



8TH EDITION OF
**NURSING
WORLD
CONFERENCE**

OCTOBER 17-19, 2024
BALTIMORE, USA
HYBRID EVENT

CE Accredited



Venue: Best Western Plus Hotel & Conference
Center 5625 O'Donnell Street Baltimore, MD 21224
USA



OCT
17-19

8th Edition of

Nursing World Conference

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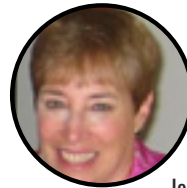
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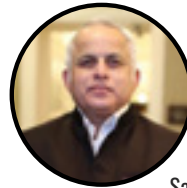
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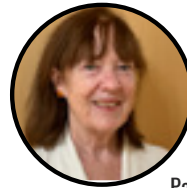
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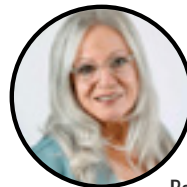
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*Thank You
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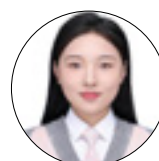
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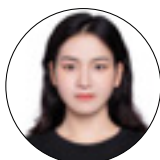
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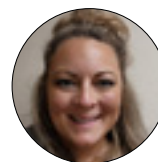
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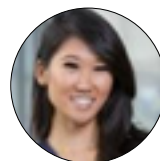
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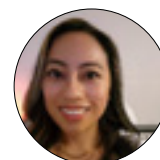
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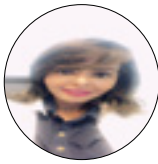
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*Thank You
All...*

Welcome Message



Adele Webb

Strategic Education, Inc., United States

On behalf of the Scientific Committee, I take great pleasure in welcoming you to the 8th Edition of the Nursing World Conference here in the historic city of Baltimore. This year the conference theme is Empowering Nurses: Innovations, Compassion, and Excellence in Patient Care. This three-days celebration of the nursing profession is a testament to its diversity and dedication, uniting health care professionals from across the globe to discuss the latest trends, techniques, and technologies in the field. Presentations will include the most innovative studies and research in the industry. We welcome your participation and are glad you chose to participate. While you are here, I sincerely hope that you take the opportunity to network, learn, share, and collaborate with international experts. All of us on the Scientific Committee would take great pleasure in meeting you in-person and learning more about your amazing work.

I wish you an enjoyable and productive conference. I hope you enjoy your stay in this wonderful city and use pre and post conference times to enjoy the sites.

We are enthusiastic about your attendance and participation. Enjoy the conference!

Welcome Message



Daryle Wane

Pasco-Hernando State College, United States

I am honoured to be speaking at the 2024 Nursing World Conference in Baltimore. The theme of this year's conference focuses on topics related to the Nurse: Pioneering Research Strategies for Nursing Excellence. My background in professional nursing practice is now in its 44th year and I look forward towards incorporating methods/modalities to increase learning engagement among students and peers and continuing to build on research and knowledge as a base of inquiry. As we continue to practice and incorporate our experience in the context of evidence-based practice, let us work together to improve professional nursing practice.

All of us on the Organizing Committee are looking forward to meeting you in and developing collaborative partnerships. I wish you an enjoyable and productive conference. I trust and hope that you can connect with your colleagues during this multi-dimensional conference, with both virtual and/or face-to-face interactions.

We are enthusiastic about your attendance and participation. Enjoy the conference!

Welcome Message




Robin Adams Geiger
Ingenovis Health, United States

Good morning and welcome to the 8th Annual Nursing World Conference here in Boston, Maryland! We are thrilled to have such a diverse group of nursing professionals gathered to collaborate, learn, and inspire one another. This conference is a unique opportunity to share ideas, challenge ourselves, and advance the nursing profession. I encourage you to make the most of the dynamic sessions and connections you'll form throughout the event.

A special thank you to The Magnus Group for organizing this impactful conference and bringing together thought leaders in nursing. Let's use this time to shape the future of healthcare and nursing, working together to create meaningful change for our profession and our patients. Welcome, and here's to a great event!

ABOUT MAGNUS GROUP




Magnus Group, a distinguished scientific event organizer, has been at the forefront of fostering knowledge exchange and collaboration since its inception in 2015. With a steadfast commitment to the ethos of Share, receive, grow, Magnus Group has successfully organized over 200 conferences spanning diverse fields, including Healthcare, Medical, Pharmaceuticals, Chemistry, Nursing, Agriculture, and Plant Sciences.

The core philosophy of Magnus Group revolves around creating dynamic platforms that facilitate the exchange of cutting-edge research, insights, and innovations within the global scientific community. By bringing together experts, scholars, and professionals from various disciplines, Magnus Group cultivates an environment conducive to intellectual discourse, networking, and interdisciplinary collaboration.

Magnus Group's unwavering dedication to organizing impactful scientific events has positioned it as a key player in the global scientific community. By adhering to the motto of Share, receive, grow, Magnus Group continues to contribute significantly to the advancement of knowledge and the development of innovative solutions in various scientific domains.

ABOUT NWC 2024



The Nursing World Conference, organized by Magnus Group, has been the leading platform for Nursing and Healthcare Professionals over the past seven years. We take great pride in extending our invitation to global delegates to come together once more for the "8th Edition of the Nursing World Conference" (NWC 2024). This conference will revolve around the theme "Empowering Nurses: Innovations, Compassion, and Excellence in Patient Care."

In recent times, innovative ideas and intelligence have driven all industries to pioneer modern technical systems and software in the healthcare sector. NWC 2024 has been designed with a multifaceted approach. While knowledge sharing is at the core of our mission, we also aim to foster a sense of community, providing a platform for committed professionals, professors, scientists, and young scholars who share common interests to come together. We strive to make the exchange of knowledge seamless and enjoyable, with every minute filled with inspiration and joy.

NWC 2024 serves as a nexus for experts in the fields of nursing and healthcare from around the world, facilitating the sharing of unique research and translational studies across various domains. The conference opens doors for researchers in academia, clinicians, and industry representatives working in these exciting fields. It aims to bring together seasoned scientists and emerging researchers from diverse disciplines, fostering interdisciplinary collaboration to address humanity's most critical health and well-being challenges.

With a strong focus on innovation, the conference offers scientists, nurses, and physicians in different healthcare areas the opportunity to discover new ideas that can advance their research and establish new professional relationships and collaborations. Our esteemed honorary speakers will provide you with the most up-to-date clinical information, leaving you better educated and more inspired.

ABOUT

CE Accreditation



The Continuing Education (CE) credits available at NWC 2024 hold significant value for participants, recognizing and affirming their dedication to continuous learning and professional growth. Earning CE credits brings numerous advantages, such as advancing one's career, upholding professional credentials, expanding knowledge base, and fostering networking opportunities.

By attending NWC 2024 and acquiring CE credits, individuals showcase their commitment to ongoing education, elevate their professional standing, and open doors to career progression. Moreover, meeting a minimum CE credit requirement is often obligatory for maintaining certifications or licenses in various fields.

The NWC 2024 Conference not only offers ample networking chances with peers and experts but also facilitates the expansion of professional connections and the cultivation of potential collaborations. Notably, each attendee will receive a total of 30 CE credits by attending this conference.

This Nursing Continuing Professional Development Activity was approved by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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8th Edition of

Nursing World Conference

**KEYNOTE
PRESENTATIONS**

Value Based Care: Implications for nursing

Value Based Care (VBC) is being incorporated more and more in our healthcare organizations. For practicing nurses, little information has been provided to educate them on the definition as well as the impact on the care they provide. VBC offers nurses the opportunity to improve patient outcomes by increasing efficiency, effectiveness and innovation. This activity will not only define the concept but will explain the trends, the key players, the benefits and the measures of success in value based care. In addition, nursing's opportunity to have a significant impact will be discussed.

Audience Take Away Notes

The presentation objectives are

- Define Value Based Care
- Describe Trends in Value Based Care
- Identify the Key Players in Value Based Care
- Explain the Benefits of Value Based Care
- Summarize the Effect of Value Based Care on Nursing Practice
- By understanding the basic tenets of VBC and opportunities to do better with less, nurses can improve care and over time improve patient outcomes, resulting in fewer admissions and better patient quality outcomes.



Adele Webb PhD, RN, FNAP, FAAN

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Biography

Dr. Webb's foci are capacity building, nursing workforce issues and wellness. She has extensive funding for her work and has published in several journals. She has testified to the National Academy of Medicine and the White House. A sought-out speaker on international nursing care, Adele collaborates with WHO and the World NCD Congress and has contributed to nurse capacity building in 56 countries. Adele received the Nicholas Andrew Cummings award for Excellence in Interprofessional Practice, is an International Council of Nurses Global Health Fellow, and a Fellow in both the National Academies of Practice and the American Academy of Nursing.

Improving fall risk assessment to reduce falls in assisted living communities

Falls in older adults are a safety issue in all healthcare settings, one measure of care quality, and the primary cause of unintended death among New Mexican adults aged 65 and older. Falls and fall-related interventions have been extensively investigated in acute and post-acute care settings. However, limited evidence exists regarding the priority placed on falls and fall reduction practices in assisted living communities.

An estimated 3 million older adults are treated annually for fall-related injuries in U.S. emergency departments, and more than 800,000 are hospitalized, leading to increased healthcare costs, emergency room and hospital overcrowding, decreased quality of life, and premature death. Fall injuries not only lead to substantial morbidity and mortality, an estimated \$50 billion spent annually in falls adults 65 years and older. With fall injury and related healthcare use expected to increase, understanding the priority placed on falls and current fall reduction practices in assisted living communities will be essential for guiding future fall risk assessment and reduction practices in the aging assisted living population.

Nurses play a critical role in fall risk assessment by reviewing falls and medications with older adults, planning care, and offering multiple fall assessment approaches to reduce fall risk. A prospective, quasi-experimental, repeated measures study was used to determine if using the Morse Fall Scale, Medication Risk Score, and individualized fall reduction strategies reduced falls in adults aged 65 and older in a New Mexico assisted living community. The Agency for Healthcare Quality Fall Knowledge Test compared staff's pre- and post-intervention fall knowledge scores. The study demonstrated modest improvements in fall risk, medication-risk scores, and staff fall knowledge but no reduction in falls per 1000 bed days. Continued use of fall interventions in this study may reduce falls and fall-related injuries, decrease emergency department and hospital overcrowding, and reduce costs associated with fall-related injuries. Reducing falls will improve morbidity and mortality rates, elevate the safety and quality of life for adults 65 and older, and preserve the dignity of our aging population.

Audience Take Away Notes

- Understand the financial implications of falls in the U.S.,
- Use the information presented to assess what priority their organizations place on falls,
- Identify what fall risk assessment and reduction practices their organizations use,
- Determine what modifications might be required to reduce falls in the organization's setting, and
- Apply the information presented to develop effective fall risk assessment and reduction interventions in their practice settings.



Barbara M. De Groot DNP, MSN(Ed.), RN, CMGT-BC, CNE

Assistant Program Director for Licensed Practical Nursing, Brookline College, Albuquerque, NM, USA

Biography

Barbara De Groot earned her Doctor of Nursing Practice from the University of Missouri Kansas City and is the Assistant Program Director for the Licensed Practical Nursing program at Brookline College in Albuquerque, New Mexico. Among other volunteer activities, Barbara is a volunteer judge for Health Occupations Students of America Future Health Professionals competitions and is a founding member of Albuquerque Women in Business for Good. She is a Certified Nurse Educator and a Board-Certified Care Manager. Barbara's research focuses on medication adherence in community-dwelling older adults and reducing falls in older adults by improving fall risk assessment.

Navigating the nursing incivility epidemic: Understanding and addressing incivility in higher education

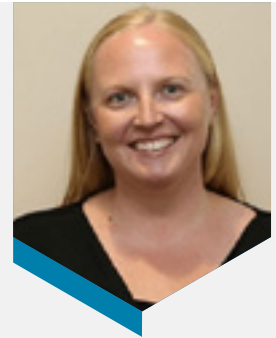
Nurse educators need to address the behaviors that disrupt learning. Incivility in the academic setting disrupts the learning process (Morrissette, 2001). Moreover, students are desensitized and enculturated to incivility, and it becomes the norm. Addressing the growing issue of incivility is crucial. Beginning early in nursing education may reverse the trend and decrease the eventual deleterious effect on the profession.

Many examples in nursing literature suggest that faculty and students are concerned about this persistent issue. (Clark, Otterness, Jun, et al 2010; Marchiondo, Marchiondo, & Lasiter 2010, Clark & Springer, 2009). The Covid-19 pandemic has exacerbated these concerns. Post-pandemic, changes have been appreciated in student behavior. They are having difficulty re-adapting to in-person learning and feeling anxious and overwhelmed (Handelsman, 2021). Studies on student-student incivility reflect that much of this behavior stems from stress and the competitive nature of nursing education (Altmiller, 2012, Clark, 2008). Rather than pulling together to support one another, students tend to turn on each other.

It's imperative that college educators and administrators develop strategies to address incivility with the goal of creating a safe learning environment where students feel comfortable to hold discussions, ask questions, and engage in civil discourse. It's been noted that many expressed a lack of education on how to respond to uncivil behaviors and fear that addressing the behaviors would make the situation worse or face possible retributions (Ackerman-Barger et al, 2021; Clark, 2013). Several studies have stressed the importance of creating a culture of civility through such acts as civility training, role-modelling, and improving communication. Institutes of higher education and health care organizations are creating codes of conduct that outlines expected behavior, identifies uncivil behaviours, and sets clear expectations and consequences. It is imperative that higher education adopts these best practices.

Audience Take Away Notes

- Prevalence of incivility in nursing higher education
- Effect of incivility on faculty-student and student-student relationships and student learning
- Strategies to identify and address incivility



**Casey N Burnett DNP, RN;
Barbara Pinchera DNP,
ANP, BC**

Curry College, Milton, MA USA

Biography

Dr. Casey N Burnett is an associate professor at Curry College School of Nursing. Her Doctorate of Nursing Practice (DNP) comes from Northeastern University where she explored the Impact of Art on Interprofessional Healthcare Team Collaboration and Communication. Dr. Burnett has spent time volunteering with Cross Cultural Solutions in Lima, Peru, Operation Smile in Nakhon Si Thammarat, Thailand, and Global Vision International (GVI) in Dawasamu district, Fiji. She is a member of Sigma Theta Tau International (STTI), Omicron Delta Kappa (ODK), American Association of University Professors (AAUP), American Nurses Association (ANA), and the Massachusetts/Rhode Island League for Nursing (MARILN).

Dr. Barbara Pinchera is a professor at Curry College School of Nursing. She holds two national board certifications with the American Nurses Credentialing Center (ANCC) and has over 38 years of clinical nursing. She maintains her practice in Occupational Health at Beth Israel Lahey Hospital. Dr. Pinchera has presented on a variety of topics, including lateral violence and nurse mentoring and has published on newly licensed nurses and their initial experiences, among other topics. Her interests include lateral violence among registered nurses and nursing students and Nursing faculty and student mentoring. She is an active member of several national organizations.

The lost art of assessment: “Hands on” versus “Hands off”

As we move forward leaving the past health pandemic behind, let us take a moment to consider the importance of performing physical assessment in the clinical setting. Close your eyes and take a moment to reflect on your last health interaction, both as a nurse provider and as a patient. Think back to the last time you provided care, which physical parameters did you perform? Think back to the last time you received care, which physical parameters did your healthcare provider perform? We will look at both history of practice and evidence-based research to help support the need for physical assessment in the clinical environment. We will also focus on the critical need for nurses and healthcare providers to sharpen, refine and implement physical assessment skills. The basic tenets of physical assessment need to emerge as the foundation for nursing practice. This goes beyond the components of inspection, auscultation, palpation, and percussion and leads to the integration of signs/symptoms whereby one can use critical thinking/clinical decision making. Applying critical thinking/clinical decisions leads to the synthesis of differential diagnosis which in turn helps to quantify delivery of care. Nurses are in a critical position to help promote improved patient outcomes by actively interacting with their patients and using their physical senses as part of their practice modality. So, let us re-energize clinical nursing practice by using a “hands on” approach in the interaction delivery of care. Think beyond the computer interface and Electronic Health Care documentation (EHR) system and focus on the application of nursing care.

Audience Take Away Notes

- Identify components of the clinical assessment.
- Reflect on “Hands on” versus “Hands off” approaches.
- Discuss clinical assessment from both a historical and evidence-based perspective.
- Explore best practice methods to enhance assessment in clinical practice settings.



Daryle Wane PhD, APRN, FNP-BC

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Biography

Dr. Wane has a PhD in Nursing Science as well as a master's degree from University of South Florida and is a Board-Certified Family Nurse Practitioner. She also has undergraduate degrees in Nutrition and Nursing from Brooklyn College and Downstate Medical Center College of Nursing. Dr. Wane is the BSN Program director at Pasco-Hernando State College. She has published numerous supplements in textbooks as well as journal articles and has been serving as an editorial board member and peer reviewer for several journal publications. She is also a member of Sigma Theta Tau Nursing Honor society.

The impact of AI in nursing and preventative healthcare

Artificial Intelligence (AI) is transforming the field of nursing and preventative healthcare, offering innovative solutions to improve patient outcomes, streamline workflows, and enhance personalized care. In this paper, we explore the multifaceted roles AI plays in nursing, focusing on predictive analytics, decision support, and remote monitoring. AI-driven predictive models allow for early identification of potential health risks, enabling nurses to intervene proactively. For instance, algorithms can analyze patient data to predict hospital readmissions, infection risks, or chronic disease progression, thus supporting nurses in prioritizing care and optimizing resources.

Moreover, AI-based decision support systems are enhancing clinical decision-making by providing evidence-based recommendations, reducing diagnostic errors, and improving treatment protocols. These systems augment the nurse's role by increasing accuracy and efficiency, particularly in high-pressure environments like emergency care. Additionally, AI-powered remote monitoring tools, such as wearable devices and telehealth platforms, are revolutionizing preventive healthcare. Nurses can now remotely track patients' vital signs, manage chronic conditions, and provide timely interventions, reducing the need for hospital visits and allowing for continuous, real-time care.

However, the integration of AI into nursing also presents challenges, including concerns over data privacy, ethical considerations, and the need for ongoing training and adaptation within the nursing workforce. This paper also discusses strategies for overcoming these barriers to ensure that AI is leveraged to complement, rather than replace, the human touch that is central to nursing care.

The presentation will highlight both the current and future impacts of AI on nursing practice and preventative healthcare, offering insights into how these technologies can be effectively integrated to improve care quality, patient safety, and healthcare efficiency.

Audience Take Away Notes

- **Early Risk Identification:** Nurses will learn how to use AI-driven predictive models to identify patients at risk for complications, allowing for early intervention and more effective prioritization of care
- **Enhanced Decision-Making:** Attendees will understand how AI-based decision support systems can provide evidence-based recommendations, reducing diagnostic errors and improving treatment outcomes
- **Remote Patient Monitoring:** Nurses will discover how to utilize AI-powered wearables and telehealth tools for continuous patient monitoring, enabling real-time interventions and improved management of chronic conditions
- **Workflow Optimization:** The session will show how AI can automate routine tasks, such as documentation and scheduling, allowing nurses to focus more on patient-centered care and reducing burnout
- **Ethical and Practical Considerations:** Nurses will learn best practices for navigating AI-related challenges like data privacy and ethical concerns, ensuring responsible and effective integration into everyday practice



David John Wortley FRSA

International Society of Digital Medicine, Alderton, Northants, United Kingdom

Biography

David Wortley is CEO & Founder of 360in360 Immersive Experiences and a VP of the International Society of Digital Medicine (ISDM). He is a Fellow of the Royal Society of Arts and Commerce and a global thought leader and innovator on enabling technologies for health, education and the environment. He is on the editorial board of the Digital Medicine Journal. He is an Associate Member of the Royal Society of Medicine and a Visiting Fellow at the Faculty of Health and Social Sciences at Bournemouth University.

Standards and principles for designing and managing advanced, intelligent and ethical health ecosystems

Advancing from phenomenological, evidence-based, person-centered, and personalized care, health ecosystems currently undergo a transformation towards personalized, preventive, predictive, participative Precision Medicine (5PM), supported by technology. It considers individual health status, conditions, genetic and genomic dispositions in personal social, occupational, environmental and behavioral context, understanding the pathology of diseases and turning health and social care from reactive to proactive. Thereby, we have to enable communication and cooperation between all actors from different knowledge spaces including the subject of care, representing different disciplines, using different methodologies, perspectives, intentions, languages, etc., based on different educations and skills. Therefore, the knowledge-based, multidisciplinary, highly complex and highly dynamic 5PM ecosystem must be consistently and formally represented. The outcome is a system-theoretical, context-sensitive, architecture-centric, ontology-based, policy-driven approach for designing and managing intelligent, ethical and sustainable 5PM ecosystems, developed by the author and internationally standardized. The deployment of the approach is meanwhile defined by leading standards developing organizations such as ISO, CEN, IEEE, etc., as mandatory for all projects covering more than just one domain.

Audience Take Away Notes

- The methodology for formally representing and managing multi-domain ecosystems and their knowledge spaces as systems of systems will be introduced in detail.
- The role of ontologies will be explained and exemplified.
- ISO 23903 Interoperability and Integration Reference Architecture-Model and Framework will be introduced and enriched by practical examples.
- Ethical aspects including security and privacy challenges and solutions will be especially highlighted.



Prof. Dr. Habil. Bernd Blobel

University of Regensburg,
Medical Faculty, Germany

Biography

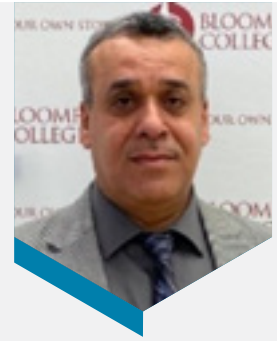
Prof. Blobel studied Mathematics, Technical Cybernetics and Electronics, Theoretical Physics, Biocybernetics, Informatics, and Medicine at different universities in East Germany. He received the PhD degree in Physics, a habilitation in Medicine, and a habilitation in Medical Informatics. He was Head of the Physical Laboratory in Environmental Medicine at the Medical University Magdeburg and thereafter Head of the Medical Informatics Department and then Director of the Institute for Biometrics and Medical Informatics at the Medical Faculty of the Otto-von-Guericke University Magdeburg. In 2004, he became Founder and Head of the Health Telematics Project Group at Fraunhofer Society, Institute of Integrated Circuits (IIS), Erlangen, and thereafter Head of the German National eHealth Competence Center (eHCC) at the University of Regensburg. Research interests: He was responsibly involved in the eHealth/dHealth programs and projects of more than 50 countries. He is still active in international standardization and teaching as well as supervising PhD work in many countries around the world. He is author of more than 500 scientific publications.

The lived experience of a nurse transitioning from a clinical setting to an academic environment

The transition from nursing practice to academia is a challenging experience. Nurse educators new to the academic setting often experience role conflict and reality shock as they leave a clinically-oriented setting to academia. The purpose of this qualitative study was to describe and provide a deeper understanding of the previously unexplored experience of nurses transitioning from clinical settings to academic environments. A purposive sample of seven nurse educators described their experience and the narrative data from these interviews was analyzed using Colaizzi's methodology. The findings revealed that the nurse's 'innate desire for teaching' was the main impetus for transitioning to an academic role. Three major themes central to the lived experiences of neophyte nurse educators were identified. The three themes gleaned from this phenomenological study included: (1) struggling with the challenges in academia, (2) adjusting to the new role, and (3) balancing clinical background with academic responsibilities. The results of this study indicate there is a need for extensive graduate preparation for the academic role. Moreover, the study revealed a dire need for: 1) well-designed and long-term peer mentoring support, 2) allocation of resources to support newly-hired faculty, and 3) a formal evaluation system of novice nurse educators.

Audience Take Away Notes

- Revision of the Faculty Mentorship Program
- Reinforce a consistent utilization of guidelines and criteria for candidate peer evaluations
- Strategies to maintain faculty clinical practice and balance it with the teaching load
- Allocate resources to assist neophyte faculty for the new role



Dr. Ismat Mikky

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Biography

Dr. Mikky received his doctoral degree in nursing from the University of Connecticut (UConn) in 2006. His Master degree in Nursing Education from the University of Hartford was funded by the Fulbright scholarship. He had completed special studies in cardiovascular nursing at Emory University and the program was funded by the United States Information Agency (USIA). Over the past 29 years of experience, since he had earned his BSN degree from Bethlehem University (Palestine) in 1991, he had assumed different nursing positions in various clinical

and academic institutions; nationally and internationally. He received the "Carolyn Ladd Widmer Research" Award in acknowledgement of excellence in 2006. His areas of expertise include: nursing education, adult health nursing, cardiovascular nursing, and long-term care. The area of his research interest is focused on the construct of "Empowerment in Nursing". Dr. Mikky developed the "Client Empowerment Scale - CES" to assess the empowerment level in clients with different chronic health conditions. His studies have been cited in four professional journals His scholarly work includes: conference presentations, research studies published in nursing journals, and three chapters in a handbook on transcultural nursing. Dr. Mikky has been employed as a nursing professor at Bloomfield College of Montclair State University since 2009. He has been appointed as the chairperson of the aforementioned program from July 2021-July 2023. He reviews manuscripts for four nursing Journals: Journal of Nursing Measurement, International Journal of Nursing Studies, Geriatric Nursing, International Journals of Health Planning and Management. In 2024, he participated in two international nursing conferences as a keynote speaker: Bethlehem University International Nursing Conference (May 27, 2024), and 4th Edition of the Singapore Nursing Research Conference (March 21-23, 2024). Dr. Mikky was granted Tenure at a full professor rank according to Montclair State University's (MSU) tenure and promotion criteria effective September 2025.

