, have expressed a need for alternative approaches to diabetes education due to time constraints and limited resources.
Method: This project will be implemented at a community-based endocrinology clinic over a 10-week period. All providers and staff, will be invited to participate. The intervention consists of a bilingual, English and Vietnamese, diabetes education website and revised handouts designed by the project lead covering key diabetes self-management topics. Educational contents are written in a fifth and sixth grade reading level and include simple visuals, case examples, and videos. These resources will be integrated into the new clinic workflow, in which the front desk staff will distribute QR code cards for the website to Vietnamese patients with T2DM, medical assistants will provide handouts in patients' preferred languages upon rooming, and providers will recommend patients to review both written and digital materials. Staff and providers will receive training on the new workflow and educational materials prior to implementation. Consistency in delivering culturally sensitive education will be measured by the percentage of patients receiving a QR code card, handouts, and a provider recommendation. It will be tracked weekly through self-reports from all staff and providers. Patient engagement in educational resources is defined as reading handouts, reviewing website, or willingness to follow the recommendations provided in the educational materials. It will be measured using three questions via a survey link embedded at the bottom of the website main page. Patients will be asked to complete the survey once while browsing the website. Ease of integration of the new workflow will be assessed at the end of the project using two close-ended questions. The project lead will conduct weekly site visits to monitor progress and ensure consistent implementation. Data will be analyzed using descriptive statistics, with all information de-identified and securely stored in accordance with institutional and clinic policies.
Outcomes: The project anticipates increased consistency among staff in delivering culturally sensitive diabetes education and improved patient engagement with educational resources.
Conclusions: The project may provide insights into the benefits of creating a new workflow that incorporates culturally appropriate diabetic education through a digital platform and handouts in a busy specialty clinic.

DIABETES

Culturally Tailored Outpatient Case Management Program for Filipino Americans with DM

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Purpose: The purpose of this project is to evaluate the effectiveness of a six-week culturally tailored outpatient case management program, compared to usual care, in addressing sociocultural factors influencing self-management among Filipino American adults with type 2 diabetes mellitus (T2DM), with the goal of improving patient activation, medication adherence, and glycemic control.
Background: T2DM is a prevalent and costly condition that requires ongoing and complex self-management behaviors. Filipino Americans experience disproportionately high burden of T2DM and face elevated risk even at lower body mass index thresholds compared to other groups. Deeply rooted cultural values such as pakikisama (social harmony), hiya (shame), and tiwala (trust) strongly shape health behaviors, serving as both barriers and facilitators to adherence. Yet, standard diabetes self-management and education (DSMES) programs rarely address these sociocultural factors, contributing to persistent disparities in T2DM outcomes among Filipino Americans. Although evidence shows that culturally tailored DSMES improves outcomes in minoritized populations, few interventions have been designed and evaluated specifically for Filipino Americans. This gap highlights the need for culturally grounded approaches to support diabetes self-management in this community.
Brief Description of the Undertaking/Best Practice: Grounded in Pender's Health Promotion Model, this project will test a six-week hybrid (in-person and telehealth) case management program tailored for Filipino American adults. About 20-30 participants will be recruited from an outpatient clinic serving a predominantly Filipino American population. Weekly sessions will address sociocultural influences on self-management by offering bilingual DSMES, culturally adapted nutrition counseling that reflects Filipino food traditions, medication management, individualized activity planning that incorporates family roles and support systems, and family engagement strategies designed to strengthen pakikisama, overcome hiya, and value tiwala in health-promoting ways. Iterative improvement will follow the Plan-Do-Study-Act (PDSA) framework. Outcomes will include patient activation measured with the Patient Activation Measure (PAM-13), medication adherence with the Morisky Medication Adherence Scale (MMAS-8), and glycemic control measured by HbA1c values extracted from the electronic health record at baseline and 8-12 weeks post-enrollment. Feasibility, cultural acceptability, and sustainability will also be evaluated through participant satisfaction, family engagement, and attendance patterns.
Assessment of Findings: Participants are expected to show higher levels of patient activation on the PAM-13, and improved medication adherence scores on the MMAS-8. Clinically meaningful reductions in HbA1c of at least 0.5% are anticipated after 12 weeks. Strong family participation, high satisfaction, and consistent attendance will provide evidence of the feasibility, cultural acceptability, and sustainability of the program.
Conclusions: This project is expected to demonstrate that a culturally tailored outpatient case management program can improve activation, adherence, and glycemic outcomes for Filipino Americans with T2DM. Findings will inform clinic workflows by embedding bilingual DSMES, telehealth reinforcement, and family-centered strategies into routine diabetes care. Next steps include scaling the intervention across multiple sites, evaluating long-term sustainability, and advocating for reimbursement models and resource allocation that support culturally responsive case management. Broader research should test the intervention in larger, more diverse samples, integrate mobile health tools, and assess cost-effectiveness to guide system-wide adoption.

Diabetes Fatalism, Self-Efficacy, and Self-Management Among Arab Americans

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Purpose: Research among African American, Asian, and Latino populations has explored the impact of diabetes fatalism and self-efficacy on self-management behaviors, revealing how fatalistic beliefs may hinder engagement in care. However, limited research has explored these psychosocial factors among Arab Americans (AAs), a growing but understudied U.S. ethnic group. While studies on other minorities offer insight into cultural influences on diabetes outcomes, a gap remains in understanding how these beliefs shape diabetes management in AAs. The purpose of this study is to examine relationships among sociodemographic and clinical factors, diabetes fatalism, self-efficacy, and self-management in AA adults with type 1 or type 2 diabetes. Findings will inform culturally tailored interventions to improve self-care and reduce disparities.

Background: AAs experience disproportionately high rates of diabetes and complications yet remain underrepresented in diabetes research. Cultural beliefs such as fatalism, the perception that health outcomes are predetermined, may reduce motivation for self-care, while self-efficacy, or confidence in one's ability to manage diabetes, predicts better self-management. This study is guided by the Health Belief Model (HBM), which proposes that health behavior is influenced by perceived susceptibility, severity, benefits, and barriers. Within this framework, fatalism represents a perceived barrier, while self-efficacy promotes engagement in self-care. Examining these constructs within AA cultural contexts, where religious and familial values shape health beliefs, offers opportunities to design interventions that are culturally and linguistically congruent.

Methods: A descriptive cross-sectional design is used to examine relationships among diabetes fatalism, self-efficacy, and self-management. A convenience sample of approximately 100 adults (aged 18 years or older) diagnosed with type 1 or type 2 diabetes is currently being recruited for this study. Inclusion criteria include AA adults who speak English or Arabic; individuals with gestational diabetes or cognitive impairment are excluded. Data collection is in progress in a community health center in Southern California serving a predominantly AA population.
The study received institutional review board approval, and all participants provided written informed consent before data collection. Participants complete three validated paper-based surveys in English or Arabic: The Demographic Questionnaire, Diabetes Self-Management Questionnaire (DSMQ/A-DSMQ), and Diabetes Fatalism Scale (DFS/DFS-Ar). For participants unable to read or write, the Principal Investigator (PI) administers surveys verbally. Surveys are de-identified and stored securely. Descriptive statistics will summarize sample characteristics, and correlational analyses will examine associations among diabetes fatalism, self-efficacy, and self-management behaviors.

Assessment of Findings: (Work in Progress) Data collection is ongoing. Early recruitment shows strong community engagement, aided by bilingual materials and the PI's cultural familiarity. The study will explore associations between diabetes fatalism, self-efficacy, and self-management, with direction and strength of relationships yet to be determined.

Conclusions/Implications: Understanding how diabetes fatalism and self-efficacy interact to influence self-management among AAs will inform culturally responsive nursing interventions and education. Findings will support diabetes programs that reduce cultural barriers, strengthen self-care behaviors, and advance health equity. Future work includes developing community-based initiatives grounded in HBM that integrate culturally specific cues to action to enhance engagement in diabetes self-management.

DIABETES

Diabetes Prevention Efforts in Arizona: How Do Organizations Consider Social Needs?

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Purpose: Type 2 diabetes (T2D), the eighth leading cause of death in the United States, is a major public health priority. Lifestyle interventions can delay or prevent T2D, yet engagement in prevention programs remains low, particularly among individuals facing unmet social needs such as food and housing insecurity. In Arizona, where T2D, prediabetes, and social needs are highly prevalent, Latinos face elevated risks compared to Non-Latino Whites. Community organizations deliver T2D-related services across Arizona, yet many are not affiliated with healthcare systems that require social needs screening. This study examined how community organizations delivering diabetes prevention services screen for and address unmet social needs, while taking into consideration the needs of Latino populations.

Methods: A mixed-methods sequential explanatory design was used. Phase 1 surveyed representatives from Arizona community organizations delivering T2D-related services (n=26) about priority social needs affecting their communities and organization referral practices. Phase 2 involved qualitative semi-structured interviews (n=13) exploring screening and referral approaches, barriers and facilitators to resource uptake, Latino-specific considerations for social needs, and organizational factors shaping consideration of social needs in diabetes prevention. Quantitative data were analyzed using univariate statistical analysis. Qualitative data were analyzed using inductive and deductive content analysis. Codes were abstracted into overarching themes by two coders.

Results: The majority of participants worked for organizations serving communities that were at least half Latino (88.5%). Healthcare was most commonly identified as the priority social risk impacting communities (46.1%), followed by food (23.1%) and housing (11.5%). When connecting community members to social needs resources, most organizations relied on external referrals (51.4%), while others reported no referrals (27.9%), internal referrals (12.6%), or uncertainty about referral options (8.1%). Screening was described as predominantly informal, often based on staff expertise and one-on-one conversations with clients as concerns arose. Barriers to client uptake of resources included stigma, transportation, technology literacy, eligibility, and misconceptions about services. Latino populations faced additional challenges, including language barriers and documentation status. Facilitators of resource uptake included trust, staff assistance (e.g., making phone calls), bilingual services, and minimizing required personal information. Organizational factors such as funding, staffing, and capacity presented barriers to offering social needs services internally. Leadership priorities and engagement with the community facilitated the ability of some organizations to offer services related to social needs. Participants emphasized the importance of developing and maintaining trusting relationships with the community to enhance the accuracy of screening and successful referral to resources. While participants described how they used creative methods when considering social needs in the context of diabetes prevention, they expressed a need for more training in supporting individuals with unmet social needs and formalized processes for social needs screening and referral.

Conclusions: Inconsistencies in social needs screening and referral highlight opportunities to strengthen diabetes prevention programming. By leveraging expertise in trust-building and holistic care, nurses are well-positioned to advance social needs integration into diabetes prevention, particularly in underserved communities.

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Diabetic Retinopathy Screening Rates in Primary Care Settings: A Program Evaluation

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Purpose/Aims: The purpose of this project is to evaluate current diabetic retinopathy screening (DRS) practices within a large community health system, identify barriers contributing to low screening rates, and collaborate with stakeholders to implement strategies for improvement. The overall goal is to reduce the risk of vision loss among patients seeking primary care within two community health centers.

Background: Diabetic retinopathy is a serious complication of diabetes caused by damage to the retinal blood vessels and is the leading cause of preventable vision loss. Early detection through routine eye screening significantly reduces this risk. Although the American Diabetes Association (ADA) provides clear guidelines for DRS, adherence to these recommendations remains suboptimal in many primary care settings, including at community health centers in Vancouver, Washington.

The two participating community health centers established a DRS protocol to improve screening rates, increase access to care, and reduce diabetes-related vision complications. However, current data show that screening rates remain below target levels, and the reasons for this gap are not fully understood. In May 2025, electronic health record (EHR) data indicated screening rates of 64% across the two community health centers. Furthermore, 330 patients at these sites did not complete recommended follow-up for DRS.

Despite existing reminder strategies, including EHR prompts, phone calls, and mailed letters, compliance with recommended DRS remains low. These findings highlight the need for a comprehensive evaluation of current practices to identify barriers and opportunities for improving DRS rates.

Methods: The program evaluation will be structured according to the Centers for Disease Control and Prevention (CDC) program evaluation framework and Theoretical Domains Framework (TDF) to inform evaluation design and implementation.

A program evaluation will assess current practices related to DRS at two community health centers within the organization in Vancouver, Washington, to identify practice gaps and areas for improvement. The evaluation will include a review of de-identified EHR data from adults aged 18 years and older diagnosed with type 1 or type 2 diabetes who are eligible for diabetic retinopathy screening. Descriptive statistics will be used to summarize retinopathy screening rates, the proportion of patients who completed follow-up appointments, and instances of missed screening opportunities. A key informant survey to assess stakeholders' willingness to implement changes will also be distributed and analyzed. Key stakeholders will include primary care providers, patient care coordinators, registered nurses, medical assistants, and health administrators. Current processes, including phone reminder systems, patient outreach workflows, and referral procedures, will be reviewed and updated as needed based on findings from the EHR analysis and key informant survey.

Assessment of Findings/Outcomes Achieved: The program evaluation is ongoing, and results are not yet available because. Data analysis is scheduled from February to March 2026. Findings will be updated to incorporate findings and interpretation in March 2026.

Conclusions and Implications: This project is ongoing, and the evaluation results have not been analyzed to date. Conclusions and recommendations for practice changes will be formulated based on the final evaluation outcomes.

Health Literacy, Social Factors & Diabetes: An Intersectional Approach

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Purpose: Type 2 diabetes affects 29 million Americans aged 20+. While diabetes self-management education and support (DSMES) can reduce A1C by 1% and lower healthcare costs, benefits depend on addressing social determinants of health. Traditional single factor analyses may miss how multiple disadvantages interact to affect self-management.
Objective: To investigate diabetes self-management among federally qualified health center (FQHC) patients using an intersectional approach, with an emphasis on the interaction between health literacy and social determinants in disadvantaged groups.
Methods: This cross-sectional study included 388 participants from six federally qualified health centers (FQHCs) in Travis County, Texas, serving low-income communities. The analysis considered how social determinants—such as language, gender, poverty, and education—interact to affect diabetes self-care. Health literacy was measured with the Newest Vital Sign (NVS), health information-seeking with the Brief Screening Instrument (BSI-HISB), and self-care with the Summary of Diabetes Self-Care Activities (SDSCA). Statistical models tested the effects of single and combined disadvantages.
Results: The average participant age was 53 years. Of the sample, 64.7% were female, and 33% completed surveys in Spanish. Over half had an annual household income under $10,000, and 41.8% had not finished high school. Most participants (82%) had limited health literacy. On average, participants performed self-care tasks about four days per week. Bivariate analysis revealed that individual demographic factors were not significantly associated with self-care. However, intersectionality (Spanish language × male gender × poverty × low education) and information-seeking behaviors correlated significantly with self-care ($r=.20$ and $r=.18$, $p<.05$). Group comparisons showed individuals with combined disadvantages had significantly lower health literacy and information-seeking behaviors than those with single factors ($p<.001$). Regression models showed that individual demographic factors accounted for only 4% of self-care variance. Adding the intersectionality factor increased explained variance to 8%, with intersectionality, health literacy, and information-seeking all significantly predicting self-care ($p<.05$). This confirmed that combined disadvantages create compounding effects not captured by examining individual factors separately.
Conclusion: Multiple disadvantages compound rather than simply add together in affecting diabetes self-management. Spanish-speaking men experiencing poverty and low education face particularly high barriers mediated through limited health literacy and reduced information-seeking. Interventions must move beyond single-factor approaches to address how social determinants interact. Health systems should implement targeted strategies that improve health literacy and promote information-seeking while recognizing the interconnected nature of social barriers. Intersectional research methods reveal disparities invisible to traditional analyses.

Funding: This study was funded by The University of Texas at Austin University School of Nursing Professorship.

DIABETES

Improving Albuminuria Screening in Primary Care: A Quality Improvement Initiative

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Background: Diabetic kidney disease (DKD) is the leading cause of end-stage renal disease (ESRD) in the United States, affecting approximately one-third of adults with diabetes. Albuminuria is a well-established biomarker for both renal and cardiovascular morbidity, including coronary artery disease, stroke, heart failure, arrhythmias, and microvascular complications. Early detection through estimated glomerular filtration rate (eGFR) and urine albumin-creatinine ratio (uACR) testing is essential for initiating timely therapeutic interventions, optimizing chronic disease management, and improving long-term patient outcomes.

Local Problem: At the project site, annual kidney health screenings (eGFR and uACR) are completed in only 72% of eligible adult patients with diabetes—falling below the 90% national benchmark established by the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) Kidney Health Evaluation (KED) measure. Identified barriers to compliance include inconsistent provider ordering practices, clinical workflow inefficiencies, and knowledge gaps regarding current screening recommendations. The lack of a standardized, system-based approach to ordering and monitoring kidney health evaluations contributes to variation in care delivery and missed opportunities for early disease identification.

Objective: The purpose of this quality improvement (QI) project is to evaluate the impact of implementing a standardized electronic health record (EHR) "DM Workup" order set, supported by a provider decision-support flowchart, on uACR screening rates among adults with diabetes in an outpatient primary care setting over a 13-week period. The project seeks to enhance adherence to evidence-based kidney screening guidelines, streamline provider workflows, and establish a sustainable model for chronic disease management within the clinical microsystem.

Methods: This 13-week QI initiative will be implemented at a primary care clinic in Orange County, California, affiliated with a large regional medical group. Participants include four primary care providers and members of the inter professional care team, including nurses, medical assistants, and quality improvement staff. The intervention involves three core strategies: (1) integration of a standardized "DM Workup" EHR order set to simplify test ordering and reduce omissions, (2) workflow redesign to improve coordination between front- and back-office teams, and (3) targeted provider education emphasizing guideline-based screening practices and documentation accuracy. A pre–post comparison design will be used to assess changes in uACR screening compliance, with data collected from the EHR and COZEVA quality reporting database. The primary outcome measure is a 10% absolute improvement in uACR screening compliance from baseline. Secondary outcomes include enhanced provider confidence in kidney health evaluation, reduction of knowledge gaps, improved team-based communication, and establishment of a consistent standard of care for albuminuria screening among patients with diabetes.

DIABETES

Recruitment of Native Hawaiians in a Convergent Mixed Methods Diabetes Screening Study

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Background: Native Hawaiian (NH) people are disproportionately affected by obesity-associated chronic diseases, such as diabetes (DM) and hypertension. Between 2019 and 2021, 12.5% of NHs were diagnosed with DM, compared to non-NH adults (8.8%) living in Hawaii. Delayed DM screening contributes to DM-related complications, poor health outcomes, and premature mortality. Native Hawaiians have expressed frustration regarding research that does not benefit the lāhui (community) and reinforces negative stereotypes. These concerns may contribute to low enrollment and a scarcity of research studies addressing DM screening among NHs.

Purpose: To describe the recruitment methods used to encourage NH participation in a study that explored the influence of historical trauma, identity (self/cultural/social), and discrimination on DM screening.

Methods: A convergent mixed-methods study was conducted to recruit NHs from June through October 2025 who met the eligibility requirements: NHs aged 18-65 without prediabetes or DM and at least one risk factor: 1st degree relative with DM, BMI ≥ 25, or physical inactivity. Recruitment employed a comprehensive, multi-pronged, IRB-approved approach, including snowball techniques, distributing flyers, and ads on private social media accounts. Study eligibility information was also distributed through community organizations, conferences, newspaper ads, and newsletters. The principal investigator (PI) is a NH and an alumnus of Kamehameha School (KS), an exclusively NH school. The PI contacted interested individuals to determine eligibility and answer any research questions. Once a connection was made, participants had the option to receive the informed consent via email or text message. The target sample consisted of 85 participants, including 15 interviews for the mixed methods data.

Results: The recruitment phase focused on community engagement and personal/private social media networks. Recruitment efforts yielded 146 completed interest forms. Conducting a brief talk story (kukākukā) session before enrollment resulted in 90 personal contacts, 87 informed consents, and 85 completed surveys. The general breakdown of enrolled participant recruitment sources was: social media, 46%; word of mouth, 36%; and community organizations, 18%. Social media (Facebook and/or Instagram) study enrollment sources were: PI personal page (n=17, 20%), KS page (n=10, 12%), You're From Kaneohe (n=6, 7%), Diaspora (n=4, 5%), and My Kailua (n=2, 2%). Enrollments from community organizations included: Puuhonua O Waianae (n=4, 5%), Paepae O He'eia (n=3, 4%), Papa Ola Lokahi (n=3, 4%), Koolaupoko Hawaiian Civic Club (n=2, 2%), Conference (Island Collaboration) (n=1, 1%), Kako'o Oiwi (n=1, 1%), Office of Hawaiian Affairs (n=1, 1%), Farmers Markets (n=0, 0%), Heeia Pier (n=0, 0%), Schools of Nursing (n=0, 0%) and retail stores (n=0, 0%).

Conclusion: Although participants were offered compensation ranging from $25 to $50, many joined to share knowledge and improve DM screening, ultimately benefiting and improving the health outcomes of the lāhui. Building relationships (pilina) through culturally grounded kukākukā sessions increased trust, accountability, and higher completion rates of surveys and interviews. Word-of-mouth referrals were strengthened during kukākukā, and many participants were recruited from individuals who recommended study participation. Successful recruitment of participants in NH communities relies on partnerships and pilina of the research team and participants.

DIGITAL HEALTH / E HEALTH / M HEALTH

A Theory Analysis of Robot Acceptance by Formal Caregivers Using the TAM

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Purpose: This paper aims to analyze the technology acceptance model (TAM) as a theoretical framework to understand the acceptance of robots by formal caregivers in older adults' care settings. It aims to critically assess TAM's explanatory power for this phenomenon and identify theoretical gaps related to relational, ethical, and emotional dimensions of caregiving.
Description: Robotic technology integration is emerging as a potential solution to address caregiver shortages and high levels of physical and emotional burden among formal caregivers. However, despite robots' ability to assist with physically demanding and repetitive tasks, caregiver acceptance remains mixed due to concerns about job displacement, ethical care boundaries, and loss of relational connection with residents. The Technology Acceptance Model, a middle-range theory developed initially to explain user adoption of technology, emphasizes two key determinants of acceptance: perceived usefulness and perceived ease of use. This work used Walker and Avant's structured theory analysis approach to assess TAM's conceptual origins, internal logic, testability, usefulness, generalizability, and limitations when applied to the formal caregiving in older adults' contexts.
Logic: The paper evaluates how well TAM captures the complexity of caregiving work, particularly in environments that prioritize compassion, trust, and ethical decision-making. While TAM offers explanatory value for predicting behavioral intention based on perceived efficiency and usability, its cognitive emphasis limits its ability to account for formal caregivers' affective responses and relational concerns. To address this gap, the paper proposes theoretical expansion through integration with caring, concepts from Swanson's Theory of Caring, which foreground the emotional and ethical nature of caregiving interactions.
Conclusion: TAM provides a parsimonious and testable foundation for examining caregiver acceptance of robotic assistance in older adult settings. However, it lacks the depth required to fully explain emotionally grounded and ethically sensitive decisions in the work of formal caregivers. Future work should expand TAM to include formal caregiver-centered constructions like trust, compassion, and ethical discomfort. This refined theory can better guide the design of training, policy, and implementation strategies that respect professional caregivers' values while optimizing robotic technologies' potential, rather than compromising the human aspects of older adults' care.
Implication for Nursing: The findings highlighted the need for caregiver-centered, ethically grounded approaches to adoption of technology in older adults' care. Nurse scientists can use this analysis to design interventions that are not only technologically feasible but also morally acceptable and emotionally supportive. This work contributes to advancing theory-based research in digital health, improving workforce sustainability, and preserving the core values of nursing in the care of older adults.

DIGITAL HEALTH / E HEALTH / M HEALTH

App-Based Insights into Subjective Memory Complaints in Older Adults

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Purpose/Aims: This study examined sociodemographic, lifestyle, and health characteristics associated with subjective memory complaints (SMCs) in older adults using large-scale, app-based survey data. We further investigated the extent to which lifestyle factors mediate associations between age, perceived stress, depression, and SMCs.

Background: SMCs are self-perceived declines in memory, often reported as difficulties remembering names or recent events despite normal cognitive testing. They represent a complex phenomenon: while sometimes reflecting benign perceptions or stress, they are consistently associated with poorer health outcomes, accelerated memory decline, and increased dementia risk. SMCs are also linked to psychological factors such as depression and stress, and to sensory health problems like hearing loss, which nearly doubles dementia risk. Importantly, healthy lifestyle factors, including physical activity, nutrition, sleep, and mental engagement, are increasingly recognized as modifiable contributors to memory health. Grounded in Biopsychosocial Model, this study views SMCs as outcomes of interacting biological, psychological, and lifestyle factors that collectively shape cognitive health in aging. Yet, the role of lifestyle in shaping older adults' subjective memory is not fully understood. Using app-based data, these links are explored to inform scalable, nurse-led preventive strategies in cognitive health.

Methods: Participants included 5,011 dementia-free adults aged 60 years and older (mean age = 69.5, SD = 6.4; 72.3% women) who completed a comprehensive Alzheimer's Risk Assessment survey within the Terrapino mobile application. The survey assessed sociodemographic, health status, lifestyle behaviors, and SMCs. Ordinal logistic regression models estimated associations between predictors and SMCs, and mediation analyses examined whether lifestyle factors (physical activity, mental activity, diet, sleep) explained relationships between age, depression, stress, and SMCs.

Findings: Higher age (OR = 1.03, 95% CI [1.02–1.04]), perceived stress (OR = 1.12, 95% CI [1.11–1.13]), depression (OR = 1.34, 95% CI [1.16–1.56]), and hearing problems (OR = 1.76, 95% CI [1.58–1.95]) were significantly associated with greater SMCs. In contrast, healthier behaviors—physical activity (OR = 0.91, 95% CI [0.87–0.96]), mental activity (OR = 0.90, 95% CI [0.85–0.95]), diet (OR = 0.78, 95% CI [0.74–0.83]), and sleep (OR = 0.85, 95% CI [0.81–0.89]) were associated with fewer SMCs. Mediation analyses showed that mental activity explained 24% of the age-SMCs association ($p < .001$). Mediation effects for depression (9%) and stress (6%) were statistically significant but modest.

Conclusions/Implications: This study demonstrates the feasibility of leveraging app-based data from thousands of older adults to examine cognitive health indicators. Results highlight hearing impairment, stress, and depression as central contributors to SMCs, while lifestyle factors, particularly mental activity, offer meaningful protection. For nursing, these findings emphasize opportunities to design interventions that promote digital engagement, address sensory health, and integrate stress and depression screening in older adult care. Mobile platforms enable nurses to deliver personalized prevention and promote healthy behaviors that protect cognitive function beyond clinical settings. Next steps include developing and testing nurse-led digital health interventions that target lifestyle modification and mental health support for older adults with SMCs, ultimately contributing to more personalized and scalable approaches in cognitive aging care.

DIGITAL HEALTH / E HEALTH / M HEALTH

Tech-Wise Parenting: Mapping a Conceptual Framework for Digital Parenting

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Purpose: Today's youth are living in a rapidly evolving digital landscape shaped by social media, digital devices, and artificial intelligence. Unfortunately, many children are developing unhealthy digital habits, some of which resemble addictive behaviors. Almost half (48%) of adolescents claim that digital media use has a mostly negative impact including mental health impacts. These technologies influence not only youth health and wellbeing but also family communication. Parents and caregivers play a critical role in shaping children's digital habits, yet most existing digital parenting interventions focus on unidirectional control strategies such as screen time limits or content restrictions. The majority (70%) of parents report disregarding expert guidelines, claiming there is a disconnect between recommended practices and real-world parenting. What is needed is the development of an effective and acceptable digital parenting intervention. The purpose of this concept paper is to generate a comprehensive list of factors that affect digital parenting based on a synthesis of empirical evidence from 215 peer-reviewed articles (screened from an initial pool of 6,263). Identification of these factors is an essential first step in generating a practice-oriented, evidence-based digital parenting intervention.

Description: The proposed conceptual framework has three domains of digital parenting: Parenting agency, Parent-child Communication about Digital Use, and Health Outcomes of Youth's Digital Use : **Parenting Agency** includes social determinants of digital parenting (e.g., age, race/ethnicity, income, education, marital status, number of children, age of children), digital competence (knowledge, skills, and attitudes toward technology), and emotional responses to perceived digital risks (e.g., anxiety, guilt, fear); **Parent-child Communication about Digital Use** focuses fostering open, empathetic dialogue between the parent and child to co-create shared digital habits and plans; and **Youth Digital Use and Health Outcomes reflect** behavioral and emotional functioning impacted by digital engagement.

Logic: Social determinants of digital parenting influence digital competence, which in turn shapes emotional responses. Linking the concepts to research, similar to the broader concept of social determinants of health, social determinants of digital parenting affect access to technology, usage patterns, and attitudes toward digital and media use. Research indicates that social determinants of health shape cognitive appraisals and emotional reactions (Patiño-Fernández et al., 2025), a core idea in cognitive-behavioral and reflective parenting theories. These emotional responses guide how parents communicate with their children about digital use and co-develop family digital plans, both of which can influence youth digital behaviors and related health outcomes. Evidence from parent-child communication programs such as Dr. Lewis's work (Lewis et al., 2006, 2014, 2017) with families affected by cancer shows that addressing communication challenges can reduce parental distress and improve children's health and functioning.

Conclusion: The proposed conceptual framework is responsive to published studies, provides a practical framework from which to build operational and practical components of a new intervention whose goals would be to develop tailored interventions delivered by pediatric, psychiatric, and school nurses. Programs should target modifiable factors: digital parenting competence, digital parenting emotional regulation, and parent-child communication, the goal of which would be healthy digital health habits and improved youth mental health outcomes.

DIGITAL HEALTH / E HEALTH / M HEALTH

Using Andersen's Model to Examine Factors Affecting Telehealth for Mental Health

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Purposes/Aims: The purpose of this study is to examine the association between age and telehealth for mental health utilization for mental health or substance use treatments among adults with self-reported mental health or substance use problems using Andersen's Model of Healthcare Utilization. We hypothesize that the influence of age as a predisposing factor is modified by rurality as an enabling factor, and comorbid substance use and serious psychological distress as need factors. Using the California Health Interview Survey (CHIS) 2023, we aim to test the effect modification between the association of age and telehealth for mental health treatment by (1) rurality, (2) comorbid substance use, and (3) serious psychological distress among telehealth users with mental health or substance use problems. We will also test whether the association between age and telehealth for mental health or substance use treatments is modified by these factors in the broader population of adults with these conditions who are already using telehealth services.

Description: This study is guided by Ronald Andersen's Behavioral Model of Healthcare Services Utilization developed in 1968. This model explains healthcare utilization through causal pathways. Predisposing factors shape baseline tendencies. Enabling factors determine if utilization is probable. Need factors motivate action. This non-linear feedback loop and pathway results in healthcare services use or nonuse. Predisposing factors exist before illness and include sociodemographic factors such as age, race/ethnicity, and educational attainment. Enabling factors are facilitators of healthcare utilization and include income, health insurance, and geographic accessibility. Need factors are evaluated or self-perceived reasons for healthcare services, including diagnoses, self-reported health status, and symptoms of illness.

Logic: Andersen's Model guide how the examination of interactions among predisposing, enabling, and need factors reveal the nuanced circumstances in which age as a primary predisposing factor affects telehealth utilization for mental health or substance use treatments. Using Andersen's Model, we will examine the effect of age on telehealth utilization for mental health or substance use treatments. For example, a predisposing factor such as age affects health beliefs, and interacts with enabling factors such as income and health insurance status to determine access to healthcare services, which is driven by a need factor such as a mental health crisis to seek help.

Conclusion: Andersen's Model of Healthcare Utilization can help illuminate how and why barriers and facilitators drive utilization of innovative health-technologies such as telehealth. Understanding these factors and facilitators allows targeted efforts to reduce health inequities leading to health disparities among different age groups or generations. Specifically, in this study, Andersen's Model highlights how age interacts with rurality and clinical indications for treatment such as comorbid substance use and serious psychological distress. Identifying the predisposing, enabling, and needs factors gaps affords opportunities to advance health equity and improve telehealth access to vulnerable populations.

DIGITAL HEALTH / E HEALTH / M HEALTH

VaxCom, a Digital Tool to Improve Recruitment for Phase 1 HIV Vaccine Trials

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Purpose: HIV prevalence among transgender women (TW) in the US is high (~14-24%). HIV vaccines represent a promising complement or alternative to pre-exposure prophylaxis (PrEP) for HIV prevention, as they may offer longer-term immunity and have fewer adherence requirements. Despite substantial potential to benefit, TW's representation in HIV vaccine trials has been remarkably low, with <2% of vaccine trials participants identifying as TW. In response, we developed and tested "VaxCom", a digital recruitment tool designed to increase TW's participation in Phase 1 HIV vaccine trials. Through in-depth interviews (Stage 1) and iterative participatory design sessions with TW and recruitment/enrollment staff (Stage 2), we learned that for practical implementation, VaxCom needs broad functionality to recruit all people into Phase 1 trials, while including content specific to TW. Broadly, VaxCom contains content to triage recruitment tasks/actions, a repository of enrolling studies, pertinent trainings, study informational content, participant contact support, etc. that is easily accessible to recruiters on any mobile device. In this abstract, we present Stage 3 data on preliminary efficacy, usability, feasibility, and acceptability of VaxCom.

Approach: We conducted simulated Phase 1 HIV vaccine trial recruitment visits in our study offices with n=5 recruitment staff and n=18 "potential trials participants" who met the following criteria: HIV-negative, ≥18 years old, never enrolled in an HIV vaccine trial. Everyone completed demographic questionnaires. Each recruiter conducted 2–4 simulated visits using VaxCom as they would in real-world practice. After each visit, potential participants were asked if they wished to join an internal registry for future Phase 1 HIV vaccine trial contact (if >50% of participants added their names, we considered the tool a success) and completed an in-depth interview (IDI) on feasibility and acceptability of VaxCom. After completing their 2-4 sessions, recruiters rated VaxCom usability via the Systems Usability Scale (SUS; a score >80 indicates excellent usability) and completed IDIs with prompts on VaxCom's feasibility and acceptability.

Outcomes: "Potential trials participants" included TW (n=9), gay/bisexual men (GBM; n=7), and gender diverse (n=1) people; many were Latino/a (n=6) and reported Black race (n=7). Recruiters were mostly men (n=3); some identified as Latino/a (n=2) and White race (n=2). VaxCom demonstrated high preliminary efficacy, with 88.9% of TW (8/9) adding their names to our registry to be recontacted for Phase 1 HIV vaccine trials screening. In addition, 4/7 GBM (57.1%) and 1/1 (100%) gender diverse person added their names, surpassing our pre-determined 50% threshold for success. VaxCom achieved a SUS score of 80.5, indicating excellent usability. Both potential trials participants and recruitment staff found VaxCom to be highly feasible and acceptable. The participants noted that it was "intuitive," "an easy tool to use," "overall it was a good tool," and "the content is really well done."

Conclusions: The preliminary efficacy of VaxCom is high, demonstrating excellent perceived usability by recruiters, and high feasibility and acceptability by both study groups. VaxCom shows considerable potential to enhance the recruitment of people at high risk for HIV into vaccine trials, warranting further testing for efficacy in a larger trial.

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ENVIRONMENTAL HEALTH

ACEs and Health Impacts from Hazardous Weather Events Among Adults in California

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Purpose: The purpose of this study was to investigate the relationship between Adverse Childhood Experiences (ACEs) and exposure to hazardous weather-related events, plus the health impacts of such events, among adults in California.

Background: Weather-related hazards such as wildfires, earthquakes, and heat waves can pose a significant threat to physical and mental health. However, while there is extensive research evaluating the impact of ACEs on mental and physical health, little is known about how adversity earlier in life can impact health vulnerability in these events. ACEs are associated with alterations in stress regulation and social vulnerability, which may impact susceptibility to environmental hazards. In recent years, California has experienced worsening weather-related hazards, particularly wildfires. This presents an opportunity to understand the role of ACEs in risk for exposure to and harm from weather-related events. The Centers for Disease Control and Prevention (CDC)-Kaiser ACE Pyramid was the theoretical framework informing this analysis, which conceptualizes ACEs as the foundation of a pyramid that contributes to health and social risk across the life course.

Methods: This cross-sectional study analyzed public use data from the 2021-2022 California Health Interview Survey (CHIS). CHIS is an annual survey of the health of Californians. We selected 2021-2022 data because it was the most recent available and covered a period of worsening weather hazards in California in the form of heat waves and wildfires. The primary outcomes were self-reported exposure to hazardous weather-related events and physical or mental health harm from these events. The primary exposure was cumulative ACEs, measured as a count (0-10). Multiple logistic regression models were estimated to examine associations between ACEs and hazardous weather outcomes, adjusting for demographics, depression, and urbanity/rurality. All models incorporated CHIS replicate weights to generate population estimates.

Results/Findings: There were 21,463 adults in the sample, of whom 39.5% reported exposure to hazardous weather-related events in the past year. Sixty-seven percent of adults reported at least one ACE. Women, non-Hispanic adults, adults living in rural areas, and adults who reported more than 4 ACEs more frequently experienced physical and mental health harm from weather-related hazards ($p<.001$). In adjusted models, there was a dose-response relationship between ACEs and the odds of exposure to hazardous weather events (>4 ACEs aOR=1.89, 95% CI=1.68-2.11), as well as related physical and mental health harm (>4 ACEs aOR=3.67, 95% CI=2.77-4.86; and aOR=4.01, 95% CI=3.21-5.00, respectively).

Conclusion: This study highlights the impact ACEs can have on vulnerability to hazardous weather events. Individuals with higher ACE scores were at elevated risk for exposure to and health harms from hazardous weather, suggesting a need to consider place-based interventions to mitigate the health harms of extreme weather events. Trauma-informed response to weather-related disasters may become a growing priority as extreme weather events increase across California and the United States. Future studies should evaluate what other factors may contribute to individuals with high ACEs scores being more at risk for exposure to weather-related disasters and employ geospatial methods to identify overlap between high ACE scores and high-risk weather environments.

ENVIRONMENTAL HEALTH

Autoimmunity in a Warming World: Wildfires, Lupus, and the Social Ecological Model

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Purpose: Use the social ecological model (SEM) as a guiding framework to study the experiences of women with systemic lupus erythematosus (SLE) during the 2025 Los Angeles wildfires. Specifically, the study aims to understand whether participants experienced flares they attribute to wildfire smoke exposure, the protective health behaviors they engaged in, their awareness of environmental risks to lupus, and their ability to access healthcare and community resources during and after the disaster. Guided by SEM, the study emphasizes the multiple levels of influence—individual, interpersonal, community, and societal—that shape health outcomes in the context of overlapping environmental and social vulnerabilities.

Description: The SEM has been widely used in public health to situate health outcomes as the result of dynamic interactions across multiple levels of influence, including individual, interpersonal, organizational, community, and policy environments. Applying SEM to SLE and wildfire smoke exposure highlights the intersection of biological susceptibility, social determinants of health, and environmental conditions. This is particularly important given two emerging realities: first, rates of autoimmune disease appear to be rising globally, a trend that is not yet well understood but potentially tied to climate change; and second, vulnerabilities to climate change often map onto preexisting health and social vulnerabilities, amplifying risk for those already at the margins. By positioning women with SLE within SEM's layered framework, this study emphasizes the importance of accounting not only for individual clinical factors, but also for social networks, healthcare systems, and policy and environmental structures.

Logic: SLE is a complex autoimmune disease that arises from interaction between genetic predisposition and environmental triggers. Environmental exposures such as silica, cigarette smoke, and air pollution appear to be implicated in both the development and exacerbation of lupus. However, these exposures do not occur in isolation: SLE disproportionately affects women of color, who may also contend with structural barriers to care, economic insecurity, language barriers, or discrimination, all of which shape their capacity to protect themselves during disasters. By incorporating SEM, the proposed research links micro-level processes (e.g., immune dysregulation, genetic susceptibility) to macro-level systems (e.g., disaster response, health policy), demonstrating how disease flares should be understood—and addressed-- within the broader social and ecological context in which they occur.

Conclusion: Applying the SEM to study lupus flares during wildfires provides a framework that captures the multiple, intersecting determinants of health in a warming world. By accounting for multiple levels of influence, SEM highlights where interventions might be targeted—from patient education to healthcare system preparedness to policy and environmental protections. This approach not only advances conceptual understanding of how climate change shapes autoimmune outcomes but also emphasizes the need for multi-level responses that address both biological susceptibility and structural vulnerability.

ENVIRONMENTAL HEALTH

Environmental Hazards and Depressive Symptoms in Arizona

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Background: Farm worker adolescents (FWA) experience disproportionately high rates of mental health challenges compared to the U.S. general population. Among FWA, 40 - 60% report depression or anxiety and confront substantial environmental hazards, including heat-related illnesses (HRI) and pesticide exposure (PE). Elevated mental health risk in this population may stem from exposure to HRI and PE where heat temperatures reached 118°F in summer of 2025. Moreover, safety attitudes among FWA are poor; they notice that safety is not as important for their supervisors and coworkers. Using a normalization of occupational risk framework, we addressed two aims: (1) to examine the association between HRI, PE, safety attitudes, and depressive symptoms, and (2) to assess the levels of safety attitudes among FWA in Arizona.
Methods: FWA participants (*N*=180) were recruited from 2023—2024 in Arizona. Participants were predominantly male (86.7%), M*age* = 20.51 (age range 16—25; *SD* = 2.44). Approximately 72.2% were Mexican, and 100% self-identified as Mexican/Mexican American/Chicano. Participants received $30 incentive for their participation. The institutional review board (IRB) approved all study procedures.
Measures: HRI symptoms were assessed by asking if six dichotomous (Yes/No) items representing symptoms were experienced while engaged in farm work outside in the last 3 months. Assessing pesticide exposure experienced while doing farm work in the last week included these three dichotomous (Yes/No) items: For Safety/Risk Attitude, we used 4-items from the McCurdy and Kwan (2012) safety practices scale. Last, to assess for depressive symptoms, we used the 20-item from the CES-D (Radloff,1977).
Results: Depressive symptoms were correlated with HRI (r =.33, p <.001) and PE (r =.24, p <.001). However, after controlling for age, only HRI was associated with depressive symptoms (b = 1.70, p <.001). Safety attitudes were mixed among FWA. Specifically, for the two unsafe items: 65% agree/strongly agree that 'No matter how hard you try to prevent them, serious injuries are going to occur on a farm,' and 64% agree/strongly agree that 'I am less likely to be injured doing farm work than other people my age doing the same work.' Next, in terms of the two safety items: 83% agree/strongly agree that 'Working under time pressure makes me less careful,' and 97% agree/strongly agree that 'Safety precautions are important and necessary, even if they slow the job.' This highlights the normalization of risk while working in farm work among FWA.
Nursing Implications: In addition to occupational health interventions aimed at preventing HRI and PE, and promoting healthy behaviors in the field, mental health must also be prioritized in health programs designed to improve the overall well-being and quality of life of FWA. These findings lay the groundwork for further nursing research into the intersection of occupational hazards, environment and structural barriers, and how these factors affect the health outcomes of youth in agricultural settings. It is essential for nurses to care with cultural competence and uphold FWA's values to allow this population to remain safe for themselves and their families, work in agriculture, and prioritize their physical and mental health.

ENVIRONMENTAL HEALTH

Lead Screening by Primary Care Providers: A Survey of Knowledge and Clinical Practice

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Purpose: The purpose of this study was to examine Idaho primary care providers' knowledge, familiarity, and practices related to childhood lead screening and testing, and identify barriers that impede adherence to established guidelines. Despite requirements mandating blood lead testing for Medicaid-eligible children at ages 12 and 24 months, fewer than half of eligible Idaho children are screened. Understanding provider-level attitudes and system-level challenges is essential for developing targeted interventions to improve statewide screening compliance.
Background / Significance: Childhood lead poisoning remains a critical public-health concern. Even minimal exposure can result in irreversible neurodevelopmental and behavioral consequences. Idaho's environmental history creates unique exposure risks. Primary care providers (PCPs) represent the frontline for identifying at-risk children through use of the Idaho Lead Risk Questionnaire and blood lead testing. This project sought to generate empirical data describing provider perspectives, practices, and perceived barriers to screening across Idaho.
Methods: An anonymous, web-based survey was developed collaboratively by Boise State University and the Idaho Childhood Lead Poisoning Prevention Program (ICLPPP). Survey content reflected CDC and Idaho Department of Health and Welfare guidelines and included demographic, knowledge, and practice items, as well as open-ended questions regarding challenges and recommendations. Following approval by the Boise State IRB, the survey was distributed statewide from March to May 2025 via email and postcard invitations to physicians, advanced practice registered nurses, and physician assistants who provide primary care to children. Forty-eight eligible respondents completed the survey. Quantitative data were analyzed in SPSS using descriptive statistics and chi-square tests of independence to explore associations among provider characteristics, knowledge, familiarity, and adherence. Qualitative responses were analyzed thematically.
Results: Participants represented a broad geographic distribution across Idaho and a wide range of experience levels. Most respondents reported being familiar or somewhat familiar with childhood lead poisoning and expressed moderate-to-high confidence in blood lead testing accuracy. Two-thirds indicated they "usually" or "always" follow Idaho's screening recommendations. Statistically significant associations were observed between years in practice and both knowledge of childhood lead poisoning (χ^2 $p < .001$) and confidence in testing accuracy (χ^2 $p < .05$). Greater familiarity with Idaho's screening guidelines was strongly associated with consistent adherence (χ^2 $p < .001$). Thematic analysis revealed several key barriers: (1) parental refusal or hesitancy, often related to limited awareness; (2) lack of in-office testing capability or difficulty obtaining venous samples; and (3) system-level issues such as referral-related loss to follow-up and reimbursement uncertainty. Providers recommended expanded parent education, improved training for clinicians and staff, better access to point-of-care testing, and integration of electronic health-record reminders to prompt screening.
Conclusions / Implications for Practice: Idaho's primary care providers generally recognize the importance of lead screening but face enduring educational, logistical, and structural barriers that contribute to under-screening. Strengthening provider familiarity with guidelines, enhancing parent-focused education, expanding testing accessibility, and embedding automated prompts within electronic systems may collectively improve compliance and early detection. These findings provide a data-driven foundation for statewide quality-improvement initiatives through the ILCPPP and maybe other rural states seeking to close persistent lead-screening gaps.

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ENVIRONMENTAL HEALTH

Perceived Needs, Barriers, & Practices Related to Infection Prevention on Dairy Farms

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Purpose: The spread of Highly Pathogenic Avian Influenza on dairy farms, including transmission between cows and workers, has drawn attention to the need for infection prevention and control programs to protect worker health. Previous approaches to infection prevention and control protocols and practices on dairies have used the animal health-focused biosecurity paradigm. While biosecurity programs and public health guidance for protecting workers during zoonotic flu outbreaks do exist, routine practices focused on worker health have received comparatively little attention in protocol development and worker training. We assessed the practicality and barriers to implementing an adapted nursing approach to infection prevention and control, including standard and transmission-based precautions, and hand hygiene and personal protective equipment use. This study assessed awareness, preventive behaviors, exposures, and barriers related to occupational infectious diseases prevention among dairy workers.

Methods: This study was in collaboration with dairy industry representatives and the University of Washington. Utilizing this adapted nursing approach, a survey was developed to capture dairy workers' perception of zoonotic occupational preventive practices and barriers related to infection prevention and control on dairies. A Technical Working Group, including dairy extension, public health, and the Department of Agriculture, provided survey input. After pretesting, Bilingual study staff administered the survey in either Spanish or English to dairy workers (n = 102) on five large conventional dairy farms in Washington State. Descriptive statistics characterized participant responses. This study was granted exempt status by the University's Institutional Review Board.

Results: All participants worked in areas of the farm that put them in contact with unpasteurized milk or other animal fluids. While most participants reported that cows can get humans sick, less than 50% indicated that humans can get cows sick, and there was a low level of concern about getting sick from an animal. Rates of frequent mask, respirator, face shield, and goggles use were less than 50% overall, with lower reported rates of PPE use in higher-risk areas when compared to lower-risk areas. Reported barriers to using eye protection included fogging, visual impairment, and lack of access on the farm. Barriers to respirator use were discomfort, perception of being unnecessary, overheating, and getting wet. Participants reported frequent hand washing for most activities. However, some participants indicated changing gloves in place of handwashing or cleaning hands with water only. Barriers to handwashing included hand hygiene stations not available or far from work area, and time constraints. Of the 49 participants who work with needles, 92% indicated recapping needles after use, and 39% experienced a needlestick within the last year.

Conclusion: Adapting the nursing approach to infection prevention and control on dairy farms may be effective in reducing the spread of zoonotic diseases on dairies. These efforts must include partnership with workers, farms, and industry to identify and reduce barriers to implementing standardized practices. An investment in worker education and training with a focus on zoonotic disease risk, transmission, and rationale behind reduction strategies is indicated. Study findings will inform the development of feasible farm protocols for zoonotic diseases on dairies.

Funding: Funding and support for this project has been provided by the State of Washington, Department of Labor & Industries, Safety & Health Investment Projects (2023XH00507). This work was also supported, in part, by the National Institutes of Health, National Institute of Nursing Research Training Program in Global Health Nursing at the University of Washington (T32 NR019761).

ENVIRONMENTAL HEALTH

Unequal Burden: Geographic and Demographic Trends of Valley Fever in San Joaquin County

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Background: Valley Fever (coccidioidomycosis) is a fungal infection endemic to California's Central Valley, caused by *Coccidioides* spores released from disturbed soil during activities such as farming and construction. The Central Valley's agricultural base and recent growth in new housing developments have contributed to increased soil disruption. Infection rates have steadily risen year over year, raising concern about the disease burden and vulnerability of populations living in endemic regions.
Problem Statement: Valley Fever incidence is increasing in San Joaquin County, California. Demographic and geographic factors - including age, gender, and location - should be explored to better understand this rising trend.
Methodology: A cross-sectional secondary data analysis was performed using datasets from the California Department of Public Health (2001–2023; n = 105,802 confirmed cases) and San Joaquin County Public Health Services (2015–2024; n = 2,916 confirmed cases). Data were examined for demographic trends and geographic distribution to identify areas with the highest disease burden in San Joaquin County.
Key Findings: Five zip codes were identified with significant, disproportionately high spikes in Valley Fever cases compared to surrounding areas: 95210 (Stockton), 95240 (Lodi), 95304 (Tracy), 95376 (Tracy), and 95336 (Manteca). Demographically, males accounted for more than 60% of diagnosed cases, and adults aged 45–64 represented 43% of cases, indicating a disproportionate disease burden in these groups.
Significance: Geographic hotspots of Valley Fever were identified in San Joaquin County, highlighting areas for targeted surveillance and intervention. These findings suggest a need for further investigation into environmental contributors such as soil disruption and climate factors, as well as community-level prevention strategies to mitigate future outbreaks in vulnerable populations.
Keywords: Coccidioidomycosis; Valley Fever; San Joaquin County; Epidemiology; Geographic distribution; Demographic trends; Public health surveillance

ENVIRONMENTAL HEALTH

Water Insecurity as an Existential Threat to Neonatal Health: An ISEM Model

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Purposes/Aims: This work seeks to model water insecurity (WI) as an existential threat to neonatal health in rural, disadvantaged communities through application of the conceptual framework of the Integrated Socio-Environmental Model (ISEM). Utilizing a case study of the San Joaquin Valley of California, we examine the interplay of environmental and social determinants of health affecting neonatal health outcomes. By applying the ISEM, this work identifies pathways through which WI contributes to neonatal morbidity and mortality, while emphasizing research and practice priorities for nursing.
Description: Water insecurity (WI), defined as the inadequate access to affordable and safe water for drinking, cooking, sanitation, and hygiene, is both a social determinant and an environmental predictor of health. Linked to neonatal health both directly and through intergenerational effects, with outcomes such as preterm birth, low birth weight, congenital anomalies, and increased infant mortality- WI disproportionately affects families in rural, disadvantaged communities. The ISEM conceptualizes these health outcomes as the product of their social and physical environmental exposures, and filters these through a lens of community, historical context, and policy. These exposures are also mediated by resources and susceptibilities throughout the lifespan (from conception to death). In a case study of the San Joaquin Valley of California, WI arises from climate extremes, groundwater depletion, contamination from agricultural runoff, and an inadequate infrastructure- disproportionately affecting rural, agricultural, and Latino communities within it that that rely on small community water systems or private wells. Situated in the southern half of the Central Valley of California, the SJV is vast, encompassing 250 square miles, 8 counties, 62 cities, 123 census designated areas and 443 unincorporated communities. In addition to the burden of WI, there is a significant prevalence of newborn health disparities in the SJV, and it is home to the highest infant morbidity and mortality rates in all of California.
Logic: The Integrated Socio-Economic Model connects theory to nursing practice through its representation of social and structural inequities (e.g., historical redlining, immigration policy, food insecurity) and environmental hazards (e.g., nitrates, arsenic, drought), illustrating how these exposures interact to intensify neonatal risks. Clinicians and researchers aiming to investigate or prevent the impacts of WI on should consider interventions such as household water insecurity scales (e.g. the H-WISE scale), water testing education and resources, and policy advocacy to increase awareness and increase prevention strategies at the practice level.
Conclusion: Water insecurity is a critical socio-environmental determinant of neonatal health that requires urgent integration into both research agendas and nursing practice. By positioning WI within the ISEM framework, this work demonstrates its complex impact on vulnerable populations in the SJV and beyond. Nurses around the United States, as trusted healthcare professionals, are uniquely positioned to be able to both influence policy and practice when it comes to screening and prevention of illnesses related to WI. By implementing a WI screening into routine assessments, nurses can detect early signs of water-related challenges affecting patient health as well as risk-factors associated with increased WI, particularly among vulnerable populations.

ENVIRONMENTAL HEALTH

Wildfire Risk Communication during Pregnancy: A Scoping Review Protocol

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Purposes/Aims: This poster describes an **in-progress** scoping review of wildfire smoke risk communication during pregnancy. The scoping review aims to answer the following research questions:

- What research exists in the peer-reviewed and grey literature related to wildfire smoke risk communication during pregnancy?
- What is expert opinion related to needs for research about wildfire smoke risk communication during pregnancy?

Rationale/Conceptual Basis/Background: Wildfire smoke exposure during pregnancy is linked to negative health outcomes, including low birth weight, premature birth, and mental health impacts. Pregnancy presents a unique timeframe for risk communication, related to the physical vulnerability of the pregnant person and fetus and the unique mental, emotional, and lifestyle shifts that occur during pregnancy. Expectant families may be more receptive than at other times to messaging about how to protect themselves and their future children, but can also experience information overload and conflicting messages. It is crucial that pregnant people and their families receive actionable messages related to risks of wildfire smoke, and nurses are uniquely situated to contribute to this area. Public health risk information may not be delivered using best communication practices, nor be relevant to the unique needs of pregnant people. Research is needed to understand the messaging expectant families receive about wildfire smoke and the characteristics of effective communication to this population.

Methods: This protocol for a scoping review of existing research related to wildfire smoke risk communication will be registered on the Open Science Framework. Applying the methodology outlined by Levac, et al. (2010), the protocol outlines the research questions asked and the processes that will be used to identify relevant studies, apply criteria for study selection, chart the data, collate, summarize and report results, and consult with key stakeholders. Because the body of evidence related to communication and wildfire smoke is evolving at a rapid pace, the review will include both peer-reviewed and grey literature. Additionally, practitioners in the field of wildfire smoke communication, such as personnel at clean air agencies and public health departments, will be consulted to gain insight into the nature and challenges of communicating about wildfire smoke to pregnant populations. Once completed, results of the scoping review will be reported following the PRISMA-ScR checklist.

Assessment of Findings/Outcomes Achieved: We expect findings from this review to enhance the literature focused on risk communication and wildfire smoke. We anticipate that findings will 1) provide an update from previous review articles, since literature in this subject area is expanding rapidly; 2) focus specifically on pregnancy as a vulnerable population and a relevant window for risk communication; 3) include a review of the grey literature; and 4) incorporate consultations with experts in the field of wildfire smoke risk communication.

Conclusions/Implications: Findings will inform future research directions by identifying gaps in the literature and areas needing further clarification. If the review uncovers a clear consensus in existing literature, findings can be disseminated to influence policy or practice changes.

Levac, D., Colquhoun, H., & O'Brien (2010). Scoping studies: Advancing the methodology. *Implementation Science 5*(69). https://doi.org/10.1186/1748-5908-5-69

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EVIDENCE-BASED TEACHING

An Education Program to Empower Evidence-Based Practice Mentors

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Purpose: This quality improvement project aims to implement a structured education program to enhance evidence-based practice mentors' skills and boost their self-efficacy in implementation and dissemination practices.
Background: Integrating evidence-based practice is essential for improving patient outcomes and cultivating a culture of continuous improvement in today's dynamic healthcare environment. Research shows that evidence-based practice programs promote the adoption of evidence-based practice interventions in acute care settings. A healthcare organization in the southwestern U.S. developed an internal evidence-based practice fellowship program to support these goals. A significant component of evidence-based practice program success includes a mentorship component. However, the existing mentor group was small and lacked consistent experience, confidence, and clarity regarding their roles. Recognizing the importance of mentorship in implementing and disseminating evidence-based practice projects, stakeholders identified the need for a tailored educational program to support evidence-based practice mentors. Strengthening mentors' skills and self-efficacy could enhance their engagement in the fellowship and improve mentee outcomes.
Methods: The Plan-Do-Study-Act model guided the implementation of the mentor education program. The program included two virtual workshops focused on best practices for implementing and disseminating evidence-based practice, followed by two weekly microlearning sessions on key dissemination strategies. evidence-based practice mentors from various acute care hospitals in the southwestern U.S. were invited to participate. To assess changes in confidence in evidence-based practice, participants completed the Self-Efficacy in Evidence-Based Practice (SE-EBP) scale before and after the program.
Results: Results for this quality improvement project are pending.
Conclusions and Future Implications: Providing evidence-based practice mentors with targeted education to strengthen their implementation and dissemination skills can enhance their confidence and effectiveness. This initiative has the potential to improve mentor-mentee relationships, increase mentor engagement in the fellowship program, and support successful project completion.

EVIDENCE-BASED TEACHING

Bridging Learner, School and Partner Needs in Developing BSN-DNP Scholarly Projects

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In summer 2024, we opened a BSN-DNP program pathway, with 57 learners. This pathway, operating in parallel with our existing post-Masters DNP pathway culminates in the academic DNP degree as well as specialty preparation in multiple APRN specialties. Our three-year program of study provides theoretical and experiential opportunities expected for APRNs, as well as content and experiences that support competency across advanced level domains such as knowledge for practice, person-centered care, ethical practice, population health, scholarship, quality and safety, collaboration across professions, technology and informatics use, professionalism and leadership development, as expected by AACN (2021). A key deliverable for both DNP pathways is the development, implementation and evaluation of a scholarly DNP project. To prepare BSN-DNP learners for the scholarly DNP project, that is timed to start in the second year of their program of study, we developed a series of DNP Project courses and learning activities such as researching an area of practice inquiry, developing a proposal, collaborating with a project team, and creating and enacting project implementation, evaluation and dissemination plans.

The large cohort size of our BSN-DNP program pathway presented challenges with creating sufficient opportunities for learners to implement and evaluate DNP Projects as well as in designing effective DNP Project teams and assuring individual learner competency. We researched other BSN-DNP programs nationally to determine our approach, and this yielded a plan that favored housing pairs of BSN-DNP learners on individual teams as well as creating mentoring opportunities for specialty faculty not yet experienced with scholarly DNP Project work. Our learners were novice in their advanced practice role development, and this further informed our plan to pre-populate the DNP Project teams with targeted areas of inquiry that could be explored and developed, and soliciting team members aligned with project sites who could participate as Site Partners. We worked with our DNP program alumni as well as several strategic partner organizations to solicit Site Partners and generate areas of inquiry that aligned with organizational priorities. We then populated the teams with paired faculty (as Chair and second mentored faculty) to assure that academic rigor in managing DNP Projects was maintained. DNP faculty experienced with guiding scholarly DNP Projects were offered roles as Team Chairs and were paired with BSN-DNP specialty faculty to provide them with mentoring; this pairing also cultivated future Team Chairs. Learners were invited to sign-up to participate on a team, and once cleared by the individual site for practice, the DNP Project team could convene and refine the DNP Project proposal that could be put into operation within months.

This presentation will showcase our initial development of 30 BSN-DNP Project teams. It will describe the processes we used for soliciting and formalizing Site Partner relationships and team constitution. As the BSN-DNP approach grows nationally it will be important for academic institutions to develop an organized strategy for developing and sustaining these scholarly DNP Projects.

EVIDENCE-BASED TEACHING

Designing a Faculty Peer Development Process – A Quality Improvement Project

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Purpose: This quality improvement project aims to design, implement, and evaluate a Faculty Peer Development (FPD) process to foster teaching excellence and mutual support among faculty in a Doctor of Nursing Practice (DNP) program.

Rationale: In 2019, the subject School of Nursing (SON) transitioned all Advanced Practice Registered Nurse (APRN) programs from Master's degree programs to the DNP degree. While faculty have consistently received anonymous student feedback each term, no consistent process has existed to promote peer-informed teaching development. Although the SON and University offer numerous professional development opportunities, there is no structured mechanism to connect faculty to these resources or facilitate non-evaluative peer feedback. Our model aims to advance this work by establishing an active, structured process grounded in best practices for teaching in nursing, trauma-informed and diversity, equity, inclusion, and belonging principles, and comprehensive peer-development training for faculty.

A review of the literature revealed that most research on peer review focuses on K–12 education, scholarly publication, or performance evaluation processes that can be perceived as punitive. There is limited evidence on non-punitive, formative peer feedback aimed at enhancing teaching effectiveness in higher education. This project seeks to establish a culture of collegial support and continuous improvement to strengthen teaching innovation and excellence within the DNP program.

Description of the Undertaking: Guided by the Plan–Do–Study–Act (PDSA) model, a committee was formed comprising faculty representatives, the Associate Dean for Graduate Programs, the Assistant Dean for APRN Programs, and the Senior Performance Improvement Consultant. The committee collaborated to design an FPD process focusing on the nine core, asynchronous DNP courses.

Because in-class observation was not applicable to the asynchronous format of teaching, an electronic peer development survey tool was created. Each lead faculty of a DNP Core course will complete a survey for each section faculty, and section faculty will complete a survey for the course lead. The survey incorporated institutional best practices, including Trauma-Informed Educational Practices (TIEP), Quality Matters (QM) standards, Universal Design for Learning (UDL), Adult Learning Theory, and Competency-Based Learning, among others.

Faculty were provided with a synchronous online training session led by the Assistant Dean for APRN Programs, and a detailed Faculty Peer Development Guidebook was developed to ensure consistency and transparency. Continuous feedback from committee members informed iterative refinements throughout the development process.

Outcomes: The FPD survey will be piloted for fall term, 2025 courses. Participating faculty will later complete an evaluative survey to provide feedback on their experiences with the FPD process and the usability of the survey tool. Data will inform ongoing improvements and sustainability of the process.

Conclusions: Peer development is essential to fostering a culture of reflective teaching and continuous improvement. Because faculty may be hesitant to critique peers, a non-punitive, supportive structure grounded in institutional values is expected to enhance engagement and effectiveness. Future steps include refining the process based on faculty feedback, integrating it into ongoing faculty development initiatives, and contributing to the limited body of evidence on faculty peer development in higher education.

Developing Confidence and Improving Resilience for Future Nurses VIA Simulation

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Background: A worldwide problem has been evident within the nursing community concerning the care for aggressive patients and how these patients have contributed to burnout for healthcare workers. In the last two years, 44% of nurses have reported physical violence and 68% have reported verbal abuse caused by patients. Compared to other occupations in the United States, nurses have been at the greatest risk for harm due to direct patient care.
Problem: The emotional demands of caring for aggressive patients has resulted in burnout and have been attributed to the intent of leaving the workforce. The American Association of Colleges of Nursing (AACN) has recommended that preventative interventions be implemented in nursing schools to help improve the knowledge of resilience in an attempt to decrease the likelihood of current and future burnout in nursing students.
Purpose: The aim of this quality improvement (QI) project was to improve students' confidence in coping with aggressive patients. *PICO (population, intervention, comparison, outcome) Question.* In entry-level master's (ELM) pre-licensure nursing students (P), how does an aggressive patient education and simulation intervention, (I) compared to no education and simulation intervention (C), impact their level of confidence in caring for an aggressive patient (O).
Methods: The QI project utilized a pre-intervention and post-intervention questionnaire to test the intervention of de-escalation education prior to the participation of a live actor aggressive patient simulation and its effects on participant's confidence. The instrument used to evaluate the outcome was the Clinician Confidence in Coping with Patient Aggression Questionnaire (CCCPA).
Results: A paired student *t* test compared the CCCPA gain scores from the pre-test to the post-test and found statistically significant gains in clinician coping confidence between pre-test (M = 5.02, SD = 2.67) and post-test scores (M = 7.18, SD = 1.90), t (19) = -2.90, p = .01. These findings indicated that participants had significantly higher levels of confidence in coping with patient aggression in the post-test compared to the pre-test. The Wilcoxon sign-ranked test was also used to determine if there was a significant median difference between the pre-test and post-test CCCPA scores and the analysis found that there was a statistically significant median difference in the gain scores from the pre-test to the post-test, z = 2.43, p =.02.
Conclusion: Incorporating an aggressive patient education and simulation intervention into nursing curriculum can enhance student confidence in coping and caring for an aggressive patient.
Keywords: burnout, aggressive patient, de-escalation, confidence, nursing students, simulation

EVIDENCE-BASED TEACHING

Enhancing Nursing Specialty Certification through a Peer-Led Preparation Course

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Purpose: The purpose of this Doctor of Nursing Practice (DNP) quality-improvement (QI) project is to implement a peer-led certification course to enhance perceived value of certification, increase engagement in specialty certification, and identify barriers to specialty certification among medical-surgical and telemetry (MST) nurses.

Background: Specialty board certification for registered nurses (RNs) is associated with improved patient outcomes, professional satisfaction, and career advancement. Despite these benefits, certification rates remain at less than 1% among MST nurses at an acute care community hospital pursuing Pathway to Excellence designation. Barriers such as lack of time, limited confidence, and insufficient access to preparation resources persist despite access to institutional support including study books, certification reimbursement, and a $500 bonus.

Methods: This DNP QI project with a pre-/post-intervention design will be implemented at a small community hospital in South Los Angeles. All eligible MST nurses will be invited to participate in a recurring 1-hour peer-led course discussing test-taking strategy, breathing techniques for test anxiety, and sample questions aligned with the MEDSURG-BC exam. At the start of the course, participants will complete a survey including a 4-point Likert scale on interest and confidence level in passing the MEDSURG-BC exam, identify barriers to obtaining certification, and a 12-item 4-point Likert scaled Perceived Value of Certification Tool (PVCT). The peer-led course will be facilitated by volunteer MEDSURG-BC certified staff nurses or those with a strong interest in peer mentorship. Upon completion of the course, participants will use a 4-point Likert scale to evaluate the course content, satisfaction with the peer-led format, interest in obtaining specialty certification, and confidence in the ability to pass the MEDSURG-BC exam. They will also identify remaining barriers to obtaining certification and repeat the PVCT. An 8-week follow-up survey will measure engagement towards certification (an action towards certification including: exam registration, study group participation, MEDSURG-BC Class registration, resource acquisition, mentorship) and identify persisting barriers to certification. Outcomes will be analyzed using descriptive statistics.