Surgical never events should never happen

Never events are serious medical errors that are entirely preventable and should not occur. In the context of surgery examples include operating on the wrong body part, leaving instruments and swabs inside patients and administering medication by the wrong route. In the broadest sense a 'never event' is an incident that should not occur if the available preventative measures and procedures are followed by attending healthcare professionals. The utmost priority of surgery should be to safeguard patients from harm and assure wellbeing particularly when individuals are at their most vulnerable and given the nature of surgery when unconscious yet too often - lapses, slips and oversights and at worst human complacency results in significant harm to patients in receipt of treatment.

In the period 2022-2023, 370 never events were reported in England across 136 healthcare facilities - In the USA it is reported that one wrong site surgery occurs in every 100,00 procedures. Globally the WHO report crude mortality after major surgery to be 0.5-5% and that nearly half of all adverse events are related to surgical care.

There is greater understanding of the concept of 'human factors' to mitigate risk with education, training and enhanced communication and use of interventions such as the WHO Surgical Safety Checklist.

This presentation will highlight the extent of surgical never events and illustrate how the application of human factors science can reduce error potential in surgery.

Professor Jane Helen Reid

Dorset County Hospital
Foundation Trust, United
Kingdom

An ethical positioning system for solving ethical dilemmas

It is typical in nursing education to value critical thinking and problem solving as necessary tools. Students practice these skills throughout their education, and generally feel confident in their ability to arrive at acceptable solutions. At some point, however, nurses are faced with particular problems for which they do not feel prepared. In today's post-pandemic healthcare environment, moral distress is at its highest point. Due to staffing issues, many nurses feel they cannot deliver the care they expect of themselves, the care they know their patients deserve.

The ANA Code of Ethics provides a guideline for nurses in ethical situations. When nurses face ethical dilemmas, they are taught to consult the code, and its nine provisions. The nine provisions have many interpretative statements, thus the whole code, which is 25 pages, may be unwieldy for novices and in emergencies. Students in nursing ethics courses are also encouraged to apply ethical principles such as beneficence, veracity, respect, justice, fidelity, autonomy, and accountability. None of these tools seem to be inclusive or practical when needed emergently.

As a result, this Ethical Positioning System was developed to serve as a simple but practical, and easily accessible, tool, to help nursing students who face ethical dilemmas. The foundation of this system is the nursing process, which students encounter early in a nursing program. This process is a problem-solving tool, fundamental to nursing practice. Nurses use this process automatically with every patient encounter. It became apparent that the same process could be adapted into a model for dealing with ethical dilemmas. The Ethical Positioning System consists of six steps, each essential to the satisfactory resolution of an ethical dilemma.

Step One: Assessment: As in the nursing process, this first step requires gathering all available information about the case. This includes all the persons involved in the situation, as well as those concerned with the decision-making process. All data are examined.

Step Two: Dilemma: Nurses are taught to analyze all the data to arrive at a problem statement. This may be one or a few sentences that define the ethical nursing problem. This statement is the nursing dilemma, or the element of the situation that could result in moral distress.

Step Three: Planning: The third step, planning, involves addressing real and potential solutions, even those tentative solutions that may well be eliminated. Planning includes listing the pros and cons, or costs and benefits, of each solution. As part of this step, nurses are taught to consider which ethical principles, and which provisions of the ANA Code of Ethics, enter into the decision. Planning must be a deliberate attempt to isolate evidence that the decision is indeed based on principles that have been established as ethical in nature.

Step Four: Diagram: This additional step to the nursing process involves making a diagram of the problem and the tentative solutions, with the pros and cons. Looking at the diagram of alternatives, it may be that different principles and different provisions of the Code come into play. The nurse marks those on the diagram. This



Joan Dorman RN, MSN, CEN

Purdue University Northwest
Hammond, Indiana

Biography

Joan Dorman has been a nurse for 47 years. She specialized in critical care and emergency nursing, and was an emergency department manager for several years. She began teaching nursing at Purdue University Northwest 20 years ago, and teaches the final critical care clinical, professional nursing ethics, and the capstone course. This course involves partnerships with local hospitals to work on evidence based practice projects to help solve quality care issues. She is passionate about nursing ethics, serves on a local hospital ethics committee, has presented at an ethics roundtable at Oxford University, and authored a nursing ethics chapter in a leadership and management textbook.

conceptual step is an important part of making the best choice.

Step Five: Implementation: The nurse Implements the choice, deciding how best to apply the chosen alternative. The choice, of course, need not be ethical only, but may be practical. It must be doable.

Step Six: Evaluation: The final step involves evaluating the effectiveness of both the process and the outcome of the solution. This is the step that assures that the student, or nurse, will not only be able to use this model repeatedly, but will learn from each experience and build proficiency.

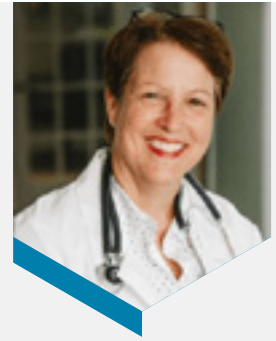
Establishing a systems-based approach for mastery learning of IV therapy and ultrasound guided peripheral catheter insertions

As more and more clinicians seek to improve skills with IV Therapy peripheral catheter insertions, and with the use of ultrasound-guided applications, facilities are striving to establish education with a level of quality and accountability for these procedures. Attention is needed to establish understanding and optimal training practices, allowing clinicians to achieve high-level competency. Mastery learning principles applied to skills-based training provide a systematic educational process that includes education, simulation and competency validation. The modular skill acquisition approach allows the learner to step through each phase of learning and demonstrate minimal performance skills, resulting in the assurance of patient safety for fewer attempts that drive a higher level of IV success. Training incorporating blended online education with hands-on simulation skills training enhances the achievement of knowledge, leading to better understanding, application of knowledge and insertion performance. Mastery learning processes and scores are used to guide objective evaluation by the preceptor and establish learner accountability in documenting successful performance. This systematic process of learning applied to IV Therapy and ultrasound-guided peripheral catheter insertion, follows established evidence from mastery learning processes incorporating levels of achievement and accountability. This presentation will contrast and describe common training processes and applied methods of skill acquisition, including standardized training with skill performance, documentation of performance scoring, and completion of training with pre-and post-test confidence evaluation, which serves to rocket the clinician and facility to the best outcomes for patients.

Audience Take Away Notes

Key points gained from the presentation

- Identify skills-based training methods that incorporate Mastery Learning principles
- Define the advantages of blended education with simulation modules that promote proficiency
- Apply examples of education and training for IV peripheral catheter and ultrasound-guided insertions that incorporate performance criteria leading to higher quality and patient safety
- Describe how blended online education and Mastery Learning processes can incorporate train-the-trainer principles to perpetuate continuous training within facilities



Nancy Moureau PhD, RN, CRNI, CPUI, VA-BC

Education Provider, PICC Excellence, Inc., Hartwell, GA, USA

Nursing Research, Adjunct Associate Professor, Griffith University, Brisbane, Queensland, Australia

Biography

Dr. Nancy Moureau is an Adjunct Associate Professor, clinician, researcher, and educator with 40 years of experience as a Vascular Access Specialist. Dr. Moureau received her Ph.D. in Nursing Research from Griffith University in Australia and is the Chief Executive Officer of PICC Excellence, Inc., an education service provider for vascular access and infusion therapy. Her educational efforts have contributed to credentialing processes for peripheral catheter insertions, ultrasound guidance and Peripherally Inserted Central Catheter (PICC) inserter qualifications for adult and neonatal populations with Certified PICC Ultrasound (CPUI) and Certified Neonatal PICC Inserters (CNPI). Dr. Moureau's research has focused on thrombolytics, skin colonization, Vessel Health and Preservation, catheter materials, and catheter complications. Author of over 100 publications, she most recently received the Seal of Approval for the Mastery Learning Training of ultrasound-guided peripheral catheter insertion from the Infusion Nursing Society.

Public health nursing: Promoting health equity & mitigating the social determinants of health

Public health nurses are on the front lines of the battle to combat health disparities and inequitable access to health care among societies' most disadvantaged and vulnerable populations. Nurses are a driving force in promoting health and wellness within the communities they serve. New York City Health+Hospitals is the largest municipal public health care system in the United States, safeguarding 1.4 million patients annually, caring for one in every six New Yorkers through 11 essential hospitals, five post-acute care facilities, more than 70 community centers, and correctional health services in city jails. The 9,600+ nurses represent the largest segment of the system's 40,000 employees, charged with delivering essential health care services to all members of society, regardless of ethnicity, culture, creed, gender, age, sexual orientation, income, immigration, or insurance status. NYC Health+Hospitals is in the process of reinventing nursing culture with a renewed focus on achieving true nursing excellence, emphasizing professional evidence-based best practices and a compassionate care delivery model, putting nurses in the forefront of efforts to address the social determinants of health and the devastating consequences of health disparities. Systemwide implementation of foundational transformation is positioning nursing in the vanguard of the system's commitment to equity and diversity in the workplace, recognizing unconscious bias, calling out bigotry, and rooting out systemic racism, all key recommendations in the National Academies of Sciences, Engineering, and Medicine's *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. As this report indicates, public health nurses are community collaborators and bridge builders and therefore are uniquely positioned within the broader health care landscape to address the social determinants of health and help promote health equity and improve access to care in a wide variety of practice settings. Over the past three years, NYC Health+Hospital's Office of Patient Centered Care (OPCC) has embarked on an ambitious plan to create a culture of transformative change for our system, moving away from the idea of health care as treating illness and injury, and moving more toward the concept of preventing chronic illness and promoting wellness through community-based, patient-centered nursing. Our public health mission encompasses far more than just treating disease and trauma; it incorporates programs designed to foster early detection and treatments of chronic conditions, such as regular blood pressure and cancer screenings, as well as educational programs that highlight the importance of good nutrition, exercise, and other healthy lifestyle behaviors. Our public health nurses are uniquely poised to consider the distinctive and diverse cultures and backgrounds of our patients and the communities we serve, giving nurses exceptional opportunities to make a difference in the care and lives of patients by addressing the



Natalia Cineas DNP, RN, NEA-BC, FAAN

Senior Vice President, Chief Nursing Executive, Office of Patient Centered Care, New York City Health+Hospitals, New York, NY, United States

Biography

Natalia Cineas, DNP, RN, NEA-BC, FAAN, is Senior Vice President, Chief Nursing Executive, Co-Chair, Equity and Access Council for NYC Health+Hospitals, directing 9,600+ nurses at the nation's largest municipal public healthcare system, serving some 1.4 million New Yorkers annually in 70+ patient care locations. She previously served as Senior Director of Nursing and Deputy Chief Nursing Officer at Mount Sinai St. Luke's Hospital; and as Patient Care Director of Neurosurgery and the Neurosurgical Intensive Care Unit at Columbia University Medical Center New York Presbyterian Hospital. She serves as adjunct faculty at Columbia University School of Nursing.

sociopolitical, economic, and cultural factors that help build healthy communities. NYC Health+Hospital's public health nurses play a critical role in assessing and incorporating the social determinants of health into professional practice and patient care to alleviate health inequities and achieve greater health and well-being at all levels of society.

Audience Take Away Notes

- Provide a broad overview of the framework for the social determinants of health and how NYC Health+Hospitals' public health nurses are addressing these sociopolitical, economic, and cultural factors in patient care.
- Examine how the social determinants of health have a significant impact on evidence-based professional practice and overall patient care within our public health system.
- Illuminate the important role that public health nurses and public health systems play in identifying and addressing the social determinants of health in local communities and patient populations.
- Discuss developing programs to promote health and wellness in patients, families and communities by taking the social determinants of health into account.

Mini-mock codes: Beginnings matter

Mini-Mock Codes: Beginnings Matter discusses a process developed to enhance first responder performance of Basic Life Support (BLS). First responders are individuals who recognize a need and initiate BLS without the support of advanced providers. The American Heart Association (AHA, 2020) states that the action of the first responder is to provide early, high quality Cardiopulmonary Resuscitation (CPR). This project was initiated in response to direct observation of challenges of first responders at bedside emergencies and requests from staff for simulated cardiac arrest practice.

Effective, high-quality CPR has been identified as critical for patients to survive a cardiac arrest (The Joint Commission, 2021). However, loss of effective CPR psychomotor skills may occur within 3 months of training (Kaplow, 2020; Lim, 2021). In-hospital cardiac arrests result in over 290,000 annual deaths in US hospitals (Mota, 2023). In addition, biennial BLS skill validation may be insufficient to support the performance necessary to perform high quality CPR. With key stakeholder support, Nursing Professional Development Managers (NPDM), challenged to improve clinician response to bedside emergencies, developed Mini-Mock Codes. This work enhances the AHA guidelines for basic life support recommendation to utilize deliberate practice & mastery learning to improve the quality of BLS.

During the pandemic, education needed to be brought to the nurses rather than requiring nurses to leave the unit for education. This low-tech method of allowing individuals to practice cardiopulmonary skills in their work environment has been well received by participants at a 171-bed Magnet with Distinction designated community teaching hospital. Mini mock code sessions were but impromptu responders. Required equipment includes feedback mannikin, cardiac rhythm simulator, defibrillator with training pads, a patient care area &/or stretcher. NPDMs utilized the feedback mannikin, a paper checklist, and a timer to record first responder actions during the event.

Set-up time for two NPDMs was 15 minutes; individual sessions for staff lasted 15 minutes. Staff were alerted to an unresponsive patient, and they responded; after 2 minutes, the mini mock code was paused for debrief. NPDMs provided feedback to the team based on direct observations, mannikin, and defibrillator data. Immediately following the debrief, participants re-enacted the code allowing for deliberate practice and repetition to improve performance. Post-session evaluations were completed.



Patricia M Rabbett, Beth Waters

Brigham & Women's Faulkner Hospital, United States

Biography

Patricia Rabbett received a BSN (1975) and an MSN(1988) at Salem State University. She has worked in community and academic hospitals in medical surgical, critical care and endoscopy nursing. Other roles include critical care clinical nurse specialist, adjunct faculty at Simmons University and presenter at professional meetings. Currently, she is a Professional Development Manager for Ambulatory Care areas. Patti is a long-standing member of many professional organizations including AACN & ANPD and is certified as a Critical Care Registered Nurse (CCRN).

Beth Waters received a BSN(1981) at William Paterson University and an MSN (2012) at Saint Elizabeth University. She has worked primarily in Emergency Nursing as staff nurse, & manager. She has experience in medical surgical nursing, critical care and pediatric emergency nursing. She has presented at conferences, and is adjunct faculty at UMASS Dartmouth. Currently, she is a Professional Development Manager for the Emergency Department and is the Training Center Coordinator for BLS, ACLS and PALS. Beth is a long-standing member of many professional organizations including ENA, ANA & ANPD and is certified as a Pediatric Emergency Nurse (CPEN).

Strengthening the nursing profession: The new paradigm of mentorship

The nursing profession is undergoing a transformative shift in response to the dynamic challenges of modern healthcare. This session explores the emerging paradigm of mentorship as a powerful catalyst for strengthening the nursing profession. Mentorship is evolving beyond its traditional role to address the complex demands of healthcare today and nurture the next generation of nurses.

The new paradigm of mentorship emphasizes a two-way exchange of knowledge and experience between nurses of all levels of experience. It extends beyond the confines of the workplace, encompassing digital platforms, communities, and formal mentorship programs. This evolution recognizes that mentorship is not solely a top-down process but rather a reciprocal relationship that enriches both mentor and mentee.

During the session we will examine research on the impact of mentorship to promote resilience in the face of healthcare challenges, and how these continued relationships play a pivotal role in addressing the nursing shortage by retaining talent and increasing job satisfaction.

In this session we will begin to re-evaluate the mentor-mentee relationship and assumed roles within the paradigm of communication and support. The integration of mentorship into nursing practice leveraging technology and digital platforms, enabling connectivism across geographical boundaries.

By the end of the session, the attendee will understand how to overcome perceived challenges of mentoring, and how to facilitate relationships as a driving force in strengthening the nursing profession. Further reimagining mentorship as a dynamic and reciprocal relationship, the nursing profession can embrace a more resilient and empowered future. Lastly, the attendee will understand how to create mentorship programs using exemplary models and historical perspectives.



Dr. Robin Geiger

Ingenovis Health (Trustaff, Fastaff, U.S. Nursing Corporation, Vital Solution, HealthCare Support, VISTA, and Springboard Health and Education), USA

Biography

Dr. Geiger is an accomplished, results-driven, board-certified nurse executive with over 20 years of clinical leadership experience, leading national project teams and creating program initiatives in federal, corporate, and academic settings. She is the Senior Vice President, Clinician Advocacy for Ingenovis Health, where she is proud to lead the ACT (Advocacy, Career, and Tools) program focused on clinician support and well-being. She is board-certified as a Nurse Executive and Nurse Practitioner and maintains clinical privileges as co-founder and owner of a concierge-

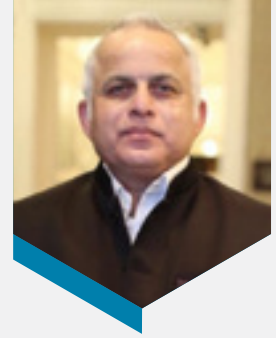
based health clinic for the uninsured. Dr. Geiger holds several board positions. She is the Chair of the Chief Nurse Advisory Board for Ingenovis Health, a board member of the National Diversity Council, and a board member of the American College of Education Advisory. She is often sought as a global motivational speaker and lecturer on nursing leadership, mentorship, and nurse education. She hosts the Clinician Voice podcast, and ACT for Health Professionals Webinar Series. Dr. Geiger has served as Associate Dean of Academic Affairs for National University, Vice President of Clinical Services/ Chief Privacy Officer for Muscular Dystrophy Assoc., and Head Nurse for Veterans Affairs Community Care. She has published and presented on multiple healthcare topics. She is passionate about clinician advocacy, health equity, and mentorship. She resides in Florida with her family.

Nursing conference topic & context of presentation - Nursing informatics

Healthcare has been exposed to multiple structured & unstructured data in the recent times. The pandemic situation has exposed more and more “contactless” solutions and the manner in which healthcare is availed & is provided, both have undergone significant changes. On big paradigm change in Healthcare is a movement towards more predictive analytics as against legacy historical reviews. Clinical Decision Support System (CDSS) is now integrated with Hospital Information Systems (HIS) to have real time actionable alerts provided to care providers at each & every touchpoint of care continuum. Both sedentary lifestyle living & changed “Work from Home” (WFH) work environments, have led higher prevalence of Non-Communicable Disease (NCD), making it imperative to invest in lifestyle changes & while providing timely healthcare access & solutions. With the dynamic changes, adherence to HIPAA guidelines and appropriate use of personal health information is mandatory. With more & more dependability on virtual solutions, the elements of data breach, cyber threats & frauds has made the Healthcare work environment vulnerable. Big data has also contributed to behavioural clustering for patient groups & in evolving personalised clinical pathways, creating of data registries & facilitating clinical trial work activities. Progressive Healthcare Organizations have taken the lead in adopting technology & AI solutions providing access of the best of clinical minds & technology solutions to deserving patients & their families. AI Driven Health Check risk assessment scoring, Stroke AI tools, Oncology AI tools for genetic indispositions & few of the integrated Tech solutions are few examples of AI adoptions.

Audience Take Away Notes

- The audience & participants should gain enhanced understanding on the usage of Big Data & Informatics solutions in Healthcare. With the best practises & case studies presented, the audience will be in a position to review implementation in their individual domain of work.



Santosh Marathe

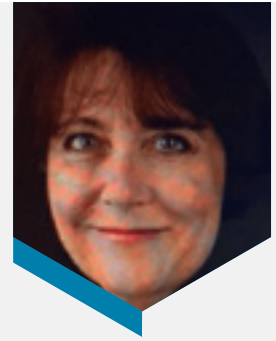
Regional Chief Operating Officer
NMC Healthcare Abu Dhabi UAE

Biography

Mr Santosh Marathe has a work experience of around 37 years with the past 24 years in Healthcare. His career has transcended across manufacturing, Consumer Goods & Healthcare. He currently occupies the role of Chief Operating Officer at NMC Healthcare Abu Dhabi. Santosh has been instrumental in multiple strategic advisory roles for building business alliances, project planning, service excellence initiatives, costing & pricing strategies, physician compensation strategies, revenue management & IT implementations. He has been recognised & awarded in top 100 Healthcare leaders by IFAH Dubai. He has been a regular speaker in multiple national & international forums at Boston, Sydney, Amsterdam, Singapore, Hongkong & Dubai on topics of Big Data, Supply Chain management, Patient Centric care initiatives, Patient Experience, Finance & Costing & IT systems, Digital healthcare roadmap, Revenue management & so forth.

Use of Objective Structured Clinical Examinations (OSCES) for women's health nurse practitioners and gender studies education

Many pregnancies are unplanned, and many women do not receive adequate pre-pregnancy counseling and prenatal care, thus leading to suboptimal perinatal and infant morbidity and mortality outcomes. As comorbidities related to Type II Diabetes and Hypertension continue to be prevalent among the population, Women's Health Nurse Practitioners play a critical role in proactive pre-pregnancy and perinatal care of women. Close follow-up during the post-partum period also plays as critical role in decreasing morbidity and mortality of both women and their newborn infants. As health care disparities are prevalent, standardized patient simulation provide the opportunity to expose students to women of various ethnicity, income level, education level, and gender preference, and equip them to identify individualized morbidity and mortality concerns. High fidelity simulation education specific to the early recognition and intervention regarding perinatal birth complications followed by objective structured clinical examinations provides an avenue for both preparation and assessment of mastery related to these critical concepts.



Susan Eileen Mihaljevic

Carlow University, United States

Biography

Dr. Mihaljevic studied nursing at Pennsylvania State University and obtained her BSN in 1986. In 1993 she obtained her MSN from the University of Pittsburgh and began working as a pediatric nurse practitioner within primary care settings. In 2013 she became the Simulation Coordinator for Robert Morris University within a CMS grant and obtained a Certificate in Simulation in 2013, and Doctor of Nursing Practice in 2014 at the same institution. In 2015, she became faculty within the graduate programs at Carlow University and obtained her post-doctorate certification as a Women's Health NP. Dr. Mihaljevic continues to teach within the FNP, WHNP, and Psych MH NP graduate programs at Carlow University and now serves as the Director of the Women's Health Nurse Practitioner Program. Dr. Mihaljevic's simulation content has been presented in several international simulation conferences as well as regional and local venues. She has also published her work related to Simulation and Women's Health.

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Anné Joubert*, Jane Kerr

Department of Nursing Science, University of Zululand, KwaDlangezwa,
KwaZulu-Natal, South Africa

Person-centred caring experiences of registered nurses while managing foot care for patients with type 2 diabetes in a rural district of Northern Kwazulu-Natal

Background: The five-year mortality rate after a diabetic foot amputation is higher than 40% globally. In KwaZulu-Natal, 2500 diabetic foot amputations are carried out per year. Only 7.8% of diabetic patients undergo foot examinations within KwaZulu-Natal public health, while 90% are not educated about foot care. Person-centeredness and caring can potentially improve foot care outcomes for patients with diabetes.

Aim & Objectives:

- To describe registered nurses' experiences of person-centred caring in managing the foot care of patients with type 2 diabetes.
- To explore current practices of registered nurses regarding the foot care of patients with type 2 diabetes.

Methodology: A mixed-methods-convergent design is used for the study. During the qualitative phase of the study, 18 semi-structured interviews were conducted with registered nurses working at primary health care clinics. Data was collected in rural district within KwaZulu-Natal, South Africa. One in-town clinic and two out-of-town clinics were selected from each sub-district for data collection. Qualitative content analysis was used to analyse the semi-structured interviews.

Results/Findings: The central theme of the study is that the registered nurses feel they are nursing the queues. They think patients with diabetes and their foot care get neglected. As a result, these patients don't attend clinics and relatives are sent to collect medication. Registered nurses are rushing to "push" the long queues of integrated chronic patients. Nursing care gets neglected due to staff shortages, non-conduciveness of facilities and a lack of training.

Recommendations and Conclusion: There is a need for an in-service training program that considers the district's rurality. A scoping review was done to find evidence-based solutions to these challenges, which was incorporated into the training program. This training will have to equip registered nurses with the knowledge to implement person-centred caring while managing the foot care of patients with diabetes.

Audience Take Away Notes

- The audience will gain insight in the challenges that registered nurses face in diabetic foot care management in a rural area of a developing country
- The audience might identify with these challenges
- The presenter will discuss these challenges that the registered nurses encountered. Evidence based solutions that resulted from a scoping review to these challenges will be discussed. The person-centred caring diabetic foot care in-service training programme can give guidance on diabetic foot care management in rural areas

Biography

Dr. Anné S. Joubert (Doctor of Nursing (University of Zululand), M.Cur – Critical Care Nursing (University of Pretoria), B.Cur – General Nursing, Midwifery, Psychiatry and Community Health) (University of Pretoria) is a lecturer at the Department of Nursing Science. She has 3 years' experience as a critical care nurse and has been part of a team doing clinical research for pharmaceutical companies for 6 years. She has been a lecturer at the University of Zululand since 2015. She graduated in April 2007 having completed her Master's degree in Nursing. She graduated in April 2023 having completed her Doctorate degree.

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Factors influencing service quality performance of a Saudi higher education institution: Public health program students' perspectives

This study aimed to reveal the perception of students about the service quality performance of a Saudi university using a modified CUL-HEdPERF scale and revealed the factors affecting students' overall satisfaction towards service quality performance. An exploratory study design was adopted, and all students belonging to selected public health programs (N=3) at Imam Abdulrahman Bin Faisal University (IAU) were considered as the population for this study. All second, third, and fourth-year undergraduate students (N=165) were administered with a modified CUL-HEdPERF scale using the paper-based method. The scale consisted of three sub-scales measuring factors related to (i) the Gulf culture area, (ii) professionalism in executing academic and non-academic activities, and (iii) the institutional level, and overall satisfaction. One hundred thirty-three completed questionnaires were received with the response rate of 80.6%. Overall, students' satisfaction towards service quality performance of IAU was acceptable (mean score 2.6–3.6). A multiple regression analysis indicated that all three sub-scales were significant factors influencing students' overall satisfaction ($p < 0.05$). This study adds value to the existing literature by exploring the factors influencing students' overall satisfaction towards the service quality performance of a Saudi university. It would assist the policymakers in emphasizing those factors related to the Gulf culture area along with others, thereby improve and maintain students' overall satisfaction towards service quality performance of universities in the Arab region.

Audience Take Away Notes

- Understand that they can developed a modified CUL-HEdPERF scale with and sub-scales, through overlooking factors related to their own culture area, in our case the factors were professionalism in executing academic and non-academic activities, and institutional level and overall satisfaction.

- Observe what are the significant predictors of factors influencing students' overall satisfaction towards the service quality performance of IAU.
- Share with audiences our results specifically present to them that only “factors related to the Gulf culture area” was graded as ‘high-quality’ by the students of the selected public health programs at IAU, and the other two factors are graded as ‘acceptable’. Overall, the students' satisfaction towards service quality performance of IAU was graded as ‘acceptable’.
- Based on these findings, this study suggests the policymakers could utilize the Gulf culture sub-scale to be included in the service quality performance scale to assess the students' satisfaction towards service quality performance of HEIs in the Gulf region.

Biography

Dr. Alaskar studied Nursing at GMU, Virginia and graduated as MSN in 2005, then joined Prince Sultan Military College in Dhahran, KSA as the chairperson of the nursing program. She received her PhD degree in 2018 at Loma Linda University. She is a recipient of the Dissertation Impact Award from LLU 2018, then she obtained the position of an Assistant Professor at PSMCHS. She has published a number of research articles in high ranking journals. She demonstrate competencies and experience of research and healthcare quality. At present she is the Nursing Administration Consultant at King Fahad Military Hospital in Dhahran, KSA.



Ashish Anand

Founder/CEO, Workforce Wellness

The looming crisis in healthcare: AI and technology solutions for addressing workplace burnout

The looming crisis in healthcare: Healthcare professionals are facing an unprecedented mental health crisis. Nearly half (46%) of healthcare workers report feeling burned out often or very often, according to the Centers for Disease Control and Prevention (CDC). This is a staggering doubling from pre-pandemic levels, highlighting the immense strain on our healthcare system's frontline. Burnout doesn't just impact individual well-being; it leads to increased staff turnover, reduced patient satisfaction, and higher healthcare costs.

This session explores how Artificial Intelligence (AI) and technology can be leveraged to support both Nurse employers and nurses to detect, measure, treat and prevent burnout. Burnout in the workplace presents a multifaceted challenge, influenced by factors ranging from heavy workload and lack of autonomy to poor work-life balance and inadequate support systems. Addressing this complexity requires a comprehensive approach that considers individual needs, organizational culture, and systemic factors to effectively mitigate its detrimental effects on employee well-being and productivity. As part of this session, we'll delve into:

- **AI-powered burnout detection:** Explore how AI and advanced algorithms can provide comprehensive data to enable Nurse Employers to proactively detect and identify burnout and associated trends and take preventive actions on behalf of nurses.
- **Tech-driven burnout prevention:** Discover how through a single, easy to use User Interface (UI), nurses can access all the support needed. Enabling them to improve their wellbeing, gain peer to peer and mentoring support through to AI 24*7 personalized wellness roadmaps. We'll also discuss the potential of AI-powered recommendation systems to suggest workload adjustments, promote healthy work-life balance, and connect employees with relevant resources.

Audience Take Away Notes

- This session will equip attendees with a deeper understanding of appropriate use of technology together with both employers and employees sharing a common purpose and objectives, can be used to create a more supportive work environment, fostering improved employee well-being and boosting organizational operational and financial effectiveness.

Biography

Ashish Anand is a SaaS entrepreneur and Founder and CEO of Workforce Wellness, who is at the forefront of innovation in AI and the future of work. Ashish is a distinguished technology leader with over two decades of experience in building SaaS solutions for numerous high growth startups and enterprises. He has also served as a technology advisor to leadership teams to national clients and venture capital firms. Workforce Wellness: Workforce Wellness is an AI Powered Burnout Management Platform for Healthcare. Since its founding in 2020, the company has made substantial strides, partnering with industry giants like Sony Pictures, NBC Universal and many others to redefine the landscape of employee management. Leveraging predictive analytics and a holistic approach, Workforce Wellness offers a transformative platform empowering Healthcare organizations to navigate the complexities of the modern workforce, fostering environments where employees are valued, supported, and motivated to excel.



Bomei Duan

School of Nursing and Health, Zhengzhou University, Asian, China

A network analysis of psychological capital and psychological distress in stroke patients

The high recurrence rate of stroke and the functional impairment caused complex psychological changes of patients. And psychological distress of stroke patients were common and psychological capital may be a good way to improve psychological distress. This study explored the relationship between psychological capital and psychological distress in stroke patients using the network analysis. 235 stroke patients hospitalized in neurology were included to assess psychological capital using the Psychological Capital Questionnaire (PCQ) and psychological distress symptoms using the ten-item Kessler Psychological Distress Scale (K10). Networks were constructed using partial regularized correlation matrices. There was a negative correlation between psychological capital and psychological distress. The most central symptom was “Often get nervous and have nothing to calm you down” (E3) and the highest bridge symptom was “Do you often feel tired for no reason” (E1). Our findings indicated that fatigue, loss of interest and depression of stroke patients can help mobilize the psychological capital of patients, reduce the psychological distress of patients and become intervention targets for stroke patients to address. This study enriched the existing studies, provided a theoretical basis for early recognition and alleviation of psychological distress symptoms in stroke patients to play a positive psychological role. It is helpful to improve self-management and prognosis of stroke patients.

Keywords: Network Analysis, Stroke, Psychological Capital, Psychological Distress, Chronic Diseases.

Audience Take Away Notes

- The relationship between psychological capital and psychological distress in stroke patients using the network analysis.
- This study will provide a theoretical basis for early recognition and alleviation of psychological distress symptoms in stroke patients to play a positive psychological role.
- It is beneficial to improve self-management and prognosis of stroke patients and make targeted intervention for them.

Biography

Bomei Duan studied nursing at the School of Nursing, Hebei University and have received her bachelor's degree in 2023. Subsequently, she joined the School of Nursing and Health of Zhengzhou University to continue her study of nursing. During the postgraduate period, her main research direction is chronic diseases of the elderly. Under the guidance of Professor Zhang Zhenxiang, a Chinese core article has been published in the first academic year, and an English article is being submitted.



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Stroke risk perception among high-risk population: A latent profile analysis

Stroke is a significant public health challenge, Patients with three or more risk factors to be at high-risk of stroke, and they have a higher incidence of stroke than healthy individuals or those at low-risk of stroke. The risk perception is important to the formation of individual health prevention behavior, is a key element in understanding how persons become motivated to change health behaviors. Hence, understanding the process of risk perception and influencing factor will be of high significance to take targeted prevention. We aimed to identify possible potential classes of risk perception of the high-risk of stroke population in China and to explore the factors and characteristics that influence their perception. A cross-sectional survey was conducted by using convenience sampling to collect data from 845 high-risk stroke people in Zhengzhou and Luohe, Henan, China, from January to May 2023. Latent profile analysis identified four classes of risk perception models which were as follows: Class 1 (low risk perception group, 10.5%, N=89), Class 2 (Insufficient self-risk perception group, 16.1%, N=136), Class 3 (Accurate risk perception group, 25.3%, N=214) and Class 4 (Medium Risk Perception group, 48.1%, N=406). The multinomial logistic regression analysis showed that the statistically significant influencing factors were the social support Rating Scale Score, family monthly income, age, educational level, working situation, family monthly income, Risk factors for stroke, and living condition. This study has identified four different latent classes of risk perception and their predictive factors in people at high-risk of stroke. There is heterogeneity in risk perception among high-risk stroke, and mostly possess a moderate level of risk perception. The study allowed healthcare professionals to identify different clusters of risk perception in high-risk stroke populations and provided tailored guidance based on the latent classification characteristics. It had significance for promoting primary prevention among people with high-risk of stroke.

Audience Take Away Notes

- Most people at high-risk of stroke have a moderate level of risk perception.
- Our latent profile analysis identified four profiles of risk perception in high-risk of stroke.
- This analysis will provide valuable insights for primary prevention of stroke, and provide a basis for healthcare staff to development targeted perception.
- Specifically, Healthcare professionals should be concerned to lower educational level, family monthly income and the social Support Rating Scale, and emphasis on risk management for people living alone and aged <60 years at high-risk of stroke.

Biography

Bowen Liu is a master's degree student at the School of Nursing, Zhengzhou University. During study, She has participated in the publication of one SCI paper, and has taken part in the writing and final report of the National Natural Project and the project of the Department of Education of Henan Province.



**Brian Ace Mones* MSN, RN,NPD-BC, CCRN, CNRN, SCRN, CMSRN;
Anjouli Marie Gerez-Arpon BSN, RN, CCRN**

Houston Methodist Hospital, Houston, Texas, US

Neuro ICU training: Dive into scenario simulation

Purpose: The purpose of this Quality Improvement (QI) project was to evaluate the impact of SBS as a training strategy in neurocritical care to enhance the (1) knowledge, (2) confidence, and (3) competency of new staff nurses within the Neuro-ICU setting.

Relevance/Significance: In the dynamic Neuro Intensive Care Unit (ICU), where rapid decision-making is crucial, new staff nurses often face persistent knowledge gaps post-orientation. Scenario-Based Simulation (SBS) emerges as a powerful, immersive tool that not only addresses these gaps but also empowers nurses to expertly recognize deterioration cues. Beyond a training strategy, SBS stands as a transformative force shaping confident and competent healthcare providers ready for the complexities of Neuro-ICU.

Strategy/Implementation/Methods: Nine nurse participants received SBS intervention between June and August 2022. Participants took part in a simulation session consisting of three scenarios: (1) post transsphenoidal surgery with complications; (2) unstable hemorrhagic stroke and intracranial pressure crisis; and (3) post thrombectomy with complications, intubation and code blue. Scenarios were reviewed by clinical resource experts and simulation specialists. To evaluate the impact of SBS on the participants' learning, confidence and competency, three instruments were used, both before and after the intervention: Knowledge Test, Modified Self-Efficacy Scale (MSES) and Modified Creighton Competency Evaluation (C-CEI).

Evaluation/Outcomes/Results: The utilization of scenario-based simulation in training new hires within the neuro ICU has yielded highly positive outcomes. This innovative approach has not only significantly improved the knowledge, confidence, and competence of new staff nurses but has also effectively bridged the knowledge-practice gap. By immersing individuals in realistic scenarios, it successfully equips them to manage rapidly deteriorating patients in a controlled environment. The demonstrated success underscores the effectiveness of this training strategy in preparing new staff for the intricacies of neuro ICU care.

Conclusions/Implications: The success of SBS underscores hands-on, experiential learning's vital role in staff training. It enhances new nurses' preparedness for delivering high-quality care in the complex neuro-ICU, amplifying knowledge, confidence, and competence, leading to safer patient care and improved outcomes.

Audience Take Away Notes

- How simulation closes the experience gap for new staff nurses in Neuro-ICU, offering valuable insights into enhancing knowledge, confidence, and competency. A must attend for nurse leaders and educators.
- They will not only gain insight into the art of crafting and implementing simulations but will be

compelled to recognize the unparalleled efficacy of an immersive training approach, particularly in the context of onboarding new staff. This presentation is a call to action, urging professionals to embrace simulation as the definitive catalyst for unparalleled training in their respective fields.

Biography

Brian Ace Mones, MSN, RN, NPD-BC, CCRN, CNRN, SCRN, CMSR. Education: Master's Degree, Nursing Administration, Central Philippine University, PH (2016) BSN, Central Philippine University, PH (2007). Experience: Former Preceptor, Skill Validator and Resource Staff in Neuro ICU, Professional Practice Leader and Unit Educator for both Neurology and Neurosurgery Acute Care Units, HMM Simulator Facilitator, Member – HM Clinical Informatics Technology & Innovation Council.



Cabell Jonas^{1*} PhD, Grace Winn¹ RN, Fariha Sarwar¹ LPN, Lauren Peyton¹ RN, Kara Wright¹ RN, Marilyn Odums¹ LPN, Adrienne Deneal¹ MS, Daniela Canedo¹ MPH, Sundeep Basra¹ MPH, Alanna Kulchak Rahm² PhD, CGC, Nora Henrikson³ PhD, MPH, Pim Suwannarat⁴ MD

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The impact of nurse coordinators on a traceback cascade genetic testing program for ovarian cancer

Background: Ovarian cancer has vague symptoms and is often diagnosed at late stages, which results in high mortality. A proportion of breast/ovarian cancers are due to hereditary pathogenic genetic variants. Genetic testing of cancer patients offers an opportunity to determine if there is a pathogenic genetic variant in the family. If a pathogenic variant is found, offering cascade genetic testing to family members can identify others at-risk. Knowing this information can positively impact the care of the cancer patient and cancer may be avoided in some at-risk family members. The concept of identifying and genetically testing previously diagnosed ovarian cancer survivors to identify at-risk families is termed “Traceback.”

Methods: As part of a National Cancer Institute-funded cooperative agreement, Kaiser Permanente Mid-Atlantic States (KPMAS), Geisinger Health System, and Kaiser Permanente Washington (KPW) have designed and are evaluating Traceback testing programs in the clinical environment. The KPMAS model used nurse navigators to support the Traceback testing program. Nurse Coordinators practicing virtually supported cancer patient outreach, genetic test ordering, and downstream care coordination.

Results: Within the KPMAS program, 224 patients were eligible for genetic testing, 153 (68%) of patients were reached by Nurse Coordinators, 123 (80%) of patients agreed to receive a mailed saliva genetic test kit after speaking with the Nurse Coordinator, 2 (1%) patients requested a genetic counseling visit, 74 (60%) of patients completed genetic testing. 9.4% (n=7) of patients had pathogenic genetic variants, 30% (n=22) variants of uncertain significance, and 61% negative (n=45). Semi-structured interviews with patients who participated in the Traceback program revealed that participants felt the Nurse Coordinator involvement was positive and helpful.

Conclusions: The use of Nurse Coordinators as part of a Traceback testing program is feasible and acceptable. Most patients agreed to genetic testing after a conversation with the Nurse Coordinator, without the need to complete a genetic counseling visit. This program demonstrates that a Traceback genetic testing program can be effectively supported by Nurse Coordinators, which offers another option for settings where genetic counselors and/or genetic counseling access is more limited.

Audience Take Away Notes

- They will understand the duties of a Nurse Coordinator within the context of a Traceback genetic testing program for ovarian cancer.

- They will be able to identify areas within a genetic testing workflow where Nurse Coordinators and Genetic Counselors can each manage steps to ensure patients complete the testing process.
- They will understand the patient perspective and attitudes towards a genetic testing program that includes Nurse Coordinators.
- Could use this research to inform the design of Coordinator-supported genetic testing workflows, which is particularly important in geographic areas where genetic counselor access is limited. This is a practical solution to the pressing problem of limited genetic counselor availability and access nationwide.
- Will gain practical tips on using Nurse Coordinators as part of comprehensive cancer patient care.
- Will gain practical tips on how to use Nurse Coordinators virtually to support patient care.

Biography

Cabell Jonas, PhD is a Research Scientist and Director of Research Programs within the Mid-Atlantic Permanente Medical Group, Kaiser Permanente Mid-Atlantic States. Dr. Jonas completed her PhD at the University of Wisconsin-Madison. Dr. Jonas has extensive experience implementing and evaluating genetics, infectious diseases, and LGBTQ+ care clinical programs, including Nurse Coordinator supported programs for Hepatitis B & C and Hepatocellular Carcinoma Surveillance. The work shared is part of the NIH funded grant Feasibility and Assessment of a Cascade Traceback Screening program (1U01CA240747-01A1; Henrikson, Jonas, Rahm) and Supplemental study, Reaching at-risk populations: Evaluating EHR tools and outreach to promote genetic counseling.



Caifang Zhang*, Deqin Huang, Yuhan Chen, Jingyi Deng, Ziru Xie, Yingge Tong

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A descriptive analysis of the learning experiences of international and domestic undergraduate nursing students who sitting in one classroom in China

Background: The evidence has strongly suggested that students gain benefits of international learning experience in nursing program. It includes the short and long-term positive effects on students' personal and professional development.

Purpose: The purpose of this study was to describe the experience of international and domestic undergraduate nursing students who participated in a learning program in China.

Method: A descriptive qualitative outcome evaluation project was utilized to understand international and domestic student perception of this experience. 20 participants (7 African and Asian students and 13 Chinese students) were taking one semester nursing learning program in Hangzhou Normal University in east China. Data was collected by 3 focus groups and 2 interviews. Interview transcripts were analyzed by the authors for common themes.

Results: Three category were language, culture and study. 7 themes identified included: raising language interests, coping tool, communication ability, culture gap -"touching", social culture, learning gift and a desire for an international "together" course. Both international and domestic responses required to add domestic language in teaching. Domestic students were more liked to be respect by body language. Participants also indicated increased personal and professional growth.

Conclusions: The nursing students perceived language, culture and study benefits from sitting one class room learning experience. The future international teaching approach needs both English and domestic language.

Audience Take Away Notes

- This study will help us to understand the benefits and barriers that international and domestic students facing when they sitting in one class room.
- The evidence would support nursing educators and administrator to better facilitate international and domestic students in English taught nursing program.
- It will add knowledge of international nursing education in Asian country.

Biography

Mrs Caifang Zhang graduate at Northumbria university of Newcastle, UK and graduated as Msc in 2005. She worked in Sir Run Shaw Hospital as a clinical nurse for 7 years and teaching in Nursing school of Hangzhou Normal University for 18 years. She had the research training in the university of Edinburgh for 1 year and gave 3 international speech in Virginia Commonwealth University, Richmond, MCPHS University, Boston and Quaker Heights Nursing Home, Ohio. She organized an international research group in school, has published more than 10 research articles and gained more than 20 research grants.



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Mediating effect of medication burden on the relationship between medication literacy and medication adherence among patients with multimorbidity

Background: Multimorbidity has a significant impact on public health and primary care. Medication adherence is important and effective for managing and preventing multimorbidity. Studies have shown that medication literacy has a positive effect on medication adherence in patients with multimorbidity. However, the specific mechanisms mediating the relationship between medication literacy and medication adherence in them are still unclear and need further exploration. Therefore, the aim of this study was to investigate the mediating role of medication burden in the association between medication literacy and medication adherence in this population.

Methods: This study employed a cross-sectional design and convenience sampling method to survey patients with multimorbidity in Zhengzhou, China, from July, 2023, to January, 2024. Participants were assessed using a demographic questionnaire, the Chinese Version of the Morisky Medication Adherence Scale-8 (C-MMAS-8), Medication Literacy Questionnaire (MLQ), and the Living with Medicines Questionnaire (LMQ). Data were analyzed using descriptive statistics, one-way analysis, Pearson correlation analysis, and medication analysis.

Results: A total of 221 patients with multimorbidity participated in this study. The medication literacy score of patients with multimorbidity was (4.48±1.73). Medication adherence was (4.46±1.98), and the medication burden score was (109.91±18.43). The medication burden was the intermediary effect between medication literacy and medication adherence in patients with multimorbidity, and the effect value was 0.328, accounting for 55.6% of the total effect.

Conclusion: This study might suggest that medication literacy indirectly affected medication adherence in patients with multimorbidity through medication burden, which provides a new idea of developing strategies to improve medication behavior. Focusing on the burden of multiple medication can help medical staff to better understand the confusion in patients with multimorbidity's medication treatment, and provide effective information for improving the effect of medication and promoting physical and mental rehabilitation. In the future, Health care providers should actively innovate the intervention forms to reduce the medication burden, to improve their medication adherence, so as to promote the establishment of good medication management for patients with multimorbidity.

Audience Take Away Notes

- Analyzed the mechanism of medication literacy on medication adherence
- Learned that the medication burden is the mediating variable of medication literacy and medication adherence in patients multi-morbidity

- Suggested that healthcare professionals should pay attention to the assessment of patient medication burden in their clinical work. Medical staff should recognize the significance of assessing and promoting medication literacy and implement strategies aimed at reducing medication burden

Biography

Can Chen, female, studied in the School of Nursing and Health, Zhengzhou University, mainly engaged in chronic disease management research, has published two Chinese core articles.



Chris Lengle

Professional Registered Nurse and Award Winning Author, Park City, UT, USA

The male nurse survival guide

How to survive the wild and dangerous profession of nursing. Nine out of ten nurses are women which means as a male nurse we are the minority. Nursing is a woman's world, but we can thrive if we know how to survive. I have seen many male nurses get eaten alive out there. This presentation will be fun and educational look at nursing we aren't taught in nursing school. This is for anyone in the profession whether you are brand new or a seasoned pro. Chris will teach you important skills that you were not taught in school. It was all learned over seventeen years of direct training on the front lines since he was twenty years old. The information and knowledge you receive here will be immediately helpful in your career no matter where you work or what stage of your career. The first stage will be what it is like working in a female dominated field. Why do some men succeed and others fail miserably? Chris will teach you about the jungle and how the lionesses rule this jungle. We will talk about the most important aspects of the job such as time management and what makes a good nurse a great nurse. Chris will then discuss the frustrations of nursing, why people are leaving and how to survive the burnout. The profession is evolving and we need to keep up. After years of working in direct patient care Chris will share how to deal with the most difficult patients and not end up in jail. There is a skill to this and it can make all the difference in the world for you and your patients. This presentation will be fun and informative no matter your gender, experience or current area of nursing.

Audience Take Away Notes

- How do you survive the world of women?
- How do you manage your time and stop getting overwhelmed?
- Why are nurses leaving the profession?
- How do you survive the burn out and frustration?
- How do you deal with the most difficult patients and not end up in jail?

Biography

Chris Lengle has been a registered nurse for over seventeen years. He has had many roles from his start in the step-down intensive care unit at twenty years-old, working in telemetry, medical surgical, behavioral health, leadership, and years of travel nursing around the country and throughout the coronavirus pandemic. He brings a fun and educational perspective to our profession. He wrote the award winning book "The Male Nurse Survival Guide" to educate nurses on all the nuances of this profession we are not taught in nursing school.



Christina Wong MD, DNP, MBA, PMHNP-BC, CNE

Long Island University, Brooklyn, NY, USA

Enhancing care: Implementing post-TMS follow-up for monitoring treatment-resistant depression

Mental health is a common disorder that impacts all nursing care. Transcranial Magnetic Stimulation (TMS) is FDA cleared for Treatment Resistant Depression (TRD). Consistent with the chemical theory of depression, TMS utilizes magnetic fields to activate the brain's cells to release neurotransmitters such as serotonin, norepinephrine, and dopamine to correct the imbalance. By restoring this chemical imbalance, the symptoms of depression are alleviated. In the outpatient psychiatric setting, there are currently no protocols recommend or in place to monitor if the results of TMS are maintained for if clients are at risk for relapse. Therefore, referral for additional TMS sessions is currently provided only if the client decides to return for treatment. As a result of current practice, it is essential to investigate post-TMS treatment maintenance guidelines as a means of monitoring for cases of relapse earlier. This project aims to explore the impact of a post-treatment follow-up to see if TMS results are sustainable or if maintenance or "booster" TMS treatment sessions are recommended.

The findings of this project support the idea that nurses should inspire patients to continue communication with their mental health team post-treatment. This project explores the potential implementation of a post-treatment evaluation using the Patient Health Questionnaire 9 (PHQ-9) four weeks after TMS therapy to gauge treatment outcomes. This intervention aims to elevate quality improvement efforts by integrating a post-TMS treatment assessment for treatment-resistant depression, discerning whether TMS effects endure or necessitate further intervention. Utilizing Pearson's Chi-square analysis, the project will scrutinize disparities in TMS referrals before and after instituting the PHQ-9 assessment. The findings of this project support the practice that nurses should educate on the importance of post-treatment follow-up and continued relationship with mental health providers in the event of relapse. Understanding the impact of TMS on clients with depression will also allow the nurse leader to be a better educator. The results also suggest significant clinical merit in introducing a post-treatment evaluation to identify clients who could benefit from additional TMS sessions, thereby ensuring sustained TMS outcomes and averting depression relapse.

Audience Take Away Notes

- The role of transcranial magnetic stimulation (TMS) in the treatment of depression.
- Exploring the impact of assessing depression symptoms 4 weeks post-TMS Treatment.
- Nurses will obtain knowledge to effectively support patients undergoing TMS therapy for depression.
- Understanding the importance of TMS follow-up empowers nurses to foster enhanced collaboration with psychiatrists, neurologists, psychologists, and other healthcare professionals, facilitating comprehensive treatment coordination and delivery for patients.

Biography

Dr. Christina Wong is board certified in psychiatric mental health by ANCC and is a certified nurse educator. She started her career helping individuals in the group home setting. In this role, she developed her interest in working with individuals with autism. She received a Florence Nightingale award from the Institutes of Applied Human Dynamics for her work in advocating for the needs of those with developmental disabilities during the COVID-19 pandemic. In her present clinical practice, she employs cutting-edge treatment modalities such as transcranial magnetic stimulation therapy to enhance the well-being of individuals with various mental health disorders.