Expected Results: It is anticipated that the peer-led course will increase nurse PVCT score, level of confidence, and percentage in engagement with certification, while reducing barriers to pursuing certification.

Significance: If findings show a positive impact on the perceived value of certification and an increase in engagement towards certification, then the peer-led course could be scaled across all units and specialties, supporting both institutional excellence and professional development in nursing.

Enhancing Women's Health Education in DNP Programs

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Background/Significance: Despite national progress in nursing education, women's health remains underrepresented in many Doctor of Nursing Practice (DNP) programs. Most curricula integrate women's health topics within broader primary care or adult health courses, leading to inconsistent coverage of critical areas such as reproductive health, menopause, mental health, and chronic disease prevention. This educational gap contributes to disparities in care quality and patient outcomes. Addressing these deficiencies is important to help prepare nurse practitioners (NPs) to provide equitable, gender-responsive care across diverse populations.
Purpose: The purpose of this DNP project is to develop a four-week asynchronous women's health course for DNP students at Idaho State University (ISU). The course is designed to strengthen competence, confidence, and inclusivity in women's health practice through an evidence-based, intersectional, and feminist pedagogical framework. It follows the recommendations from National Association of Nurse Practitioners in Women's Health and the Society of General Internal Medicine for stronger sex- and gender-based education in graduate nursing programs.
Methods: A mixed-methods needs assessment will be conducted to inform course content. Two Qualtrics surveys will gather perspectives from (1) practicing NPs and (2) adult women aged 18 years and older in the United States. The provider survey, adapted from validated tools developed by Farkas et al. (2016) and Henrich et al. (2008), assesses perceived gaps in women's health education and clinical preparedness. The general population survey, adapted from the CAHPS Health Plan Survey (AHRQ, 2020) and Primary Care Satisfaction Survey for Women (Scholle et al., 2004), assesses women's perceptions of care, communication, and unmet health needs. Quantitative data will be analyzed using descriptive statistics, while qualitative responses will undergo thematic analysis to identify recurring concerns and recommendations.
Results/Expected Outcomes: Results will identify priority topics and areas of alignment or discrepancy between patient and provider perspectives. Anticipated findings include perceived deficiencies in menopause management, reproductive counseling, mental health integration, and trauma-informed communication. These results will guide the course's modular structure, learning objectives, and instructional methods, emphasizing clinical application, self-reflection, and cultural responsiveness. The project will result in a fully developed course ready for integration into the ISU DNP curriculum.
Conclusions and Implications for Nursing: By addressing women's health education gaps through an evidence-informed, feminist, and learner-centered framework, this project contributes to the advancement of equitable healthcare delivery. The proposed course will better prepare future DNP graduates to provide comprehensive care, reduce disparities, and strengthen provider confidence in managing complex women's health issues. Broader adoption of similar curricular models across DNP programs could help standardize women's health education, support competency-based learning, and promote patient-centered outcomes across the lifespan.
Keywords: Women's health, DNP curriculum, feminist pedagogy, intersectional care, nursing education, reproductive health, mental health, menopause, chronic disease, health equity

Evaluating a Flipped Classroom Model: A Prelicensure Quality Improvement Project

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Purpose: The purpose of this quality improvement project was to evaluate the impact of changing a prelicensure nursing program's pathophysiology and pharmacology course from a traditional classroom to a flipped classroom model (FCM).

Background: FCM is a teaching strategy that allows students more opportunities for critical thinking and real-world application (Barbour & Schuessler, 2017). Requiring students to review prerecorded lectures, readings, and other material before attending class and utilizing classroom time for interactive activities, such as case studies and games (Banks & Kay, 2022). FCM aligns with constructivist learning theory by developing a community in the learning environment and supporting interactive learning (Banks & Kay, 2022). One systematic review concluded that FCM could be a positive change or no change to academic performance and student satisfaction based on individual studies (Banks & Kay, 2022). Another systematic review focusing on game-based FCM revealed a short-term positive impact on academic performance. However, there is no strong evidence for a long-term impact on learning and long-term knowledge retention (Tavares, 2022). A major gap exists in FCM design because currently there are no specific details about effective pre-class, in-class, and post-class activities (Banks & Kay, 2022).

Methods: Beginning in Fall 2021, the Pathophysiology and Pharmacology course began using the FCM. Prior to Fall 2021, this course used a traditional classroom model using a lecture style to deliver content to over 100 students in each cohort, administered across three campuses synchronously. This quality improvement project compared averaged course GPAs for each semester from Fall 2022 to Spring 2025. In addition, comparing course evaluations from Spring 2021 and Spring 2025 for overall scores and highlighting student comments specific to course administration.

Assessment of Findings: The data did not show a statistically significant change in GPA over the last five years despite seeing an upward trend during the quality improvement phase of the project. The starting average GPA for the course was 3.28 in Spring 2020. The Spring 2020 GPA was also the lowest of all the 11 semesters examined for this project. The average GPA ranged from 3.4 to 3.52 since the change to a FCM in Fall 2022.

When evaluating course evaluations scores for Spring 2021 responses ranged from 4.8-5, with one student remarking, "This course is certainly nothing short of an overload of information." Scores for Spring 2025 ranged from 4.2-4.8, with a student remarking, "I loved the various interactive experiences, such as PowerPoints and group activities. Case studies were unique!" Another student shared, "I am not a fan of the pre lectures, but it's fine I guess."

Conclusions: Our findings support what is found in the literature (Banks & Kay, 2022; Tavares, 2022), there is little evidence that FCM improves learning outcomes for students. More research is needed to determine the steps involved for pre-class, in-class, and post-class activities to engage students and impact learning long-term (Barbour & Schuessler, 2019). Data will continue to be collected within our program to evaluate FCM and the process for nurse educators and students in the future.

EVIDENCE-BASED TEACHING

Identifying, Quantifying, and Contextualizing Anti-Racism & DEI in Nursing Curricula

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Background: Racism in nursing education has deep historical roots that continue to shape access, pedagogy, and professional advancement. The American Nurses Association (ANA) Commission to Address Racism in Nursing highlights how structural inequities within schools of nursing perpetuate racial hierarchies through exclusionary curricula, biased evaluation systems, and weak institutional accountability. Despite the profession's stated commitment to diversity, equity, and inclusion (DEI), persistent disparities in faculty composition, student outcomes, and classroom experiences reveal a systemic failure to confront racism as an embedded structural issue rather than an incidental one.
Purpose: This study seeks to identify, quantify, and contextualize manifestations of racial and intersectional bias in nursing educational materials and pedagogy through findings from an Anti-Racism and DEI audit conducted at the University of Washington School of Nursing (UW SON).
Methods: From the 2024-2025 academic year, the project collected 64 anonymous submissions documenting 79 distinct instances of bias in nursing textbooks, course content, and digital resources. Guided by the University of California San Francisco Anti-Racism Primer and Toolkit for Medical Educators, each submission was analyzed using content analysis. Descriptive statistics quantified bias types, while qualitative review identified recurring mechanisms of exclusion and marginalization.'
Results: Among the 79 documented biases, racism accounted for 60% (n = 47)—most often reflecting implicit whiteness as the default patient image through lighter-skinned figures, Eurocentric symptom descriptions, or biologically race-based explanations, etc. Sexism comprised 18% (n = 14), and transphobia/cissexism represented 11% (n = 9). Other forms (9%, n = 7) included lack of trauma-informed care (43%) and classism (29%). Ableism and sizeism each represented 1% (n = 1), while no submissions related to ageism or homophobia/heterocentrism.
Conclusion: Racial and gender-based biases emerged as the most pervasive, underscoring the urgent need for continuous anti-racist curriculum review and inclusive pedagogical reform in nursing education. Findings reaffirm that racism is systemic—embedded in the epistemic design of curricula, institutional policies, and sociocultural classroom climates. Addressing these inequities requires sustained curricular audits, faculty training in anti-racist pedagogy, and accountability mechanisms that extend beyond symbolic DEI statements. By connecting institutional evaluation with national reform frameworks, this work models a replicable approach for schools of nursing seeking to dismantle structural inequities and cultivate equitable learning environments.
Impact: This project has already generated tangible outcomes and laid the foundation for lasting change. Collaborations with major textbook publishers resulted in commitments to revise all 17 identified biased sections in upcoming editions. Faculty consultations and curriculum reviews are underway to integrate anti-racist and DEI principles. Student participation across BSN, DNP, ABSN, and Honors programs ensures sustained engagement and peer education. A manuscript is under peer review, and a Quality Improvement initiative will formalize the audit process for future years. Building on these efforts, the next phase will expand faculty training, develop a public-facing repository of bias exemplars and revisions, and share findings nationally through conferences and publications—positioning this model as a scalable framework for institutional accountability and anti-racist transformation in nursing education.

EVIDENCE-BASED TEACHING

Implementation Science: Using a Hybrid Type-2 Effectiveness-Implementation Model

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Purpose: Nurse researchers continually explore evidence to support evidence-based initiatives, yet many interventions demonstrate initial success only to fade over time. While early adoption may yield temporary improvements in patient outcomes, sustaining these practices requires deliberate strategies grounded in implementation science—a discipline focused on embedding evidence-based approaches into routine nursing care for enduring impact. This study describes how using principles of implementation science can bridge the gap between determining the effectiveness of a research trial and designing a pathway for successful implementation of evidence-based practice.

Description: A hybrid type 2 effectiveness-implementation model, which included the Influencer Model™, was used to determine effectiveness of the intervention and explore pathways for sustainability of outcomes. The Influencer Model leverages personal, social, and structural dimensions to create six sources of influence that motivate and enable practice change. This integrated approach helps sustain changes over time. This mixed-methods approach simultaneously assessed clinical outcomes and implementation processes in the context of non-ventilator hospital-acquired pneumonia (NVHAP) prevention.

Logic: Implementation science principles help researchers identify barriers to sustaining positive outcomes beyond the initial study period. Drawing from decades of our team's research experience, we will present a real-world case study that illuminates both successful strategies and common pitfalls in achieving durable practice transformation. Based on our analysis we were able to determine practical information about what facilitates—and what hinders—the transition from short-term compliance to long-term integration of evidence-based interventions. We achieved a statistically significant reduction in NVHAP rates that have been sustained over several years.

Conclusion: Implementation science provides a practical framework for translating research findings into sustainable clinical practice. Successful and sustained change requires a purposeful structure designed to create lasting impact that includes four key elements: (1) an interprofessional team committed to ongoing collaboration, (2) active stakeholder and executive leadership engagement, (3) accessible protocols and necessary equipment that facilitate compliance, and (4) embedded analytics to track outcomes over time. By integrating these elements—deliberately designing supportive structures, investing in people, maintaining leadership support, and measuring progress—nurse researchers can move beyond temporary improvements to achieve durable practice transformation.

Creative Course Design for Care Work: Disability Justice and Health Care

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Purpose: This paper describes a two-part course on care work and disability justice designed for students in health professions and disability studies. The course combined didactic and community-engaged learning components to prepare students to support people with disabilities in pursuing health-related quality of life across the lifespan.
Background: The course featured interactive experiences centered on care work and disability justice. Care work comprises two dimensions: the affective and affiliative relationships that convey support and deliver comfort, concern, and health information, and the labor required to do so. Care work operates within nested ecological systems, ranging from self-care to family care, structured community and institutional settings, and macro-level health and welfare policies. Not all care work delivers therapeutic or beneficial outcomes for disabled people. Disability justice, as a movement, seeks to address abuse and over-protection alike, advancing collective liberation and a more equitable and inclusive world for disabled people. Health professionals can partner with disabled people to ensure their dignity and health.
Method: Disability care competencies for health professionals are increasingly integrated into medicine and nursing curricula. The course aligned student assignments with selected competencies at an introductory level, then addressed 10 principles of disability justice and the care work concept. Students created accessible disability and health information, examined care work practices and models, and collaborated on health promotion initiatives with full engagement of a disabled community partner. A longstanding partnership with Momentum, a community disability service provider, enabled students to work with adults with disabilities to assess health promotion desires and needs, then collaborate in designing plans to achieve health goals. Four instructional design strategies enhanced learning about care as relational praxis: (1) crowd-sourced reading and reflection to center disabled voices and deepen student preparation; (2) student-created plain language infographics about care work; (3) simulated carewebs enacted in student collectives completing group assignments; and (4) student engagement with adults with disabilities in the community to build experiential understanding of disability and health-related care work.
Outcomes: Relational logs and student-created infographics demonstrated that students met course competencies. Student feedback indicated increased comfort in interacting with people with disabilities and increased knowledge of the disability care workforce across the health sector. After the course concluded, students' ongoing relationships with disabled adults in the community provided evidence of sustainable learning and continued engagement.
Conclusions: Disability care competencies can be effectively developed through multidisciplinary community-engaged coursework. Student reflection on care work concepts, experienced in both community and classroom settings, deepens competency development and reinforces understanding.

Cultivating Change Agents: Building a Pipeline for Social Justice Advocacy in Nursing

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Purpose: The purpose of this study is to provide an overview of the Health Equity Pathways Program (HEPP) goals and baseline data for the inaugural Scholar cohort.
Background: Starting in 2023, the Health Equity Pathways Program (HEPP) was designed to encourage California State University (CSU) Baccalaureate-prepared nurse graduates to continue their doctoral education at UCSF. Fewer than 1% of nurses possess doctoral degrees, and individuals from underrepresented groups—who comprise a substantial proportion of the CSU population—continue to be disproportionately excluded from these advanced educational opportunities. HEPP aims to bridge this gap by providing a pathway to support and educate diverse leaders committed to health equity and social justice advocacy. The program cultivates Scholars' success by providing exposure to people, opportunities, and resources. In the inaugural year of HEPP (2024-2025), a cohort of 6 scholars from CSUs were selected from the Post-Baccalaureate Pathway to the Doctor of Nursing Practice (DNP).
Methods: Following ethics approval, descriptive survey methods were used to obtain survey data from the Scholars focused on measurements of financial strain and social determinants of health.
Results: In this inaugural year of HEPP, a cohort of 6 scholars were selected from learners enrolled in the Post-Baccalaureate Pathway to the DNP. All Scholars reported having a clear understanding of the meaning of the terms health disparity, health equity, and social determinants of health; were willing to educate themselves about the diverse groups they interact with on campus; and believed that people's health status can be influenced by their race or ethnicity in our society. The majority (83%) of the Scholars either strongly disagree or disagree that the U.S. healthcare system is adequately addressing health disparity issues and believe that structural racism and discrimination do not exist in the United States. Approximately two-thirds (67%) strongly disagree or disagree that health disparities exist because of the deficient behavior of individuals. Two-thirds of the Scholars rated their stress level as 7 or higher on a scale of 1-10, with 10 being the highest level of financial anxiety, and a mean score of 5.83 (SD 3.06) and a range of 1 to 8.
Conclusions and Future Implications: Findings from this inaugural year highlight the promise of the Health Equity Pathways Program (HEPP) scholars to navigate the currents of healthcare as future nursing leaders with a strong foundational understanding of health disparities. Scholars demonstrated high levels of awareness and commitment to addressing systemic inequities, while also identifying significant levels of financial stress that may impact their academic journey. These baseline results underscore both the strengths and areas for continued support as HEPP evolves to strengthen CSU pathways, reduce barriers, and prepare diverse nurse leaders to advance health equity and social justice advocacy.

HEALTH EQUITY

Delphi Panel with Disability Experts on Supported Decision-Making Resources

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Purpose: Supported decision-making (SDM) is a framework for people with disabilities to make their own decisions with assistance from trusted supporters. Despite growing attention to SDM in practice and policy, there is limited guidance on how to develop or evaluate SDM tools and resources. This study aimed to develop and refine a rubric outlining best practices for creating and evaluating SDM resources through systematic expert consensus.

Background: SDM is a paradigm shift away from substitute decision-making in the lives of people with disabilities, aiming to promote self-determination through decisional support. At least 20 states now have legislation recognizing SDM as a legal framework for decision-making. As SDM expands in policy and is rapidly being implemented in service systems, there is a need to consider how to define SDM resource quality and develop higher-quality SDM resources using best practices. Currently, there are no empirically-derived best practices for developing or evaluating SDM resources.

Methods: This was a sequential, modified Delphi panel that took place from January to October 2025 in the United States. Using purposive and network sampling, we recruited 48 participants: 31 individuals with disability lived expertise and 17 with academic or professional disability expertise. Four sequential rounds were conducted via web-based surveys. The first round engaged individuals with disability lived expertise through a plain-language survey with importance ratings and drag-and-drop sorting activities to prioritize core SDM components. Three additional rounds of feedback came from academic and professional experts who rated rubric domains and items using five-point Likert scales and provided qualitative feedback on item wording. Across rounds, aggregate anonymized feedback guided iterative refinements to the SDM resource evaluative rubric.

Findings: Delphi panel participants were predominantly women (58.3%), and 83.3% identified as having a disability. There was no single majority disability type, but the most frequently selected disability categories were mental health disabilities (45.8%, n=22), chronic illness (33.3%, n=16), learning disabilities (29.1%, n=14), intellectual or developmental disabilities (27.1%, n=13), and autism spectrum (25%, n=12). Self-advocates identified understandable information, autonomy, and cultural sensitivity as the highest-priority domains of SDM. Professionals' rubric quality ratings improved from 4.2 (SD=0.9) in Round 1 to 4.5 (SD=0.6) in Round 3. Experts recommended domain name changes, consolidation, and removal, and item-level language updates in each round. The final rubric contained six domains: Supports Self-Determination, Uses Respectful Language, Easy to Use and Understand, Made for a Diversity of People and Cultures, People with Disabilities Helped Create It, and Clear Supporter Roles. Each domain has three rating levels (Great, Fair, Poor) with detailed descriptors and examples and a scoring system for an overall resource rating.

Conclusions: This Delphi panel generated a rubric for evaluating and developing SDM resources using a sequential approach that prioritized disability lived expertise. Healthcare professionals and disability service providers can use this rubric to assess SDM resource quality and guide new resource development. The rubric's accessible design, including plain language, visual elements, and concrete examples, models the best practices it evaluates, making it usable across diverse settings and populations.

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P-HISB for Children with IDD

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Purpose/Aims: We developed a conceptual model to address a theoretical gap in understanding how parents of children with intellectual and developmental disabilities (IDD) acquire, evaluate, and apply health information.

Description: Given that parents of children with IDD remain responsible for managing their child's health, including chronic diseases, sexual development, and vaccination, understanding parental health information-seeking behavior (P-HISB) provides insight into how parents navigate care and informs strategies to reduce health disparities. P-HISB, conceptualized as a coping strategy, helps parents address health threats, plan preventive care, and prepare for shared decision-making about their child's healthcare. However, little research has examined P-HISB within the intersecting contexts of disability, the health care system, and child development through adolescence to young adulthood.

Our conceptual model of P-HISB is structured around eleven components that frame its scope and theoretical meaning. Personal Factors (i.e., knowledge, preferences) and Contextual Factors (i.e., social determinants, social networks) are the first two components. Four additional components add depth to personal and contextual factors that are specific to the population's context: Disability (i.e., healthcare experiences, education, public services), Child's Developmental Stage (i.e., "Identity vs. Role Confusion" of adolescence, autonomy, sexual maturation), Culture (i.e., values, language, traditions, roles), and the Healthcare System (i.e., access, trust, communication). Information Need represents the discrepancy between current knowledge and that required to fulfill a purpose. Information-Seeking or Avoidance describes how parents encounter, actively seek, or deliberately avoid health information. Information Processing refers to the congruence between information sought and obtained, including excessive or unwanted information. Mediating Factors include cognitive processing, emotions, and alignment with social networks that shape how information is interpreted, utilized, or rejected. Finally, Information Sources encompass digital media, printed materials, and conversations with healthcare professionals, family, friends, and community members.

Logic: Our conceptual model links theory to practice and research by providing a framework for considering the complexity of parental decision-making among a population experiencing multiple, intersecting vulnerabilities. By specifically incorporating developmental stage, culture, disability, and healthcare system factors, the model acknowledges that P-HISB for parents of high school-aged children with IDD occurs within a uniquely challenging context. The model's recognition of potential barriers and the dynamic nature of information-seeking demonstrates why standardized health communication approaches may fail to reach or resonate with families of children with IDD. For researchers, the conceptual model suggests specific attributes warranting empirical investigation. For practitioners, it highlights potential intervention points, from addressing systemic barriers to supporting adaptive coping strategies that may enhance health outcomes.

Conclusion: The P-HISB conceptual model offers utility for research, practice, and education by providing a framework for understanding how parents of children with IDD navigate health information in contexts shaped by disability, child development, culture, and healthcare systems. It can enhance education by advancing equity-oriented, systems-based understanding in healthcare. This model can inform the development of healthcare interventions and may guide analytical strategies for research. The P-HISB conceptual model ultimately supports nurses in delivering family-centered care that acknowledges the complexity of parental information needs for their children with IDD from childhood to adulthood.

HEALTH POLICY, SYSTEMS, AND LEADERSHIP

Abortion at the Crossroads: A Comparative Policy Analysis between California and Texas

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Background: Access to, and provision of, abortion services in the U.S. is a significant sociopolitical and health policy issue that regularly rises to the top of the policy agenda. With the Supreme Court Dobbs v. Jackson Women's Health Organization decision in 2022, policies governing abortion have mostly shifted to the states and removed decades-long federal protections for women. Much of the research on abortion policies following the Dobbs decision has focused on broader federal implications of the ruling; however, within and between state analyses of the factors influencing abortion policies have yet to be studied.
Aims: To analyze the role of ideas, interests, and institutions in abortion policies that were enacted in California and Texas following the Dobbs decision.
Methods: Legislative texts (i.e., California's Proposition 1 and Texas' Senate Bill 8, the *Heartbeat Act*) were obtained from publicly available government websites and designated online archives in 2025. These documents were analyzed using a deductive approach to identify the ideas, interests, and institutions that contributed to different policy outcomes in California and Texas. Ideas were assessed through policy narratives and official position statements on abortion access. Interests captured key stakeholders (e.g., religious groups, advocacy organizations, etc.) who advanced their abortion policy positions. Institutions captured persisting state-level systems that enforced or limited abortion access through judicial and/or administrative mechanisms.
Results: There were 14 legislative texts (seven in each state) used in the analysis. The ideas of "reproductive rights" in California and "fetal protection" in Texas drove the development and enforcement of abortion policies in each state. Californian decision-makers embraced the idea of abortion as a health care right. Progressive, sought access expansion and aggressively lobbied for it by framing abortion as an essential health care service. Proposition 1, the key policy facilitating abortion in California, aimed to improve access and de-criminalize abortive services that were performed by nurses and physicians. Conversely, in Texas, the *Heartbeat Act* and local ordinances targeted 'sanctuary cities' and doubled down on the idea that life begins at conception. This idea was embraced by staunchly conservative interests (i.e.,) that sought to place restrictions on abortion access.
Conclusion: There were clear divergences in the ideas and interests that impacted abortion policy in opposing directions between California and Texas. These were shaped primarily by differing political and administrative processes, rather than enduring institutional frameworks. These findings offer critical insights for understanding how states with varying political approaches to health care, autonomy, and the definition of life, along with active mobilization by groups, can affect abortion policy outcomes. These perspectives can guide other U.S. states in shaping abortion policy post-Dobbs' decision, and they can inform nursing practice through enhancing awareness of abortion services and referrals to similar services for women of reproductive age.

HEALTH POLICY, SYSTEMS, AND LEADERSHIP

Assessing Progress: Integrated Review of LGBTQ+ Faculty Experiences in Academia

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The objective of this review was to synthesize and assess the empirical research about experiences of LGBTQ+ faculty in higher education published between January 2010 and March 2025 to evaluate progress made in addressing research gaps identified in a seminal 2010 review.
Methods: This critical integrated review was conducted to systematically synthesize research on the experiences of LGBTQ+ faculty in higher education, published between 1 January 2010 and 31 March 2025. The review aimed to answer the question: What is the current state of knowledge regarding the experiences of LGBTQ+ faculty in higher education?
The systematic search strategy spanned multiple resources, including EBSCOhost (searching numerous databases simultaneously), Google Scholar, and grey literature. We used the Boolean operator "AND" to combine the core concepts: "faculty," "sexual or gender minority," and "higher education," yielding 903 initial articles.
After removing duplicates and applying date/language filters, 249 articles remained. Both authors independently screened abstracts, applying strict inclusion criteria (focusing on distinct findings for LGBTQ+ faculty in higher education) and exclusion criteria (excluding articles focused solely on students, staff, or faculty experiences outside higher education). This process resulted in 78 articles for full-text review.
Following a full-text assessment to confirm relevance and distinguish faculty-specific findings, 36 articles were initially included. Hand-searching references and forward-citation searches added 4 more articles, totaling 40.
The scientific quality of all 40 articles was appraised using the appropriate Joanna Briggs Institute (JBI) Critical Appraisal Checklists to assess the risk of bias across diverse methodologies. Studies with crucial methodological flaws were excluded, resulting in 25 articles for the final review.
Data extraction followed a structured template. The analysis involved iterative coding of findings, themes, and interpretations. Initial codes related to concepts like work environment assessment and systemic oppression were compared and grouped into categories (e.g., interpersonal interactions, unequal treatment). A final iterative process was used to develop the definitive themes and subthemes.
Results: Researchers have made notable progress by conducting more studies and increasingly using critical theoretical frameworks to examine the experiences of LGBTQ+ faculty. Through our analysis we identified three core themes: (1) *Influence of work climate on LGBTQ+ faculty experiences*: How institutional environments influence LGBTQ+ faculty well-being and success; (2) *Discrimination affects LGBTQ+ faculty work experiences*: Persistent homophobia, heterosexism, sexism and racism impacts LGBTQ+ faculty; (3) *LGBTQ+ faculty responses*: LGBTQ+ faculty use strategies for resilience and advocacy to navigate their work climates.
Implications: Our findings indicate a greater need for academia and its leaders to value and support research about experiences of LGBTQ+ faculty. We also found that despite DEI initiatives, institutional climates often remain a source of discrimination for LGBTQ+ faculty, suggesting these efforts are symbolic rather than effective. Amid rising anti-LGBTQ+ legislation and a backlash against DEI efforts, we underscore the need for organizational leaders to urgently implement meaningful, systemic change.

HEALTH POLICY, SYSTEMS, AND LEADERSHIP

Promoting Inclusivity for Nursing Faculty to Advance Health Equity

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Background: Increasing the diversity in nursing remains stagnant despite its importance to addressing health inequality. Inclusive work environments promote success for people working in them yet we know little about the process of inclusion for lesbian faculty in nursing education. The studies in this dissertation aim to illuminate the experiences of inclusion for lesbian faculty members within the nursing academic environment. Knowledge produced will inform the development of a working conceptual model about the processes of inclusion from the perspective of lesbian nursing faculty, to inform the development of policies and practices that promote inclusivity in nursing education.

Methods: Intersectionality theory will guide our grounded theory study as we explore patterns of inclusion and exclusion for lesbian nursing faculty working in nursing education contexts. We will recruit 12-22 self-identified lesbian nurse faculty from nursing education programs located in the United States. In-depth interviews conducted by phone, or video conferencing will be transcribed verbatim. Using GTM our analysis will combine inductive and deductive coding to identify themes emerging directly from the data and incorporate established concepts to enhance our analysis. The study aims to understand how factors like gender, sexuality, and intersectionality influence lesbian faculty's experiences and identify potential barriers and supports for inclusivity.

Anticipated Findings: The entire dissertation will address the significance of and need for inclusive practices and promote diversity in nursing education and nursing profession. The chosen philosophical framework and methods will combine to illuminate possible explanations for not making progress toward diversity in nursing and explaining how CIS heteronormativity continues to dominate education narratives and keep us from progressing toward implementation of greater inclusivity.

Conclusions: What we learn will contribute to a better understanding of how lesbian faculty experience inclusion within their work environments and will identify strategies to create equitable and supportive work environments for all members of the academic community

HEALTH POLICY, SYSTEMS, AND LEADERSHIP

Manual Lifting Standards in Washington Nursing Programs and Safety Laws

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Purpose/Aims: This study examined manual lifting requirements in prelicensure nursing program admission criteria in Washington State to determine: (1) prevalence of weight-lifting requirements in essential abilities documents, (2) alignment with National Institute for Occupational Safety and Health (NIOSH) guidelines for safe patient handling, and (3) consistency with Washington State Safe Patient Handling legislation (RCW 70.41.390).
Background: Despite legislative mandates requiring mechanical lift equipment in healthcare facilities and established occupational safety guidelines restricting manual patient handling to 35 pounds, prelicensure nursing programs continue to enforce manual lifting requirements as admission criteria. Washington State's Safe Patient Handling law, enacted in 2006, requires hospitals to implement engineering controls and assistive devices instead of relying on manual lifting. This acknowledges that 38% of nurses have a history of back injuries and manual patient handling poses risks to both patients and healthcare workers. The law explicitly grants healthcare workers the right to refuse unsafe patient handling without retaliation. This study builds on previous research demonstrating that physical essential abilities requirements may violate the Americans with Disabilities Act, while also examining the contradiction with occupational health standards designed to prevent workplace injuries.
Methods: A cross-sectional analysis was conducted of all pre-licensure nursing programs in Washington State (N = 46) approved by the National Council of State Boards of Nursing. Data was collected by accessing publicly available admissions requirements from institutional websites between April and September 2023. Programs were categorized by type (Associate Degree in Nursing [ADN], Bachelor of Science in Nursing [BSN], or other) and institutional control (public or private). Manual lifting requirements were extracted verbatim from essential abilities documents and analyzed for specific weight requirements. Requirements were compared against NIOSH's 35-pound recommended weight limit for patient transfers and Washington's Safe Patient Handling legislation.
Assessment of Findings: Of 46 nursing programs analyzed, 11 (23.9%) specified manual lifting requirements. Five programs (10.9%) exceeded NIOSH's 35-pound patient handling limit, with requirements ranging from 40 to 75 pounds. All programs exceeding guidelines were public. Associate degree programs had higher rates of exceeding NIOSH limits (4/29, 13.8%) compared to BSN programs (1/16, 6.3%). The most extreme requirement was lifting 75 pounds, which is 114% above NIOSH limits. Some programs required students to "lift or transfer clients" ranging from 40-50 pounds "independently" or "with assistance." These contradict state law, which mandates the use of mechanical lifts and workers' right to refuse unsafe patient handling.
Conclusions: One in nine Washington state nursing programs has admissions requirements exceeding federal safety guidelines for patient handling, creating a paradox where students are screened for abilities that are legally prohibited in clinical practice. These may unlawfully exclude qualified candidates with disabilities who could safely use mechanical lift equipment. Programs are training students for unsafe practices, potentially perpetuating nursing injuries that led to protective legislation. Nursing programs should review and revise essential abilities to align with occupational health standards and laws. Future research should explore the link between requirements and student success, assess whether these predict competence, and develop evidence-based abilities reflecting modern practice with assistive technologies.

HEALTH POLICY, SYSTEMS, AND LEADERSHIP

Nurses' Perceptions of Shared Governance, Psych Empowerment, and Retention

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Purpose/Aims: The study aimed to explore nurses' perceptions and experiences of shared governance, psychological empowerment, and retention through turnover intention using a qualitative research design.

Rationale/Background/Conceptual Basis: The current nursing shortage worsens due to the upcoming retirements of baby boomers and the effects of the COVID-19 pandemic. Additionally, increasingly complex healthcare standards with high-quality metrics contribute to the rising loss of experienced nurses. This critical shortage can lead to negative outcomes for both nurses and the quality of patient care. Therefore, healthcare leaders must invest in evidence-based retention strategies to close this gap. Shared governance, a practice model where nurses have a platform to control their practice and define their work environment, has been linked to nurse retention. However, there is a knowledge gap regarding the connections among SG maturity, nurses' psychological empowerment, and turnover intention—especially after the COVID-19 pandemic. Imogene King's Theory of Goal Attainment was used to guide the development and analysis of the study. In this theory, King proposed that individuals involved in an interaction must accurately perceive their roles and responsibilities to achieve successful transactions and reach their goals. In this context, clinical nurses and nurse leaders—key stakeholders within the organization's shared governance practice model—must accurately understand their roles and responsibilities to attain psychological empowerment and improve retention.

Methods: Narrative responses to the open-ended questions, one for each of the study variables — shared governance, psychological empowerment, and turnover intention, were analyzed using both content and thematic analyses. A total of 415 responses were collected through an online survey from nurses working at two acute care medical centers within an integrated care system.

Outcomes: Two main themes were identified: **Theme 1**: The positive impact of shared governance on nurses. Shared governance was viewed as positively influencing nurses' practice decisions, leading to better patient care, professional growth, and development, which contribute to psychological empowerment and play a key role in nurse retention. **Theme 2**: Lack of shared governance's impact on nurses. Shared governance has no effect on collaborative decision-making for improved patient care, nurses' professional growth, or nurse retention.

Conclusion/Implications: There is a clear difference in how nurses perceive and experience shared governance concerning patient care quality, professional development, and nurse retention. By applying the study's insights—such as providing nurses with practice-related information through open communication, offering resources for professional growth, and involving them in shared decision-making—nurse leaders can strengthen the organization's shared governance infrastructure. This can foster improved collaboration between clinical nurses and leaders when making practice decisions. These changes may positively influence nurses' perceptions of shared governance, enhance their psychological empowerment, and increase retention, helping to address the current nursing shortage. Future research could utilize interview techniques for deeper insights and involve nurses in active discussions about their perceptions of the study variables. Another recommendation is to develop an intervention based on these findings, which could help promote shared governance, boost psychological empowerment, and support nurse retention.

HEALTH POLICY, SYSTEMS, AND LEADERSHIP

Pacific Nursing Program Standards Exceed Federal Safe Lifting Guidelines Despite Laws

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Objective: To examine physical lifting requirements in Alaska and Hawaii prelicensure nursing programs compared with federal occupational safety guidelines and state safe patient handling initiatives.

Background: The National Institute for Occupational Safety and Health (NIOSH), the federal agency responsible for workplace injury prevention research, recommends 35-pound maximum lifting for healthcare workers. Hawaii passed Resolution 16 (2006) supporting safe patient handling. Essential abilities documents establish technical standards for nursing program admission. Exposure to these documents risks the loss of critical healthcare talent, as students may decline the field due to concerns over personal safety or physical limitations. Neither state requires any physical capabilities for licensure.

Methods: Content analysis examined publicly available documents from all Alaska (N=4) and Hawaii (N=9) prelicensure nursing programs (August-October 2025). Variables included essential abilities presence, specific lifting requirements, and accommodation language. Requirements were compared against NIOSH's 35-pound recommendation.

Results: Essential abilities were present in 100% of Alaska programs and 67% of Hawaii programs. All programs with essential abilities (10/10) mandated lifting requirements. Five Hawaii programs specified weights: two required 50-pound independent lifting (43% above NIOSH guidelines), one required "300 pounds with assistance," one required lifting a patient "six (6) inches from a stooped position" without specifying a weight limit, and two required 25-30 pounds minimum. Alaska programs mandated patient "positioning, moving, and transferring" without specifying weights. No programs mentioned mechanical lift equipment as alternatives. Two public universities required 50-pound lifting despite state safe patient handling support.

Conclusions: Pacific prelicensure nursing programs mandate lifting exceeding federal safety guidelines despite state safe patient handling initiatives. Hawaii's 300-pound assisted lifting requirement contradicts its 2006 resolution supporting safe patient handling. Programs requiring 50-pound independent lifting exceed NIOSH recommendations, potentially violating OSHA's General Duty Clause. Educational prerequisites exceed both federal safety standards and licensure requirements while ignoring mechanical lift availability, creating unnecessary barriers. A critical re-evaluation and update of essential abilities documents in the region's prelicensure programs is necessary to avoid litigation and promote equitable access to the nursing profession.

HEALTH POLICY, SYSTEMS, AND LEADERSHIP

Physician-Assisted Dying Policy: A Comparative Analysis in Arizona and Colorado

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Background: Policies governing Physician-Assisted Dying (PAD) are influenced by ethics, culture, and politics. Nationally, support for PAD is growing; however, many states diverge widely in their approaches to legalization. Colorado legalized PAD in 2016, but Arizona has repeatedly failed to pass related legislation. Both states share comparable older adult population demographics with increasing demand for end-of-life care, yet they have reached different policy outcomes for PAD. Given these similarities, examining how and why PAD legislation advanced in Colorado but stalled in Arizona can identify important contextual factors that shape ethically sensitive health policies.
Objective: To explore why PAD was enacted in Colorado but not in Arizona by applying Kingdon's Multiple Streams Framework (MSF).
Methods: MSF posits that policy change occurs when three streams – problem, policy, and politics – come together, often facilitated by policy entrepreneurs during specific, time-limited windows. Publicly available sources from Colorado and Arizona were reviewed, including legislation and regulations, advocacy and opposition documents, health-system protocols and statements, governmental reports, and peer-reviewed literature between January and April 2025. Included sources were required to have substantive content on the framing of PAD, policy design and implementation, political dynamics, or regulatory practice. A comparative, deductive thematic analysis guided by Kingdon's MSF was performed comparing how the problem, policy, and politics streams converged or diverged and identified the role of policy entrepreneurs and policy windows. Data were extracted into an MSF matrix (problem, policy, and politics), and cross-case comparisons were conducted to examine streams alignment, policy windows, and policy entrepreneurs.
Results: A total of 42 records were identified, of which 18 met criteria. In Colorado, the problem focused on autonomy, dignity, and patient-centered care, which was reinforced by health system messaging. The policy was well-developed, adapting Oregon's model with incorporating safeguards such as dual-physician verification, waiting periods, reporting requirements, and provisions for conscientious objection. The politics were favorable, supported by sustained public backing. A ballot initiative allowed advocates to bypass legislative gatekeeping. Advocacy coalitions acted as policy entrepreneurs, connecting the different streams, which opened a policy window in 2016 and facilitated implementation within the health system. In Arizona, problem framing was fragmented. The focus of autonomy was challenged by influential opposition that framed PAD as assisted suicide. The policy lacked a bipartisan and procedurally detailed bill that received broad institutional support. The politics remained resistant due to conservative leadership and organized religious lobbying, causing bills to stall in committee despite increasing public support. No viable policy window emerged in this context.
Conclusions and Implications: These findings highlight the importance of the need for a coherent narrative to achieve policy change for ethically sensitive topics, such as PAD. These narratives should clearly address ethical concerns, provide procedural safeguards that build trust among professionals, and utilize strategic timing to leverage policy windows. These findings also provide valuable insights for nurses and healthcare leaders who are involved in ethically complex patient issues, advocacy, education, and end-of-life care, underscoring the importance of aligning evidence-based framing with policy opportunities.

HEALTH POLICY, SYSTEMS, AND LEADERSHIP

State of Shared Governance and Nurses' Engagement in Decision-Making Post-Pandemic

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Purpose: To assess the state of shared governance challenged by disruption of successful patterns of engagement from the pandemic and to determine the extent of involvement in nursing practice decisions among nurses in a hospital setting.

Background: Involvement in practice decisions by nurses is vital, with increasing interdependence characteristic of complex systems and the challenge of having an adequate workforce and healthy work environments. Professions by character and design are relational and collaborative and need horizontal decision-making processes and structures, and relationship-based leadership. Shared governance is one approach that has supported the authority of nurses over professional nursing practice. Established governance council structures and processes in hospitals have been disrupted by the pandemic from difficult working conditions, staffing shortages, and high turnover. There is a need to assess the state of shared governance and determine the extent of shared decision-making post-pandemic.

Methods: This study is a descriptive, survey design using a convenience sample of RNs (n = 253) employed at a Magnet®-designated community hospital in California. The 50-item Index of Professional Nursing Governance (IPNG) questionnaire about practice, participation, personnel, information, goals, and resources was used to assess the level of maturity of shared governance: traditional (50-100) management-driven decision-making or shared (101-150) RNs and managers share equally in decision-making; or self-governance (151-200) RNs drive decision-making. The Decisional Involvement Scale measured perceived actual and preferred decisional involvement. Data were collected in an online survey from March to August 2025. Analysis included descriptive statistics, paired t-tests, and content analysis of narrative data.

Findings: Content analysis from open-ended questions identified that shared governance contributes greatly to RN professional development. Nurses strongly supported shared governance as essential to healthy work environments; critical for their involvement in decisions about nursing practice; and empowering, motivating, and encouraging. The IPNG score for shared governance was 100, just below shared decision-making. Current structures and processes were not perceived as adequate with shared decision-making being more traditional, management-driven post-pandemic. Rather than partnership between nurse leaders and RNs, top-down decisions were perceived more often. Nurses expressed a desire for greater involvement in shared decision-making with scheduling, unit coverage, developing/ monitoring practice standards, and selection of unit leaders and RNs ($p < 0.05$).

Conclusions/ Implications for Practice: Research has identified shared governance as an important retention strategy. This study shows that evaluating shared governance is valuable in identifying needs and areas for improvement. Study findings provide decision priorities that nurses want to be more involved in for professional practice governance. Next steps include using findings to enact change, increase RN involvement in decision-making, and exploring factors to sustain involvement in shared governance.

Implications for practice are assessment of shared governance can guide actions to promote nurses' involvement in practice decisions. This study can be replicated as a strategy for healthcare organizations seeking to improve RN retention. Future research can address interventions for shared decision-making to limit turnover intention, especially among RNs with 2-5 years of experience, considered most at risk to leave, and explore shared governance content in nursing curricula.

HEALTH POLICY, SYSTEMS, AND LEADERSHIP

Uniting Theory: Psychological Safety and the Intention to Leave

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Purpose: Recent reports indicate that between 8.8% and 37% of nurses leave their jobs annually (Haddad et al., 2025). This causes staffing shortages that negatively affect patient care and lead to increased nurse burnout, lower job satisfaction, and higher turnover rates. A small but growing body of research suggests that psychological safety may influence nurses' intentions to leave (Cho et al., 2023; Cho & Steege, 2025). To guide future research, theories on psychological safety (Ito et al., 2022) and intention to leave (Dabaghi et al., 2024) have been combined into a single conceptual model. This presentation aims to describe this framework and highlight its usefulness for studying nurse retention in future research.

Description of Concepts: Psychological safety is described as a climate where individuals feel comfortable sharing their thoughts without fear of embarrassment (Edmondson, 2019). High levels of psychological safety promote open communication and collective learning, which in turn improve patient outcomes, while low levels of psychological safety suppress concerns and hinder problem-solving.

An intention to leave reflects the cognitive process that occurs before someone departs from the work environment. It is widely recognized as the most reliable predictor of actual turnover (Kruzich et al., 2014), although not every intention results in departure. Other outcomes associated with turnover intention include a negative professional attitude and unmanaged personal stress (Dabaghi et al., 2024). Understanding how psychological safety and turnover intention interact is essential for improving nurse retention.

Logic: Building on concept analyses by Ito et al. (2022) for psychological safety and Dabaghi et al. (2024) for intention to leave, antecedents were examined to identify areas of convergence. Ito et al. (2022) identified individual, interpersonal, and system factors influencing psychological safety, while Dabaghi et al. (2024) outlined demographic, interpersonal, organizational, and psychological antecedents for intention to leave. A visual display of the combined framework illustrates shared domains across individual and interpersonal dimensions, as well as overlapping system-level and organizational factors. The similarity in antecedents suggests a reciprocal relationship: psychological safety may influence, and be influenced by, the intention to leave. Antecedents and related factors were drawn from nursing research (Alexander et al., 1998; Bahlman-van Ooijen et al., 2023; Dabaghi et al., 2024; Ito et al., 2022; Kim, 2020; Zahednezhad et al., 2021), with future studies needed to refine and empirically test the strength of relationships.

Conclusion: Combining the theoretical perspectives of psychological safety and intention to leave offers a unique perspective for examining nurse retention. This approach will be valuable in future research aimed at improving nurses' working conditions and preventing them from leaving the profession. The integrated conceptual framework may help identify both protective and risk factors that influence nurses' decisions to leave. It also enables mapping of shared antecedents across individual, interpersonal, and system levels. This framework emphasizes that retention is not only an individual choice but also reflects broader organizational climates that either foster or undermine trust, belonging, and professional fulfillment.

HEALTH POLICY, SYSTEMS, AND LEADERSHIP

Using Co-Design and Change Management to Reduce Early Career Nurse Burnout.

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Purpose/Aims: In the US, 25 percent of early career nurses (ECN) leave the profession within the first year of work due to burnout and work environment. We are implementing a co-design and change management approach to developing interventions that help organizations mitigate burnout and intention to leave by facilitating active collaboration between ECNs and nurse managers so that a shared understanding of the issues is reached and solutions are designed in partnership. We are conducting co-design focus groups between ECNs and nurse managers to effectively engage ECNs in organizational operations and system redesign; develop new knowledge on ECN perceptions of burnout; evaluate the effectiveness of using a co-design approach to reduce ECN turnover; and identify ways of creating organization-wide strategies for creating healthy work environments.

Methods: UC Davis Health New Graduate Nurse Residency Program participants in the May (N=32) intake of 2025 are invited to participate, as are all UCDH unit nurse managers (N=30). Participants will attend three one-hour co-design focus groups between September and December 2025. Enterprise Change Management guides the structure of the focus groups: 1) creating the case for change and developing a future state; 2) who could be most impacted; 3) planning the change approach, considering the required resources, resisting forces, costs and how wider organizational factors might influence the success of changes. ECNs will feedback on whether participating in the co-design process impacted their burnout and intention to leave. Data analysis will include general inductive thematic analysis using NVivo. Historic record data will be collected from UCDH on the turnover rates of previous ECNs to enable comparisons between the different cohorts and assess whether ECNs who participated in the co-design process had reduced turnover rates.

Assessment of Findings: All data and analysis will be complete by January 2026 and ready to be presented at the conference. Ethical permission has been obtained and both ECN and manager participants have been recruited. The co-design approach will enable the key issues related to burnout to be identified, then effective and efficient organizational support strategies to be developed. We expect that involving ECNs in the co-design process will increase their perceived organizational support and mitigate their burnout and intention to leave. The data will provide insight into the impact of using a co-design approach on burnout and enable an evaluation of the use of this innovative method in organizational support development.

Conclusions/Implications: This study uses co-design and change management processes to explore the nature of burnout within nursing and contributes to system-wide intervention planning. This requires innovative research leadership and bold system change and necessitates that ECNs and their managers connect and jointly contribute to the creation and implementation of novel ways of working together. The study provides new data on the generational impact of burnout, how organizations might manage burnout and its impact on employers' wellbeing and turnover, as well as the potential cost impact for organizations.

HEALTH PROMOTION/ILLNESS PREVENTION

Caregiving between the Lines: What Literature Misses and Lived Experience Reveals

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Purpose: To describe how conducting in-depth, autoethnographic interviews alongside a structured literature review offers a unique opportunity to deepen the analytical depth of the caregiving experience and highlight gaps in the existing literature.

Background: In 2025, there are 47.8 million unpaid (informal) caregivers. Caregivers play a vital role in supporting population health and sustaining the healthcare system. However, research has documented potential negative consequences of caregiving, including adverse physical, mental, and financial outcomes. To fully understand these impacts, it is essential to examine caregiving within the nuanced context of individual lived experiences and social influences.

Methods: A structured literature search was conducted across four databases and grey literature to identify papers related to caregiver health and wellbeing, financial impacts, and employment-related policies, including paid family leave. Summarized findings of sources (n=239) were collected in a review matrix.

The autoethnography involved three one-hour of interviews with an informal family caregiver. Interview topics were informed by themes identified in the literature and through reflexive journaling and reflection between sessions. Thematic coding was applied to the transcripts. Findings were validated through member-checking during weekly team meetings. Converging and diverging themes, as well as gaps in the literature, were documented in the literature review matrix. The literature review and autoethnography were part of a larger multi-methods study that included secondary analysis of the 2022-2023 Utah Behavioral Risk Factor Surveillance System data, a de-identified, publicly available state-level population-based dataset. These findings were used to humanize BRFSS analysis results to inform a policy brief for Utah lawmakers focused on caregiver support.

All data sources were deemed exempt from by the University of Utah IRB. Investigators signed a Memorandum of Understanding to ensure interview participant privacy and confidentiality.

Results: The concurrent use of literature review and autoethnography enabled iterative, bidirectional refinement of data collection and analysis. Initiating the literature review before the autoethnography interviews helped shape topics that complemented existing research while also identifying areas it overlooked. Reviewing the literature after analyzing the autoethnography further illuminated aspects of the caregiving experience underrepresented in the existing research. Themes emerging from the autoethnography that were either absent or minimally addressed in the literature included the emotional complexity and social context of caregiving. Examples include the influence of a caregiver's prior experience with health and illness on their current caregiving experience, the impacts of global events (e.g. a recession, pandemic) on caregiver challenges, and the influence of social movements (e.g. "Me Too") in how caregiving is experienced.

Implications: Conducting and analyzing an autoethnography alongside a literature review allows researchers to move beyond reinforcing existing narratives and instead center research that uncovers the complexity and importance of the emotional-social context and the direct influence of broader policies. Furthermore, integrating the social dimensions of caregiving can enhance communication of research findings to stakeholders, especially those not deeply embedded in the topic such as policymakers, by making the data more relatable and impactful. This method offers a richer, more nuanced understanding of caregiving that extends beyond what is typically captured in existing literature.

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HEALTH PROMOTION/ILLNESS PREVENTION

Hospital-Acquired Pneumonia Prevention by Engaging Nurses (HAPPEN)

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Background: Hospital-acquired pneumonia (HAP), the most common healthcare-associated infection, poses a significant challenge due to its high morbidity and mortality rates, extended hospital stays, and increased healthcare costs. Current literature suggests that daily oral care is effective in preventing HAP, particularly in non-ventilated patients. While best practices in oral care have been identified, effective strategies for implementing standardized oral care protocols to prevent HAP are limited.

Purpose: The purpose of this study is to determine the impact of a twice-daily standardized oral care protocol for both ventilated and non-ventilated patients on incidence of HAP, cost avoidance, and length of stay. Additionally, the study will evaluate nurse perceptions of the importance of oral care and their impact on protocol compliance. This study will further evaluate if nurse perceptions differ by demographics, including unit, work schedule, gender, age, ethnicity, experience, and education level.

Methods: A single arm pilot study using a stepwise approach will be utilized to implement a standardized oral care protocol in a large acute care hospital. A standardized education plan including the oral care protocol will be distributed to 15 nursing units. A self-guided, computer-based module will be utilized to educate nurses and unlicensed assistive personnel. This will include patient assessment to determine the appropriate level of patient support, equipment required, and the procedure to correctly perform oral care. Compliance to the oral care protocol will be tracked monthly via an internal report generated from the electronic health record, including percentages of oral care compliance per patient and unit. Pre- and post-intervention data collection will be conducted. Nursing staff's perceptions of the importance of oral care will be evaluated before and after the protocol implementation to determine the effectiveness of the education and the influence on patient outcomes. This study is anticipated to last approximately 12 months or until the intervention is implemented in every identified unit that meets inclusion criteria.

A Poisson distribution will be utilized to determine the strength of the relationship between the compliance of the protocol and if there is a significant decrease in HAP and cost per case following implementation. Perceptions of staff about a standardized oral care protocol will be measured by a feasibility of intervention measure score (FIM). The average FIM score before and after intervention will be analyzed using a two-tailed independent t-test. The percentage change of other categorical questions will be analyzed using chi-square analysis. A thematic analysis will also be conducted for open-ended questions.

Results: Data collection is in progress. It is anticipated that this intervention will be perceived as feasible with a 50 percent increase in oral care compliance based on previous literature. It is expected that the standardized oral care protocol will positively impact nursing perceptions of oral care and therefore result in increased oral care compliance, leading to improved patient outcomes including reduced HAP, cost, and length of stay.

HEALTH PROMOTION/ILLNESS PREVENTION

Implementing Standardized Training for Blood Pressure Protocol in Clinic and at Home

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Purpose: This quality improvement project aims to update and standardize blood pressure measurement protocol at all outpatient clinics associated with Pullman Regional Hospital (PRH), as well as implementing at home blood pressure protocol for patients.

Background: Hypertension is a widespread issue with nearly half of all people in the United States having this condition. Of those that have diagnosed hypertension, only 22.5% of people are well controlled. Uncontrolled hypertension is largely asymptomatic and contributes to heart attack, stroke, heart disease, cognitive decline, vision decline, and peripheral artery disease. Hypertension management and treatment decision making is based on blood pressure (BP) measurements that are typically taken in clinic, though current evidence indicates that hypertension treatment should be based on ambulatory or home readings. Home monitoring increases the ability of the patient to control factors that would falsely increase the BP measurement like caffeine intake or white coat hypertension. Home BP monitoring also gives patients the ability to determine when treatment is no longer efficacious and needs to be reevaluated by a healthcare provider.

Methods: Staff will attend an educational presentation about the updated blood pressure measurement protocol to be used in the clinic and the education to give patients regarding ambulatory blood pressure monitoring. To assess efficacy of the educational presentation and the protocol, Plan-Do-Study-Act (PDSA) cycles will be conducted 4-, 8-, and 12-weeks post education. Each cycle will consist of observational assessments to compare to baseline assessments completed prior to the educational presentation and mixed methods surveys for staff to complete regarding protocol implementation. Additionally, staff will complete a knowledge check prior to education and then 12 weeks post education. At the conclusion of this project, healthcare providers will complete a survey detailing how this project has affected practice.

Assessment of Findings: This project is currently in the implementation phase with no preliminary results to report. While results are pending, preliminary results from training sessions document active engagement from all staff members using a “see-do-teach" format. The new protocol will be implemented clinic wide October 1, 2025 with data collection occurring at each PDSA cycle. Results will hopefully show that the educational presentation was beneficial for staff, the protocol in the clinics has been standardized, and patients are engaging in home blood pressure monitoring.

Conclusions: This project is the first phase in updating hypertension management protocol for the organization. As such, it will guide how subsequent phases are implemented to fully update hypertension management as it will identify barriers in the current system. The goal of this project is to standardize blood pressure measurement protocol to current practice for best accuracy and to promote patient self-efficacy to manage their blood pressure through ongoing monitoring at home and lifestyle modifications. Final outcomes and recommendations are anticipated February 2026 pending data analysis.

HEALTH PROMOTION/ILLNESS PREVENTION

Improving Oral Health Care in the Underserved Population

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Background and Significance: Oral health disparities remain a critical yet underrecognized issue among individuals with substance use disorder (SUD). Poor oral health is associated with pain, infection, reduced quality of life, and barriers to long-term recovery. Despite these risks, many rehabilitation programs do not include oral health promotion as part of routine care. Evidence suggests that educational interventions combined with tangible resources can improve health behaviors, yet limited data exist on their impact in SUD populations.
Purpose: The purpose of this Doctor of Nursing Practice (DNP) quality improvement project was to evaluate the impact of a nurse-led oral health education program combined with oral health kits on participants' oral health knowledge, hygiene practices, and self-esteem in an outpatient rehabilitation facility in Southern Arizona.
Methods: A pre- and post-intervention design guided by the Plan-Do-Study-Act (PDSA) cycle was implemented. The project was also informed by Social Cognitive Theory (SCT), emphasizing self-efficacy and observational learning in behavior change. Participants (N = 52) completed baseline questionnaires, received oral health kits, and participated in structured oral health education. Kits contained a toothbrush, toothpaste, floss, mouthwash, and an educational pamphlet. Follow-up data were collected eight weeks later. The Oral Health Knowledge, Attitudes, and Behaviors (OHKAB) instrument measured knowledge and hygiene practices, while the Rosenberg Self-Esteem Scale (RSES) assessed psychosocial outcomes. Data were analyzed using both parametric and nonparametric tests: paired-samples t-tests for knowledge and self-esteem, and chi-square tests for categorical hygiene behaviors.
Results: Results demonstrated mixed findings. Oral health knowledge scores showed no statistically significant difference between baseline ($M = 8.0$, $SD = 1.0$) and post-intervention ($M = 8.0$, $SD = 1.0$), $t(51) = 0.417$, $p = .339$. Self-esteem scores indicated a modest upward trend but were not significant, baseline ($M = 1.0$, $SD = 0.64$) versus post-intervention ($M = 2.0$, $SD = 0.61$), $t(51) = -0.405$, $p = .344$. In contrast, oral hygiene behaviors improved significantly: adequate hygiene increased from 90% to 92%, inadequate behaviors decreased from 10% to 8%, and chi-square analysis confirmed significance, chi-square$(1, N = 52) = 8.132$, $p = .004$, with a moderate effect size (Cramer's $V = .395$).
Discussion: Although knowledge and self-esteem outcomes did not reach statistical significance, the PDSA cycle supported iterative improvement in delivery and evaluation, and SCT helped guide behavioral reinforcement through modeling and self-efficacy. The significant improvement in hygiene behaviors suggests that tangible resources paired with education effectively promote positive oral health practices even when cognitive changes are minimal.
Conclusion and Implications for Nursing Practice: This project demonstrates the value of nurse-led oral health promotion within outpatient rehabilitation programs. Integrating oral health education and oral hygiene kits into standard nursing practice provides a cost-effective, sustainable approach to reducing oral health disparities. Embedding preventive oral health measures within behavioral health settings supports holistic recovery, enhances self-care, and advances the DNP role in addressing social determinants of health.
Keywords: oral health, substance use disorder, nursing, quality improvement, health promotion

HEALTH PROMOTION/ILLNESS PREVENTION

Spiral Comparison within a Mixed Methods-Grounded Theory Study

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Purpose: To provide a detailed description of *spiral comparison* through its application in a mixed methods–grounded theory study examining motivation for physical activity among adults receiving care at a Federally Qualified Health Center.

Description: Although spiral approaches have appeared in research, limited guidance exists on how they can be operationalized. Grounded theory seeks to inductively generate theory, while mixed methods research integrates quantitative and qualitative findings to provide a more comprehensive understanding of a phenomenon. First described in 2010, mixed methods-grounded theory combined essential elements of grounded theory with mixed methods designs to derive a theory rooted in various forms of evidence. Integrating findings from different methodological approaches affords greater conceptual richness than either method alone. Spiral comparison extends this integration by incorporating early, iterative comparison between data strands during collection and analysis, creating opportunities for abduction and theory refinement.

A convergent mixed methods-grounded theory approach with a novel spiral design was employed to assess motivation for physical activity among adults receiving care at a Federally Qualified Health Center. Traditionally, a convergent design involves collecting and analyzing data concurrently but separately before integration. In this study, integration occurred in real time throughout data collection. *Spiral analysis pauses* were conducted to compare preliminary questionnaire results with emerging interview data. These iterative analyses informed adjustments to ongoing data collection, including revisions to the interview guide. Detailed analytic memos documented emerging insights and theoretical ideas, which were later incorporated into the analysis.The spiral process facilitated theoretical sampling among two groups—those who were physically active and those whose reported and calculated activity levels were incongruent. Continuous integration revealed that motivation for physical activity was fundamentally shaped by cultural context and past experiences, insights that were foundational to theory development.

Logic: The spiral approach facilitated the iterative integration of qualitative and quantitative data, thereby strengthening the dynamic interplay between emerging findings and ongoing data collection. This process promoted abductive reasoning, allowing new theoretical insights to surface through repeated comparison. Memos captured these evolving interpretations, supporting transparency and rigor. Spiral comparison demonstrated how mixed methods-grounded theory can operationalize integration in real-time rather than after data collection.

Conclusion: The spiral approach offers a practical and adaptable guide for enhancing integration within convergent mixed methods-grounded theory studies. Embedding early, real-time comparison and reflection throughout data collection and analysis promotes deeper theoretical insight and responsiveness to participant narratives. Beyond this study, spiral comparison offers a systematic yet flexible approach that can enhance the rigor, depth, and conceptual clarity of future mixed methods-grounded theory research—particularly when the goal is to develop actionable theories that inform clinical and community practice.

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HEALTH PROMOTION/ILLNESS PREVENTION

Who Should Pay Attention to Readiness for Aging?

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Purpose: To review and synthesize literature regarding readiness for aging to collect information in the article on the populations that current researchers most often study and analyze their reasons for selecting these groups.
Background: The United Nations predicted that the number of people aged 65 and older will increase from 771 million in 2022 to 1.6 billion by 2050. Meanwhile, human lifespan has significantly increased due to medical advances and education level improvements. Although global aging is unstoppable, governments can mitigate economic and social pressures resulting from aging and enhance the quality of life of individuals by adjusting policies, improving social security systems, and developing aging care services. Readiness for aging may be a solution, suggesting the need for research on readiness for aging and the design of tailored interventions to help individuals prepare for aging well. However, the target population for assessing and developing interventions to improve readiness for aging remains uncertain.
Methods: From the earliest available date to January 2025, we conducted computerized searches on PubMed, PsycINFO, CINAHL, Embase, and Web of Science using combinations of search terms “readiness,” “preparedness,” “preparation,” “ready,” “prepared,” “prepare and the Boolean operators. The included articles emphasized readiness for aging and were published in English, with peer-reviewed content (abstracts, dissertations, theses, letters, and comments were excluded). The exclusion criteria were that the study did not mention its target population. The Covidence software removed duplicate articles, resulting in an original result of 2603 articles. Manual deletion was performed when the software was unable to identify the duplicates. 32 literature was read to obtain information on readiness for the aging population.
Outcomes: There are three main categories of literature: 1) The target population covers the middle adulthood and older adulthood; 2) Covers the entire adulthood; 3) Covers specific age groups. Researchers pay attention to middle adulthood and above as this population is already entering later life, making aging preparation urgent. Others, based on certain national contexts, believe that this age group is the largest demographic and faces complex social transitions that influence policymaking. For the entire adulthood group, including participants from different age groups, is beneficial for comparing and analyzing the dynamic changes in readiness for aging, and various aspects of an individual’s early life experiences affect their attitude and behavior towards later life. For the specific age group, the reasons including baby boomer generation was in the middle-aged adults stage at that time and had the largest population; middle-aged adults is closest to the older adult period; the middle-aged generation in some cultural backgrounds has to take care of both their parents and their own children, and prepare in advance to resist various risks brought on by aging.
Conclusion: Current research has different focuses on the target population of readiness for aging, which may be based on their research interests, the urgency of the age stages, or theoretical foundations. However, aging readiness across all age groups remains underexplored and deserves greater attention. We should strengthen readiness for aging awareness in every age group.

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Bridging Voices: CBPR with Refugee Communities and Healthcare Team

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Purposes/Aims: The aim of this project is to use a Community-Based Participatory Research (CBPR) approach to build trust and improve communication between refugees and healthcare teams. Many refugees have experienced war, persecution, displacement, and mistreatment by authorities, including healthcare systems in their countries of origin. This can lead to deep mistrust of healthcare systems. Establishing trust helps refugees feel safe enough to disclose sensitive health information, seek care early, and engage in ongoing treatment. The goal of this research was to develop and revise a communication guide to facilitate trust between the refugee community and the healthcare team. For nursing, this work is especially meaningful, as nurses are often the first point of contact in care and play a vital role in listening, educating, and advocating for patients. Using the guide can help nurses foster culturally respectful conversations, reduce misunderstandings, and strengthen trust with resettled communities in both clinical and community settings.

Rationale/Conceptual Basis/Background: CBPR focuses on skills nurses traditionally excel at, including a culture of respect, shared decision-making, and open communication. These values help create stronger connections between researchers and communities. Our Community Advisory Board (CAB) played a key role in co-designing the research process, shaping the qualitative methods, and guiding how outcomes were shared.

Methods: In collaboration with the CAB, composed of refugees from 11 countries residing in the U.S. for 11–29 years, we co-created a communication guide to promote respectful clinician–patient interactions. Through iterative revisions, the guide was refined into 4 brief prompts designed to build trust early in a visit. These prompts were then reviewed and revised based on interviews with additional refugees, and qualitative analysis of de-identified recordings captured participants' perspectives on communication and trust in healthcare.

Assessment of Findings/Outcomes Achieved: The 4-prompts provided a practical tool to establish trust between the refugee community and the healthcare team. Qualitative analysis of interviews revealed three key themes: **Resilience Fatigue**, reflecting exhaustion from being labeled resilient; **Evolution of Treatment in the U.S.**, noting improved perceptions over time; and **Making Themselves Not a Target**, describing the need to "chameleon" their identities to receive equitable care.

Conclusions/Implications: This project demonstrates that a CBPR approach can lead to culturally meaningful and collaborative outcomes that strengthen connections between refugees and healthcare teams. For nurses, the 4-prompts offer practical tools to support culturally respectful care, reduce communication barriers, and build trust at the bedside and in the community. Together, the qualitative themes illustrate how refugees navigate the tension between external perceptions and their own efforts to adapt, revealing both the emotional toll of resilience and the ongoing struggle for equitable, respectful care. Next steps include expanding the guide across diverse healthcare settings, refining the facilitation guide with ongoing community input, and integrating these tools into nursing education and practice. By doing so, nurses can continue to play a key role in advancing equity, fostering sustainable partnerships, and improving the overall patient experience.

Factors Associated with COVID-19 Vaccine Hesitancy Among Refugees Women in Malawi

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Purpose: In 2019, the COVID-19 pandemic impacted healthcare systems globally, although there were differential impacts based on location and status. Two of the challenges faced were the inadequate availability of COVID-19 vaccines, coupled with slow uptake of the vaccines. Women refugees are uniquely vulnerable during migration, experiencing gender-based violence, which is associated with poor health outcomes related to gender inequality. Yet, there is limited literature on COVID-19 vaccine decision-making among refugee women in refugee camps, particularly in African countries like Malawi. To examine COVID-19 decision-making and to explore factors associated with the decision to accept the COVID-19 vaccine among refugee women of childbearing age.

Methods: This was a descriptive-correlational study that was conducted at Dzaleka refugee camp in Malawi. We recruited 296 women of childbearing age. A survey was used to collect data on participant characteristics, COVID-19 vaccination status, and the reasons for their immunization status. We used descriptive statistics to analyze participants' characteristics and vaccine status. We used regression analysis to examine participants' characteristics associated with COVID-19 vaccination status.

Results: Results showed that 76% of the women had at least received one COVID-19 vaccine, with more than half being fully vaccinated. Vaccine hesitancy was associated with having fewer children and a history of infant loss, although the latter was borderline. Women also reported that fear of infertility, death, unknown adverse effects, and partner influence were among the factors that deterred them from receiving the COVID-19 vaccine.

Conclusion: Refugee women in Malawi had high COVID-19 vaccine uptake; however, many still faced barriers that affected their uptake of vaccines. Malawi's high immunization rates result from successful informative immunization campaigns and supportive health care workers who had a positive influence on COVID-19 vaccine uptake among refugee women of childbearing age. Despite having high COVID-19 vaccination rates, barriers exist to vaccine uptake that result from a lack of accurate information and concerns about the safety of the new vaccine. Healthcare workers need to continue engaging communities in information dissemination campaigns to build trust and ensure that accurate information is shared.