Christy Watson, DNP, APRN, PNP-PC

School of Nursing, Ohio University, Zanesville, Ohio, USA

Exploring the impact of an online immunization provider training module to address parental vaccine hesitancy

The purpose of this project was to improve provider competence in addressing parental vaccine hesitancy. While practice guidelines are clear about the importance and timing of pediatric immunization, parental vaccine hesitancy exists as a complex phenomenon. Research regarding best practices for training pediatric providers in vaccine counseling skills is lacking. The PICOT question guiding this study asked: Among pediatric immunization providers in Ohio, how does an online educational program on parental vaccine hesitancy compared with no training affect perceived provider competence in addressing vaccine hesitancy as evaluated on a pre-test/post-test survey administered at the time of the educational offering and 4 weeks postprogram? A convenience sample of 42 pediatric providers attended a 1-hour webinar on immunization best practices. An adaptation of the Perceived Competence Scale was utilized to evaluate participant feelings of competence in addressing parental vaccine hesitancy. The online surveys were administered before the program, immediately after the program, and 4-weeks postprogram. Repeated measures analysis of variance was used to assess changes in perceived competence scores before and after the online educational program. Results indicated a significant increase in perceived competence of the providers postprogram. Education regarding vaccine counseling best practices may promote provider competence in addressing vaccine hesitancy.

Audience Take Away Notes

- Recognize the significance of parental vaccine hesitancy.
- Describe best practices to increase parental vaccine acceptance.
- Identify the impact of an online immunization provider training module to address parental vaccine hesitancy.

Biography

Dr. Christy Watson is a pediatric nurse practitioner and serves as a full-time nursing faculty at Ohio University where she provides instruction in the areas of pediatrics, pharmacology, and community health. Dr. Watson completed her Doctor of Nursing Practice degree from Northern Kentucky University. Her doctoral project involved a collaboration with the Ohio Chapter, American Academy of Pediatrics to explore parental vaccine hesitancy and evidence-based strategies to address this challenge. She holds membership in Sigma Theta Tau International Honor Society of Nursing and the National Association of Pediatric Nurse Practitioners, including the organization's Immunization Special Interest Group.



Debra A. Hrelc* PhD, RNC-OB; Yeoun Soo Kim Godwin RN, CNE, PhD; Kristy Kirkpatrick RN, BSN, MSN student; Megan Ubik RN, BSN, MSN student

School of Nursing, University of North Carolina Wilmington, Wilmington, North Carolina, United States

Perceptions of the connected online classroom among graduate nurse educators

Background: While traditional, educator-centered nursing pedagogies have served their purpose for many years, the shift towards student-centered learning is anticipated to better align with the needs of today's learners. A connected classroom fosters an environment where educators and students can actively engage with the content and each other. Interactivity and active learning are pivotal in such settings, enabling collaboration and knowledge exchange. Through diverse active learning teaching approaches, educators can collaboratively craft the learning experience with students, thereby facilitating the sharing of experiences and enhancing learning outcomes (Singh et al., 2022).

Aims: The study aimed to explore graduate nursing students' perceptions of online learning experiences through a descriptive qualitative study design. Additionally, it sought to examine how faculty and digital technology contribute to enhancing their online learning journey.

Methods: The sample comprised graduate nursing students from four sections of an asynchronous elective nurse educator course, spanning fall 2023 and spring 2024. In the fifth week of the course, students were prompted to share their past online learning experiences, including positive and negative aspects, along with their reflections. Subsequently, students reviewed and commented on their classmates' discussion posts. At the course's conclusion, students were asked for consent to utilize their discussion contributions. Twenty-two students consented by completing a demographic survey, resulting in a response rate of 46.8%. A total 85 posts were generated by these 22 students, averaging 3.86 posts per participant. These 85 posts will undergo retrospective thematic analysis using NVivo 14 during the summer of 2024.

Results: Except for one male student, the participants were predominantly female (95.5%) and mostly White (86.4%), with a small representation of Black or African American (9.1%) and two or more races (4.5%), ranging in age from 27 to 55. On average, students reported having taken 16 online courses during their college and graduate school years, delivered primarily in fully online (77.3%) and hybrid (18.1%) formats, with one course utilizing Zoom (4.5%). These courses comprised a mix of graduate (54.5%), undergraduate (40.9%), and continuing education workshop (4.5%) offerings, covering a diverse range of subjects in both undergraduate and graduate non-nursing and nursing courses. Initially, 85 narratives were individually reviewed after extracting them from the course's discussion posts. Seventeen students (77.3%) shared positive online experiences, while five reported negative ones (22.7%).

Conclusions: This initial analysis of student reflections echoes existing research, emphasizing key factors for successful online learning: technology's facilitative role, teacher engagement, and active student participation. Employing evolving evidence-based pedagogical methods in the connected classroom is essential. Additionally, integrating technology into online education enhances accessibility and fosters stronger student connections (Schuler et al., 2021).

Audience Take Away Notes

- The audience will be able to compare the difference between educator-centered pedagogies and student-centered pedagogies in higher education.
- Educators will be presented with the lived experience of graduate students in student-centered classed.
- Educators can evaluate the perceptions of the “connected” classrooms and determine if this method might be a practical solution in their own teaching environments.
- Educators will have the opportunity to share their own experiences with connected classroom pedagogies, as well as positive or negative online teaching environments through participation in polling questions during the presentation itself.

Biography

Dr. Debra A. Hrelc is a Clinical Associate Professor from the University of North Carolina Wilmington, in the United States. She has been a Nurse Educator at the baccalaureate and graduate levels for approximately 40 years. Dr. Hrelc is a well-respected nurse researcher whose research focus is success in education and has included such areas as: student success, student engagement, effects of stress on success, as well as faculty success and stressors. She has presented her research regionally, nationally, and internationally, and is widely published in peer-reviewed academic journals.



Diane L. Krasner PhD, RN, FAAN, FAWC, MAPWCA, WOCNF

Interim Immediate Past President Post Acute Wound & Skin Integrity Council York, PA, USA

Skin failure: The AADA-PAWSIC ICD-10-CM code proposal and implications for nursing practice worldwide

Assessing, documenting and caring for patients/residents experiencing skin failure is an important skill for nurses and healthcare providers across the continuum of care worldwide. On September 10, 2024, on behalf of the Post Acute Wound & Skin Care Council and the American Academy of Dermatology Association, Dr. Diane L. Krasner presented a code proposal for Skin Failure ICD-10-CM Codes (acute skin failure, chronic skin failure and end-stage skin failure) to the CDC's ICD-10-CM Committee (USA). Having these codes and educating nurses and healthcare providers about them will improve the quality of care for patients/residents experiencing skin failure; will facilitate education for patients, families and caregivers experiencing skin failure; and will improve research and understanding of skin failure globally.

This presentation will review the impetus and conceptual framework for the AADA-PAWSIC Skin Failure Initiative. The proposed codes are based on the work of Langemo and Brown published in 2006 in an article entitled "Skin fails, too: acute, chronic and end-stage skin failure."* Definitions, nursing diagnoses and examples of acute, chronic and end-stage skin failure will be discussed. An assessment guide developed by PAWSIC will be presented that can help nurses and other healthcare providers distinguish between skin failure and pressure injury/ulcers. Information about an end-of-life wound assessment tool will also be provided.

Audience Take Away Notes

- Discuss the definitions, concurrent conditions and nursing diagnoses for acute, chronic and end stage skin failure
- Explain the importance of assessing, documenting, developing plans of care and educating on skin failure for patients/residents, families and caregivers
- Identify at least two guides/tools available for assessing patients/residents with skin failure

Biography

Dr. Diane L. Krasner is a board-certified wound care nurse (CWCN) with over thirty-five years of experience in wound, ostomy & incontinence care across the continuum of care. Dr. Krasner is a Wound & Skin Care Consultant, Educator and Expert Witness. Diane currently serves as the Senior Advisor for the Coalition for At-Risk Skin and the Interim Past President for the Post-Acute Wound and Skin Integrity Council. She is a Fellow of the American Academy of Nursing, an Inaugural Fellow of the Association for the Advancement of Wound Care and an Inaugural Fellow of the Wound Ostomy Continence Nurses Society.

**Dingshuo Guo**

School of Nursing and Health, Zhengzhou University, Zhengzhou, China

Analysis of psychological detachment status and influencing factors in maintenance hemodialysis patients

Background: Hemodialysis is one of the main ways to treat end-stage kidney disease. The lifestyle changes, strict treatment management requirements and heavy economic burden brought by its regular treatment cause patients to have great psychological pressure and negative emotions, which seriously affects their quality of life. Research shows that psychological detachment refers to the individual's liberation from stressful environment or events, which is closely related to mental health. At present, the related research on psychological detachment of maintenance hemodialysis patients needs to be carried out.

Purpose: 1. To investigate the status quo of psychological detachment of maintenance hemodialysis patients. 2. To analyze the influencing factors of psychological detachment in maintenance hemodialysis patients, so as to provide basis for related intervention of psychological detachment.

Methods: A total of 245 maintenance hemodialysis patients were investigated by using general information questionnaire, psychological detachment level and influencing factors questionnaire of maintenance hemodialysis patients, stressors scale of hemodialysis patients, Eysenck personality questionnaire China version and self-participation questionnaire.

Results: The total score of psychological detachment of maintenance hemodialysis patients was 143+22.12. The results of multiple linear regression analysis showed that dialysis age, education level, work status, per capita monthly income of family, score of stress source scale of hemodialysis patients and score of self-participation questionnaire were the influencing factors of psychological detachment of maintenance hemodialysis patients.

Conclusion: Psychological detachment of maintenance hemodialysis patients is at a low level. Nurses should formulate corresponding nursing intervention measures according to factors such as dialysis age, education level, stressor level and social participation level, so as to improve the psychological detachment level of patients and improve individual physical and mental health.

Audience Take Away Notes

- Pay attention to the issue of psychological detachment in maintenance hemodialysis patients, enrich the theoretical connotation of psychological detachment, and make its meaning more concrete and operable.
- Clarify the current level of psychological detachment in maintenance hemodialysis patients and related influencing factors, providing theoretical basis for improving the level of psychological detachment in maintenance hemodialysis patients.
- This study helps to provide a basis for subsequent interventions related to psychological detachment and improve the physical and mental health of hemodialysis patients.

Biography

Dingshuo Guo is a master's degree student at the School of Nursing, Zhengzhou University. Her main research direction is clinical nursing for chronic kidney disease. During study, She has participated in the publication of one core paper of Peking University.



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The real illness management perception of adolescents with type 1 diabetes: A qualitative meta-synthesis

Objective: To systematically evaluate the disease experience and psychological feelings of adolescents with type 1 diabetes, and to provide the evidence for specific disease management measures for adolescents with type 1 diabetes.

Methods: Chinese and English databases, including CNKI, Wanfang, VIP, sinoMed, Web of Science, PubMed, Cochrane Library, Embase, PsycINFO, were searched for qualitative studies on the real experience of adolescents with type 1 diabetes from the inception of databases to December 2023. The literature was evaluated using the Australian JBI Quality Evaluation Criteria for Qualitative Research in Evidence-based Health Care Centres (2016), and the results were consolidated using an aggregative integration approach.

Results: A total of 15 studies were included, and 34 clear research results were extracted; 9 new categories were generated; 3 integrated results were synthesized as follows, Patient perception of disease management, perceived benefits of disease management, perceived challenges and needs of disease management.

Conclusion: Health care provider should deepen the awareness of active disease management in adolescent T1DM patients, develop measures to enhance their mental toughness, cultivate their problem-solving ability, and give full play to the direct role of their superior disease management resources, so as to make them more confident to cope with the challenges caused by the conflict between daily life and disease management.

Audience Take Away Notes

- Recognize the importance of disease management in adolescents with type 1 diabetes.
- Know the problems of disease management in adolescents with type 1 diabetes, such as poor disease management ability and insufficient social support.
- More clarity on how to accurately help adolescents with type 1 diabetes manage their disease, especially with regard to their mental health.

Biography

Miss. Dong studied nursing at Hebei University in China and received her bachelor's degree in 2022. She then joined the research group of Associate Professor Zhang Chunhui from the School of Nursing and Health at Zhengzhou University and will receive her master's degree in 2025. She has successfully participated in an important conference in China and is currently working on two academic articles.



DuDü Zhang^{1*}, YaTing Liu¹, Xin Li², Zhen Xiang Zhang¹, SuYan Chen¹, YongXia Mei¹

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Sense of Cohrence of nursing undergraduates and its associated factors: A latent profile analysis

Sense of Cohrence is crucial for the mental health and professional development of nursing students, and enhancing the level of Sense of Cohrence among these students is vital for stabilizing the nursing workforce. However, current research primarily focuses on the overall level of Sense of Cohrence and its relationship with other variables, neglecting the inter-individual heterogeneity.

Objective: To identify distinct subgroups of Sense of Cohrence among undergraduate nursing students and to explore the related influencing factors for each subgroup.

Method: A cross-sectional study was conducted from May to June 2020 using a convenient sampling method among 1251 nursing students. Participants completed the Sense of Cohrence Scale, Professional Identity Scale, Meaning in Life Questionnaire, and a general demographic questionnaire. Latent profile analysis was employed to explore the subgroups of Sense of Cohrence among nursing students, and multiple logistic regression analysis was used to identify factors associated with Sense of Cohrence.

Results: The study identified four potential subtypes of Sense of Cohrence among undergraduate nursing students: the low sensitivity-low coping subgroup (25.7%), the high sensitivity-high coping subgroup (29.7%), the moderate sensitivity-moderate coping subgroup (17.8%), and the high sensitivity-low coping subgroup (26.8%). Multiple logistic regression analysis revealed that family economic status, high school subject choice, religious belief, perception of having good interpersonal relationships, sense of meaning in life, and professional identity were factors influencing Sense Of Cohrence among undergraduate nursing students.

Audience Take Away Notes

- Demonstrate to the audience how latent profile analysis can categorize the Sense of Cohrence among undergraduate nursing students into several classes.
- Explain to the audience what characteristics are associated with nursing students who have a lower level of Sense of Cohrence.
- Discuss how sociodemographic characteristics and personal factors (professional identity and sense of meaning in life) influence different subgroups of undergraduate nursing students.

Biography

DuDü Zhang is studying in the nursing program at Zhengzhou University and is currently in her second year of graduate studies. She obtained her Bachelor's degree in July 2021. During her studies, she has invented one software copyright and published one SCI paper as the second author, as well as four Chinese core journals as the second author.



Emily Elliott PhD, RN, CEN

Assistant Professor of Clinical Nursing, Oregon Health and Science University, Portland, OR, USA

Pedagogy vs Andragogy: Educating nursing students through another lens

In response to the nursing shortage, exacerbated by the pandemic, nursing schools have prioritized ensuring that practice-ready nurses enter the workforce. The prevalent concept in nursing education literature and curricular approaches is pedagogical education, rooted in traditional instructor-centered teaching. However, this approach may hinder the development of practice-ready nurses.

Andragogy, an alternative approach, is learner-centered and specifically designed for adults. It recognizes adults as self-directed and motivated by relevance, drawing upon their life experiences, supported by Knowles adult learning theory. Andragogy emphasizes active participation, problem-solving, and collaborative learning.

Applying andragogical approaches to nursing education significantly enhances the preparation of practice-ready nurses. Aligning the curriculum with real-world nursing scenarios and emphasizing the immediate applicability of knowledge and skills makes nursing education more meaningful to adult learners. This approach better equips them for the challenges of clinical practice.

Practice-ready nurses must engage in ongoing self-directed learning throughout their careers. Andragogical methods promote self-directed learning by encouraging nurses to take ownership of their education, fostering a sense of responsibility for staying updated on best practices. Strong critical thinking and problem-solving skills are essential in navigating complex healthcare environments, and andragogical methods, such as active case-based learning, help develop these skills.

As the healthcare field evolves, practice-ready nurses must be adaptable to changes in technology, protocols, and evidence-based practices. Andragogical methods emphasizing flexibility in learning, exposure to diverse experiences, and the ability to adapt to different situations contribute to the development of nurses who are flexible and adaptable in their professional roles.

In nursing education, the choice between andragogy and pedagogy depends on the context and characteristics of the learners. Pedagogical approaches are more suitable for younger, less experienced students, while andragogical approaches are effective in settings where nurses are continuing their education or pursuing advanced degrees, emphasizing self-directed learning and real-world relevance.

Audience Take Away Notes

- **Learning Objective 1:** By the end of this presentation, learners will be able to describe how andragogical approaches to curriculum design and development can be used in the classroom setting. Through a discussion on andragogy and the current literature in nursing education, attendees will be able to articulate various andragogical approaches to education to use in nursing content development and

design, both applicable to the prelicensure nursing student and continuing education for licensed nurses.

- **Learning Objective 2:** By the end of this presentation, learners will have explored different approaches to andragogical course design and describe the pros and cons. Participants will be able to identify elements of teaching methods specific to adult learning, understand the impact of transitioning to a learner centered design through providing ownership and engagement back to the learner.
- **Learning Objective 3:** By the end of the presentation, learners will be able to describe the benefits of integrating andragogical methods of teaching into their practice. Through discussion they will have explored the why a learner-centered design for adult learners emphasizes flexibility in learning and exposure to diverse experiences.
- Any participant in the audience who teaching in a nursing program or educates nurses at the bedside will benefit from understanding the differences in repositioning how they teach with the adult learner in mind thereby increasing knowledge retention and improving the practice ready nurse for the changing clinical environment.

Biography

Dr. Emily Elliott is an assistant professor of clinical nursing at the Oregon Health & Science University School of Nursing. She earned her Masters in Nursing Education at Walden University in 2016 and completed her terminal degree in 2020 with a PhD in Education specializing in learning, instruction, and innovation. Dr. Elliott's interests are focused on using technology and gamification to increase clinical reasoning and is constantly seeking ways to make nurse education more adaptable to the adult learner by incorporating active learning into didactic classroom settings with the dynamic intersection of nursing education and adult learning theory.



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Alarm fatigue as a nursing occupational hazard: A call to action

Background: Oncology nurses already experience compassion fatigue due to their emotional commitment to ensuring optimal patient outcomes. To support and improve patient safety, clinical alarms increase the situational awareness of what is going on with a patient, which helps prioritize efficiency and is critical to clinical decision-making. However, an increasing frequency of simultaneous false-positive clinical alarms has led to diminished distrust in patient alarms, alarm desensitization, and, subsequently, the phenomenon of alarm fatigue.

Methods: Guided by Roy's Adaptation Model (RAM), this qualitative phenomenological study examined oncology nurses' alarm fatigue experiences and their current adaptive states. This study was conducted on a purposive sample of nine nurses from two oncology units at a large academic Magnet-recognized hospital affiliated with a highly ranked cancer center. Qualitative data was collected using a six-question, 30-minute semi-structured interview in a private conference room on the nursing unit and via HIPAA-compliant Zoom sessions.

Findings: This study's findings yielded several key themes, the most prevalent being that oncology nurses felt exhausted and overstimulated by the simultaneous ringing of the alarms and adopted more physiologically and psychologically maladaptive coping strategies than adaptive coping strategies. Several nurses reported experiencing psychological and physical effects such as insomnia related to auditory hallucinations, negative emotions such as anxiety, resentment, guilt, and sadness, and trauma bonding with other unit nurses. The consensus was that the high frequency of false, non-emergent, and non-actionable alarms disrupted their workflow and contributed to a general desensitization to alarms.

Conclusions/Application to Practice: Alarm fatigue further complicates the psychosocial work environment and how oncology nurses adapt to their demanding yet critical roles in providing optimal patient care. Efforts should be made to introduce practical interventions that reduce cognitive overload, shift non-nursing responsibilities to other staff, reengineer workflows to minimize frequent interruptions, and efficiency-focused process changes.

Audience Take Away Notes

Learners will be able to

- Understand the effects of alarm fatigue
- Identify adaptive and maladaptive alarm fatigue coping strategies.
- Understand the importance of implementing necessary changes to reduce alarm fatigue within their institutions

Biography

Ericka Barber MSN, RN and Patricia Martin MSN, OCN, RN both became nurses in 2008. While working as bedside nurses, they received their BSN, then later their MSN from Webster University in St. Louis, Missouri. Ericka is the nurse educator for Gynecological Oncology and Patricia is the Clinical Education Specialist for Medical Oncology at Siteman Cancer Center/Barnes Jewish Hospital in St. Louis. They collaborated with the research department at Barnes Jewish Hospital to study alarm fatigue and its effects on nurses. This is Ericka and Patricia's first research. It has been accepted for publication in the American Journal of Nursing.

Fan Kaiyan

The First Affiliated Hospital, College of Medicine, Zhejiang University, China

Risk factors for nonroutine discharge in adult patients with spinal tumors: A scoping review

Background: Spinal metastases mostly originate from malignant tumors formed in other organs. Extensive spinal reconstruction followed by surgical therapy for spinal tumors and possible complications associated with this procedure increase the need for rehabilitation required post-surgery.

Objective: To summarize the factors influencing the irregular discharge of patients with spinal tumors and provide a research basis for making discharge plans in the future.

Methods: The research questions were established using the framework for scoping review. Chinese and English literature from the inception of each database to March 2023 were searched and screened, relevant studies selected, and the data from the included studies extracted, collected, summarized, and reported.

Results: Nine studies involving 18 factors affecting the irregular discharge of the patients with spinal tumors were included. Unconventional discharge of patients with spinal neoplasms was associated with sociodemographic (age, race, and marital status), disease (serum albumin level, and body mass index, amongst others), and other factors (comorbidity and weakness indices, amongst others).

Conclusion: The choice of discharge destination for patients with spinal tumors is related to sociodemographic and disease factors, amongst others. Early identification of patients with an irregular discharge risk is crucial for implementing a comprehensive discharge plan to reduce hospitalization time and related complications.

Impact: This scoping review identified some important risk factors for the nonroutine discharge of patients with spinal tumors. Early identification of patients who are at risk of nonroutine discharge is critical for creating a complete discharge plan that will decrease inpatient duration and related consequences.

Keywords: Spinal Tumor; Nonroutine Discharge; Risk Factors; Socio-Demographic Factors; Scope Overview.



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Accelerometer-measured sedentary behavior in stroke patients: A cross-sectional survey and influencing factors analysis

Background: Stroke is a chronic disease that poses a significant threat to patient health, with high incidence, disability, mortality, and economic burden. Sedentary behavior refers to low-energy static activities and has become the fourth leading cause of human death. Sedentary behavior is associated with adverse health outcomes in stroke survivors, such as post-stroke depression, decreased physical and cognitive function, and disease recurrence. However, the sedentary behavior of stroke patients is concerning, as research indicates that they spend a significant amount of their waking time in a sedentary state. Reducing sedentary behavior is beneficial for the prognosis of stroke patients. This study utilizes an accelerometer to monitor sedentary behavior in stroke patients and explores its influencing factors, aiming to identify interventions specifically tailored for stroke patients.

Aims: To monitor the sedentary behavior of stroke patients using Actigraph GTX3 accelerometer and explore its influencing factors, in order to identify intervention methods for reducing sedentary behavior in stroke patients.

Design: A cross-sectional study.

Methods: The random sampling method was adopted to select 114 stroke patients from the neurology department of a third-grade hospital of Henan Province from June 2023 to March 2024 in a cross-sectional study. They were assessed using a self-designed general data questionnaire, Actigraph GTX3 accelerometer, Barthel index rating scale, perceptible social support scale, and exercise self-efficacy scale. Multiple linear regression analysis was conducted to analyze the influencing factors of sedentary behavior in stroke patients.

Results: The average duration of sedentary behavior among the 114 stroke patients was found to be 414.4 (336.3~457.8) min/d. The results of multiple linear regression analysis revealed that gender, place of residence, education level, weekly physical activity prior to the stroke occurrence within six months' time frame, timed standing and walking test performance, Barthel index score, and social support significantly influenced sedentary behavior.

Conclusion: The sedentary behavior of stroke patients was moderately high, therefore, it is crucial for healthcare professionals to actively implement measures aimed at reducing such behaviors among this population group as part of secondary prevention strategies.

Audience Take Away Notes

- The study further confirmed the elevated levels of sedentary behavior in stroke patients. Excessive sedentary behavior may result in various adverse health outcomes such as post-stroke depression,

reduced physical and cognitive function, and disease recurrence. Therefore, it is essential to reduce sedentary behavior in stroke patients. In clinical practice, attention should be given to monitoring the level of sedentary behavior in stroke patients, promoting moderate increases in physical activity, and conducting health education to raise awareness about the harmful effects of sedentary behavior on stroke recovery.

- The study results indicated that the sedentary behavior of stroke patients is influenced by a variety of factors including individual factors (gender, education level, and pre-disease exercise), disease-related factors (stroke stage, timed standing and walking test results, Barthel index) and social factors (place of residence and social support). Future intervention studies can focus on these aspects.
- The development of the Internet has facilitated communication between nurses and patients. In future intervention studies on reducing sedentary behavior in chronic disease patients like strokes, we can leverage the Internet's advantages by using websites, apps, social media tools to promote contact between stroke patients and medical staff or fellow patients/volunteers for increased social activities and participation. Additionally, healthcare providers can disseminate knowledge and interventions through the Internet while remotely tracking patient's levels of sedentary behavior for better interventions.

Biography

Fanjiayi Yang studied nursing at the School of Nursing and Health, Zhengzhou University, and received his bachelor's degree in 2023. She joined the research group of Dr. Dong in 2023 and is still studying for a master's degree in the School of Nursing and Health of Zhengzhou University. She has received the honors of Excellent Academic Scholarship and Three Good Students at Zhengzhou University.



Horatius Musembi Malilu^{1*}, Prof Paula Ormandy², Prof Sheila Shaibu¹

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Exploring the healthcare of the older population in rural Kenya: A qualitative study

Improvements in health, diet, medicines, and resources, have resulted in more people living longer, and globally the older generation is increasing year on year. For international governments, this poses a great challenge, in providing adequate economic, health, and social well-being interventions for older people. Sub-Saharan Africa is no different, as one of the poorest regions, it now faces a challenge in the provision of social safety infrastructures and policies, to support the healthcare for the aging population. These challenges are more pronounced in rural settings where health facilities for older people lack the geriatric trained healthcare workers and other basic requirements such as food, shelter, and fuel are limited. At the same time, there are culture changes, younger people often migrate to the city to seek employment, so there is reduced extended family support available for older living in rural locations.

Robust 'real world' evidence is limited, both the experiences of older people and evidence that examines whether the current social support and health care policies provided by the government meet the needs of the elderly population. This unique study based in Kenya, provided a platform to hear the voice of older people living in rural communities. The study explored older people's experiences, developed an understanding of their life, social situation, and health, and exposed the challenges they faced and their preferences for care and support as they progressed in age.

Focused on Kwale County, a rural Kenyan region, the research adopted a qualitative design, using in-depth interviews to capture the lived experiences of older people (n=20), their caregivers (n=20), and local and government stakeholders (n=20). The research examined the type of healthcare the older people received from their healthcare facilities, and the assistance they received concerning their activities of daily living, alongside the policies and government support available. A purposive sampling method was used to identify older people by the local authorities, and then snowball sampling using knowledge from community leaders identified additional older people and their caregivers in the community. The findings exposed the abject poverty of older people in rural areas, lacking shelter, food, and clean water, poor health, and basic needs that people felt should be provided by the government. Some older people felt unsafe, their living environment was insecure and unfriendly, leaving them open to physical abuse. Older people were dissatisfied and unhappy. They wanted to be cared for by health professionals who understood their needs and were given priority in the healthcare facilities. Government policies and in particular the provision of financial and social support requires urgent review; many older people entitled to support don't receive it, their health and social needs remain unmet, and their existence in rural communities is poor.

Keywords: Aged Population, Older Adults, Lived Experience, Policies and Rural Areas.

Audience Take Away Notes

- Older adults have unique needs that require healthcare workers to listen to them and provide culturally appropriate care.

- In developing countries, there is a shortage of trained geriatric healthcare workers such as doctors and nurses. This is problematic as the population is aging rapidly.
- It is necessary to establish healthcare policies that facilitate access to healthcare facilities, medications, and in-home care for older people.
- The rural healthcare facilities (Government hospitals level 1 and 2) are not well equipped (poor staffing, lack geriatric specialists, and have no medications) to support the specific healthcare needs of older people.

Biography

Horatius Musembi Malilu studied Bachelor of Science in Nursing at the University of Nairobi (UON) Kenya and graduated with a bachelor's degree in nursing. In 1999. I joined Edith Cowan University Australia in 2013 and graduated with a Master of Nursing degree (MSC) in 2016. I later started My PhD at the University of Salford Manchester UK in 2019 waiting for my VIVA defense this year 2024. My research interests include Geriatric Nursing, HIV and AIDS, and Nursing leadership and management. With my colleagues, I have written a book with my colleagues titled 'History of HIV and AIDS in Kenya Evolution and Contemporary Issues'. I am a senior instructor at the Aga Khan University in Nairobi Kenya and I have published 5 research papers in peer-reviewed Journals.



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Research progress on oral health literacy of the elderly

The results of the fourth National Oral Health survey show that up to 74.4% of the elderly have clinical oral health problems such as tooth loss and periodontitis. These conditions increase the risk of chronic diseases such as cardiovascular disease and lung disease in the elderly population, which seriously affecting their overall health and quality of life, and even leading to the shortening of life expectancy. Oral health literacy plays an important role in promoting oral health management and diseases, and a good level of oral health literacy can improve the enthusiasm of the elderly to take the initiative to promote oral health, reduce the incidence of adverse oral health outcomes, and thus improve the overall quality of life of the elderly. Therefore, this study aims to review the concept of oral health literacy, the impact of insufficient oral health literacy on health outcomes, as well as the assessment tools, influencing factors and intervention measures of oral health literacy of the elderly, in order to provide references for improving the oral health literacy level of the elderly.

Audience Take Away Notes

- Master the concept of oral health literacy, and realize the importance of oral health literacy on health outcomes of the elderly.
- Understanding of oral health literacy assessment tools used in the elderly population and how to measure them.
- Understanding the influencing factors of oral health literacy and relevant intervention measures, so as to providing guidance for future intervention in the elderly population.

Biography

Hui Li female, studied in the School of Nursing and Health, Zhengzhou University, mainly engaged in chronic disease management research.



Irina Koyfman DNP, NP-C, RN

Affinity Expert, Baltimore, MD, USA

Stress Management And Resilience Training (SMART): Become a SMART nurse

Feeling overwhelmed by stress? You're not alone! Nurses are on the frontlines of healthcare, facing constant pressure and emotional demands. This session equips you with powerful tools to manage stress and cultivate resilience through the SMART (Stress Management and Resilience Training) program. This interactive session will combine presentations, discussions, and practical exercises to empower nurses to:

- Reduce stress and anxiety in your daily work life.
- Improve focus and concentration for better patient care.
- Enhance emotional well-being and foster inner strength.
- Promote a culture of resilience among your colleagues.

Leave feeling equipped with the tools and knowledge to navigate stress effectively and thrive in your demanding role. Bonus: We'll explore resources available to support nurses in their journey toward stress management and resilience.

Audience Take Away Notes

- **Understanding Stress:** Learn the science behind stress and its impact on your well-being.
- **The Power of SMART:** Explore the evidence-based principles of SMART for stress management and resilience building.
- **Practical Techniques:** Master relaxation techniques like mindfulness and diaphragmatic breathing to combat stress in the moment.
- **Building Resilience:** Discover strategies to cultivate a positive mindset and enhance emotional well-being.
- **Self-Care Strategies:** Learn practical self-care tips to promote long-term resilience and prevent burnout.

Biography

Dr. Koyfman is an enthusiastic and emotionally intelligent Nurse Practitioner with 25 years of nursing and 15 years of executive experience with excellent communication skills. She presents with the sense of humor and practical examples. Dr. Koyfman is a Subject Matter Expert in Chronic Care Management, and Care Coordination, Remote Patient Monitoring, Emotional Intelligence, and Stress Management and Resilience. She has a history of establishing 4 successful healthcare ventures, where she drove significant operational growth (up to 1,000%), built successful teams with high retention rates, and improved patient satisfaction and patient outcomes. She is a frequent presenter at multiple conferences. As a founder of Affinity Expert, a healthcare consulting company, she has been consulting primary care providers on all aspects of CCM, RPM and Stress Management and its successful clinical, operational, and financial implementation. She loves to give back and volunteers on multiple boards along with hands on volunteer work.



Irina Koyfman DNP, NP-C, RN
Affinity Expert, Baltimore, MD, USA

Unlock the power of chronic care management: Financial & clinical wins for your practice

Providers spend a significant amount of time in between visits managing their most complicated, chronically ill patients without reimbursement. All that changed in 2015, when Medicare began paying for CCM service (CMS, 2019). However, many providers still choose not to participate in CCM due to multiple layers of complicated requirements. According to the Center for Medicare and Medicaid Services (CMS), it is estimated that only 9% of Medicare fee-for-service beneficiaries received the Chronic Care Management, Transitional Care Management, and Advance Care Planning services. CMS acknowledged that those codes are being underutilized and encourages providers to get more involved with them (2019). This presentation will demystify the complexity of the process. We will discuss each required element for CCM billing and will showcase how CCM applies to the quadruple aim by increasing patients and provider satisfaction, reducing cost of care and increasing quality of care.

Audience Take Away Notes

- Review CMS's Chronic Care Management (CCM) requirements.
- Review CMS's Principal Care Management (PCM) requirements.
- Examine Scope of Services required to bill Medicare for CCM services.
- Assess financial and quality implications of incorporating CCM in your practice.

Biography

Dr. Koyfman is an enthusiastic and emotionally intelligent Nurse Practitioner with 25 years of nursing and 15 years of executive experience with excellent communication skills. She presents with the sense of humor and practical examples. Dr. Koyfman is a Subject Matter Expert in Chronic Care Management, and Care Coordination, Remote Patient Monitoring, Emotional Intelligence, and Stress Management and Resilience. She has a history of establishing 4 successful healthcare ventures, where she drove significant operational growth (up to 1,000%), built successful teams with high retention rates, and improved patient satisfaction and patient outcomes. She is a frequent presenter at multiple conferences. As a founder of Affinity Expert, a healthcare consulting company, she has been consulting primary care providers on all aspects of CCM, RPM and Stress Management and its successful clinical, operational, and financial implementation. She has created a growing community of clinicians through her CCM/RPM groups on Facebook and LinkedIn where she provides free information and education to providers. She loves to give back and volunteers on multiple boards along with hands on volunteer work.



Jack P. Flaherty

Founder & CEO, The Decision Switch™: *7 Principles for Successful Decision-Making*, Los Angeles, CA, USA

The decision switch: Leading with confidence & clarity

Nurses play a critical role in healthcare and are often required to make time-sensitive decisions in stressful, emotional, and high-pressure situations. A demanding position that requires clarity and confidence in the choices made, as nurses are patients' advocates seeking the most optimal outcomes. However, the psychological impacts of stress and uncertainty are real, as decision fatigue, recognition, and burnout have been amplified in recent years by an influx of new technologies, regulations, and staffing shortages.

The *Decision Switch*™ is a proven framework and methodology for empowering nurses with decisive skills and a mindset transformation, instilling greater workplace satisfaction, collaboration, and personnel fulfillment. The outcomes you can expect are an improved patient experience, increased talent retention, and reduced errors. It is an imperative investment for these gifted individuals, which will reignite the passion that first attracted them to healthcare.

Discover how a purpose-led mindset and adoption of The *Decision Switch*™ framework will transform your nursing workforce to adapt and thrive amidst profound change and innovation.

Audience Take Away Notes

- **Informed Perspective:** A clear understanding on what are the *7 Principles for Successful Decision-Making* and the factors often determining a decision's success. Maintaining a steadfast focus on the outcome and knowing what questions to ask often mitigates avoidable errors.
- **Mindset Transformation:** Inspire your audience with a profound message on the importance of decisive confidence, clarity of purpose, and personal fulfillment of knowing they provide exceptional patient care.
- **Gain a Playbook:** Attendees will leave with a framework they can immediately apply to their personal and professional lives. A transformation that nurtures a healthier workforce, productive relationships, and collaborative cultures that consistently deliver positive patient outcomes.

Biography

Jack P. Flaherty is a recognized author, speaker, and management consultant on leadership development and risk management. Attaining his BS from Marist College in 1997 and an MBA from Pepperdine in 2000, he has advised healthcare leaders for over 20 years with clients including Cedars-Sinai, Kaiser Permanente, and Providence on organizational and digital transformation initiatives. Jack has presented at national conferences, including the National Council of State Boards of Nursing, the Health Care Compliance Association, and the Association of Healthcare Internal Auditors, over ten appearances at PwC's Healthcare Risk and Compliance Conference.



Jenna DiMaggio

Energy Medicine & Proton Therapy, Rady Children's Hospital, San Diego, CA, USA

Self-care for healthcare professionals

This presentation addresses the critical concern of burnout and compassion fatigue among healthcare professionals, with a particular focus on nurses. As givers and healers, nurses prioritize the well-being of their patients and their families, often at the expense of their own health and energy. This relentless dedication can lead to feelings of being drained and depleted at the end of the day, negatively impacting both personal and professional lives.

We will explore the underlying reasons for this exhaustion, examining both the physical and emotional toll that constant caregiving can take. By understanding the root causes of burnout, we can better address and mitigate its effects.

One of the key topics covered will be the importance of setting healthy boundaries. Nurses often struggle with saying "no" or taking time for themselves, leading to an imbalance that exacerbates stress and fatigue. We will discuss practical strategies for establishing and maintaining boundaries, enabling nurses to preserve their energy and continue providing high-quality care without sacrificing their own well-being.

Additionally, this presentation will introduce various tools and techniques that can be implemented immediately to combat burnout and compassion fatigue. These tools include mindfulness practices, stress management techniques, and self-care routines that can be easily integrated into daily life. By adopting these practices, nurses can rejuvenate their spirits and maintain a healthier work-life balance.

We will also explore the concept of energy healing and its potential benefits for healthcare professionals. Drawing on my own experiences and studies in energy healing, including an apprenticeship with healers in Bali, I will share insights into how these practices can complement traditional Western medicine. This holistic approach can provide a more comprehensive strategy for achieving emotional and physical well-being. The presentation will conclude with a brief guided visualization to bring about well-being and vitality in their own body and energetic system.

Participants will leave the presentation with a deeper understanding of how to take proactive steps toward self-care, reducing the risk of burnout and compassion fatigue. By prioritizing their own health, nurses can continue to be effective caregivers while also leading more balanced and fulfilling lives.

Audience Take Away Notes

- How to set healthy boundaries with work and how to leave work at work.
- Tools for protecting their energy and a brief overview of the energetic system.
- This will immediately impact nurses and other healthcare professionals by giving them tools they can implement to decrease stress, compassion fatigue, and burnout.

Biography

Jenna is an RN and Energy Medicine Practitioner. She received her BSN from Concordia University Wisconsin in 2010 and served seven years in the US Navy Nurse Corps before transitioning to civilian life as a pediatric ICU nurse. In 2019, Jenna began learning energy healing and studied with two healers in Bali, including an apprenticeship. Jenna has firsthand experience in bridging the gap between Eastern and Western medicine to live a more fulfilling and peaceful life.



Charina Emerson, Jeremiah Burton Blankenship*, Kristle Magtoto, Kaitlan McTiernan

Capacity Management, Float Pool and Rapid Response Team, Cedars-Sinai Medical Center/Director, Los Angeles, California, USA

Crash cart innovation: Success and growth

Crash carts are at the center of an emergency providing resources and medications in an often-challenging situations. By helping standardizing emergency equipment, in particular the airway drawer, necessary supplies will always be present in every situation. In addition to important safety aspect of revamping all the crash carts: organizational collaboration, environmental waste decrease, and annual budget savings were huge milestones as well.

Audience Take Away Notes

- Attendees will be able to discuss the larger impact of crash cart changes from both an operational and emergency standpoint.
- They will be able to identify their organizational education needs by reviewing their own crash cart monthly check process and drawer inventory.
- Before starting this project, the goal was to standardize all crash carts to help streamline contents throughout the organization, improve access during emergencies, and reduce waste. Estimated annual savings for the new crash cart changes are around \$173,000!
- By helping standardizing emergency equipment, in particular the airway drawer, necessary supplies will always be present in every situation.
- Upon completion of this project, it brought to light: expired and missing items, discrepancies between crash carts, and need for further education. By utilizing both the rapid response team and leadership team, real time education, feedback, and escalations were able to be provided.

Biography

Jeremiah Burton Blankenship graduated from West Coast University with a BRN in nursing in 2014. He currently works for Cedars Sinai Medical Center and West Coast university as a professor. He received his MSN in 219 from Wester Governors University in Colorado.



Jessica Parsons* MSN, FNP-C; Amy Bell, DNP, RNC-OB, NEA-BC, CPHQ, FAWHONN; Janet Draughn, DNP, MSHS, RN, CSSBB, CPHQ
Wake Forest School of Medicine, United States

Compassion fatigue in advanced practice providers: Can self-care interventions improve compassion fatigue?

Compassion Fatigue (CF) is the experience of fatigue or dissatisfaction related to the physical, emotional, and psychological stress of caring for others. The healthcare industry has been significantly impacted by the growing problem of Compassion Fatigue (CF) over the years. While research has focused on healthcare professionals like physicians and nursing staff, there have been limited studies conducted on Nurse Practitioners (NPs) and other Advanced Practice Providers (APPs). The goal was to develop an evidence-based program for APPs, specifically nurse practitioners, physician associates, and nurse midwives, who participate in self-care interventions, mindfulness, and gratitude training, will experience reduced levels of CF and increased CS. Assess APP's baseline survey data with post survey data for improvement or change. The research was gathered from 3 databases to support the foundation and development of this program: CINAHL Ultimate, PubMed, and Web of Science. These are the databases to identify 15 of the 48 relevant studies. After a review of the research, early prevention, treatment, assessment, and targeted interventions, including self-compassion, gratitude training, and mindfulness, can help APPs' health and overall well-being. It is imperative to address the evident gap in evidence-based research for APPs that tackle compassion fatigue and compassion satisfaction.

Audience Take Away Notes

- Participants will learn the importance of compassion fatigue, why we need to take action against it and how it applies directly to APPS.
- Participants will learn about the 3 modules that I have used to create a compassion fatigue training program.
- Participants will gain insight on the importance of gratitude training, self-care, and mindfulness. There will be new concepts introduced on different interventions.

Biography

Jessica Parsons completed her RN program at Surry Community College in 2013. She later pursued a bachelor's degree in science from UNCW and graduated in 2015. To further her career, she enrolled in Simmons University and obtained her master's degree in nursing-FNP in 2019. Currently, she is pursuing her Doctorate degree in Nursing Practice at Wake Forest School of Medicine, which is expected to be completed by 8/2024. Jessica has been recognized for her outstanding work in healthcare, receiving the Novant Health Top Remarkable 45 Nurses award and the Guardianship Award as a provider. She has unwavering dedication to healthcare provision spans across all ages, from the youngest to the elderly. As a highly skilled and knowledgeable nurse, she leverages her expertise to provide exceptional care to all my patients. She is proud to be a leader in the nursing field, and always looking for ways to create meaningful and lasting change that will benefit the healthcare profession and, most importantly, the patients we serve.



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Perceived social support on objective measured sedentary behaviour of stroke patients: The mediating role of exercise self efficacy

Background: As stroke patients may have impaired motor function, there may have increased sedentary behaviour. Factors associated with sedentary behaviour need to be explored to develop targeted interventions. Although studies explore the effects of exercise self efficacy and perceived social support on sedentary behaviour, the relationship is not clear. The aim of this study was to explore the mediating effect of exercise self efficacy on perceived social support and objective measured sedentary behaviour in stroke patients.

Aims: To explore the potential relationship between sedentary behaviour and exercise self efficacy and perceived social support.

Design: A descriptive, cross-sectional study.

Methods: The random sampling method was adopted to select 275 stroke patients from the neurology department of a third-grade hospital of Henan Province from June 2023 to March 2024 in a cross-sectional descriptive study. A general data questionnaire, exercise self efficacy scale, perceived social support scale, and ActiGraph GT3X accelerometer were used to investigate. The structural equation model was used to analyze the mediating effect of exercise self efficacy between perceived social support and sedentary behaviour.

Results: The mean sedentary behaviour time in stroke patients in this study was (479.65±112.65) min, the mean score of perceived social support was (47.53±17.16), and the mean score of exercise self-efficacy was (24.19±6.25). The correlation analysis revealed that, the sedentary behaviour of stroke patients was negatively correlated with exercise self efficacy and perceived social support. The results of the mediation analysis showed that exercise self efficacy played a partial mediating role between perceived social support and sedentary behaviour.

Conclusion: Perceived social support and exercise self efficacy were influential factors in sedentary behaviour. Moreover, the impact of perceived social support on sedentary behaviour was partially mediated by exercise self efficacy. Therefore, to decrease the sedentary behaviour, it is crucial to improve the level of perceived social support in stroke patients. Patients with less perceived social support can improve their exercise self efficacy and thus perceive more social support.

Audience Take Away Notes

- The present study further confirms the high level of sedentary behaviour in stroke patients. As sedentary behaviour affects the prognosis of stroke patients and significantly impacts their recovery,

elucidating the factors that contribute to sedentary behaviour and exploring measures to reduce sedentary behaviour is essential in stroke patients. The results of this study suggest that perceived social support can indirectly influence sedentary behaviour in stroke patients due to the mediating role of exercise self efficacy, and future intervention studies can be conducted in both aspects.

- In the actual clinical situation, the assessment of stroke patients' sedentary behaviour, perceived social support, and exercise self efficacy should be emphasized. The level of social support and self-efficacy of stroke patients should be improved, and educational activities should be conducted to make patients realize the harm of sedentary behaviour on stroke.
- In the course of rehabilitation care after stroke, we can start from the surroundings of patients, such as family, friends and peers, and improve the social support degree through their health education, so as to improve the exercise self efficacy of stroke patients. This may affect the sedentary behaviour of the patients.
- In future intervention studies on sedentary behaviour, we can take the advantage of the Internet. The development of the internet has facilitated communication and interaction, and tools such as social media can be used to connect stroke patients with others, promote social activity and participation, and assist them improve their exercise self efficacy, thus to reduce their sedentary behaviour. At the same time, stroke patients can learn about sedentary behaviour related interventions from the internet, which will be a great help for stroke patients who are unable to travel to hospitals regularly.

Biography

Jianing Wei studied nursing at the School of Nursing and Health, Zhengzhou University, and received his bachelor's degree in 2022. She joined the research group of Dr. Dong in 2022 and is still studying for a master's degree in the School of Nursing and Health of Zhengzhou University. She has won the National Scholarship for graduate students of Zhengzhou University, and has now published one article in Sleep Medicine and one article in Chinese journal of modern nursing.



Jiaying Zhu*, Shihan Xiang, Yingfan Huang, Chen Lou, Wenying Yu, Caifang Zhang

Department of Health Nursing, College of Nursing, Hangzhou Normal University, Hangzhou, China

A qualitative study of the demand and feasibility of university student volunteers in childcare services for infants and toddlers aged 0-3 years

Background: In the era of "good raising children", infant and child care services have become an important support mechanism for favorable parenting policies. Recent studies have revealed that in China, current childcare services are characterized by uneven quality and configuration of staffing, lack of accessible services, and low acceptance and trust from parents towards childcare institutions, and that there is an imbalance between supply and demand for infant and toddler care in China, and the forms of childcare services are relatively homogeneous. Research indicates that university students have the potential to participating in community inclusive childcare services, and with their characteristics of high cultural literacy and ample time, offering multiple values and advantages.

Purpose: This study aims to investigate parents' needs and the feasibility of university student volunteers participating in childcare services for infants and toddlers aged 0-3 years.

Methods: This research used a descriptive qualitative research method. Through purposive sampling, semi-structured, one-on-one in-depth interviews were conducted with 28 parents of infants and toddlers aged 0-6 years old in a community in Hangzhou from May to August 2023. Thematic analysis was used to analyze the interview data.

Results: Three themes and eight sub-themes were identified: basic requirements for university student volunteers (gender, personnel, major, personality, family background); contents of pre-service training for university student volunteers (emergency knowledge and first aid, basic infant and toddler care, infant and toddler psychology, etc.); and activity arrangement for university student volunteers (time and location). The study found that most parents preferred female university student volunteers, who could provide regular service. Preferred volunteers had professional backgrounds in education or nursing, were cheerful, patient, responsible and loving, with no specific requirements regarding their family backgrounds. They were expected to have training in emergency first aid, infant and toddler care, and psychology, and preferred service locations were in the home and community, with fixed schedules, and no clear preference for weekdays or weekends.

Conclusion: This study provides suggestions and references for the optimization of the institutional mechanism of university student volunteer services. It explores new pathways to improve the quality of childcare services for infants and toddlers aged 0-3 years and provides reference for further subsequent large-scale investigation and research.

Audience Take Away Notes

- **Parents' Perspectives:** An understanding of parents' needs and preferences regarding childcare

services, with a focus on the personal characteristics and early childhood training they expect from university student volunteers.

- **Feasibility of University Student Involvement:** The potential advantages of involving university students in childcare services, based on findings from interviews with parents.
- **Recommendations for Service Optimization:** Suggestions on how to optimize the integration of university student volunteers into childcare services, emphasise specific pre-service training.
- **Broader Implementation:** The result of this research set the baseline for further large-scale studies, and has the potential to improve the quality of childcare services in China.

Biography

Jiaying Zhu is currently pursuing a Bachelor's degree in Nursing at Hangzhou Normal University. Lead one college-level "Xingguang Program" project, participated in two additional college-level "Xingguang Program" projects, contributed to two national-level student innovation and entrepreneurship projects, and took part in one software copyright project.

Jie Zhang*, Fupei He, Beilei Lin, Xueting Liu, Yongxia Mei, Zhenxiang Zhang

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Effects of a behavior intervention based on recurrence risk perception and behavioral decision-making model for patients with ischemic stroke in rural areas: A randomized controlled trial

Aims: To examine the effectiveness of a behavior intervention based on the Recurrence risk perception and Behavioral decision-making model on improving risk perception of recurrence, behavioral-decision making and health behavior for patients with ischemic stroke in rural areas.

Design: A single-blind, two-arm randomized controlled trial.

Methods: 70 patients with ischemic stroke in rural areas were recruited from July 2022 to December 2022. Participants were randomly assigned to the intervention group (n=35) or the control group (n=35). A three-month intervention was developed based on the Recurrence risk perception and Behavioral decision-making Model. It consisted of three face-to-face sessions, a printed booklet, four telephonic interventions and three reinforcement telephone follow-ups at months 4 to 6. The results were analyzed by Generalized Estimating Equation (GEE) models.

Results: No significant differences were found between the groups at baseline except for stroke frequency. Participants were on average 63 years old and 58.2% of them had a first stroke. GEE results showed significantly higher health behavior and risk perception of recurrence improvements in the intervention group than the control group at T_1 and T_3 after adjusting for stroke frequency. Results also showed a significantly higher increase in behavioral decision-making at T_2 and T_3 . The proportion of participants with accurate perception of stroke recurrence risk increased in both groups from T_1 to T_3 , but was higher in the intervention than control group at T_1 and T_2 .

Conclusions: The intervention was effective in improving health behavior and risk perception of recurrence, and had potential for improving behavioral decision-making.