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Heat, Rain, or Dehydration: Latino Farmworkers Keep Working

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Background: In Arizona, roughly 83,000 individuals are employed in crop agriculture, with nearly four out of five working in Yuma County. Approximately 65,000 crop workers in Yuma support an agricultural industry valued at more than $3 billion annually. Despite their economic importance, these workers are consistently exposed to health hazards associated with Arizona's extreme heat. Extended workdays in temperatures surpassing 100°F, combined with dehydration, place workers at risk for multiple heat-related illnesses, including heat exhaustion, heat stroke, cramps, fainting, and even rhabdomyolysis. Nursing researchers are positioned to elevate farmworker voices, document environmental health risks, and advocate for evidence-based policies that prioritize worker safety and well-being. The purpose of this project is to explore how extreme heat and dehydration affect Latino farmworkers in Arizona, including specific symptoms, health problems, and patterns related to these issues.

Methods: One-on-one interviews were conducted on Latino farmworkers (N = 31) in San Luis, Arizona. Just over sixty percent of the sample identified as male (n = 19; 61%), with age ranges between 19 and 71 years (M_{age} = 32.7). Most participants had a high school education or less (n = 27; 87%), and over a third reported working more than eight hours each day under direct sunlight (n = 13, 42%). Two bilingual researchers interviewed and audio-recorded participants in person, using Spanish. Transcripts were then translated into English. Using NVivo 15, inductive thematic analysis was employed to analyze the qualitative data.

Results: Two main themes, with respective subthemes, were identified from the qualitative data. Theme 1, '*Latino farmworkers' strength depletes when working in dehydrated conditions*,' had two subthemes. Subtheme 1.1 '*Symptoms and potential health risks of inadequate hydration*.' Subtheme 1.2 '*Impact of dehydration on work performance*.' Theme 2, '*Heat or Rain: Latino farmworkers keep working,*' had three subthemes. Subtheme 2.1, '*Effects of climate on health and work.*' Subtheme 2.2, '*LFWs have emotional response or no problems at all.*' Subtheme 2.3, '*Poor weather reduces work and yield*.' Ultimately, LFWs are aware of the risks that extreme heat in Arizona can cause, with the most common being dehydration and the associated negative health symptoms. Despite dehydration, LFWs continue to work; however, their capabilities are hindered. The heat affects LFW's health, and some even recount coworkers passing away from the extreme weather. Nevertheless, some state they are unfazed by the heat and mention that the rain is more of a nuisance because it affects their ability to work or use machinery.

Conclusion: Although the Arizona heat can cause health risks and even death, LFWs continue working in the fields. This suggests that the benefits of financial compensation outweigh the risks associated with extreme weather. The findings from this research indicate an urgent need for occupational health policies and enforceable protections for this vulnerable population (i.e., more breaks, air-conditioned recovery areas). Nursing researchers can play a pivotal role by designing monitoring tools for heat-related illnesses and hydration, as well as partner with legal organizations to ensure work and health violations are reported.

Funding: The opportunity to prepare this review was provided in part through funding from the Arizona Water Innovation Initiative. The Arizona Water Innovation Initiative is a multi-year partnership with the state led by Arizona State University's Julie Ann Wrigley Global Futures Laboratory in collaboration with the Ira A. Fulton Schools of Engineering.

Multi-Sector Training in Migrant Health Justice for Nursing and Neuroscience

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Background: Migration and forced displacement affect over 110 million people globally and are associated with elevated risks for PTSD, depression, traumatic brain injury, and cognitive impairment. Yet traditional training often siloes neuroscience, psychiatry, nursing, and social justice, leaving gaps in comprehensive, advocacy-oriented preparation for clinicians. A human-centered design (HCD) approach centers lived experience to co-create solutions with, rather than for, affected communities.

Objectives: We aim (1) to develop an interdisciplinary training curriculum that integrates medicine and nursing (neuropsychiatry), structural competency, and migrant health justice to prepare learners for multi sector work in research, clinical care, and advocacy; and (2) to co-produce knowledge and learning strategies with students and community partners that translate brain health research into equitable policy and practice for displaced populations.

Methods: Guided by HCD, we are co-developing the curriculum through community advisory input, research mentee and student feedback, to ensure relevance, cultural and structural responsiveness, and actionability across clinical, policy and community settings. This process is designed to dismantle silos and align training in real-world gaps identified by learners and community stakeholders.

Results/Program Design: The pilot features four integrated modules (1) Clinical/Public Health: case-based learning in trauma-informed care and cultural humility, with experiential training at the CDU Asylum Clinic; (2) Neuroscience: neurobiology of displacement-related stress and trauma, paired with participation in ongoing researc; (3) Legal/Advocacy: structural competency in migration and mental health with experiential policy engagement (e.g., CIPC Immigrant Day at the Capitol); and (4) Community & Service: field experience through the CDU-Refugee Health Alliance volunteer program at the US-Mexico border. Interest from nursing, medicine, and public health students, particularly those from underrepresented backgrounds have an interest in a short-term, interdisciplinary training and advocacy experiences; student priorities include neuropsychiatric prevalence and manifestations, culturally responsive care, actionable advocacy steps, and trauma-informed evaluation skills.

Challenges and Next Steps: Identified challenges include interdisciplinary training opportunities, underrepresentation of migrant-focused brain health in mainstream curricula, and fragmented policy pathways. Next steps include establishing a Community Advisory Board; co-creating a replicable framework with defined learning outcomes; and expanding partnerships with legal aid groups, migrant-led organizations, and public health practitioners to support interdisciplinary learning.

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Social Determinants of Health Screening Tools Used with Immigrant Populations

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Purpose: This scoping review aims to identify and assess social determinants of health (SDOH) screening tools used with immigrant populations and evaluate the extent to which these tools capture immigrant-specific factors influencing health.
Rationale: The immigrant population in the U.S. has increased steadily, accounting for 84% of the national population increase between 2023 and 2024. Immigrant communities have unique social experiences that impact health including acculturation, legal challenges, and language. Developed to encourage the early identification of health risks, facilitate appropriate referrals, and inform case management, screening tools are widely implemented in health settings. Specifically, SDOH screening tools assess factors which may impact an individual's ability to access health services and achieve wellness. While some SDOH tools have been translated into other languages and delivered to immigrants, there is scare knowledge on the effectiveness of these tools with immigrant populations.
Methods: The search strategy aimed to locate published research articles focused on SDOH screening tools used with immigrant populations. An initial search was piloted to identify potential articles and the terms used to describe articles were used to develop a full search strategy for three databases (Web of Science, PsychInfo, CINAHL). Inclusion criteria were limited to articles published between 2015-2025, available in English, peer reviewed, focused on an immigrant population, and used some form of SDOH assessment tool. A final search yielded 893 articles. Each article was examined independently by two reviewers. After the title and abstract review, 787 articles were excluded, and 106 full text articles were examined. To date, 10 articles met full eligibility criteria for this review and have been retained for data extraction.
Assessment of Findings: Preliminary findings suggest that very few studies have evaluated or adapted SDOH screening tools specifically for immigrant populations. Most tools identified were designed for general patient populations and only linguistically translated, without further cultural adaptation or psychometric testing. The majority of tools examined traditional SDOH domains such as housing, income, education, and food security, but lacked assessment of immigrant-specific constructs such as documentation status/legal challenges, discrimination, migration stress, and fear.
Conclusions: This review highlights significant gaps in the current literature regarding the tools used to examine SDOH in immigrant populations, the inclusion of immigrant-specific indicators, and the effectiveness of current screening practices. Existing tools may fail to accurately identify social risks unique to immigrants, limiting their usefulness in promoting culturally responsive and equitable care. Findings indicate that there is an opportunity to test and validate an immigrant-specific SDOH screening tool. A valid and reliable tool would improve early identification of social needs, strengthen referral pathways, and support more culturally responsive and inclusive models of care.

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Estimating Undiagnosed Diabetes in a Sample of Latino Immigrants

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Purpose: To determine the prevalence of undiagnosed diabetes in a sample of Latino immigrants and test associations between diabetes and sociodemographic factors.
Background: The Latino immigrant population contributed to 50% of the United States' general population growth in the past decade. Latino immigrants are twice as likely as non-Hispanic Whites to have Type 2 diabetes, and they are 1.2 times more likely to die from the disease. Diabetes requires clinical intervention to manage glycemic levels and prevent potential complications, including cardiovascular disease, stroke, kidney failure, vision loss from diabetic retinopathy, and peripheral neuropathy. Yet, many immigrants are unaware that they may have diabetes, increasing their risk for poor health outcomes. Nurses are often the first point of contact in community and primary care settings, making them essential to early detection, culturally responsive education, and coordination of preventive services for immigrant populations.
Methods: This cross-sectional study analyzed clinical data from mobile primary care clinics to estimate diabetes based on A1C values, using descriptive statistics. Self-reported data from participant questionnaires assessed knowledge of diabetes diagnoses and sociodemographic risk factors. Associations among A1C and sociodemographic factors were analyzed using a hierarchical multivariable linear regression model.
Assessment of Findings: Prediabetes was identified in 25% of female and 27% of male participants. Diabetes was found in 8.2% of females and 6.3% of males, yet 48.4% of those were unaware of a diabetes diagnosis. Statistically significant higher odds of diabetes were associated with various factors: older age (odds ratio [OR] 1.03, 95% confidence interval [CI] [1.01, 1.06]; $p<0.001$), higher body mass index (OR 1.05, 95% CI [1.02, 1.08]; $p=0.003$), and hypertension (OR 2.12, 95% CI [1.10, 4.18]; $p=0.027$). After controlling for clinical factors, having some post-secondary education became a significant protective factor, associated with 73% lower odds of glycemic dysregulation compared to having some elementary school education (OR 0.27, 95% CI [0.08, 0.88]; $p=0.030$).
Conclusions: Early detection of diabetes is essential in preventing negative health outcomes, particularly in an immigrant population with limited access to healthcare. Immigrants are less likely to have health insurance and a regular medical provider than non-immigrants, and the high levels of uninsured participants in our sample point to a significant barrier to receiving care for a chronic condition like diabetes. Without a primary care provider or insurance to cover medical costs, regular monitoring of A1C levels and access to medications is limited.
Nurses play a critical role in addressing these gaps through culturally and linguistically tailored screening, education, and care coordination in both clinical and community settings. Nurse-led initiatives can facilitate early detection, support lifestyle modification, and ensure linkage to follow-up care. Additionally, nurses are well positioned to advocate for policies that improve continuity of care—such as universal electronic health records and expanded coverage for preventive services—to reduce disparities in chronic disease outcomes. Expanding the role of nurses in outreach and chronic disease management may improve diabetes detection, self-management, and long-term health among Latino immigrant populations.

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INTERPROFESSIONAL EDUCATION / COLLABORATION

Academic-Practice Partnership: Deepening Faith & Spirituality for Whole-Person Care

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Purpose: This project was designed to create and implement a Spirituality in Health and Healing Certificate (SHHC) for nurses and other health care professionals to deepen their faith and spirituality to positively impact clinical practice, providing whole-person care through effective and compassionate communication throughout the faith and healing process.
Background: During the COVID-19 pandemic, nurses and other health care providers faced ethical and moral dilemmas amid multiple personal and professional stressors. Integrating spirituality care improves patient outcomes and supports health care professionals in finding meaning and fulfillment in their work and careers. In healthcare programs, spirituality and faith are not the primary focus of education. Although accreditation requirements include whole-person health and social determinants of health, most curricula do not address the spiritual development of the healthcare provider.
Brief Description of the Undertaking: This SHHC evolved from a transformative academic-practice partnership united by a shared mission to advance human dignity and social justice through faith-informed education and compassion service, empowering practitioners to transform lives and communities. Grounded in Watson's Theory of Unitary Caring Science to sustain the deep belief systems of self and patients, and the Interprofessional Education Collaborative (IPEC) Core Competencies to address individual and population health outcomes, the SHHC honors the sacredness of human life and the healing power of authentic presence, compassion, and intentionality. Developed in collaboration with stakeholders and an internationally renowned theologian, the SHHC includes four 3-credit courses, immersive experiences, transformative retreats, and a capstone project. These components foster renewal, professional growth, and purpose, helping address burnout. The program prepares caregivers to serve as spiritual companions and healing advocates, equipping them with the heart-centered presence to support those in suffering and honor the human spirit.
Assessment of Findings/Outcomes Achieved: Seven students, including Family Nurse Practitioner graduate students and hospital nurses, began the SHHC in the inaugural year. Graduate nursing students are eligible for a scholarship, and hospital employees are eligible for tuition reimbursement to support financial needs. To evaluate program outcomes, students complete a 23-item grant-driven survey at the beginning and the end of each course. Researchers also collect qualitative data from submitted student reflections, semi-structured student interviews, and focus group interviews with community of practice participants. Challenges include shifting the start date from fall to summer 2025 to align with reimbursement requirements, as well as academic and practice organizational layoffs, which led one student to withdraw from the program. Opportunities emerged as a student from the first interprofessional course joined the SHHC, and a Counseling student enrolled in the second course as an elective is considering completing the entire program.
Conclusions: To ensure sustainability, future SHHC applications will be open to employees from other hospitals in the health system and students from additional health care professions. Anticipated outcomes include increased practitioner resilience and retention, decreased burnout, and the formation of a continuing health professions community of practice to sustain and support the program.

Funding: Interfaith America

INTERPROFESSIONAL EDUCATION / COLLABORATION

Antibiotic Stewardship: Evaluating Nurses' Knowledge and Attitudes across New Mexico

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Purpose: The purpose of this survey study is to examine nurses' knowledge and attitudes toward ASP across healthcare settings in New Mexico.

Background: Antibiotic Stewardship Programs (ASPs) are coordinated initiatives designed to optimize antibiotic use, thereby combating antibiotic resistance and improving patient outcomes. Despite their critical function, these programs often underutilize nurses, who represent the largest segment of the healthcare workforce. Nurses are uniquely positioned to enhance ASPs by monitoring antibiotic administration, identifying early signs of infection or adverse reactions, and educating patients. Therefore, formally integrating and clearly defining the role of nursing is essential for maximizing the effectiveness of these programs, bolstering patient safety, and safeguarding public health against the growing threat of antibiotic-resistant infections.

Methods: A cross-sectional survey methodology will be employed to evaluate the antibiotic knowledge of nurses in New Mexico and its practical application within their daily practice, with particular attention to alignment with ASP principles. The online survey comprises 26 questions, integrating both open-ended and multiple-choice formats, aimed at assessing nurses' knowledge, practices, and beliefs regarding antibiotic stewardship programs, as well as their comfort levels in engaging with these initiatives. To facilitate data collection and analysis, we will utilize Qualtrics software for survey dissemination and the R package for subsequent data analysis.

Results: It is hypothesized that there will be a statistically significant positive correlation between the education level of nurses and their knowledge regarding ASPs. Additionally, preliminary findings suggest that nurses express a strong demand for further educational resources related to this critical topic.

Conclusions and Future Implications: Findings from this study are expected to reveal important insights into nurses' current understanding and views on antibiotic stewardship. This knowledge will be essential for developing targeted educational programs and establishing clear pathways for nurses' active involvement in ASPs, ultimately aiming to enhance antibiotic use and patient safety in New Mexico.

Keywords: Antibiotic Stewardship Programs, Antibiotic-resistant agents, Antibiotic-resistant infections

INTERPROFESSIONAL EDUCATION / COLLABORATION

Building a Culture of Partnership: Shared Governance in Academic Nursing

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Background: Following a series of leadership transitions, the nursing department at a university found itself operating without a formal governance structure. The previous model had been dismantled, and no replacement was implemented, resulting in administrative staff assuming responsibilities traditionally held by faculty. This shift disrupted key academic functions such as curriculum oversight, policy development, and admissions evaluation, which are typically driven by faculty through shared governance and service commitments.
Purpose: This project aimed to evaluate both the process and preliminary outcomes of implementing a shared governance model within the college of nursing. The goal was to restore faculty engagement in decision-making, improve operational efficiency, and foster a collaborative academic environment.
Methods: A task force was formed with the endorsement of the Associate Dean of Operations to explore governance models suitable for the college. The task force conducted a comprehensive needs assessment to understand faculty preferences, identify barriers to implementation, and design a governance structure that aligned with institutional goals. To support the rollout, an executive committee chair was appointed and granted release time to oversee governance activities. Faculty engagement was encouraged through transparent communication and structured support during the transition.
Results: Between March 2024 and January 2025, the task force led the development of the shared governance framework. Faculty input was solicited through surveys and meetings, fostering buy-in and ensuring the model reflected collective priorities. By July 2025, the governance structure was fully implemented, consisting of ten committees, including an executive committee. Faculty were invited to self-select into committees based on interest and expertise, with assignments made as needed to ensure balanced representation. The executive committee chair, selected for leadership capabilities, collaborated with the Associate Dean to support committee formation and initial operations. Each committee was provided with clear tasks to initiate their work, including drafting charters, setting goals, and scheduling meetings.
Conclusions: The implementation of the shared governance model successfully reestablished faculty-led operations in the college of nursing. Most committees launched smoothly, demonstrating strong faculty engagement and commitment. However, challenges emerged in identifying committee leaders and maintaining consistent participation. These issues highlighted the need for accountability mechanisms and leadership development initiatives. Despite these hurdles, core academic functions—such as curriculum review, policy development, and admissions evaluation—have resumed and are showing signs of improvement. Ongoing feedback and iterative modifications are being used to refine the model and ensure its sustainability. The project underscores the importance of structured support, faculty empowerment, and responsive leadership in rebuilding governance systems within academic institutions.

INTERPROFESSIONAL EDUCATION / COLLABORATION

Enhancing Course Review: A Multi-Functional Approach for Health Education

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Purpose: This quality improvement (QI) project was designed to develop and implement a multi-functional systematic curriculum review process and template for conducting university course reviews, aiming to achieve improved curriculum alignment, syllabus standardization, and program mapping.

Rationale/Background: In alignment with the college's Systematic Plan of Evaluation, all 103 undergraduate courses across nine programs are reviewed every three years. The Curriculum Committee (CC) identified inconsistencies in faculty understanding, lack of a defined review process, and curriculum drift. Consequently, 66% of courses submitted for review were not approved upon initial review. These findings highlight the need for a more structured, collaborative review process that promotes director engagement and faculty ownership. A literature review revealed an absence of a multi-functional process for nursing curriculum review. This QI initiative addressed these gaps through the development of a Course Review Template (CRT) and a multi-functional systematic curriculum review process, enhancing course reviews and improving curriculum alignment, syllabus standardization, and mapping to program outcomes and college values.

Methods: Using the PDSA model and Lewin's change theory, the process and CRT were developed through faculty governance with support of college leadership. The CRT links faculty to university and college syllabi requirements, curriculum support resources, and program outcomes and values. This review process incorporates the CRT and includes students, interprofessional faculty, CC members, and college leadership. The course review process included: (1) Director assignment of a faculty reviewer; (2) Initial review by the assigned faculty, director, and one CC member; (3) Secondary review by another CC member; (4) Overview by the CC chair; and (5) CC meeting for final review. Outcomes were measured by annual course approval rates.

Results: In the last three years, 104 courses were reviewed. Prior to implementation, 35.6% (2022–2023) and 32.4% (2023–2024) of courses were approved, 57.8% (2022-2023) and 61.8% (2023-2024) needed revisions, and 6.7% (2022-2023) and 5.9% (2023-2024) were not approved, leading to delays in course approval. Following implementation in 2024-2025, 96.0% of courses were approved, 4.0% needed revisions, and 0% were not approved, reflecting a positive impact of the revised process. These outcomes show an overall 182.4% increase in approved courses after the process and template implementation, which indicates that a formal curriculum review process with the use of a CRT provides a structured approach that leads to improved curriculum alignment, syllabus standardization, and outcome mapping. Indirect outcomes noted are faculty education, director engagement, and strengthened collaboration.

Conclusions: This CRT and review process provides an exemplar for nursing and health programs. Institutions should evaluate current curriculum review practices to better align courses and syllabi with strategic goals. Active faculty and leadership engagement fosters shared ownership and accountability. Faculty governance should develop a standardized review template to ensure consistency and transparency. Future research will assess outcomes and stakeholder perspectives on the CRT's effectiveness and utility.

INTERPROFESSIONAL EDUCATION / COLLABORATION

From Anchor to Ripple: A Confidence-Mediated Ecosystem in Nursing

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Purposes/Aims: This paper introduces the Anchor–Ripple Theory, a multi-level conceptual framework that positions confidence as the key mediating factor linking structure, culture, and support to evidence translation across leadership, education, and clinical practice. The Anchor-Ripple Theory was developed to address the persistent gap between research, teaching, and bedside implementation. This gap remains despite decades of progress in simulation, curriculum design, and evidence-based practice. The goal is to provide a theoretically grounded model that redefines the translation challenge, not as a failure of knowledge or structure, but as a confidence-driven systems phenomenon.

Description: The Anchor-Ripple Theory incorporates two confidence-based middle-range theories within a single ecosystem. At the micro level, the Structured Growth Model explains how clarity, repetition, reflection, and structured support build professional confidence, thus bridging the gap between knowledge and action. In structured teaching environments, students' confidence results in more decisive clinical behavior and fewer failure-to-rescue patterns. At the macro level, the Anchor Leadership Systems Model demonstrates how organizational structure, cultural readiness, and leadership support work together to build leadership confidence, foster innovation, and encourage the adoption of evidence-based practices. This perspective shifts resistance to change from personal reluctance to a systemic confidence gap. These interconnected layers form the Anchor–Ripple Ecosystem, a confidence-driven system where leadership stability (anchor) and adaptive learning (ripple) collaborate to create environments capable of sustained innovation and improved patient outcomes.

Logic: The Anchor-Ripple Theory presents a conceptual framework that connects educational and organizational systems. It suggests that confidence is not an innate personality trait but results from a well-structured and supportive environment. In this framework, confidence serves as the mechanism through which individuals translate evidence into action. This explains why evidence sometimes fails to lead to change in even well-organized systems: without confidence, clarity does not translate into competence, and structure does not foster innovation. The Anchor-Ripple framework offers a testable pathway for future research, linking professional confidence to action outcomes (e.g., reduction in failure-to-rescue) and leadership confidence to innovation outcomes (e.g., adoption of evidence-based practice). This integrated approach enhances teaching and leadership development by viewing confidence as a shared, systemic construct.

Conclusion: The Anchor–Ripple Theory redefines the evidence-to-practice gap as a confidence-driven systems issue rather than a lack of knowledge or motivation. It integrates nursing education, leadership, and clinical practice within a single conceptual framework where confidence acts as the bridge from evidence to action. The Anchor-Ripple Theory offers nursing scholars and leaders a new perspective on translation across all levels of practice, from the bedside to the boardroom, and provides a foundation for ongoing research and model refinement in educational and organizational settings.

This project received no external funding.

Keywords: confidence; leadership; nursing education; theory development; evidence translation; professional confidence; organizational culture; conceptual framework

INTERPROFESSIONAL EDUCATION / COLLABORATION

Improving Emergency Medical Services to Emergency Department Handoff

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Purpose/Aim: Communication failures during Emergency Medical Services (EMS) to Emergency Department (ED) handoffs contribute to diagnostic delays, disrupted continuity of care and potential adverse events. This Quality Improvement (QI) project aims to standardize handoffs using the I-MIST (Introduction, Mechanism/Medical Complaint, Injuries/Illnesses, Signs/Symptoms and Treatments) to enhance clarity, reduce errors, and improve process efficiency in trauma activations.

Rationale/Contextual Bases/Background: Evidence suggests that structured handoff protocols reduce information loss in transitions of care. However, EMS-to-ED handoff remains variable and error-prone in many facilities. Implementing a consistent tool like I-MIST may bridge this gap, by supporting safer, more efficient and timely trauma care.

Methods: This QI project is guided by the Iowa Model of Evidence-Based Practice, which provides a systematic approach to identifying practice issues, appraising evidence, and implementing change through stakeholder collaboration.

This project is being implemented at a regional ED in partnership with local EMS agencies. Using the Iowa Model framework, the team identified a gap with inconsistent EMS-to-ED handoffs as a priority practice issue and reviewed current evidence supporting structured communication tools such as I-MIST. Key interventions include:

- Multidisciplinary education sessions for EMS and ED staff
- Structured "timeout" during trauma activations to allow for uninterrupted I-MIST handoff
- One-on-one coaching and education sessions
- Placement of laminated I-MIST reference cards in trauma bays

Baseline and post-implementation data will be collected via staff surveys and trauma chart audits to assess completeness, length-of-stay, staff feedback and ED metrics. Data will be analyzed using descriptive statistics and audit comparisons. Ongoing feedback from stakeholders will guide adjustments to education and workflow processes to ensure sustainability and integration into routine trauma care.

Assessment of Findings/Outcomes Achieved: This is an ongoing project, and final data is not yet available. Expected outcomes include higher rates of complete I-MIST handoffs, improved staff confidence with the I-MIST tool, reduced redundant interventions and decreased length-of-stay.

Conclusions and Implications for Nursing Practice: Embedding structured handoff processes into orientation, monthly audits and feedback loops aim to promote sustainability. This QI project underscores the value of interprofessional collaboration between EMS and ED teams and holds promise for enhancing patient safety, consistency, and operational efficiency. Findings may inform broader adoption in other trauma-capable EDs and general handoffs in the ED setting.

Keywords: Emergency Medical Services, Handoff, Emergency Department, Quality Improvement, Trauma

INTERPROFESSIONAL EDUCATION / COLLABORATION

Pediatric Transplant Admission Huddle: A Quality Improvement Project

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Purpose: The purpose of this quality improvement project was to improve communication about fluid management between providers and bedside nurses caring for patients that had received a solid organ transplant and who require strict fluid balance management to ensure optimal organ perfusion and function.

Background: Clinicians in a 24-bed medical/surgical unit in a large metropolitan pediatric hospital aimed to improve processes in communication of fluid management in the pediatric transplant population. When fluid balance is not managed well in the pediatric solid organ transplant population, there is a risk for dehydration, improper fluid balance, acute kidney injury, increased length of hospital stay, and poor perfusion of the transplanted organ. Inpatient transplant medical teams and nurses round daily on patients admitted for a newly transplanted organ and for any related or unrelated complication thereafter. Pediatric patients that have a history of organ transplantation require strict fluid management for adequate perfusion and survival of the transplanted organ. Communication among clinicians about fluid management was, at times, unclear resulting in undermanaged fluid balance in these pediatric patients.

Methods: In response to a patient safety event and to create an action plan to mitigate the identified risks, a pediatric transplant admission huddle tool was created, and a new multidisciplinary process was implemented. The transplant admission huddle tool guides communication initiation when a patient with any history of an organ transplant is admitted to the hospital. Caregivers on the pediatric medical/surgical unit were educated on the new transplant admission huddle tool and process between nursing and medical physicians caring for these patients via email communications, virtual meetings, and in-person demonstration. Unit clerks facilitated communication by paging the medical teams and tracking adherence to the new process.

Outcomes: Adherence to the new transplant admission huddle process improved by 24% from the beginning to five months after the start of the process. Since implementation, no errors regarding transplant patient fluid management have been reported. The transplant admission huddle process has resulted in several instances of error prevention. This communication has not only ensured correct fluids with the correct rate and dose have been ordered but has also ensured correct medications were ordered with no missed doses. Patients with unique fluid needs have received the fluids they require based on their metabolic needs. Clinicians are psychologically safe to ask questions, express concerns, and offer ideas for the improvement of communication and care of the patient.

Conclusions/Implications: Recommendations for further work include continuing to hold the pediatric transplant patient admission huddles and record error prevention. The pediatric heart transplant teams will be invited to participate and use the tool for their patients that overflow to the medical/surgical unit and for use on the cardiac care unit. Standardizing the pediatric transplant admission huddle process will be useful in preventing errors, improving patient fluid management, and improving communication between clinicians across care teams and is expected to contribute to improved patient outcomes.

INTERPROFESSIONAL EDUCATION / COLLABORATION

The Brilliancy of Creating an Authentic Connection

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Purpose: To assess whether the RN Brilliancy workshop centered on Jean Watson's Caring Theory helps provide authentic connection by a) increasing compassion satisfaction and self-compassion in nurses and b) decreasing burnout and secondary traumatic stress. The research aim is to help bedside nurses and nurse leaders to increase job satisfaction and self-compassion about their role by minimizing burnout and secondary traumatic stress.

Background/Significance: The daily work of bedside nursing care and nursing leadership has increased dramatically during COVID. Inherent stressors of patient care include the "emotional toll of caring for ill, injured, or dying patients. Combined with the inherent stressors are the stressors associated with the work environment (external stressors) including documentation demands, staffing levels, excessive workloads, emphasis on productivity, diminished autonomy, and structural and process inefficiencies. Compassion fatigue, burnout, and secondary trauma are well documented issues for the nursing discipline, but there is still an urgent need to address these elements, particularly considering recent studies indicating a more rapid exit of nurses leaving the profession (Shah, et al, 2022).

Methods: This study is a nonrandomized, descriptive study, and will use Watson's Theory of Human Caring (2010), 10 Caritas process to serve as the structure of the educational workshop. Each workshop is targeted for up 100 volunteer nurses per session. Workshop faculty will work with the participants of this research study to "creatively placemake," an evolving practice that "intentionally leverages the power of the arts, culture and creativity to lead change, growth and transformation that builds character and quality of place" (Toronto Artscape, 2019, para. 1). By combining creative placemaking theoretical concepts with Watson's Human Caring, arts and creativity will serve as a springboard that creates stronger authentic connections with oneself, patients, patients' family members, the community of hospital personnel and to the community at large. Participants spend time engaging in self-care activities derived from mindfulness practices such as meditation, restorative yoga, and breathing exercises. Participants will also spend time journaling with significant prompts/targeted questions related to their experiences as healthcare personnel. Compassion satisfaction, burnout, and secondary traumatic stress will be measured before the Workshop and after completion using the Professional Quality of Life (ProQOL) – a measurement to help healthcare workers monitor their emotional health when working in difficult circumstances (e.g., a pandemic), and Self-compassion scale (SCS) measurement tool. Data will be collected via RedCAP electronically.

Results of Project/Research: Preliminary ProQOL data suggests those that completed the workshop showed an increase in happiness, compassion and affect in positiveness. The self-compassion scale showed improvement in self-kindness vs self-judgement, improvement in emotional well-being, reduction of compassion fatigue and burnout.

Implications: While many researchers have brought art, music, and dance to the bedside to work with patients (Perkins, 2020; Metzl, Morrell & Field, 2016), no research has focused on implementing these interventions specifically based in Watson's Theory of Human Caring alongside the arts with professional artist from international arenas for our nursing staff.

INTERPROFESSIONAL EDUCATION / COLLABORATION

Validating the ICET: A Tool for Interprofessional Competency Assessment

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Purpose: The Interprofessional Clinical Competency Evaluation Tool (ICET) was developed to address the ongoing challenge of assessing interprofessional collaboration behaviors in authentic clinical environments. As health professions education transitions toward competency-based models, concise and observable assessments are critical for linking classroom preparation with clinical performance. This project aimed to develop, validate, and pilot the ICET—a brief, behaviorally anchored assessment designed to evaluate interprofessional competencies in alignment with the 2023 Interprofessional Education Collaborative (IPEC) Core Competencies.
Background and Significance: Most existing interprofessional assessment instruments, such as the Readiness for Interprofessional Learning Scale (RIPLS), the Interprofessional Attitudes Scale (IPAS), and the Collaborative Practice Assessment Tool (CPAT), primarily measure attitudes or perceptions rather than observable behaviors. The ICET was intentionally designed to fill this gap by offering a one-page, eight-item tool that captures real-world performance. The instrument includes both self-assessment and preceptor evaluation components to facilitate reflection and guided discussion—addressing a known gap in feedback processes during interprofessional clinical training.
Methods: A mixed-methods design was used to evaluate the ICET's psychometric properties. Ninety prelicensure nursing students (50 Bachelor of Science in Nursing [BSN] and 40 Master's Entry Program in Nursing [MEPN]) completed the ICET during their final medical-surgical clinical rotations in interprofessional settings that included pharmacy and medical students. Ten clinical preceptors, each trained in IPEC competency evaluation, rated the same students. Quantitative analyses included internal consistency, test–retest reliability, and inter-rater correlations. Content validity was established through a Delphi process with seven interprofessional faculty experts. Descriptive and correlational analyses were performed using SPSS v29.
Results: Internal consistency reliability was strong across both programs (Cronbach's $\alpha = 0.857$–0.910). Test–retest reliability demonstrated excellent stability (intraclass correlation coefficient [ICC] = 0.90–0.98). Expert review confirmed content validity, with item-level CVIs ranging from 0.71 to 1.00 (mean CVI = 0.89). Mean item scores (3.2–3.9 on a 4-point scale) reflected consistent demonstration of interprofessional behaviors, with slightly higher self-assessments than preceptor evaluations—an expected pattern supporting reflective accuracy. Correlations between preceptor and student scores ($r = 0.72$–0.86) indicated strong concordance across the four IPEC domains.
Discussion: Findings provide promising preliminary evidence supporting the ICET's reliability, usability, and feasibility for assessing interprofessional competencies in clinical practice. Unlike longer survey-based instruments, the ICET's brevity mitigates rater fatigue and supports formative use in time-limited clinical environments. Its paired design (student and preceptor) creates an opportunity for meaningful conversation around professional growth and collaborative behaviors—bridging the gap between educational preparation and clinical practice.
Implications for Nursing and Interprofessional Education: The ICET provides an efficient, evidence-based method for evaluating interprofessional collaboration within real-world clinical settings. Its alignment with IPEC Core Competencies positions it as a practical tool for advancing competency-based education and supporting continuous improvement in clinical teaching and evaluation. Future research will expand testing across disciplines and institutions, incorporating confirmatory factor analysis and longitudinal tracking to strengthen construct validity and generalizability.

INTERVENTION

Bridging the Gap: Implementation of a Standardized OB Transport Workflow

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Purpose: This initiative is aimed at helping develop and then implementing a standardized OB transport workflow for obstetric clinics to help improve maternal and neonate outcomes, streamline communication between hospital systems, improve transport times, and ensure regulatory laws (EMTALA) are met.
Background: Interfacility transfer of pregnant patients that are in labor or experiencing emergency medical conditions is a high stakes process. Unstructured or reactive practices can lead to delays in care, regulatory laws non-compliance, and communication errors. Incorporating a standardized OB workflow assists in timely, coordinated transport between facilities to help ensure optimal outcomes.
Description: Timely and well-coordinated transfers of pregnant patients who present to obstetric clinics in labor or with medical emergencies are critical for optimal maternal and neonatal outcomes. However, some hospital obstetric clinics lack a consistent approach to obstetric transfers, resulting in communication breakdowns, delays, and a regulatory risk for hospitals and providers. This presentation will outline the development and implementation of a standardized obstetric transport workflow that will help improve patient safety, ensure compliance with regulatory requirements, and help streamline communications between hospital systems.
Evaluation: The OB transport workflow will be evaluated using: 1) documentation completeness and adherence to handoff checklists, 2) maternal and neonatal conditions upon arrival along with rates of transfer-related adverse events**,** 3) findings from these measures will be used to determine effectiveness and guide ongoing refinements to OB workflow.
Conclusions and Implications: This project demonstrates an effective way of implementing a standardized obstetric transport workflow for patients requiring a higher level of obstetric care, enhances patient safety, reduces delays in transfer, strengthen communication between hospital systems. This structed approach promotes adherence to regulatory laws and standards, improves maternal and neonatal outcomes, and supports continuity of care during high-risk transports. Adoption of a standardized workflow can help serve as a model for other institutions, fostering regional collaboration.

INTERVENTION

Implementing Signage to Identify & Prevent Workplace Violence in the Hospital Setting

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Purpose/Aims: The primary aim of this project was to implement a standardized signage system within a hospital setting to indicate patient risk levels for workplace violence (WPV). This system is designed to support hospital staff in the early recognition of potential violence, enabling proactive responses and interventions to prevent harm.

Background: Workplace violence is a significant issue in healthcare settings, particularly due to patient-initiated aggression, which poses substantial risks to the safety and well-being of clinical staff. Patients with cognitive impairments, substance use disorders, or behavioral health challenges are more likely to escalate into violence. Timely identification and communication of these risks are crucial for protecting staff. At our 356-bed community hospital, there have been 250 code gray activations in 2024. Additionally, between January 2023 and December 2024, 31 worker's compensation claims were filed, with 32% attributed to WPV incidents occurring in the Emergency Department (ED).

Methods/Approach: We developed and implemented a visual signage tool across various hospital units to improve staff awareness and response to WPV risks. The signage categorizes risk levels (1-3) and types of violence, including verbal, sexual, physical, and visitor violence, based on established criteria. Supporting materials include guidelines for response protocols, communication strategies, environmental safety measures, security notifications, and team huddle procedures. Education sessions were conducted for charge nurses across all units—Medical-Surgical, Telemetry, Rehabilitation, ED, ICU, and SACC—focusing on signage usage, de-escalation techniques, code gray activation, incident reporting, and post-incident debriefing. A clinical practice alert was disseminated ministry-wide, introducing caregivers to the new signage system and protocols. WPV resources, including links to counseling, mental health services, spiritual care, incident reporting, and worker's compensation information, were distributed to provide comprehensive support and guidance to staff managing WPV situations. Staff confidence was assessed using pre- and post-intervention surveys, utilizing Likert scales. Descriptive statistics will be used to analyze the data, comparing pre-intervention data to measure changes in staff confidence, and examining code gray statistics, incident reports, and worker's compensation claims.

Results/Outcomes: Expected outcomes include improved situational awareness among staff and the fostering of proactive risk mitigation strategies. Initial feedback suggests enhanced interdisciplinary communication and increased incident reporting. Preliminary results show a decrease in Workmans Comp, 40% increase in HRP and code grey activations as of now. A final comprehensive analysis of code gray activations, incident reports, and financial impact will be completed by December 2025.

Conclusions/Implications: The WPV signage system is a low-cost, scalable intervention that significantly enhances staff safety and communication. Continuous evaluation and staff feedback will drive system-wide adoption and integration into hospital safety protocols, reinforcing a culture of safety and preparedness across the healthcare setting

INTERVENTION

The Art of Resilience: A Mindful Approach to Nurse Wellness

***Kindra D. Brooks**, DNP, MSN, RN, PHN, Samuel Merritt University, Sacramento, CA*

Nurse burnout is a multifaceted syndrome that negatively impacts workforce retention, patient safety, and healthcare costs. The COVID-19 pandemic intensified this issue, revealing systemic gaps in nurse wellness and resilience programs. While some initiatives exist, many lack sustainability and fail to equip nurses with tools for emotional regulation and authentic presence at the bedside.

This Doctor of Nursing Practice (DNP) quality improvement project aimed to address this practice gap by implementing a Creative Arts Therapy (CAT) intervention for nurses in a large healthcare facility. Grounded in Mezirow's Transformative Learning Theory and Watson's Caring Science, the intervention incorporated reflective journaling, coherence breathing, and art-based expression to foster resilience, enhance emotional awareness, and promote self-compassion.

The project utilized a two-phase pre-post intervention design. Participants engaged in either a four-session or single-session format of the "Healing Through the Arts" program. Burnout was measured using the Maslach Burnout Inventory (MBI) before and after each phase via anonymous Microsoft Forms surveys. Paired t-tests were used to compare pre- and post-intervention scores across three burnout dimensions: emotional exhaustion, depersonalization, and personal accomplishment.

While none of the changes in MBI scores reached statistical significance, directional trends indicated a reduction in emotional exhaustion and an increase in personal accomplishment. These findings align with existing literature suggesting that mindfulness and creative arts interventions may positively influence nurse well-being, though small sample sizes often limit statistical power. Process outcomes revealed strong participant engagement, high satisfaction, and feasibility of integrating CAT into nurse wellness initiatives.

Organizational data from a large healthcare organization underscore the urgency of addressing burnout. Turnover rates in 2024 ranged from 4.6% to 8.8%, with the cost of replacing a single RN estimated at $61,000–$67,000. Hospitals lose an average of $4.75 million annually due to turnover. Modeling studies suggest that burnout-reduction programs can save approximately $5,100 per nurse per year, highlighting the financial and operational value of sustainable wellness interventions.

The sustainability plan for this project includes embedding CAT into existing nurse wellness programs, engaging nurse leaders and administrators as champions, and incorporating periodic MBI assessments to monitor progress. Stakeholder involvement is essential to maintain momentum and ensure long-term impact.

In conclusion, this project demonstrated the feasibility and potential of Creative Arts Therapy as a resilience-building intervention for nurses. Although quantitative results were not statistically significant, qualitative feedback affirmed the value of the program. The findings support further exploration, broader implementation, and integration of creative, mindfulness-based approaches into nursing practice. This work contributes to the growing evidence base advocating for holistic strategies to support nurse well-being and improve patient care outcomes.

LGBTQIA HEALTH

Addressing Health Equity through Simulation Education

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Purpose/Aims: The purpose of this project was to create an undergraduate nursing simulation scenario focusing on LGBTQIA+ individuals that aligns with curricular objectives and the American Association of Colleges of Nursing (AACN) core competencies, serving as a model for future simulation development.

Rationale/Background: Integration of AACN core competencies into nursing curricula is essential. The National League for Nursing (NLN) emphasizes the "critical importance of integrating social determinants of health into simulation criteria" (NLN, 2025b). Transgender patients experience disproportionately poor health outcomes and barriers to accessing care (Gahagan & Subirana-Malaret, 2018; Rabins et al., 2024). Gender-inclusive care remains limited, and many nurses report a knowledge deficit in caring for LGBTQIA+ patients (Durocher & Caxaj, 2022; Gahagan & Subirana-Malaret, 2018). Simulation offers a safe environment for students to build clinical reasoning and therapeutic communication skills, particularly in areas not consistently encountered in clinical settings but prioritized in nursing education (AACN, 2021; Brewer et al., n.d.). Simulations emphasizing diversity, equity, and inclusion (DEI) help students address social determinants of health in low-stakes environments (Alrimawi et al., 2024). However, few guidelines exist for developing simulations that incorporate LGBTQIA+ representation while aligning with AACN competencies.

Brief Description of the Undertaking/Best Practice: The NLN Jeffries Simulation Theory (Jeffries et al., 2015) and the Healthcare Simulation Standards of Best Practice (INACSL, 2021) guided scenario design. A needs assessment using the NLN Social Determinants of Health crosswalk (NLN, 2025b) and AACN Essentials (2021) revealed a lack of LGBTQIA+ representation in the University of New Mexico College of Nursing undergraduate simulation curriculum. The scenario was designed to meet New Mexico Nursing Education Consortium (NMNEC) simulation objectives for undergraduate students.

A previously successful simulation scenario using the NLN Simulation Design template (NLN, 2025a) addressing Fluid and Electrolyte Balance was adapted. The patient was re-envisioned as a transgender male to align with learning objectives related to Stress and Coping. Educators revised the patient's history, assessment data, medications, teaching content, and diagnostics to authentically represent identity and context. The Upstate Bias Checklist (2023) was applied to evaluate and revise the scenario for bias, and intersectionality was integrated by adding racial and ethnic identity considerations.

Assessment of Findings/Outcomes Achieved: The revised scenario was successfully implemented, addressing a critical curricular gap. It aligns with AACN (2021) competencies and sub-competencies in two domains and fulfills the NLN Social Determinants of Health crosswalk category related to LGBTQIA+ representation. The final product includes student preparation materials, pre-brief content, a comprehensive patient chart, simulation template, and debriefing guide.

Conclusions and Future Directions: This project provides a replicable model for developing simulation scenarios that integrate AACN competencies, meet curricular needs, and address LGBTQIA+ health equity. The scenario expands student exposure to inclusive nursing care and strengthens DEI integration in simulation pedagogy. Future directions include evaluating the impact of LGBTQIA+-inclusive simulations on student learning outcomes and expanding scenario development across additional domains of diversity and health equity.

Behavioral & Biomedical Correlates of STI Among SMM in SF Bay Area

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Background: Sexually transmitted infections (STI) remain highly prevalent among sexually minority men (SMM) in the San Francisco Bay Area despite advancements in STI prevention and treatment. The primary objective of this study was to identify behavioral and biomedical correlates of STI diagnoses among SMM and to explore how these factors inform emerging prevention strategies.

Methods: We analyzed data on 249 SMM extracted from a baseline survey of a clinical trial for alcohol use disorder (AUD) in San Francisco. The primary outcome was a recent diagnosis of bacterial STI (chlamydia, gonorrhea, and syphilis) in the last 3 months. Measures on substance use, sexual behavior while under the influence of alcohol, HIV status, and PrEP use were analyzed as potential correlates. Multiple modified Poisson regression models were fitted for each exposure and outcome while controlling for race/ethnicity in the overall sample and stratified by HIV status.

Results: We enrolled a diverse sample of SMM; White (40%), Asian/Pacific Islander/African America/ LatinX (54%) and Other (6%). The mean age was 39.70 (SD=12.48), while 66% reported heavy daily drinking in the last 3 months. Prevalence of STI was Correlates associated with STI diagnosis in the overall sample of SMM were: age (aRR=0.95 [0.92,0.98], p=0.003), and condomless anal intercourse while under the influence of alcohol (aRR=2.80 [1.41,5.58], p=0.003),. Among HIV-negative SMM, age was associated with lower STI diagnosis (aRR=0.96 [0.92, 0.99], p=0.02). Further, condomless anal intercourse while under the influence of alcohol (aRR=4.73 [2.06,10.87], p<0.001) and PrEP use (aRR=3.42 [1.43,8.20], p=0.01) were associated with greater risk for recent STI diagnosis. Among SMM living with HIV, older age was associated with lower risk for STI diagnosis (aRR=0.91 [0.84,0.99], p=0.02).

Conclusion: These findings highlight the need for targeted sexual health and STI prevention efforts that address the specific needs of SMM and suggest that different strategies may be worthwhile for those living with and without HIV to reduce STI transmission. Younger age and condomless sex under the influence of alcohol were associated with STI diagnoses, highlighting the need for interventions that address alcohol use and promote condom use. The higher STI risk ratio among PrEP users may reflect both sexual behaviors and more frequent screening required for PrEP prescription receipt, reinforcing the importance of integrating STI prevention and counseling into PrEP services. Nurses are well positioned to lead these efforts and implementing strategies, as well as novel approaches that incorporate Doxy PEP (providing doxycycline post-exposure following sexual activity to prevent STIs), substance use counseling, and routine STI screening to reduce STI transmission among SMM.

Confidence and Competence: LGBTQ Health Education for APRN at Idaho State University

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Problem Statement: The LGBTQ+ community has become more visible and continues to grow in recent years, creating an increased need for advanced practice providers who can deliver culturally competent care. Nurse practitioner students continue to lack consistent and comprehensive training regarding LGBTQ+ health because of poor access to educational resources that adequately prepare them and lack structure and standardization. Current curricula offer minimal hours of didactic instruction. Surveyed students report high attitudinal awareness. Current and former students of advanced practice provider programs such as doctors, nurse practitioners, and physician assistants report being poorly prepared for clinical interaction with members of the LGBTQ+ community, notably regarding transgender patients and gender-affirming care. This gap in provider education has contributed to growing healthcare disparities and poor health outcomes for this population.

Purpose: This DNP project aims to conduct a needs assessment that will give insight into current gaps in care for this population within the state of Idaho. The data from this survey will inform and be used to guide curriculum development for a two-week, evidence-based LGBTQ+ health module for a graduate-level gendered health course at Idaho State University. The module developed in this doctoral project will integrate inclusive communication practices, gender-affirming treatments, and the intersectionality of LGBTQ+ health disparities. This doctoral project will bridge gaps using best practices drawn from current literature and national standards. The project aims to improve future nurse practitioners' preparedness and competence in providing affirming and inclusive care.

Methods: *Design:* QI needs-assessment and curriculum development guided by the ACE Star Model. *Setting:* ISU and Idaho community/professional networks. *Participants: (*1) LGBTQIA+ adults (≥18, Idaho); (2) Idaho NPs. *Data collection:* Anonymous online surveys. Cohort 1 used EASSSiHS subscales (with noted limitation/adaptation for broader LGBTQIA+ use) plus custom items on access barriers and education priorities. Cohort 2 used LGBTQ-DOCSS plus custom items mapped to module objectives. *Outcomes:* stigma/access barriers (C1); preparedness/knowledge/comfort (C2); secondary—education priorities and qualitative feedback. *Analysis:* descriptive statistics, subgroup comparisons as feasible, and thematic analysis. *Status:* C1 complete; C2 underway; results will inform a two-week LGBTQIA+ health module for ISU DNP students during the future "Gendered Health" course.

Analysis Plan: *Quantitative Data*: Descriptive statistics from survey responses to assess current competency and compare trends to findings from the literature. *Qualitative Data*: Thematic analysis of open-ended responses to identify patterns in perceived gaps, experiences, and educational needs.

Implications for Practice: The findings will guide the content and focus of the LGBTQ+ health module taught at Idaho State University, providing a framework for future implementation in graduate nursing education. Addressing educational deficits will support institutional efforts to improve culturally competent care and reduce health disparities faced by LGBTQ+ populations. This project will fill this gap and lay the groundwork for broader faculty development, sustainable curricular integration, and future scholarly evaluation of learner outcomes.

LGBTQIA HEALTH

Inclusive By Design: Advancing Transgender Health in Nursing Curricula

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Background: Current data from the UCLA School of Law Williams Institute estimates that 1.6 million individuals aged 13 and older in the United States identify as transgender (2022). Despite increased visibility, transgender individuals continue to face significant health disparities (Azagba, de Silva, & Ebling, 2025). While these disparities are multifactorial, one major contributor is the lack of adequate education and training among health care providers (Butler-Foster et al., 2025). To ensure nurses are practice-ready and equipped to provide equitable, affirming care, improvements in nursing education related to transgender health are essential.
Purpose & Significance: This evidence-based practice project aims to expand transgender-related content within the nursing curriculum, create opportunities for students to engage with transgender individuals in educational settings, and develop meaningful methods of evaluation. By preparing a nursing workforce that is clinically competent, inclusive, and respectful, this initiative supports improved health outcomes for transgender patients.
Processes/Procedures: The project began with a comprehensive review of terminal learning objectives and course-specific student learning outcomes to ensure alignment with current competencies. Nurse practitioner faculty collaboratively assessed existing transgender health content within the curriculum.
A structured integration plan was developed that included both didactic and experiential learning opportunities:

- Health Assessment Course: Students receive foundational instruction on gender identity, inclusive language, and key health considerations for transgender individuals.
- Clinical Courses: As students advance, transgender-specific content is embedded into clinical scenarios, with guided preceptor discussions and structured patient simulations.
- Immersive Clinical Experience: Students participate in a simulated patient interview with a transgender standardized patient, followed by detailed feedback. This experience is paired with a guest presentation by a transgender community leader, who shares lived experiences and answers student questions.
- Summative Evaluation: Objective Structured Clinical Examinations (OSCEs) include scenarios requiring students to demonstrate respectful, comprehensive, and evidence-based care for a transgender individual.

Recommendations: Ongoing curriculum review and integration of emerging best practices are essential to meeting the health care needs of transgender individuals. Nurse educators should collaborate with community stakeholders, incorporate current evidence-based guidelines, and continually reflect on and refine educational strategies to ensure nursing graduates are prepared to deliver inclusive, affirming care.

LGBTQIA HEALTH

Implementation Evaluation of a SGM Peer-Led School Mental Health Intervention

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Purpose: Sexual and gender minority (SGM) youth, including adolescents whose sexual orientation, gender identity, or gender expression expands beyond heterosexual and/or cisgender, experience disproportionately high rates of bias-based bullying, depressive symptoms, and suicidality compared to their cisgender and heterosexual peers. In Oakland, CA, local data reveal mental health disparities in the rates of chronic sadness, hopelessness, and suicidality among SGM youth, with nonbinary youth reporting rates of suicidality 2-3 times higher than their cisgender peers. These disparities are also compounded by racial and economic marginalization. To address the need for safe, affirming spaces, two school-based, youth-led behavioral health drop-in centers were developed to serve SGM youth of color ages 13-21 in Oakland, CA. They offer peer support, basic resources (e.g., hygiene products, food, gender-affirming clothing), health education, creative activities, brief counseling, and referrals to culturally responsive psychotherapy, gender-affirming care, and sexual/reproductive health services. Local SGM youth and allies were recruited as peer wellness interns, trained in mental health first aid, advocacy, and facilitation, and compensated for co-designing and leadership of the drop-in centers. The purpose of this study is to evaluate the implementation of the peer-led drop-in centers by exploring the experiences of participants and implementers, with a focus on understanding their perspectives on community building, mental health, leadership development, and identifying key barriers, facilitators, and factors critical to address program sustainability.
Methods: The study, guided by the RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) implementation science framework, included three focus groups and one individual interview to capture diverse perspectives from youth participants, peer wellness interns, and school-based health center staff. Demographic data were collected via questionnaire, and focus groups followed semi-structured interview guides based on RE-AIM constructs. Interviews were conducted in person, transcribed from audio recordings, and supplemented with field notes and memos. Directed content analysis is underway with systematic coding of key RE-AIM concepts while allowing for emergent themes. An audit trail was maintained for dependability, and two independent coders analyzed the data to ensure confirmability, resolving disagreements with input from a third researcher involved in codebook development. The analysis process is ongoing, with preliminary findings starting to emerge.
Results: Preliminary findings are expected to reveal themes related to participants' and implementers' experiences with the drop-in centers, including their impact on community building, access to resources to meet basic needs, mental health outcomes, and leadership development. Additional findings will describe barriers, facilitators, and sustainability factors, including the development of youth–adult partnerships, peer-led interventions, and funding limitations.
Discussion: This study will provide critical insights into the implementation and sustainability of youth-led school-based behavioral health programs tailored to SGM youth. Findings will inform strategies to foster youth-led initiatives, improve program design, expand access to safe spaces that support resilience, community, and leadership, and address mental health disparities among SGM youth. Preliminary results can provide practical considerations for replicating and scaling similar interventions in underserved communities, contributing to broader efforts to enhance the mental health and well-being of SGM youth through affirming, youth-centered, community-based approaches.

Funding: California Department of Health Care Services (DHCS) Children and Youth Behavioral Health Initiative Grant (CYBHI, Hillman Scholars in Nursing Innovation Advancing Early Research Opportunities Grant

MATERNAL HEALTH AND ILLNESS

Associations between Maternal Anemia and Placental Growth Factor across Pregnancy

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Purpose/Aims: The purpose of this study was to explore the influence of maternal anemia status on the angiogenic biomarker placental growth factor (PlGF) across trimesters. We hypothesized that in this pilot study, women with antenatal anemia would demonstrate diverse levels of PlGF stratified by trimester than those without anemia, reflecting dysregulated placental angiogenesis that may help explain their elevated risk of postpartum hemorrhage.

Rationale/Conceptual Basis/ Background: Postpartum hemorrhage (PPH) is the leading cause of maternal mortality worldwide. Literature has established a relationship between anemia at any time during pregnancy and a higher risk of PPH. Antenatal anemia, defined by the American College of Obstetricians and Gynecologists (ACOG) as hemoglobin less than 11g/dL in the first and third trimesters and 10.5 g/dL in the second, occurs in roughly 10-22% of women in the United States. PPH is 30% more common in women diagnosed with antenatal anemia than those without. Furthermore, antenatal anemia has been linked to dysregulated placental biology at various times during pregnancy which has been hypothesized to contribute to elevated risk of PPH. A small number of studies have shown an association between a decreased level of PlGF and an increased risk of PPH; however, no studies currently exist to explore how angiogenic biomarkers relate to antenatal hematological status as a potential linking mechanism.

Methods: This is a secondary data analysis from pregnant women enrolled in the Perinatal Research Repository by the Ohio Perinatal Research Network (n=427). Participants were recruited from the Ohio State University Medical Center's high-risk clinic and general OB clinic during their antenatal care. Enzyme-linked immunosorbent assays (ELISAs) were performed on serum samples collected from 8-28 weeks gestation, and clinical outcomes were abstracted from medical records. Participants were considered anemic if their hemoglobin fell below ACOG minimum guidelines at any trimester of their pregnancy. We compared rates of PPH according to anemia status and used Kruskal-Wallis tests to examine differences in median values between women with and without anemia.

Assessment of Findings: 190 women in our sample were considered anemic. Significantly more women with anemia needed a postpartum transfusion compared to non-anemic women (7.3% vs. 1.6%, p=0.008), and more were diagnosed with blood loss ≥500 cc (42.4% vs. 33.3%, p=0.074). First trimester PlGF levels were significantly lower in women with anemia at any point during pregnancy ($\chi^2(1) = 3.99$, $p = 0.046$); neither second nor third trimester PlGF levels differed. These findings suggest that first trimester processes of placental angiogenesis are related to increased risk of anemia, potentially increasing the risk of postpartum hemorrhage.

Conclusions/Implications: Overall, this study provides preliminary evidence of the relationship between the placental biomarker PlGF and anemia during early pregnancy. These findings highlight the importance of early diagnosis and treatment of anemia during pregnancy, potentially leading to a reduced risk of postpartum hemorrhage. Our dataset was limited to a secondary analysis of a pilot study, and future studies should further investigate the role of angiogenic biomarkers during early pregnancy to reduce the risk of postpartum hemorrhage.

MATERNAL HEALTH AND ILLNESS

Clinic Staff Perspectives on mHealth for Perinatal Depression

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Purpose: Perinatal depression affects 12% to 18% of pregnant and postpartum women in the United States and is associated with adverse outcomes, including preterm birth, low birth weight, impaired child development, shortened breastfeeding duration, and challenges in maternal-infant bonding. More importantly, perinatal depression is linked to suicidal ideation and attempts, posing significant health risks to women, their infants, families, and communities. Early intervention especially those delivered virtually may be essential to prevent worsening symptoms. YoMingo® is an online patient education portal offered free to all pregnant and postpartum patients at participating healthcare systems. Our team used this platform to offer maternal mental health support. Clinical staff play a vital role in referring and guiding patients to use the mHealth platform. However, little is known about the facilitators and barriers clinic staff face when using mHealth tools. This study presents findings describing clinic staff members' perspectives from both urban and rural settings on implementing mHealth to offer mental health support.
Methods: Clinical staff were recruited from prenatal clinics within one large academic health center and six rural Utah public health clinics between March 2024 and June 2025. Outreach at affiliated clinics and rural sites included presentations, flyers, and newsletters. Interested clinic staff participated in one of ten focus groups at three distinct times approximately 6 months apart. Sessions were facilitated via Zoom by a licensed psychologist using a semi-structured interview guide. All meetings were digitally recorded, transcribed, and verified for accuracy. Data were coded and managed by DeDoose, NVivo, and Excel, using Braun and Clarke's six-phase approach to thematic analysis. The study received the IRB approval from the University of Utah (IRB_00159109).
Results: A total of 35 clinic staff members from both urban and rural settings participated, each lasting 40-60 minutes. Participants included medical assistants, registered nurses, community health workers, and management services directors. Thematic analysis revealed three key themes: (1) Facilitators for clinicians, (2) Barriers for clinicians, and (3) Recommendations for addressing barriers: endorsements, education, marketing and promotion, workflow enhancement, and intervention delivery. Clinicians described the mHealth platform as user-friendly and accessible, supporting provider engagement, mental health screening, and outreach. Barriers included knowledge gaps, limited prioritization of mental health, time constraints, lack of awareness, and insufficient follow-up after screening. Clinic staff suggested enhancing staff education and access to the mHealth platform, increasing marketing efforts, integrating the platform into clinical workflows, improving the app interface and technical support, and leveraging endorsements from trusted staff and patients to promote .
Conclusion: These findings highlight key facilitators, barriers, and recommendations from clinic staff regarding the implementation of an mHealth platform to help women with risk of perinatal depression. Clinicians valued mHealth for its accessibility, ease of use, and no-cost availability. However, limited awareness, low prioritization of mental health, and workflow challenges hindered implementation. Recommendations include enhancing training and education for clinical staff, increasing marketing efforts to raise awareness, integrating mHealth more effectively into clinical workflows, updating platform features, and leveraging endorsements to promote adoption.

Funding: NIH/NINR/NICHD (RF1NR020841-01). Prevention of perinatal depression among at-risk individuals through integration of a multimedia, web-based intervention within the healthcare system.

MATERNAL HEALTH AND ILLNESS

Co-Morbid Ripple Effect: Systems Approach to Postpartum PTSD and Depression

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Purpose: This framework combines Beck's Ever-Widening Ripple Effect with a multilevel systems approach, guided by Newman's Health as Expanding Consciousness, to explain co-morbid moderating factors of birth trauma, postpartum depression and childbirth-related PTSD. It offers researchers a map for integrating complexity and multilevel concepts to improve hypothesis creation and contextualizing research.
Description: The model is a figure which depicts a stone disrupting the patterns of the water as birth trauma disrupts individual patterns of functioning, producing concentric ripples that manifest as PTSD symptoms: diminished self-confidence, breastfeeding challenges, reduced trust in healthcare, and relational strain. A boulder is used to represent the presence of postpartum depression occurring alongside trauma. When trauma ripples interact with the depression boulder, they reflect and refract, altering the patterns and changing the form of the trauma response. I postulate just as each stone effects the pattern of ripples in the once still water, each mental health challenge adds complexity to the patterns of functioning. The model explicitly includes partner, infant, and provider influences, acknowledging bidirectional impacts within the infant–mother dyad and family unit.
Logic: By delineating feedback loops at the individual, dyadic/family, provider, organizational, and policy levels, the model systematically connects underlying mechanisms to guide research toward practical, actionable solutions. Social norms influence dyadic and family unity interactions, provider practices are contextualized within organizational structures and national policies, and temporal dimensions are emphasized to accurately represent the progression and variation of symptoms over time.
Conclusion: The integrative model provides a framework to investigate the complexity trauma-driven morbidity. Identifying multilevel targets (dyad, provider, organization, and policy) allows for focused contextual research and offers a theory-driven scaffold that elevate how contextual forces moderate outcomes. This framework supports hypothesis generation, informs methodology and guides trauma-informed, family-centered, and systems-aware research agendas to aid in supporting a mother's ability to cope with disruptions in functional patterning.

MATERNAL HEALTH AND ILLNESS

Digital Platform for Prevention and Management of Perinatal Hypertension

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Background: Hypertension disorders of pregnancy (HDP) are leading causes of maternal morbidity and mortality in the U.S., significantly increasing health risks for both mothers and infants. These conditions affect approximately 10% of pregnancies and contribute to serious complications such as preterm birth, stroke, and organ damage. While mobile health (mHealth) tools have demonstrated effectiveness in improving user engagement, enhancing health education, promoting self-monitoring, and supporting behavioral management across various chronic conditions, a critical gap persists in evidence-based mobile applications specifically designed for HDP prevention, monitoring, and management. This gap represents a missed opportunity to leverage technology for improving maternal health outcomes.
Objective: Two objectives guide this study: 1) to design a mobile health application for HDP prevention and management; and 2) to pilot testing this app by evaluating its feasibility and usability.
Methods: The Two Happy Hearts app was systematically developed through five iterative phases: (1) comprehensive literature review of existing maternal health applications; (2) initial cross-platform prototype creation through interdisciplinary collaboration; (3) internal team testing with structured feedback collection; (4) iterative app refinement incorporating team recommendations; and (5) pilot testing with target users. The Two Happy Hearts app integrates five core components. First, heart health education modules offer evidence-based content on home blood pressure monitoring, preeclampsia warning signs, and prevention strategies (e.g., healthy sleep, physical activity, and sodium control), delivered through culturally responsive, health-literate, and engaging materials. Second, regular check-ins systematically assess users' mood, stress levels, and basic needs such as food security and mental health status. Third, a dynamic feedback-loop community navigation system delivers personalized resources tailored to individual check-in responses. Fourth, continuous care features include automated appointment reminders customized to specific medical conditions. Fifth, real-time patient-researcher messaging and automated push notifications facilitate ongoing communication and engagement. The pilot phase will engage 10-15 perinatal women in two-week app usage, collecting quantitative data through validated usability measures and qualitative insights via semi-structured interviews or focus groups.
Results: Data collection is ongoing. Demographic data will be collected to characterize participants' socioeconomic profiles. User experiences will be evaluated in terms of participants' ratings of satisfaction, usefulness, and acceptability. Importantly, the research team will analyze transcribed interviews using thematic analysis to comprehensively capture participants' perspectives, experiences, and recommendations for app improvement.
Discussion: The Two Happy Hearts app represents a promising evidence-based digital health intervention designed to empower perinatal women with essential knowledge, practical self-management skills, and enhanced self-efficacy to reduce hypertensive disorders of pregnancy (HDP) incidence and improve maternal-infant health outcomes. Preliminary pilot testing will provide valuable insights into user acceptability, usability, and engagement, informing future app refinements and an effectiveness trial.

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MATERNAL HEALTH AND ILLNESS

Empowering Your Birth: Comfort and Control

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Purpose: This project conducts a comprehensive evaluation of both pharmacological and non-pharmacological pain management strategies, investigating their effectiveness and influence on maternal pain perception throughout childbirth. By synthesizing current evidence from randomized clinical trials and systematic reviews, the project aims to identify best practices, highlight innovative interventions, and assess the overall impact of these modalities on maternal comfort, pain reduction, and anxiety management during labor. The findings will inform recommendations for optimizing pain relief, improving patient education, and enhancing outcomes for laboring individuals.

Background: Many pregnant individuals lack adequate information about pain management options during labor and delivery. This knowledge gap can contribute to increased anxiety, reduced satisfaction with the childbirth experience, and limited participation in shared decision-making regarding pain relief strategies. Despite the availability of a variety of pharmacological and non-pharmacological interventions—including epidural analgesia, nitrous oxide, maternal positioning, hypnobirthing, water immersion, ice massage, and virtual reality—awareness and understanding of these options remain inconsistent among expectant mothers. Misinformation, cultural beliefs, and insufficient standardized education contribute to these disparities, potentially impacting maternal comfort and outcomes during labor. Addressing this gap is essential to empower pregnant individuals with the resources and knowledge needed to make informed choices, enhance pain management, and promote a positive childbirth experience.

Description: This poster presentation provides an in-depth, evidence-based exploration of pain management modalities during childbirth. It synthesizes current research on both pharmacological and non-pharmacological approaches, including options such as epidural analgesia, nitrous oxide, maternal positioning, hypnobirthing, water immersion, and innovative interventions like virtual reality and ice massage at acupressure points. Drawing from recent randomized clinical trials and systematic reviews, the project highlights the importance of a multimodal strategy to enhance maternal comfort, reduce labor pain, and address anxiety. The presentation also emphasizes the need for standardized education and accessible resources for pregnant individuals, advocating for the integration of proven non-pharmacological techniques alongside conventional methods to optimize outcomes in labor and delivery. Attendees will gain insight into the latest advancements in pain relief strategies and practical recommendations for improving maternal care during childbirth.