Audience Take Away Notes

- This study found that the behavior intervention based on Recurrence risk perception and Behavioral decision-making Model can increase the awareness of recurrence risk perception and promote healthy behavior of patients with ischemic stroke in rural areas, and may have a positive effect on behavioral decision-making.
- The Recurrence risk perception and Behavioral decision-making Model has the potential to guide behavioral management programme for stroke patients.

Biography

Miss. Zhang studied nursing at the Zhengzhou University, China and working on master's degree



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A qualitative study on the management decision-making experience of expected outcomes in patients undergoing weight loss metabolic surgery

Aim: Understand the experience and preoperative outcome expectations of patients undergoing weight loss metabolic surgery to provide reference for optimizing preoperative outcome expectation management strategies and developing expectation management programs based on patient demands.

Methods: Using objective sampling method, 15 patients from a class a hospital in Henan Province were selected for semi-structural in-depth interview, analyzing the data and summarizing the themes.

Results: A total of three topics were obtained, including the establishment and formation of expectations, differentiation of outcome expectation management decision making, and requirements in the expectations management process.

Conclusion: The outcome expectations management decisions of patients undergoing weight loss metabolic surgery are quite different, and there are many influencing factors. Nurses should actively evaluate the outcome expectations of patients undergoing weight loss metabolic surgery and optimize their preoperative outcome expectations. Through the development of individualized decision-making scheme, establish the multidisciplinary cooperation mechanism, and improve the psycho-social support system and build the postoperative support network, to improve the experience of patient outcome expectation management process, improve the management confidence of outcome expectation, and promote the realization of outcome expectation.

Audience Take Away Notes

- To understand their expected management decision-making experience, and to find whether there are significant differences in behavioral decision-making.
- To help nursing staff to understand the formation process of patient preoperative outcome expectations.
- To suggest healthcare professionals to develop personalized decision-making plans for patients, establish multidisciplinary collaboration mechanisms, improve psychological and social support systems, build postoperative support networks, and improve patient expectation management capabilities.

Biography

Jieping Liu, female, studied in the School of Nursing and Health, Zhengzhou University, mainly engaged in mental nursing research, has participated in provincial and ministerial-level projects.



Jinjin Gu*, Peng Wang

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The experience of hidden costs of care among family caregivers of older adults with disabilities at home: A qualitative study

Background: Understanding the hidden costs of care for family caregivers of older adults with disabilities is essential for optimizing resource allocation, reducing care expenses, addressing global aging pressures, enhancing long-term care quality, and improving both caregiver and care recipient lives, yet it remains underestimated or neglected by policymakers and researchers. The study aimed to describe the experience of hidden costs of care among family caregivers of older adults with disabilities at home.

Methods: The study was a qualitative descriptive study design. From 18th March to 15th April 2024, a total of 12 participants were recruited from three communities in Zhengzhou city from Henan province of China by maximum variation sampling. Data were collected through individual semi-structured interviews after getting the informed consent of participants. The audio recordings were transcribed into text within 24 hours after the interviews, taking care to add non-verbal information. Conventional content analysis was conducted to create categories and themes by two researchers.

Results: The experience of hidden costs of care was categorised into five main categories as follows: time costs of unpaid care, costs of career development, physical well-being costs, mental well-being costs, and social relationship costs.

Conclusions: Family caregivers face multifaceted challenges in the process of care. A concrete framework should be construct to facilitate the control of hidden costs of care for the family caregivers by original research and policy development. It should take more measures to improve the quality of life of caregivers, promote social equity, and formulate more effective support policies, thus contributing to the advancement of theoretical research and practical application in the field of family care.

Keywords: Hidden cost of care; Family caregivers; Content analysis

Audience Take Away Notes

- The study described the experience of hidden costs of care among family caregivers of older adults with disabilities at home
- The experience of hidden costs of care was categorised into five main categories as follows: time costs of unpaid care, costs of career development, physical well-being costs, mental well-being costs, and social relationship costs.
- Our findings make a reference for the intervention of hidden costs of care undertaken by family caregivers.

Biography

Miss Gu has been enrolled as a Master's student in the School of Nursing and Health at Zhengzhou University since 2022 to study Nursing, and her research focuses on Community and Public Health Nursing.



Dr. Jilmy Anu Jose

Associate professor, (Maharashtra University of Health Sciences) College of Nursing, INHS, ASVINI, MUMBAI, INDIA-400005

Effectiveness of quick relaxation technique on pain associated with chest tube removal among post-operative CABG patients

Introduction: The current burden of Coronary Artery Disease (CAD) in India is more than 32 million. Chest tube removal is a common procedure in critical care units and post coronary care units and is associated with moderate to severe pain. The pain management protocols remains unsatisfactory for most patients and researchers recommends development and introduction of new protocols. Even with pharmacological management, most patients remember chest removal as a painful and discontented moment. Advanced practice registered nurses remove chest tubes most often. The aim of the present study was to assess the effectiveness of quick relaxation technique on chest tube removal for reducing the pain levels experienced by patients and also adopting it as a routine practice in cardiac surgical units.

Methodology: An experimental approach with two groups quasi experimental pretest/post test research design was used which was evaluatory in nature. Study population consisted of hospitalized patients planned for CABG (Coronary Artery Bypass grafting). 60 subjects were selected by simple random sampling technique and allotted to experimental and control group by lottery method. Quick relaxation technique was implemented to experimental group patients along with the regular protocol before drain removal and control group patients underwent the regular protocol followed in surgical ICU. Structured assessment tool was developed and used for data collection, which consisted of demographic data, information related to chest tube and numerical rating scale for pain assessment.

Results: Out of the 60 subjects majority were in the age group 60-70years (43.33%) in experimental and (40%) in control group. Majority of the subjects were males, 63.33% in control and 80% in experimental group. 73.33% in control group and 70% in experimental group had severe pain pre procedure. 80% in control group had moderate post procedure pain and 86.6% had mild pain. Control group had mean post procedure pain score of 5.1+1.14 whereas Experimental group had mean pain score of 3.7+1.05. Quick relaxation technique was highly effective in reducing the pain level while removing chest tube drain of post CABG patients. (Unpaired t test value of 5.6394 with df 58, $P < .0001$).

Conclusion: The study will be useful in identifying quick relaxation technique as an important intervention in reducing pain associated with chest tube removal. Quick relaxation technique can be used as a routine practice before chest tube removal in the cardiac surgical unit. Hospitals and nursing institutes should prepare guidelines for quick relaxation technique along with routine pharmacological management during chest tube removal for better patient satisfaction.

Key words: Quick Relaxation Technique, Pain, Chest Tube Removal, CABG.

Audience Take Away Notes

- The nurse clinicians specialized in cardio thoracic nursing will be able to practice Quick relaxation technique for their patients.
- It is well conducted study following all principles of research and ethics in actual clinical setup
- It will be helpful for all nurses to learn about the research concepts and design.
- It is an innovative idea for any painful or difficult procedure which can be used in daily clinical practice as well as for nursing training.

Biography

Lt Col Jilmy Anu Jose, Assoc professor, College of Nursing, INHS, Asvini Mumbai, completed Post Basic BSc (N) in 2008 and MSc Nursing in 2012 from College of Nursing, AFMC Pune under MUHS. Secured Brig PY Wad Gold medal for first position in MSc Nursing. Received PhD nursing from JJT University in the year 2020. Also did PGDBA (Human Resources) from symbiosis institute of management, Pune. Worked as a clinical nurse for 10 years and as an academician for 12 years. Is an examiner for AFMS, MUHS and Delhi University. Received many awards in research presentation in National Nursing Conferences and also has many research publications in national and international journals.



John Piazza DeDonatis

Providence St. Vincent Medical Center, Intermediate Care Unit, RN Lifestyle Transformation Nurse, LifestyleTransformationRN.com, Board Certified Nurse Coach Portland, OR

Nurse coaching within the hospital

My presentation will be based on my experience Health & Wellness Coaching as a Board Certified Nurse Coach within the Hospital I work for. I will go into detail about how my work as a Nurse Coach came to fruition within the Hospital including discussions with my manager and Chief Nursing Officer. My experience includes pre & post data from surveys that support the profound benefits that Nurse Coaching has on both individuals and the department as a whole. I will also explain the format of our typical group coaching sessions, giving examples of topics, self-care practices, and goal-setting.

The overall goal of Nurse Coaching for hospital staff and leadership is to create a space of vulnerability and sharing, to effectively decrease burnout by increasing resiliency and creating a sense of belonging. Nurse Coaching is the missing piece in our training as hospital staff during this age of burnout. Our New Graduate Nurses and New Hires are overwhelmed with necessary skills-based competency training with policy and procedure education; but lack the personal, humanist connection to their co-workers that gives them a sense of community, and support. Factors such as lack of staffing and petitions for better pay may persist; Nurse Coaching serves as an added benefit and outlet for staff & leadership to both find refuge in and rebuild a culture of feeling valued.

Audience Take Away Notes

- The audience will learn how to show the value of Nurse Coaching to their organization, provide an appropriate proposal, utilize health assessment tools, goal setting strategies, and guided visualization and meditation practices. As a bedside nurse, Nurse Coaching can be used with patients during education conversations for motivation and goal setting. For leadership and management, Nurse Coaching tools and strategies can be used as a leadership style to guide staff meetings and create a community team culture.
- With the limited amount of Nurse Coaching literature and research available, my presentation will provide the audience with pre & post survey data from participants including anecdotal feedback in quotations, and serve as a tangible perspective of what Nurse Coaching is all about and it's value for healthcare. The appeal for hospital administration and executives would be saving money by increasing retention and reducing high turnover rates.

Biography

John Piazza DeDonatis studied Nursing at Dominican University of California and graduated with a BSN in 2014. He has worked for five different hospitals across California and Oregon in many different departments including Emergency, Critical Care, and House Supervisor. In 2022 John began his Nurse Coaching Program at the Integrative Nurse Coach Academy and became a Board Certified Nurse Coach in early 2023. During his Nurse Coaching Program and after achieving certification, John has been providing Nurse Coaching services for various departments and staff within the hospital he works for in Portland, OR.



Josephine Omobhude* MSN, RN-BC; Jones-Tadt Evan MSN, RN, MED-SURG-BC; Kennedy Shedrick MSN, RN, CCRN

Center for Nursing Research, Education and Practice, Houston Methodist Hospital, Houston, Texas, United States

Mock code simulations: Boosting nursing team performance to save lives

Background: Direct patient care nursing staff are relied upon in the recognition and early response of medical emergencies. Nursing staff are expected to successfully utilize their critical thinking skills and teamwork in cardiac arrest situations to achieve positive outcomes. A poor patient resuscitation outcome on Dunn 7, an acute care unit, revealed a gap in nursing staff's resuscitation knowledge and skillset. Deficiencies include demonstration of ineffective high-quality chest compressions and delayed delivery of defibrillations. These inadequacies necessitated code blue management refresher education and quarterly mock code simulations with debriefing.

Purpose: The goal of this project is to improve patient resuscitation by enhancing CPR skills learned during certification renewal (BLS), improve teamwork, and increase nursing staff confidence.

Methods: A mock code quality improvement initiative was implemented to improve nursing staff performance in patient resuscitation events. Education refresher sessions were conducted, followed by quarterly mock codes with debriefing sessions on the unit. Lastly, a retrospective post-then-pre-questionnaire was implemented to determine nursing staff's confidence levels in code blue management.

Results/Implications: In its current state, quarterly mock codes with debriefing and refresher education have led to an improvement in meeting AHA and HMH resuscitation standards, post survey results showing an increase in confidence levels as well.

Audience Take Away Notes

- The desired frequency of mock codes annually to improve outcomes.
- The impact of real time mock codes on staff confidence.
- The importance of post mock code debriefing to improve meeting AHA resuscitation standards.

Biography

Josephine Omobhude, MSN, RN-BC is a Masters prepared Nurse Educator at Houston Methodist Hospital.



Kathy J. Meyers PhD, RN, APRN-CNS

Department of Nursing, Baldwin Wallace University, Berea, OH

Reading: The never-ending struggle between faculty and students

Academic assessments to gauge student mastery of content are necessary at every level. Students have historically turned to lecture notes as a primary source of information, negating the textbook, even when the syllabus clearly identifies required readings. While multiple past articles have been written regarding the lack of reading participation by students, a consensus for improvement, has not been reached. Suggestions from several authors include increasing the number of assessments, changing exams to weekly quizzes, or instructor reassessment of the textbook to find a more ‘user friendly’ text that will be appealing. With students averaging approximately \$1000 per year on textbooks, the importance of the text material needs to be understood by the student and requires innovation on the part of the instructor.

During the 2022/2023 academic year, after being introduced to the concept of reading roadmaps, nursing students in my class were offered a roadmap for every section. The roadmaps were due prior to the lecture, and designed to focus their reading, preparing students for the class content to be discussed. After attending a teaching conference, in June of 2023, the roadmap was expanded to include questions regarding what they had read, and identification of experiences that are similar to or included the concept they just read. Half of the term included roadmaps and the second half of the term included roadmaps with focus questions. At the end of the term, student feedback was requested.

Feedback from students was overwhelmingly positive toward the inclusion of reading roadmaps. The didactic portion of the class became focused on clarification of materials through open group conversations with question and answer. The Power Point lectures were lessened, focusing on pertinent ‘facts’ that provided time for student and faculty storytelling. Students stated they had a reduction in anxiety regarding their textbook and the amount of required material. With the inclusion of questions, students stated they felt a better understanding, once the material was openly discussed during the class, with a focus on questions and storytelling, allowing a connection to their experiences.

However, limitations to this strategy include students feeling they spend an excessive amount of time on the reading roadmaps, work in groups to complete the strategy and felt the roadmaps should be worth more ‘points’ toward their grade in the class. Offering instructions regarding the length of an answer (word count, sentence count, etc) and decreasing words such as ‘discuss’ or ‘describe’ may be helpful in eliciting concise answers. Working in groups may be a good strategy if the students are discussing the materials or may require further innovation on the part of the instructor (ex: assigned groups, etc). Identification of potential points need to be addressed in the syllabus or course with the inclusion of a rubric to assure full disclosure of expectations.

Audience Take Away Notes

- Participants will learn how to engage higher education students in the reading of required textbook

sections or priorities to increase student knowledge of important content.

- Participants will be able to implement this easy intervention immediately in both undergraduate and graduate courses.
- Participants will learn tips to change the intervention to meet the needs of any course.
- Participants will benefit from this knowledge by integrating into practice this simple technique to enhance and focus student textbook reading to improve the participation in class, and potentially increase test scores.

Biography

Dr. Kathy Meyers received her PhD in Nursing from Case Western Reserve University in Cleveland, Ohio and her MN in nursing education with an MSN as a Clinical Nurse Specialist from University of Detroit Mercy, in Michigan. She has practiced as a nurse for approximately 30 years with expertise ranging from Emergency to Palliative Care. She has also taught all level of nursing students, BSN, MSN, MN and DNP. Her passion is in creating a classroom based on inclusive pedagogy and searching for ways to assist students reach their full potential.



**Dr. Katy Fisher-Cunningham Ph.D., RN, CNE;
Dr. Vanessa Wright Ph.D., MSN, RN; Sheryl
Buckner Ph.D., RN, ANEF**

Fran and Earl Ziegler College of Nursing, University of
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Setting the standard for caring behaviors in online education

Nursing education has evolved within diverse and dynamic environments, undergoing significant transformations accelerated by the COVID-19 pandemic. The shift towards online learning modalities has prompted educators to explore ways to humanize virtual classrooms and exhibit caring behaviors. While the literature highlights the positive outcomes associated with student perception of faculty caring, there is a notable gap in standardized evaluation tools for assessing such behaviors in online nursing education.

The primary purpose of this proposed research project is to develop and validate a theory-guided instrument that standardizes the evaluation of faculty behaviors that effectively demonstrate caring to nursing students in an online learning environment. The development and testing of the instrument will have three phases: identification of concepts, item construction, and psychometric testing. Establishing standards grounded in Watson's Theory of Human Caring will inform systematic evaluation of caring in online nursing education. Alignment is achieved when essential elements of the course, including assessment and measurement, learner interaction and engagement, and technology, synergistically collaborate to promote the attainment of students' learning outcomes and practice readiness.

This project aligns with both the NLN 2023 Vision Statement, Integrating Competency-Based Education in the Nursing Curriculum and NLN Competency I - Facilitating Learning by emphasizing attributes that contribute positively to collegial working relationships. Additionally, standardizing the evaluation of caring behaviors create safe learning environments and demonstrates interest in and value for all learners. Incorporating standards for course development alongside an evaluative component supports a comprehensive assessment of caring behaviors in online education.

Nurse educators are pivotal in this paradigm shift, as they are tasked with creating environments that facilitate student learning and the achievement of diverse outcomes. This review of literature serves as a catalyst for developing standardized measurement to elevate the quality of caring behaviors in online nursing education. Developing a robust rubric and peer-review process facilitates a consistent approach that empowers educators, enriches the learning experience, and ultimately contributes to the cultivation of caring and competent nursing professionals.

Audience Take Away Notes

- **Understanding the Importance of Caring Behaviors:** Our presentation will highlight the significance of caring behaviors in online nursing education, emphasizing their impact on student perception and outcomes. Attendees will gain insights into why evaluating these behaviors is crucial for creating effective learning environments.
- **Utilizing Theory-Guided Instrumentation:** We will discuss the process of developing a theory-guided instrument designed to standardize the evaluation of faculty behaviors that demonstrate

caring to nursing students in online learning environments. Attendees will learn the importance of using the instrument to assess and improve their own teaching practices.

- **Important Steps in Instrument Development:** Through a detailed explanation of the three-phase process (identification of concepts, item construction, and psychometric testing), attendees will understand how to develop and validate evaluation tools developed from theory. This knowledge empowers educators to expand their own knowledge regarding instrument development.
- **Enhancing Course Development and Assessment Practices:** Our presentation will demonstrate how incorporating standardized evaluation of caring behaviors enhances course development and assessment practices in online nursing education. Attendees will learn practical strategies for creating safe and supportive learning environments that promote student success and practice readiness.

Biography

Dr. Katy Fisher-Cunningham joined the University of Oklahoma Fran and Earl Ziegler College of Nursing in July 2022. Dr. Fisher-Cunningham teaches students at both the undergraduate and graduate levels. She has served as a nurse educator since 2017 in various capacities including clinical nursing instructor, online course development expert, online education coordinator, and Traditional BSN 4000-level Track Coordinator. Her clinical practice areas of expertise include neuroscience, intensive care, and care management. Dr. Fisher-Cunningham has presented her research at the local, national, and international level and is passionate about producing nursing research that advances the discipline of nursing. Dr. Fisher-Cunningham is a proud citizen of the Chickasaw Nation.

Dr. Vanessa Wright has been full-time faculty with OU since July 2023 and enjoys teaching students at both the undergraduate and graduate levels. She has served as a nurse educator for over a decade in various capacities including clinical nursing instructor, online course development expert, MSN program coordinator, and Chair of Graduate Education. Her clinical practice areas of expertise include emergency nursing, medical-surgical nursing, and nursing administration. Dr. Wright has presented her research at the local, state, and international level and is passionate about producing nursing research grounded in Unitary Caring Science. In 2021, Dr. Wright completed a Postdoctoral Scholars Program at Watson Caring Science Institute under the direct mentorship of Nursing Theorist Jean Watson.



Kelebogile Patience Olyn

Department of Health Studies, College of Human Sciences, University of South Africa, Pretoria, South Africa

Influences of interpersonal skills on student nurse's employability: Student nurses perspectives

This research adds to the existing body of knowledge by providing empirical evidence about the importance of interpersonal skills in shaping student nurses' employability requirements in a diverse world. It opens avenues for further research to explore how these skills can be effectively integrated into nursing education and practice.

Aim: The fundamental purpose of the model development is to strengthen and improve the capacity of student nurses in training to deliver effective and efficient quality nursing care immediately upon graduation based on interpersonal competency influences.

Objectives: To identify the barriers and understand the influence of interpersonal skills on student nurses' employability according to student nurses' perception of training in public healthcare institutions in South Africa. Lastly, to develop a model of support to strengthen the capacity of provision of the quality of healthcare services in South Africa.

Setting: Two selected nursing colleges were purposively sampled in two distinct South African provinces.

Research Design: A quantitative research approach was used to guide the study.

Methods: Four focus groups facilitated discussions during the interview process. The study used purposive sampling wherein the researcher employed thematic analysis, specifically utilizing the framework provided by the Techs method.

Results: The study revealed two main themes: Internal and external influences experienced and witnessed by the student nurses during their placement in healthcare institutions and academia. Dominant subthemes under these themes were relational dynamics, self-reflection, communication standards, ethical guidelines, and professional conduct.

Contribution: This comprehensive approach to education can lead to the development of a more well-rounded professional. The nurses equipped with these skills are likely to improve patient outcomes, satisfaction, and healthcare experiences thereby enhancing the overall quality of healthcare services. This insight can contribute significantly to guiding student nurses in their professional development, helping them understand the market needs and preparing them to be more competitive and improved patients in multicultural societies while ensuring ethical practices.

Conclusion: The recognition of two main themes, each with two sub-themes, during student nurses' clinical placements across various healthcare settings provides essential knowledge for improving their professional

behaviour. By honing their interpersonal skills over time, this holistic comprehension can empower upcoming nurses to adapt to the ever- changing healthcare landscape. It also serves to educate policymakers and improve educational programs for more effective preparation of future nursing professionals.

Audience Take Away Notes

- Student nurses, nurse educators and other healthcare professionals can gain deeper insights into the complexities of their work environment. This understanding helps in tailoring care more effectively to meet the specific needs of their clients.
- Policymakers can use these themes to develop more informed and effective health policies. Understanding the prevalent themes enables the formulation of regulations and directives that more effectively tackle the real obstacles impeding the management of personal triggers and adherence to ethical standards, fostering a more accessible professional environment post-graduation. This broader awareness within the community and society enables an understanding of the challenges and actual impact of interpersonal skills.

Biography

Dr. Kelebogile Patience Olyn is affiliated with the University of South Africa, as a Senior Lecturer in the College of Human Sciences: Department of Health Studies. She registered with the South African Nursing Council in 1994 to date. Her focus is on career development service delivery including healthcare service within the Intensive care unit. Her work spans various aspects of nursing education, interprofessional interpersonal relationships, and the professional development of nurses, contributing valuable insights and knowledge to these fields. She has supervised one master's student to completion, Master's and Doctoral student in progress with two publications.



Laurel Westcarth MBA, MSN, APRN-BC

Department of Neurosurgery, UT MD Anderson Cancer Center Houston, Texas, USA

Surgical approach to the management of Chiari I Malformation in adults

Chiari 1 Malformation (CIM) is defined as the degree of fall of the cerebellar tonsils below the foramen magnum. The degree of dip below the cerebellar tonsil involves >3 mm in children and >5 mm in adults. An extension of greater than five mm of the cerebral tonsil below the foramen magnum is considered pathological. The prevalence CIM is approximately 0.9 % in adults and 0.6 % in the pediatric population. The treatment for Chiari 1 has improved over the years with the advancement of Magnetic Resonant Imaging (MRI) and the understanding of the pathophysiology and natural history of CIM. CIM is further subdivided into primary or congenital and secondary. Primary CIM is theorized to be caused by the overcrowding of the posterior fossa (small posterior fossa) while secondary is due to tumor/space occupying lesion or condition causing intracranial hypertension and hydrocephalus.

The most common symptom of CIM is headache in the occipital or cervical region. Headache is reported in approximately 60-80% of the patients with CIM. This headache is exacerbated by Valsalva type activities such as coughing, sneezing, or laughing and or neck movement. If brain stem or spinal cord involvement, the symptoms may include difficulty swallowing, spasticity, myelopathy and motor or sensory loss. It is important to differentiate the CIM headache from that of migraine or tension headache. About 30-70 % of CIM patients present with unrelated headaches, however, CIM patient's headache response to surgery in approximately sixty percent of the cases.

MRI is the gold standard imaging in this patient population. MRI of entire cranio-spinal axis for evaluation of cord compression, intramedullary edema, and evaluation the narrowing of the cranio-vertebral junction. MRI findings that suggest surgery: Tonsillar herniation, cerebrospinal fluid disappearance at level of foramen magnum along with the following symptoms of myelopathy and syrinx.

Initially surgery had no treatment role for these patients and now CIM is considered a disorder with surgery as an option to provide quality of life to those who were once destined for disability. Treatment approach for CIM is based on whether the patient is symptomatic. Asymptomatic patients are monitored with imaging. The goal of surgery is symptom reduction, prevent further damage to the central nervous system, and restore the usual flow of cerebral spinal fluid. Surgical approach may vary but commonly include dural opening with bony decompression with shunting or fourth ventricular-cervical subarachnoid stenting, a more aggressive approach. Ongoing monitoring of CIM patients neurologically and with imaging is important post decompression because there is still a possibility of recurrent syrinx and return of neurological symptoms.

Audience Take Away Notes

- Define Chiari 1 Malformation (CIM).
- Discuss the prevalence of CIM.

- Review the common symptoms of CIM.
- Discuss the role of surgery.

Biography

Laurel Westcarth is a Nurse Practitioner Department of Neurosurgery at MD Anderson Cancer, Center, Houston, Texas. She graduated from the University of South Florida in Tampa Florida where she received both her bachelor's and master's degree in nursing. She is also received a Master of Business Administration from Texas Woman's University in Denton, Texas. She works primarily with brain and spinal cord tumor patients, but her current focus is working primarily with patients with spinal cord tumors. She has completed several presentations on topics such on CNS tumors and primary tumors of the spine.



Lijuan Zhang*, Beiwen Wu

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Latent class analysis of depressive and anxious symptoms among Chinese rheumatoid arthritis patients

Background: Depression and anxiety create additional burdens for adults with Rheumatoid Arthritis (RA), negatively affecting disease outcomes and quality of life. Therefore, this study aims to identify symptom patterns of depression and anxiety and explore the influencing factors; In addition, we want to investigate the relationships among different symptom profiles and quality of life in Chinese RA patients.

Methods: A total of 355 RA patients (including 293 females, age=55.05±13.04 years) were recruited in this study. Depression and anxiety symptoms were assessed using the Hospital Anxiety and Depression Scale. We applied Latent Class Analysis (LCA) to identify distinct symptom subgroups of depression and anxiety in RA patients. The latent class subtypes were compared using the One-way ANOVA or chi-square test. Multinomial logistic regression was performed to examine associations between identified classes and related factors.

Results: We identified 3 distinct symptom patterns or classes in this study, including the high depressive and anxious symptoms, the moderate depressive and anxious symptoms and the mild anxiety symptoms. The number of RA patients in each class is 131, 72 and 152 respectively. The multinomial logistic regression revealed that compared with the mild anxiety symptoms group, the associated factors of depression and anxiety in other two subgroups were pain and functional capacity. Additionally, we found that different symptom profiles were significantly associated with quality of life in Chinese RA patients.

Conclusions: As is known to us, this is the first latent class analysis that categorized the symptom subgroups of depression and anxiety in Chinese RA patients. Our findings suggested that the main factors influencing the high and moderate depressive and anxious symptoms groups are pain and functional capacity. Rheumatologists and nurses should provide targeted psychological interventions according to different symptom patterns to promote the quality of life among RA patients.

Audience Take Away Notes

- This LCA research is the first attempt at examining patterns in symptoms of depression and anxiety in Chinese RA patients
- Chinese RA patients' depression and anxiety symptoms had obvious grouping characteristics, and 3 distinct symptom patterns or classes were identified in this study
- Different symptom profiles were significantly associated with quality of life in Chinese RA patients

Biography

Mrs. Zhang studied nursing at the Shanghai Jiao Tong University, School of Medicine. She joined the research group of Prof. Wu at the Department of Nursing, Ruijin Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai, China. She received her MD degree in 2017 at the Nantong University, China. She has published more than 10 research articles in SCI journals.



Lin Yang*, **Hong Ruan**

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How to monitor and discriminate the causes of lower limb swelling during home-based rehabilitation after total knee arthroplasty? A delphi study

Background: Patients undergoing Total Knee Arthroplasty (TKA) are mostly elderly, and they may face certain difficulties in managing their symptoms at home. Swelling in the lower limbs after TKA hinders surgical outcomes. Prolonged duration of swelling requires monitoring and remote management during home-based rehabilitation. Various causes of swelling exist, but there is a lack of indicators to monitor and discriminate different causes of lower limb swelling, making it difficult to implement targeted interventions. This study aims to clarify the indicators to monitor and discriminate the causes of lower limb swelling during home-based rehabilitation after TKA by literature research and consulting experts from various disciplines.

Method: The Delphi method was used. Based on literature research and analysis, a preliminary draft of indicators was developed. Fifteen experts from different disciplines were invited to evaluate the validity of the indicators and provide modification suggestions. Through two rounds of consultations, consensus was reached among the experts.

Results: After two rounds of Delphi consultations, consensus was reached. Agreement scores ranged from 4.40 to 5.00, with low variability (standard deviation 0.00-0.91) and high consistency (coefficient of variation 0.00-0.20). $P < 0.05$ in the Kendall's W with an agreement rate of 80.00-100%. In the final set of indicators, there were five primary indicators (representing four swelling causes and a General Category), along with 23 secondary indicators and 40 tertiary indicators (further subdivisions of the secondary indicators).

Conclusion: This study has preliminarily established indicators for at-home differentiation of swelling post-TKA caused by four distinct reasons. Further research is needed to validate the value of these indicators in distinguishing the causes of swelling. In the future, the development of remote monitoring systems or devices to collect data on these indicators could enable personalized interventions tailored to specific swelling causes for patients.

Audience Take Away Notes

- **Challenges in Home Management:** Elderly patients undergoing Total Knee Arthroplasty (TKA) encounter difficulties managing post-surgical symptoms at home, particularly swelling in the lower limbs.
- **Importance of Swelling Monitoring:** Swelling in the lower limbs post-TKA can impact surgical outcomes, emphasizing the need for effective monitoring and management during home-based rehabilitation.
- **Four causes of swelling after TKA:** inflammatory reaction, poor venous return, joint bleeding and muscle injury.

- **Precision Home Monitoring for Targeted Swelling Interventions:** By measuring certain parameters at home, it becomes possible to distinguish the underlying causes of swelling, allowing for targeted interventions and thereby enhancing the effectiveness of interventions.

Biography

Lin Yang holds a Master's degree in Nursing from Shanghai Jiao Tong University. She embarked on her nursing career at the Ninth People's Hospital, affiliated with the School of Medicine at Shanghai Jiao Tong University, where she currently serves as the Head Nurse in the Orthopedics Department. Lin is currently pursuing a Ph.D. in Nursing under the guidance of Professor Hong Ruan. Her research focus lies in orthopedic nursing, particularly in the perioperative care of hip and knee joint replacement patients. With a commitment to advancing nursing knowledge, Lin has authored over 30 research papers and holds four patents.



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Implications of mandated overtime for nurses: An integrative literature review

Aims: The aim of this integrative literature review was to explore and synthesize the current literature on mandated overtime for nurses.

Background: Increasing demands for nursing expertise, amidst decreasing numbers of nurses willing and available to work voluntary overtime, has resulted in mandated overtime being implemented to help meet workforce demands. While mandated overtime is an increasing concern, there remains a distinct lack of literature that synthesizes the implications of mandated overtime for nurses.

Design: We conducted an integrative review following Toronto and Remington's methodology, guided by Caregiver Stress Theory as a theoretical framework.

Data Source: Searches were conducted in November 2022 in six databases: MEDLINE, APA PsycINFO, Business Search Complete, Academic Search Complete, CINAHL, and Health Source Nursing Academic.

Review Methods: A comprehensive search identified literature reporting on mandated overtime for nurses. Two reviewers completed title and abstract screening, full-text screening, and quality appraisal independently using predetermined inclusion and exclusion criteria and Joanna Briggs Institute appraisal checklists.

Results: In total, of the 1,398 records identified, 50 records were eligible for inclusion. Mandated overtime was associated with increased workplace-related injuries, fatigue, and burnout. Nurses used formal and informal control mechanisms in response to mandated overtime with internal and external implications. The implications of mandated overtime on nurses are complex and extend to nurses' physical health, self-esteem, role satisfaction, and personal relationships.

Conclusion: The findings of this integrative literature review highlight the need for further research to address the implications of mandated overtime for nurses. Special attention should be given to the current context while accounting for the limitations of previous studies. Addressing the implications of mandated overtime for nurses requires a collective effort from hospital administrators, politicians, nursing unions, professional governing bodies, nurses, and patients.

Audience Take Away Notes

- Mandated overtime for nurses is a topic that is still an issue and is still being widely used as a staffing strategy. The intended audience is the stakeholders: nurses, hospital administrators, politicians, nursing unions, professional governing bodies, and patients/patient advocates.

- Why mandated overtime is an issue for nurses and other stakeholders based on the information gathered from peer-reviewed sources as well as textual evidence and expert opinion.
- The physical implication of mandated overtime for nurses.
- How mandated overtime affects nurses' self-esteem/mastery and role enjoyment.
- How mandatory overtime affects nurses' social roles.
- The importance of addressing mandated overtime in the nursing profession for nurses, patients, and health organizations.
- The audience will have a greater awareness and knowledge of mandated overtime for nurses and know that while the COVID-19 pandemic has largely waned, the implications of mandated overtime for nurses may persist.
- The audience will be able to use the information as a reference when advocating for safer working conditions for nurses where mandated overtime is an issue.
- The audience will see the review's limitations and, should the opportunity present itself, invest in overcoming them e.g., using systematic and scientific methods of inquiry to delve further into mandated overtime in the nursing profession.
- This presentation will see mandated overtime as an issue with lasting implications, rather than a staffing decision that nurses can quickly overcome. With this in mind, stakeholders will have an available resource in this literature review, to inform their decision-making, in addition to the voices of the nurses they encounter who may be experiencing mandated overtime.
- Other faculty could use this to expand their research or teaching, showing recent trends in the nursing profession; the effects of major events on the profession; and the various roles nurses can take (e.g., policy maker, researcher, nurse ethicist).
- The aim of the integrative literature review did not include providing a practical solution.
- List all other benefits.
 - The current research, when expanded upon, may improve the accuracy of design, especially as regards work scheduling, creating appropriate rewards for overtime, and decreasing the negative implications of overtime for nurses.

Biography

Lucy Anowai studied Nursing at Mount Royal University, Canada, and after graduating in 2017, became a Registered Nurse in the same year. With an interest in understanding the business aspect of healthcare and the workplace policies that affect nurses, she began her combined master's degree in business administration and nursing. After her personal experience with mandated overtime during the COVID-19 global pandemic, she embarked on a research project to understand the implications of mandated overtime for nurses, with the support of her faculty supervisor and research committee.



Luke Zhang

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Analysis of body image status and influencing factors in young and middle-aged patients with maintenance hemodialysis

Background: Hemodialysis is one of the main ways to treat end-stage kidney disease. However, with the passage of time, the normal physical appearance of maintenance hemodialysis patients is disrupted, and their bodily functions gradually decline, leading to a significant decrease in their body image level, especially among young and middle-aged patients. A decrease in body image level can affect patients' disease management compliance, and lead to social avoidance, reducing their well-being. At present, it is necessary to conduct relevant research on the body image of middle-aged and young maintenance hemodialysis patients.

Purpose: To investigate the status quo of body image in young and middle-aged patients with maintenance hemodialysis. To analyze the influencing factors of body image in young and middle-aged patients with maintenance hemodialysis, so as to provide basis for related intervention of body image.

Methods: A total of 200 young and middle-aged maintenance hemodialysis patients were investigated by using general information questionnaire, Multidimensional Psychological Flexibility Inventory (MPFI-24) and the Chinese version of the Kessler Psychological Distress Scale, Simplified Coping Style Questionnaire (SCSQ), Body Image Questionnaire for Hemodialysis Patients.

Results: The total score of body image in young and middle-aged patients with maintenance hemodialysis was 83.65 ± 12.88 . The results of multiple linear regression analysis showed that age, Height of vascular protrusions related to arteriovenous fistula, psychological flexibility, psychological distress, coping style were the influencing factors of body image in young and middle-aged patients with maintenance hemodialysis.

Conclusion: Body image in young and middle-aged patients with maintenance hemodialysis is at a high level. Nurses should formulate corresponding nursing intervention measures according to factors such as age, Height of vascular protrusions related to arteriovenous fistula, psychological flexibility, psychological distress, coping style, so as to enhance the body image level of patients, improve social avoidance, and increase well-being.

Audience Take Away Notes

- Pay attention to the issue of body image in young and middle-aged patients with maintenance hemodialysis, Clarify the current level of body image in young and middle-aged patients with maintenance hemodialysis and related influencing factors, providing theoretical basis for improving the level of body image in young and middle-aged patients with maintenance hemodialysis.
- This study helps to provide a basis for subsequent interventions related to body image and improve social avoidance and well-being in young and middle-aged patients with maintenance hemodialysis.

Biography

Luke Zhang is a master's degree student at the School of Nursing, Zhengzhou University. Her main research direction is clinical nursing for chronic kidney disease. During study, She has participated in the publication of one core paper of Peking University.



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Positive relationship quality is associated with better heart failure self-care in female patients and patients having a non-spousal relationship with their family caregivers

Introduction: Engaging in self-care is important to prevent rehospitalizations for patients with heart failure. Family caregivers can provide essential support for patients' self-care. Because patients and family caregivers are in an interdependent relationship, it is important to understand how patients' perceived quality of the relationship with their family caregivers affects their self-care behaviors. However, there is limited knowledge of whether the gender of patients and type of relationship with caregivers affect the relationship between the perceived quality of the relationship and self-care.

Purpose: To determine whether gender or relationship type (spousal vs. non-spousal) moderates the association between relationship quality and self-care behaviors in patients with heart failure.

Methods: In this cross-section study, outpatients with HF at an academic medical center completed the Dyadic Relationship Scale, which consists of the positive dyadic interaction and negative dyadic strain subscales (perceived quality of relationship with caregivers), and the European Heart Failure Self-Care Behavior Scale (heart failure self-care). Two hierarchical regression model analyses were used to accomplish the purpose of the study.

Results: A total of 92 patients with heart failure (mean age 62 years, 59% male, and 77% with spousal caregiver) were included in the analyses. Positive dyadic interaction was significantly associated with HF self-care in female patients ($B=-1.29$, $p<.01$) while there was no such association in males ($B=-.054$, $p=.868$). In addition, positive dyadic interaction was significantly associated with HF self-care in patients who had a non-spousal family caregiver ($B=-1.23$, $p<.01$) with no such association existed in patients with a spousal caregiver ($B=-.20$, $p=.525$). However, there was no significant association between negative dyadic strain and self-care, and this association was not moderated by gender or relationship type of caregivers.

Conclusion: These findings highlight the importance of developing interventions targeting patient-caregiver relationship quality to improve HF self-care. These interventions should be tailored according to the patients' gender and relationship type with caregivers.

Audience Take Away Notes

- **Relationship Quality and Self-Care:** Understanding how the quality of patient-caregiver relationships impacts heart failure patients' self-care behaviors.
- **Moderating Effects:** Insight into how gender and caregiver relationship type (spousal vs. non-spousal) affect this relationship.
- **Specific Findings:** Positive dyadic interactions significantly influence self-care in female patients

and those with non-spousal caregivers, but not in male patients or those with spousal caregivers.

- **Negative Dyadic Strain:** Negative dyadic strain does not significantly affect self-care behaviors, regardless of gender or relationship type.
- **Tailored Interventions:** Importance of developing gender- and relationship-type-specific interventions to improve heart failure self-care.

Practical Applications:

- **Enhanced Care Strategies:** Incorporate relationship dynamics into care plans for better patient outcomes.
- **Targeted Interventions:** Develop interventions focusing on improving patient-caregiver relationships, tailored by gender and relationship type.
- **Caregiver Education:** Educate caregivers on the importance of maintaining positive interactions and their impact on patient self-care.

Job Benefits:

- **Improved Patient Outcomes:** Better care plans leading to improved health outcomes for heart failure patients.
- **Expanded Research and Teaching:** Use findings to enhance research and education on caregiver-patient dynamics.
- **Practical Solutions:** Clear guidelines for designing interventions that improve patient-caregiver relationships.
- **Accurate Models:** Refine healthcare models to include relational factors for more accurate patient assessments.
- **Holistic Care:** More comprehensive patient care that considers relational and psychological factors.

Biography

Dr. Majdi Rabab studied at the University of Virginia, U.S. in 2013 as MSN in Acute Care. Then, he received his PhD degree in 2018 at the University of Kentucky, U.S. Dr. Rababa started working as an assistant professor at the Hashemite University, Jordan in the Adult Health Nursing Department. Dr. Rababa research focuses on the cardiovascular nursing. He is currently studying the psychosocial factors that are associated with heart failure self-care.



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Teaching the art of trauma informed, comprehensive sexual health history

STI's affect certain patient populations at a disproportional rate due to health disparities. According to the Centers for Disease Control and Prevention (CDC), syphilis has made a resurgence in the past five years in the United States, rates having risen a drastic 80% since 2018 in the United States (CDC, 2024). Non-Hispanic Black or African American people accounted for a rate of almost 32% of new cases of primary and secondary syphilis in 2022 (HHS, 2024). Syphilis rates increased 4% between 2021 and 2022 in MSM (men who have sex with men) population. MSM living with HIV accounted for 36.4% of syphilis cases in 2022. The rate of congenital syphilis has also increased dramatically with over 3,700 cases of infants born with syphilis in 2022- a rise of 32% from 2021 (CDC, 2023).

It is imperative that nursing education remain current with evidence-based practice guidelines to meet the changing demands related to sexual healthcare. Conversations related to this topic can often feel awkward or intrusive and learning the art of asking sensitive questions will enhance the students' ability to provide, trauma-informed care. Identifying high risk behaviors through the comprehensive sexual health history leads to the discovery of appropriate STI screening. Patients with history of sexual abuse, trauma or violence may have special needs related to sexual health that should be addressed (CDC, 2024). Providing positive, affirming sexual health care includes providing a safe environment and a non-judgmental approach (Savoy, et al., 2020).

The CDC's 5 P's model is one example of a trauma-informed approach to obtaining the sexual health history (CDC, 2024). This model looks at the partners, sexual practices, protection against STI's, past STI history and pregnancy intention through a comprehensive lens. As STI's continue to be a common clinical problem, focusing on prevention, identification, and treatment of STI's is necessary both at the individual level and with the population as a whole.

Audience Take Away Notes

- Demonstrate the need for current evidence-based education related to sexual health, highlighting healthcare disparities among certain populations.
- Apply trauma informed approaches to collecting a comprehensive sexual health history.
- Identify high risk behaviors and appropriate screening for STI's.
- Recommend practice changes to better patient-centered outcomes when approaching sexual healthcare.

Biography

Dr. McKimmy has been in the field of nursing for over twenty-five years, and in academia since 2006. She is a graduate of The University of Texas Medical Branch where she earned her BSN in 2000 and her MSN in the Family Nurse Practitioner Track in 2003. She completed her DNP at the University of Alabama in 2013, focusing on pediatric development/autism. She began her teaching career at UTMB in undergraduate studies and taught for over 10 years at Oregon Health & Science University in the FNP/DNP program, across all graduate programs, and served as the Post-Master's DNP Lead. While at OHSU, Dr. McKimmy served as chair to over 40 DNP students, successfully completing their doctoral projects. She actively served on the board of Nurse Practitioners of Oregon and was the state representative for the American Association of Nurse Practitioners for 4 years. Clinically, she has worked primarily in family practice, pediatrics, and school/college-based health and served as Medical Director for an FQHC look-alike in Portland, Oregon specializing in primary care, HIV and sexual health. Dr. McKimmy is an Associate Professor at Texas Tech Health Sciences University School of Nursing teaching in the BSN-DNP programs. She maintains her clinical practice in Pediatric Urgent Care.



Marina Gharibian Adra*, Nour Abdallah

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Promoting a culture of community in Lebanese care homes through forging partnerships. A constructivist case study approach

Background: Care homes can create a culture of community where residents, their families and staff are supported to develop positive relationships with one another, to interact and explore ideas together in an informal way. This concept is reported in the literature as a Westernized construct and so far, little is known about its meanings from a Middle Eastern cultural perspective and context.

Aim: The aim of this study is to contribute to the understanding of how partnership between the three stakeholders may contribute to changing the organization and focus of care homes, supporting a transition to the development of a culture of community.

Method: Constructivist case study method is employed following Stake's collective case study model. Two care homes were chosen purposively to capture the experience of residents, families and staff working in different types of care homes. Data collection methods include interviews, focus groups, and field observations with triangulation of methods and data. Data collection and data analysis occurred simultaneously.

Results: Analysis of data resulted in emergence of four themes: organizational flexibility, a vision of care incorporating fundamental elements such as caring and dignity, connectedness/reciprocity, enhancing job satisfaction and morale of staff. These findings indicate that residents, staff, and families are interdependent and this needs to be considered when fostering a culture of community in care homes, and that interdependence is an important value. Organizational flexibility, individualized care to be set as priorities over disease and illness.

Implications: The findings will have implications for developing policy and practice in care homes to improve experience of older residents thus enhancing quality of life in care homes in Lebanon.

Audience Take Away Notes

- The presentation will provide sufficient evidence to guide care homes and governing bodies to make informed decisions in the implementation and transformation of care home culture.
- The presentation will have implications for developing policy and practice in care homes to improve the experience of older residents thus enhancing their quality of life.
- The findings of the presentation will imply that a shift in our conceptual approach to care provision that is consistent with the values, needs, and desires of older residents is necessary.

Biography

Dr. Gharibian studied Nursing at the American University of Beirut (AUB). She worked as a registered nurse on medical wards for three years. She then joined the Hariri School of Nursing (HSON) at AUB as a clinical instructor. She was involved in teaching Nursing Care of Adults. She received her PhD degree in gerontological nursing in 2012 from the University of Manchester, UK. At present, she is a clinical associate professor at HSON, AUB teaching Nursing Care of Adults and Older Adults, Pathophysiology, and Nursing research in both undergraduate and graduate programs. Her main research interest is quality of life of nursing home residents.



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Factors influencing nursing students' perceptions and attitudes toward artificial intelligence: An examination of personality traits, AI literacy, emotional responses, and self-efficacy

Introduction: The healthcare industry is rapidly evolving, and Artificial Intelligence (AI) is emerging as a transformative technology that promises to revolutionize patient care and medical education. As AI plays a more significant role in healthcare settings, it is crucial to understand nursing students' perceptions and attitudes toward AI. This study aims to explore the complex interactions among personal characteristics, AI literacy, AI-induced anxiety, and self-efficacy and how these factors collectively influence attitudes toward AI. By doing so, we can guide the development of intervention strategies and identify critical factors influencing nursing students' readiness and openness to engage with AI technologies in their future professional practice.

Design: Quantitative, descriptive, cross-sectional, and correlational study design was used.

Finding: Our analysis reveals that personality traits, such as openness to experience and conscientiousness, significantly correlate with positive attitudes toward AI. AI literacy emerges as a critical factor, with higher levels of understanding and familiarity with AI associated with more favorable perceptions. Emotional responses, including fear and excitement, play pivotal roles in shaping students' attitudes, indicating the need to address emotional factors in AI education. Lastly, self-efficacy strongly influences students' confidence in their ability to effectively use AI in nursing practice, suggesting that enhancing self-efficacy could improve acceptance of AI technologies.

The findings highlight the importance of incorporating comprehensive AI education programs in nursing curricula tailored to address emotional responses and improve AI literacy and self-efficacy. Understanding these factors is essential for preparing nursing students to navigate the challenges and opportunities presented by AI in healthcare, ultimately enhancing patient care and nursing practice.

Conclusion: This examination sheds light on the multifaceted influences on nursing students' perceptions of AI, providing valuable insights for educators, policymakers, and healthcare professionals in integrating AI into nursing.

Audience Take Away Notes

- By the end of this presentation, attendees will gain a comprehensive understanding of the various factors that shape the attitudes of nursing students towards AI. Our discussion will highlight the crucial role of education, personal characteristics, and experience in influencing these attitudes.
- We will delve into the strong correlation between knowledge of AI and positive attitudes towards its application in healthcare. Moreover, we will analyze the impact of anxiety and self-efficacy on the

adoption of AI in the nursing profession. Additionally, we will explore how personal characteristics and experience can shape attitudes towards AI.

- Furthermore, we will emphasize the importance of practical experience with AI in healthcare settings. Finally, we will discuss the necessity of reforming nursing education curricula to better equip students for the use of AI in healthcare.

Biography

Dr. Maysoun Atoum is a dedicated nursing educator with over two decades of teaching experience at Hashemite University. She excels in nurturing the next generation of nurses, emphasizing the importance of evidence-based practice in education and clinical settings. Her commitment to excellence and her efforts to equip students with the knowledge, skills, and ethical understanding required for global healthcare challenges have established her as a key figure in the university's Nursing School. Dr. Atoum's dedication to fostering competent nursing professionals reflects her invaluable contribution to the field of nursing education.



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Longitudinal relationships between depression and frailty symptoms in middle-aged and older adults: A cross-lagged panel network analysis

Background: Several studies have examined cross-sectional relationships between depression and frailty. However, these studies cannot address the directionality of the temporal relationships. Therefore, based on the perspective of network analysis, we conducted Cross-Lagged Panel Network (CLPN) analysis aiming to explore the longitudinal network association of depression and frailty in middle-aged and older adults.

Methods: A total of 42719 participants (female: 50.9%, mean age at T_1 : 55.15 years, mean age at T_2 : 64.25 years) from the UK Biobank were included in this study. Frailty (Frailty Phenotype) and depression (PHQ-4) symptoms were assessed at baseline (T_1) and the first follow-up (T_2). Their longitudinal relationships were examined by a cross-lagged panel network analysis.

Results: Depression and frailty symptoms were closely related in middle-aged and old adults. CLPN analysis shows that more depressive symptoms predict frailty symptoms. “Walking pace” exhibits the highest out-Expected Influence (out-EI) in the network, while “weight change” and “walking pace” display the lowest in-Expected Influence (in-EI). Moreover, “tiredness/lethargy” is the central role in both types of symptoms.

Conclusions: The study suggests that interventions targeting depression may help reduce frailty symptoms in middle-aged and older adults. Specifically, intervening to improve “walking pace” may enhance overall mental well-being.

Audience Take Away Notes

- The audience will learn about temporal dynamics between depression and frailty in middle-aged and older adults, and understand that depressive symptoms can predict the development of frailty symptoms, and recognizing which symptoms have the highest out-EI and in-EI in this network.
- They will gain insights into the central symptoms, particularly focusing on improving “walking pace” to enhance overall mental and physical well-being. With these insights, they can design more effective treatment plans that address both mental and physical health, thereby providing holistic care to middle-aged and older adults.
- Researchers can apply cross-lagged panel network analysis to other longitudinal datasets to uncover similar relationships between different health conditions, expanding the scope of this methodological approach.
- The findings can inform policy development aimed at integrated care strategies for aging populations, emphasizing the importance of mental health in maintaining physical health and vice versa.

Biography

Dr. Liu studied Nursing at Zhengzhou University and graduated with a bachelor's degree in 2022. She was then admitted to continue her doctoral studies at Zhengzhou University as a direct-entry PhD student, joining Dean Sun's research group. Her research focuses on the prevention and management of chronic diseases.