Evaluation: Current evidence supports a multimodal approach to pain management in laboring patients. Recommended options include nitrous oxide, maternal positioning, conventional pharmacological methods such as epidural analgesia, hypnobirthing, and water immersion. Alternative interventions, such as water injections, did not demonstrate positive outcomes.

Implications: Healthcare organizations should prioritize standardizing education and resources related to labor and delivery. Continued use of non-pharmacological interventions, such as nitrous oxide and hypnobirthing, is recommended.

How the Impact of Adversity Shapes Maternal Resilience

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Aims: This study aims to examine the correlation between the perceived impact of lifetime adverse events, as measured by the Adverse and Traumatic Experiences Scale (ATES), and resilience, as measured by the Brief Resilient Coping Scale (BRCS), in pregnant women. We hypothesize that higher perceived impact ratings of adverse events are associated with lower resilient coping.

Background: Adverse events experienced throughout the lifespan are known risk factors for poor mental health outcomes. However, most studies quantify adversity risk using exposure counts through measurement tools such as Adverse Childhood Experiences (ACE) scores, which do not account for subjective appraisal. The ATES addresses this limitation by measuring both the exposure and perceived impact of adverse events. Resilience is the capacity to adapt positively to stress and is a critical determinant of health during the postpartum period. The BRCS, a validated 4-item measure, provides a practical indicator of resilience and adaptive coping in maternal populations. Despite its utility, there is a scarcity of research acknowledging the relationship between the perceived impact of adversity and resilience in pregnant women.

Methods: This secondary analysis draws from data collected in a larger study evaluating a postpartum infant massage intervention. The analytic sample includes 237 nulliparous women recruited between 31–35 weeks' gestation who were 18 years or older, English or Spanish speaking, expecting a singleton fetus, anticipating a healthy full-term infant, and reported an Adverse Childhood Experiences (ACE) score of two or higher. The Adverse and Traumatic Experiences Scale (ATES) and the Brief Resilient Coping Scale (BRCS) were administered at baseline, with the BRCS repeated one month postpartum. Planned analyses include descriptive statistics to summarize participant demographics and adversity profiles. Correlational analyses will examine associations between ATES impact ratings and BRCS scores, with exploratory models considering ACE scores and ATES exposure counts to assess whether subjective impact or exposure aligns more closely with resilience.

Assessment of Findings: A secondary analysis of the existing dataset is currently underway, using baseline and one-month postpartum data that have not yet been examined for these variables. Findings will describe participant characteristics and explore associations between the perceived impact of adversity and resilience across time points.

Implications: This study shifts the focus from what happened (exposure) to how it was experienced (impact), introducing a new lens for understanding maternal resilience. If perceived impact demonstrates a stronger association with resilience, this highlights appraisal as a modifiable target for future interventions, shifting postpartum care from crisis responses to more targeted interventions. Understanding how the impact of adversity continues to shape mothers' capacity for resilience will inform the development of strength-based interventions that help mothers reframe adversity, potentially enhancing their coping capacity, maternal mental health, and long-term family well-being.

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Impacts of Culturally-Tailored Community-Based Prenatal Education Program (CCPEP)

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Background: Language barriers, cultural differences, limited access to healthcare services, and, in some cases, legal challenges contribute to delayed or absent prenatal care among immigrant women, increasing the risk of adverse maternal and neonatal outcomes. These disparities underscore the urgent need for accessible, culturally tailored prenatal education programs designed specifically for immigrant populations. Although prior research has demonstrated the benefits of culturally sensitive prenatal education in promoting maternal-newborn health among underserved groups, no such program has been systematically developed or pilot-tested among immigrant women in Hawai'i.

Purpose: The purpose of this 3-phase pilot study is to examine the impact of a newly developed Culturally-Tailored Community-Based Prenatal Education Program (CCPEP), specifically developed for Korean immigrant couples in Hawai'i, on improving their prenatal knowledge, self-care efficacy and to evaluate participants' acceptability and feasibility of CCPEP using the focused ethnographic approach.

Methods: This three-phase mixed-methods pilot study was guided by Leininger's Culture Care Theory and Jeffreys' Cultural Competence Model. *In Phase 1*, the CCPEP curriculum was developed through an extensive literature review and expert validation, integrating cultural beliefs, practices, and traditional health concepts into standard prenatal education topics such as fetal development, nutrition, labor progress, and breastfeeding. *In Phase 2,* the six-week, two-hour weekly CCPEP was implemented with 12 Korean immigrant couples (N = 24) at a community center in Honolulu. Paired-samples t-tests and ANOVA were conducted separately for wives and husbands to compare pre- and post-intervention scores on the Perinatal Care Knowledge and Self-Care Questionnaire (Nunes et al., 2019). *In Phase 3*, post-intervention ethnographic interviews were conducted to explore participants' lived experiences and analyzed using Leininger and McFarland's four-phase ethnographic method.

Results: Quantitative findings demonstrated significant improvements in perinatal knowledge and self-care efficacy for both partners. Wives' mean total scores increased from 18.5 ± 6.8 pre-intervention to 31.2 ± 2.8 post-intervention ($p < .001$), while husbands' scores increased from 16.2 ± 2.5 to 28.0 ± 4.2 ($p < .001$). Qualitative analysis revealed five central themes that reflected participants' enhanced understanding and empowerment: expanded understanding of health-care systems, enhanced self- and baby-care competency, strengthened couple bonding, greater community connection, and improved resource navigation. Participants expressed high satisfaction with the bilingual, culturally resonant, and community-based learning environment, which fostered trust and meaningful engagement.

Implications and Conclusion: The CCPEP effectively enhanced participants' prenatal knowledge, self-care efficacy, confidence, and sense of connectedness to their community and available health resources. Findings confirm the program's feasibility and effectiveness as a culturally responsive intervention to reduce perinatal care disparities among Korean immigrant populations. Future work will adapt the CCPEP for additional ethnic groups, including Filipino, Japanese, Chinese, and Pacific Islander populations, and transition to digital, video-based delivery to expand accessibility and impact across Hawai'i and beyond.

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Prevalence and Disparities of Substance Use Disorder in Pregnancy in Colorado

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Purpose: The purpose of this retrospective, cross-sectional study is to examine the prevalence of substance use disorder (SUD) during pregnancy across demographic, socioeconomic, and psychosocial groups within a large hospital-based sample in Colorado.
Background: SUD in pregnancy poses serious health risks for maternal and neonatal outcomes, including preterm birth, low birth weight, and neonatal abstinence syndrome. National surveillance demonstrates variation in SUD prevalence by race, age, and socioeconomic status, yet local data remains limited. Understanding the characteristics of expecting mother that are most effected in specific communities is essential for tailoring interventions and informing health care policies in Colorado.
Methods: A secondary analysis was conducted using electronic medical records from 24, 797 pregnant women who delivered at University of Colorado Anschutz Medical Campus in Aurora, Colorado. This hospital serves a large and diverse population across the Denver metropolitan area; however, do not represent all births statewide. SUD was identified through ICD-10 codes and urine toxicology. Variables included maternal age, race, ethnicity, insurance status, and psychosocial indicators such as intimate partner violence, problems in upbringing, and perceived discrimination. Descriptive statistics were used to summarize sample characteristics and prevalence by substance type. Bivariate analysis (chi-square, Fisher's exact test, t-tests, ANOVA) were completed to compare prevalence across demographic, socioeconomic, and psychosocial groups, with significance set as $p < 0.05$.
Results: The overall prevalence of SUD during pregnancy was 6.9%. Marijuana use disorder was most common (3.9%), followed by opioids (0.94%), other stimulants (0.89%), cocaine (0.36%), and other psychoactive substances (1.16%). Sedative/anxiolytic and hallucinogen use disorders were rare. Nicotine use was also prevalence, with 6.0% reporting current use. Significant demographic and socioeconomic disparities were observed. Native American women had the highest prevalence of SUD (15.4%), followed by Black women (10.9%), and White women (5.5%), while Hispanic women had a lower prevalence (3.9%) compared to non-Hispanic women (6.9%) ($p <0.001$). insurance type was also strongly associated with prevalence: women with public insurance had significantly higher rates of SUD (9.8%) when compared to those with private insurance (2.7%), military coverage (3.9%), or self-pay/uninsured (4.4%) ($p < 0.001$). Psychosocial adversity was disproportionately represented, as women with SUD were more likely to report a history of intimate partner violence, problems during upbringing, and perceived discrimination (all $p <0.001$). Although insurance served as a proxy for socioeconomic status in the analysis, other indicators, such as education, income, and employment, could not be reliably evaluated, limiting the ability to capture the full scope of socioeconomic disparities.
Implications: Findings highlighted the important disparities in prenatal substance use within the hospital. Identifying the demographic, socioeconomic, and psychosocial characteristics most strongly associated with SUD can inform intervention strategies that are equitable and guide allocation for pregnant women at the highest risk. These results highlight the need to integrate routine screening for substance use, intimate partner violence, and psychosocial adversity into prenatal care, and to develop culturally sensitive, multidisciplinary interventions addressing medical and social needs. Insurance served as a socioeconomic proxy; however, missing education and income data limit insight into broader social factors.

Prevalence of Postpartum Contraception Among Younger Versus Older Women in Kenya

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Purpose: This analysis aims to evaluate the association between age and six-month postpartum contraception uptake among women in Kenya.
Background: Globally, approximately 40% of all pregnancies each year, around 99 million, are unintended. In Kenya, 96% of postpartum women desire at least 2 years between births, but only 60% use family planning (FP) within a year postpartum. Adolescent girls and young women have a higher unmet need for contraception, but more data is needed on how age is associated with postpartum contraception uptake.
Methods: We analyzed data from a clinical trial at five maternal and child health (MCH) clinics in Western Kenya (NCT04472884) that enrolled 600 pregnant women who were HIV-negative, ≥18 years, between 24-32 weeks gestation, and newly initiating HIV pre-exposure prophylaxis (PrEP). Family planning use and type were ascertained at all postpartum study visits (six-weeks, 14-weeks, six-months, and nine-months post-delivery). We used logistic regression models to evaluate the association between age (≤24 vs >24 years) and contraceptive use, adjusting for marital status, primigravida, education, recent sexual activity, and study sites.
Findings/Results: A total of 575 women attended their six-month postpartum visit, with 272 (47%) aged ≤24 years. At six-months postpartum, 89% had resumed sexual activity (≤24 years: 84%, >24 years: 94%), and 65% (≤24 years: 67%, >24 years: 64%) of women had adopted a family planning method. The most common method was implants (41%), followed by Injectables (16%), oral family planning (7%), and condoms (0.7%). Younger participants had 1.67 times the odds of using an implant than older participants (95% CI: 1.00–2.79, p=0.049). There were no significant differences in use of any family planning, hormonal family planning, long-acting reversible contraception (LARC), injectables, or oral family planning between age groups.
Conclusion: Overall, the prevalence of postpartum contraception uptake among women at high HIV risk at six-months was similar between younger and older women. However, younger women were more likely to be using an implant for family planning. This difference in implant use by age may suggest that younger participants are interested in long-term FP or providers are likely to counsel on longer-term contraceptive methods.

Promoting Cardiovascular Health in Postpartum Patients with Hypertension

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Purpose/Aims: The purpose of this evidence-based practice project is to promote cardiovascular health among postpartum patients with a hypertensive disorder of pregnancy (HDP) through a multicomponent educational intervention. The project aims to increase patient knowledge of cardiovascular (CVD) risk factors, promote adherence to recommended blood pressure (BP) monitoring, and support early identification of persistent hypertension following delivery.
Rationale/Background: HDP affects approximately 10% of pregnancies in the United States and is the second leading cause of maternal mortality. Women with a history of HDP are at a 10-fold increased risk of hypertension within six months postpartum, and around 30% of patients with HDP continue to experience hypertension beyond the postpartum period. Despite the increased risks, evidence indicates there is a gap in postpartum education and patient knowledge of HDP-related CVD risk. Increasing patient awareness may contribute to positive health outcomes such as improved recognition of warning signs and symptoms and home BP monitoring in accordance with recommendations.
Brief Description of the Undertaking/Best Practice: This project utilizes the Iowa Model of Evidence-Based Practice to guide the design, implementation, and evaluation of a practice change. A needs assessment at the project site revealed that education for postpartum patients with HDP varies among healthcare providers, and that follow-up appointments are only guaranteed for patients discharged with a prescription for antihypertensive medication. A literature synthesis identified that multicomponent educational interventions combining printed materials, videos, and interactive counseling are most effective in improving patient knowledge, health behaviors, and clinical outcomes related to HDP and CVD risk. Based on this evidence, a postpartum hypertension education bundle was developed using these delivery methods. Content covered in the printed handouts and video includes the following topics: HDP and increased CVD risk, recommended lifestyle changes in exercise and diet, how to take a BP properly at home, ensuring a post-discharge follow-up appointment, and warning signs and symptoms requiring further assessment. After reviewing the educational materials, patients are offered an opportunity to discuss questions and concerns.
Assessment of Findings/Outcomes Achieved: A pre- and post-assessment using a validated postpartum CVD risk awareness survey will be administered immediately before and after patients receive the educational bundle. Knowledge of accurate home BP monitoring will be evaluated through a return demonstration assessing proper technique and body positioning. Additional outcome measures will be obtained approximately one month postpartum to determine if the educational bundle impacted participants' post-discharge behaviors- specifically whether they checked their BP at home, scheduled and attended a follow-up BP check with their health care provider, and if they required any return visits to triage or hospital readmission (results pending).
Conclusions: The multicomponent educational intervention is expected to improve hypertensive postpartum patients' knowledge of their CVD risk, accuracy in home BP monitoring, and adherence to follow-up appointments. Project outcomes may inform further standardization of HDP education, potentially reducing rates of postpartum triage visits and readmissions in the long-term while empowering patients through multimodal learning that promotes self-management and cardiovascular health.

MATERNAL HEALTH AND ILLNESS

Telehealth Group Prevention for Perinatal Mental Health: A Pilot Study

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Purpose: This pilot study assesses the feasibility and acceptability of a telehealth-delivered, group-based prevention program for perinatal people at risk for perinatal depression/anxiety (PDA) and substance use.

Background: Perinatal depression affects 12-15% of perinatal people, while substance use during pregnancy remains a public health concern. Approximately 45% of women with PDA report substance use during pregnancy, and up to 65% of women with perinatal substance use screen positive for PDA symptoms or have a history of depression/anxiety. These co-occurring conditions require integrated prevention approaches. Rural communities face particularly acute challenges, with nearly double the depression rates versus urban areas, yet limited access to specialty mental health services. Telehealth offers a promising platform to deliver evidence-based prevention programs regardless of location. However, feasibility and acceptability of telehealth interventions remain unestablished among women experiencing both PDA and elevated substance-use risk, making this study critical for addressing gaps in perinatal care accessibility.

Methods: Perinatal participants were recruited from OB/GYN and pediatric clinics in southwest Idaho (April 2024-January 2025) via informational materials with QR codes linking to online screening. Eligible participants were pregnant or postpartum people (up to 12 months) with mild to moderate depressive symptoms and low to moderate substance-use risk. Eight weekly, one-hour group sessions were delivered via HIPAA-compliant Zoom using the UPLIFT mindfulness-based cognitive behavioral therapy program. Feasibility (enrollment, attendance, retention) and acceptability (satisfaction surveys, interviews) were assessed. Depression (EPDS), anxiety (GAD-7), and substance-use risk (NIDA Quick Screen/Modified ASSIST) were measured at baseline, post-intervention, and two-month follow-up. Data were analyzed using descriptive statistics and thematic analysis.

Assessment of Findings: A total of 12 perinatal individuals completed screening; 11 met eligibility criteria but only eight enrolled across two groups, reflecting recruitment challenges. Seven (87.5%) completed the intervention. Participants' mean age was 28.4 years; 71% White, 86% married/partnered. At baseline (n=7), 42.9% reported any alcohol use with no other substance use. Session attendance averaged 5 of 8 sessions (67.3%). EPDS scores were M = 10.00 (SD = 3.16) at baseline, M = 9.75 (SD = 0.43) post-intervention, and M = 11.47 (SD = 1.84) at follow-up, with 57.1% above clinical threshold (≥10) at baseline. GAD-7 scores showed sustained reduction from M = 10.14 (SD = 5.44) at baseline to M = 6.25 (SD = 0.83) post-intervention and M = 5.75 (SD = 1.79) at follow-up. Moderate anxiety (≥10) decreased from 42.9% at baseline to 0% at follow-up. Satisfaction surveys (n=3) showed 100% satisfaction with Zoom delivery and willingness to recommend the program. Qualitative interviews (n=3) identified facilitators (sense of community, technological accessibility, mindfulness benefits) and barriers (time constraints, communication preferences, learning style challenges, mental health stigma).

Conclusions/Implications: This pilot study demonstrates feasibility of telehealth-delivered group prevention for perinatal individuals with co-occurring depression/anxiety and substance use risk. High completion (87.5%) and moderate attendance (67.3%) support scalability despite recruitment challenges. GAD-7 scores showed sustained anxiety reduction. Future studies should enhance recruitment strategies and implement attendance-promoting interventions (flexible scheduling, reminders). These findings provide essential groundwork for accessible telehealth interventions addressing perinatal mental health in rural communities.

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MATERNAL HEALTH AND ILLNESS

Perinatal Mental Wellness & Prevention Program Engagement in mHealth Portal

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Purpose/Aims: The purpose of this study was to characterize user engagement with mental health resources made available via an online patient education portal within a large academic health center.

Background: Perinatal depression (PD) affects 15-20% of pregnant and postpartum individuals, yet multiple barriers to mental health access remain. Digital and online patient education platforms can increase access to mental health education, facilitate early identification of concerns, and streamline referral pathways. This study examined user engagement with one online patient education portal, YoMingo®, and the specific Mental Wellness (MW) "tile" created to provide perinatal mental health education and resources. The dedicated tile was made available during an implementation study that incorporated an online PD prevention program within a large academic health center and six rural Utah Health Districts. Understanding engagement patterns with digital mental health resources is critical for improving mental health literacy, early identification, and pathways to care in perinatal populations.

Methods: In collaboration with Baby 360 data was extracted from the online platform, including deidentified user number, registration dates, category "tile" visits/views, and article titles within tiles. Statistical program R was used to combine data and conduct descriptive statistics.

Results: Since introduction in March 2022 to August 2025, the MW tile was visited 4,659 times, out of a total of 158,697 visits to all tiles in the online education portal, representing 2.94% of total tile views. This contrasts with the most widely accessed tiles, "Prenatal Care" and "Pregnancy and Birth", representing 52,322 and 39,340 total tile views (33% and 25% of total tile views, respectively) during the same time. A total of 1171 unique users accessed the MW tile since its introduction (out of 10,589 total YoMingo® users, 11%). The most frequently accessed topics were "How common are perinatal mental health conditions?" and "Definitions" which were viewed at least once by 489 and 481 users (42% and 41%, respectively). The topic "Reduce your Risk with the MaMa Study—Perinatal Depression Prevention Program" was accessed by 405 users (35%) and "Know Your Risk" was accessed by 389 users (33%). Most MW topics were accessed only once, with a small percentage being accessed multiple times. Subsequently, a total of 80 individuals consented to participate in the PD prevention program. The most frequently accessed tile in the online PD prevention program was the "Introduction and Manual", accessed by 70 (87.5%) of users. A total of 69 users accessed Session 1 (86%), and the percent accessing subsequent sessions decreased from 53 accessing Session 2 (66%) and 31 accessing Sessions 7 or 8 (39%).

Conclusions/Implications: In this online education portal, only a small percentage of users (11%) visited the MW tile, indicating that perinatal mental health education is of much less interest than other topics during the childbearing period. This suggests gaps in awareness and opportunities for early identification of mental health concerns. Integrating online resources into clinical workflows and providing ongoing encouragement for prevention program engagement may improve access to perinatal mental health education and support.

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Trajectory and Determinants of Fear of Childbirth Among Childbirth Women in Malawi

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Purpose: Fear of childbirth (FOC) is a common maternal health concern, yet limited evidence exists on its temporal patterns and associated factors in low-resource settings such as Malawi. This study aimed to examine changes in FOC from pregnancy to the early postpartum period and to identify sociodemographic, clinical, and psychosocial correlates.
Methods: We conducted a prospective longitudinal study that recruited 200 women who underwent vaginal deliveries at a district hospital in Malawi. FOC was assessed using the Wijma Delivery Expectancy/Experience Questionnaire (W-DEQ) in the third trimester and at 1 day and 1 week postpartum. Linear mixed-effects models were used to evaluate temporal changes and associated predictors of FOC.
Results: The mean age of participants was 27.7 years (SD = 6.7). Mean FOC scores declined from the third trimester (mean = 34.9; SD = 12.4) to 1 day postpartum (mean = 33.3; SD = 10.3), followed by an increase at 1 week postpartum (mean = 36.6; SD = 7.0). However, linear mixed-effects models indicated that changes in FOC over time were not statistically significant relative to the third-trimester baseline (1 day: adjusted $\beta = -1.61$, 95% CI: -3.4, 0.2, $p = 0.08$; 1 week: adjusted $\beta = 1.73$, 95% CI: -0.2, 3.6, $p = 0.07$). Higher FOC scores were independently associated with physician-attended deliveries compared to midwifery deliveries (adjusted $\beta = 7.53$, $p < 0.01$), high perceived social support (adjusted $\beta = 4.80$, $p = 0.01$), and elevated depressive symptoms (adjusted $\beta = 3.04$, $p = 0.01$). Being married was associated with lower FOC scores (adjusted $\beta = -4.97$, $p = 0.01$).
Conclusion: FOC varied across the perinatal period, with increased levels observed at 1 week postpartum. Marital status, provider type, social support, and depressive symptoms were significant predictors. These findings underscore the importance of routine psychological assessment and support throughout the continuum of perinatal care in Malawi.
Keywords: Fear of childbirth, pregnancy, postpartum, social support, depression, longitudinal study, Malawi.

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MATERNAL HEALTH AND ILLNESS

Understanding the Experience of Black African Immigrant Mothers

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Background: Black African immigrant mothers in the United States navigate multiple intersecting identities including their gender, race and immigrant status. The process of adapting to life in a new country often generates acculturative stress-psychological strain resulting from navigating cultural differences, language barriers, discrimination, and the loss of familiar social networks and support systems. Research has linked acculturative stress to increased risk of postpartum depression (PPD), a mental health condition affecting maternal well-being during the postpartum period. Furthermore, PPD has been demonstrated to impair maternal-infant bonding, potentially affecting child developmen. Evidence suggests that robust social support can serve as a protective buffer against these adverse outcomes. Social support—whether from family, friends, or community members—has been shown to mitigate both acculturative stress and postpartum depression, highlighting its crucial role in promoting mental health and positive maternal-infant relationships among postpartum mothers. However, there is limited understanding of how Black African immigrant mothers experience the interplay between acculturative stress, PPD, mother-infant bonding and social support.

Purposes/Aims: Our aims are to; 1) describe how Black African immigrant mothers perceive acculturative stress; 2) understand the impact of acculturative stress on Black African immigrant mothers' experiences of PPD and bonding with their infants and 3) examine the understanding that Black African immigrant mothers have of social support in their experiences of acculturative stress.

Methods: A qualitative design is used in this study. Upon obtaining University IRB's approval, convenience sampling is used to recruit participants. Inclusion criteria include self-identifying as Black African immigrant mothers, being 18 - 50 years old, currently living in the U.S. and in the U.S. for ten years or less, having a child born in the U.S. within the last 24 months. We will collect demographic data such as age, marital status, length of stay in U.S., country of origin, occupation and educational level, history of mood disorders, a history of adverse childhood events (ACE), intimate partner violence (IPV) via REDcap platform. Semi-structured interview guidelines are created to facilitate individual interviews. Example interview questions are;

1) How did your experience of the cultural differences affect your emotional and mental health during the 12 months after childbirth?

2) How do you feel that your support system influenced your emotional or mental state after childbirth?

With participant's consent, interviews will be recorded and transcribed. We will use Dedoose software to conduct inductive content analysis of the transcribed interviews.

Results: Data collection is ongoing. Demographic data will be analyzed using descriptive statistics and frequencies. Codes, categories, and themes will be identified and developed to capture and elaborate on Black African immigrant mothers' experiences with acculturative stress, postpartum depression, maternal-infant bonding, and social support.

Future Implications: The results of this work will lay the foundation for improved health and developmental outcomes in Black African immigrant mothers and their infants through enhanced maternal-infant bonding experiences. This can be achieved by understanding their lived experiences of acculturative stress, PPD, and maternal-infant bonding, and highlighting the potential benefits of enriched social support networks.

Unmet Perinatal Mental Health Needs of Pregnant Birthing Persons

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Purpose: Examine racially/ethnically marginalized (REM) patients' perinatal mental health (PMH) needs at a community-based midwifery clinic in the Pacific Northwest (PNW) with reported needs guiding training to strengthen midwifery providers' PMH knowledge
Background: The impacts of poor PMH are vast. REM birthing parents and their children are disproportionally affected by perinatal mental illness and are subject to compounded risk for poor outcomes due to their racialized experience. Stratified data for PMH conditions by race or ethnicity is not available for some PNW states. REM birthing parents in the PNW face higher perinatal health risks than white peers, likely including PMH disparities. No studies have exclusively explored the PMH needs of REM birthing parents in a single PNW city. REM individuals are not monolithic; therefore, those living in this region may have unique needs as it relates to PMH. Exclusion of patient voices from needs assessments contributes to their marginalization. Population assessments help prioritize and drive effective change relevant to the targeted population. Associated with this disparity is limited obstetric provider knowledge and management of perinatal mental illnesses. Thus, provider training is additionally essential to meet the targeted population's needs.
Methods: This project was a preliminary needs assessment that informed a subsequent PMH provider education intervention guided by the CDC Program Evaluation Framework. With no standard PMH tools, the principal investigator developed project instruments guided by research and reviewed for face validity by Seattle University nursing faculty. Patients completed an anonymous patient survey. Following, midwives engaged in MH training based on patient-reported needs with a pre/post-test questionnaire. Recommendations for next steps were provided.
Results: *(Arm One)* Patient participants (n=7) reported no need for MH services during their current pregnancy. During this pregnancy, 55% noted cost of services as a barrier. Secondarily was the lack of time due to pregnancy (33.3%) and long wait times for appointments (33.3%). Two participants reported they had little time and were uncomfortable discussing MH with their midwife. Preferred qualities/types of MH services included individual therapy, MH resources, telehealth, flexible scheduling, and low cost. Preferred qualities in a PMH provider included same gender and specialization in PMH care. (*Arm Two)* All provider participants (N=3) reported inadequacy in knowledge of PMH services. Providers' PMH knowledge increased following the PMH training with a statistically significant difference between providers' pre-test scores ($M = 2$, $SD = 0$) and post-test scores ($M = 3.67$, $SD = 0.58$), $t(2) = -5$, $p = 0.04$.
Conclusions: The project gathered patient needs, improved provider knowledge, and will guide onsite PMH service implementation. Most patient participants reported no need for MH services during their current pregnancy. As midwifery philosophy of care is holistic, inclusive, and involves the practice of cultural humility, the care may be protective of patients' MH and further investigation could help determine if midwifery care better serves the mental health of REM patients. Further, a similar project implemented in a large hospital network may determine needs for a broader population of REM birthing persons in the PNW in comparison to community-based care.

MENTAL HEALTH / BEHAVIORAL HEALTH

ACEs Screening in a Cognitive Behavioral Therapy Intensive Outpatient Program

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Purposes/Aim: The purpose of this evidence-based practice (EBP) project is to implement Adverse Childhood Experiences (ACEs) screening and trauma-informed psychoeducation into an existing Cognitive Behavioral Therapy (CBT) Intensive Outpatient Program (IOP) at San Diego's largest and most comprehensive behavioral health hospital system. The project aims to identify patients who have been exposed to ACEs, ensuring that early interventions are in place to support and promote healing and resilience, and prevent long-term health consequences.
Rationale/Background: Adverse Childhood Experiences (ACEs) are potentially traumatic experiences that occur before the age of eighteen and include abuse, neglect, and household dysfunction. ACEs are highly prevalent and are associated with various health conditions and diseases, including several mental health disorders. Over time, ACEs can lead to prolonged toxic stress and worsening health and social outcomes. Despite the evidence, routine screening for ACEs is not standardized in behavioral health settings. Integrating ACEs screening within the CBT IOP offered an opportunity to bridge this practice gap and align with the growing state of ACE initiatives throughout California.
Brief Description of the Undertaking/Best Practice: This EBP project is guided by the San Diego 8A's Evidence-Based Practice Model, a structured framework designed to translate evidence into clinical practice through eight significant phases: Catalyst, Assessing, Asking, Acquiring, Appraising, Applying, Analyzing, and Advancing/Adopting. Staff education on ACEs is provided through a brief in-service presentation, accompanied by optional pre- and post-learning self-assessment surveys. Eligible patients who meet the inclusion criteria and are admitted to the CBT IOP will be offered ACEs screening, with psychoeducation and goal setting provided based on their ACE scores. Data is collected using anonymous staff surveys and the Adverse Childhood Experience Questionnaire for Adults.
Assessment of Findings/Outcomes Achieved: Upon data analysis, the anticipated project findings will demonstrate that the implementation of ACEs screening has yielded patients with positive ACE scores of 1 or more, including high-risk individuals with ACE scores of 4 or more. Patients with an identified positive ACE score received psychoeducation and supportive interventions, which included stress management strategies and a goal-setting worksheet to help them incorporate these strategies into their daily lives. Upon completion of the in-service presentation, the staff learning assessment surveys indicate improvement in staff knowledge, comfort, and confidence of ACEs and the incorporation of trauma-informed care.
Conclusions: Upon project completion, it is anticipated that the feasibility and value-added benefits of implementing ACEs screening will increase psychoeducation and the incorporation of supportive interventions to mitigate health risks associated with experienced childhood adversities. Future research and evidence-based practice projects should focus on expanding screening as a routine process in other behavioral health settings, such as among the child and adolescent population, while measuring longitudinal outcomes, including staff and patient satisfaction, and symptom improvement.

MENTAL HEALTH / BEHAVIORAL HEALTH

Alcohol Consumption and Shift Work: Correlates of Neurobehavioral Health Outcomes

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Purpose: This study aimed to examine the combined and individual effects of alcohol consumption and shift work exposure on perceived cognitive dysfunction, insomnia severity, depressive symptoms, and overall sleep quality, while controlling for age, gender, and ethnicity among adults in Clark County, Nevada.
Background: Sleep quality, cognitive function, and mood are core components of neurobehavioral health and well-being, yet are frequently compromised by occupational stressors and lifestyle choices. Although previous research demonstrated associations of chronic alcohol use and shift work scheduling with negative health outcomes such as sleep disturbances, cognitive detriments, and mood symptoms, findings remain inconsistent and few studies examined their potential combined or interactive effects.
Methods: A sample of 55 participants (22 day shift, 33 night shift) completed questionnaires assessing perceived cognitive dysfunction (FACT-Cog), insomnia severity (Insomnia Severity Index, ISI), depressive symptoms (Patient Health Questionnaire-9, PHQ-9), and overall sleep quality (Pittsburgh Sleep Quality Index, PSQI) between 2022 to 2025 in Clark County, Nevada. Independent factors included alcohol consumption frequency (None vs. ≥1 day/week) and shift work exposure (based on the shift worked for the majority of lifetime). A multivariate analysis of covariance (MANCOVA) was conducted, controlling for age, gender, and ethnicity. Pillai's Trace was used to evaluate multivariate effects and follow-up univariate tests examined specific outcomes.
Results: Alcohol consumption differed significantly between day and night shift groups (p = .034), with 59.1% of day shift workers reporting alcohol use compared to 30.3% of night shift workers. No significant differences were found for age, gender, ethnicity, or the neurobehavior indicators between shift work groups. Using Pillai's Trace, significant multivariate effects were observed for gender (V = .213, p = .026) and alcohol consumption (V = .203, p = .034), but not for shift work exposure or the shift × alcohol interaction. Univariate analyses indicated alcohol consumption was associated with greater insomnia severity ($F(1,48) = 4.28$, p = .044), higher depressive symptoms ($F(1,48) = 5.68$, p = .021), but lower perceived cognitive dysfunction ($F(1,48) = 6.65$, p = .013. Gender effects were observed, with women reporting higher perceived cognitive dysfunction ($F(1,48) = 6.34$, p = .015) and higher depressive symptoms ($F(1,48) = 4.07$, p = .049) than men. No significant effects were found for sleep quality or shift work exposure alone. Among night-shift workers, those reporting alcohol use ≥1 day/week had higher insomnia severity scores (12.50 ± 4.93) than those reporting no alcohol use (6.09 ± 6.07), though the difference was not statistically significant (p = .087).
Conclusions/Implications: Alcohol consumption and gender are important correlates of insomnia severity and depressive symptoms, and both also influence perceived cognitive dysfunction. This influence on cognitive dysfunction was, however, in opposite directions: women reported higher perceptions of cognitive dysfunction, while alcohol users reported lower cognitive dysfunction perceptions. While shift work alone was not associated with significant differences, the observed trend among night-shift alcohol drinkers highlights a potential area for future research. These findings emphasize the need for targeted interventions to improve sleep quality and neurobehavioral health in shift-working populations within Clark County, Nevada.

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MENTAL HEALTH / BEHAVIORAL HEALTH

An Investigation of Therapeutic Processes in an Innovative Mental Health Treatment

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Aims: This secondary qualitative analysis aims to build on prior mechanistic findings by examining participants' verbalizations across phases of Regenerating Images in Memory (RIM), a verbal psychotherapeutic approach, to help clarify how stages of therapy contribute to change and how RIM could support nursing students' mental health.

Background: Nursing students experience high rates of depression, anxiety, and stress, particularly during the COVID-19 pandemic, underscoring the need for effective mental health interventions. Traditional treatments such as antidepressants and cognitive behavioral therapy are often limited by delayed effectiveness and inconsistent outcomes. Regenerating Images in Memory (RIM) can help with these issues, and is structured around three phases: 1. *Dip*, which involves relaxation and awareness; 2. *See*, which includes extensive imagery; and 3. *Do*, which involves integrating experiences and returning to ordinary life. RIM allows individuals to safely re-experience troubling memories, reframe associated emotions, and integrate them into meaningful life narratives. Guided by Two Minds Theory (TMT), which proposes that coping arises from a rapid, nonconscious intuitive mind that is later integrated into the narrative mind, RIM is theorized to act through nonconscious processes such as emotional integration and body awareness. The parent study demonstrated that RIM produced large pre-post improvement in mental health symptoms, altered levels of consciousness, and shifted brain activity from narrative to intuitive mind regions, consistent with TMT. While these quantitative findings support RIM's proposed mechanism, little is known about patients' subjective experiences. This analysis adds qualitative depth by offering insight into participants' experiences, thereby increasing the understanding of the treatment's potential mechanisms and outcomes.

Methods: Undergraduate nursing students (N=30) were recruited from a mental health course between 2022 and 2024. Each completed a RIM session, which was audio-recorded, transcribed using Otter.ai, and analyzed through ATLAS.ti using Braun and Clarke's six-step thematic analysis. Five interdisciplinary coders independently analyzed transcripts, with team consensus meetings to enhance the rigor, reliability, and consistency of coding. We compared the frequency of codes in phase 1. *Dip* and 3. *Do* using chi-square tests and odds ratios.

Assessment of Findings: Themes shifted across the phases of RIM. During 1. *Dip*, participants described anxiety, unpleasant sensations, feeling not in control, stress, and negative emotions. By 3. *Do*, participants shifted toward empowerment, professional identity, and reflective insights, reframing experiences into meaningful narratives. These findings mirror the parent study's EEG evidence of intuitive-to-narrative mind integration, providing qualitative triangulation of this therapeutic mechanism. Statistically significant shifts between phases one and three included decreased anxiety, decreased unpleasant body imagery, decreased feeling of being out of control, increased empowerment, increased connections to nursing practice, and increased insight about visualizations. Together, these changes suggest that RIM may help students transform stress into an unconscious feeling of control.

Conclusions: This first qualitative analysis of participant narratives during RIM demonstrates that RIM facilitates rapid emotional transformation by shifting themes from stress to empowerment. For nursing students, RIM may help address mental health needs like anxiety and stress. Next steps include larger randomized control trials to establish efficacy and explore applications across diverse populations.

MENTAL HEALTH / BEHAVIORAL HEALTH

Armed with Information: Digital Tools to Reduce First Responder Burnout

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Purpose: To understand the impact of an offline digital crisis response library as a field-based tool to reduce burnout and enhance self-efficacy among crisis intervention specialists (CIS) in a large urban setting.

Background: Crisis response teams operate in high stress situations with individuals experiencing an acute crisis event. This presents an opportunity for first responders to help educate and inform the person in crisis. Crisis scenes are also rife with opportunities for misunderstanding and miscommunication related to situational stress and low literacy. Current communication tools are inadequate to meet the needs of crisis responders and crisis victims. Suboptimal interactions and lack of appropriate resources can contribute to work-related stress and burnout for crisis responders, which in turn reduces their ability to effectively deliver support to crisis victims. By using a curated offline digital library (SolarSPELL), responders have a dedicated tool to help communicate information to the individual or family in the moment, at varying literacy and age-appropriate levels. This study was completed to determine the efficacy of SolarSPELL as a crisis response tool for improving psychological resilience in CISs.

Method: Using the Iowa Model Revised as the implementation framework, the SolarSPELL crisis library was implemented for crisis response teams in a large urban fire department in the southwestern United States. Maslach's Burnout Theory was used to identify work-related stressors and inform intervention points for the SolarSPELL implementation. Participants were given a two-hour training on the SolarSPELL library prior to library deployment on crisis response units. Participants were assessed at four points: immediate pre-training, immediate post-training, 1 month following library deployment and, 6 months following library deployment. We assessed three measures over time using validated survey tools: general self-efficacy (GSE), areas of worklife satisfaction (AWS) and burnout (MBI) with a focus on emotional exhaustion. MBI and AWS used a 5-point Likert scale, with higher scores indicating lower burnout and better worklife. GSE used a 4-point Likert scale where higher scores indicate greater self-efficacy. Scores were compared using independent t-tests with paired t-test comparisons where possible and $p<.05$ as significant.

Results: The results were examined across three main categories of burnout, work life balance, and general self-efficacy. On the burnout scale, metrics improved immediately after training and several gains persisted at 6 months: lower emotional exhaustion and depersonalization; and higher personal accomplishment. These results align with a lower burnout level. In contrast, work life domains and self-efficacy did not show statistically significant changes over time. Hedge's g effect size indicated no effect. Limited follow-up sample sizes (N=12 at 1 month and N=22 at 6 months) likely constrained power and precision.

Conclusion: Low responses limit the ability to accurately assess the impact of the SolarSPELL library over time. However persistent improvements in areas of burnout are encouraging. More systematic investigation is needed to understand SolarSPELL utilization patterns and the correlation of library usage with burnout in crisis responders. Specific planned work includes in-field observations, additional longitudinal measures using multiple to improve survey response yield, and correlation of findings with library usage patterns.

MENTAL HEALTH / BEHAVIORAL HEALTH

Discrimination, Coping and Postpartum Depression in Black American Fathers

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Background: While maternal postpartum depression has received growing attention, emerging literature increasingly documents the significant impact of paternal postpartum depression (PPD) on fathers, partners, and families. Paternal PPD affects approximately 10% of new fathers globally, yet remains underrecognized and understudied, particularly among racial and ethnic minority populations. A recent meta-analysis found that perceived discrimination is positively associated with depressive symptoms in Black American men, suggesting that experiences of racism may exacerbate mental health vulnerabilities during the transition to fatherhood. Additionally, protective factors have been identified that reduce depression among fathers. Fathers who employ problem-focused coping skills are considerably less likely to experience depression compared to those who utilize avoidant coping strategies. Despite these findings highlighting both risk and protective factors, a notable gap remains in research specifically examining PPD in Black American fathers, limiting understanding of their unique experiences and needs.

Objective: The purpose of this proposed study is to investigate the phenomenon of paternal postpartum depression (PPD) among Black American men. Three objectives guided this study: 1) to investigate the prevalence of PPD among Black American men; 2) to identify risk factors associated with PPD; and 3) protective factors associated with PPD.

Methods: This study utilized a descriptive cross-sectional design. Upon obtaining university IRB approval, convenience sampling was used to recruit participants from community organizations and perinatal hospitals/clinics in California. Inclusion criteria included self-identifying as a Black American father, having an infant (≤12 months old), and being a biological/adoptive father or having visitation rights, and being able to read English. Data was collected using validated self-report surveys administered through REDCap, including demographics, postpartum depression (Edinburgh Postnatal Depression Scale), discrimination (Everyday Discrimination Scale), and coping (Family Crisis Oriented Personal Evaluation Scales). Descriptive statistics and linear regression analyses were conducted to address the three objectives.

Results: Participants' mean age was 33.4 years (SD = 8.21), with nearly half (42%) having a GED or high school diploma. The majority of participants (97%) were employed either part-time or full-time. Most (80%) were in a married relationship, and 87% reported that their partner did not have any mental health conditions. The prevalence of minor depression was 55%, and major depression was 3%. Regression results showed that greater perceived discrimination was positively associated with depression ($\beta = 0.45$, $p < 0.001$), while higher coping scores were
negatively associated with depression ($\beta = -0.26$, $p = 0.024$), controlling for paternal age, education, employment, and marital status.

Discussion: Results reveal that minor PPD is prevalent among Black American fathers, affecting over half of the sample, while major PPD prevalence remains low, potentially due to mental health stigma and underreporting. Importantly, perceived discrimination emerged as a significant risk factor for PPD, while effective coping skills served as a protective factor. These findings underscore the critical importance of recognizing and addressing paternal PPD to advance men's mental health and prioritize fathers' psychological well-being. The results provide preliminary evidence for developing culturally sensitive, strengths-based interventions tailored for Black American fathers that address discrimination experiences and enhance adaptive coping strategies.

MENTAL HEALTH / BEHAVIORAL HEALTH

Empowering Recovery: Implementing ACE Screenings to Enhance Care for Patients with SUD

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Purpose/Aims: The purpose of this evidence-based practice (EBP) project is to implement the Adverse Childhood Experiences (ACE) Questionnaire for Adults during behavioral health appointments with patients diagnosed with substance use disorders (SUDs) at La Maestra Community Health Centers. The aim is to improve the identification of trauma histories, promote trauma-informed interventions, and enhance linkage to comprehensive support services.

Rationale/Background: Patients with substance use disorders experience disproportionately high rates of childhood adversity, which increases risk for both mental and physical health challenges across the lifespan. Despite this evidence, ACE screening is not currently integrated into behavioral health practice at La Maestra, limiting opportunities to identify and respond to trauma histories. Implementing a standardized ACE screening aligns with state guidelines and trauma-informed care principles while promoting early intervention and patient-centered recovery planning.

Brief Description of the Undertaking/Best Practice/Outcomes: This project is guided by the Iowa Model of Evidence-Based Practice, which provides a systematic framework for identifying a clinical problem, reviewing evidence, piloting an intervention, and evaluating outcomes to support organizational change. The project follows a structured five-step implementation process.

Step 1: Educational Preparation

Participating behavioral health providers will complete the two-hour California ACEs Aware training module to strengthen knowledge of ACEs, toxic stress, and trauma-informed care principles.

Step 2: Implementation of the ACE Screening Tool

The Adverse Childhood Experiences (ACE) Questionnaire for Adults will be introduced during routine behavioral health visits. Providers will verbally administer the screening after explaining its purpose and obtaining verbal consent. The process will be integrated into the normal flow of appointments.

Step 3: Interventions

- All patients will receive trauma-informed care regardless of ACE score.
- Providers will total the ACE score and inform patients of their level of risk:
  - 1–3: Intermediate Risk
  - 4+: High Risk
- Patients who score 1 or higher will receive:
  - Education on toxic stress and related health risks
  - Referral to primary care if not seen within the past year
  - Referral to individual psychotherapy if not already in treatment
  - Referral to a Seeking Safety–based support group if not already participating

Step 4: Data Collection and Monitoring

Data will be collected through the electronic health record (EHR). Baseline data will be obtained from the month prior to implementation, and follow-up data will be collected during the 10-week project period. Variables will include number of screenings completed, referrals made, follow-through rates, ACE scores, and demographics.

Step 5: Outcome Evaluation

Project outcomes will assess the number of ACE screenings completed, patient education provided, and referrals made. The effectiveness of screening in increasing access to trauma-informed interventions will determine whether the ACE Questionnaire should become a standardized component of behavioral health care for patients with SUDs.

Conclusions: Guided by the Iowa Model, this project demonstrates how structured implementation of ACE screening can enhance trauma recognition, strengthen therapeutic rapport, and promote comprehensive, integrated care. Findings will inform organizational policy to sustain ACE screening across La Maestra clinics, expand provider education, and evaluate long-term outcomes related to patient engagement, relapse prevention, and overall recovery.

MENTAL HEALTH / BEHAVIORAL HEALTH

Implementing CBT-I Coach App during Evaluations: Provider Quality Improvement

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Background: Insomnia is one of the most prevalent and disabling conditions among veterans, affecting nearly 50% and often co-occurring with posttraumatic stress disorder (PTSD), depression, and anxiety. Clinical practice guidelines from the U.S. Department of Veterans Affairs (VA), Department of Defense (DoD), the American Academy of Sleep Medicine, and the American College of Physicians consistently recommend Cognitive Behavioral Therapy for Insomnia (CBT-I) as the first-line treatment for chronic insomnia. Despite this evidence, pharmacologic therapies and brief sleep hygiene education remain the dominant approaches in psychiatric emergency settings, including the Psychiatric Emergency Clinic (PEC) at the VA Medical Center in La Jolla, California. The CBT-I Coach App, a free mobile application developed by the VA, DoD, and Stanford University, provides veterans with evidence-based, self-guided CBT-I, but remains underutilized in practice. Introducing this tool during emergency psychiatric care offers an opportunity to align treatment with guidelines and expand access to cost-effective, non-pharmacologic interventions.

Purpose: This Doctor of Nursing Practice (DNP) quality improvement project aims to implement a provider-facing intervention in which PEC clinicians briefly introduce the CBT-I Coach App during psychiatric intake evaluations. The initiative seeks to increase provider engagement in evidence-based insomnia management, enhance veteran access to CBT-I resources, and reduce reliance on pharmacologic sleep aids. Outcomes include insomnia symptom severity, provider feasibility and acceptability, and exploring patient-level barriers to CBT-I adoption.

Methods: This project uses a Quality Improvement/Process Improvement design guided by the Iowa Model-Revised. Eligible participants include veterans aged 18 and older presenting for psychiatric intake who report insomnia symptoms. Exclusion criteria are acute psychosis, mania, severe suicidal ideation, or cognitive impairment. Providers will complete a brief in-service on CBT-I principles, app navigation, and documentation. During intake, they will administer the Insomnia Severity Index (ISI) and, for patients scoring ≥15, introduce CBT-I, provide guided app navigation, and distribute a VA-approved handout. Interventions will be recorded in a de-identified log that captures whether CBT-I was offered, accepted, or declined, reasons for refusal, and smartphone access. Provider perspectives will be measured pre- and post-implementation using validated Acceptability, Appropriateness, and Feasibility of Intervention Measures.

Results: Data collection is ongoing. Planned outcomes include change in ISI scores from baseline to two-week follow-up, rates of CBT-I offer and acceptance, reasons for refusal, and provider-reported feasibility. Clinically significant improvement will be defined as an ISI reduction of ≥8 points, consistent with prior validation studies. Preliminary findings will identify patient-level facilitators and barriers, provider comfort, and feasibility of introducing digital CBT-I in a psychiatric emergency setting.

Implications: This project has the potential to shift insomnia care at the VA PEC toward greater alignment with national guidelines by integrating non-pharmacologic, evidence-based treatment into routine evaluations. Increased provider familiarity and veteran engagement with the CBT-I Coach App may reduce reliance on medications, improve sleep outcomes, and support scalable digital health integration across VA psychiatric services.

MENTAL HEALTH / BEHAVIORAL HEALTH

Mental Distress, Drinking Motives, Problematic Alcohol Use, and Condom Use Resistance

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Background: Mental distress, including symptoms of depression, anxiety, and psychological problems, has been linked to risky sexual behavior. Condom use resistance (CUR)—the deliberate attempt to avoid using a condom with a partner who wants to use one—is a common risky sexual behavior, particularly among young men. Despite this high prevalence and young men's vulnerability to mental distress, the link between mental distress and CUR remains unexplored. According to the self-medication hypothesis, some individuals use alcohol to cope with mental distress and enhance their mood. Given these associations and existing research linking problematic alcohol use and CUR, it is important to examine the relationship between mental distress, alcohol, and CUR.
Purpose: The current study examined the mediating roles of coping and enhancement drinking motives and subsequent problematic alcohol use in the relationship between mental distress (depression, anxiety, and psychological problems) and CUR among young men who have sex with women. We hypothesized that higher levels of mental distress would be indirectly associated with higher CUR through coping and enhancement drinking motives and subsequent problematic alcohol use. We also predicted a direct positive association between mental distress and CUR.
Methods: Young adult men (N = 293) were recruited from a metropolitan area in the Southwestern United States and participated in baseline and a 1-month follow up in-lab sessions. At baseline, participants completed measures for depressive symptoms (Patient Health Questionnaire), anxiety symptoms (Generalized Anxiety Disorder Scale), and psychological problems (Kessler's Psychological Distress Scale), which were combined into a latent variable representing mental distress. Participants also completed baseline measures of coping and enhancement drinking motives (Drinking Motives Measure) and CUR (Condom Use Resistance Scale) in the past month. At follow-up, participants completed measures of problematic alcohol use (Rutgers Alcohol Problem Index) and CUR in the past month. MPlus was used to examine a serial mediation model, which included the baseline mental distress latent variable as the predictor, baseline coping and enhancement drinking motives and follow-up problematic alcohol use as serial mediators, and follow-up CUR as the outcome. Baseline CUR was included as a covariate.
Results: Coping drinking motives and subsequent problematic alcohol use significantly mediated the relationship between mental distress and CUR (B = .027, SE = .012, $p < .05$). Enhancement drinking motives did not significantly mediate this relationship (B = .005, SE = .003, $p = .08$). The direct association between mental distress and CUR was not statistically significant (B = .167, SE = .182, $p = .36$).
Conclusion and Implications: These findings indicate that although mental distress may not directly relate to a higher likelihood of CUR, men who experience increased mental distress may be more likely to drink to cope with their emotions, which in turn may increase problematic alcohol use, and subsequently CUR. Interventions aimed at decreasing CUR would benefit from targeting men with mental distress. Helping these men develop adaptive strategies to cope with their distress may help reduce problematic alcohol use and CUR incidence.
Keywords: condom use resistance, mental health, drinking motives, alcohol use, risky sexual behavior

Funding: National Institute on Alcohol Abuse and Alcoholism (NIAAA)Grant No.R37AA025212(principal investigator: Kelly Cue Davis)

MENTAL HEALTH / BEHAVIORAL HEALTH

Reducing Harm Via Columbia Suicide Scale: A Process Evaluation Study

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Brief Description of the Undertaking/Best Practice: This DNP project aims to enhance the consistent use of the Columbia-Suicide Severity Rating Scale (C-SSRS) in an inpatient behavioral health unit through structured training, workflow integration, and electronic health record (EHR) optimization. Guided by the Health Belief Model (HBM), the project addresses staff beliefs around suicide risk screening by increasing perceived benefits, reducing perceived barriers, and improving self-efficacy. The RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance) is used to evaluate the intervention's impact across key domains. This ensures broad patient screening, staff engagement, accurate documentation, and sustainability of improvements. The process includes training staff, embedding the C-SSRS into EHR workflows, and monitoring fidelity through data audits and feedback mechanisms. The goal is to improve early identification of suicide risk, ensure timely referrals, and support long-term practice change aligned with national safety standards.

Rationale/Background: Suicidal ideation remains a pressing public health issue in the United States, particularly among individuals experiencing mental health crises. Suicide ranks among the top five causes of death for adults under 45, with over 44,000 deaths annually and significant economic and emotional impacts (Roaten et al., 2018; HHS, n.d.). Behavioral health units play a critical role in identifying and managing suicide risk but face challenges such as inconsistent screening, staff training gaps, and documentation issues. In response, national bodies like the U.S. Department of Health and Human Services and The Joint Commission have emphasized the need for systematic suicide prevention, including tools like the Columbia-Suicide Severity Rating Scale (C-SSRS). Validated across populations, the C-SSRS effectively identifies suicide risk and informs clinical decision-making. However, barriers to consistent use remain. This DNP project aims to improve C-SSRS implementation in an inpatient behavioral health unit, aligning with national safety goals and addressing local needs for enhanced training, workflow integration, and risk management.

Assessment of Findings/Outcomes Achieved: At present, the project is in the data collection and monitoring phase. Preliminary process measures include staff training completion rates, EHR workflow integration fidelity, and initial audit results on documentation of C-SSRS use. Ongoing audits and feedback sessions are capturing barriers and facilitators to implementation, while staff surveys are assessing changes in confidence, perceived usefulness, and workflow integration.

Conclusions: Although outcome data are still in progress, the evaluation will provide insights into how structured training, workflow redesign, and EHR optimization influence staff engagement and screening consistency align with broader organizational safety goals. This approach ensures that the final conclusions are grounded in measurable outcomes and directly applicable to sustaining best practices in suicide risk prevention.

MENTAL HEALTH / BEHAVIORAL HEALTH

Social Media Use and Mental Health Outcomes Among Hispanic Adults

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Purpose: To examine the relationship between hours of daily social media use and two mental health outcomes—anxiety and self-reported changes in mental health—in a sample of Hispanic adults. This pilot study also explored demographic correlates of these outcomes to inform future nurse-led interventions and culturally responsive education strategies.
Background: Mental health remains a critically under-discussed and stigmatized topic within Hispanic communities. Limited access to culturally and linguistically appropriate mental health services—combined with structural barriers such as insurance gaps, geographic isolation, and stigma—contributes to underdiagnosis and undertreatment of anxiety and depression. In parallel, social media has become a central part of daily life and is increasingly linked to mental health concerns. While some studies suggest that high levels of use are associated with anxiety, depression, and poorer well-being, less is known about how these dynamics operate in Hispanic adult populations.
Methods: We distributed an anonymous bilingual (English and Spanish) survey to Hispanic adults, collecting demographic data (age, sex, country of origin), social media use, and self-reported mental health measures. Outcomes of interest included anxiety and change in mental health (measured on ordinal scales). Data were analyzed using descriptive statistics, Pearson's and Spearman's correlations, and multivariable linear regression models adjusting for age and sex. A total of 64 complete responses were included in the analysis.
Findings: Correlation analyses showed no statistically significant relationship between hours of social media use and anxiety (Pearson $r = -0.076$, $p = 0.55$; Spearman $\rho = 0.185$, $p = 0.14$) or change in mental health (Pearson $r = 0.053$, $p = 0.68$; Spearman $\rho = 0.022$, $p = 0.86$). In the multivariable models, sex emerged as a significant predictor ($p = 0.047$), with female participants reporting lower mental health change scores compared to males ($\beta = -8.98$, 95% confidence interval $[-17.86, -0.11]$).
Conclusions: In this pilot sample of Hispanic adults, social media use alone was not associated with anxiety or changes in mental health. However, women may experience different patterns of mental health changes independent of social media use. This highlights the importance of considering gender and other sociocultural factors when designing mental health promotion initiatives in Hispanic communities. Future research should incorporate more nuanced measures of social media engagement (e.g., platform type, emotional content, social comparison), larger and more diverse samples, and mixed-methods approaches. Nurse-led community outreach and education around healthy digital use and mental health awareness could help address disparities and improve well-being among Hispanic populations.

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MENTAL HEALTH / BEHAVIORAL HEALTH

Utilizing Nature Inspired Interventions on a Behavioral Health Unit

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Background: Patients in the behavioral health setting may be experiencing agitation, hallucinations, depression, anxiety, post-traumatic triggers and significant stress in an unfamiliar environment. The risk for workplace violence is common in behavioral health settings supporting the need to mitigate stress among patients and staff. There is evidence that nature inspired sound can produce feelings of calm, relaxation, and reduce stress in recovery settings. Studies have also shown that the use of essential oils can alleviate symptoms of depression, anxiety, and stress. Staff in this setting too experience stress related to potential behavioral or physical incidents.
Purpose: This project is designed to incorporate the use of nature inspired or biophilic interventions to decrease agitation, anxiety, and promote better quality of sleep in patients in the behavioral health setting, as well as decrease stress levels in staff.
Methods: A protocol was developed to incorporate sound and aroma interventions. In the initial project iteration, the use of a sound machine with biophilic sounds (rainfall, streams, waves, singing birds, campfire) was implemented for a period of 2 weeks. The nurse would introduce the sound intervention for 1 to 2 hours prior to bedtime. A survey was completed by the nurse each morning to document the response of the nurse and patients and identify what sound was utilized. In the next iteration, aromatherapy was integrated with the sound intervention for a more immersive experience with different essential oils. The survey was utilized to collect additional data on the type of aroma used and if there were any patient objections.
Results: Staff and patients found that the use of nature sounds were very calming and soothing. Staff stress level averaged 2.5/10 by mitigating the stress on average of 7.17/10 for not only staff but patients as well. There were no behavioral issues noted during the review period. The average rating of patient sleep was 8.5/10 with one patient who paces stated that even though he wasn't sleeping, he enjoyed the sound and some wished it could be a little louder. The only issue staff had in the beginning was that the machine was corded so there was concern for safety but they were able to come up with a plan that decreased the risk while still using the same machine. The incorporation of aromatherapy was initiated on October 1st. Staff utilizes citrus scents and have not had any negative feedback from patients or other staff at this time.
Conclusion: In behavioral health settings both the patient and staff may experience stress. Mitigating stress and inducing relaxation can reduce the potential for behavioral incidents among behavioral health patients, preventing workplace violence episodes.

NEWBORN / INFANT HEALTH AND ILLNESS

Exclusive Breastmilk Expression: Parental Needs and Clinical Best Practice

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Purpose/Aims: The aim of this research trajectory was to achieve comprehensive understanding of the phenomenon of exclusive breastmilk expression to inform design of best-practice educational content and interventions for nurses and parents. The overarching purpose was to work toward optimizing the experiences and outcomes for families choosing to feed their infants by exclusive expression.

Rationale/Conceptual Basis/Background: Exclusive breastmilk expression is no longer a feeding method only used for hospitalized infants; an increasing number of families are using this method at home. The available literature is scant. Without formal guidelines or consistent information from providers, families are creating their own norms based on social media, input from friends, and personal experiences.

Methods: First, the concept analysis on exclusive breastmilk expression was developed utilizing Walker and Avant's method. Next, following Whittemore and Knafl's approach, an integrative review on exclusive breastmilk expression in human subjects' research conducted from 2012 to 2022 was completed. The principal investigator and co-author screened all studies via Covidence software and achieved consensus on appraisal, inclusion, and data extraction. The final component was a qualitative study using Interpretive Description methodology to explore parents' practical knowledge and experiences by asking the research question, "What can we learn about managing infant feeding in the home environment from non-NICU parents who exclusively express breastmilk to nourish their children following hospital discharge?" Following purposive sampling, the investigator interviewed ten exclusively expressing parents, recruited from two private Facebook groups.

Assessment of Findings/Outcomes Achieved: The concept analysis revealed the defining attributes of exclusive expression to be (1) absence of direct breastfeeding, (2) breastmilk expression, and (3) an enduring infant feeding pattern of feeding expressed breastmilk only via a bottle.

The integrative review included 27 studies and explored the prevalence, characteristics, practices, and outcomes of families who fed by exclusive expression. Compared to families who fed both expressed milk and directly breastfed, those who exclusively expressed milk had a shorter duration of human milk feeding and a higher likelihood of cessation. Recurring themes included original plans to breastfeed directly, inconsistent advice from healthcare providers, families' self-identified knowledge deficit, and women reporting more help from informal social media groups than their providers.

Qualitative study participants provided meaningful information that holds potential to improve education, practice, and outcomes. Their insights were organized into four major categories: 1. Antepartum and Intrapartum Journey, 2. Exclusive Expressing Experience – including the focal areas and challenges, 3. Experiential Wisdom – including guidance for healthcare personnel, future parents, and personal lessons learned, and 4. Facilitators and Resources, which encompass knowledge, information sources, and social support.

Conclusions/Implications: These endeavors produced a conceptual definition of exclusive breastmilk expression, contributed to the body of published literature, and identified the needs and recommendations of parents who have utilized this feeding method. Collectively, this body of work may guide future interventions for healthcare providers and parents, facilitate the creation of best practice guidelines, improve the experiences of exclusively expressing families, and ultimately increase the number of infants who are fed human milk.

NEWBORN / INFANT HEALTH AND ILLNESS

Lactation Network of Support in Idaho: A Statewide Needs Assessment

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Purpose: This quality improvement project aimed to determine the distribution, and education needs of Lactation Support Professionals (LSPs) throughout the state of Idaho to help describe the current landscape of breastfeeding support.

Background: Despite over 90% of Idaho mothers achieving breastfeeding initiation, Idaho demonstrates one of the greatest gaps in the nation between initiation and continuation of breastfeeding. Adequacy of support is well known as being tied to breastfeeding continuation rates. Lactation supporters comprise a diverse group of professionals who are on the frontlines of care for mothers in the first days and weeks postpartum, prior to a first follow-up visit to their obstetrician.

Lactation supporters are a challenging population to assess. LSP roles are not identified under a single designated care provider role in the state. While there is some overlap with the RN role, LSPs also work outside of the RN role in a variety of community settings. Few estimates currently exist to establish the distribution of LSPs, outside of the RN and IBCLC credentials. Additionally, with varying certifications and no unifying state professional regulating body or standardized competencies, assessing competencies and education needs is also a challenge. Considering Idaho's maternal morbidity rates, it's imperative that all LSPs are knowledgeable in identification of postpartum complications and appropriate referral. Knowledge in areas of maternal mental health and cultural care is also critical with these competencies not specifically identified in lactation curriculum as they are in other health care professions such as nursing.

Brief Description of the Undertaking: Using the Mountain Model as a guiding framework, the project examined current evidence and sought to obtain data on LSPs in Idaho. A survey was developed based on model studies in the literature and assessed demographics, work setting, services offered, payment methods accepted, and knowledge and confidence in delivery of care regarding four major Idaho public health priority topics including: maternal mental health, postpartum complications, and cultural competence.

Participants were recruited via snowball methodology. The consent and anonymous survey were accessed through a secure online platform, Qualtrics. The project was approved for exempt status by the Idaho State University Institutional Review Board [IRB-FY2025-108]. Data was collected over 30 days.

Results: Data evaluation is in progress with initial analysis reflecting a total of 209 participants and 180 sets of complete data collected that spanned all seven public health districts in Idaho. A variety of professional roles participated including RNs, IBCLCs, other lactation supporters, and advanced practice provider roles.

Hypothesized Conclusions: Statewide assessment is critical to best assess the current state of breastfeeding support. It provides a snapshot of possible gaps and needed change to best strengthen support for families. A statewide coalition is essential as a hub for this assessment and delivery of regional professional education and professional connection between care providers who have a stake in the success of breastfeeding families. Follow-up intervention can include education offerings from the coalition and future assessments can explore change in knowledge and confidence within the LSP population.

NEWBORN / INFANT HEALTH AND ILLNESS

Nurse Practitioner-Led Prenatal Care in Rural Oregon: A Program Evaluation

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Purposes/Aims: The purpose of this program evaluation is to assess the effectiveness of a nurse practitioner-led prenatal program that was implemented in 2022 in a rural family medicine clinic in Estacada, Oregon. The aims include an assessment of key neonatal and maternal outcomes, as well as evaluation of the experience of patients and clinic staff who have received and provided prenatal care through the prenatal program.

Rationale/Background: Access to prenatal care is essential during pregnancy to ensure monitoring of the progression of the pregnancy and to monitor hypertension, gestational diabetes, depression, substance use, and many other chronic disorders. Access to maternal healthcare services in the United States is lacking in metropolitan areas and is minimal in rural areas all over the country. In rural areas, women are less likely to access vital prenatal services during all trimesters of their pregnancy compared to women who live in urban and suburban areas. Lack of access to maternal and neonatal health care is associated with adverse health outcomes, including maternal mortality, low birth weight, maternal morbidity, preterm birth, and a higher risk of postpartum depression.

Brief Description of the Undertaking/Best Practice: This program evaluation is grounded in the structured guidelines of the CDC framework for program evaluation. This framework provides a systematic roadmap to determine whether the clinic successfully achieved its initial program goals. The key neonatal and maternal outcomes that were measured included: ≥38 weeks of gestational age at birth, breastfeeding at discharge (yes/no), postpartum Edinburgh screening (yes/no), and first-trimester entry to care (yes/no). These data points were collected and analyzed. Additional measures included documenting the experiences of patients who received their prenatal care through the program, as well as documenting the experiences of prenatal care clinic staff and providers who provide care to patients in the program. The measurement included a Likert-style survey submitted to patients, as well as a separate Likert-style survey sent to clinic staff and providers, to gather both quantitative and qualitative data as part of the evaluation. The surveys were sent out through SurveyMonkey via a QR code, and the survey results are in process. The data management and analysis are to be completed by the project lead via an Excel spreadsheet.

Assessment of Findings/Outcomes Achieved: This program evaluation is currently in the data collection phase, and preliminary results are not yet available. The methodology, guided by the CDC framework, offers an objective standard to assess how the program is progressing presently. It is anticipated that the evaluation will inform decision-making regarding areas for improvement, demonstrate accountability to stakeholders, and make recommendations for actionable items and resource allocation.

Conclusions: This program evaluation will inform the organization on the effectiveness of the prenatal program and provide recommendations in a rural clinic setting.

NEWBORN / INFANT HEALTH AND ILLNESS

Passing the Baton: Structured Handoff and Care Transfer from or to the Pediatric CVICU

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Purpose: This project was designed to develop and implement a Structured Handoff tool from the operating room (OR) to pediatric cardiovascular intensive care unit (CVICU) in a southern California Children's Hospital to improve interdisciplinary team participation, completeness and timeliness of handoff information, and team satisfaction.
Background: Handoffs refer to the transition of care that involves both the physical and intellectual exchange of healthcare information, clinical judgement, and accountability between staff and medical provider. Ineffective handoffs have been identified as the third most common cause of medical error and posing a significant threat to patient safety. Handoffs from the OR to the pediatric CVICU represent one of the most demanding care transfers and, if inadequate, may result in loss or unreliable information and adverse events. Despite the Joint Commission recognition as an important patient safety goal, some centers have not incorporated handoff standards among their interdisciplinary teams.
Methods: Using an Evidence Based Practice (EBP) methodology, the handoff form was developed based on the literature and modified based on unit practice. Edits were made based on staff, and provider feedback. The intervention was implemented over 8 weeks. Pre-implementation phase included a minimum of four handoff observations of the current reporting practice (timeliness of handoff, present team members, percent of missing information based on finalized handoff form) and staff satisfaction with the current handoff practice. Implementation to mid-point phase included four observations, as well as weekly audits of the handoff report tool collecting the same data, making any form or system changes and providing re-education based on findings. The post-implementation phase included four handoff observations to collect the same information to assess for improvement in outcome measures (e.g., timeliness of handoff, present team members at handoff, percent of missing information on the handoff form, and staff satisfaction).
Outcomes: Data collection in process.
Conclusions and Future Implications: Pending.

NEWBORN / INFANT HEALTH AND ILLNESS

RSV Provider Knowledge, Screening Confidence and Acceptance Rates in Primary Care

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Purpose: This project was designed to strengthen provider and nursing staff knowledge and confidence in screening children less than 2 years of age for Respiratory Syncytial Virus (RSV) prophylaxis eligibility and assess acceptance rates in those screened eligible in a pediatric primary care setting.

Background: Respiratory syncytial virus (RSV) occurs in 90% of children less than 2 years of age and is the leading cause of hospitalizations in children under 1 year of age. RSV is a common viral respiratory infection in children that is spread through coughing, sneezing, and touching infected surfaces. Infants and young children are at greatest risk for severe illness due to their underdeveloped immune systems, smaller airways, and the potential for more severe complications like bronchiolitis and pneumonia. In the United States, RSV infections have led to 50,000 to 80,000 hospitalizations per year. The Center for Disease Control (CDC) created new RSV prophylaxis guidelines in 2022 to include either maternal vaccination or infant prophylaxis with early data showing 80-90% effective in preventing RSV hospitalization. Despite these guidelines, there is still a significant gap in RSV acceptance rates with only 35% of pregnancy women and 40% of infants having received it. This gap can be improved through staff and provider education on admission screening for eligibility and caregiver education to improve rates of RSV prophylaxis acceptance.

Methods: Using the IOWA model of Evidence-Based Practice, this multilevel intervention employed a 15-minute, synchronous provider and nursing staff education delivered via Zoom. Educational content was developed from the 2022 CDC Clinical Practice Guidelines. A 5-question survey assessing provider and knowledge, and confidence in screening will be completed. A laminated RSV prophylaxis eligibility screening algorithm was developed and placed at workstations in clinic exam rooms. Children who screen eligible, the CDC RSV educational handout will be provided. Screening and acceptance rates will be monitored through the electronic health records pre-and post-intervention [last and current RSV season data]. Descriptive statistics will be performed to assess for improvements pre- and post-intervention.

Outcomes: Data collection is in progress

Conclusions and Future Implications: Pending.

OLDER ADULTS / GERONTOLOGY

Breathwork and the Surgical Stress Response Among Older Adults: A Feasibility Study

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Purpose/Aim: Examine the feasibility and acceptability of adding a breathwork intervention to perioperative care as usual (CAU) in older adults (≥65 years) undergoing total knee arthroplasty (TKA), and examine the proof of concept of breathwork on diurnal cortisol rhythm regulation and postoperative morbidities of pain, anxiety, depression, and quality of recovery, compared to an attention control group.

Rationale: Postoperative complications after surgical procedures, including TKA, contribute to postoperative morbidities, operative mortality, and economic hardships for patients and healthcare systems. Despite implementing protocols to improve outcomes, the annual incidence of postoperative complications is 12% in older adults undergoing TKA. TKA accounts for nearly 55% of surgical procedures among older adults, with a projected 14% increase by 2040. This suggests that millions of older adults may be at risk for postoperative complications and their associated morbidities after TKA in the coming decades. A contributing factor to postoperative complications is the surgical stress response (SSR), an innate metabolic and immune response of the sympathetic nervous system (SNS) to maintain homeostasis after surgery. Excessive SNS activity during the SSR causes dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, leading to an alteration of the diurnal cortisol rhythm, a biological pattern linked to postoperative morbidities. Breathwork has been shown to activate the parasympathetic nervous system (PNS) and counteract the SSR, including HPA axis dysregulation.

Methods: Design: A two-arm, post-intervention feasibility study. **Sample and Setting:** Patients undergoing TKA (*N*=32) will be recruited nationally via Trialfacts. Those enrolled will be randomly assigned to receive breathwork (*N*=16) or an attention control task (*N*=16). All participants will receive perioperative CAU. **Measures and Procedures:** Study feasibility will include recruitment and retention rates. Intervention feasibility (FIM) and acceptability (AIM) will be assessed post-intervention (range=4-low to 20-high). Self-reported postoperative morbidities of pain (NRS-11), anxiety (SAI), depression (PROMIS-4a), and quality of recovery (QoR-15), and serial salivary cortisol samples will be collected postoperatively, using reliable and valid measures. **Intervention:** Breathwork participants will perform a 5-minute Box Breathing session (inhale 4 sec, hold 4 sec, exhale 4 sec, hold 4 sec; repeat) 3x/day for two days after surgery and discharge home; the attention control participants will watch a 5-minute screen recording of the PI playing a card game (TriPeaks), 3x/day for two days after surgery and discharge home. **Analysis Plan:** Frequencies, percentages, 95% confidence intervals, and mean±SE for FIM and AIM will be calculated. Independent *t*-tests will measure between-group differences in postoperative morbidities and diurnal cortisol variables, alongside single linear regression and linear trapezoid rule.

Anticipated Results: Although pending, the anticipated results will demonstrate the study feasibility, and the feasibility and acceptability of Box Breathing after surgery. Between-group differences in self-reported and biological data are anticipated, indicating improvements in the SSR post-intervention.

Implications and Future Research: As the expected incidence of older adults undergoing TKA increases over the coming decades, a need exists to address SSR dysregulation by investigating safe and effective nonpharmacological interventions to mitigate potential postoperative complications. Research on breathwork interventions implemented postoperatively and the SSR in this population is needed.

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Caring in the Background: A Scoping Review of Secondary ADRD Caregivers

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Background and Purpose: Alzheimer's disease and related dementias (ADRD) are neurodegenerative conditions affecting approximately 55 million older adults worldwide. As cognitive decline progresses, the need for continuous care intensifies, placing increasing strain on family networks. While primary caregivers provide the majority of care, secondary caregivers—often extended family members or close friends—play a crucial yet underrecognized role. They offer emotional and logistical support, assist with daily activities, and ensure continuity of care when primary caregivers are unavailable. Although their contributions can strengthen family relationships and foster a sense of purpose, secondary caregivers frequently experience emotional distress, unclear demands and expectations, and relational tensions within caregiving networks. This scoping review aims to synthesize evidence on the characteristics, experiences, roles, lived experiences, and needs of ADRD secondary caregivers. By integrating evidence across diverse methodologies and cultural contexts, the review provides an overview of secondary caregivers, identifies gaps in current knowledge, and highlights opportunities for targeted interventions to support this underexplored population.

Methods: Following the PRISMA-ScR framework, comprehensive literature searches were conducted in PubMed, PsycINFO, CINAHL, and Scielo, supplemented by manual reference screening. Eligible studies included qualitative, quantitative, and mixed-methods designs that examined secondary caregivers of individuals with ADRD. Two reviewers independently screened all records and extracted data into a standardized chart capturing study design, participant characteristics, and key findings. Twelve studies published between 1996 and 2024 met inclusion criteria.

Findings: Secondary caregivers presented resilience alongside vulnerability within caregiving networks. Their involvement was associated with improved emotional outcomes for primary caregivers, underscoring their supportive role within family systems. Quantitative studies mostly compared primary and secondary caregivers. Quantitative studies primarily compared primary and secondary caregivers, revealing that while primary caregivers reported greater objective burden and lower quality of life, secondary caregivers experienced significant emotional distress, guilt, and relational strain—indicating distinct yet substantial challenges of their own. Gender and cultural norms shaped caregiving experiences across contexts: female secondary caregivers in collectivist societies reported higher stress levels, whereas younger caregivers frequently described role conflict and emotional burden. Qualitative findings identified five caregiving network types—ranging from cooperative to predicament structures—emphasizing that the quality of family relationships, rather than role designation alone, critically influences caregiver well-being. Despite their essential contributions, secondary caregivers often felt undervalued and overlooked by health professionals. Although research on this population is growing, tailored interventions remain scarce revealing a significant gap in the literature.

Conclusion and Future Implications: Secondary caregivers provide crucial support to primary caregivers and individuals with ADRD but face unique psychological and relational challenges. Findings highlight the need for holistic, tailored interventions that clarify caregiving roles, enhance communication and dementia knowledge, and promote mental health and well-being. Future research and practice should move beyond a dichotomous "primary–secondary" framework toward a network-based perspective that integrates all caregivers into assessment, education, and support initiatives. Culturally sensitive, multicomponent interventions are needed to strengthen collaboration within caregiving networks, enhance family well-being, and support healthy aging in place.

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Collaborative Protocol for Enhancing Geriatric Daily Oral Care in Skilled Nursing

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Background: Only 30% of geriatric patients in the US receive adequate oral hygiene assistance after meals. Barriers include psychomotor challenges, dental anxiety, lack of staff training, and staffing shortages, contributing to nursing burnout. Chronic oral inflammation is linked to systemic diseases such as cardiovascular disease, diabetes, and dementia, which makes this a serious public health concern.

Purpose: Building on these concerns, this project explored whether implementing a structured dental care protocol could improve daily oral hygiene for elderly residents in a long-term care facility over a 12-week period.

Methods: An interdisciplinary team comprised of a dentist, dental hygienist, and nursing staff developed an evidence-based oral care protocol for bedside nurses and caregivers in a community skilled nursing home serving long-term geriatric residents. Together, we presented a simulated training that emphasized evidence-based oral hygiene practices and anxiety-reducing communication strategies tailored for wheelchair-dependent patients who require assistance with oral care after meals.

1. Reducing patient anxiety by identifying individual preferences and communication styles.
2. Using gentle techniques, including cheek retraction to access posterior teeth.
3. Offering alternative tools such as oral swabs or electric toothbrushes when standard brushing is refused.
4. Promptly reporting oral pain, foul odor, or loose teeth to the dental hygienist for follow-up care and regular cleanings.

A quantitative dental assessment was conducted by the dental hygienist on 12 residents requiring post-meal oral care assistance. At baseline, 6 of the 12 residents (50%) refused care. To measure change, the same residents were reassessed confidentially after 10 weeks of implementing the protocol. Analysis using McNemar's test showed a statistically significant decrease in the number of refusals after implementation (p-value < 0.05).

Outcomes: Following the intervention, the number of refusals decreased substantially, with 90% of participants accepting oral care. Ongoing staff feedback was positive, emphasizing improved confidence and collaboration between nursing and dental professionals.

Conclusion: The collaborative oral care protocol effectively reduced refusal rates and strengthened interdisciplinary teamwork within the skilled nursing facility. The 30% decline in refusals demonstrates the impact of structured, evidence-based, and patient-centered approaches to oral hygiene in long-term care. Sustained improvement will require continued collaboration, ongoing staff education, and expanded research in larger and more diverse geriatric care settings to inform future nursing practice.

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Enhancing Fall Prevention through Proactive Rounding in the Trauma Neuro ICU

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Purpose: Falls in the hospital setting pose a significant risk to patient safety, particularly in high-acuity units such as the Trauma Neuro Intensive Care Unit (TNI). In 2024, our unit experienced an increase in patient falls, including one sentinel event. This highlighted a critical opportunity to improve fall prevention practices and reinforce a culture of safety.
Approach: In response, the leadership team consisting of one nurse manager and two assistant nurse managers initiated proactive safety rounding during both day and night shifts (12-hour shifts). The focus of rounding was to ensure that all patients had bed alarms activated, and that patients seated in chairs had belt alarms in place. Real-time feedback was provided to staff to correct any missed alarm setups and reinforce consistent alarm use. This intervention helped normalize alarm-setting as a routine part of patient care.
Outcomes: Since implementing the intervention, the unit has observed an 80 percent decrease in patient falls compared to 2024. Staff compliance with alarm protocols has significantly improved, and awareness of fall risks has increased. The consistent presence of leadership during rounding has strengthened staff accountability and contributed to a safer patient environment.
Conclusion: Leadership-led safety rounding is a sustainable and effective strategy for fall prevention in high-risk units. Continued evaluation including fall rate metrics, staff feedback, and patient outcomes will guide future improvements and support long-term success.

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Evaluating Compensatory Inactivity in Older Caregivers during a 1-Week Coaching Trial

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Purposes/Aims: To evaluate whether a one-week structured physical activity coaching intervention (TPA4You) results in compensatory inactivity among older adult caregivers.
Rationale/Conceptual Basis/Background: Physical inactivity remains a significant public health concern, particularly among older adult family caregivers who face unique barriers to engaging in regular exercise, including stress, fatigue, and time constraints. Structured physical activity coaching has emerged as a promising strategy to increase physical activity in this population; however, concerns have been raised about compensatory inactivity, when increased formal exercise unintentionally leads to decreased spontaneous movement throughout the rest of the day.
Methods: A secondary analysis was conducted using data from a pilot field trial (N = 9) involving caregivers aged 60 and older, each providing unpaid care to an older adult with heart failure. Participants wore Fitbit Inspire 2 devices for seven consecutive days and completed at least two one-on-one coaching sessions focused on home-based physical activity. Daily metrics (steps, sedentary minutes, and active minutes) were compared between coaching and non-coaching days.
Assessment of Findings/Outcomes Achieved: Preliminary expectations suggest most participants will maintain or increase overall movement during the intervention week; however, some individual variability may reveal reductions in unstructured activity. While exploratory in nature due to the small sample size, findings offer early insight into how structured interventions may affect overall activity patterns in caregiving populations.
Conclusions/Implications: Understanding whether compensatory inactivity occurs in this context can help refine future interventions to promote both structured exercise and sustained daily movement. This study addresses a key gap at the intersection of caregiving, aging, and physical activity promotion. Future studies should explore longer intervention durations and include larger, more diverse caregiver samples to better understand variability in activity patterns and the potential for compensatory behavior.

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How Older Family Caregivers of Heart Failure Patients Engage in Physical Activity

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Purpose: To identify key factors influencing physical activity (PA) engagement among older family caregivers of persons with heart failure (HF-FCGs) using a multiple case study guided by the Theory of Planned Behavior, examining how attitudes, subjective norms, perceived behavioral control, and demographic or health-related factors shape differences in PA engagement.

Background: PA is critical for older adults' health and well-being, yet PA behavior among older family caregivers of patients with chronic diseases such as heart failure remains understudied. Examining multidimensional factors is important to understand PA behaviors among older HF-FCG including aging-related health conditions, caregiving responsibilities, and perspectives on PA. Identifying facilitators and barriers to PA will guide the development of tailored PA interventions and support the health and wellness of this population.

Methods: This study is part of a larger trial evaluating a 1-week digital health PA intervention for older HF-FCGs. Using data from the parent study, we employed a multiple case study design. The parent study included Zoom-based PA sessions, Fitbit monitoring, and motivational messaging with post-trial exit interviews. Four cases were selected based on daily step counts, forming high-PA (n=2) and low-PA (n=2) groups to examine key factors influencing engagement. Data analyzed included demographics, caregiving duration, PA frequency, activities of daily living (ADL) impairment scores, Fitbit step counts, and exit interview data. Descriptive statistics were used for quantitative data. We conducted a thematic analysis of the qualitative interview data, guided by the Theory of Planned Behavior, to explain factors associated with PA differences by attitudes, subjective norms, and perceived behavioral control.

Results: The high-PA group (White females, *M* age=67±9.9, steps=7,222±781) had 14.3±15.2 years of caregiving, 2.5±3.5 PA days/week, and 1.5±2.1 impaired ADL scores. The low-PA group (White male and female, *M* age=71.5±0.7, steps=3,321±485) reported 5.5±0.7 years of caregiving, no PA, and 16±22.6 impaired ADL scores. This ADL score gap may have influenced PA engagement; however, no qualitative data were available to explain this difference.

The high-PA group reported positive attitudes toward PA, noting benefits from previous PA reinforced their motivation. The low-PA group showed negative attitudes towards PA and perceived caregiving activities themselves as sufficient PA. The high-PA group perceived social support as encouraging accountability, engagement, while the low-PA group felt burdensome or obligation. The high-PA group demonstrated strong perceived behavioral control, often co-regulating PA with external support whereas the low-PA group reported lower perceived behavioral control, relying on external support to manage PA.

Conclusion: Differences in PA engagement among older HF-FCGs reflected distinct attitudes, social influences, and perceived behavioral control, alongside differences in ADL impairments. The Theory of Planned Behavior highlighted that positive attitudes, supportive social norms, and self-regulation foster PA. In contrast, physical limitations and lack of prior reinforcement may contribute to negative attitudes, perceived social burden, and reduced perceived control among older HF-FCGs with low PA levels.

Implications: Targeted PA interventions for older HF-FCGs, especially those with ADL impairments, should foster positive attitudes, social support, and self-efficacy to enhance perceived behavioral control. Future research should address caregiving barriers to sustain long-term PA engagement.

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OLDER ADULTS / GERONTOLOGY

Program Evaluation: The Chronic Suicide Pathway in a Senior Psychiatric Unit

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Purpose/Aims: This program evaluation examines whether implementation of the Chronic Suicide Pathway (CSP) in a senior psychiatric unit leads to reduced length of stay, decreased readmission rates within three months post-discharge, and elimination of suicide-related sentinel events. These outcomes are benchmarked against national standards for psychiatric hospitalization metrics.

Rationale/Background: Older adults with chronic suicidal ideation represent a clinically complex and underserved population in psychiatric care. They often present with multifactorial risks, including comorbid cognitive decline, social isolation, and limited access to age-appropriate behavioral health services. These factors contribute to prolonged hospitalizations, fragmented care transitions, and elevated risk for sentinel events. In 2023, a senior psychiatric unit in a community hospital recorded thirty suicide-related admissions exceeding typical benchmarks, with average stays of over 14 days. These extended stays strained resources, reduced reimbursement, and compromised care quality. A structured, evidence-based pathway may improve outcomes and resource efficiency for this high-risk population in a resource-limited psychiatric setting.

Brief Description of the Undertaking/Best Practice: This program evaluation integrates Appreciative Inquiry theory and the CDC's Program Evaluation framework to assess implementation fidelity, staff engagement, and patient outcomes. Appreciative Inquiry reframes clinical inquiry from deficit-focused to strength-based, using the 5-D cycle (Define, Discover, Dream, Design, Deliver) to guide collaborative exploration. The CDC's six-step evaluation process complements this approach, offering a systematic structure for assessing program effectiveness. The target population includes adults aged 60+ with chronic suicidal ideation and self-harm admitted to the senior psychiatric unit. The CSP incorporates five evidence-based strategies adapted from national suicide prevention guidelines: collaborative safety planning, lethal means restriction, referrals to dialectical behavior therapy or cognitive behavioral therapy, collateral contact engagement, and caring follow-ups. Evaluation includes both process and outcome measures. Implementation began in September 2025, with data collection spanning January–December 2025. Process measures include staff and provider knowledge, perceptions, engagement, and accessibility, assessed via anonymous Likert-type scale surveys using Microsoft Forms, and referral rates to the CSP. Outcome measures include average length of stay, 3-month readmission rates, program completion rates, and sentinel events.

Assessment of Findings/Outcomes Achieved: Staff and physician survey responses are currently being collected; final sample size and response rates will be determined by December 2025. Outcome data will be extracted in January 2026 and analyzed in February to assess trends in hospitalization metrics and program engagement. Preliminary survey findings indicate that 60% of respondents view the CSP as an effective approach. However, many report difficulty identifying eligible patients and cite insufficient training and communication. Key lessons from implementation include the need for clearer expectations, increased provider buy-in, improved tracking systems, and enhanced caregiver communication. Final results will be available for discussion at the time of the conference.

Conclusions: Findings will inform recommendations for scaling and sustaining the Chronic Suicide Pathway in geriatric psychiatric care. This initiative supports nursing leadership in suicide prevention and offers a replicable model for improving care coordination, resource utilization, and patient safety across inpatient behavioral health settings.

OLDER ADULTS / GERONTOLOGY

Reframing Fall Prevention for Older Adults to Promoting Balance Management

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Purpose: The purpose of this theoretical project is to combine the Expanded Health Belief Model (EHBM) with concepts of Reframing Aging to develop a framework for research on fall prevention communication and physical activity among older adults. Falls are the leading cause of injury among adults age 65 and older, and fatal falls have doubled among this population in the last 20 years. Engaging older adults in fall prevention is paramount.

Description: The EHBM is a theoretical model for exploring fall risk perceptions among older adults. The EHBM includes the concepts of *perceived susceptibility* and *severity* of a health threat, such as falls among older adults. *Perceived benefits* are the individuals' perceived benefits of a behavior, and *perceived barriers* are the potential negative aspects of a health behavior. *Cues to action* are the internal and external triggers that lead to change in preventative behavior. *Self-efficacy* is an individual's perceived ability to perform an intended action, and *embarrassment* is the feeling of physical discomfort and exposure in a social situation due to loss of control such as a fall. *Independence* is defined as the freedom to make decisions for one-self and being physically independent. *Fear of falling* is individuals' loss of confidence in their own balance ability and an ongoing concern about falling. *Dignity* is the self-worth that includes self- and interpersonal dignity. *Positivity effect* is understood as the age-related trend of older adults' preference for positive rather than negative information in both attention and memory.

The National Center to Reframe Aging is dedicated to end ageism by promoting an equitable story about aging. The reframing aging initiative encourages people to talk about aging as a normal, lifelong process rather than a stage of loss. Reframing aging means shifting the focus from decline and frailty to strength and capability. Small language changes make conversations about aging more positive and practical, helping older adults feel respected, confident, and motivated to stay active and engaged in daily life.

Linking to Research: Research exploring older adults' experiences of being at risk for falling has shown that older adults prefer the term "balance problem" instead of "fall risk". Balance problem provokes more positive reactions compared to "fall risk," which frequently induces denial. Reframing "fall risk" and "fall prevention" to "balance problem," "maintaining balance" and "promoting activity," shifts the communication from limitation to capability. This language may help highlight benefits of physical activity, and serve as a que to action for older adults to stay active, promote self-efficacy, preserve independence and dignity, reduce embarrassment and fear of falling, and enable them to discuss physical changes more openly. Moreover, the positive communication framing may improve older adults' attention and memory of information on balance management.

Conclusion: The combined EHBM and Reframing Aging initiative provides a strong theoretical framework for reframing communication about fall prevention. The acceptability of these terms must be further explored among older adults before being included in interventions to promote physical activity and balance management. This may help decrease falls among this population.

OLDER ADULTS / GERONTOLOGY

Technology-Assisted Horticultural Therapy and Autonomic Regulation in Older Adults

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Purpose: This study aimed to develop an evidence-based, innovative care model that integrates technology into horticultural therapy and examines the feasibility and effects of the "Technology-Assisted Horticultural Therapy Program" on autonomic nervous system balance among institutionalized older adults.

Background: Horticultural therapy has been demonstrated to reduce stress among older adults. Heart rate variability (HRV), a non-invasive physiological indicator for evaluating autonomic nervous system function, can be analyzed through time-domain indices—standard deviation of normal-to-normal intervals (SDNN), root mean square of successive differences (RMSSD), and percentage of successive intervals differing by more than 50 milliseconds (pNN50)—as well as frequency-domain indices, including low-frequency power (LF), high-frequency power (HF), low-frequency power percentage (LF%), high-frequency power percentage (HF%), the ratio of low-frequency to high-frequency power (LF/HF ratio), and total power (TP). These indices reflect the dynamic balance between sympathetic and parasympathetic activity and serve as objective markers of stress regulation. However, limited research has integrated technological elements into horticultural therapy and used HRV as a physiological outcome, particularly among adults aged 80 years and above. This study sought to address this gap by developing a technology-assisted horticultural intervention and evaluating its preliminary physiological effects.

Methods: Following evidence-based practice principles, the Technology-Assisted Horticultural Therapy Program was developed through a comprehensive literature review and expert consultation. A randomized controlled design assigned participants to either an experimental or a control group. The experimental group participated in an eight-week, once-weekly program combining hands-on horticultural activities with interactive technologies, including smartphone and computer operation, quick response (QR) code learning, and voice-to-text exercises. The control group continued routine activities. HRV parameters—including both time-domain (SDNN, RMSSD, and pNN50) and frequency-domain (LF, HF, LF%, HF%, LF/HF ratio, and TP) indices—were collected at three time points: before, mid, and after the intervention. Data were analyzed using SPSS version 27.0 for descriptive and inferential statistics. A subgroup sensitivity analysis was conducted for participants with ten or fewer irregular heartbeats to minimize data interference and improve accuracy.

Results: The study included 82 institutionalized older adult participants (mean age = 84.3 ± 9.6 years). Initial analyses revealed no significant differences in HRV indices between the groups. After controlling for irregular heartbeats, subgroup analysis showed that at mid-intervention, the experimental group had higher mean values of SDNN, HF, HF%, RMSSD, and pNN50 than the control group. The high-frequency power percentage (HF%) significantly increased ($p < .05$), while the ratio of low-frequency to high-frequency power (LF/HF ratio) significantly decreased ($p < .05$), indicating enhanced parasympathetic activity and reduced stress. No significant effects were observed post-intervention, suggesting short-term improvement in autonomic regulation.

Conclusions: The Technology-Assisted Horticultural Therapy Program demonstrates feasibility and potential as an innovative approach in elderly care, promoting stress reduction and autonomic balance among older adults. This study provides preliminary evidence supporting technology-integrated horticultural therapy and heart rate variability assessment in the oldest-old population. Future studies with larger samples and longer follow-up are needed to confirm long-term benefits. Difficulty maintaining stable posture during HRV measurement may limit data quality; thus, shorter testing durations could improve comfort and reliability.

OLDER ADULTS / GERONTOLOGY

Using CALM to Improve Nurse Workforce Stability for Those with Dementia in Long Term Care

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Purpose: Direct care staff (DCS) deliver 80% of the care in residential care facilities (RCF). Many RCF residents have dementia and display behavioral symptoms (BSD) such as restlessness, agitation, aggressiveness, yelling, and nighttime awakenings. Not knowing how to handle residents displaying BSD and the stress involved are likely reasons that DCS have 1-year retention rates of 36% and turnover rates of 75 - 85%. The long-term goal of this research is to improve quality of care and stabilize the nursing workforce in RCFs by better equipping DCS to interact with persons with dementia.

Method: This pilot study focused on testing the effect of teaching DCS a calming intervention (CALM), involving therapeutic touch, therapeutic communication and a non-aggressive approach. After obtaining Institutional Review Board approval, 10 DCS were recruited for the study. Participants completed Archbold's Caregiver Preparedness Scale at baseline and post-intervention. Urine for oxytocin was collected for 5 days at baseline and averaged for baseline mean oxytocin. The intervention was therapeutic touch and therapeutic communication CALM), to prevent or ameliorate behavioral symptoms of dementia. The CALM intervention was delivered three times after which the DCS provided a urine specimen for oxytocin within 90 minutes of completing the CALM intervention with an RCF resident. The dependent variables were DCS urine oxytocin level (a measure of connectedness) and perception of preparedness.

Results: Ten DCS completed the 4-month training; 7 completed all study procedure including short post-intervention interviews. Participants, 1 male and 6 females, ranging in age from 24-48, (mean=36.85, SD=10.23). Length of employment ranged from 4-48 months (mean=20.5, SD=16.9), 2 with the same resident for 12 months, 2 for 5 months. Ethnicity included African American (2), Filipino (1), Asia/Pacific Islander (1), Hispanic/Latino (2), and 1 described as other. Four (57%) showed an increase in oxytocin (from baseline to 30 – 90 min post treatment), indicating increased connectedness. Overall, pre-post oxytocin measures were not significantly different, however, there was a moderate effect size, Cohen's d = 0.442. Five (71%) showed a significant difference (p = 0.035) in preparedness, Q6 "How well prepared do you think you are to respond to and handle emergencies that involve him or her?" Qualitative data showed enthusiastic receptivity for the CALM intervention, particularly the non-aggressive approach. Interview data also showed that following the delivery of CALM to residents, DCS felt relaxed and reported fewer resident BSD.

Conclusions: This small study provided preliminary data about teaching CALM to DCS and its potential for enhancing DCS connectedness and preparedness. Data suggest that CALM and a non-aggressive approach were a positive addition to the DCS toolbox. Future studies will focus on testing long-term outcomes of CALM on workforce stability and quality of care.

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A Program Evaluation of an Organization's Violence in the Workplace Prevention Program

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Rationale/Background: Violence in the workplace (VIW) is increasingly a problem that healthcare organizations face, and these organizations are dedicating significant resources to ensure the safety of their staff. A large healthcare organization in the Pacific Northwest is constantly dealing with workplace violence, which negatively impacts staff well-being, endangers patient safety, and influences organizational culture. The current workplace violence prevention program aims to proactively address violence through various interventions, including training security personnel, providing staff with training on verbal de-escalation and conflict management, and conducting safety screenings of visitors and patients.
Traditionally, the organization has mainly measured the success of these interventions by tracking the number of violent interactions involving patients or visitors that result in staff injuries—primarily focusing on incidents severe enough to require a workers' compensation claim. While this method has helped improve staff safety and reduce workers' compensation claims, it is now time for a more comprehensive evaluation that considers multiple outcomes.
Purpose and Aims: This project aims to conduct a detailed program evaluation of the Violence in the Workplace Prevention Program. It will assess how often violent events occur, measure staff knowledge of VIW, and collect staff opinions about the program.
Methods: This evaluation uses a mixed-methods approach, examining VIW records and surveying employees to gather both quantitative and qualitative data. VIW reports will be reviewed for October-December 2025 and compared to the same period in 2024, analyzing the frequency of violent events and employee injuries. At the same time, a brief survey will be distributed to all patient-facing employees who have completed the most recent VIW prevention training (approximately 6,000 employees across the hospital system). The survey includes questions designed to gather both quantitative and qualitative responses. These questions ask about how often employees experience VIW, how they cope with such incidents, their opinions on the organization's VIW prevention efforts, and provide space for suggestions to improve staff safety.
Assessment of Findings/Outcomes Achieved: Data collection will take place from October 2025 through early January 2026. Results are not yet available.
Conclusions: The findings from this program evaluation may identify new interventions that have not yet been tested or clarify which measures frontline staff perceive as most effective. It might also highlight existing interventions that staff do not favor or that do not seem to improve staff safety.

ORGANIZATIONAL AND WORKFORCE ISSUES

A Workforce Pipeline for Healthcare Simulation Technology Specialists

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Purpose: The purpose of this project is to build a noncredit asynchronous, online Healthcare Simulation Technology Specialist (HSTS) micro-credential at the Orvis School of Nursing (OSN) at University of Nevada, Reno (UNR) to address the supply gap of HSTSs in Northern Nevada.

Background: Simulation can create a safe learning environment where students and practicing healthcare workers can apply previously learned knowledge, experiment with new strategies, and learn how to communicate effectively with the interprofessional team. Simulation is an essential component of health sciences curricula. Within the OSN, the simulation program is reliant on HSTSs to facilitate high-quality simulation experiences to prepare emerging graduates to be practice-ready. HSTS positions are challenging to fill, due to limited awareness of role functions, specialized qualifications (e.g., IT and nursing knowledge), non-competitive pay scale, and limited opportunities for career advancement. Due to a shortage of qualified HSTSs in Northern Nevada, institutions may rely on educators (e.g., nurse educators) to serve in HSTS roles, leading to an inappropriate use of resources and constraints on program enrollment growth. The micro-credential will serve as the foundation for a workforce pipeline, to produce practice-ready HSTSs in Northern Nevada.

Methods: Rooted in the SimGHOSTS Capability framework and informed by International Nursing Association of Clinical Simulation and Learning (INACSL) and Society for Simulation in Healthcare (SSH) standards, the four courses in the micro-credential can be stand alone or scaffolded based on learner needs and interests. The first three courses are delivered asynchronously and online—and are designed to be completed in 6-week increments, each with advancing complexity and specificity. The micro-credential culminates with a 120-hour precepted practicum experience at one of OSN's clinical partner institutions—emphasizing transition to practice and socialization to the role of the HSTS. Embedding the micro-credential within Nevada Online, our university's online platform, leverages the instructional design resources within the university, and expands reach to adult learners who need flexible learning opportunities.

Progress Outcomes: Practice ready program outcomes and course outcomes were shared with community and clinical partners in an aim to request formative feedback on curriculum, and to gauge interest in becoming a preceptor for the HSTS practicum experience. Partners are expressing interest in sponsoring current employees to complete the micro-credential—serving as a bidirectional recruitment tool. Recruitment from Nevada high school STEM programs is ongoing.

Future Implications: Future opportunities include development of a coordinated micro-credential marketing plan with university, school of nursing, and community partner stakeholders, and exploration of a sliding-scale course fee schedule to promote accessibility of the program to learners from all backgrounds. The HSTS micro-credential will also serve as a pilot for systems-focused faculty practice within the Office of Strategic Partnerships and Practice at OSN, with the plan to scale the model for other micro-credentials across specialties. While currently framed as a workforce enhancement program, the new micro-credential will also serve as a community-focused nursing intervention targeting the social determinant of employability, equipping community members with marketable job skills that will serve to improve their social determinants of health.

ORGANIZATIONAL AND WORKFORCE ISSUES

Accelerating Confidence: New Instrument for Nurse Leader Role Transition

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Purposes and Aims: To describe the systematic development and psychometric evaluation of the Nurse Leader Role Transition Survey, a newly developed instrument designed to measure the confidence of novice nurse leaders as they assume leadership responsibilities. The survey design aimed to provide a valid and reliable instrument for assessing transition to practice readiness among nurse leaders during their first 24 months in a leadership role. Specific aims of the project included establishing content validity, evaluating the psychometric properties of the items, and determining the instrument's reliability.

Rationale and Conceptual Framework: Transitions into nursing leadership roles are complex and often occur without sufficient organizational onboarding. This contributes to role dissatisfaction and higher turnover rates. Organizational support is essential, as role tenure strongly predicts confidence and long-term success in a leadership position. While existing instruments assess general leadership competencies, no tools specifically address the unique challenges and fluctuating confidence levels experienced during the early transition period. The study was conceptually grounded in Benner's Novice to Expert Theory of Skill Acquisition.

Methods: A descriptive, two phase methodology was employed. In Phase 1, survey items were developed based on the research team's expertise, the American Nurses Association's Nursing Leadership Scope and Standards of Practice (2024), the American Organization for Nursing Leadership's Core Competencies (2022), and relevant scholarly literature. Content validity was assessed using the Item level Content Validity Index (I-CVI), with ten subject matter experts rating item relevance. Items with an I-CVI below were removed, resulting in a refined set of 72 items. In Phase 2, the revised survey was distributed nationally to a convenience sample of nurse leaders including Assistant Nurse Managers, Nurse Managers, and Nurse Directors with less than 24 months of experience in their current roles. A total of 559 responses were collected, exceeding the required sample size of 500 for robust statistical analysis. A doctoral level statistician conducted the psychometric evaluation, including Exploratory Factor Analysis (EFA) using principal axis factoring with Promax oblique rotation. Items were retained based on a primary factor loading of at least .50 and a secondary loading of < .30. Reliability testing also confirmed strong internal consistency. Qualitative responses were analyzed by the research team using a general inductive approach to identify key themes.

Findings and Outcomes: Psychometric analysis validated the instrument and identified multiple key constructs underlying nurse leader role transition including confidence, support, and leadership. The survey demonstrated strong reliability and broad applicability across diverse healthcare settings. It is suitable for longitudinal use at multiple transition milestones, including initial onboarding, 90 days, 180 days, one year, and two years. Qualitative themes confirmed challenges consistent with the published literature.

Conclusions and Implications: The Nurse Leader Role Transition Survey offers a rigorously developed, evidence based tool for evaluating early leadership development programs. Its use can inform organizational strategies to strengthen onboarding and other early support programs, potentially reducing nurse leader dissatisfaction and turnover. Future research should explore correlations between nurse leader transition experiences and organizational outcomes such as turnover, engagement, and patient safety.

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ORGANIZATIONAL AND WORKFORCE ISSUES

Becoming Better Leaders and Better Humans: Quarterly Workshops for Nurse Leaders

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Purpose: This project is designed to improve the knowledge, skills and attitudes of nursing leaders working in a large hospital system in human skills (communication) through a series of in person, micro educational workshops.

Background: Human skills are skills that have been tied to better leadership, increased employee satisfaction and retention rates. Many nurses are selected as the next managers and leaders at their facility based on work performance, which mainly captures mastery of technically skills at the bedside. Excellent performance in bedside nursing does not equate to mastery or even competence in basic human skills, which are necessary for management and leadership roles. Communication as a nurse manager can be especially challenging when transitioning into these roles. In many situations, education or training focusing on human skills, such as communication, is scarce or even nonexistent, because it's often assumed that managers already have these abilities. Designating time for managers to actively learn, practice, and refine communication can improve the nurse managers satisfaction, as well as provide them with applicable communication skills to take back to their respective service areas within the healthcare system.

Methods: Micro education workshops for 30-minute sessions will be provided at quarterly Executive Leadership Team (ELT) meetings for a total of 4 workshops. Each workshop will include a 10–15-minute didactic review of a communication technique, additionally 10-15 minutes of time for handson practice using the technique covered. Assessment will be in the form of an anonymous electronic post educational intervention survey sent out 2 weeks after each workshop is conducted. After the end of the series or 4 workshops an overall post educational assessment survey will be electronically sent out.

Results: After each workshop we anticipate that participants will report high satisfaction in their learning experience, designated time for professional development, increased knowledge of communication techniques, and applicability within their role (communication within the leadership team, communication with the multidisciplinary team, and for those in which they manage. At the end of the series, we anticipate high satisfaction in the overall series, and application of knowledge and skills learned within the series. The first surveys will be sent out in November 2025 to all ELT attendees following the October 2025 quarterly meeting.

Future Implications: If anticipated results are indicated, designated human skills workshops or education can lead to permanent or long-term adoption at leadership meeting. These results can also justify the need for ELT members to prioritize intentional education for human skills topics within healthcare organizations on micro and macro systems level. In addition, this project could lay the groundwork to incorporate human skills within manager and leadership orientation and annual competence attainment.

ORGANIZATIONAL AND WORKFORCE ISSUES

Ethics and Moral Distress in Aesthetic Medicine: A Mixed-Methods Study in Development

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Purpose: This study explores ethical decision-making and moral distress among Aesthetic Medicine (AM) providers to inform education, professional standards, and policy in this rapidly growing specialty.

Background/Significance: Aesthetic Medicine (AM) includes elective treatments such as neurotoxin injections, dermal fillers, laser therapies, GLP-1 weight loss medications, and psychotropic infusions. Advances in technology and the simplicity of today's treatments have made AM one of the fastest-growing areas in healthcare. From 2018 to 2022, procedure volume grew by about 40 percent and in 2023, minimally invasive treatments exceeded 35 million with the United States listed as the top consumer in the market.

While such procedures can enhance appearance and well-being, the consumer-driven nature of AM presents unique ethical challenges. Providers may face pressure to satisfy patient requests that conflict with their clinical judgment, informed consent standards, or professional boundaries. This tension can lead to moral distress which is defined as the discomfort of being unable to act according to one's ethical values. Despite its relevance, moral distress remains largely unaddressed in AM, where many clinicians operate without standardized training, mentorship, or institutional support.

Methods/Design: A mixed-methods approach will be used. Aim 1 is to identify ethically challenging scenarios and reach consensus on decision-making items using a Delphi panel of 15–25 diverse participants. Themes will inform adaptation of the Measure of Moral Distress–Healthcare Professionals for AM (MMD-HP-SPA) and a new decision-making questionnaire. Aims 2–3 include an online survey of ~130 AM providers, including at least 30 practice owners, to assess dilemmas, preparedness, compensation structure, and moral distress using the adapted MMD-HP-SPA tool. Descriptive and multivariate analyses, including multilevel regression, will be used to explore associations between role, ownership, compensation model, and distress.

Conclusion/Implications: This study will extend moral distress research into AM and inform the development of education, certification, and policy guidelines. Findings will support evidence-based frameworks to improve provider well-being and patient safety in this emerging field of practice.

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ORGANIZATIONAL AND WORKFORCE ISSUES

How Labor Market Mismatches Are Driving Oregon's Nursing Vacancy Crisis

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Purposes/Aims: The purpose of this study is to explore the nursing vacancy crisis in Oregon, with a focus on identifying the contributing factors and proposing solutions to address Oregon's nursing vacancy crisis. Despite the growth in the number of licensed and practicing nurses in the state, there remains a significant challenge in filling nursing positions. This study aims to highlight the underlying labor market mismatches—spatial, skills, and expectation mismatches—that contribute to the current vacancy crisis.

Description of Theory / Definition of Concept: The central concept examined in this paper is the "labor market mismatch," which is pivotal in understanding the nursing vacancy crisis. Three key types of mismatches are discussed: spatial mismatch, skills mismatch, and expectations mismatch. Spatial mismatch refers to the uneven distribution of nurses, with rural areas facing critical shortages despite an overall increase in nurse numbers. Skills mismatch addresses the gap between the skills nurses possess and the demands of specialized roles, particularly in rural areas and advanced care settings. Expectation mismatch, exacerbated by the pandemic, centers on the misalignment between nurses' expectations—regarding work-life balance, support, and professional recognition—and the realities of their working conditions. These mismatches create a scenario where vacancies persist despite the growth in the nursing workforce.

Linking Theory/Concept to Research: Evidence has consistently shown that Oregon's nursing vacancy crisis is not solely due to a shortage of nurses but rather a misalignment between labor supply and demand. The analysis draws on data from the Oregon Employment Department and survey research to underscore how these labor market mismatches play out in real-world hiring difficulties. For example, while the number of registered nurses (RNs) has grown significantly (54% between 2014 and 2022), employers still report difficulty filling vacancies, with 84% of RN vacancies classified as "hard to fill." The expectation mismatch emerged post-pandemic as nurses began prioritizing well-being, work-life balance, and job satisfaction over mere financial compensation. The pandemic amplified dissatisfaction with unsafe working conditions, burnout, and emotional exhaustion, leading to the current crisis. This has contributed to the emergence of the expectation mismatch as one of principle drivers of the vacancy crisis.

Conclusion: Oregon's nursing vacancy crisis stems from multifaceted labor market mismatches, particularly the evolving expectations mismatch. To address this crisis, a focus solely on increasing the number of nursing graduates will not suffice, as efforts to expand the nursing pipeline have been tried before with limited success. Instead, comprehensive solutions that focus on workplace well-being, job embeddedness, and aligning nurses' expectations with job realities are essential. Strategies such as improving onboarding, mentoring programs, and work environment redesign, alongside policies to enhance work-life balance, are critical. Without such interventions, the mismatch between nurses and the available positions will persist, exacerbating the vacancy crisis. Addressing this crisis requires a holistic approach, one that goes beyond increasing nurse numbers to tackle the root causes of job dissatisfaction and turnover.

ORGANIZATIONAL AND WORKFORCE ISSUES

Prevalence and Risk Factors for Depression Among Registered Nurses: A Scoping Review

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Purpose/Aim: To systematically examine the prevalence and risk factors of depression among registered nurses (RNs) working in hospital-based settings

Rationale/Background: Depression is the most pervasive mental health disorder in the world. Among the highest prevalence rates are women, reporting nearly twice the rate of men. Women make up nearly 90% of RNs, placing this population at greater risk for depression. Depression in RNs is continually rising, with the American Nurses Foundation for Mental Health and Wellness reporting that 38% of RNs self-reported depression as of 2020. The impact of depression on the RN workforce has resulted in many RNs leaving the workforce and, unfortunately, increased rates of suicide. Previous literature reviews have shown increased depression in service-oriented professions, but not limited to RNs, and others have found that female RNs have the highest risk of depression among "helping professions." Although depression of healthcare workers during the novel coronavirus pandemic is well-described, less is known about the prevalence and risk factors associated with depression among RNs under working conditions that are not directly linked to the COVID-19 pandemic.

Methods: This scoping review adhered to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) and Extension for Scoping Reviews (PRISMA-ScR). The Joanna Briggs Institute Critical Appraisal Checklist was used to evaluate the risk of bias. Peer-reviewed primary research articles published in English within the United States, Canada, the United Kingdom, and Australia that included prevalence and/or risk factors of depression in RNs were included. A systematic search of PubMed, Embase, and Google Scholar databases was conducted in August 2025 and included no date restrictions. Key terms such as "nurse(s)," "risk factors," and "depression" were included. A spreadsheet was used to screen, organize, extract data, and synthesize results.

Results: Fifteen articles met the inclusion criteria. Studies were quantitative, cross-sectional, and from the United States, Australia, and Canada. Most studies had a low risk of bias (73%). The prevalence of depression was higher among RNs in most studies compared to the general population, with the highest documented prevalence at 35.8%. The primary professional risk factors for depression included occupational stress and job dissatisfaction, while personal risk factors highlighted physical symptoms/conditions and substance use.

Conclusions/Implications: Depression among RNs has reached concerning levels compared to other healthcare professionals and the general population. Depression is likely to affect RN well-being (e.g., job satisfaction, occupational stress, and cognitive performance) and retention, and may increase the risk of sequelae, such as suicide. Understanding the unique needs of RNs can aid healthcare administrators, systems, nursing education programs, and policymakers in better supporting RNs. Future research should examine more nuanced aspects of the identified professional and personal risk factors, along with how they interact in contributing to depressive symptoms. This synthesis of existing evidence regarding depression among RNs can inform programs to enhance RN well-being and organizational support to address job demands and stress management.

ORGANIZATIONAL AND WORKFORCE ISSUES

Quality Improvement: Conflict Resolution Amongst Nursing Home Aides

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Purpose: To improve communication, teamwork, and confidence among nurse aides working in a long term care facility using an evidence-based conflict resolution training program.
Background: Conflict is common in healthcare and particularly challenging in long-term care settings, where high stress, understaffing, and diverse teams often lead to miscommunication and tension. Globally workforce conflict in healthcare settings is recognized as a leading cause of burnout, reduced quality care, and staff turnover. Interpersonal conflict among nursing home aides in long-term care (LTC) facilities contributes to decreased teamwork, job dissatisfaction, and compromised patient care. National organizations like ANA and CMS advocate for conflict resolution training as essential for improving workplace dynamics and patient outcomes. This project will implement evidence-based strategies, including the Thomas-Kilmann model, to equip nurse aides with skills to manage conflict effectively, enhance team collaboration, and improve care continuity in long-term care facilities.
Methods: The intervention consisted of a 10-minute education and training session on conflict management styles and deescalation strategies through role-play and powerpoint presentation. Pre-intervention, an immediate post-intervention, and three-month follow-up surveys were implemented to measure changes in emotional intelligence, conflict resolution skills, and communication confidence. The data collected from the pre-intervention, post-intervention, and three-month follow-up surveys were analyzed using descriptive statistics to summarize participant responses. Sample characteristics, such as age, gender, and years of experience will be conveyed as percentages to provide a demographic profile of the participants. Likert-scale (1 = Strongly Disagree; 5 = Strongly Agree) responses were analyzed to track changes in perceived emotional intelligence, conflict resolution knowledge, and communication confidence across the three time points. All data will be entered and analyzed using microsoft excel.
Results: Immediate post-training results are still ongoing however preliminary results indicated improved knowledge of conflict resolution strategies, emotional intelligence and confidence in application compared to pre-surveys where average score on surveys increased from 2.2 to 4.42 post intervention amongst 19 nursing aides. Three months post survey results are still pending. These quantitative findings demonstrated sustainable training interventions and improvement in conflict management skills.
Conclusion/Future Implications: Therefore this project suggests that brief and structured conflict resolution training can increase staff communication and workplace peace in LTC settings. This implementation can be upscaled to be assessed in other work place environments such as hospitals, clinics, and other health organizations where communication is vital to work place harmony and efficiency.

ORGANIZATIONAL AND WORKFORCE ISSUES

Resiliency Among Southern California Healthcare System Nurses

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Purpose: This study aimed to explore the prevalence and mediating effect of resilience and job satisfaction on burnout and turnover among clinical registered nurses (CRNs) and nurse leaders (NLs) in Southern California 4 hospitals Medical Centers (MC).
Background: Understanding the prevalence and mediating effect of CRNs resilience during post COVID-19 surges can suggest directions for nursing leadership to create strategies and future interventions to keep those nurses safe and healthy in the face of crisis. Resilience benefits CRNs, help them to be more engaged, capable of dealing with crises as well as less susceptible to burnout (BO) and turnover (TO). Resilience has positive influence on nurses' job satisfaction and overall physical/mental health, which leads to safe patient and quality of care.
Methods: The institutional review board approved this cross-sectional descriptive correlational mediation study surveying resilience and job satisfaction influences on the relationship between BO and TO using valid reliable 5-point Likert scales, 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). Those tools were used to collect data corresponding with variables listed respectively. Data were collected from convenience, anonymous, volunteer CRNs and NLs using SurveyMonkey between December 12th, 2024, and February 5th, 2025. Descriptive, correlations, t-test, and ANOVAS towards path statistical analyses were employed as appropriate.
Findings: Sample N=134. Age M = 45.83 years with 16.78 years of RN experience. 87% of participants were staff RNs. Of the participants, 63% reported intent to stay. While 91% reported High Resilience, 87% reported High Satisfaction and 57% of participants reported Low BO, none of the participants reported high BO. Significant results at $p<.05$ were as follows: Nurse Managers/Directors had lower resilience compared to others $F(3,130) = 3.830$. Differences were detected between resilience and shift $F(3,130) =4.316$, BO and education $F(4,128) = 2.487$, BO and shift $F(3.129) =4.168$, BO and age $F(3,127) =9.288$ and between BO and years as a USC Nurse $F(3.129) =3.129$. Intention to stay was higher among Staff LVNs compared to others $F(3,128) = 3.995$. Nurse Managers/Directors reported lower satisfaction compared to others $F(3,126) =3.109$). Differences were also observed in Satisfaction and age $F(3,124) =4.054$ and between Satisfaction and years of experience $F(3.126) =4.046$. Mediation was not established due to the lack of assumptions.
Conclusion/Implications: This study provides important insight into the resilience, burnout, job satisfaction, and turnover intentions among clinical registered nurses (CRNs) and nurse leaders (NLs) across four hospitals in a health system during the post-COVID-19 surge period. While resilience and job satisfaction were hypothesized to mediate the relationship between burnout and turnover, mediation could not be established due to unmet statistical assumptions. Nevertheless, the findings underscore notable differences in resilience and burnout levels across roles, specialties, and shift types, offering a nuanced understanding of the current workforce climate.

ORGANIZATIONAL AND WORKFORCE ISSUES

Self-Care Practices and Retention Intent Among Early-Career Bedside Nurses

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Objective: This study examined the relationship between self-care practices and retention intent among early-career bedside nurses aged 35 and under.

Background: Early-career nurses face elevated risk of burnout, emotional exhaustion, and premature turnover, threatening both workforce stability and patient care quality. Self-care is increasingly recognized as a protective factor that promotes psychological resilience, job satisfaction, and professional longevity. Understanding how self-care behaviors relate to retention may guide the development of targeted interventions to support this vulnerable segment of the nursing workforce.

Methods: An anonymous cross-sectional survey was distributed via X (formerly Twitter) and Reddit from August to October 2025 to bedside nurses aged 35 and under. Self-care was assessed using a 4-item composite encompassing openness to feedback and emotional support, setting healthy boundaries, making time for self-care activities, and seeking support when experiencing signs of burnout (range 1–5). Retention intent was measured as the mean of four items reflecting intent to remain in bedside nursing at 2, 3, 4, and 5+ years. All items used 5-point Likert scales. Analyses included descriptive statistics, Pearson correlations, and independent-samples *t*-tests comparing nurses with high (≥ median) versus low (< median) self-care scores.

Results: The final sample included 48 early-career nurses (20.3% aged 18–24; 79.7% aged 25–34). The mean self-care score was 3.88 (SD = 0.56). Nearly all participants (95.8%) reported openness to feedback and emotional support, while only 52.1% sought assistance when experiencing burnout—representing the lowest-rated self-care behavior (M = 3.48, SD = 0.87). Self-care practices demonstrated a significant positive correlation with retention intent (r = 0.458, p = .002). Two practices were independently associated with higher retention intent: making time for self-care activities (r = 0.341, p = .022) and seeking support for burnout signs (r = 0.468, p = .001). Nurses with higher self-care scores reported greater intent to remain (M = 3.15, SD = 1.22) than those with lower self-care scores (M = 2.17, SD = 0.98; $t(27.8) = 2.82$, p = .009, d = 0.84). Among the low self-care group, 69.2% intended to leave bedside nursing within three years, compared with 43.8% of the high self-care group—a 25.4 percentage-point difference.

Conclusion: Self-care practices were strongly associated with higher retention intent among early-career nurses, suggesting that fostering self-care may be a key strategy for mitigating early turnover. The discrepancy between willingness to receive support (95.8%) and actual help-seeking behavior (52.1%) highlights potential barriers rooted in organizational culture, workload demands, or stigma around vulnerability. Healthcare organizations should cultivate supportive environments that normalize self-care, integrate structured wellness and resilience training, and ensure accessible mental health and peer-support resources. Future research should employ longitudinal designs to evaluate the causal impact of institutional self-care interventions on retention and burnout outcomes.

ORGANIZATIONAL AND WORKFORCE ISSUES

Spiritual Well-Being and Nurse Burnout within Non-Faith Based Hospital Settings

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Purpose/Aims: To examine the relationship among RNs' perceived spiritual well-being (SWB), intrinsic spirituality, workplace spirituality (WS), and BO at two hospitals in a non-faith based integrated healthcare system (IHS).

Rationale/Background/Conceptual Basis: Given the rapidly changing and complex environments integral to healthcare workers (HCW), they are at risk for negative psychological consequences. This is especially true for registered nurses (RNs) who experience high work stress and moral dilemmas that can lead to burnout (BO). HCW BO remains a challenge, resulting in negative patient healthcare outcomes and diminished RN well-being. There is a current legislative initiative underscoring the need for organizations to strengthen health workforce well-being (WB). To mitigate BO, healthcare organizations are prioritizing WB strategies, however there is a lack of empirical knowledge to address the spiritual element of holistic well-being (WB) specific to RNs in non-faith based settings. Research on spirituality has been identified as coping mechanisms for RNs and have described a positive link between workplace spirituality (WS) and spiritual well-being (SWB) to reduce stress and BO. The Roy Adaptation Model (RAM) was used as a conceptual framework for the concept of spirituality. Within the RAM, coping strategies are critical to consider a RN experiencing BO as exhibited by ineffective moral-ethical-spiritual sense of self and through positive coping processes like SWB whole health needs are met.

Methods: A quantitative, descriptive, correlational, cross-sectional study design will be utilized. After Institutional Review Board approval, RN participants were recruited using flyers, emails, and presentations at two hospitals of an integrated healthcare system. Presently data collection is in progress from July 2025 through October 2025 via an anonymous, voluntary Survey Monkey platform using four valid and reliable tools; The Intrinsic Spirituality Scale (Hodge, 2003) do not usually put refere3nces in abstract; Spiritual Well-Being Scale (Ellison & Paloutzian, 1983); The Spiritual Climate Scale (JDS & JBS, 2017; Doram et al., 2017), and The Copenhagen Burnout Inventory Tool (Kristensen et al., 2005). Descriptive and inferential statistics, t-Tests, ANOVA, and multiple linear regression will be computed.

Assessment of Findings/Outcomes Achieved: We hypothesized that there would be an inverse relationship between RNs' SWB, intrinsic spirituality, WS, and BO levels of non-faith based hospitals. Findings of the study would provide a baseline of RNs' SWB, intrinsic spirituality, WS, BO (personal, work and client related) levels at the study sites. Findings may show that different characteristics of RNs have significant relationships and differences among the study variables at the two hospitals of the IHS.

Conclusions/Implications: Conclusions would bridge knowledge gaps among RNs' SWB and BO in non-faith based hospital settings. Implications provide empirically based information to guide education, future guidance to leaders, and policy that offers a wide range of WB strategies for RNs. Study insights can potentially open discussions about diverse self-care including spirituality, and spiritual awareness, that may in turn add meaning to work and influence the spiritual care provided to patients. Implementation of holistic WB champion RNs or coaches can serve as a part of a whole health approach and mitigate BO at the study site.

ORGANIZATIONAL AND WORKFORCE ISSUES

System-Level Well-Being: Reductions in Stress through Stakeholder-Driven Design

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Purpose: Conventional well-being programs in healthcare focus on individual resilience, misplacing responsibility for occupational stress. This approach misidentifies the principal problem: occupational stress is largely driven by systemic and environmental factors. The Oregon Center for Nursing (OCN) piloted a workforce model that begins with the people most affected to identify and address structural stressors. This abstract presents outcomes from a statewide grant initiative demonstrating the effectiveness of system-first interventions.
Background/Methods: In April 2022, OCN fielded a statewide survey of 4,356 licensed nurses across all practice settings. Baseline prevalence of stress (83.26%), anxiety (68.69%), and overwhelm (63.36%) established the scope of systemic strain. Building on this foundation, OCN launched a competitive grant program in acute care, long-term care, and community-based care organizations. Grantees engaged frontline staff to identify their most pressing occupational stressors, mapped against OCN's framework of *four domains of removable stressors* and *four manageable stressors*. Organizations intentionally designed interventions to directly address these conditions.
Results: By 2025, a follow-up statewide survey (n=2,303) showed modest decreases: stress (−5.81 points), anxiety (−9.61 points), and overwhelm (−12.22 points). In contrast, the project portfolio (n=191) achieved markedly larger reductions: stress declined from 83.26% to 62.30% (−25.17 points), anxiety from 68.69% to 46.07% (−32.93 points), and overwhelm from 63.36% to 44.50% (−29.09 points). These changes exceeded the program's 10-point reduction goal by wide margins and demonstrated improvements two to three times greater than the statewide trend.
Conclusions/Implications for Nursing: System-focused interventions, designed in partnership with the workforce, produce meaningful and measurable improvements in well-being. The utilization of this strategy confirms that when organizations address structural conditions rather than targeting individual coping, staff stress is significantly reduced. This work provides a scalable framework for nursing leaders and policy stakeholders seeking to transform environments, not individuals, to sustain a healthier workforce.
Actionable Strategies:
- Begin interventions with staff-led identification of occupational stressors.
- Apply the eight-domain framework to distinguish removable and manageable stressors.
- Design interventions that directly target systemic pressures such as workload and staffing.
- Measure impact using pre/post surveys to evaluate reductions in stress prevalence.

Evaluation: These findings demonstrate that targeted, system-level interventions exceeded state benchmarks by 15–20 percentage points. Outcomes reinforce the value of participatory design and provide replicable tools for broad adoption across healthcare settings.

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Factors Influencing the Type of Pain Interventions in Patients Who Are Nonverbal

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Purpose: To describe the factors contributing to pain intervention being delivered to adult patients who are nonverbal and unable to self-report through any other mechanism within progressive care unit settings.

Rationale/Conceptual Basis/Background: It is important to understand what factors may contribute to a patient with reduced ability to communicate from receiving an appropriate pain intervention. The theoretical underpinning for this study was Donabedian's Structure-Process-Outcome Framework. The structure reflects the environment in which care takes place while the process is the way care is delivered. Having the right structure and process will lead to the desired outcome.

Methods: Using electronic health record case data and organizational nurse education data, this retrospective cross-sectional design described the relationships between select patient socio-demographics, clinical characteristics, staff nursing characteristics, pain rating, and type of pain intervention being delivered. Descriptive statistics characterized the sample and tests of association described the relationships between the variables. Multinomial logistic regression was not conducted due to insufficient sample size.

Findings: Case sex was related to both cancer type and if violence committed during admission; race/ethnicity to preferred language; disability status to oncology diagnosis; palliative care status to inpatient hospice status, code status, intensity of care, and oncology diagnosis; and staff nursing preparation or nursing educational degree level to oncology diagnosis. Cases with patients who were middle age, preferred English, and without documented disability had more potent forms of pain analgesia provided compared to cases with patients who were younger or advanced in age, preferred non-English language, and had documented communication or cognitive disability.

Implications for Research: Future studies using larger samples should investigate potential structural factors, such as age, preferred language, disability status, and additional nursing characteristics as well as staffing practices, patient assignment patterns, staff nursing educational preparation, oncology diagnosis, all for the likelihood of a type of pain intervention being delivered.

Conclusion: Patients who are younger or advanced in age, prefer non-English language, or have documented disabilities may be vulnerable to undertreatment when unable to self-report their pain. Recognizing these risks highlights the importance of reliable instruments and further research to ensure equitable pain management in this population.

Heterogeneity of Treatment Effects in tDCS and Meditation for Knee Osteoarthritis Pain

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Background: Evaluating the heterogeneity of treatment effects (HTE) is essential for identifying which subgroups benefit most from an intervention and under what conditions it is most effective. We investigated the presence of HTE both in a multimodal approach combining transcranial direct current stimulation (tDCS) with mindfulness-based meditation (MBM) and within each individual study group (tDCS alone, MBM alone, and sham stimulation) among individuals with symptomatic knee osteoarthritis. We also explored participant characteristics associated with this heterogeneity.
Methods: This secondary data analysis draws on a double-blind, randomized, sham-controlled, phase II, parallel-group trial in which 200 participants were assigned to one of four groups: (1) active tDCS + active MBM, (2) active tDCS + sham MBM, (3) sham tDCS + active MBM, or (4) sham tDCS + sham MBM. Participants received 10 20-minute anodal tDCS sessions (active or sham) administered concurrently with MBM (active or sham). Latent class growth analysis was used to identify subgroups with distinct treatment response trajectories (responders vs. non-responders) based on changes in clinical pain (Numeric Rating Scale) and knee-specific symptoms (Western Ontario and McMaster Universities Osteoarthritis Index) from baseline to post-intervention. Generalized linear models were then applied to determine baseline factors associated with participants' response classification, including demographic, clinical, and psychological characteristics; a multimodal quantitative sensory testing battery; and cortical hemodynamic activity measured by functional near-infrared spectroscopy (fNIRS) in response to punctate and thermal stimuli. For fNIRS signals, we focused on oxygenated hemoglobin, which provides the most informative measure of task-induced hemodynamic responses.
Results: Across all groups, responders demonstrated significantly greater improvements in clinical pain and knee-specific symptoms from baseline to post-intervention compared to non-responders. In the active tDCS + active MBM group, greater cortical activation in the left somatosensory cortex and the medial dorsolateral prefrontal cortex in response to punctate stimulation, along with identifying as White and having reduced conditioned pain modulation, were significantly associated with being responders. In the active tDCS + sham MBM group, younger age, lower heat pain tolerance at the knee, and higher body mass index were significantly associated with being responders. In the sham tDCS + active MBM group, a shorter duration of knee osteoarthritis and greater cortical activation in the left somatosensory cortex in response to punctate stimulation were significantly associated with being responders. No baseline factors were significantly associated with response classification in the sham tDCS + sham MBM group.
Conclusion: Participants exhibited varying responses to the multimodal and single-modality interventions. The factors associated with HTE in tDCS combined with MBM—including neural markers of pain processing, demographic characteristics, and individuals' endogenous pain-inhibitory capacity—may provide preliminary insights that could influence the development of personalized multimodal stimulation protocols and inform patient-centered nursing approaches to pain management. Future trials of tDCS and MBM should consider the characteristics associated with HTE identified in these modalities in this study. Continued efforts in this area could ultimately enhance the efficacy and clinical applicability of neuromodulatory interventions for chronic pain and symptom management in knee osteoarthritis, supporting the advancement of individualized, mechanism-based nursing care models.
Funding: This research was funded by National Institute of Nursing Research (R01NR019051).

PAIN

Implementation of Pain Management Menu for Intrauterine Device Insertion

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Aim/Purpose: This quality improvement project aims to implement an evidence-based multimodal pain management menu for patients receiving intrauterine device (IUD) at a reproductive health clinic and to increase clinical staff knowledge on multimodal pain management for IUD placements in a rural public health department in the Pacific Northwest.
Background: IUDs are long-acting reversible contraceptives, with over 99% effectiveness in preventing unwanted pregnancies, but pain and anxiety associated with IUD placement remain barriers for those seeking contraceptive care. There is no reliable way to predict who will experience what degree of pain during IUD placements. However, individuals with dysmenorrhea and nulliparity are likely to experience more pain. Recent guidelines by the American College of Obstetricians & Gynecologists recommend clinicians provide adequate pain control for patients seeking IUDs. Addressing pain and anxiety is essential to reducing patient discomfort. A patient-driven pain management approach enhances patient satisfaction and IUD acceptance.
Methods: This project employs the Plan-Do-Study-Act (PDSA) cycle to continuously evaluate the implementation process and make necessary adjustments. Kolcaba's Comfort Theory is the philosophical theory that supports the need for improving patient comfort during IUD placements. We assessed clinical staff knowledge of IUD pain management pre and post training in multi-modal pain management. From September to December 2025, clinical staff will provide a multi-modal pain management menu to patients interested in receiving IUDs. Patients will rate their pain and anxiety before the procedure on a validated 0-10 visual analog scale (VAS). The chosen pain management options will be deployed. Following the IUD placement, patients will complete a post-placement survey to reassess their pain and anxiety using a validated 0-10 visual analog scale (VAS) and provide their overall experience with the pain management menu. Clinical staff will share their experience using the pain management menu during a structured interview. Clinical staff will complete a post-implementation survey to assess their experience with implementing the pain management menu. Descriptive statistics will be used for data analysis.
Findings: This project is in progress and data analysis will conclude by March 2026.
Conclusion: This project informs the development of organizational policies to include various pain management options for patients receiving IUD. Clinically, patients presenting for IUD placement should be offered pain management that aligns with their needs to promote comfort. More research is needed to evaluate the effects of non-pharmacological options on IUD placement. This project is important to nurses delivering reproductive health care because it enhances the acceptance of IUDs as contraceptive of choice by addressing pain and anxiety.

PAIN

Introducing Nurse Navigators to Address PAIN Care Inequities

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Purpose: This project was designed to create and pilot the use of Nurse Navigators (NNs) to help adults with chronic pain in community settings identify and monitor pain self-management goals.
Background: Despite its prevalence, chronic pain is often undertreated due to systemic barriers such as limited access to pain specialists, lack of healthcare resources, and poorly coordinated long-term care. Health and governmental organizations have enacted numerous initiatives to combat the risks of opioid use, including opioid prescribing requirements. However, fewer initiatives have been directed to address the systemic obstacles of individuals living with persistent pain in accessing both opioid therapy management and effective evidence-based alternatives. Given ongoing shortages of pain treatment resources, an interdisciplinary team including people with lived experience of chronic pain , an online resource created to enhance access to evidence-based pain care strategies. To improve engagement with this resource and address the emotional aspects of pain care, a NN role was created and piloted in tandem with the online platform to provide multidisciplinary person-centered pain management resources. NNs are licensed nurses who guide individuals with various medical conditions through complex care processes. They have improved clinical outcomes in populations with cancer and chronic disease, yet are less studied within community-based pain management.
Methods: A project was planned to pilot a new NN role using Registered Nurses to assist adults with chronic pain in setting pain self-management goals. The project was determined by the institutional review board to not meet criteria for human subjects research and used the Plan-Do-Study-Act cycle process for quality improvement. A cohort of individuals were recruited using convenience sampling. During a 60-minute Zoom session, NNs collected a comprehensive pain history, current medications, and personal pain management goals. The McCaffery Initial Pain Assessment tool was also administered. The NN subsequently developed an individualized plan of care, incorporating resources from the *Pain Relief Hub* to support attainment of pain management goals. NNs contacted participants 10-14 days following the initial session to discuss progress and offer additional resources. All participants were asked to complete an anonymous post-intervention survey to assess satisfaction with the NN appointments, which included the validated Client Satisfaction Questionnaire (CSQ-8).
Results: Ten adults (80% female; mean age 65) with chronic pain participated and completed the follow-up survey. The majority (70%) reported using non-opioid pain management strategies. Most either agreed or strongly agreed that they felt comfortable in the sessions with the NN (100%) and were satisfied with the ease of participating (100%), and the amount of support provided by the NN (90%). Eight participants completed the CSQ-8 with a median score of 26, indicating acceptable levels of satisfaction for the pilot.
Conclusions and Future Implications: This NN pilot project demonstrates a feasible, acceptable model for collecting comprehensive pain histories and assisting adults with chronic pain in identifying self-management goals. Further iterations should include testing in larger and more diverse communities. Pre-and post-data can be collected to determine whether pain management outcomes can be improved.

Funding: Financial support for this project was provided by state grant K6375 ([Resources and Education Leading to Improved Pain Care Equity for Washingtonians (RELIEF)]; PI: Wilson) from the Washington State Health Care Authority.

Symptom Management Theory in Rare Disease Research: Gaucher Disease Type 1 Insights

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Purpose: Use the symptom management theory to explore the associations of symptoms of pain and fatigue with health-related quality of life (HRQoL) among adults with Gaucher disease type 1 being treated with enzyme replacement therapy (ERT) or substrate reduction theory (SRT).
Background: People with rare disease have lower HRQoL than the general population. Gaucher disease type 1(GD1) is a rare, autosomal recessive, lysosomal storage disorder that affects multiple body symptoms classified by the absence of neurodegenerative disease, which affects approximately 125,000 people worldwide. Pain and fatigue have been understudied in GD1 even though they remain the most reported symptoms. Enzyme replacement therapy (ERT) and substrate reduction therapy (SRT) improve clinical outcomes, but symptoms of pain and fatigue continue to persist. Currently, pain and fatigue remain underrecognized contributors to HRQoL among people with GD1. Symptom Management Theory (SMT) has been successfully used to understand bi-directional relationships between the three concepts of the theory (symptom experience, management strategies, and outcomes) as well as three nursing domains (person, environment, and health/illness) in chronic disease. Little is known how SMT has been used in rare disease research. This study was the first to apply SMT to study GD1, a rare disease.
Methods: The SMT was used to guide this study to explore the association of pain and fatigue with HRQoL among adults with GD1. Variables were selected to explore the bidirectional relationships between symptom management strategies (treatment of ERT or SRT), symptom experiences (pain and fatigue), and symptom status outcomes (HRQoL) while including the nursing domain of person (demographics). A cross-sectional online survey was administered to 97 adults with GD1 receiving ERT or SRT. Measures included HRQoL (SF-36), PROMIS® Fatigue–SF8a and Pain Interference–SF8a), and Treatment Satisfaction Questionnaire for Medication (TSQM©). Descriptive statistics, correlations, and multiple regression analyses examined associations between demographics, treatment variables, symptoms, and HRQoL.
Results: Age, pain, and fatigue were the strongest contributors to decreased HRQoL. Strong, negative correlations were found between pain and fatigue for physical (r = -.83, r = -.68) and mental (r = -.69, r = -.75) HRQoL (all $p < .001$). Regression analyses showed age, pain, and fatigue predicted physical HRQoL, while pain and fatigue predicted mental HRQoL, after controlling for demographics, treatment type and satisfaction. Higher pain was strongly associated with poorer physical HRQoL, while fatigue was the strongest predictor of diminished mental HRQoL. Younger participants and those reporting lower pain and fatigue reported higher overall HRQoL.
Implications: SMT facilitated a systematic approach to interpret the findings of this study. Through the dynamic interaction between symptom experience, management strategies, and outcomes with nursing domains, SMT helped contextualize the persistence of pain and fatigue despite long-term treatment among adults with GD1. This theoretical grounding supports a more nuanced interpretation of HRQoL, highlighting that treatment efficacy cannot be fully evaluated by clinical markers alone. Patient-reported outcomes should be integrated into rare disease research to better understand symptom experiences in order to implement pharmacological and alternative symptom management strategies.

A Conceptual Framework for the Study of Nursing Self-Efficacy in Postmortem Care

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Purpose: Present a conceptual framework to guide the study of nursing self-efficacy in providing postmortem care.
Description: The proposed Framework of Nursing Self-Efficacy in Postmortem Care seeks to describe how nurses develop self-efficacy in providing postmortem care. Environmental factors (physical, psychosocial, and psychological) as well as educational preparation and personal experience with postmortem care may influence the nurse's formation of traits leading to the development of self-efficacy. Existing individual nurse traits include coping ability, emotional regulation, personal beliefs, and professional values. These traits, along with the potential moderating factor of support persons who may be present during the postmortem period, influence the nurse's response to the situation, and impact the overall outcome of postmortem care self-efficacy of the nurse. In this context, the postmortem period is defined as the time of patient death through the time the deceased patient, along with any support systems, under the care of the nurse no longer remain in the care environment. This framework may be generalized to a variety of care settings, including inpatient, outpatient, and long-term care.
Logic: Postmortem care involves physical care of the deceased body, provision of emotional support for any patient supports present at the time of death, and the nurse's management of their own emotional response. This care may evoke emotions such as fear, anxiety, sadness and regret amongst nurses. These feelings may manifest as disengagement with patients, burnout, and compassion fatigue. Despite extensive literature regarding these attitudes and emotions that are common during end-of-life care, nurses continue to report feeling underprepared to care for patients who are dying or have died. Under-preparedness to provide postmortem care may impact the self-efficacy of the nurse in delivery of that care.
Conclusion: Nurses are often told to remain professional, and avoid showing emotion in front of patients. Further, society as a whole has traditionally viewed death as a taboo discussion topic. This proposed conceptual framework challenges the status quo by acknowledging and promoting exploration of these emotions, fostering long term strategies for processing and coping, rather than pushing down and ignoring them. It clearly demonstrates historical factors of the nurse that influence their nursing traits, and how those traits, alongside the traits possessed by any present patient supports, ultimately impact nursing response and self-efficacy in the provision of post mortem care. In addition to guiding research of nursing self-efficacy in postmortem care, the proposed framework also provides a guide for educators to ensure that nurses are prepared to address each element of end-of-life and post mortem care, and for health care systems to appreciate what resources may be of benefit to both nurses and patients/support persons.

An Integrative Review: Palliative Care Among Older Adults with Heart Failure

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Background: Heart failure (HF) is a progressive, life-shortening condition which disproportionately affects older adults. Although palliative care has been recognized for its significant role in alleviating suffering and enhancing the well-being of individuals diagnosed with HF, many people either do not receive palliative care or receive it ineffectively. The rapid growth of an aging society in the United States, particularly in rural areas where healthcare services, including palliative care are limited, is a growing concern for the care of older adults with HF.
Aim: An integrated literature review was undertaken to understand the experiences of older adults diagnosed with HF and how they navigate palliative care in rural and non-rural areas.
Methods: Between January 2025 and February 2025, four electronic databases (i.e., PubMed, CINAHL, PsycINFO, and Web of Science) were searched using the following controlled vocabularies: “heart failure,” “palliative care,” “aged,” and “medically underserved areas” with additional relevant entry terms. The inclusion criteria were as follows: (1) "palliative care", "palliative" or "palliation"; (2) age > 60 years; (3) diagnosed with HF; (4) results related to palliative care; (5) peer-reviewed; (6) experimental and non-experimental; (7) English-language; and (8) in the U.S.
Results: A total of 23 articles were included in the literature review (experimental studies, n = 5; non-experimental studies, n = 18). Among 23 articles, only two studies included populations in rural areas. This highlights the overlooked research and healthcare delivery to individuals living in rural areas compared to those in non-rural areas. A few studies identified the benefits of palliative care in the context of HF, especially in pain management and psychological states. However, there were inconsistent findings on the utilization of palliative care, re-hospitalizations, intensive medical procedures, and improving the quality of life among older adults diagnosed with HF. Several studies highlighted an ongoing misunderstanding of illness trajectories of older adults diagnosed with HF and the purpose of palliative care that could be contributing to delayed access to palliative care. Four studies examined older adults with HF who underwent advanced HF treatments such as left ventricular assist device implementation, emphasizing underutilized goals of care conversations through trajectories and the potential for more harm than good. The benefits of social and spiritual care among older adults diagnosed with HF were understudied.
Conclusion: The extant literature suggests that there is room for improvement in accessibility and quality of palliative care for older adults diagnosed with HF. While older adults diagnosed with HF have an uncertain health trajectory, nurses are in a prime position to provide continuous and sustained support to individuals and their families across diverse settings. Further study is warranted that captures the experiences of older adults diagnosed with HF and their caregivers and how social and spiritual aspects inform their decision-making and how they engage in care.

PALLIATIVE AND END OF LIFE CARE

Development of a Manual for Psychedelic Therapy in HIV+, Hospice, and Palliative Care

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Purposes/Aims: This work-in-progress manual equips legal clinics in states supporting medical or therapeutic psychedelics- such as Colorado, New Mexico, and Oregon- with evidence-based guidance rooted in research, education, and interdisciplinary expert insight. Developed to address growing clinical interest and legislative momentum, it fills a critical need for standardized, ethically grounded frameworks for safe adoption of psychedelic-assisted therapy in HIV+, hospice, and palliative care. Serving as a prototype, it prepares emerging clinics to adapt their care infrastructure as laws evolve, ensuring quality, patient-centered approaches. The legal landscape for psychedelic therapies is changing quickly, with only a few states offering regulated psilocybin programs while most psychedelic substances remain federally restricted; this uneven progress continues to create barriers and inequities in access for HIV+, hospice, and palliative care populations. Primarily authored by a PhD-prepared hospice nurse scientist, the manual showcases nursing leadership in shaping this new frontier of safe, human-centered psychedelic care.

Description/Methods: Drawing directly on protocols from rigorous randomized controlled trials, the manual reflects the highest clinical standards. It is co-developed by the primary author at the University of California, San Francisco (UCSF), the Memoru Center for Visionary Healing Arts in Boulder, Colorado, and an experienced hospice nurse and certified death doula, with contributions from an attorney specializing in end-of-life state and federal Right-To-Try laws, and pharmacologists with expertise in psychedelic substance contraindications and polypharmacy. The manual development is supervised by the primary author's postdoctoral advisor, a UCSF psychiatrist and experienced psychedelic primary investigator, ensuring alignment with psychiatric practice and safety standards. This collaborative manual integrates clinical, legal, pharmacologic, and ethical expertise to produce a comprehensive, practice-ready resource.

Results/Expected Impact: By weaving together robust scientific evidence and multidisciplinary expertise, the manual gives organizations practical tools to deliver safe, effective, and equitable psychedelic-assisted therapy. Its approach guides organizational adaptation, staff training, and patient-centered care across hospice, palliative, and HIV+ contexts. The manual is intentionally designed to integrate nurses throughout all stages of clinical implementation, positioning nursing at the forefront of safety, equity, and the successful adoption of this novel care paradigm.

Conclusion/Implications: As regulations evolve, this manual fills a key gap for HIV+, hospice, and palliative care organizations seeking actionable, ethical guidance for clinical integration of psychedelic therapies. Structured for daily operational use, it empowers clinicians in these settings. By bridging holistic HIV+ care, palliative and hospice services, and psychedelic research, it offers a comprehensive framework for whole-person care. Nursing leadership and research are central, ensuring that implementation reflects human-centered, equitable principles. The focus on HIV+ care is purposeful, acknowledging ongoing disparities and underrepresentation- as recognized by nurses and expert HIV+ researchers- and advancing commitment to equity for all seriously ill populations. Future directions will include pilot testing in diverse care settings and expanding nursing-led research to refine best practices and foster equity as psychedelic-assisted therapy moves toward broader adoption.

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Equity at the End of Life: Nursing Approaches to Advance Care Planning

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Purpose: This project explores nursing strategies to advance equity in advance care planning (ACP) with a focus on Black patients in critical care settings. The purpose of this study is to identify systemic and interpersonal barriers to participating in advance care planning and to examine approaches that build on trust, communication and culturally relevant end-of-life care.
Background: Black individuals in the United States experience disparity and inequity in end-of-life care. These include lower rates of documentation of ACP and congruent care. The noted disparities are due in part to historical medical mistrust, lack of cultural representation, and disconnects in communication from health care providers to patients. With support of the Health Equity Framework and Leininger's transcultural nursing theory, the study examines the nurse's role as change agent and how to foster equitable advance care planning in the critical care setting.
Methods: A mixed method design is being applied. Phase I consisted of a focused review of existing evidence related to nursing interventions that address the cultural and ethical components of ACP to inform project execution. Phase II seeks to collect qualitative data from critical care, nurses and chaplains to determine perceived barriers, facilitators and best practices in advance care planning with Black patients and their families. The data collection phase is proceeding, with emerging results guiding the development of a culturally relevant framework regarding ACP that relates directly to critical care nursing.
Results: Early results indicate that culturally relevant communication training, timely nurse-led discussions regarding advance care planning, and family and faith components are associated with patient trust and engagement. Further qualitative analysis will enrich thematic patterns and delineate critical components of the proposed framework.
Conclusions and Future Implications: The early findings underscore the important role that the nursing practitioner occupies in alleviating racial disparities in end-of-life care. Utilizing cultural humility, trauma-informed communication methods, and interdisciplinary collaboration in the practice of advance care planning may increase the autonomy of the patient and raise the quality of dying experiences for Black patients in critical care. Next steps include framework refinement and pilot testing within ICU practice and education to evaluate impact and scalability.

PALLIATIVE AND END OF LIFE CARE

Interpreters' Role as Cultural Brokers in Serious Illness Conversations

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Purposes/Aims: For patients and families facing serious illness, communication is essential to understanding care preferences, values, and goals. In fact, receiving information in a language that patients can understand is recognized as a universal human right. For those from refugee backgrounds, navigating an unfamiliar healthcare system and culture can be especially challenging and even (re)traumatizing, particularly when language barriers are present. In these settings, interpreters do more than translate; they act as cultural brokers, helping to bridge gaps in understanding by conveying beliefs, traditions, and emotional dimensions tied to illness and end-of-life care. This project explores how interpreters support nurses during serious illness conversations and how their cultural insights contribute to more patient-centered care. We examine nurse–interpreter collaboration, identify current gaps in practice, and provide evidence-informed recommendations for integrating cultural brokering into nursing communication and care planning.

Rationale/Conceptual Basis/Background: Patient-centered care is a foundational nursing responsibility, emphasizing respect for individual preferences, values, and cultural contexts. However, for patients from refugee backgrounds, the cultural dimensions of illness often remain inadequately explored in clinical encounters, particularly when language barriers exist. Guided by the patient centered communication framework, this project examines how interpreters function beyond their traditional linguistic role as cultural brokers. A cultural broker serves as a proactive negotiator, navigating differences to support mutually meaningful outcomes. By facilitating shared understanding of patients' beliefs, traditions, and decision-making processes, interpreters help nurses align care plans with the patient's cultural view. This deeper insight enhances nurses' ability to deliver personalized, equitable, and ethically grounded care during serious illness conversations.

Methods: A qualitative descriptive design focus group was used. The focus groups were conducted with professional interpreters where participants reflected on their experiences during serious illness conversations involving refugee patients. Data were analyzed using thematic analysis to identify patterns in interpreter–nurse collaboration, perceptions of cultural brokering, and barriers to culturally congruent care.

Assessment of Findings/Outcomes Achieved: Three key findings emerged. First, interpreters provided critical cultural context that shaped how patients and families understood illness, care preferences, and decision-making, going beyond direct translation. Second, nurses valued this cultural input but were often unsure when or how to engage interpreters in deeper cultural discussions. Lastly, systemic barriers such as time constraints and lack of training limited effective collaboration. These findings highlight the need for clearer role expectations and structured opportunities to support interpreter–nurse partnerships in serious illness conversations.

Conclusions/Implications: Interpreters are vital partners in delivering responsive nursing care, especially during serious illness conversations. Acting as cultural brokers, interpreters support shared understanding, build trust, and help ensure care plans reflect patients' values and beliefs. To strengthen this collaboration, nurses must be trained to move beyond viewing interpreters solely as translators and instead engage in cultural inquiry as part of holistic assessment. Institutions should embed structured interpreter–nurse collaboration into policy and practice. Next steps include developing interdisciplinary training on cultural brokering, integrating interpreters into care planning and nursing education, and engaging refugee patients and families in co-designing communication strategies.

Funding: Rita and Alex Hillman

QUALITATIVE

Exploring the Lived Experiences of Gynecological Teaching Associates

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Background: Gynecologic Teaching Associates (GTAs) are trained women who use their own bodies to teach and provide immediate feedback to healthcare professional students learning to perform the pelvic examination. The history of pelvic examination instruction is ethically troubling, with documented practices involving examinations on anesthetized or unconscious patients without consent. Historical practices underscore the need for trauma-informed, patient-centered education. GTAs bridge this gap by transforming the pelvic exam education into a collaborative learning experience that prioritizes consent, communication, and respect. They hold a unique position as both educator and standardized patient, guiding learners in developing pelvic examination technique, empathy, and psychological safety. Despite their role in reshaping pelvic exam education, little is known about the lived experiences of GTAs, the emotional labor inherent in their work, and the institutional supports that sustain their well-being and professional fulfillment.

Purpose: The purpose of this qualitative descriptive study is to explore how GTAs perceive their roles as educators, how they navigate the emotional labor associated with intimate examination teaching, and what institutional or interpersonal support systems contribute to their sense of psychological safety and fulfillment. This study seeks to deepen understanding of their experiences and inform education and ethical approaches that promote sustainable GTA engagement and enhance both educator and learner well-being.

Methods: A snowball sampling approach will be used to recruit approximately ten GTAs from across the United States with at least one year of experience in pelvic examination instruction. Semi-structured interviews will be conducted via secure video conferencing via Zoom. The interview guide will explore participants' perceptions of the meaning of their role, experiences as educators, emotional responses during teaching, strategies for managing emotional labor, and perceptions of safety, respect, support, and professional fulfillment.

Interviews will be audio-recorded, transcribed verbatim, and analyzed using Braun and Clarke's six-phase framework for reflexive thematic analysis. Data will be managed and coded using Dedoose software to facilitate organization, pattern recognition, and theme development. An inductive coding approach will identify recurring patterns and shared meanings across participants' narratives, followed by iterative refinement of emerging themes. Rigor will be maintained through reflexive journaling, peer debriefing, and adherence to Lincoln and Guba's criteria for credibility, dependability, and confirmability.

Results: Data collection and analysis are in progress. Preliminary observations suggest that GTAs experience a complex interplay of empowerment, empathy, and emotional vulnerability within their roles. Themes are expected to reveal how GTAs balance professionalism with maintaining emotional and physical boundaries. Findings are anticipated to identify best practices in training and institutional support that promote GTA psychological safety, satisfaction, and longevity in simulation-based education.

Implications: This study will offer insights into the emotional and relational dimensions of GTA work. Understanding the lived experiences of GTAs can inform simulation-based education and institutional policy to promote trauma-informed and ethical teaching environments. By fostering psychological safety and supporting GTAs as educators, institutions can enhance simulation quality and ultimately improve patient outcomes through more compassionate and competent healthcare providers.

QUALITATIVE

Exploring Views on Healthy Beginnings for Unhoused Women: A Qualitative Study Protocol

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Purpose: Woven in the lives of women experiencing homelessness (WEH) is trauma exposure - which may include either witnessing or experiencing a trauma - as well as multimorbidity, commonly defined as the co-occurrence of two or more chronic diseases in the same individual. Extant evidence suggests a scarcity of interventions specifically designed for this population that consider their lived experiences and address self-care of multimorbidity. To meet this gap, the HEALthy Beginnings (HB) intervention was developed and tailored to be delivered by a nurse-community health worker team over 3-months. HB integrates trauma-informed care principles and self-care maintenance, monitoring, and management of multimorbidity. The purpose of this presentation is to describe the qualitative protocol that will be used to collect and analyze the data which explores perspectives of program participants enrolled in the HB intervention.

Description of Method: A quasi-experimental, prospective, mixed methods study design will be used to test the feasibility of HB and understand the experiences of participants enrolled from a community-based site providing services to WEH in Los Angeles, California. A total of 23 participants were enrolled in the first aim of the study to test the feasibility of the HB intervention over 3 months, and 15 participants will be invited to participate in post-evaluation focus groups. A semi-structured interview guide will be used to guide the focus group sessions which will capture strengths and weaknesses of the HB intervention approach, content, and practical everyday use of the material. Participants will share their perspectives on the barriers and facilitators to chronic disease self-care maintenance, monitoring, and management, as well as future areas of adaptation. Throughout all phases of the study, the principles of credibility, transferability, dependability, and confirmability will be applied. For data analysis, after each cycle of independent coding, the PI and research assistants will meet to discuss patterns that emerge, leading to theme and definition generation, as well as model development. To formulate a thick description of the perspectives of the HB intervention, on a regular basis, data saturation will be evaluated, and the research team will write memos and debrief reflecting on emergent patterns stemming from the data. Diagrams will be used to visually depict an audit trail that presents the research process and emergent themes that are rooted in the data.

Logic Linking Theory to Research: HB was guided by the Adapted Theory of Factors Affecting Self-Care of Multimorbidity which provides a framework for understanding self-care of multimorbidity among WEH. Contextual factors consider resources within the community and living conditions of WEH, whereas intrapersonal factors refer to person-specific characteristics, and interpersonal factors focus on resources within the family, health, or social network.

Conclusion: Navigating multimorbidity for WEH is a lived reality; however, tailored interventions are nonexistent for this population until now. HB is a promising approach because the intervention considers the lived realities of WEH navigating multimorbidity. The knowledge gained from this study will support a future randomized controlled trial to deliver HB for WEH to improve health outcomes for this underserved community.

Funding: Rita and Alex Hillman Foundation

QUALITATIVE

Moral Distress Experienced by the Certified Nursing Assistants Working in Nursing Home

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Purpose and Background: Moral distress (MD) among registered nurses (RNs) has been extensively examined in acute care settings, particularly during the COVID-19 pandemic. However, little is known about the MD experiences of certified nursing assistants (CNAs), who comprise approximately 60% of the nursing home workforce and provide most of the direct resident care. Moral distress is a significant contributor to nursing burnout and turnover. CNAs differ from RNs in education, training, and scope of practice. Moreover, the majority of CNAs are women and people of color, often with immigrant backgrounds—factors that may influence their professional standing and MD experiences within the nursing home context. This study aimed to explore the unique MD experiences of CNAs working in nursing homes and to give this essential workforce a voice.
Method: An interpretive phenomenological approach guided this study. Semi-structured interviews were conducted with CNAs currently working or with prior experience working in nursing homes. Participants were recruited through existing research networks and snowball sampling. All interviews were audio-recorded, transcribed verbatim, coded, and analyzed thematically. The study received approval from the university's institutional review board.
Results: A total of 18 CNAs participated in interviews conducted via Zoom or telephone. Most of participants were female, aged between 18 and 65 years. Three themes emerged: **(1)** boundaries and barriers in practice disempower CNAs, limit their autonomy, and suppress their voices, thereby undermining resident care and fueling moral distress; **(2)** CNAs express moral distress through emotional strain, frustration, and powerlessness when their personal sense of ethical duty and responsibility to care is constrained by institutional barriers and systemic limitations; **(3)** moral distress among CNAs working in nursing homes promotes significant consequences, including emotional exhaustion, psychological strain, and increased risk of CNA burnout and turnover. Participants further described the effects of chronic staffing shortages, their marginalized position within nursing home hierarchies, and the deep emotional bonds they form with residents—each shaping the meaning of their work and professional identity.
Conclusion: These findings illuminate dimensions of moral distress unique to CNAs, emphasizing their deep moral commitment to nursing home residents and the challenges of navigating moral conflicts within the complex nursing home environment. Insights from this study can inform nursing home staffing policies, staff education, and leadership strategies and culture aimed at reducing MD and supporting CNA/nursing staff well-being.

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QUALITATIVE

The Collective Work of a Transdisciplinary Research Center: A Qualitative Study

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Background: The nursing profession has a long-standing commitment to preventing and ultimately eliminating health disparities. The mission of the National Institute of Nursing Research describes optimizing health for all. Moreover, the Nursing Code of Ethics and Social Policy Statement emphasize equitable nursing care. This balance is to be achieved in part through the translation of nursing research to practice. The National Institute on Minority Health and Health Disparities (NIMHD) Research Framework, adapted from the social ecological model, informs health disparities research by describing influential factors across levels and domains. Our transdisciplinary team of investigators in a center focused on health promotion and disease prevention within an R1 college of nursing utilized the NIMHD Research Framework to characterize our collective research program, to inform future research, practice, and education efforts.

Methods: Using qualitative descriptive methods, we applied the NIMHD Research Framework to characterize the center's current research. Center investigators independently entered descriptions of their research crossing 4 levels (individual, interpersonal, community, societal) and 5 domains (biological, behavioral, physical/built environment, sociocultural environment, healthcare system) influencing health (20 intersecting cells). Each investigator also identified their primary study dependent variables across the four levels. Next, 5 coders completed two cycles of deductive content analysis and peer debriefing to synthesize all entries. Following iterative discussion and member checking, entries were further consolidated to provide a comprehensive description of the center's research.

Results: Center investigators (N = 19) identified research activities at all 20 intersections of the framework and health outcomes at all 4 levels. Major themes, categorized by the NIMHD framework domains, were contextualized within the levels at which center research occurred. For example, within the physical/built environment domain, investigators conduct research focused on the theme "housing environment and health" across the individual level (e.g., housing insecurity), interpersonal (e.g., household environment), community (e.g., homeless shelters), and societal levels (e.g., redlining policies). Within the sociocultural environment domain, investigators conduct research focused on the theme "discrimination and health" at the interpersonal (e.g., racism within interactions), community (e.g., discrimination of subgroups), and societal levels (e.g., norms contributing to discrimination of marginalized populations). Investigators confronted challenges when trying to report their primary study outcomes in the context of the NIMHD framework's "health outcomes" section. This resulted in the theme, "research study dependent variables," which were predominantly more proximal than "health outcomes" (e.g., vaccine hesitancy as proximal, HPV prevalence as distal).

Conclusions: These findings, which present the research activities of the center, reflect the realities of nursing practice, spanning from individual biological factors to societal-level structures. Although nursing practice and research are often perceived as confined to the individual level and biological domain, these findings underscore the importance of engaging across all levels and domains to advance health for all. Unfortunately, these intersecting "cells" also represent the inevitable practice and research "silos" that can develop. To meaningfully advance nursing research, practice, and education toward the goal of eliminating health disparities, transdisciplinary collaboration can continue to expand beyond individual "cells" and incorporate the multiple levels and domains driving health disparities.

QUALITATIVE

The New Normal: A Qualitative Study of Experiences of Today's Academic Nursing Faculty

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The long-standing shortage of academic nursing faculty continues to limit the ability of nursing colleges to expand enrollment, creating a persistent barrier to meeting the nation's demand for well-prepared nurses. Despite decades of targeted interventions, the shortage remains unresolved, contributing to increased workload, stress, and role complexity among faculty. Academic nursing faculty now navigate a "new normal" shaped by rapid technological advancements, growing diversity among students, widening variation in faculty preparation and roles, the lasting effects of the COVID-19 pandemic, and the systemic impacts of the ongoing faculty shortage. These pressures underscore the need to understand the lived experiences of faculty who persist in this environment, in order to inform strategies that support recruitment, retention, and long-term workforce sustainability.

The purpose of this basic qualitative study was to explore the lived experiences of full-time, doctorally-prepared academic nursing faculty with six or more years of experience. The study aimed to deepen understanding of how faculty navigate their roles amidst external disruptions and shifting expectations, and to identify factors that contribute to their persistence and professional identity development.

Data were collected through semi-structured, web-based interviews with 12 participants representing diverse career trajectories, areas of expertise, and roles. Each interview lasted 60–90 minutes and was digitally recorded and transcribed. Data analysis was guided by a constructivist lens and informed by Charmaz's grounded theory approach. In vivo coding preserved participants' authentic language, followed by thematic coding to identify recurring patterns. A constructivist perspective recognized the co-construction of meaning between researcher and participants. Self-efficacy and agency emerged as salient theoretical frameworks shaping analysis, offering insights into how faculty perceived their capacity to succeed and exercised intentionality in navigating their professional trajectories.

Four overarching themes were identified: **(1) timing is everything, (2) exercising agency, (3) responding to disruptors, and (4) reimagining the future.** These themes captured the adaptive strategies and forward-looking perspectives faculty employed to persist in their roles. Participants described leveraging creativity, adaptability, and mentorship to balance evolving educational demands and external disruptions. Self-efficacy—the belief in their ability to succeed—combined with agency—their capacity to act intentionally—served as critical drivers of persistence.

This study concludes that faculty persistence is a dynamic process shaped by individual attributes and systemic factors. While participants demonstrated resilience and commitment to the profession, they also emphasized the challenges of role ambiguity, limited mentorship, inconsistent preparation pathways, and the ongoing pressures of the faculty shortage. The findings highlight the centrality of self-efficacy and agency in supporting faculty success, while also pointing to the need for structural supports to sustain the workforce.

The implications of this study are significant for academic leaders, policymakers, and institutions. Recommendations include: (1) developing structured mentorship and orientation programs, (2) standardizing role expectations across institutions, (3) expanding professional development opportunities to enhance faculty adaptability, and (4) addressing workload equity in the context of the ongoing shortage. Future research should examine how self-efficacy and agency are fostered through institutional supports, and explore innovative models for recruitment and retention of faculty in diverse academic settings.

QUANTITATIVE

Curriculum Effects on Student Knowledge, Attitude, and Intent to Work with Older Adults

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Aim: To compare knowledge about, attitudes toward, and intent to work with older adults among students in two accelerated BSN programs: one with a stand-alone gerontology course and one in which gerontological content is integrated throughout the curriculum.
Background: As the older adult population in the United States grows, demand for nurses prepared in gerontological care is rising. Yet many nursing students are reluctant to pursue this specialty, often owing to limited exposure and persistent age-related stereotypes.
Methods: A two-group, longitudinal quasi-experimental study surveyed undergraduate nursing students at program entry, six months into their program, at program completion, and six months post-graduation. Validated instruments measured students' knowledge, attitude, and intent. Multiple multivariate linear mixed models examined curriculum and time effects.
Results: Students in the stand-alone course achieved significantly higher knowledge scores and more positive attitudes toward older adults across all time points compared to those in the integrated curriculum. While both groups showed improvements in knowledge and attitude over time, attitude consistently predicted stronger intent to work with older adults. Conversely, higher knowledge scores were associated with lower intent in one model. Most intent questions remained stable across time points, with some showing slight declines six months after graduation.
Conclusion/Future Implications: Focused gerontological coursework enhances nursing students' knowledge and attitudes, yet sustaining intent to enter geriatric practice may require additional post-graduate support. Findings underscore the value of explicit gerontology content in undergraduate curricula and highlight the need for transition-to-practice strategies that reinforce positive attitudes toward older adult care. Additional research is needed to better understand the effects of specific pedagogical components to support students' desire to enter gerontological nursing.

Funding: University of Colorado Dean's Intramural Grant

QUANTITATIVE

Nurse Perceptions and Outcomes Following Implementation of the Co-Caring Model

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Purpose: To examine nurse perceptions and outcomes after implementation of the Co-Caring Model. The aims are to describe and examine relationships between nurse characteristics, job satisfaction, and work environment before and 3-months after model implementation.
Background: Patient care in acute care settings is becoming increasingly complex due to technological advancements, an aging population, and higher patient acuities. Concurrently, the nursing shortage in the United States persists, exacerbated by nurse retirements and burnout. These factors have combined to create an experience-complexity gap in acute care hospitals. Innovative nursing care models, such as the Co-Caring Model, need to be explored and evaluated for assessment of the impact on nurses. The Co-Caring Model involves a dyad of a bedside registered nurse (RN) and a licensed vocational nurse (LVN), supported by a virtual registered nurse (VRN), working together to provide patient care. This model aims to address the challenges posed by the RN shortage.
Methods: This exploratory descriptive longitudinal study involves collecting survey data from nurses at four timepoints: baseline (before initiation of the Co-Caring Model), and then 3-, 6-, and 12-months post-implementation. The study population includes RNs and LVNs working on a 34-bed medical/surgical/trauma as well as VRNs supporting the dyads. Data collection involves surveys assessing job satisfaction, work environment, and Co-Caring Model-specific questions. Data analysis includes descriptive and inferential statistics to determine differences in job satisfaction and work environment before and after the implementation of the Co-Caring Model. This abstract focuses on the baseline and three months post-implementation data while additional collection remains ongoing.
Results: A total of 35 participants across RN (54.3%), LVN (25.7%), and VRN (20%) positions completed the baseline (BL) survey with the majority being White (54.3%) females (85.7%) working fulltime (65.7%) dayshifts (71.4%). A similar portion of nursing positions completed the 3-months post implementation survey (n=20): RN (55%), LVN (25%), and VRN (20%). Responders noted improvements in the reported percentage of time their units were adequately staffed (BL: 61.79%; 3-months: 68.42%) and they had uninterrupted meal breaks (BL: 79.35%; 3-months: 91.05%). Modest numeric improvements were found across most items assessing job satisfaction and work environment with those focused on clear roles and responsibilities for each nursing position saw the largest changes. Also, when compared to baseline, at 3-months post implementation, a numerically greater proportion of survey completers reported no intention to leave in the next 12-months (BL: 54.5%; 3-months: 70%).
Conclusions & Implications: At 3-months following the implementation of the Co-Caring Model, preliminary data indicate modest improvements, notably in staffing levels and the frequency of uninterrupted meal breaks. Similar findings were observed in responses to job satisfaction and work environment measures. These initial results are promising, as neutrality in outcomes during the early stages of model adoption should not be viewed as unfavorable; it is expected that any substantive change in practice will present challenges. Leadership remains engaged in soliciting and responding to nurse feedback, and data collection will continue at the 6- and 12-month intervals to further evaluate the sustained impact of the Co-Caring Model.

QUANTITATIVE

Early Implementation Study of a Co-Caring Nursing Model

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Purpose: To evaluate the early impact of the Co-Caring Nursing Model on patient experience, safety, cost of care, and employee experience.

Background: Patient care in the acute care setting has become increasingly complex due to advances in technology, an aging population, and higher patient acuities. Concurrently, the nursing shortage in the US continues, partly due to nurse retirements and resignations associated with burnout and emotional exhaustion. In response, three medical/surgical units from three hospitals shifted from the traditional total patient care nursing model to a hybrid virtual team nursing approach, called the Co-Caring Nursing Model. The Co-Caring Nursing Model includes a team consisting of the bedside RN (bRN), the virtual nurse (vRN), and the unlicensed assistive personnel (UAP) working together. A single bRN and single UAP are paired, in a 1:1 partnership, working as a dyad on patient care for a common patient assignment. The vRN supports the team by completing tasks such as admissions, discharges, and patient education. These units transitioned to the Co-Caring model sin early 2024.

Methods: This study used a Difference in Difference (DiD) approach, comparing co-caring model units to matched comparison units, using electronic medical records pre and post implementation (August 2023 to August 2024) and a cross-sectional survey sent to the nursing team approximately 6 months post implementation. The DiD model compared intervention-comparison units over time looking at patient outcomes (Length of Stay (LOS) & 30-day readmission rates), patient experience (Nurse listened & Patient kept informed HCAHP questions), patient safety (CAUTI & CLABSI rates) and budget measurements overtime (total cost of care). The 50-question survey included questions about teamwork, patient care, and employee perceptions of the Co-Caring Nursing Model. Additionally, employee burnout was measured.

Assessment of Findings: DiD model: 22,295 patient encounters were captured between intervention and comparison units. LOS increased modestly ($p < .05$) for intervention units; no significant changes in readmissions, patient experience, safety metrics, or unit costs were observed. 119 (48%) of the nursing team responded to the survey. vRNs and UAPs perceived the model improved teamwork, while bRNs remained neutral ($p<0.001$). vRNs found the model favorable to patient care, while UAPs found it neutral, and bRNs unfavorable ($p<0.001$). Similar trends ($p=0.001$) were found in the employee experience domain. vRNs and UAPs were at low risk for burnout, while bRNs were at moderate risk ($p<0.001$).

Conclusions & Implications: The Co-Caring Nursing Model yielded nuanced results, with improved perceptions of teamwork among vRNs and UAPs, yet neutrality or unfavorable views from bRNs regarding patient care and employee experience. While safety and budget metrics remained stable, a modest rise in length of stay suggests areas for further evaluation. Distinct burnout risks among team members highlight the importance of ongoing support and adaptation. These findings imply that future iterations of the model should prioritize strategies addressing bRN concerns and explore interventions to optimize team cohesion and outcomes.

QUANTITATIVE

Improving Elementary School Staff Knowledge of Minor Trafficking: An Evaluation

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Aims: This study examined the effectiveness of the PROTECT human trafficking prevention program in improving school staff knowledge and perceptions of minor human trafficking. We addressed two research questions:

1. Does participation in PROTECT increase elementary school staff's knowledge of minor human trafficking?
2. Does participation in PROTECT increase elementary school staff's confidence in identifying signs of trafficking and responding appropriately through reporting and referrals?

Background: Human trafficking is a pressing public health and human rights issue. Schools are critical sites for intervention, where staff—including social workers and counselors, school psychologists, behavioral health professionals, and school nurses—often encounter at-risk children. This study assessed the impact of the PROTECT human trafficking prevention program on school staff's knowledge and perceptions of minor human trafficking, underscoring opportunities for nursing leadership in school-based prevention. Non-teaching staff in schools, including health related professionals, are uniquely positioned to address through prevention, early identification, and coordinated responses with other critical intervention sites.

Methods: Elementary school staff in the Mt. Diablo Unified School District (n=139), including teachers, administrators, school psychologists, behavioral health workers, and school nurses, participated in a 2-hour in-person prevention program in March 2024. Pre- and post-surveys were administered and linked using an anonymous participant-generated identifier (n=121, 87% matched). McNemar's chi-squared tests and paired-samples t-tests were used to detect significant changes in knowledge about human trafficking and its risk and protective factors, and perceptions about staff confidence in identifying and addressing minor human trafficking.

Assessment of Findings: Following the intervention, 11% more staff correctly identified the definition of human trafficking ($p<0.001$) bringing the total percentage of staff to correctly identify the definition to 98%. On average, participants answered nearly three additional true/false questions correctly ($p<0.001$). The largest improvements were seen in rejecting common myths, such as victims being primarily migrants (+44%, $p<0.001$) or mostly foreign-born (+41%, $p<0.001$). Gains were observed across all knowledge questions (12–64 percentage points). Despite significant gains in these questions, less than half of staff were able to successfully identify slang terms commonly used during minor sex trafficking (44%) and common recruitment locations (37%) after the invention, unveiling areas to improve the curriculum. School staff's perceptions about human trafficking and their confidence in their ability to address it also increased substantially: participants reported greater ability to identify signs of trafficking (+53%, $p<0.001$), report suspected cases (+47%, $p<0.001$), and refer to appropriate services (+61%, $p<0.001$).

Conclusions: The PROTECT program produced immediate and significant improvements in school staff knowledge about minor human trafficking and their confidence and competence in addressing it. These findings highlight the vital role of interdisciplinary school teams—including school nurses—in prevention and response efforts. Health related professionals in schools are particularly well positioned to integrate health assessment with educational and behavioral supports, collaborate with colleagues to identify potential victims, and connect families to appropriate services. By partnering with school staff, nurses can expand their advocacy and leadership in child protection, reinforcing the importance of interprofessional approaches to address trafficking at the community level.

Funding: This study was funded by the Centers for Disease Control and Prevention (K01CE003539).

QUANTITATIVE

The Return on Investment of a DNP Degree: Insights from a Reputation Fitness Plan

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Purpose: To evaluate the value proposition and return on investment of a DNP degree within a private University by conducting a Reputation Fitness Plan (RFP). Consistent with the goal of an RFP, we aimed to strengthen our image among potential and existing stakeholders, thereby ensuring credibility, trust, sustainability, and fostering growth.

Background: DNP nurses are equipped to lead change in healthcare by translating evidence into practice, promoting health equity, and adapting to evolving healthcare demands. Their skills significantly influence healthcare accessibility, quality, safety, and cost. However, there is a lack of a unified narrative highlighting the value and impact of DNP-prepared nurses across academia, healthcare systems, and industry.

A Reputation Fitness Plan (RFP) is the organization or entity's ability to manage and maintain a positive image among potential and existing stakeholders, thereby ensuring credibility, trust, sustainability, and growth.

Methods: Our RFP project considered the viewpoints of prospective and current students, alumni, and employers to evaluate the return on investment for a DNP-prepared nurse. This project utilized a mixed-methods approach, collecting quantitative data from 83 current DNP students (with a 20% response rate) and 321 DNP alumni from the 2019 to 2024 cohorts. Additionally, we conducted four qualitative interviews with local employers who are DNP alumni and hold hiring positions.

The main topics explored included perceptions of DNP education, the impact of DNPs on patient and system outcomes, quality of care, leadership, education, and policy development.

Results: Data highlighted that while the DNP program offers significant and transformative benefits and opportunities, having clear goals upon entry and understanding the ROI are crucial for success.

The following themes emerged:

Positive Impact, Mixed ROI: The DNP education results in a positive impact on graduates' professional journeys. However, experiences regarding immediate ROI (job promotion, salary increase) were mixed.

The Need for Understanding DNP Value: Some employers not fully utilize DNPs' capabilities or provide opportunities for their professional growth.

Magnet-Certified Hospitals and Academic Institutions: Value DNP-prepared nurses highly and are more likely to provide supportive environments for their advancement.

Implications: This plan highlighted the need to better understand the role and value of DNP-prepared nurses within the nursing profession, reinforce the identity of current and future DNP professionals, and bridge the gap between DNP-prepared nurses and employers. To better demonstrate the full value of DNP-prepared nurses, the nursing profession must quantify the impact of the DNP role within organizations and populations and focus on preparing DNP faculty and students with language to articulate the value and ROI of the DNP role to industry leaders.

RACIAL / ETHNIC MINORITIES

An 8-Week Text Message-Based Program for Korean American Dementia Caregivers

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Purposes: Caregivers of persons living with dementia face significant physical, emotional, and financial challenges. Underserved dementia caregivers, especially among the Korean American community, encounter unique obstacles, including language barriers and limited culturally tailored resources. This lack of culturally and linguistically appropriate resources increases distress and health disparities within this community. There is an urgent need for an intervention that addresses these specific challenges faced by Korean American dementia caregivers. Therefore, we developed the Brain Health Project, an 8-week text message-based program in English and Korean, designed to improve dementia-related knowledge and caregiving skills for Korean American family caregivers. This study will present preliminary results assessing the feasibility and acceptability of the Brain Health Project.

Methods: Guided by feedback from the community advisory board and two content experts—healthcare providers specializing in dementia and caregiving research—the team created an 8-week text message curriculum for Korean American caregivers of persons living with dementia. The curriculum draws on resources from the Alzheimer's Association's website, covering dementia symptoms, expectations, caregiving roles at different stages, and self-care strategies like building a support network. The 8-week automated SMS program will send three messages weekly, focusing on dementia knowledge and caregiving skills. Each message includes a link for participants to access the full message, related information, or resources on the project website. The link also leads to a discussion board where participants can share experiences, voice concerns, and connect with one another. We will use a one-group pretest-posttest design with 20 participants. Participants' inclusion criteria are i) age 18 and older; ii) self-identified as Korean American; iii) able to read and/or speak English or Korean; iv) have access to a mobile phone to receive SMS text messages. The exclusion criterion is planning a trip out of the United States during the next three months.

Assessment of Findings: Recruitment is ongoing. We have recruited 24 people within one week, with 13 having already completed the pre-test. We aim to complete the study by the end of December 2025. Data will be analyzed between January and February 2026, and the results will be updated in the abstract (if allowed) and presented in the poster.

Funding: UCSF Academic Senate Pilot for Established Investigators

RACIAL / ETHNIC MINORITIES

Black Families' Anticipatory Grief in the ICU: Insights from Mixed Methods

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Purpose: Anticipatory grief experienced by families of intensive care unit (ICU) patients has received minimal attention as an aspect of quality care. Previous studies articulate challenges of navigating anticipatory grief resulting in heightened emotional distress, characterized by psychological burden, decision-making struggles, and fear related to potential loss of a loved one compounded by a critical lack of culturally responsive support. Furthermore, there is a critical knowledge gap about anticipatory grief for Black surrogate decision-makers in the US and their perspectives on advance care planning. This abstract presents preliminary results that aim to describe the anticipatory grief experiences and advance care planning perspectives of Black surrogate decision-makers for ICU patients.
Methods: Participants were the designated surrogate decision-maker for an ICU patient. Qualitative data were collected via focus groups with participants who also completed surveys measuring anticipatory grief and decision-making. Participants were introduced to the concepts of anticipatory grief and advance care planning and asked to share their perspectives on these experiences, including recommendations for how healthcare staff could better support families in the ICU. Focus group discussions were digitally recorded, transcribed verbatim, and verified for accuracy. Data is being analyzed following Braun and Clarke's guidelines to identify and categorize key concepts and patterns in the data. The study received ethics approval from the university and hospital institutional review boards.
Results: Five Black surrogate decision-makers participated in one focus group discussion lasting approximately 60 minutes. Preliminary analysis shows that participants described experiences of managing their loved one's critical illness that were characterized by overwhelming emotional burden, with one stating, "Not enough alcohol in the world to cope with this." They also described challenges with the concept of anticipatory grief itself, ranging from feeling the term did not capture their experience to rejecting grief as the dominant emotion. Participants emphasized hope rather than grief as central to their emotional state in the ICU. However, quantitative survey results showed somewhat elevated anticipatory grief scores, creating a notable disconnect between participants' self-described experiences and the use of standardized grief measures. Participants described mixed experiences with staff support, reporting that some listened to them and their concerns, while others dismissed family and focused exclusively on the patient. While family appreciated the patient-centered attention, this approach added to anxiety and negative feelings surrounding the ICU experience.
Conclusion: Preliminary results highlight the complexity of the experience of anticipatory grief for Black surrogate decision-makers in ICU settings. Findings illuminate the need to redefine anticipatory grief terminology and measurement to accurately capture what these families experienced during critical illness. Equipped with a deeper understanding of anticipatory grief experiences of Black families, healthcare interventions can be tailored to reflect the specific emotional needs of this population and foster values that promote hope-centered rather than grief-centered support. Results underscore opportunities for developing and refining culturally responsive measurement and interventions to support improved outcomes for Black surrogate decision-makers in ICU settings.

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RACIAL / ETHNIC MINORITIES

Colonialism in Healthcare: Experiences of Filipino Americans

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Purpose: To examine how colonial mentality manifests in the healthcare experiences of Filipino Americans, focusing on the social, cultural, political, and historical meanings that shape their interactions with health systems.

Background: Although Filipino Americans have relatively favorable social determinants of health, such as higher rates of employment, education, income, and health insurance coverage compared to many other racial and ethnic minoritized groups, they continue to experience disproportionate rates of cardiometabolic diseases, asthma, diabetes, and cancer. These disparities raise a critical question: beyond these determinants, what additional factors contribute to health inequities among Filipino Americans? We posit that historical influences, particularly the psychosocial residuals of colonization, may help explain these patterns. Colonial mentality, rooted in the Philippines' colonial past, is a form of internalized racism manifested as cultural shame, feelings of inferiority, and guilt, which can affect health behaviors and healthcare interactions. To examine these dynamics, we used a decolonial framework, *Sikolohiyang Pilipino* (Filipino Psychology), drawing on *kapwa* (sense of fellow being), *hiya* (shame), and *pakikisama* (collectivism and power) to understand how colonial mentality unfolds in healthcare encounters among Filipino Americans.

Methods: We conducted a qualitative, interpretive description study with 23 adult Filipino Americans recruited through purposive sampling until data saturation was achieved. Semi-structured virtual interviews were audio-recorded and transcribed, and guided by questions such as: "*How do you feel you've been treated as a patient*?", "*Have you ever felt that you are treated differently by healthcare members because you are Filipino?*", "*Can you share any experiences where you felt discomfort related to your identity that affected how you sought or received care*?" We have completed the first-cycle descriptive coding to label text segments, and second-cycle coding is now underway to identify relationships, interpret meaning, and develop categories. We will recursively analyze coded transcripts guided by *Sikolohiyang Pilipino,* and generate themes through thematic analysis. To ensure trustworthiness, we will apply triangulation, provide audit trails and thick descriptions, and assess inter-coder agreement.

Expected Findings: The study will fill gaps in understanding colonial mentality in Filipino Americans' healthcare encounters. It will generate rich descriptions of how colonial mentality is experienced, clarify its perceived impact on health, and provide actionable directions for intervention development.

Conclusion: By examining how colonial mentality manifests in Filipino Americans' healthcare experiences, this study situates their encounters within broader social, cultural, political, and historical contexts. In doing so, this work responds to the conference theme of navigating currents in healthcare, offering pathways toward more culturally relevant and equitable care. The findings will help nurses, other clinicians, and healthcare systems recognize and address a colonial mentality in practice, supporting more holistic and responsive approaches to care.

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RACIAL / ETHNIC MINORITIES

Cultural Adaptation of an Asthma mHealth Tool: Qualitative Findings

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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 people identified the positive impact of a culturally-tailored evidence-based asthma mHealth tool (mobile app and webpage).
Methods: Human centered design was used to conduct individual pre/post redesign interviews with Native Hawaiian adults with asthma and Native Hawaiian caregivers of children with asthma to culturally adapt the existing Australian based asthma mHealth tool. These interviews were guided by the theory of planned behavior and cultural safety framework. Participants were interviewed twice with each interview lasting up to 60 minutes and occurring over 9 months. The initial interview sought input on the original Australian-based tool. The second interview focused on providing input on the initial prototype of the Hawaii-based mHealth tool. Content analysis was used to analyze the data.
Assessment of Findings/Outcomes Achieved: The content analysis focused on understanding asthma, asthma care and management and then looked at areas of the mHealth tool pre/post redesign and focused on what was good, what was bad, and what else is needed. Participants expressed that asthma was caused by the environment and/or hereditary. Asthma care and management relied on managing environmental triggers, medication, and preventing colds. The pre redesign findings identified that the health education content was appropriate to the intended audience and minor edits were needed. The images used were appropriate in capturing the health education content. Lastly, the original tool functionality was easy to navigate and use. The original tool was then adapted to a web-based tool. The post redesign findings, participants appreciated the inclusion of common "local" terms in the asthma content including inclusion of Hawaiian language in the voice over. The images felt representative of Hawaii's diverse Pasifika community. The web-based version allowed the tool to adapt appropriately to various platforms (i.e., mobile phones, tablets, desktop computers).
Conclusions/Implications: These findings informed the culturally adapted asthma mHealth tool for Native Hawaiians. The tool was tested over a 3-month period with Native Hawaiian caregivers with children who have asthma and further modifications will be made prior to further testing of the mHealth tool.

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RACIAL / ETHNIC MINORITIES

Developing a Connectiveness Measure for American Indian Adults with Loneliness

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Purpose/Aims: This study aims to develop and pilot a culturally grounded measure of connectiveness for American Indian/Alaska Native (AI/AN) adults and to determine whether loneliness functions as a core indicator of belonging across urban and reservation settings. The pilot was conducted with AI/AN adults in an urban Los Angeles community ($n = 25$) and the San Carlos Apache Reservation ($n = 25$).

Background/Conceptual Basis: Prior work documents high exposure to trauma among AI/AN children and adults. Adverse Childhood Experiences (ACEs) have been associated with physical, sexual, and verbal abuse and neglect, as well as suicide ideation and weaker cultural connectedness. Secondary analyses that informed this pilot showed robust associations between abuse across the life course and suicide ideation (SI) (multiple comparisons $p < .0001$) and several links between childhood/adolescent abuse and adult obesity categories (e.g., childhood physical and sexual abuse, $p = .02$). Cultural connectedness has been seen to be protective in AI/AN populations, yet many measures underrepresent belonging and loneliness, constructs central to social support, identity, and participation in traditional lifeways. A brief, culturally appropriate connectiveness measure that integrates loneliness could strengthen screening, inform targeted interventions, and support NIH-ready studies.

Methods: Guided by the secondary analyses' findings from the original story, we developed a 30–60 minute survey integrating demographics such as, self-rated health, days of poor physical and mental health, health care access, social support/networking, life-course ACEs, SI, and loneliness. Loneliness was assessed using the UCLA Loneliness Scale and a three-item frequency screen. The post-survey debriefing items assessed comfort, clarity, and cultural appropriateness. Feasibility was indexed by completion time and missingness, acceptability by debrief responses, internal consistency via Cronbach's alpha, dimensionality via exploratory factor analysis, and construct validity via correlations of loneliness with social support, depressive symptoms, and cultural participation, plus known-groups comparisons by cultural connectedness. Urban vs. reservation differences were explored descriptively to inform future stratified designs.

Results/Methods Achieved: Secondary analyses that motivated the pilot demonstrated strong, graded associations between abuse and suicide ideation across life stages ($p < .0001$) and consistent links between abuse exposures and lower cultural connectedness (e.g., sexual abuse in childhood, $p = .0001$, adolescence, $p = .004$, adulthood, $p = .008$). Several childhood/adolescent abuse exposures were also associated with higher adult BMI categories ($p \leq .02$). These patterns underscored the need to explicitly model loneliness within connectiveness. All participants completed the instrument; feasibility, acceptability, reliability, and validity indices are being summarized to inform measure refinement. Item-level feedback on clarity and appropriateness is being used to adjust wording and response options for the next iteration.

Conclusions/Implications: Integrating loneliness as a core indicator of connectiveness is conceptually aligned with AI/AN strengths-based frameworks and empirically justified by prior associations between trauma, suicide ideation, and cultural connectedness. A concise, culturally attuned connectiveness measure that includes loneliness can aid clinicians, researchers, and tribal programs to identify individuals who may benefit from supports that reinforce belonging, cultural participation, and mental health services.

RACIAL / ETHNIC MINORITIES

Efficacy of Behavioral Interventions on the HIV Care Continuum

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Purpose: In the United States, Black and Latinx populations are disproportionately affected by both incarceration and HIV. While behavioral strategies such as peer navigation, case management, community health workers, and technology-based supports have shown promise in improving HIV care outcomes among broader populations, few systematic reviews have examined their efficacy on improving HIV treatment outcomes among incarcerated and formerly incarcerated Black and Latinx people living with HIV, and their pooled effects remain unclear. To reduce this gap in research, this systematic review and meta-analysis synthesized the literature on recent randomized controlled trials (RCTs) to estimate the efficacy of behavioral interventions to improve HIV care outcomes among incarcerated and formerly incarcerated Black and Latinx people living with HIV in the United States.

Methods: Guided by PRISMA 2020 standards, PubMed, Web of Science, Embase, and CINAHL were systematically searched for quantitative studies published from 2011 to 2025. Studies were eligible if they (1) were an RCT; (2) focused on Black and/or Latinx adults aged 18 or older living with HIV; (3) included participants with currently or previously incarcerated; (4) reported intervention effects on one of the HIV care continuum outcomes; (i.e., linkage and/or retention in HIV care, antiretroviral therapy (ART) adherence, and HIV viral suppression; and (5) were conducted in English. Two reviewers independently screened 125 studies. Random-effects meta-analyses with restricted maximum likelihood (REML) estimated pooled odds ratios (OR) and 95% confidence interval (CI) for each outcome, with heterogeneity evaluated using I^2 statistics (low 30%, moderate < 60%, high 60%).

Results: Eleven U.S.-based RCTs evaluated behavioral interventions such as peer navigation, case management, directly administered ART, community health worker models, and text-messaging support. Consistently positive and statistically significant pooled intervention effects across the HIV continuum of care. In meta-analyses, behavioral interventions were associated with significant increase in pooled odds for linkage to care effect (OR = 1.41, 95% CI [1.04, 1.91], $p = .03$; $I^2 = 28.7\%$), retention in care (OR = 2.08, 95% CI [1.58, 2.72], $p < .001$; $I^2 = 0\%$), ART adherence (OR = 1.72, 95% CI [0.76, 3.86], $p = .20$; $I^2 = 37.6\%$), and viral suppression (OR = 2.08, 95% CI [1.58, 2.72], $p < .001$; $I^2 = 0\%$). Overall, the findings demonstrate low to moderate heterogeneity, based on I^2.

Conclusion: The number of interventions tested for the HIV care continuum for incarcerated and formerly incarcerated Black and Latinx populations is limited. However, current RCTs indicate that the pooled effects of existing interventions are associated with significant improvements in achieving linkage to care, retention in care, ART adherence, and HIV viral suppression. Since improvements along the HIV care continuum are associated with a reduction in HIV morbidity and mortality and reduce the risk of HIV transmission, these findings highlight the importance of expanding these evidence-based behavioral interventions for incarcerated and formerly incarcerated Black and Latinx populations. Nurses can effectively address the HIV epidemic for Black and Latinx adults with carceral experience by facilitating and implementing evidence-based interventions shown to improve HIV care continuum outcomes in this population.

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RACIAL / ETHNIC MINORITIES

Intimate Partner Violence Among College-Aged South Asian Americans

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Background: Intimate Partner Violence (IPV), which includes psychological, physical, and sexual abuse, is a significant public health concern in the U.S. South Asian-Americans report disproportionately higher IPV prevalence rates (40%- 47%) compared to the general U.S. population (33%-35%). This elevated risk is tied to cultural norms and structural barriers unique to the South Asian-American community, which largely consists of first- or second-generation immigrants. As a result of their recent immigration history, many South Asian-Americans retain strong cultural values (e.g., multigenerational households, strong gender roles, and family honor) that tend to differ by gender and may shape how IPV is experienced and addressed. College-aged South Asian-Americans are a particularly vulnerable subgroup due to their unique stressors, such as bicultural identity, changing social networks, and dating secrecy. Despite this, limited research has examined IPV within this population using culturally grounded approaches.
Theoretical Framework: Guided by the socio-ecological model, this study will examine IPV risk across multiple levels of ecological systems, and how these levels intersect to influence individuals' behavior. Four key factors were selected to determine the risk of IPV among college-aged South Asian-Americans: alcohol use (individual level), relationship satisfaction (relationship level), acceptance of gender norms (community level), and acculturation (societal level).
Purpose: This exploratory mixed methods study aims to (1) examine IPV prevalence and identify multilevel correlates of IPV among college-aged South Asian Americans and (2) explore how cultural values and gender shape IPV experiences and responses through qualitative interviews.
Methods: The proposed study will utilize a convergent parallel mixed-methods design. Inclusion criteria will include participants who are (1) 18 years or older, (2) currently enrolled in an undergraduate or graduate college course, (3) self-identify as South Asian-American, and (4) have been in at least one mixed-sex romantic relationship during which they perpetrated and/or experienced at least one act of psychological, physical, or sexual IPV in the past year. Fifty participants will complete an online cross-sectional survey, and ten participants will engage in semi-structured Zoom interviews. Descriptive statistics will be used to characterize the sample, followed by linear regressions in SPSS V.29 to examine associations between alcohol use, relationship satisfaction, acceptance of gender norms, and acculturation to IPV perpetration and victimization. Qualitative data will be analyzed using thematic analysis, including line-by-line coding, content analysis, and codebook development, where codes will be sorted into categories and major themes.
Expected Results: It is anticipated that higher alcohol use, lower relationship satisfaction, higher acceptance of gender norms, and lower degree of acculturation will be associated with increased IPV perpetration and victimization. Gender differences are expected in these associations.
Expected Conclusions and Implications: This study will provide one of the first culturally contextualized examinations of IPV among college-aged South Asian-Americans**,** illustrating how cultural identity, gender expectations, and acculturation influence IPV risks. Findings will help inform future studies, highlight the need for culturally sensitive IPV screening tools for college-aged South Asian-Americans, and support the development of culturally-based interventions to help reduce IPV in this community.
Keywords: South Asians, intimate partner violence, students

RACIAL / ETHNIC MINORITIES

Risk Factors for Intimate Partner Violence in the Latina Population

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Purpose: This study was phase I of a project, whose purpose is to develop a culturally informed tool to measure risks factors for intimate partner violence (IPV) in the first-generation Latina immigrant community in Southern New Mexico. The purpose of phase I was to assess the risk factors associated with IPV in this population. Immigrant Latinas often experience unique and intersecting vulnerabilities due to cultural norms, gender expectations, and systemic inequities. Understanding their lived experiences is critical for developing culturally informed nursing interventions and community-based support.

Background/Conceptual Framework: Intimate partner violence remains a pervasive public health concern with significant physical, emotional, and social consequences. The Social Ecological Model (SEM) provided the conceptual foundation for this study, enabling an exploration of factors influencing IPV across multiple levels: individual, relationship, community, and societal. Individual factors include cultural beliefs, developmental trauma, and gender role expectations. Relationship and community factors encompass power imbalances, family dynamics, and access to resources. Finally, at the societal level, machismo, immigration stress, and cultural stigma shape the context of IPV within immigrant communities.

Methods: A qualitative phenomenological design was employed to explore the lived experiences of Latina survivors of IPV residing in Southern New Mexico. Participants were recruited through a local non-profit organization that provides services to IPV survivors. Inclusion criteria were self-identification as a Latina immigrant, age 18 or older, and a survivor of IPV. Data were collected through individual, semi-structured interviews conducted in English or Spanish. Audio-recorded interviews were transcribed and then analyzed using thematic analysis. Triangulation, a detailed audit trail, and member checking were used to enhance rigor.

Findings: Sixteen participants were interviewed. Preliminary analysis revealed several major themes reflecting both barriers and sources of resilience. The theme *intergenerational violence and trauma* described normalization of abuse within families across generations. *Cultural barriers for Latina survivors* included subthemes of language barriers, isolation, machismo, gender-specific roles, expectations to "suffer in silence," and fear related to immigration status. Additional themes included shame and limited understanding of resources and laws, which restricted disclosure and help-seeking. Participants also identified *systemic barriers* such as the lack of bilingual services and culturally appropriate legal and social support systems. Unanticipated findings included *breaking cycles* representing pathways to recovery and empowerment.

Conclusions and Implications for Nursing: Findings highlight the urgent need for culturally responsive, trauma-informed approaches in nursing practice, education, and community health to support Latina survivors of IPV in Southern New Mexico. Nurses in clinical, community, and academic settings play a pivotal role in identifying IPV, fostering trust, and connecting survivors to culturally and linguistically appropriate resources. The next phase of this research includes developing and validating a questionnaire to measure IPV risk factors specific to Latinas in Southern New Mexico. Additional research is needed to address primary prevention in public schools, culturally informed safety planning, and policy These initiatives aim to inform nursing practice, enhance culturally competent care, and promote survivor empowerment and safety within immigrant communities.

Funding: New Mexico State University Emerging Scholars 2024-2025 (no formal number provided)

RACIAL / ETHNIC MINORITIES

Strands of Inclusion: Advancing Cultural Competence in Hair Care Education

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Given the increasing diversity of cultural and ethnic backgrounds in pediatric healthcare inpatient settings, inclusive and culturally competent hygiene care, especially hair care, is often overlooked. Such care is essential for maintaining patient dignity, preventing discrimination, and promoting equitable health outcomes. Johns and Anderson (2025) emphasize that a lack of understanding of the biological and cultural aspects of textured hair can lead to inappropriate care and hair discrimination in nursing. Addressing this gap, Phan et al. (2024) describe a quality improvement initiative (QI) that targets hospital-based hair care deficiencies through staff training, culturally responsive product use, and policy changes. Their findings highlight increased staff confidence, improved patient satisfaction, and the preservation of cultural identity. Additionally, Gorbatenko-Roth et al. (2019) found that Black patients reported higher satisfaction in dermatology clinics where providers demonstrated expertise in skin of color, cultural sensitivity, and respectful communication. Collectively, these studies underscore the link between culturally competent care and positive patient experiences.

Currently, there are no universal standards for hygiene products or education on diverse hair care routines in the pediatric patient population. This highlights the importance of structured, evidence-based approaches in clinical practice. On a 26-bed pediatric unit, a learning needs assessment was conducted among care partners and registered nurses to evaluate their knowledge of providing culturally competent care, especially regarding hair care for diverse pediatric patients. Results from the survey (n = 46) revealed significant gaps in provider readiness, as 65% of respondents reported limitations in caring for patients with various hair curl patterns, and 67% felt unprepared and lacked confidence. Additionally, most respondents agreed that having a diverse hair product kit would be helpful in the inpatient setting. Experience levels for caring for curly and kinky hair were generally low, emphasizing the need for targeted education and resources to promote culturally competent hair care in pediatric settings.

To improve the care of our diverse pediatric patient population, a nurse-driven protocol was introduced to provide education on different hair textures and curl patterns, stressing the importance of culturally sensitive hair care in maintaining patient dignity and comfort. Hygiene kits, including a hair bonnet, detangling spray, wide-tooth comb, and moisturizing shampoo and conditioner, were distributed as part of this initiative. The aim is to address gaps in culturally responsive care for pediatric patients.

This abstract includes a DEI component. The primary focus of DEI here is on equity, highlighting the need to deliver culturally competent hair care that caters to the unique needs of all pediatric patients. This involves ensuring that patients and families receive inclusive, unbiased care, with their cultural practices and individuality acknowledged and respected.

RACIAL / ETHNIC MINORITIES

The Double Burden: Caregiving and Farm Labor Among Latina Migrant Workers

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Purpose: In recent years, the number of women working in U.S. agriculture has steadily increased, with women representing 34% of crop workers in 2022, over three-quarters of whom identified as Latina and a majority born in Mexico. Despite their essential contributions, Latina migrant seasonal farmworkers (LMSFWs) face unique occupational hazards, including extreme heat exposure, pesticide contact, musculoskeletal strain, and workplace sexual harassment that intersect with home-based stressors such as caregiving responsibilities, financial hardship, and family separation. These overlapping stressors place LMSFWs at heightened risk of both physical and mental health challenges. However, little research has examined how LMSFWs, particularly those in high-intensity agricultural regions such as Yuma County, Arizona, experience these dual burdens or how they cope with them. This qualitative study seeks to address this gap by (1) examining the work and home stressors of Latina migrant seasonal farmworkers and (2) exploring the coping mechanisms they employ to manage these intersecting challenges.
Methods: The study was conducted in Yuma County, Arizona. Qualitative data were collected through in-person interviews, which were developed in English and translated into Spanish. In the present study, we focused on selected personal characteristics, occupational safety, and health risks. All interviewer-administered interviews were conducted in Spanish at locations where participants felt comfortable, using hard-copy surveys. Participation was voluntary and included a $25 gift card incentive.
Results: A total of N=12 Latina migrant seasonal farmworkers (LMSFWs) completed the qualitative component of this study. The majority had a high school education or less (n = 12; 100%). Participants ranged in age from 22 to 56 years (M_{age} =39). Two main themes were identified from the 12 interviews. The first theme, *The Dual Burden of Caregiving Responsibilities and Agricultural Labor* revealed that LMSFWs in Arizona face significant home-based obligations, including caring for family members and serving as the sole financial providers for their households. Caring for family members intensifies the burden on LMSFWs by extending their workday beyond the fields. After long, exhausting hours of agricultural labor, they continue providing care and managing household responsibilities, leaving little time for rest or personal health. In the second theme, *Coping Strategies and Traits to Overcome the Dual Burden of Caregiving and Agricultural Labor*, participants described how they balanced household responsibilities with physically demanding work. They drew upon personal traits such as optimism and grit to maintain perseverance, while employing coping strategies such as relying on family support and practicing self-management techniques to manage daily challenges.
Conclusion: For LMSFWs, culturally informed healthcare assessments must address interconnected physical, cultural, and socioeconomic risks. Physically, they endure strenuous labor, extreme heat, and exposure to pesticides. Culturally, they face gender-based harassment and expectations to continue caregiving after work. Socioeconomically, limited healthcare access and being primary providers heighten stress and hinder recovery. By integrating these considerations into the initial assessment process, healthcare providers can identify early warning signs of physical exhaustion, heat-related illness, and stress-related conditions, thereby promoting health equity in this vulnerable population.

Addressing Firearm Risks Among Rural Residents with Substance Use Disorder

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Purpose: The purpose of this study is to assess how those who work in rural-serving substance use disorder clinics understand opportunities, challenges and strategies for reducing firearm risk among persons with substance use disorder.

Background: Significant health disparities exist among persons with substance use disorder (SUD) including the increased likelihood of firearm injury and death. Persons with SUD are at increased risk for suicide, and the majority of all suicides are firearm-related. Substance use has been associated with increased access to firearms and increased odds of involvement in gun violence. Among those in SUD treatment, almost half had been threatened with a firearm or held at gunpoint. An important social determinant of health (SDOH) associated with SUDs that increases risk of firearm injury includes living in a rural area as most rural counties have higher rates of firearm death than urban counties, and unintentional gun deaths, injury, and adolescent handgun carrying are more common in rural areas. Most gun owners feel that screening and safety counseling in a healthcare setting is acceptable, yet fewer than 4% have been asked about firearm safety by a healthcare provider in the past year. A gap exists as few firearm injury prevention interventions have been evaluated among persons with SUD, in spite of substance use being a strong determinant of gun injury.

Methods: Key informant interviews are being conducted with clinical staff at rural-serving substance use disorder clinics in California and Nevada. The structured interview guide includes questions about whether the interviewee has concerns about firearms in the clinical population of interest, clinic policies on assessing for firearms, openness to a firearm safety intervention, and suggested strategies to improve uptake of a clinic-based firearm safety intervention. Once saturation is reached, an inductive thematic analysis will be conducted to determine themes.

Assessment of Findings: Initial findings from key informant interviews (n=6) show that clinical staff are uniformly concerned about firearm risks in this population. Firearm screening practices are varied and inconsistent with few policies that result in follow up for a person with SUD who screens positive for having a firearm. Challenges to implementing a firearm safety intervention include trust, perceived need for self-protection based on unsafe living situations, and challenges consistent with SUD diagnosis (e.g. impulsivity). Strategies to improve uptake include understanding risk (e.g. others in the home), housing stability, and improved perceived security. More interviews are scheduled and additional data will be analyzed until saturation is achieved.

Conclusions: Better understanding of current firearm assessment practices at rural-serving substance use disorder clinics, willingness to implement interventions, and barriers and facilitators to implementing interventions among those with SUD is essential to improving risk mitigation strategies to reduce firearm injuries among an at risk population. These data will inform the development of a community-engaged approach to firearm injury prevention among those with SUD within a rural community.

RURAL HEALTH

Addressing Rural Behavioral Health: Collaborative Care and Project ECHO

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Purpose: This project evaluated the effectiveness of the University of Utah's (UofU) Substance Use Disorder (SUD) Extension for Community Healthcare Outcomes (ECHO) program in enhancing rural providers' knowledge and confidence in providing integrated SUD and behavioral health services.

Background: Rural communities face persistent barriers to behavioral health and SUD care due to provider shortages, geographic isolation, and limited access to training, factors that contribute to ongoing health inequities. To address these challenges, the HRSA-funded Utah Rural Opioid Healthcare Consortium – Collaborative Care Model (UROHC-CCM) equipped rural clinicians with evidence-based, trauma-informed skills to deliver coordinated SUD and behavioral healthcare through a sustainable hub-and-spoke model for office-based addiction treatment (OBAT) using the ECHO model.

Methods: Through UROHC-CCM from January 2024 to September 2025, the UofU's SUD ECHO series provided 17 virtual sessions, to date, for education and case-based learning aiming to improve rural providers' comfort and confidence in delivering SUD prevention, treatment, and recovery services. The sessions have covered various clinically relevant topics including opioid use trends in Utah, harm reduction practices, alcohol use disorder management, pain management strategies, the connection between substance use and suicide, and stigma reduction in clinical settings. Additional sessions addressed rural-specific issues such as supporting agricultural workers with physical limitations and strengthening community coalitions for SUD prevention and recovery. Each session is 60 minutes and features an expert-led presentation followed by interactive case discussion. Quantitative data are gathered through pre- and post-session Zoom polls using Likert scale items (1–5) to assess participants' self-reported knowledge and comfort in screening for and treating SUD. Paired-sample t-tests analyze changes among participants completing both surveys.

Results: ECHO participants comprised a diverse interprofessional group including nurses, nurse practitioners, behavioral health clinicians, pharmacists, community health workers, and other healthcare providers from both rural and urban areas. With a total of 518 attendees, average monthly attendance was 30 participants with 34.17% (n = 177) from Utah's rural counties. Before participating in ECHO, respondents reported moderate confidence in screening for (2.98 ± 1.30, $n = 127$) and treating (3.14 ± 1.38, $n = 180$) patients with SUD. After participation, their mean scores showed significant increases in confidence for both screening (4.35 ± 0.65) ($t(55) = -7.78$, $p < 0.05$) and treatment (4.41 ± 0.73) ($t(105) = -9.64$, $p < 0.05$). Participants also noted improvements in knowledge of SUD best practices, increased confidence in applying evidence-based care, and greater awareness of community resources to support patients with SUD in rural settings.

Conclusion and Future Implications: The online SUD ECHO program has demonstrated clear success in increasing rural healthcare providers' knowledge and confidence in managing SUD and behavioral health issues. By bridging research, education, and clinical practice through virtual, team-based collaboration, the initiative effectively addresses the geographic and resource limitations common in rural areas. The results underscore the value of accessible, technology-enabled continuing education within a collaborative care framework. Further expansion of Project ECHO and similar virtual platforms could provide a sustainable approach to enhancing rural healthcare capacity and ensuring more equitable access to behavioral health services.

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Assessing the Knowledge Base of Valley Fever to Seek Prompt Treatment

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Purpose: Assess the perception and knowledge of Valley Fever including how the infection is spread, how to prevent being infected, and treatments among adults within the Kern County, CA community.

Background: Coccidioidomycosis (CM) is an infection caused by inhaling spores from the environmental fungus called Coccidioides. Commonly referred to as Valley Fever (VF), this invasive fungal infection can lead to pulmonary and systemic complications due to spore inhalation. Recent studies have indicated that the infection rate of Valley Fever has surged, with an estimated 150,000 new cases diagnosed in 2023. Historically, Kern County, California, has reported the highest incidence of Valley Fever among all counties in the state, largely due to agricultural activities. Symptoms of Valley Fever can include fatigue, fever, cough, shortness of breath, and headaches. In more severe cases, the infection can result in life-threatening pneumonia, respiratory illness, meningeal infection, or dissemination throughout the body, potentially leading to death. Additionally, Valley Fever poses a financial burden, causing individuals to miss work or school, incur medical expenses, and face high healthcare costs.

Methodology: A quantitative research design was implemented through an anonymous online survey using Qualtrics®. A social media message was distributed to community partners and organizations in Kern County. In total, 80 adults from the Kern County community residents participated in the study. The survey assessed their self-knowledge of vascular function (VF), disease management, and strategies for preventing the spread of disease.

Results: The ages of participants ranged from 18 to over 65 years. Among them, 65% were between 18 and 35 years old, 27% were between 36 and 45 years old, 6% were between 46 and 64 years old, and 1% were over 65 years old. Additionally, 58% of participants held a graduate degree, while 43% did not. The data showed that 68% of participants had undergone an X-ray at some point in their lives, 11% reported having a chronic cough, and nearly 18% had at least one chronic condition. Furthermore, only 10% of participants accurately estimated the number of Valley Fever cases that occurred in 2019, which was greater than 20,000. Regarding awareness, 94% of participants recognized that it is unsafe to drive with the windows down when it is windy, and 85% understood that Valley Fever is caused by fungus. The majority, 89%, were aware that Valley Fever is more prevalent in Arizona and California.

Implications: Nurse practitioners and healthcare providers serve as the first point of contact for patients who are feeling ill. Both providers and patients must recognize that avoiding exposure to VF as much as possible. Many cases can be misdiagnosed with limited knowledge on VF. Individuals living in high-risk areas, such as Kern County, should be informed about VF transmission, its symptoms, and available treatments. Research highlights the general awareness of VF in these high-risk areas while also emphasizing the lack of education surrounding the illness.

Project Evaluation of a Workplace Violence Prevention Program at a Rural Hospital

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Purpose/Aims: The purpose of the project is to evaluate the efficacy of a current workplace violence (WPV) prevention program offered to first-year Registered Nurse (RN) residents, known as the *Core Fundamentals 3: Building Emotional Intelligence, Clinical Judgement, and Strategies for Addressing Incivility*. The results of this project will determine whether the program has met its objectives of ensuring nurse safety in the organization.

Rationale/Background: Despite its preventable nature, worker-on-worker WPV continues to have detrimental effects on nursing staff and patient care. Worker-on-worker WPV often involves negative behaviors such as bullying, harassment, and incivility. Globally, over half of all nurses have witnessed or experienced these negative behaviors, which pose a risk to their mental health and job performance. Persistent WPV is linked to decreased nurse retention, increased job dissatisfaction, and higher turnover rates. Additionally, compromised nurse safety directly affects patient care, leading to preventable medication errors, higher infection rates, and increased falls. Furthermore, WPV incidents financially burden healthcare facilities due to costs from preventable patient adverse events and continued staffing turnover. A rural hospital in southeastern Washington is concerned about nurse safety and patient well-being due to a surge in worker-on-worker WPV incidents. To mitigate these incidents, they mandate participation in a WPV prevention course during a yearlong nurse residency academy. This comprehensive training program equips first-year RN residents with essential skills, including emotional intelligence, clinical judgment, and effective communication, enabling them to address WPV and foster a positive nurse safety culture properly.

Brief description of the Undertaking/Best Practice: This project employs a mixed methods approach to collect both qualitative and quantitative data to assess the efficacy of the WPV prevention course. The mixed methods data will be gathered through Likert-type, yes or no, and open-ended survey questions that align with the class objectives. These surveys will aim to elicit direct responses from nurse residents regarding their attitudes, subjective norms, and perceptions of the WPV prevention course. The voluntary and anonymous surveys will be handed out to nurse residents immediately and two weeks after the course completion. The data will be analyzed using the Theory of Planned Behavior (TPB). The TPB will help the project lead understand and measure participants' behavioral intentions toward WPV, predicting the program's impact on their safety behavior. To guide the assessment of the WPV prevention program's efficacy, the CDC Program Evaluation framework will be utilized.

Assessment of Findings/Outcomes Achieved: Data collection will occur during August through December 2025. Final outcomes are currently in progress and the results are not available at time of abstract submission.

Conclusions/Implications: Data analysis will occur between January through March 2026. The conclusion is not available at the time of abstract submission.

RURAL HEALTH

System-Level Impacts of Rural Hospital Closures: An Integrative Review

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Purpose: This integrative review synthesized evidence on the impacts of rural hospital closures in the United States using Donabedian's Structure-Process-Outcome (SPO) model. Findings were organized conceptually to inform future nursing research, practice, and policy responses.
Background: Since 1990, over 330 rural hospitals have closed in the United States, straining emergency and ambulatory care infrastructure and disproportionately affecting historically underserved, minoritized, and low-income populations. Closures lengthen Emergency Medical Services (EMS) transport times, delay care for time-sensitive conditions, and destabilize staffing and finances in nearby hospitals. No prior review has systematically mapped these effects or interpreted their implications for nursing science and policy through a conceptual framework. This review addresses that gap through an adapted application of Donabedian's SPO model, reconceptualizing hospital closures as structural disruptions that cascade across care processes and outcomes.
Methods: This structured review assessed the state of the science, loosely following Whittemore and Knafl's (2005) integrative review framework. Evidence from diverse study designs was identified through PubMed, Embase, and CINAHL using search terms related to rural hospital closures, healthcare access, EMS, and community outcomes. Eligible studies were peer-reviewed, published in English between 2005-2025, and examined closure-related impacts on access, timeliness, or outcomes in rural emergency or ambulatory care. Of 858 unique records, 21 met inclusion criteria: quantitative (n = 18), qualitative (n = 1), and theoretical/conceptual (n = 2). Data were extracted into a structured evidence table and organized thematically using Donabedian's SPO model.
Results:
Structure: Nearly 43% of studies described spillover effects on neighboring institutions, including financial strain, staffing shortages, and patient volume surges. Rural hospital closures function as structural disruptions that reshape healthcare institutions and affected communities.
Process: Approximately 24% reported increased EMS transport times and incident-to-treatment delays following rural hospital closures. These disruptions demonstrate how structural losses translate into delayed initiation of time-sensitive emergency care.
Outcomes: Approximately 33% identified a positive association between rural hospital closures and mortality for time-sensitive conditions, as well as lower access to outpatient services. Some reports identified disproportionate access reductions among Black, Hispanic, Native American, and low-income rural populations compared with otherwise similar racial and rural–urban groups.
The SPO framework clarified how structural disruptions amplify process delays and deepen inequities in patient outcomes.
Implications: These findings underscore the potential for nurse-led, theory-informed research to address structural determinants affecting access to emergency and ambulatory care in the U.S. Donabedian's SPO model was extended to conceptualize rural hospital closures as systems-level disruptions, demonstrating its value for guiding quality improvement and informing policy. This review showed that closures strain neighboring hospitals' staffing and finances, increase EMS transport times and delays in emergency care, and are associated with higher mortality for time-sensitive conditions and reduced outpatient access. These disruptions disproportionately affect Black, Hispanic, Native American, and low-income rural populations. Nurses in rural settings face increased workloads and staffing instability, making their expertise crucial in shaping effective solutions. Nurse scientists are positioned to translate this evidence into policy, lead interventions that strengthen rural health systems, and preserve equitable access to care in historically underserved communities.

Transitioning to School-Based Health in a Rural Indigenous Community

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Purpose: This project aims to describe the transition from a university-led mobile health model to a tribally owned and operated school-based health center (SBHC) in a rural, Indigenous community in Montana. We share best practices, challenges encountered, and future directions for partnering on sustainable, tribally led school-based health.

Rationale: Montana is home to 12 federally recognized Tribes and 7 Reservations. Indigenous communities experience disproportionate health burdens, including 111% more premature deaths than white Montanans and a youth suicide rate more than five times the statewide average. These inequities are rooted in structural, geographic, cultural, and systemic barriers to healthcare. Since 2018, the One Community in Health (OCIH) program at Montana State University has partnered with five of Montana's Tribal Nations to deliver health screenings, preventative treatment, speciality referrals, and case management to more than 1,100 children residing on Montana reservations each year. OCIH's long-term goal is to transition away from MSU-sponsored mobile clinics to tribally owned and operated SBHCs. SBHCs are a key tool in achieving health equity, providing all students equal access to a suite of health services that can be otherwise difficult, if not impossible, to obtain. However, this transition is complex and therefore, we are eager to share our approach and future directions for a successful conversion to school-based health in a rural, Indigenous community.

Methods: OCIH has partnered with the Northern Cheyenne Nation to establish their first tribally operated SBHC, which opened in March 2024. A key component of this transition was leveraging the Indian Self Determination and Education Assistance Act (638) contract framework, which allows tribal nations to assume control over health programs previously managed by the Indian Health Service (IHS). Through the 638 process, clinical privileges, operational authority, and program administration were transferred from IHS to the Northern Cheyenne Tribal Health Department. In addition to successful completion of the 638 process, key steps included obtaining tribal authorizations, identifying community health goals, establishing innovative staffing models, and maintaining strong communication channels between partners and tribal leadership. The transition model was driven by local tribal leadership and informed by continuous community feedback.

Assessment of Findings: Early implementation has highlighted both successes and challenges. Continuous community engagement and co-design methodologies have sustained partnerships, enhanced trust in the new SBHCs, and improved service utilization. The SBHC model has increased student access to preventative medical and dental health services, serving 149 middle and high school students during the 2024-2025 school year. Partners have also navigated challenges related to credentialing advanced practice providers such as dentists, dental hygienists, and nurse practitioners, billing practices, and strategies to increase utilization of the SBHCs. Ongoing implementation and evaluation efforts focus on patient satisfaction and health outcomes, school attendance, and service continuity.

Conclusions: Transitioning from university-sponsored clinics to tribally operated SBHCs demonstrates how equitable partnerships can strengthen health sovereignty and promote wellness in rural and Indigenous communities. The lessons learned from this collaborative effort provide a framework for other tribal nations and rural communities pursuing similar transformations toward self-determined, school-based healthcare.

Sleep Better: Educating Dementia Caregivers on Healthy Sleep

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Purpose/Aims: The purposes of the project were to (a) assess the percentage of dementia family caregivers who experience poor sleep quality and (b) provide and evaluate the impact of cognitive-behavioral-based sleep education on sleep quality among the caregivers at a local academic, research-focused institution in the Southwest United States.
Rationale/Background: Up to 67% of dementia family caregivers experience poor sleep quality, which leads to detrimental impacts on mental and physical health. Poor sleep quality is defined as the inability to fall asleep and stay asleep, and early morning awakenings. Sleep quality is not routinely evaluated in primary care settings, despite calls from researchers to regularly screen for sleep quality. Additionally, cognitive-behavioral-based sleep education is not often provided to dementia family caregivers during clinical visits. The gold standard, non-pharmacological therapy for poor sleep quality is cognitive behavioral therapy for insomnia (CBT-I). Applying CBT-I principles, cognitive-behavioral-based sleep education is a promising intervention to improve sleep quality among dementia caregivers.
Methods: A single-group pre-post design was employed using Lewin's Change Management Model and guided by CBT theory. Participants were recruited at a memory care specialty clinic, which exclusively focused on dementia-related cases. The project consisted of two parts: (a) a pre-education sleep quality survey and cognitive-behavioral-based sleep education at the initial visit, and (b) receiving four-week cognitive-behavioral-based educational materials on sleep and completing a post-education sleep quality survey electronically four weeks after the initial visit. The cognitive-behavioral-based sleep education materials were developed using CBT-I-based resources available in the clinical site's library, including cognitive techniques, sleep hygiene guidelines, and stimulus control. The Insomnia Severity Index (ISI) was used to measure pre-and post-education sleep quality.
Assessment of Findings/Outcomes Achieved: Eight dementia family caregivers participated in the study. The average age was 56.4 years, and 75% (N=6) were female. Overall, dementia caregivers experienced mild average levels of poor sleep quality (M: ISI=9.00), and three caregivers indicated good sleep quality (ISI < 7). Only 25% of the participants (N=2) completed the post-education sleep quality survey. Both caregivers noted a drastic improvement in sleep quality over the four weeks of the study. One caregiver shifted from experiencing mildly poor sleep to good sleep (ISI decreased from 14 to 6). Another caregiver shifted from experiencing moderately poor sleep quality to mildly poor sleep (ISI decreased from 15 to 9). Both caregivers reported that the cognitive-behavioral-based sleep education was *helpful* or *very helpful* to them, and they *sometimes* used the techniques learned in the education program to help them sleep during a given week.
Conclusions: This project was the first known, evidence-based sleep quality screening and education in a primary care setting. The project suggested that routine sleep quality screening was necessary for dementia caregivers, and cognitive-behavioral-based sleep education was a promising intervention for improving sleep quality in dementia caregivers. Health policymakers should consider lobbying for sleep quality screening and education as a standard of care for dementia caregivers in routine visits.

Sleep Improvements during Cecebot Intervention in Breast Cancer Survivors

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Purpose/Aim: To examine changes in total sleep time(TST), sleep efficiency, and sleep stage distribution (light, deep, REM) following a 6-week conversational agent intervention.
Rationale: Sleep disturbance remains a persistent concern among breast cancer survivors, affecting quality of life, fatigue, and mental health. While cognitive behavioral therapy for insomnia (CBTi) and physical-activity interventions improve sleep, they are often resource-intensive. Cecebot, an SMS-based conversational agent that integrates CBTi principles with activity feedback from wearable devices, offers a scalable approach to behavioral sleep support. However, little is known about how sleep parameters evolve week by week during such digital interventions.
Methods: Participants were female breast cancer survivors aged 18 years or older, within five years post-primary treatment completion, who were able to wear a Fitbit device and engage in SMS-based interaction with the Cecebot chatbot. Individuals were excluded if they were undergoing active cancer treatment, had diagnosed with sleep disorders other than insomnia or used sleep medications or devices. This study used Fitbit-derived sleep data collected from participants enrolled in a 12-week randomized crossover trial. Through the 6-week intervention, daily sleep data were continuously collected via Fitbit during the intervention period. Each participant's nightly data was aggregated into weekly means for TST, sleep efficiency, and the percentage of light, deep, and REM sleep. Weekly trends were explored descriptively by summarizing group-level means and standard deviations across the six intervention weeks.
Results: This is an ongoing study with a current enrollment of 53 participants. For this analysis, a total of 37 participants with more than a 40-day span of valid Fitbit sleep recordings were included. Preliminary analyses comparing week 1 and week 6 during the intervention period in both arms revealed a statistically significant improvement in deep sleep (N3) percentage ($p = 0.02$), with the mean increasing from 14.6% to 15.8%. In addition, light sleep showed a significant decrease from 64.6% at week 1 to 62.9% at week 6 ($p = 0.04$).Other sleep parameters, including total sleep time and sleep efficiency, did not show significant changes between week 1 and week 6.
Conclusion: The limited changes of increased deep sleep and decreased light sleep should be interpreted cautiously. Additional data will allow estimation of effect sizes and a clearer represents preliminary findings from an ongoing pilot study. It is also possible that participants may have already demonstrated relatively healthy sleep patterns at baseline, leading to a potential ceiling effect. Additionally, some sleep metrics, particularly sleep efficiency, may be affected by the known tendency of Fitbit's motion-based algorithms to overestimate sleep onset and total sleep time, resulting in higher efficiency scores. As this is an interim analysis from an ongoing pilot randomized control trial, findings should be viewed as preliminary indicators of potential effect and feasibility rather than definitive evidence of efficacy. Additionally, data will help clarify whether these trends persist and provide a more robust understanding of how sleep parameters may respond to digital behavioral interventions.

STUDENTS

Bipoc Nursing Students' Experiences with Faculty Advisement: A Mixed-Methods Study

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Purpose: The purpose of this study was to explore the experiences of Black, Indigenous, and People of Color (BIPOC) nursing students with faculty advisement and to determine if they perceive it as an effective avenue for academic support.
Background: Faculty advising is a critical support mechanism for navigating academic challenges. However, BIPOC students may hold maladaptive attitudes toward help-seeking, even as they are willing to accept help when offered. Understanding the specific experiences of BIPOC nursing students with faculty advisement is essential to identify barriers and enhance this key support strategy, thereby promoting equity and academic success.
Methods: An IRB approved cross-sectional, descriptive study was conducted using an online questionnaire with closed and open-ended questions. Data were collected via survey from BIPOC undergraduate nursing student respondents (N=112) at a private university to evaluate their experiences, satisfaction, and perceptions of faculty advisement. Data from n=86 participants were used for final analysis. Quantitative data were analyzed descriptively, and qualitative data were analyzed for thematic content.
Results: Satisfaction with faculty advisement across years in school ranged from 27-67% demonstrating a clear progression of positive sentiment with seniority. Specifically, with second year students (sophomores) rating the lowest and fourth year students (seniors) rating the highest level of satisfaction. Qualitative analysis revealed three primary themes: 1) The Need for Clarity and Outreach: Students expressed confusion about the role of their faculty advisor versus their program counselor and frequently recommended that advisors initiate more proactive outreach. 2) Impact of Advisor Competence and Interpersonal Skills: Satisfactory experiences were characterized by advisors who were knowledgeable, responsive, and empathetic. Dissatisfaction stemmed from unclear guidance, perceived lack of knowledge, and condescending attitudes. 3) The Desire for a Proactive, Structured Relationship: Students suggested mandatory meetings and more frequent, informal check-ins to build a stronger advisor-advisee relationship.
Conclusions and Implications: The findings indicate that while many BIPOC nursing students find value in faculty advisement, significant improvements are needed. By enhancing clarity, outreach, and the structure of advisement, nursing programs can strengthen this relationship to support the academic progression and success of BIPOC students. To be perceived as an effective support avenue, institutions should: 1) Clearly define and communicate the distinct roles of faculty advisors and program counselors. 2) Encourage faculty to proactively and regularly reach out to their advisees, instead of waiting for students to start the conversation. 3) Implement structured, mandatory advisement meetings to ensure consistent student engagement.

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STUDENTS

Bridging School to Practice: A Collaborative Clinical Model Evaluation

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***Trisha L. Powers**, MSN, RN, NPD-BC, Education and Training Department, Sutter Health, Sacramento, CA*

Purpose: This study evaluated the effectiveness of a collaborative clinical placement model between a Northern California university-based nursing program and a regional acute care facility. The goal was to assess student and faculty perceptions of clinical readiness, the quality of the learning environment, and the role of nurse managers and staff in supporting student success. The findings aimed to identify strengths and gaps in the clinical experience to inform improvements in academic–practice partnerships and help bridge the school-to-practice gap.
Background: New graduate nurses often enter the workforce underprepared for the complex demands of healthcare. Contributing factors include evolving technologies, increased patient acuity, shifts to online education, and reduced clinical exposure during the COVID-19 pandemic. These challenges highlight the need for innovative academic–practice partnerships that promote clinical competence, confidence, and professional integration. In response, a collaborative placement model was developed to strengthen the transition from academic learning to clinical practice. The study explored two questions: (1) How do students perceive the clinical learning environment, including orientation, unit culture, and leadership involvement? and (2) How do clinical staff perceive student integration and readiness within this model?
Methods: A mixed-methods design was used to gather both quantitative and qualitative data from 60 nursing students, 17 unit-based clinicians (nurse managers and staff nurses), and 10 faculty/clinical instructors. Quantitative data were collected via a 32-item Likert-scale survey assessing mentorship, orientation, collaboration, leadership engagement, and overall satisfaction. Qualitative data came from open-ended survey questions inviting participants to share experiences and recommendations. Descriptive statistics were used for quantitative analysis, while thematic content analysis was applied to qualitative responses.
Findings: Quantitative results showed strong positive perceptions of the model. Ninety-five percent of students reported receiving a clear orientation, 90% felt welcomed by the unit, and 90% found nurse managers supportive. However, only 58% felt comfortable raising concerns with leadership, and 63% perceived active engagement from unit leaders. Staff responses mirrored these patterns, noting strengths in orientation and inclusion but identifying communication gaps and inconsistent faculty presence as barriers. Qualitative themes revealed that students valued hands-on learning, diverse patient experiences, and supportive team cultures that fostered confidence and belonging. Areas for improvement included clearer role expectations and more consistent feedback. Staff recognized student enthusiasm and potential but emphasized the need for better coordination and structured communication between faculty and unit staff.
Conclusions/Implications: The collaborative clinical placement model showed promise in enhancing clinical readiness and fostering a supportive learning environment. The study highlights the critical role of nurse managers, preceptors, and faculty collaboration in shaping successful clinical experiences. Future efforts should focus on strengthening orientation, establishing structured feedback mechanisms, and improving communication between academic and clinical partners. These findings underscore the importance of intentional, equity-focused academic–practice partnerships that prepare nursing students for the workforce and support a sustainable pipeline of competent, confident new graduates.

STUDENTS

Building Professional Identity in Senior Nursing Students: A Pilot Study

***Yeon Kim**, DNP, RN, CCRN, Nursing, California State University, San Bernardino, CA*

Aims: The project aims to evaluate and strengthen the professional identity of senior nursing students. Specific objectives include assessing baseline levels of professional identity, implementing structured interventions (mentorship, reflective practice, leadership training, and professionalism education), and measuring improvements. The ultimate goal is to enhance students' ethical commitment, resilience, and readiness for clinical practice while building evidence to inform future research and curriculum design.

Background: Professional identity is central to nursing education, shaping ethical responsibility, commitment to patient care, and workforce readiness. Gaps persist in systematically assessing and strengthening this construct among graduating students, which affects retention and practice outcomes. Prior research highlights the importance of mentorship, reflection, leadership, and supportive environments in fostering professional identity, but targeted, evidence-based interventions remain underdeveloped.

Best Practice: This quasi-experimental study will use a pre–post design with senior nursing students at California State University, San Bernardino. Following IRB approval, students will complete the Professional Identity Scale for Nursing Students (PISNS) before and after participation. The intervention includes five one-hour sessions over a semester addressing communication, ethics, teamwork, reflection, and leadership. Change will be assessed by comparing pre- and post-intervention PISNS scores.

Outcomes Achieved: It is anticipated that participants will show measurable improvements in professional identity, ethical commitment, teamwork, and clinical readiness. The findings will demonstrate the effectiveness of structured educational interventions in preparing competent, confident graduates and contribute to evidence-based strategies for curriculum integration.

Conclusions: The project will provide practical recommendations for embedding professional identity development into nursing curricula, supporting accreditation standards, and meeting workforce expectations. Future steps include scaling the intervention to multi-institutional studies, exploring regulatory implications, and refining strategies for long-term sustainability. Findings will guide nursing education policy, inform faculty development, and advance research on professional identity formation.

STUDENTS

Engaging Students: Academic Support Aligned with CCNE II-C/D

***Kate C. Turpin**, PhD(c), Betty Irene Moore School of Nursing, UC Davis, Sacramento, CA*

Nursing programs play a critical role in preparing and retaining the next generation of nurses, yet many face challenges in defining and evaluating effective academic support. While CCNE Standards II-C/D emphasize the importance of student support and resources, programs often lack a consistent framework to demonstrate or measure their impact. This study explores how nurse educators conceptualize, deliver, and assess academic support within the context of accreditation readiness and student engagement.

This qualitative study used Braun and Clarke's thematic analysis to examine data from semi-structured interviews with 23 nurse educators and academic support staff across multiple U.S. regions and program levels. Interviews explored the types of academic services offered, how they are evaluated, and the perceived challenges and successes in meeting CCNE standards

Findings revealed that meaningful academic support extends beyond remediation and tutoring. Participants described holistic and relational support (faculty accessibility, mentorship, and peer connection) as essential for promoting belonging and persistence. Formal tools such as standardized testing and remediation systems were valuable in identifying at-risk students but were most effective when paired with individualized guidance and consistent follow-up. Programs emphasizing both academic and emotional dimensions of support reported greater student confidence, engagement, and satisfaction.

Emerging best practices highlight the importance of aligning structured assessment tools with relational supports to create a more comprehensive framework for student success. Educators identified faculty development, peer mentoring, and discipline-specific coaching as impactful strategies that advance both accreditation compliance and program quality.

These findings have practical implications for accreditation readiness and workforce sustainability. Programs that embed continuous evaluation and student feedback into their support processes are better positioned to demonstrate quality improvement and meet CCNE expectations. By reframing academic support as a proactive, student-centered process, nursing programs can strengthen engagement, retention, and long-term workforce stability.

This poster will share key themes, educator insights, and actionable strategies that bridge accreditation standards with authentic student engagement to enhance outcomes and sustain the nursing pipeline.

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STUDENTS

Evaluating the Use of Learning Assistants in an Undergraduate Pathopharmacology Course

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Aims: This pilot program evaluation aims to assess the impact of an optional learning assistant (LA)-based near-peer instruction program on student performance in a junior-year pathophysiology and pharmacology course at a medium-sized west coast Catholic university. We will also be examining LA program-users' perceptions of the usefulness of the program.
Background: Pathophysiology-pharmacology courses are consistently challenging for nursing students. Aggregated historical outcome data at our institution confirm that students struggle with this course, prompting the Fall 2025 implementation of the Learning Assistant Alliance model from the University of Colorado, Boulder, building on the successful implementation of a similar program by our institution's Biology department.
Much has been written about the benefits of near-peer learning in STEM classes, from both the point of view of the student and of the learning assistant. Many studies show that, within STEM classes, access to LAs improves both student experience and success as measured by DFW (D grade, F grade, withdrawal) rates. More specifically within health sciences education, near-peer learning has been shown to improve clinical performance and critical thinking outcomes, as well as social domains of learning, though DFW data is scant. Additionally, little is known about the application of structured LA programs specifically within nursing pathophysiology-pharmacology courses. To address the gap, we aim to examine how our LA program is influencing student experience and performance within our nursing pathophysiology and pharmacology course.
Brief Description of the Undertaking: This mixed-methods evaluation uses a time-series design comparing exam performance trends between LA program participants and non-participants. Participants will complete demographic surveys (cumulative GPA, LA attendance, first-generation status), the adapted, validated 18-item Adapted Perceived Usefulness of Peer Tutoring Survey, and three open-ended questions about their experiences. Non-participants will complete demographic surveys only. Outcome measures will include exam Z-scores, DFW rates (compared year-over-year), and perceived usefulness ratings across multiple domains (knowledge, confidence, clinical relevance, motivation). Qualitative responses will be thematically analyzed to identify program strengths, challenges, and improvement opportunities. Study will be undertaken with local IRB approval.
Assessment of Findings: Quantitative analysis will include comparative statistics for exam Z-scores between groups (t-tests/Mann-Whitney U), chi-square analysis of DFW rates (year-over-year and within-cohort), and descriptive analysis of Perceived Usefulness Survey responses. Qualitative data from open-ended questions will be thematically analyzed to identify common experiences, perceived benefits, and improvement opportunities. Results from this ongoing program evaluation will be available by March of 2026.
Conclusions: Findings will inform evidence-based recommendations for program continuation, refinement, or expansion in the 2026-2027 academic year, while contributing outcome data to the limited literature on LA programs in nursing pathophysiology-pharmacology education.

STUDENTS

Factors Influencing Gen Z Nurses to Stay: Review and Recommendations

***Leticia Lara**, MBA, MSN, RN, PHN, School of Nursing, Purdue Global University, Lafayette, IN*

New nurse graduates (NNG) are leaving the profession at an alarming rate. Turnover within their first year of practice is 31%, meaning one-third of all NNGs leave the profession before they even start (Lee, 2024). If they can make it through their first year, the turnover rate begins to slow to a nominal 27.7%; by their third year, the turnover rate slows to 19.2% (Lee, 2024). A descriptive systematic review was conducted to comprehensively synthesize the existing literature regarding Generation Z's intent to leave the nursing workforce in order to determine opportunities and strategies to better support the newest nursing demographic and mitigate their professional departure. A literature search was conducted, between April 2, 2025 and April 7, 2025, of the Cumulative Index to Nursing and Allied Health Literature (CINAHL) database and PubMed respectively. Search criteria included peer reviewed journal articles published within the last 5-years of the search dates. The search strategy included keywords Generation Z, intent to stay, novice nurses, and hospital. The PRISMA framework was utilized to complete the systematic review. The CINAHL search identified 140 records. Articles removed before screening included duplicates (15) and topics not specific to Generation Z and new nurses (80). Forty-five records were screened, and an additional 26 records were excluded for not having a significant representation of Generation Z data. The PubMed search identified two records. One record was removed and one record was sought for retrieval. Nineteen articles were assessed for eligibility. Four themes emerged: (1) organizational support, (2) structural support, (3) psychosocial support, and (4) professional development.

Healthcare organizations need to acknowledge the importance of cultivating supportive clinical and professional practice environments. Priorities among Gen Z demonstrate the need for innovative solutions to better support the newest generation as they transition into practice.

STUDENTS

Feasibility of Mindfulness App for Parents in Nursing School: Pilot Study

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Purpose: This mixed-methods pilot study examines the feasibility, acceptability, and preliminary effectiveness of a mindfulness-based mobile application for stress reduction among undergraduate nursing student-parents, an underserved population experiencing unique academic and parenting-related stressors.

Background: Nursing students who are also parents experience unique challenges as they balance academic demands with childcare and family responsibilities. These overlapping pressures can result in heightened stress, fatigue, and burnout- factors that impact overall student well-being, academic success, and retention[RK1] . Despite representing approximately 20% of undergraduate nursing students, limited research studies are available examining specific stressors, support needs, and effective interventions for this population. Mindfulness-based interventions have demonstrated efficacy in reducing stress and enhancing emotional regulation; however, little is known about their effectiveness of feasibility or effectiveness of mobile mindfulness applications among nursing students with parenting responsibilities. Preliminary qualitative study from our research team revealed that nursing student-parents experience significantly elevated stress levels without utilizing effective coping mechanisms. Participants reported time scarcity and lack of accessible mental health resources as primary barriers. This pilot study seeks to address these critical research gaps by evaluating the feasibility and acceptability of a mobile mindfulness app within this underserved population.

Methods: Undergraduate nursing students at a University in the Northwest region who are parents or legal guardians of at least one child under 18 years of age are recruited for this study. Participants complete baseline assessments including the Perceived Stress Scale and Mindful Attention Awareness Scale, then engage with the UCLA Mindful App for four weeks. Weekly usage tracking surveys document frequency and duration of app engagement. Post-intervention assessments repeat standardized measures and include open-ended questions examining perceived barriers, facilitators, and acceptability of the intervention.Quantitative data will be analyzed using descriptive statistics and paired t-tests to explore pre-post changes in stress and mindfulness scores, while qualitative responses will undergo thematic analysis to identify patterns in user experience. Findings from both data sources will be integrated during interpretation to provide comprehensive understanding of feasibility and acceptability.

Assessment of Findings: Data collection is currently in progress, with final results expected to be available by January 2026. Based on preliminary qualitative findings indicating elevated stress and limited coping strategy utilization, we hypothesize significant reductions in stress scores and improvements in mindfulness awareness following the four-week intervention. Qualitative findings will identify key implementation barriers and facilitators specific to nursing student-parents, informing future scalability of digital mindfulness interventions for this underserved population.

Conclusions/Implications: This pilot study addresses a critical gap by examining technology-based mindfulness interventions for nursing students managing dual academic and parenting roles. Findings will provide evidence on the feasibility and acceptability of mobile mindfulness apps as scalable, low-cost stress management tools for this understudied group. Results may inform institutional support strategies and guide the development of digital health interventions that promote stress reduction, well-being, and academic resilience among nursing student-parents. This research also has broader implications for supporting nontraditional students in health professions education and improving nursing program retention. The study received IRB approval from Boise State University (IRB25-236).

Funding: Undergraduate Research and Creative Activity Scholarships funded by the Division of Research and Economic Development and the Institute for Inclusive and Transformative Scholarship

STUDENTS

Integrating PILINA into a Cohort of First-Year Nursing Students

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Objective: To cultivate PILINA (relationship building) while enhancing grit and resilience among first-year nursing students.
Background: First-year direct-entry nursing students at the University of Hawai'i at Mānoa School of Nursing identified their greatest first-year challenges as balancing academic workload with personal responsibilities (64.7%) and establishing social connections (41%). These findings guided the design of a structured support program tailored to this population. Students whose adolescence coincided with the COVID-19 pandemic may face heightened difficulties in forming peer relationships. Prior research highlights the importance of peer and social connections in developing academic self-efficacy, promoting undergraduate success, supporting mental health, and strengthening grit while reducing academic burnout.
Intervention: A one-day, in-person program was offered to incoming high-school direct-entry nursing students in Fall 2025. The intervention was grounded in the Truth, Racial Healing, and Transformation (TRHT) framework and aligned with the University of Hawai'i at Mānoa's role as a TRHT Campus Center and its mission as a Native Hawaiian Place of Learning (NHPoL). PILINA Circles, drawing on TRHT principles and Hawaiian knowledge, emphasized deep listening and presence. Students engaged in a 2.5-hour PILINA Circle with peers, faculty, and staff, followed by a 1-hour group lunch session, a 1-hour interactive time management session, and a 1.5-hour group critical-thinking exercise.
Measures: Baseline grit and resilience were measured using an adapted version of the Short Grit Scale and the Brief Resilience Scale. Both scales will be re-administered at mid-semester and semester's end to assess for changes in grit and resilience. Students also completed a three-item post-program evaluation survey.
Results: Of 20 students in the cohort, 16 attended the program; 14 completed the post-session survey. On the adapted Short Grit Scale, students averaged 4.21/5, and on the adapted Brief Resilience Scale, 4.01/5, suggesting relatively high baseline grit and resilience. These results serve as baseline measurements. To evaluation the one-day program, on a 5-point scale (Very valuable to Not valuable at all), 92.3% rated the program "Very valuable," and 7.7% rated it "Somewhat valuable." When asked what was most helpful, 76.9% cited the opportunity to foster PILINA with classmates.
Conclusions: A structured one-day intervention based on the TRHT framework and Hawaiian cultural knowledge was highly valued by students and supported the development of peer relationships. Nursing faculty will continue to foster PILINA through meetings every 4–6 weeks, incorporating discussion, peer support, and relationship-building. Social connectedness will be assessed mid-semester, while grit and resilience will be measured at multiple points throughout the first year.

Funding: AARP Foundation

STUDENTS

Navigating Dual Roles: Understanding Parental Stress Among Nursing Students

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Purpose: To explore the experiences of undergraduate nursing students with parenting responsibilities within nursing education.
Background: Student-parents represent 20-25% of undergraduate nursing students, a proportion that has increased steadily over the past five years. This demographic faces unique challenges balancing rigorous academic demands, clinical requirements, and family responsibilities. Existing literature on non-traditional students suggests that parenting responsibilities can impact academic performance, persistence, and psychological well-being, yet few studies have focused specifically on nursing student-parents. As nursing education becomes increasingly demanding with compressed curricula and intensive clinical rotations, this knowledge gap limits development of evidence-based support systems. Understanding how student-parents navigate these challenges is essential for developing responsive institutional policies that promote equity, retention, and academic success in nursing programs.
Methods: A qualitative descriptive design was employed to explore undergraduate nursing student-parents experiences, emphasizing parental stress and perceived barriers and facilitators to degree completion. Participants were recruited through purposive sampling from a baccalaureate nursing program in the Northwestern United States. Inclusion criteria required current undergraduate nursing enrollment and active parenting of at least one child under 18 years. A semi-structured interview guide explored challenges, support systems, coping strategies, and institutional experiences. Data were collected through three focus groups and one individual interview (90-120 minutes each), audio-recorded, transcribed verbatim, and analyzed using thematic analysis. Systematic coding, theme development, and investigator triangulation ensured analytical rigor and trustworthiness. The study received the IRB approval from Boise State University (IRB24-733).
Assessment of Findings: Ten nursing student-parents participated through three focus groups and one individual interview. Participants were predominantly female (n=9) and White (n=9), aged 28-38 years, with most (n=8) in their second year and parenting one to six children. Four primary themes emerged: motivating factors, available support, constant stress, and time conflict and role management, with limited institutional accommodation as a cross-cutting theme. Motivating factors included providing for families, achieving nursing career goals, and role modeling for children. Support sources encompassed Title IX protections, family-provided childcare and emotional support, understanding faculty, peer networks, and self-care practices. Despite these supports, participants experienced constant stress from unpredictable child illnesses, scheduling disruptions, and inadequate coping resources, often necessitating lower academic and personal standards. Time conflicts resulted in sacrificed family time, neglected household responsibilities, sleep deprivation, and pervasive guilt. The cross-cutting theme revealed systemic institutional barriers including inflexible scheduling, participation requirements incompatible with parenting responsibilities, registration obstacles, limited lactation facilities and childcare options, and minimal programmatic flexibility.
Conclusion: Nursing student-parents experience persistent role conflict and chronic stress despite strong motivation and support from family, faculty, and peers. Participants reported lacking effective coping strategies to manage ongoing stress, highlighting a critical need for stress management resources and mental health support. Systemic institutional barriers, including inflexible scheduling, inadequate family-friendly policies, and limited lactation and childcare facilities significantly compromise their well-being and academic success. Addressing these barriers requires exploring innovative approaches such as reconsidering program structures, expanding childcare access, developing targeted stress management resources, and enhancing faculty understanding of student-parent realities to promote retention, advance equity, and strengthen the nursing workforce.

Funding: Undergraduate Research and Creative Activity Scholarship: Funded by the Division of Research and Economic Development and the Institute for Inclusive and Transformative Scholarship

STUDENTS

Nursing Students' Intentions to Adopt Artificial Intelligence in Future Practice

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Background: As artificial intelligence (AI) continues to transform healthcare and education, nursing institutions must recognize its expanding influence on nursing education and the importance of preparing future nurses for technology-rich learning environments. While AI offers significant opportunities for enhancing teaching, learning, and research, it also introduces ethical challenges related to academic integrity, critical thinking, and equitable access. For AI to be effectively incorporated into healthcare, nursing students and future healthcare professionals must be prepared by possessing adequate knowledge, positive attitudes, and clear perceptions of AI's role in clinical practice

Aim: This study seeks to explore student nurses' knowledge, perceptions, and attitudes toward the integration of artificial intelligence in nursing education, as well as their intention to adopt AI technologies in future nursing practice

Methods: A cross-sectional design will be used, the design offers efficient, large-scale data gathering over a short period of time. The Technology Acceptance Model will be used to explain participants' acceptance and adoption of AI technologies. A convenient sample from multiple United States academic settings will be implemented. Eligible participants must be enrolled in a graduate or undergraduate nursing program and have completed at least one clinical rotation. Power analysis will be used to estimate the sample size. A Qualtrics survey will be used to assess student nurses' responses on five areas (1) Demographic information, (2) knowledge towards AI and its applications (3) perceptions of the use of AI using Shinners Artificial Intelligence Perception tool, (4) attitudes towards the use of AI, (5) intentions to use AI technology in their future nursing practice. Three valid and reliable instruments in nursing and healthcare populations will be used to collect data. The tools are (1) Attitudes towards AI Technology Scale, (2) AI Utilization in Nursing Practice Scale, and (3) the Intentions to Use AI Technology Scale. Data analysis: Descriptive and inferential analyses, including Bivariate analyses, Pearson's correlation coefficient, independent t-tests, and ANOVA, will be conducted to explore relationships between variables.

Anticipated Findings: It is expected that broad awareness of AI technologies among nursing students accompanied by uncertainty regarding appropriate use and ethical boundaries in academic work. Early trends also indicate a shared interest in developing institutional and national guidance on AI literacy and ethical application. The study will highlight the factors that nurse educators must focus on to advance AI intention.

Conclusions: The study's findings will inform the development of national guidelines and curricular strategies to promote the ethical and responsible use of AI in nursing education. Establishing such standards will help ensure academic integrity, foster critical thinking, and prepare future nurse leaders to navigate the evolving intersection of technology, ethics, and professional nursing practice.

STUDENTS

The Bridge from Education to Practice: Insights from a Longitudinal Clinical Model

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Purpose: This three-year research initiative at XXX University investigated how a longitudinal clinical education model influences nursing students' transition from prelicensure programs into professional practice. The study aimed to understand the decision-making processes of students as they approach graduation and enter the workforce, with the goal of informing both academic programming and healthcare facility recruitment strategies. By assigning students to a consistent clinical site throughout their education, the model sought to enhance practice readiness and foster deeper integration into the nursing profession.

Background: Traditional clinical rotations often involve frequent changes in placement, limiting students' ability to build meaningful relationships, understand unit culture, and develop confidence. This fragmented approach can hinder the development of professional identity and readiness for practice. In contrast, a longitudinal model allows students to remain at a single facility for the majority of their clinical experiences, promoting continuity, mentorship, and immersion in organizational culture. Preceptors benefit from sustained engagement with students, enabling them to witness growth and tailor support accordingly.

Methods: Undergraduate and graduate prelicensure nursing students were surveyed at two key points: during their third semester and again at program completion. The first survey assessed clinical confidence and perceived preparedness. The second explored factors influencing students' decisions regarding new graduate residency programs and initial employment choices. The longitudinal cohort model provided a stable clinical environment, allowing for consistent exposure to facility operations, staff dynamics, and patient care practices.

Results: Findings revealed a marked increase in student confidence during the third semester, attributed to the familiarity and support cultivated within the home-base facility. As students neared graduation, survey responses indicated that the most influential factor in selecting a new graduate program was prior experience at the facility. The second most cited factor was the kindness and supportiveness of the staff. These results highlight the importance of relational and environmental continuity in shaping students' perceptions of readiness and influencing employment decisions.

Conclusion: This study underscores the value of longitudinal clinical models in bridging the gap between nursing education and practice. By fostering consistent, supportive environments, students gain confidence, develop professional identity, and make informed decisions about their future roles. The implications for academic-practice partnerships are significant: educational institutions can better prepare students by embedding them in stable clinical settings, while healthcare facilities can attract and retain new graduates by cultivating welcoming, team-oriented cultures. As healthcare continues to evolve, intentional clinical program design rooted in continuity and collaboration will be essential in navigating the currents of change and ensuring a well-prepared nursing workforce.

STUDENTS

Undergraduate Nursing Students and Care of Older Adults in Nursing Homes

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Purpose: To examine the attitudes and willingness of racial minority undergraduate nursing students toward older adults' care and their interest in nursing home employment after graduation. and, for the development of a pool of future registered nurses by nursing schools.
Background: Increased rate of growth and the need for quality care for older adults pose a challenge to adequate registered nurse staffing levels. Older adults, whether they live in their homes, community, or nursing homes, deserve quality of health care provision, quality of life, dignity, and maintenance of their physical, mental, and psychosocial well-being that can only be provided by registered nurses. It is unfortunate that older adults living in nursing homes continue to experience staffing related quality care deficiencies. There is a need for registered nurses who choose to build a career caring for older adults, particularly for those in nursing homes. Attitudes, interest, and willingness of undergraduate nursing students toward the care of the older adults have been studied. However, there is little research documenting the attitudes, interest, motivation, and willingness of racial minority undergraduate students to care for this population and to work in nursing homes.
Methods: Cross-sectional design. Online surveys are being used for data collection from undergraduate nursing students in the Commission on Collegiate Nursing Education (CCNE) accredited baccalaureate nursing programs. Variables are being measured using Kogan's Attitudes towards Old People scale (KAOP) and Willingness to Work with Elderly People Scale (WEPS). Data will be analyzed using quantitative statistical software.
Results: Results will be presented upon the completion of data analysis.
Limitations: Anticipated limitations include response return rate and smaller than expected sample size. A lack of objective data related to self-reported information from nursing students. Differences in students' exposure to older adults curricular of learning may affect data and generalizability of results.
Conclusion: Study results have the potential to facilitate the creation of curricular, learning environment, and work policies to attract racial minority undergraduate nursing students to older adults' care and nursing homes' employment. Outcome has the potential of alleviating the lack of workforce diversity and positively affecting older adults' well-being. Improved workforce diversity among registered nurses caring for nursing homes' residents, including minorities, would help to reduce health disparities among minority older adults.

Funding: Idaho State University Internal Small Grant Program

STUDENTS

School Context Matters: Predictors of Post-Training Empathy in Suicide Prevention

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Background: Suicide among youth and young adults aged 10-24 is a serious public health crisis in the United States as it constitutes 15 percent of the nation's total suicides. Further, it ranks as the second leading cause of death among individuals in this age group. For every adolescent suicide, there are between 100-200 non-fatal attempts, with evidence to suggest that both suicidal ideation and suicide attempts have increased in this population since 2007. These non-fatal attempts are also an established risk factor for eventual death by suicide. To mitigate this public health crisis, effective and accessible suicide prevention programming is critical, with high schools serving as a strategic setting due to their direct access to adolescents. Several types of training programs exist and have demonstrated improvements in students' knowledge and helping skills; however, their impact on student empathy remains unclear. Moreover, prior research has yet to examine how varying school cultures influence student empathy. Empathy is a critical factor as it is associated with self-esteem, resiliency, and prosocial behavior.
Purpose: This study examined whether school-level pre-training empathy scores predicted post-training empathy scores among high school students in Washington State who participated in a school-based suicide prevention training. This study also explored how the trainer type influenced post-training empathy scores within this population.
Methods: Data was collected from 1343 high school students, ages 13 to 19, from 17 high schools in Washington State. Students participated in a one-hour school-based suicide prevention training between October 2022 and June 2023. The training is designed to help students recognize warning signs of suicide and respond effectively. Students completed surveys immediately before and after the approximately 60-minute training session. The data for this study was collected as part of both the 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. Responses were on a five-point Likert scale. Data were analyzed using multilevel regression analyses.
Result: Results revealed that students with higher than average pre-training empathy scores demonstrated greater improvement in their post-training empathy scores. Within a given school, if students identified as female or participated in a peer-led suicide prevention training, they were predicted to have higher post-training empathy scores compared to average, suggesting that training group influences post-training empathy scores within a given school. Results also revealed that, with each standard deviation increase in the average pre-training empathy scores at the school level, post-training empathy scores were predicted to increase.
Conclusions: These findings can inform school-based suicide prevention efforts. High schools should consider expanding peer-led training programs, which show positive impacts on student empathy. Curricula may also need adjustment to ensure gender inclusivity and relevance. Schools with lower baseline empathy may benefit from school-wide initiatives to foster a more empathetic culture. School nurses are well positioned to support these efforts by contributing to program development and delivery, advocating for peer-led trainings, and cultivating inclusive, empathetic school environments.

SYSTEMATIC REVIEWS / META-ANALYSES /
SCOPING REVIEWS / INTEGRATIVE REVIEWS

High Fidelity Simulation in Prelicensure Nursing Programs: A Systematic Review

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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). Each item of the inclusion and exclusion criteria was guided by the Joanna Briggs Institute (JBI) check list for scoping reviews. Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) flowchart was used. Data entered into the Cochrane RevMan 5.4 software and heterogeneity between combined studies tested.
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. The effect of simulation on skills, knowledge, and confidence was evident. The results were presented as the mean difference with 95% confidence interval (CI). Due to a statistically significant result from a chi-squared test for heterogeneity ($p < .00001$), a random effect model was chosen and the value from a random effect model was ($p < .00001$).
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. Human patient simulation has gained widespread acceptance as a teaching methodology used to train health care professionals from pre-licensure to ongoing professional education. High-fidelity simulation-based education can be an important component in preparing students for a successful transition to clinical practice. An effective way of developing and enhancing critical thinking and clinical reasoning is through High-Fidelity simulation because it mimics reality.
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. In the face of limited clinical sites, faculty shortages, and some ethical and safety concerns, simulation-based clinical education has become the best instructional modality for nursing students to practice their clinical and decision-making skills without compromising the patient's well-being. The use of simulation in nursing education provides opportunities to practice clinical reasoning skills in a controlled environment.
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

SYSTEMATIC REVIEWS / META-ANALYSES /
SCOPING REVIEWS / INTEGRATIVE REVIEWS

Lived Experiences of Men Working in Both White-Collar and Blue-Collar Jobs

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Background: The factors responsible for gender differences in life expectancy have not been exhausted. Therefore, it's important to understand more on the experiences of men in both white-collar and blue-collar jobs. Many social, physical, and psychological factors contribute to the stresses men go through at their various workplaces. The concept of hegemonic musculinities involve men characteristics like stoicism, endurance, competitiveness, and emotional suppression in various societies. Men suppress their emotion and endure physical pain to meet the financial demands of families (van Wees et al. 2022; Koekemoer et al. 2019). Studies have pointed to the role of psychosocial stressors in the workplace, such as low control over work, monotony of work, and high psychological demands, and their relationship with suicide (Matthews et.al.2021).

Objective: The objective of this systematic review was to identify, appraise, and meta-synthesize qualitative evidence regarding the experiences and perceptions of men in both white-collar and blue-collar jobs.

Method: The systematic review of qualitative studies searches was conducted in MEDLINE, Scopus, EBSCohost, ProQuest, CINAHL, and PsycINFO of articles published between 2005 and 2025. 2,074 articles identified, and after screening using PRISMA guidelines 12 studies were included in the review. The search strategy included a combination of Smart Texting searching of the three main concepts being examined in this review (experience/perception, pressure at work, and coping strategies). A comprehensive set of search strategies were used to identify all available studies. Study quality was evaluated using the Critical Appraisal Skills Program tool (2024). Qualitative data were analyzed using a meta-ethnographic approach, comprising reciprocal syntheses of participants' experiences in both white-collar and blue-collar jobs. A lines-of-argument synthesis is presented that identified the key elements of the experiences, perceptions, work environments, and coping strategies of men in white-collar and blue-collar job.

Conclusions: Despite great self-esteem with men in white-collar and blue-collar jobs, there are several challenges like insufficient family time, limited circle of trust, and the pervasive hegemonic masculinity in most organizations. The lack of trust in association with hegemonic masculinity made it difficult for men to communicate and seek help for any prevailing problems. Therefore, it's important that organizational policies, training, and guidance reflect these challenges faced by men in white-collar and blue-collar jobs.

Relevance to Clinical Practice: The lack of trust in association with hegemonic masculinity made it difficult for men to communicate and seek help for any prevailing problems. Most men prefer to keep on enduring both physical and psychological inconveniences until things get out hand. Obviously to many men, seeking help from others may make them less of a man because men should not show sign of weakness either by crying or telling others where it hurts either physically or mentally. The rate of completed suicide is higher among male compared to female because men are always hesitant to express their minds and seek help. Therefore, it's important that organizational policies, training, and guidance reflect these challenges faced by men in white-collar and blue-collar jobs to prevent suicide rate and improve men's health.

SYSTEMATIC REVIEWS / META-ANALYSES /
SCOPING REVIEWS / INTEGRATIVE REVIEWS

Information Needs in Early-Stage Chronic Kidney Disease: An Integrative Review

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Purposes: 1) To identify what information adults with early-stage chronic kidney disease (CKD; stages 1–3b) worldwide need to support effective self-care and maintain quality of life, by synthesizing existing evidence from international English-language and Korean-language literature through an integrative literature review, guided by Orem's Self-Care Deficit Nursing Theory. 2) To understand this population's perceived knowledge using the constructs of perceived threats, benefits, and barriers of the Health Belief Model (HBM) and explore their relationship with self-care behaviors.

Background: CKD is a rapidly growing global health issue, generally progressing silently until significant kidney function loss, leading to poor quality of life or death. Early detection and self-care can prevent progression. Yet, little is known about what early-stage CKD patients want to learn and how their perceived knowledge shapes self-care globally, including in Korea, which has one of the highest prevalences of end-stage CKD worldwide. Understanding these knowledge needs is critical for designing education strategies that strengthen self-care and long-term quality of life. This review synthesizes the information adults with early-stage CKD perceive they need for effective self-management worldwide.

Methods: Following Whittemore's five-step integrative literature review methodology, we identified the problems and searched five international databases (English-language) and three Korean-language databases using PRISMA guidelines. We evaluated data quality using the Mixed Methods Appraisal Tool (MMAT), conducted theory-guided analysis, and synthesized results. We included publications from 2014 to 2025 containing "chronic kidney disease," "early-stage," and "health information," extracting quantitative and qualitative data. Orem's theory provided a guiding framework, highlighting the importance of knowledge in self-care agency (the ability to perform and manage self-care). To examine how patients perceive this knowledge and translate it into self-care behaviors, we applied the HBM to categorize perceived knowledge into threats, benefits, and barriers, which were compared to self-care behaviors reported in the included articles.

Results: Of 2,433 articles identified, 23 (one Korean) met inclusion criteria. Orem's theory-guided analysis showed adults with CKD needed clearer understanding of their disease, progression, comorbidities, and self-care. The HBM findings indicated that: 1) many patients inadequately perceived threats to CKD and related health risks and reported delayed self-care initiation; 2) perceived benefits of clear, actionable information supported self-efficacy and shared decision-making, strengthening self-care practice; and 3) perceived barriers to understanding CKD and self-care included inconsistent or complex information, low health or digital literacy, financial constraints, competing priorities, time limitations, and emotional distress. Orem's framework supported knowledge as central to self-care agency, and the HBM analysis demonstrated how perceived knowledge related to self-care behaviors.

Conclusions: Adults with early-stage CKD seek straightforward and actionable information to understand CKD and support self-care. Understanding patients' perceptions and informational needs can strengthen self-care agency and guide strategies for sustainable management globally, including in Korea. Clear, consistent, and practical information facilitates these goals.

Implications: Clinicians should recognize that many early-stage CKD patients have limited baseline knowledge. Clear communication, supportive networks, and digital tools can enhance self-care engagement. The limited number of studies targeting early-stage CKD underscores an urgent need for increased focus to prevent CKD progression worldwide.

SYSTEMATIC REVIEWS / META-ANALYSES /
SCOPING REVIEWS / INTEGRATIVE REVIEWS

Problematic Digital Media Use in Young Adults: Systematic Review Protocol

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Purpose: To examine the current global prevalence of problematic digital media use (PDMU) among young adults aged 18 to 24 years and to explore the extent of the issue across demographic and socioeconomic factors, including age subcategories, gender, geographic region, educational level, and employment status.

Background: Recent studies estimate that 10–30% of young adults experience some form of PDMU, with 1–10% meeting criteria for internet gaming disorder (IGD), reflecting growing global concern about excessive media engagement among this age group. PDMU is defined as excessive use of digital media, the internet, or electronic communication leading to user dysfunction and harm to other individuals. The umbrella term encompasses several conceptualizations, such as IGD, social media addiction, and problematic internet use. Evidence links excessive media use with various mental health disorders, behavioural problems, substance abuse, poor sleep hygiene, and social dysfunction. These health outcomes can negatively impact this population's growth, development, and well-being, as well as their potential to lead active and productive adult lives. Although this maladaptive behavior is pervasive among young people, few studies have comprehensively examined the phenomenon in this population.

Methods: The planned systematic review will use the PERSyst Methodology for systematic review of prevalence and incidence. A 3-step search strategy will be used, covering 2020-2025, with no language restrictions. Nine sources will be searched, including Embase, PubMed, PsycInfo, Web of Science Core Collection, Communication & Mass Media Complete, LILACS, China National Knowledge Infrastructure, ProQuest Dissertations & Theses Global, and Google Scholar. Study selection will follow a 3-step process, including critical appraisal for methodological quality. Standardized data extraction tools will be used. Two reviewers will make decisions independently; conflicts will be resolved by consensus. Narrative synthesis will be conducted, and where possible, a meta-analysis will estimate PDMU prevalence with 95% confidence intervals using a random effects model. Heterogeneity will be assessed using X^2 and I^2 statistics. The Grade approach will be used to assess certainty of the evidence.

Results: The following databases were initially searched in April 2025: PROSPERO, MEDLINE, the Cochrane Database of Systematic Reviews, and the *JBI Evidence Synthesis,* and no ongoing systematic reviews of prevalence on the topic were identified. The preliminary search yielded 1,189 primary studies, suggesting sufficient primary research for the planned synthesis research. As of October, a full search of published and unpublished studies yielded 2113 articles. Data collection is currently in progress.

Logic linking method to practice and research: Understanding the measured burden of this condition can inform the development of targeted interventions aimed at mitigating risks, such as education, early screening, mindfulness therapy, and advocacy for digital wellness. Identifying gaps in prevalence data provides direction for future research on prevention, early identification, and digital health literacy.

Conclusions: This review will contribute to evidence on PDMU, highlighting its potential impact on overall well-being. To our knowledge, this is the first comprehensive synthesis focused specifically on the young adult population, supporting the need for routine screening and early interventions to mitigate risks associated with digital addiction.

SYSTEMATIC REVIEWS / META-ANALYSES /
SCOPING REVIEWS / INTEGRATIVE REVIEWS

Values Conflicts, Burnout, and Moral Injury Among U.S. Nurses: A Scoping Review

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Background: Occupational burnout and moral injury are related, but distinct, processes with operational and relational drivers.
Aims: This scoping literature review examines one key relational driver of burnout and moral injury: values conflicts between nurses and their organizational leadership.
Methods: The review included a five-database search, which produced 346 citations for full-text review.
Findings: Preliminary results have identified eleven relevant citations: eight journal articles, two journal-published expert opinions, and one qualitative dissertation study. All references examined some aspect of leadership in relation to burnout, and discussed values conflicts; only one investigated moral injury and discussed its relation to leadership structures and values conflicts. Six sources explicitly found that perceived differences in values between administrators and clinicians may contribute to burnout. One article discussed the betrayal of nurses' moral values by leadership in connection with moral injury. One example of an identified values conflict included that of patient-centric humanist ideals of caring versus hospital-centric directives driven by business principles.
Conclusions/Implications: Implications suggest a potential for organizational-level leadership and administration interventions to combat burnout, moral injury, and their myriad negative downstream consequences. These results also implicate a need for further research to better understand *how* nurses come to experience and perceive values conflicts in relation to their organizational leaders and administrators, with opportunity particularly for investigation of moral injury using mixed methods.

SYSTEMATIC REVIEWS / META-ANALYSES /
SCOPING REVIEWS / INTEGRATIVE REVIEWS

Weight Loss Interventions to Support Latinas in the United States: A Systematic Review

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Purpose: This systematic review evaluates the effectiveness of weight loss interventions for adult Latinas in the U.S. and identifies culturally tailored components that enhance engagement and adherence.

Background: Latinas in the United States (US) experience disproportionately high rates of obesity and related comorbidities. However, weight loss interventions often fail to address the sociocultural and structural barriers unique to this population. In recent years, the literature on weight loss interventions, including novel weight loss drugs, have expanded significantly, emphasizing the need for a current systematic review on this topic.

Methods: Database searches were conducted in PubMed, CINAHL, Embase, PsycINFO, CABI, Cochrane Trials, Cochrane Reviews, and Web of Science for studies published between 2019 and August 23, 2025. Eligible studies reported weight loss outcomes and included peer-reviewed clinical trials, randomized controlled trials, pilot studies, and pre-/post-intervention studies targeting premenopausal Latinas (18–55 years) with BMI >25 living in the US. Exclusion criteria included studies conducted with pediatric populations (under 18 years of age), pregnant women, postmenopausal women, or women not living in the US. Non-peer reviewed studies, unpublished studies, observational studies, reviews, studies not written in English or Spanish, or studies not reporting weight outcomes were excluded. Data extraction focused on study design, intervention characteristics, and weight loss outcomes.

Assessment of Findings: From 9,607 articles initially identified, fourteen studies met inclusion criteria. Most studies implemented in-person interventions, including behavioral counseling, nutrition education, physical activity, produce prescriptions, and pharmacologic approaches. Intervention length varied from 12-week programs to year-long interventions. Weight loss outcomes were modest and variable, with greater improvements observed in participants with high attendance and culturally tailored support.

Conclusions: Culturally responsive interventions have the potential to improve health outcomes for Latinas with overweight or obesity. Future studies should prioritize long-term follow-up, scalable delivery models, and consistent inclusion of cultural adaptations. Nursing plays a key role in implementing weight loss interventions through health education, behavioral support, and culturally responsive care. This review highlights strategies that can be integrated into nursing practice to improve patient outcomes, reduce health disparities, and promote sustainable lifestyle changes in this population.

TECHNOLOGY IN NURSING EDUCATION

Advancing Nursing Outcomes through Virtual Reality and Experiential Learning

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Purpose/Aims: The purpose of this study was to determine whether the use of Interactive Virtual Reality Clinical simulations is an effective experiential learning strategy for clinical nursing education. This study identified how immersive interactive technology can enhance critical thinking, clinical skills, and patient care competencies by evaluating the impact of VR-based training on nursing students' success and clinical outcomes.

Rationale/Conceptual Basis/Background: There is a lack of specialty mental health clinical sites for pre-licensure nursing education and training. The decrease in available sites is further affected by the COVID-19 pandemic, lack of appropriate mental health sites, nursing school impaction, and lack of qualified faculty to accompany students to these specialty sites. Therefore, identifying ways to meet the board of nursing requirements for mental health specialty clinical experience and the course learning outcomes for mental health is crucial. Furthermore, analyzing what types of alternative and experiential teaching strategies can be utilized in the place of traditional clinical experience is critical to understand.

Methods: This mixed-methods study evaluated the effectiveness of Interactive Virtual Reality (IVR) simulations in a mental health nursing course. Students completed 70 clinical hours, with 40 in direct patient care and 50 through experiential activities, including 12 IVR scenarios and a "Hearing Voices" simulation. Topics were aligned with DSM-V diagnoses and the NCLEX blueprint. A control group from the previous academic year completed clinical hours without IVR integration. Statistical analysis was conducted to compare three cohorts. One was the control group and the other two were experimental groups. Data included cognitive test scores, quantitative surveys, and qualitative feedback.

Assessment of Findings/Outcomes Achieved: The outcomes of the intervention were positive. Students reported overwhelmingly favorable feedback regarding their experiences, expressing increased confidence in their ability to care for patients similar to those they encountered during the simulations. Test scores were consistent between the control and experimental groups, showing no statistically significant difference ($P<0.5$). Students in the IVR group reported increased confidence in therapeutic communication, exposed them to cases they would not have encountered otherwise, and improved their critical thinking in the affective domain. This finding suggests that both direct care clinical hours and experiential learning through virtual simulations are effective methods for achieving the desired learning outcomes for mental health nursing students.

Conclusions/Implications: IVR simulations represent a valuable educational strategy to address clinical site shortages while maintaining learning outcomes and enhancing student preparedness in mental health nursing. Students exhibited increased knowledge of mental health issues and were better prepared to respond empathetically in professional settings. By utilizing interactive virtual reality (VR) simulations, educators were able to control the learning experience, providing targeted patient scenarios that direct care clinical time may not always offer. Given the unpredictability of patient encounters in clinical settings, utilizing controlled cases for teaching is an effective strategy to ensure that students achieve competency and meet course learning outcomes aligned with the NCLEX 2023 blueprint.

Design, Implementation, and Evaluation of a Beta-Testing Model for New Simulations

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Purpose: Simulation provides nursing students with the opportunity to engage in clinical reasoning in the role of a nurse rather than a student observer. An academic/community partnership grant was awarded to a Southern California School of Nursing to increase simulation in its prelicensure programs. Nine new simulation scenarios were developed, with the following characteristics emphasized: use of acute and non-acute settings, addition of family/caregivers, inclusion of implicit bias and cultural sensitivity, social determinants of health, and interprofessional education. Each scenario incorporated Jeffries Simulation Theory-recommended design characteristics (objectives, fidelity, problem solving, student support, and debriefing) to facilitate student outcomes (learning, skill performance, learner satisfaction, critical thinking, and self-confidence). This study describes 1) the beta-testing process model that was developed for new simulation scenarios with faculty and students as evaluators; 2) the application of the process model on a home-based simulation of an Aging adult; and 3) student outcomes of knowledge, effectiveness, and clinical reasoning.

Methods: The simulation beta-testing process comprised focus area selection, templated scenario development, expert critique, team table read, team dry run, and scenario beta-testing. In this study, the new simulation of an aging Asian man (high-fidelity manikin) with polypharmacy use in his home was selected for beta-testing. A total of 28 students were assigned to four roles (family member, nurse 1, nurse 2, and recorder) in seven groups to conduct a home visit with an emphasis on medication reconciliation and safety hazards. Debriefing included implicit bias and social determinants of health. Students' knowledge was assessed pre- and post-simulation. Students evaluated the simulation effectiveness and faculty assessed students' clinical judgment using validated tools. Upon completion of the simulation, students participated in focus groups.

Results: Students' knowledge increased significantly from pre-test ($M = 8.96$, $SD = .84$) to post-test of the simulation ($M = 9.25$, $SD = 1.00$), $t(27) = 1.87$, $p < .05$. Students rated the effectiveness of simulation significantly higher than "somewhat agree," $t(27) = 20.16$, $p < .001$, a pattern consistent in all the individual evaluation responses. Debriefing was reported to be more beneficial to learning than prebriefing, $M = 1.11$ vs. 1.25, $t(27) = 1.69$, $p < .05$. Students' average clinical judgment was rated at 22.38 ($SD = 6.05$). More specifically, students were rated as "accomplished" in: effective noticing with focused observation, recognizing deviations from expected patterns, effective responding in confident manner, responding with clear communication, and self-reflecting. Thematic analysis of the focus group responses revealed five themes, including *importance of family members, holistic communication (patient, team, and family), medication reconciliation as a nursing skill, team membership,* and *timely decision making*.

Conclusions: Overall, this home-based simulation resulted in increased student knowledge related to polypharmacy in the aging population. Students reported learning that the role of the family member was critical to nursing care. Use of this beta-testing model for new simulations ensures a framework for consistency in simulation delivery and promotes rich student learning not only in clinical reasoning but also in the areas of implicit bias and social determinants of health.

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Enhancing Student Engagement in an RN–BSN Program: An Ongoing Program Evaluation

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Background/Significance: Student engagement is a critical determinant of academic success, professional development, and learner satisfaction in online RN–BSN education. Student engagement refers to the level of interest, motivation, and active participation learners demonstrate in their education, both through their involvement in learning activities and through contributions to quality assurance and decision-making processes such as course design and assessment feedback. Students in these programs often balance multiple responsibilities, including full-time employment, family obligations, and clinical practice, which can create barriers to consistent participation and meaningful interaction in online courses. Ensuring that students remain actively engaged is therefore essential not only for individual learning outcomes but also for the overall effectiveness and quality of the program. To address these challenges, the RN–BSN program uses several digital tools designed to foster interaction, collaboration, and reflective learning. These tools include interactive discussion boards, reflective journaling assignments and technology-enhanced instructional strategies. Additionally, flexible assignment scheduling and enhanced faculty accessibility have been implemented to support students' schedules and learning needs. While these strategies are widely used in online nursing education, there is limited evidence regarding their program-level impact on student engagement, participation, and satisfaction.
Purpose: The purpose of this ongoing program evaluation is to assess the implementation and effectiveness of the current online engagement strategies in an online RN–BSN program and to identify best practices that support student engagement and learning. By examining both course-level and program-level processes, this evaluation would help to identify exemplary practices, highlight areas for improvement, and inform future program development and faculty support initiatives.
Methods: This initiative examines course design and program-level processes. Data sources include Course-level documentation and program materials from the online RN–BSN program, including syllabi, assignment instructions, discussion boards, virtual community forums, and/or reflective journaling structures. The specific aims are to 1. Identify which engagement strategies such as virtual community forums, flexible assignment scheduling, discussion boards (with and without peer responses), reflective journaling, faculty accessibility, and technology integration including AI use are implemented across RN–BSN courses.2. Highlight exemplary practices and areas for improvement to inform program planning and support dissemination of effective strategies in online nursing education.No identifiable student or faculty data are collected.
Assessment of Findings: At the time of abstract submission, the project is in progress.
Implications for Nursing Practice and Education: Preliminary review indicates variation in the use and consistency of engagement tools across courses. Findings will guide program planning, promote standardization of effective strategies, and contribute to best practices in online nursing education.
Conclusion and Implications: Initial results are anticipated to highlight the value of intentional design and integration of engagement tools in online RN–BSN courses. Continued evaluation will guide the refinement of existing strategies, support faculty development, and inform evidence-based practices to sustain meaningful engagement in online nursing education. This ongoing program evaluation project contributes to broader efforts in improving student outcomes, program quality, and online learning experiences.
Keywords: RN–BSN education, student engagement, program evaluation, online learning, active learning

Improving Compliance Via Mobile Barcode Scanning with Rover App

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Purpose: The purpose of the project was to increase compliance with interoperability workflows through implementation of barcode scanning using the Rover app. The goal was to streamline electronic medical record (EMR) programming and overcome workflow challenges.
Background: Infusion interoperability links EMR systems with smart infusion pumps to streamline programming and monitoring. Orders are sent directly from the EMR to the pump, nurses verify settings, and infusion data is relayed back for documentation, reducing manual input and enhancing patient safety by minimizing errors. Current interoperability workflow includes the use of handheld scanners located on computers.
Hospital benchmark for interoperability compliance was set to 95% or higher. Monthly pharmacy safety medication reports revealed that hospital wide infusion interoperability compliance was 82.9%, indicating the need for an intervention. Evidence indicates that implementing portable handheld devices improved scanning compliance and minimized workaround practices. Workarounds identified included confined room configurations, frequent transitions between infusion pumps and workstations on wheels, and the accessibility of medication bar code scanners and workstations. Incorporating handheld devices enabled nurses to directly view programming alerts and warnings on application screens, thereby empowering them to manage infusions more safely and effectively.
Approach: This quality improvement project sought to improve nursing compliance rates with interoperability workflows on two Medical-Surgical units through implementation of barcode scanning using the Rover app between December 2024 through June 2025. While scanning is required for interoperability, use of the Rover app was recommended. The Alaris Interoperability Mobile (AIM) Project collaborated with shared governance, Nursing Professional Development, local IT, and regional informatics to ensure seamless integration of the Rover app with existing systems. Pre-intervention efforts involved training superusers, distributing informational process videos, updating mobile devices, and collaborating with department leadership to schedule superusers for both day and night shifts. Real-time training on use of the Rover app was facilitated by easily identifiable super-users wearing distinctive AIM project t-shirts. Superusers were stationed on the units to assist staff and to address challenges. Project progress was communicated monthly through flyers and emails, along with individual interoperability scanning compliance reports. Recognition of high-performing users assisted with sustaining staff engagement. Analyzing data from the medication safety dashboard helped the project identify recurring issues and key areas to focus on. In the final project month, staff were surveyed on app usage, barriers, and support received.
Outcomes: Monthly compliance rates for the medical unit ranged between 81% to 90% with a nine-month average of 85%. The TeleOncology unit ranged between 83% to 93% with an eight-month average of 88%. Feedback from the post-project survey indicated that nurses frequently utilized the Rover app in scenarios where workstations and scanners were inaccessible or when room configurations hindered the use of workstations on wheels. Many nurses supported extending implementation of the AIM project across the hospital.
Conclusion: The introduction of the Rover app increased scanning compliance, which decreased risk for medication errors, and increased patient safety.

TECHNOLOGY IN NURSING EDUCATION

Point of Care Ultrasound Curriculum Implementation in the FNP Program

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Purpose: This project aimed to explore students' perceptions and self-reported skills and confidence in using POCUS and identify potential barriers to incorporating POCUS into the FNP curriculum

Background: With ongoing technological advancements, point-of-care ultrasound (POCUS), a portable handheld device, has seen increased use across various clinical settings, including emergency, inpatient, and, more recently, outpatient care. Often called a "modern stethoscope," it functions both as a diagnostic tool and a guide for procedures. Key applications include Cardiac, Lung, Soft Tissue and Musculoskeletal, Procedural Guidance, Trauma, Vascular, Obstetrics and Gynecology, Abdominal and Genitourinary, and Ocular POCUS. The literature emphasizes the benefits of POCUS, such as improved efficiency, enhanced patient safety, higher diagnostic accuracy, and increased patient satisfaction through collaborative engagement. As a result, POCUS training is becoming more integrated into medical education and residency programs. However, family nurse practitioner (FNP) curricula have fallen behind, despite their growing importance in primary and outpatient care.

Methods: Based on Kolb's Experiential Learning Theory and the Technology Acceptance Model, POCUS training was integrated into the FNP primary care lab courses. After IRB approval, three groups of FNP students participated (in-progress): the first group with 22 Entry-Level Master's in Nursing (ELMSN) students at A campus, the second with 10 ELMSN students at B campus, and the third with 15 online MSN/DNP FNP students. FNP instructors led a two-hour session combining lecture-style teaching with hands-on practice. The course content followed the guidelines set by the American Academy of Family Physicians (AAFP) and the Global Ultrasound Institute POCUS curriculum. For hands-on practice, students were divided into small groups of 4 to 6 and used wireless handheld VScan Air™ (GE Healthcare) ultrasound probes with iPads for image visualization. Under faculty supervision, students performed peer-to-peer POCUS exams (Kidney, Gallbladder). After the session, participants completed the FNP POCUS Training Session Qualtrics Survey. The survey included 11 items measured on a 5-point Likert scale, evaluating attitude, skills, and interest, along with open feedback.

Results: 1st cohort preliminary results: Among the 18 respondents in the first cohort, demographics included being female (72%), aged 25-24 (67%), and having less than two years of RN experience (94%). A majority (94%) strongly agreed that POCUS was relevant to the FNP curriculum; 89% believed it enhanced their knowledge and marketability. All (100%) planned to use POCUS as future APRNs. Self-rated image acquisition was higher (50%) than interpretation (17%) or clinical integration (22%). Students requested more training time, expanded coverage of other systems, and standardized patient use.

Conclusions and Future Implications: The findings support that integrating POCUS into FNP education is both necessary and feasible, as POCUS becomes a standard of care and is increasingly used in primary and outpatient settings. FNP students need to be equipped with the skills to use it effectively, ensuring improved patient outcomes and advancing the NP role.

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Turning Presentations into Conversations: Strategies for Engaging Learners

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Purposes/Aims: The aim of the project is to design innovative practices for actively engaging diverse nursing students during peer presentations when working with large groups. The goal is to promote the students' connection with the content and overall enhance their learning experience.

Rationale/Background: Traditional presentation formats often result in passive listening, which may limit student engagement and meaningful learning. Specifically, when attempts were made to engage students with a question and answer dialogue post presentations, participation was minimal. In addition, larger class sizes are becoming a norm with a diversity of learning styles. This project sought to develop strategies that connect students more deeply with each other and their learning while remaining grounded in learning theory to facilitate transition of learning to their professional nursing practice.

Brief Description of the Undertaking: Guided by the principles of Knowles' Andragogy, Connectivism, Cognitivism, and Constructivist learning theories, a series of novel active learning strategies were designed. Using these learning theories as a framework, these activities were categorized into four broad themes: (1) use of technology, (2) perspective taking, (3) analysis/problem-solving, and (4) reflection. Each category contains activities aimed at fostering interaction, critical thinking, and relevance to nursing practice while also encouraging students to take ownership of their learning during peer presentations. Technology activities encourage students to utilize online and social networking resources. Perspective taking ideas provides opportunities to develop empathy and understanding. Analysis and problem solving methods support development of critical thinking and application of real world problem solving. Reflection activities provide time for insight into ones' knowledge and application to their nursing practice.

Assessment of Findings/Outcomes Achieved: The outcome of this project was the development of learner centered activities categorized into themes anchored in multiple learning theories. Activities created included "AI Teammate", "Picture This", and "Let's Connect" for the Use of Technology category which used Knowles' Andragogy and Connectivism theories. Perspective Taking activities included "What's at Stake", "Behavioral Archetype", and "Empathy Considerations" underpinned by Knowles' Andragogy and Constructivism. Knowles' Andragogy and Cognitivism were the foundation for the Analysis/Problem-Solving activities including "Advertising", "Finish Up", and "BINGO". Reflection activities included "Take-Away" and "In Conclusion" centered around Knowles' Andragogy and Constructivism.

Conclusions: Integrating theory driven, active learning strategies during peer presentations may enhance individual student engagement when working with large class sizes of diverse learners; thus providing opportunities for transitioning their learning into professional nursing practice. In continuation of this project, research is in the developmental stages to evaluate the students' satisfaction and the impact these strategies have on their nursing knowledge. This will allow more insight into the usefulness of these strategies for broader application.

THEORY

Nurses as Secondary Adopters of Innovation: Applying Gallivan's Framework

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Purpose: This study applies Gallivan's theoretical framework of secondary adoption, an extension of Roger's Diffusion of Innovation theory, to the adoption of innovations (e.g., new ideas, practices, and technology) by nurses within healthcare organizations.
Background: Nurses represent the largest workforce within the United States health care system, outnumbering physicians 4 to 1, making them key implementers of innovations within healthcare organizations. Roger's Diffusion of Innovation theory describes the characteristics of innovations and their adopters that explain how innovations spread through a social system. A nurse's perceptions of an innovation's characteristics and their own personal resistance to change affect their attitudes and use of innovations, but initial adoption is commonly an organizational decision. Gallivan's theoretical framework for secondary adoption explains how innovations are adopted by "end-users" (e.g., nurses) in organizations that mandate the use of an innovation.
Theory: In Gallivan's theoretical framework, primary adoption occurs when organization leadership make the decision to adopt an innovation. Secondary adoption, which is the primary focus of the framework, refers to the implementation of the innovation by those who actually use it (i.e., the 'end-users'). The theory outlines three stages of secondary adoption: pre-adoption (initiation), adoption, and post-adoption (adaptation, acceptance, routinization, and infusion). For end-users, this process is influenced by managerial intervention (i.e., actions taken by managers to facilitate adoption), subjective norms of the workplace (i.e., expectations from colleagues regarding adoption), and facilitating conditions (e.g., the innovation's ease of use, an end-user's personal innovativeness). The theory further posits that after each stage of the secondary adoption process, end-users assess the outcomes of the adoption and either continue or reject the adoption process.
Application to Practice: Nurses often represent the secondary adopters of innovations adopted by a health care system. In the context of the factors influencing secondary adoption of nurses, managerial intervention is comprised of nurse leadership (e.g., nurse managers, nurse educators) and how they support nurses through the secondary adoption process by providing education and training for hospital-mandated innovations. Subjective norms are the unit's "culture"–in which leaders, preceptors and peers shape the expectations around the adoption of innovations. A culture of change acceptance can lead to successful secondary adoption, whereas a culture of resistance can slow or halt the adoption process. Facilitators of adoption include characteristics of the innovation as well as attributes of nurse 'end-users'–such as low cognitive rigidity (e.g., ease changing perspectives) and prior experience with the innovation. The innovation characteristics of relative advantage, ease of use, and compatibility with existing nurse values and workflow are especially important to the assimilation of innovations into nursing practice.
Conclusion: Nurses are essential to the success of hospital-mandated innovations. Without secondary adoption and support of nurses tasked with implementing an intervention, innovations adopted by the organization will fail to reach their full potential. Gallivan's theoretical framework helps to understand this process and improve its outcomes by not only focusing on the characteristics of individual nurses as end-users, but also the wider organizational context they find themselves in.

THEORY

Promoting Belonging: A Theory-Based Virtual Intervention for Older Adults with MCI

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Background: The population of older adults experiencing cognitive decline is steadily increasing, with 17% of adults over 60 affected by Mild Cognitive Impairment (MCI). Those newly diagnosed with MCI experience social disengagement and diminished emotional well-being. People with MCI (PwMCI) report a desire to have reciprocal relationships, stay engaged in social activities, and have a sense of belonging in the community. However, few interventions explicate the role of theory in understanding how and under what circumstances interventions foster social engagement and belonging, contributing to well-being in PwMCI.
Purpose: The purpose of this presentation is to describe the intervention theory underpinning the Social Engagement MCI Intervention, which is informed by the Integrative Social Engagement Framework (Lydon et al., 2022). Drawing from Sidani (2020) guidelines for conceptual articulation of the elements of intervention theory, we address: (a) theoretical foundation, (b) problem definition, (c) critical components and mechanisms of change, (d) expected outcomes, and (f) contextual factors influencing intervention delivery.
Description: Social engagement, defined as participation in social activities and maintenance of social connection with others, is a critical determinant of emotional well-being among PwMCI. Intervention research for PwMCI has focused primarily on individual cognitive functioning rather than fostering social engagement and belonging, revealing a critical gap in the literature.
Logic: The Social Engagement MCI Intervention provides a novel technology-based virtual approach addressing social disengagement among community-dwelling PwMCI. The Social Engagement MCI Intervention consists of weekly 60-minute facilitator-led virtual sessions over eight weeks. Building on the Social Engagement Integrative Framework (Lydon et al., 2022), the intervention emphasizes both structural (network size, frequency of contact) and functional (quality, reciprocity, support) dimensions of engagement. Small group discussions focus on shared experiences, reciprocity, and mutual support to foster belonging, the mechanism expected to enhance emotional well-being.
Conclusion: Given the scarcity of theory-driven interventions addressing social engagement in PwMCI, theory-based approaches are urgently needed. The Social Engagement MCI Intervention challenges conventional paradigms by centering belonging as a critical and overlooked determinant of emotional well-being. Integrating belonging into intervention theory and practice provides a testable framework to identify mechanisms of change, guide tailored intervention development, and evaluate impact. Overall, this presentation underscores the importance of theory-informed interventions and highlights how belonging can meaningfully support emotional well-being following an MCI diagnosis, while advancing a novel, mechanistic, technology-based virtual approach to supporting PwMCI.

THEORY

Fostering Educator Well-Being: A Pedagogical Wellness Framework in Nursing

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Purpose/Aims: This conceptual paper introduces the Pedagogical Wellness Framework (PWF)—a multidimensional model designed to promote emotional resilience, cognitive balance, and relational integrity in nursing education. The aim is to bridge research in trauma-informed pedagogy, mindfulness, and interprofessional collaboration with actionable strategies for sustaining educator well-being and cultivating psychologically safe learning environments.
Description: The Pedagogical Wellness Framework was developed through an integrative synthesis of educational psychology, neuroscience, and nursing pedagogy literature, supported by qualitative faculty reflections and student feedback from wellness-focused professional development sessions at the University of California, Irvine. The framework encompasses three interrelated domains:

1. **Personal Domain:** Self-regulation, emotional literacy, and reflective practice as foundations for instructional presence.
2. **Interpersonal Domain:** Relational attunement, inclusive communication, and the co-creation of trust and belonging in learning spaces.
3. **Systemic Domain:** Institutional alignment, workload equity, and community support structures that reinforce sustainable teaching.

Logic: The PWF situates faculty wellness as both a determinant and an outcome of effective pedagogy, aligning with established models of holistic nursing care. By connecting educator well-being to learner engagement and professional formation, the framework bridges theory and practice across micro (instructor-student), meso (programmatic), and macro (institutional) systems. It also aligns with interprofessional education principles, emphasizing collaboration and mutual respect as mechanisms for mitigating burnout and enhancing resilience.
Conclusion: The Pedagogical Wellness Framework offers a theory-informed, practice-based approach for transforming academic culture through compassion and sustainability. Its utility lies in guiding curriculum design, faculty development, and policy advocacy that center wellness as a measurable educational outcome. As nursing and health professions education navigate escalating emotional and systemic demands, the PWF provides a conceptual compass for cultivating thriving educators—and, by extension, empowered learners and healthier learning communities.

THEORY

Reimagining the Health Professions Pipeline: A Multidimensional Framework

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Purpose/Aims: To introduce and apply a multidimensional conceptual framework integrating educational pipeline theory, interprofessional identity formation, systems thinking, and civic learning to inform the design and evaluation of an early exposure intervention—the Choosing a Major Conference. This framework aims to advance equity and collaboration in the health professions pipeline by intervening earlier in students' academic journeys, prior to major selection.

Description: Persistent underrepresentation in the healthcare workforce reflects structural inequities and delayed exposure to interprofessional learning. The Choosing a Major Conference was designed to address these gaps by promoting early career identity formation and interprofessional understanding among high school and early undergraduate students. Grounded in educational pipeline and systems theory, the framework conceptualizes professional identity as a dynamic, values-driven process shaped by individual reflection, interprofessional dialogue, and civic engagement. The intervention provided students with discipline-specific panels, hands-on simulations, and collaborative problem-solving sessions to explore nursing, medicine, pharmacy, and public health roles.

Logic: By linking identity development and civic learning with interprofessional collaboration, the framework extends traditional IPE models upstream—prior to students' professional program entry. The model situates early exposure as a key mechanism for dismantling professional silos, strengthening workforce diversity, and aligning personal and societal health goals. Evaluation of the 2023–2025 implementation (N = 357) employed a pre-/post-intervention descriptive design with both quantitative and qualitative analysis. Quantitative data were analyzed descriptively and inferentially, while open-ended responses were thematically coded to illuminate contextual insights.

Conclusion: Participants demonstrated significant gains in confidence regarding college planning, clarity in selecting health-related majors, and increased interest in nursing, pharmacy, and public health. Qualitative findings revealed enhanced understanding of collaborative roles, reduced professional stereotypes, and improved alignment between personal values and future career goals. The proposed multidimensional framework offers a scalable, systems-oriented approach to health professions workforce development—bridging research, education, and practice through early, equity-focused interventions that foster interprofessional identity and civic responsibility.

VETERAN HEALTH

Assessing Violence in Healthcare: Psychometric Review of Workplace Violence Measures

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Purpose/Aims: A scoping review of patient-provider (i.e., Type 2) Workplace Violence (WPV) prevention was conducted to identify future avenues of prevention. As part of this process, the tools used to assess and predict the risk of WPV were investigated. The psychometric qualities of these tools were subsequently appraised.
Rationale/Background: Several tools have been developed to assess patient-provider violence within healthcare settings. It is important to determine reliable and valid risk assessment tools in order to assess threats to healthcare staff, and determine ways to build interventions to decrease workplace violence.
Brief Description of the Undertaking/Best Practice: A protocol including inclusion/exclusion criteria was developed following the PRISMA-SCR guidelines followed by Embase, Ovid and CINAHL database searches for peer reviewed research or evidence-based practice/quality improvement (EBP/QI) articles from 2000 to 2024. The initial search resulted in 1079 articles. After title, abstract, and article scan, 80 articles remained for analysis of WPV literature. Further subdomain analysis and reference list retrieval entailed 40 (29 research, 11 EBP/QI) articles for full text review related to WPV risk assessment tools.
Assessment of Findings/Outcomes Achieved: A total of 12 articles covering 7 individual tools and 2 reviews were found. These tools included the following: Aggressive Behavior Risk Assessment Tool (ABRAT), Cawood Assessment Grid for Organizational (Workplace) Violence (CAG), Dynamic Appraisal of Situational Aggression (DASA), violent-behavior screening tool (M55), Violence Risk Screening (V-RISK-10; Y), and Bøset Violence Checklist (BVC). Tools typically had acceptable content, construct, and face validity, and were commonly derived from reviews of the WPV literature and/or qualitative interviews from nursing staff. Most validation studies emphasized predictive validity statistics, and were conducted within psychiatric or emergency departments (ED). Validation research replications were limited across settings and patient populations, limiting external validity. The ABRAT and DASA tools demonstrated the greatest body of work replicating the tool. Sample sizes were often small, with guidance on scoring tools and reliability measures limited. Three studies created models to predict workplace violence and risk factors varied across the studies making external validations difficult.
Conclusions: Articles demonstrated fair construct and content validity but contained several threats to both internal and external validity. This includes limited reporting of reliability, operationalizations of constructs, guidance on scale scoring, and texts of predictive validity. Issues of external validity were common including varying risk factors used during model constructions, limited sample sizes, replications across healthcare settings, and replication across populations. Future replications of unified models and tools are needed in order to determine the validity of risk assessment tools across varying healthcare settings and patient populations.

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Combined Stellate Ganglionic Block and Healing Touch on Veterans with PTSD: Pilot Study

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Aims: This pilot study assessed the feasibility of combining Stellate Ganglionic Block (SGB) with Healing Touch (HT) for combat veterans with post-traumatic stress disorder (PTSD). It aimed to evaluate recruitment, retention, and adherence; estimate effects on PTSD, anxiety, and well-being; and examine the use of repeat SGB treatments.

Background: PTSD remains a significant concern among U.S. combat veterans, with prevalence estimates ranging from 4.7% to 21.8% in those returning from Iraq and Afghanistan. SGB has shown promise in alleviating PTSD symptoms, while integrative therapies such as HT have been associated with stress reduction, relaxation, and improved well-being. To our knowledge, the synergistic effect of combining SGB and HT has not been evaluated.

Methods: A quasi-experimental pre–post pilot study was conducted at the Veterans Hospital in Southern California. Veterans ≥18 years diagnosed with combat-related PTSD and who had received two or fewer prior SGB treatments were eligible. Exclusion criteria included non-combat-related PTSD and cognitive impairment. After baseline assessments, participants underwent SGB, followed by four weekly HT sessions (each lasting 45–60 minutes). Outcomes were measured at baseline, after HT completion, and at 4 weeks post HT intervention using the following questionnaires: PTSD Checklist (PCL-5), Generalized Anxiety Disorder Scale (GAD), and the short Warwick-Edinburgh Mental Wellbeing Scale (sWEMWBS). The data were analyzed using descriptive statistics and repeated-measures ANOVA.

Assessment Findings: Ten veterans enrolled; eight completed the HT interventions, and two withdrew due to medical reasons unrelated to the study. The small sample size reflected changes in SGB eligibility criteria, which restricted recruitment. Despite this, feasibility was demonstrated with no barriers to enrollment, high adherence, and strong retention. Veterans readily engaged in the combined treatment, and adherence to the HT protocol was excellent, with participants completing their scheduled sessions within the designated timeframe. Retention was also high, confirming the acceptability of this integrative approach in a veteran population. Clinical outcomes showed reductions in PTSD and anxiety symptoms and improvements in well-being. Four of six participants who sought repeat SGB procedures did so at three to six months post-treatment, indicating potential extended benefits from the combined approach. Veterans also provided positive qualitative feedback, highlighting both immediate and lasting relief from symptoms.

Conclusions/Implications: The combination of SGB and HT was feasible, acceptable, and showed potential synergistic effects in reducing PTSD and anxiety while improving overall well-being. The success in recruitment, retention, and adherence reinforces the practicality of integrating complementary therapies alongside interventional treatments in veteran care. Findings support future randomized controlled trials to confirm efficacy, examine long-term outcomes, and guide scalable integration of complementary therapies across VA sites and broader healthcare settings.

VETERAN HEALTH

Non-Pharmacologic Sleep Interventions for Military Personnel: A Systematic Review

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Introduction: Insomnia affects approximately 40% of active-duty military personnel. Unique military stressors include combat exposure, frequent travel, irregular sleep-wake schedules, & austere environments. These stressors can contribute to the development of acute & chronic insomnia as well as contributing to impaired cognitive function, higher risk of accidents, injuries, & co-occurring mental health conditions in this population. Non pharmacologic sleep interventions are superior to medications in providing long term improvements in sleep architecture & sleep quality. However, research to support these recommendations is based largely on studies conducted within civilian populations. Examining & understanding effective sleep interventions for service members is essential to implement evidence-based interventions to enhance quality of sleep, especially for those deployed in support of combat operations. The **purpose** of this investigation is to review the efficacy of non-pharmacologic sleep interventions for service members, reservists, & US National Guard members.

Materials & Methods: Seven electronic databases (PubMed/MEDLINE, Embase.com, CINAHL Complete via EBSCO, Cochrane CENTRAL, ClinicalTrials.gov, and Google Scholar) were systematically searched for relevant reports published in English. Covidence software was used to facilitate the systematic review consistent with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis guidelines, multiple reviewers, using pre-determined data fields, screened for eligibility, assessed risk of bias, and performed data extraction. Evaluation of treatment effectiveness was determined using effect sizes and hedges'g.

Results: Database searches identified 4,204 articles, with 1,537 duplicates removed. A total of 2,667 articles were screened from the database search with 52 articles met study inclusion criteria full text review. Six studies met inclusion criteria. For quality assessment, the overall risk of bias for the six studies was categorized as 66.6% low risk, 33.3% with some concerns, and no studies with high risk. Non-pharmacologic sleep interventions included: mind body bridging (MBB), cognitive behavioral therapy for insomnia (CBTI), brief cognitive behavioral therapy with sleep module (BBT), aerobic exercise, and exposure, relaxation, & rescripting therapy (ERRT). Effect sizes and Hedges g values demonstrate negative values for four of five studies, indicating reduced insomnia severity. One study demonstrated a positive effect for the nonpharmacologic sleep intervention (MBB), with the treatment as usual group demonstrating greater reductions for insomnia severity than MBB.

Conclusions: Evidence for nonpharmacologic sleep interventions for service members with insomnia is limited. Available evidence supports Cognitive Behavioral Therapy for Insomnia, Mind Body Bridging, Brief Cognitive Behavioral Therapy with Sleep Module, Aerobic Exercise, and Exposure, Relaxation, & Rescripting Therapy. However, the strongest current evidence was utilizing cognitive behavioral therapy for insomnia. Additional studies are needed to gain additional knowledge on the effectiveness of non-pharmacologic sleep interventions and optimal delivery methods to address the critical need to reduce insomnia and optimize operational readiness among US service members.

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VETERAN HEALTH

Veterans, Families, & Neighborhood Safety: Gun Storage Practices in California

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Background: Unsecured firearms in the home pose a significant public health risk, particularly to children. Despite strict gun safety regulations in California, unsafe storage practices persist. This study aims to understand the complex factors influencing these practices to better inform targeted prevention strategies.

Objective: This study sought to identify factors associated with storing firearms unlocked and loaded. We tested the associations of veteran status, family composition (presence of children), and perceived neighborhood safety with unsafe storage practices among California gun owners. We also examined which demographic characteristics were associated with storing firearms unlocked and loaded.

Methods: We conducted a secondary analysis of cross-sectional data from 4,259 adult firearm owners who participated in the 2023 California Health Interview Survey (CHIS). Multivariable logistic regression was used to determine the odds of storing at least one firearm unlocked and loaded, controlling for gender, race/ethnicity, citizenship, and rural-urban location.

Results: Overall, 16.9% of California gun owners reported storing at least one firearm unlocked and loaded. The odds of this practice were significantly higher among veterans (OR 1.44, 95% CI [1.01-2.06]) and significantly lower in households with children (OR 0.66, 95% CI [0.50-0.87]). Perceived neighborhood safety was not significantly associated with storage practices. Respondents who identified as African American (OR 2.57, 95% CI [1.49-4.40]) or lived in suburban (OR 1.50, 95% CI [1.07-2.10]) or rural (OR 1.44, 95% CI [1.03-2.01]) areas had greater odds of storing firearms unlocked and loaded.

Conclusion: The findings identify veterans and residents of rural/suburban areas as key populations who may benefit from tailored safe storage interventions. While the presence of children is associated with safer practices, veteran status remains a significant factor for unsafe storage. Further research is needed to understand the drivers behind these associations to develop more effective public health messaging and policies.

WOMEN'S HEALTH ACROSS THE LIFESPAN

Health Perceptions, Aging and Reproductive Aging: Midlife Women

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Aims: Despite recent surges in interest in the menopausal transition, understanding how women experience their health during this period remains limited. Our aim was to identify effects of chronological aging and reproductive aging on midlife women's health perceptions using the multi-dimensional Health Perceptions Questionnaire administered on multiple occasions in the Seattle Midlife Women's Health Study (SMWHS).

Background: Despite increased attention to symptoms experienced by women during the menopausal transition and early postmenopause and risk for disease development, e.g. cardiovascular disease and dementia, few investigators have examined women's self-ratings of their health during this part of the lifespan. Studies using longitudinal designs have limited inquiry about women's health perceptions.

Methods: Participants from the population-based longitudinal SMWHS aged 35-55 years at baseline completed annual health questionnaires and menstrual calendars between 1990 and 2005 (N=261, 957 observations). Women's ages ranged from a mean of 41.6 (SD=4.3) to 53.1 (SD= 3.1) years. Participants rated their health using the Health Perceptions Questionnaire on 6 occasions: baseline (1990-1992), 12 and 24 months later, and in1995, 2001 and 2005. Mean scale scores were calculated for Current Health, Past Health, Health Outlook, Resistance to Illness, and Health Worry (possible range was 1-5). Reproductive aging stages were assessed using menstrual calendar and questionnaire data, applying Mitchell's (2000) criteria for reproductive aging and Staging Reproductive Aging (STRAW) criteria (2001, 2010). Multilevel modeling using mixed models analysis of linear models (SPSS 28) was employed to examine effects of age and reproductive aging stages on repeated measures of health perceptions, including current health, past health, health outlook, resistance to illness, and health worry.

Findings: Means for each of the Health Perceptions Scales were above 3, the midpoint of the scales, indicating positive ratings of health. Although older women rated their current health lower than younger women, rated their past health as better, had a less positive health outlook, less health worry, and expressed greater resistance to illness, none of these relationships was statistically significant. Reproductive aging was significantly related only to Current Health: women's ratings of health were significantly higher during the Late Reproductive Stages (LRS1 and LRS2, p=.013 and .035 respectively) and the Early Menopausal Transition stage (p=.006) than the Late Transition Stage or Early Postmenopause.

Conclusions: SMWHS participants perceived their health as positive. Reproductive aging was influential only with respect to current health ratings: women rated their health significantly better during the early stages of reproductive aging than later when they rate symptoms related to menopause most severe. Women's health perceptions, attitudes toward aging and menopause and stressors warrant further study.

Funding: National Institute for Nursing Research, NIH, R01- NR 04141 Menopausal Transition: A Biobehavioral Model of Symptoms

WOMEN'S HEALTH ACROSS THE LIFESPAN

Joyful Experiences of Midlife Women

***Annette Joan Thomas**, PhD, RN, College of Nursing and Health Sciences, Seattle University, Seattle, WA; **Nancy Woods**, Biobehavioral Nursing and Health Informatics, University of Washington, Seattle, WA*

Purpose: To identify and investigate the positive or joyful experiences of women during midlife including the menopausal transition.

Background: Women experience many stressors and losses during midlife including divorce, financial concerns, death of a parent, health issues, the menopausal transition, and death of a partner, among others. Midlife women also experience multiple co-occurring stressors meaning that women may experience more than one of these stressors at the same time. With all the challenges midlife women experience, few investigators have focused on the positive or joyful experiences which may mitigate the challenges and losses during midlife. There is evidence to suggest that feeling joyful may improve cardiovascular health, the immune response, and symptoms of anxiety and depression. The purpose of this study was to understand the meaning of the experiences that midlife women identify as positive or joyful.

Methods: The women in this study were part of a larger investigation, The Seattle Midlife Women's Health Study (SMWHS), a longitudinal study extending over 23 years. Content analysis was used to identify themes and categories of life experiences that women described as the most positive or joyful looking back over 15 years of being in the SMWHS study. Eighty-one women responded to the question, "Since you have been in our study, what has been the most positive part of life for you?"

Results: Preliminary results suggested an overarching theme of Having Meaningful Relationships that evoked joyful experiences. Relationships with grandchildren, family, friends, and pets and the "joy they bring to my life" was one category. Some women mentioned that finding a partner and marriage were the most important relationships. Knowing and valuing myself was a relationship category where women explained that "getting to a place in my life where it is less important to please other people" was the most important. Other categories that surfaced in the positive responses included Working... with children and changing careers; Accomplishing... "getting my kids through high school and college," going back to school, and making enough money to do what I want to do; Traveling; and, Cultivating hobbies... such as water-coloring and singing. Few women indicated that "no more periods" and "stopping the bleeding" after the menopausal transition were some of the most positive life experiences over the last 15 years.

Conclusion: Understanding the meaning of joyful experiences may help to mitigate the challenges of midlife in this often-overlooked population of women. Having relationships with oneself, family, and friends may be the most positive part of life for this sample of midlife women. Insight into the relationships of midlife women may help nurses to examine how women manage their many co-occurring stressors of midlife and to share that wisdom with others.

Multimorbidity Patterns and Health-Related Quality of Life By Menopausal Status

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Aims: This study aimed to identify multimorbidity patterns according to menopausal status among middle-aged women and to examine how these patterns affect health-related quality of life (HRQoL).
Background: Middle-aged women undergo significant physiological and psychological transitions related to menopause, which may increase their vulnerability to multimorbidity and subsequent declines in HRQoL. Hormonal changes during menopause have been linked to the development of multiple chronic diseases, particularly metabolic and musculoskeletal conditions. However, the clustering of chronic diseases and their differential impact on HRQoL across menopausal stages have not been sufficiently investigated. Understanding these distinct multimorbidity profiles is critical for developing tailored health interventions that reflect women's life course and menopausal transitions.
Methods: A cross-sectional analysis was conducted using nationally representative data from the 2019 and 2021 Korea National Health and Nutrition Examination Survey. Participants included middle-aged women aged 40–64 years who reported their menopausal status. Latent class analysis (LCA) was used to identify multimorbidity patterns separately for premenopausal and postmenopausal groups, with the optimal number of classes determined by AIC, BIC, and adjusted BIC indices. Complex-sample general linear models assessed differences in HRQoL across latent classes, and logistic regression was used to evaluate HRQoL subcategories. All analyses accounted for sampling weights and were conducted using SPSS/WIN 29.0 and Mplus 8.11.
Results: Two distinct multimorbidity patterns were identified in premenopausal women: (1) health-maintenance and (2) disease groups. Three patterns emerged among postmenopausal women: (1) health-maintenance, (2) metabolic-disease, and (3) musculoskeletal and other-disease groups. HRQoL significantly declined across more complex disease patterns. In the premenopausal group, the disease class exhibited greater difficulties in climbing stairs and sleeping compared to the health-maintenance class. Among postmenopausal women, the metabolic-disease class reported significant difficulties in six HRQoL domains: climbing stairs, pain, lack of vitality, difficulty in working, memory problems, and sleep disturbances. The musculoskeletal and other-disease class demonstrated significant impairments in eight HRQoL domains: climbing stairs, pain, lack of vitality, difficulty in working, depression, memory problems, sleep disturbances, and unhappiness, showing the lowest overall HRQoL among all groups.
Conclusions: Multimorbidity patterns and their impact on HRQoL differ by menopausal status, indicating that menopause may play a key role in shaping chronic disease clustering and health burden among women. Tailored nursing and public health interventions that consider both menopausal status and specific multimorbidity profiles are needed to improve HRQoL in this population. Future longitudinal studies are needed to explore causal relationships and temporal changes in multimorbidity patterns and HRQoL across the menopausal transition.
From a nursing perspective, these findings underscore the importance of person-centered and stage-specific care for menopausal women. Nurse clinicians can use this knowledge to develop individualized care plans that address both physical and psychosocial challenges associated with multimorbidity. For nurse researchers, this study highlights the need for more comprehensive investigations that integrate biological and contextual factors, such as hormone therapy use, timing of menopause, into the understanding of multimorbidity and quality of life. Building upon this foundation, future nursing research can guide the development of tailored interventions that promote healthy aging among midlife women.

Novel Biomarkers of Inflammation in Survivors of Intimate Partner Violence

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Purpose/Aims: The purpose of this dissertation study was to understand the biobehavioral contribution of systemic and neuroinflammation to physical, mental, and cognitive symptom burden in women survivors of intimate partner violence (IPV). The biomarkers examined were serum cytokines, as well as cytokines harbored in central nervous system (CNS)-derived extracellular vesicles (EVs) as novel biomarkers that allow for the assessment of neuroinflammation. Additionally, various social determinants of health were examined as moderators of the relationships between systemic and neuroinflammation and symptom burden.

Background: Women experiencing IPV may sustain a brain injury (BI) due to physical violence, including nonfatal strangulation and head trauma. How BIs contribute to long-term health is not well understood; however, experiencing BI increases the risk for long-term cognitive impairment and neurodegenerative disease. Chronic stressors like IPV and the pathophysiological cascade of BI contribute to a systemic inflammatory response that increases the permeability of the blood-brain barrier, inducing further neuroinflammation and secondary inflammatory pathways on the body. Previously, neuroinflammation could be studied using solely cerebrospinal fluid; now, novel methods to isolate CNS-derived EVs via enriched serum or plasma allow for assessing brain-specific processes non-invasively using routine blood sample collection. All cells release EVs as membrane-bound carriers of bioactive proteins, metabolites, and nucleic acids; thus, EVs reflect the physiological state of their original cell and can provide valuable information on the inflammatory state of the brain. Using these biomarkers would provide valuable insights on the synergistic contributions of IPV and BI to inflammation and health.

Methods: In this cross-sectional study, serum cytokines and cytokines in the cargo of serum-enriched CNS-derived EVs are investigated as novel biomarkers of neuroinflammation to characterize the relationships between systemic and neuroinflammation with physical, mental, and cognitive symptom burden in 20 IPV/BI+ and 20 IPV/BI- survivors compared to 20 control participants with no history of an abusive intimate partner relationship or BI. All participants completed a medical history with vital signs and body measurements, computerized cognitive testing, self-report questionnaires regarding social determinants of health and physical, mental, and cognitive symptoms, and provided a blood sample for biomarker analysis. Semi-structured interviews were conducted with IPV/BI+ participants about their experiences with head trauma and strangulation.

Assessment of Findings: Preliminary study results will be presented. At this time, recruitment is nearly complete: 62 participants (23 IPV/BI+, 21, IPV/BI-, and 18 controls) have completed the study, with 58 participants (20 IPV/BI+, 20 IPV/BI-, and 18 controls) providing viable serum samples for biomarker analysis. CNS-derived EVs (from neurons and astrocytes) are currently undergoing enrichment for analysis.

Conclusions/Implications: Through this dissertation study, an interdisciplinary approach was leveraged to elevate nursing science and contribute to continued efforts to improve the health and wellness of IPV survivors through research on the prevention, diagnosis, and treatment of BI and adverse health outcomes. The prognostic potential of CNS-derived EVs may provide possibilities for early identification of BI and interventions to reduce inflammation, symptom burden, and the risk of disease.

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The Cytologic-Histologic Correlation with Abnormal Pap Results in Guatemala

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Background: Nearly 94% of deaths from cervical cancer occur in Low- and Middle-Income Countries (LMICs), such as Guatemala, where the death rate is 18 times higher than in High Income Countries. In Guatemala, cervical cancer is the leading cause of cancer-related death among women with a mortality rate of 11.9 deaths per 100,000 women. Unfortunately, the results of Pap tests and cervical biopsies in Guatemala have been called into question in the literature for several reasons. The country has a limited supply of properly trained health care providers and lab technicians who perform and interpret Pap tests and cervical biopsies. Laboratories in Guatemala also report discordant Pap and cervical biopsy results due to lack of quality control and not following international guidelines for standardization. There is a paucity of data in Guatemalan literature regarding the cytologic-histologic correlation (CHC), a retrospective quality measure used by cytology laboratories to assess concordance between Pap test results and cervical biopsy findings. The CHC for cervical cancer is highly variable, ranging from 40% to 95% demonstrating inconsistencies in diagnostic accuracy. Further, limited data exists in the literature regarding individual risk factors for cervical cancer in the Guatemalan population.

Objectives: This retrospective descriptive analysis aims to: 1) evaluate individual risk factors associated with cervical cancer, and 2) to examine the CHC among 250 patients with abnormal Pap tests in remote regions of Guatemala. Findings from this study will inform interventions aimed at both preventing cervical cancer and improving the quality of cervical cancer screening in this LMIC.

Methods: A Guatemalan obstetrician-gynecologist (Ob/Gyn) practicing in the Petén department collected demographic and clinical data from 250 patients with abnormal Pap test results, recording the Pap test, colposcopy, cervical biopsy, and final diagnoses in an Excel spreadsheet. The data was shared with nursing researchers in the United States, who conducted a retrospective analysis according to the study objectives.

Results: Of the 250 patients screened, 54 (21.6%) were diagnosed with cervical cancer, of whom 50 (92.6%) were multiparous. Compared to patients without cancer and the total sample, those with cervical cancer tended to be older, had an earlier menarche and sexual debut, and reported a higher number of lifetime sexual partners. 158/250 patients (63.2%) had concordant results between their Pap test and cervical biopsy.

Conclusions: This study is the first to report both CHC and individual risk factors for cervical cancer in Guatemala. The CHC rate observed in this sample falls toward the low end of the global range, providing insight into the quality of cervical cancer screening in the remote Petén department. These findings emphasize the need for interventions aimed at educating cytologists and colposcopists about Pap and cervical biopsy results with the highest discordance. While multiparity is a well-established risk factor for cervical cancer, it's prevalence in this specific population reinforces the importance of promoting HPV prevention and cervical cancer screening among multiparous women in remote Guatemala.

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Abigail Villalobos

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Angela Hughes

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Building a Heritage Month Program in a Safety-Net System
Zurisadai Inzunza, Adrienne Martinez-Hollingsworth, Monika Scherer

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Paul Carnavale, Andrea Alvarez, Sophia Hernandez, Ali Tayyeb

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Deborah Acker

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Understanding Feeding Challenges in Autistic Children via the Socioecological Model: A Qualitative Synthesis
Sarah Moreau, Kristi Westphaln

Nurse-Led Integration of Cardiac Myosin Inhibitors in Obstructive Hypertrophic Cardiomyopathy: Evidence from Five Randomized Trials
Hyerim Yun, Kristi Westphaln, Mary Rezk-Hanna

Exploring Motivations and Barriers: A Study of Precepting Among Behavioral Health APRNS
Stacey Green, Lynda Creighton-Wong, Vanndy Loth, Elizabeth Rice

Preliminary Impact of a Mini Mindfulness-Based Modules (MMM) Intervention on Depression and Anxiety
Denice Economou, Danielle Paisley, S. Lazaro, B. Demman, Eden Brauer

Rurality and Resource-Limited Hospital Classification in the United States
Charlotte Bryant

Lung Cancer Risk Advocacy
Elsa Cai, Sofia Hilario, Karley Morales, Cristal Moran, David Nam

Mapping the Evidence on Stress, Burnout, and Loneliness Among Advanced Practice Providers: A Scoping Review
Paul Boy, Wendie Robbins, Paul Macey, Felicia Hodge

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Behavioral Interventions to Increase Contraceptive Use Among Women Living with HIV
Michael Deynu, Sarah Gutin, Ifeyinwa Asiodu, Jerry Nutor, Glenn-Milo Santos

Burnout Prevalence and Contributing Factors among Nurse Residency Program Graduates
Kellie Redmond

Efficacy of Behavioral Interventions on the HIV Care Continuum
Nneka Umeh, Matt Demonbrun, Jerry Ouner, Glenn-Milo Santos

Moral Distress Experienced by the Certified Nursing Assistants Working in Nursing Home
Kirsi Toivanen-Atilla

Physiologic Responses Associated with Alcohol Withdrawal Syndrome
Dawn Troeger, Hildy Schell-Chaple, Heather Leutwyler, Shannon Smith-Bernardin, Michele Pelter

Prevalence and Risk Factors for Depression Among Registered Nurses: A Scoping Review
Karley Mariano, Cherry Leung, Jyu-Lin Chen, Ifeyinwa Asiodu, Daniel Tawfik, Sandra J. Weiss

Providers' Perspectives on Mental Health in West African Neonatal Intensive Care Wards
Evelyn Bigini, Orlando O. Harris, Ifeyinwa Asiodu

The Conceptualization of the Experience of Surgical Smoke
Merideth Lewis

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Adjustment to Illness & Technology Support for Patients with Heart Failure
Shannon Nottingham, Rachel Johnson, Nora T. Kakati, Ruth Lewis, Jacqueline Jones

Best Practices for Recruitment in Marginalized Adult Populations
Loretta Tsu, Ashley R. Turner, Roque Anthony F. Velasco, Heather Coats, Teri Hernandez

Can Loyalty Make Household 6 A Force Multiplier: A Nursing Framework
Amy Crisp, Mona Pearl Treyball, Deborah J. Kenny, Lorraine M. Gdanetz, Catherine G. Ling

Implementation of an Educational Aid to Enhance Novice Advanced Practice Provider Skills
Hannah Lee, Laura Rosenthal

Improving Syphilis Screening and Management in Pregnancy: A QI Project
Leah Rashidyan, Scott Harpin

In-Class PPE Activity Aligned with AACN Subcompetencies
Brian Umbarger, Patrick Luna, Liana Hall

Nursing Process for Veterans: A Theoretical Practice Model
Rachel Tyler, Catherine Jankowski, Katherine Kissler

Prognostic Concordance as a Foundation to Improve Advanced Care in Thoracic Oncology Patients
Carey Ramirez, Kathy Shaw

Program Evaluation of Tele-Medical Nutrition Therapy in Class II Obesity
Joe Martinez, Kathy Shaw

Smart Rooms to Improve Nurse Efficiency and Satisfaction in Acute Care Units
Melissa Stalp

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Decreasing Door-to-ECG Times in Frontier NV: A Quality Improvement Project
Breanna Schumacher, Kathleen Thimsen

Developing Strategies and Tactics to Address the Resolution of Neonatal Hypothermia
Sarah Musovski, Kathleen Thimsen, Janice Enriquez, Necole Leland, Nicole DeVille

Dual Pathways of Uncertainty at End-of-Life: A Conceptual Model
Kaitlyn Piantoni, Nirmala Lekhak, Andrew Reyes

Empowering Educators: Transforming Online Classrooms Through Interactive Training
Jodie Peterson, Kathleen Thimsen

Evaluating an Educational Intervention on Screen-Time and Behavior Change
Kayla Sweeney, Kathleen Thimsen, Jill Schwartz, Emily Boyce, Jay Shen

Fall Prevention Education to Reduce Falls and Improve Knowledge QI Project
Ashley Wood, Amy Haycraft, Kathleen Thimsen

From Hand-Off to Hands-On: AI Chatbot Prebriefing in Nursing Simulation
Nikki Rose Ty-Albright, Hyunhwa Lee

Health Insurance and Provider Exercise Advice among Employed Adults with Arthritis: BRFSS Secondary Analysis
Joseph Cadiz, Jinyoung Kim

How Gen Z Nursing Students Learn During Clinical Rotations: A Grounded Theory Study
Andrea Koplin, Andrew Reyes

Impact of Dementia Care Training on Nursing Practice and Care Quality
Dihini Perera, Brenda Delgado, Hyunhwa Lee

Improving Nurses' Knowledge, Attitudes, and Skills in LGBTQ+ Inclusive Care
Victoria Seidman, Rhigel (Jay) Tan

Measuring Cultural Humility Among Nurse Educators: A Review of Instruments
Sandy Phan, Reimund Serafica

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Healthcare Post Suicide Attempt and the Native American: A Scoping Review of the Literature
Randi Arias Fontenot

Implementation of a Moral Resilience Training in Final Semester Pre-licensure Nursing Students
Janelle Willis, Shannon Richard

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Spatial Analysis of an Ongoing Multidrug-Resistant Shigella Flexneri Outbreak in Bernalillo County, New Mexico
Michael Baker

Burnout Among Critical Care Providers
My Ha

Educating the Leadership Response to Workplace Aggression (WPA):
Changing Culture Through Effective Leaders
Lyric Nakashima

The Laboratory Assessment of Secretory Activation in Women with Gestational Diabetes
Sandra Cardenas

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Protecting the Public:
The Impact of Continued Competence Regulations on Nursing Disciplinary Rates
Laura Blackhurst

The Anchored Leadership Framework:
A Confidence-Mediated System for Translating Evidence into Rescue
Cris McAfee

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From Bedside to Blackboard: Institutional Supports for Novice Nurse Educators
Christine Early, Michael Hill

Stress Management and Resilience Among Students Enrolled in the Entry Level Master of Science in Nursing (ELMSN) Program
Pius Omolewa, Nassrine Noureddine, Loue Ella

Camino a la Salud:
Culturally Tailored Diabetes Education for Hispanic Older Adults in Stockton, California
Feng Ping (Sarah) Lee, Alondra Aldaba, Alexis Irvine, Jazmyn Monares, Marissa Doblados-Wood

Nurses' Competency at Hospital-at-Home: A Scoping Review
Feng Ping (Sarah) Lee, Alex Chiu, Hsiu-Fang Hsieh

The Artful Aging Project Bridging Social Connections and Movement Through Art Therapy in Older Adults
Feng Ping (Sarah) Lee, Maria Fernandez, Sah'Neya Fryer, Kathleen Morris, Maya Price

The Safe Steps Project: Fall Prevention Amongst Older Adults in a Skilled Nursing Facility
Feng Ping (Sarah) Lee, Maiana Cabrera, Yen Tran, Nicole Le

Addressing Nursing Student Burnout through Mindfulness and Zen Den at University of the Pacific
Dian Baker, Tanairi Ingram, Jeremy Seaton, Natalia Zelayandia

Enhancing Pediatric Sun Safety: A Parent-Focused Intervention in El Dorado
Dian Baker, Alaina Godwin, Ashley Riley, Calvin Nauer

Fall Prevention in the Emergency Department at Sutter Medical Center Sacramento
Dian Baker, Vaneza Espino, Roshni Hayer, Yajari Mendoza, Tanya Rodriguez Duarte

Hospital-Acquired Pressure Injury Prevention in ICUs:
A Quality Improvement Initiative at Sutter Medical Center Sacramento
Dian Baker, Mijung Lim, Daniela Tobler, Raquel Youkhana

Hygiene Heroes
Dian Baker, Sidney Clymer-Engelhart, Kirstie Shulman

The Kangaroo Care Project: Educating Nurses and Parents to Improve STS Rates in the NICU
Dian Baker, Martha Calero, Katherine Do, Lydia Nambala, Bianca Wong

UNIVERSITY OF PORTLAND SCHOOL OF NURSING AND HEALTH INNOVATIONS

Engaging Students Across Disciplines: Nursing Education and the Humanities
Nicole Harvey, Daniel Greenberg, Alex Mirowski

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A Scaffolded Approach to AI Course Development in a PhD Program
Caroline Etland, Sheree Scott, Carrie Fry, Razel B. Milo, Cynthia D. Connelly

Depression Related Factors in Hispanic Adolescents
Elisa Romero

Empathy in a Palliative Care Scenario: The Standardized Patient Perspective
Karen Anderson

Ethical Awareness in Novice Pediatric Nurses: A Concept Analysis
Heather Garcia

Factors Associated with ECMO Survivability in an Intensive Care Setting
Shuaa Aldajani

Navigating High-Stakes Choices: ICU Surrogate Shared Decision-Making
Jessica Ritchie

Palliative and End of Life Simulation: Quantitative and Qualitative Evaluation
Caroline Etland

Post-stroke Depression Among Stroke Survivors in the Acute Stroke Phase
Sheryn Shahwan-Solorzano

Survivorship Related to Pediatric Cardiac Arrest: A Concept Analysis
Paulina Schuler

Transitioning While Serving: Lived Experiences of Transgender Service Members
Stephany Daniels

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The USF CNA Training Program: A Pipeline for Minority Workforce
Kelsey Green

Leveraging the AACN Student Policy Summit
to Support Policy Competency among Nursing Students
Eileen Fry-Bowers, Carolina Echeverria

The Nurse Health Equity Scholars Initiative (NHESI):
Developing a Diverse Nursing Workforce Pipeline
Eileen Fry-Bowers, Carolina Echeverria, Ann Lawani

Retention of Nurses in the Hospital Sector:
Nurse Self-Efficacy, Education, and Patient Satisfaction
Sophia Aragoza, Madeline Novatt, Laura Sullivan

Strengthening School Nurses' Capacity to Identify and Support Adolescents
with Eating Disorders
Michelle Concepcion

Transforming Nursing Leadership Through Caring Science and Jesuit Pedagogy
Sara Horton-Deutsche, Rayne Soriano, Priscilla Javed, Gwen McKinney

Transitioning Expert Clinicians to Novice Prelicensure Part-Time Clinical Faculty
Robert Patterson

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Category Error and Moral Dissonance in Healthcare: A New Theory
Garrett Schwanke, Emily Barrows

Cue-Based Care for Improved Preterm Infant Sleep: An Evidence-Based QI Project
Amanda Chamberlain, Katherine Doyon

Implementing a CNA Palliative Care Intervention: A QI Project
Caroline Sariah Howell, Rebekah Perkins, Caroline Stephens, Laura Block, Rachel Alexander, Pamela Barrientos, Jennifer Hamilton, Lynn Flint

Implementing a Nurse Wellness Program in an Oncology Critical Care Unit
Mykel Winter, Scott Christensen

Implementing a School Nurse-Led Toolkit to Reduce Chronic Absenteeism in Utah
Katherine Sardoni, Natasha Ansari

Implementing the MENO10 Screener: A QI Initiative
Kelley Keenan, Gwen Latendresse

Optimizing the Expanded Role of the Nurse for the Underserved
Jenneth Doria

Pain and Self-Efficacy Among Adolescents and Young Adults with Cancer
Nemeh Manasrah, Paula Meek, Lee Ellington, Lauri Linder, Jeannine Brant, Kristin Stegenga

Preparing PhD Students for Tenure-Track Faculty Positions
Mary Killela, Jessica Williams, Harry Adynski, Gillian Adynski, Cassandra Dictus, Leah Morgan, Elizabeth Myer, Hayden Hmiel

Severe Drought Around the Great Salt Lake and Its Influence on Asthma
Wen Tu, Runyue Pu, Xiaoming Sheng

Using Mini-Plays to Foster Clinician Confidence in Advance Care Planning
Moroni Fernandez Cajavilca, Jacqueline Eaton, Sara Bybee, Kara Dassel, Nicole Fleming

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A Preliminary Analysis of Musculoskeletal Experience and Work Conditions of Manicurists
Johnny Nguyen, Jenny Hsin-Chun Tsai

A Logic Model to Highlight Impacts of the de Tornyay Center
Wenting Peng, Priscilla Carmiol-Rodriguez, Sarah McKiddy, Yanjing Liang, Basia Belza

Insights and Future Directions From the 2026 University of Washington Healthy Aging Forum
Sarah McKiddy, Nicolai Wohns, Basia Belza, et al.

Empowerment Among AGYW Seeking Contraception at Retail Pharmacies in Kenya
Meshack Otewa, Benard Rono, Bernard Nyerere, David Katz, Felix O. Mogaka, Greshon Rota, Josephine Odoyo, Katrina Ortblad, Meena Lenn, Melisa Mugambi, Monisha Sharma, Victor Omollo, Zachary Kwena, Elizabeth Bukusi, Jillian Pintye

Facility Delays as a Driver of Stillbirth and Neonatal Death in Kenya
Brenda Wandika, K. Ronen, J. Unger, J. Pintye, et al.

Misinformation & Disinformation Susceptibility of UW Nursing Students
Genevieve Aguilar, Kyla Haggith, Charles Kwanin, Gilliane Nwafor

Centering Patients in Mobile and Street-Delivered MOUD in King County, WA
Marin Strong, Kaitlyn Harbick, Ohshue Gatanaga, Chelsea Rodgers, Kathy Wang, Sara Glick, Maria Corcorran, Omeid Heidari

Strategy in Action:
Aligning Budget, Infrastructure, and Investment to Advance Nursing Research
Sarah Zangrillo, Erlene Guieb, Allison Webel

Physical Activity and Sarcopenia in Older Adults with HIV (Prosper HIV)
Allison Webel, Vitor Oliveira

Physical Activity, Diet, and Physical Function in Adults with HIV (Prosper HIV)
Allison Webel, Vitor Oliveira

Queering Drug Use: Chemsex, Queer Theory, & Enhancing Safety
Michael Moore, Victoria Adams, Omeid Heidari, Allison Webel

Undergraduate Study Abroad Experiences and Implications for Mental Health
Hyunhae Lee, Chi-Shan Tsai, Alexi Vasbinder, Damien Hyo Chan Park, Kerry Reding

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Implementing an ERAS Protocol for Hip and Knee Arthroplasty in a Rural Clinic
Elizabeth Wood, Mary Jo Russo, Oren Larson

Preceptor Perspectives on PMHNP Clinical Preparedness and Practice Readiness
Amanda Stewart, Anne Marie Reed

WIN AWARDS AND HONORS

The Western Institute of Nursing recognizes members and colleagues with the following awards and honors in 2026.

DISTINGUISHED RESEARCH LECTURESHIP

The Distinguished Research Lectureship recognizes a senior researcher whose research efforts have made significant and sustained contributions to nursing.

Sandra Weiss, PhD, DNSc, RN, FAAN, Professor and Robert C. and Delphine Wentland Eschbach Chair in Mental Health, University of California, San Francisco School 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.

Cynthia Taylor Greywolf, PhD, DNP, PMHNP-BC, APRN, Assistant Professor, University of Hawaii at Manoa School of Nursing and Dental Hygiene

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.

Ruth Taylor-Piliae, PhD, RN, FAHA, FAAN, Professor, University of Arizona 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.

Roque Anthony F. Velasco, PhD, APRN, AGPCNP-BC, Director of Gender Health and Wellness Services, University of Colorado College of Nursing

MARTHA (MARTY) J. LENTZ DISSERTATION GRANT

The purpose of the Martha (Marty) J. Lentz dissertation grant is to foster doctoral student dissertation research. The grant was named after Dr. Marty Lentz in 2020 in recognition of her many contributions to nursing research and to WIN.

Devon Cobos Garcia, MS, BSN, RN, PhD Candidate, University of Arizona College of Nursing

Hyunhae Lee, MSN, BSN, 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.

Stephanie St. Clair, RN, BSN, PhD & Women's Health Nurse Practitioner Student, University of Utah College of Nursing

WIN / NLN RESEARCH GRANT

WIN and the National League for Nurses jointly sponsor a grant to promote research conducted by academic educators, clinical nurse educators, or doctoral nursing students.

Ling Xu, RN, BSN, PhD Candidate, University of California, San Francisco School of Nursing

WIN EMERITI

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.

Joan Shaver, PhD, RN, FAAN, Professor and Dean Emerita, University of Arizona College 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.

Mary Nies, PhD, RN, FAAN, FAAHB, Professor, Idaho State University School of Nursing

Shu-Yi Wang, PhD, RN, APRN-CNS, CGNC, Teaching Professor, Co-Interim Specialty Director of CNS, University of Colorado College of Nursing

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