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Challenge-hindrance stressors and novice nurses' safety behavior: The mediating role of regulatory focus and the moderating role of workplace spirituality

Aims: This study aims to investigate the impact of challenge-hindrance stressors on novice nurses' safety behavior, the mediating effect of regulatory focus and the moderating effect of workplace spirituality.

Background: The relationship between challenge-hindrance stressors and novice nurses' safety behavior has rarely been investigated, despite the global concern for patient safety in healthcare systems. Previous research suggests that regulatory focus and workplace spirituality matters for nurse safety behavior, but the relationship between them remain unclear.

Methods: An on-site cross-sectional survey. The STROBE guidelines were followed to report this study. Stratified sampling was used to recruit participants, and 471 novice nurses completed the Nurse Safety Behaviour Questionnaire, the Challenge-Hindrance Stressors Scale, the Regulatory Focus Scale and the Workplace Spirituality Scale between January 2024 and May 2024. SPSS 24.0 and SPSS PROCESS 3.5 macros was used to test research hypotheses.

Results: Challenge stressors could positively affect novice nurses' safety behavior and promotion focus could mediate this relationship; Hindrance stressors could negatively affect novice nurses' safety behavior and prevention focus could mask some of the relationship. Workplace spirituality could positively moderate the relationship between challenge stressors and novice nurses' safety behavior.

Conclusion: Challenge-hindrance stressors have a double-edged sword effect on novice nurses' safety behaviors. Regulatory focus and workplace spirituality play significant roles in the relationship between challenge-hindrance stressors and novice nurses' safety behavior.

Impact: Nursing Managers should rationalize work schedules based on the characteristics of novice nurses, leverage challenge stressors to boost novice nurses' safety behaviors and enhance their intrinsic motivation through developing regulatory focus. Additionally, managers should highlight workplace spirituality's importance in coping with work stress. This approach can effectively improve safety behaviors and ensure patient safety.

Patient or Public Contribution: Patients and the public were not involved in the design and implementation of this study. Clinical novice nurses completed an questionnaire for this study.

Audience Take Away Notes

- This study provides a theoretical basis for nursing administrators to take measures to improve

nurses' safety behaviors and enhance the quality of healthcare services.

- This study confirms that while hindrance stressors negatively affect novice nurses' safety behavior, challenge stressors have a positive impact. Managers can improve novice nurses' safety behavior by implementing strategies that increase challenge stressors and decrease hindrance stressors.
- Most previous interventions aimed at improving nurse safety behavior have focused on knowledge and skills training for novice nurses. This study confirms the mediating role of regulatory focus highlights the significance of psychological motivation. In particular, prevention focus counteracts some of the negative effects of hindrance stressors on nurse safety behavior. It suggests that managers should also focus on psychological motivation of novice nurses to enhance their intrinsic drive for safety behaviors by stimulating and developing their regulatory focus.
- The moderating effects of workplace spirituality provide a framework for designing interventions. Enhancing the workplace spirituality climate can provide psychological resources for novice nurses, thereby maximizing their safety behaviors.

Biography

Mengyuan Hou, female, 27 years old, graduated from Zhengzhou University School of Nursing and Health in 2020 and re-entered Zhengzhou University School of Nursing and Health in 2022 to pursue her master's degree. She has written two papers in Chinese and two papers in English under the guidance of her supervisor, Wanhong Wei, both of which are under review.



Mohammad Fathi

Anaesthesiology Department, Shahid Modarres Hospital, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Effect of spiritual care on pain of breast cancer patients: A clinical trial

Introduction: One of the most important symptoms and complication of breast cancer is pain with an extensive impact on life dimensions, management of which requires comprehensive nursing care and interventions. Given that spiritual care is an essential and unique part of care and spirituality is an indispensable part of man's life, we aimed to determine the effect of spiritual care in breast cancer patients from a multidimensional viewpoint.

This clinical trial was conducted on breast cancer patients who presented to two medical centers at Isfahan, Iran, during 2014. Fifty patients were randomly selected and assigned to intervention and control groups for the intervention group, the spiritual care program was implemented in groups of five in ten 60-minute-long sessions. Both groups completed the Multidimensional pain Inventory (MPI), which is a self-report questionnaire, immediately before and six weeks after the intervention. To analyze the data, descriptive statistics analysis of covariance and Chi-squared test were performed in SPSS, version 18

Audience Take Away Notes

- Spiritual care is effective on the reduction of pain severity and its adverse effects on the lives of breast cancer patients. Therefore, it is suggested to be used as a non-pharmaceutical complementary treatment for pain relief.

Biography

Dr. Fathi is an intensivist and anesthesiologist who has been teaching and doing research in the field of critical care and pain management for more than a decade. He is the critical care program director at Shahid Beheshti Medical University (SBMU) in Tehran and the director of Intensive Care Unit at Modarres hospital, a 400 bed tertiary care teaching hospital affiliated to SBMU. He is also the director of research center for quality improvement in critical care in Tehran, Iran. He has published different papers in reputed journals. Research interests: One of the most important symptoms and complication of breast cancer is pain with an extensive impact on life dimensions, management of which requires comprehensive nursing care and interventions. Given that spiritual care is an essential and unique part of care and spirituality is an indispensable part of man's life, we aimed to determine the effect of spiritual care in breast cancer patients from a multidimensional viewpoint. No. of published articles and Journals information: Session name: 6th edition 27th Cancer Nursing & Nurse Practitioners Conference.



Mohammed Takroni PT, PGC, MSc. MSc. PhD, FAACVPR

King Faisal Specialist Hospital and Research Center, Saudi Arabia

A randomized controlled trial of an eight-week cardiac rehabilitation home versus hospital exercise programme for post coronary cardiac bypass patients

Background: The prevalence and morbidity and mortality rates of Coronary Heart Disease (CHD) continue to increase towards epidemic proportions in the Kingdom of Saudi Arabia (KSA). Despite the advances in Cardiac surgery, currently there are no established out-patient phase program of Cardiac Rehabilitation (CR) for CHD participants in KSA.

Aim of the study: To evaluate the effectiveness of a home-based CR (Home CR) program using individualized exercise (Physiotools-R) and out-patient phase of CR (Hospital CR) program compared to standard care of home instructions on physical function, physiological and psychological status, body composition and the quality of life of the CHD participants post Coronary Artery Bypass Graft (CABG) surgery.

Methods: 73 participants post-CABG surgery were randomly assigned to one of three groups: Hospital CR group (n=25), Home CR group (n=24) and Control group (n=24). Outcome measures include Incremental Shuttle Walk Test (ISWT), Metabolic Equivalent Tasks (METs), Psychosocial outcomes and body composition were recorded at baseline, eight weeks of CR intervention, and after four weeks of observation follow up. Intervention: Hospital CR program comprised of group based Aerobic Circuit Training, home based structured individualized exercise program. Each programme had 2 hours' sessions, 3 times a week for 8 weeks, followed by four weeks of observation follow-up. The control group followed standard care comprised usual advice on post-operation precautions.

Results: Post intervention, there was an increase in mean ISWT score from baseline in both the home-based cardiac rehabilitation and outpatient-based cardiac rehabilitation groups (66 [0.58] m and 71 [9.19] m, respectively). No difference was observed in the control group. At the 4-week follow-up, both intervention groups showed statistically significant improvements in all outcome measures (ISWT, metabolic equivalence tasks, HADS-A, HADS-D, and Short Form-36) compared with baseline (all $P < .001$). The home-based cardiac rehabilitation group showed statistically continuous improvement compared with the outpatient-based cardiac rehabilitation group. The control group did not show any significant changes across time in outcome measures.

Conclusion: Home-based CR is as effective as hospital-based CR at improving exercise capacity in patients following CABG surgery. Home-based CR appears to be more effective at maintaining these improvements with no further input in the longer term.

Biography

Dr. Mohammed Abdullah Takroni, a Cardiac Rehabilitation Consultant, Fellowship program in Cardiopulmonary Rehabilitation at Duke University and Medical (DUMC), North Carolina, USA, 1996. Master's degree in physical therapy from King Saud University 2008, Master degree in Sports Medicine and Rehabilitation, Manchester Metropolitan University (MMU), UK, 2009. Ph.D., in Cardiovascular and Pulmonary Rehabilitation, Glasgow Caledonian University, Glasgow, UK, 2011. Member of the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), member of the Irish Association of cardiopulmonary rehabilitation (IACR), member of the British Association for Cardiovascular Prevention and Rehabilitation (BACPR), member of Saudi Heart Association (SHA). Develop the Cardiac Rehabilitation programs at King Faisal specialist hospital and research center (KFSH&RC), Riyadh, Saudi Arabia. Currently, head section of cardiac rehab team king Faisal Heart Institute, King Faisal specialist hospital and research center, and the inpatient supervisor, physical therapy department.



Dr. Mu'ath Tanash^{1*}, Vivien Coates², Paul Slater², Donna. Fitzsimons³

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Developing and feasibility testing a novel intervention to promote self-management for Jordanian patients presenting with an Acute Coronary Syndrome (ACS) and Type 2 Diabetes (T2D)

Background: The self-management education and support are cornerstones in the treatment of patients with T2D and ACS. However, interventions to promote integrated self-management behaviors in those patients have not been explored nor implemented in practice. This limits such patients' outcome and quality of life significantly.

Purpose: To evaluate the feasibility and acceptability of the novel Diabetes Cardiac Self-Management (DCSM) Intervention for patients with T2D and ACS after an acute coronary event, in the context of a Jordanian healthcare setting.

Methods: Combining aspects of the Common-Sense Model of Self-Regulation, with the information sources for improving patient's self-efficacy and the teach-back educational method produced a "triple-pillared" theory-based intervention strategy and guide accurate measurement of outcomes. Evidence from a systematic review of the literature, 17 interviews with patients and 6 focus group interviews with professionals used to inform the development of the novel DCSM intervention. The intervention consisted of three in-hospital education sessions and one follow-up supportive phone call and several supportive tools. A mixed methods design with pre and post evaluation were adopted for this feasibility study to measure related primary and secondary outcomes. Recruitment capability, the participants' characteristics, the acceptability and suitability of the DCSM intervention, the participants' clinical, cognitive and psychological outcomes were evaluated.

Results: 20 patients were successfully recruited over 9 weeks, with high recruitment and retention rates. The study procedures and intervention were feasible to deliver and highly acceptable to participants. Preliminary evaluation of the intervention shows promise and improve participants coping strategies, confidence and self-efficacy, and minimize their confusion and frustration after an acute coronary event.

Conclusion(s): In a healthcare setting in which those with two serious, long-term conditions receive no routine education or support to enable them to manage their conditions, this study has provided a foundation upon which effective interventions can be developed in future.

Audience Take Away Notes

- This study contributes new knowledge to the field. In terms of achieving best practice, it develops a novel and integrated self-management intervention for patients with T2D and ACS in systematic way, using the best available evidence and appropriate theoretical approaches and teaching method

- Help audience to improve the care of patients with T2D and ACS, highlight areas for improvement in current policies and protocols and help in determining the direction of future health educational interventions for patients with T2D and ACS

Biography

Dr. Mu'ath Tanash is an Assistant Professor and Head of Adult Health Nursing Department at the Hashemite University - School of Nursing, Jordan. He earned his PhD from the University of Ulster at Belfast (UK), Master of Advanced Nursing from Glasgow Caledonian University (UK), and Bachelor Science of Nursing from Jordan University of Science and Technology, Jordan. He has an experience as a cardiovascular specialist nurse, including 5 years as an educator, researcher and assistant dean of the nursing faculty in the associate, bachelor and master's levels of nursing education. His research interests include nursing cardiovascular care and chronic illness management and measurement of educational outcomes, with research focus on improving knowledge, attitudes, and behaviors of patients with chronic illness through designing and improving patient-centered self-management interventions, health literacy levels, and measuring the feasibility of nursing interventions by mix-methods studies. Dr. Tanash has several publications on his area of research and has presented his research at various local and international conferences and journals.



Najwa Alfarra PT, MSc, PGWHD, PhD

King Faisal Specialist Hospital & RC. Physical Rehabilitation Department, Assistant Head, Saudi Arabia

Case study: Impact of pelvic floor muscle and yoga training on improving three women uterine prolapse

Background: The incident of Pelvic Organ Prolapse (POP) is 25% to greater than 90%. The symptoms of uterine prolapse can be extremely debilitating and impact patient's quality of life²¹. This is a common problem in aging women. Main symptoms of POP are vaginal heaviness and discomfort, especially during sexual intercourse, in addition to urinary incontinence¹⁶. Physiotherapy is qualified as a conservative treatment to improve the tone and strength of the pelvic floor muscles through specific exercises and yoga techniques for the pelvic floor muscle to promote greater support for the pelvic viscera¹⁹. These techniques can improve the symptoms in mild and moderate cases and prevent the pelvic organs from slipping down further¹³. Aim of the study: to explore the effectiveness of Yoga poses and Kegel exercises as a way of preventing and treating pelvic organ prolapse.

Case Description: Three women were referred to Physical Rehabilitation department by the Obstetrics and Gynecology physician. The first participant is 38 years old of age presented with a history of heaviness and discomfort in the vagina and pelvic pressure for one year. Urgency present sometimes, had one child. Had restricted physical activities such as standing up, walking, aerobic classes. Second informant was a 45 years old had a history of six months heaviness at the lower abdominal area and discomfort in the vagina, had restricted physical activities such as walking, standing, jumping, running and aerobic classes and tensing up with anticipation of sex, unable to carry her baby, because the symptoms will get worse, and a companioned with occasional stress incontinence, had three children, the last participant was 46 years old with a history of five years of stress incontinence and heaviness in the vagina, restricted her from doing housework and carrying her child. It requires her to manually push deeper the protruding organ and to empty the bowel easily, had chronic constipation, and had five children.

Management and outcomes: Three participants received yoga training and Kegel exercises once per week for eight weeks in the clinic, followed by unsupervised (phone follow up) Kegel exercises and Yoga poses at home program for four weeks (12 sessions). After the completion of fourth weeks, they were seen at the clinic for reassessment and discharge. Outcomes as suggested by Hagen, et.al.(2004), which included pre/post Pelvic Organ Prolapse-symptoms score (POP-ss), followed by prolapsed uterus symptoms, pelvic organ prolapse impact questionnaire, and the clinician's observations.

Result: Significant effects in prolapsed uterus and urinary incontinence were reported following supported Yoga training and Kegel exercises program by two participants with significant improvement from the baseline to week 12. While third participant moderately improved in prolapsed uterus grade and almost cured stress incontinence.

Conclusion: Yoga poses and Kegel exercises program intended to address the pelvic floor and core muscles were found to have better outcomes in terms of decreasing prolapsed uterus and stress incontinence.

Key words: Pelvic Organ Prolapse, Physical Therapy, Pelvic Floor Exercises, Yoga for Pelvic Floor.

Audience Take Away Notes

- The physical therapy had first line to treat the POP 1st. and 2nd. grade.
- Prevent patients of surgery side effects.
- Impact of yoga exercises program on the pelvic floor muscles.

Biography

Senior physical therapist with 34 years of experience, currently the assistant head of physical rehabilitation in KFSH&RC. THE FIRST Saudi therapist who initiated the women's health program under the umbrella of physical therapy since 2005 in Kingdom of Saudi Arabia, and teach the courses in different regions inside the Kingdom and Gulf, mentor physiotherapists under the same program from the gulf and kingdom of SA. Presented cases studies internationally: USA, DUBAI, ITALY, LONDON. Published 15 articles at the women's health specialty.



Naomi Lorrain Nkoane

Department of Health Studies, College of Human Sciences, University of South Africa, Pretoria, South Africa

Exploring the efficacy of maternal healthcare: Insights from midwives in South Africa

Midwives play a crucial role in maternal healthcare, where they often serve as the primary healthcare providers for pregnant women, particularly in rural or under-resourced areas.

Aim: The fundamental purpose of this paper is to strengthen and improve the capacity to deliver effective and efficient maternal healthcare services rendered in public health facilities in South Africa.

Objectives: To identify the barriers and challenges faced by the midwives working in maternal healthcare units in South Africa.

Setting: Three selected public hospitals were purposively sampled that rendered midwifery care.

Research Design: A quantitative research approach was used to guide the study.

Methods: A self-administered questionnaire. The study used purposive sampling wherein the researchers employed the combination of Random, Maximum variation, and Convenience sampling techniques to select participants for data collection processes. Microsoft Excel 2016- STATA 16 (Statistical Package for Social Sciences-SPSS), Version 27.0.

Results: Dominant themes were observable in the practical environment of midwives and their clients, society, and community in the maternity units. These themes were interpersonal relations, organizational challenges, as well as community, and government/policy factors.

Contribution: A comprehensive analysis of these themes can contribute significantly to various aspects of maternal healthcare and a broader societal understanding of dominant factors influencing their work environment, midwives can adapt their methods and approaches to provide better care, respond more effectively to the needs of their clients, and manage the challenges they face in maternity units; leading to improved maternal and neonatal health outcomes.

Conclusion: The identification of five dominant themes in the practical environment of midwives, their clients, and the wider society and community in maternity units offers critical insights for improving maternal and neonatal healthcare. This comprehensive understanding can lead to enhanced midwifery practices, more personalized and effective client care, informed policymaking, and better educational programs.

Audience Take Away Notes

- Midwives and other healthcare professionals can gain deeper insights into the complexities of their work environment. This understanding helps in tailoring care more effectively to meet the specific needs of their clients.
- Policymakers can use these themes to develop more informed and effective health policies. Understanding the dominant themes allows for the creation of regulations and guidelines that better address the actual challenges and needs within maternity units. The community and society at large can become aware of the challenges and realities of maternal care.

Biography

Dr. Naomi Lorrain Nkoane is affiliated with the University of South Africa, as a Senior Lecturer in the College of Human Sciences: Department of Health Studies. She registered with South African Nursing Council in 1998 to date. Her focus is on maternal healthcare service delivery including healthcare service within Community Health. This study underlines the significance of maternal healthcare in influencing outcomes during this critical phase. Her work spans various aspects of nursing education, maternal healthcare, and the professional development of nurses, contributing valuable insights and knowledge to these fields. She has supervised Master's and Doctoral students with six publications.



Orly Toren*, Sima Reicher

Nursing Department, Ono Academic College, Kiriat Ono, Israel

Telemedicine use-characteristics, attitudes, knowledge, barriers, patient reported experience and outcome measures (PREMs & PROMs) among a variety of social groups in Israel

Scientific Background: Online Health Services (OHS) have emerged in response to healthcare challenges and provide a way to streamline the healthcare system. Despite their numerous advantages, various studies have presented differing findings regarding their efficacy in populations with different sociodemographic characteristics.

Research Objectives: To describe OHS use and its characteristics; to examine knowledge, attitudes, barriers, and usage patterns among various groups in Israel; to explore the relationship between OHS consumption and Patient-Reported Outcome and Experience Measurements (PROMs and PREMs); and to present a predictive model for OHS consumption.

Method: A cross-sectional study was conducted among Jewish and Arab populations with a random representative sample taken according to gender, ethnicity, age, and religious affiliation. Sampling was stratified by ethnicity and geographical regions. An online questionnaire was administered through iPanel's records.

Key Findings: The sample comprised 2001 participants with an average age of 47, half of them being women. Participants were more familiar with low-level technology and used it more frequently, and most reported the absence of technological or emotional barriers. Perceived efficacy of OHS was high, but some participants preferred face-to-face treatment. Predictors of familiarity and use of high-level OHS included being male, Arab, insured by the Clalit HMO, and having familiarity with OHS, high perceived health literacy, efficacy and safety.

Conclusions: Online treatment and face-to-face treatment are complementary services; High-level OHS and low-level OHS are two distinct types of services; The absence of technological barriers makes it possible to leverage and expand the provision of OHS in Israel.

Implications and Recommendations for Policy Makers: Efforts should be directed toward improving online health literacy, focusing on using high-level technology; The elderly population's capabilities and needs should be mapped and personalized service frameworks should be established; Health perception measurements should be used to predict OHS use.

Audience Take Away Notes

- This talk is focused on the challenges of providing online health care services in light of focusing on different population subgroups and their preferences of OHS consumption. The study findings are

especially important in light of the Covid-19 era, in which online health services were used and the feeling was that they could be a substitute for face-to-face health services.

- The study adds new concepts to understand OHS such as the need to distinguish between high-level OHS and low-level OHS. Other concepts are related to efficacy and safety of online treatment, online health literacy, and preference for face-to-face treatment, and the reported measures by the patients (PREM and Prom).
- Nurses will recognize characteristics and preferences of population's subgroups to better determine the type of service suitable for each group.
- The study rigorous methodology can serve a basis for other nurse researchers interested in this topic, or nurses involved in education.
- The study findings are important for clinicians, nurse managers and nurses involved policy making.

Biography

Prof. Orly Toren, RN, Graduated from the management school in the Tel Aviv University, and finished her PhD in Nursing studies at the Pittsburgh University in 1998. She served as a Director of Nursing and the paramedical Professions at the Sheba Medical Center for a decade, and than as a director of Safety and Risk Management at the Hadassah Medical Organization. Prof. Toren is the Head of the Nursing Department at the Ono Academic College since she established it on 2020. She is a Specialist in Management and Nursing Policy. Her main areas of research: nursing manpower, management, health policy and nursing ethics.



Paraskevi Theofilou*, Aikaterini Psillaki

Hellenic Open University, School of Social Sciences, Patras, Greece

The self-efficacy for appropriate medication use scale (SEAMS)-Evaluation of its reliability and convergent validity among Greek chronic disease patients: A pilot study

Background: In order to evaluate the patients' medication compliance various measures have been performed.

Aim: The aim of the current study is the assessment of the psychometric properties (reliability and convergent validity) of the Self Efficacy for Appropriate Medication Scale (SEAMS) in a group of Greek chronic disease patients.

Method: Thirty-six patients participated voluntarily in the pilot study. Based on the data which have been collected at initial assessment, item analysis of SEAMS was conducted. In order to test the psychometric properties of the specific instrument, we used the following tests: repeatability, internal consistency, convergent validity and test-retest reliability.

Results: Item analysis confirmed that all items of the questionnaire indicated satisfactory variability. SEAMS internal consistency was very good presenting a value of Cronbach's α at 0.880. Spearman's r and Intraclass Correlation Coefficient (ICC) revealed strong correlations between initial assessment and re-assessment. SEAMS convergent validity analysis indicated that the items were also related to the same construct.

Conclusion: The findings of this study show that the Greek version of SEAMS provided excellent reliability and validity supporting that it can be used within chronic disease populations and in the context of national medication compliance measurement. These findings are confirmed by other relevant studies.

Keywords: SEAMS, Chronic Disease Patients, Medication Compliance, Psychometric Properties, Internal Consistency, Convergent Validity.

Biography

Paraskevi Theofilou is a Post Doc Researcher (2016-2018, University of Peloponnese, Department of Nursing, Sparta, Greece), Ph.D. in Health Psychology (Panteion University of Social and Political Sciences, Department of Psychology, Athens, Greece) Ph.D. in Personnel Management (University of Peloponnese, Department of Nursing, Tripoli, Greece) M.Sc. Health Services Management (Frederick University, School of Health Sciences and School of Law and Business Administration, Cyprus) M.Sc. Social exclusion, minorities and gender (Panteion University of Social and Political Sciences, Department of Sociology, Athens, Greece) Social Administration-Management of Health Services (National School of Public Administration, Athens, Greece) B.Sc. in Psychology (Panteion University of Social and Political Sciences, Department of Psychology, Athens, Greece) B.Sc. in Social Work (Technological Educational Institute of Athens, Athens, Greece).



Patty Gessner^{1*} DNP, ACNP-BC, CCRN; Edelson Dana² MD, MS; Reid Joseph² MSN, RN, CCRN

¹Ascension Illinois Alexian Brothers Medical Center, Critical Care, Elk Grove Village, IL USA

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Reducing predictable in-hospital cardiac arrests

In-hospital cardiac arrests continue to have poor outcomes. The addition of Rapid Response Teams (RRT) produced meaningful impacts in the early years of the new millennium. Since then, most health systems have implemented a process to provide emergency assistance at the bedside with hopes of implementing earlier interventions for clinical deterioration. However, the nursing shortage and lack of experienced caregivers have reached a tipping point.

The instinct to know when to call for help that comes with experience is missing in the junior nurses and gone are those mentors who were available at the bedside to provide crucial input needed to facilitate professional development.

To help fill the gap of staffing and experience, we looked at implementing an early warning score, and in 2019, our hospital adopted the Electronic Cardiac Arrest Risk Triage (eCART). eCART continually monitors hospitalized patients using real-time EHR data and artificial intelligence, identifying patients at risk for clinical deterioration, and provides a fully integrated workflow for assessing and managing this vulnerable population. Additionally, we updated our protocols to have the RRT proactively evaluate at-risk patients identified by eCART, providing expert consultation and real time education to the bedside nurse.

To measure our success, ward cardiac arrests are reviewed regularly and categorized as predictable or non-predictable based on any elevation detected by eCART within 24 hours of deterioration. Our aim is to reduce predictable ward arrests. By providing a live risk score with an integrated clinical workflow to our frontline nursing team and a proactive approach that includes direct patient assessment by our RRT, our predictable cardiac arrest rate has decreased steadily since integration and is now one of the lowest for our health system.

Audience Take Away Notes

- Creative approaches to effective patient surveillance require outside the box thinking given the nursing crisis
- Adjusting workflow to target weaknesses will assuage additional burden on both RRT and ward staff
- The combination of an electronic warning system coupled with proactive rounding can reduce predictable cardiac arrests

Biography

Patty completed her Doctorate of Nursing Practice at Loyola University Chicago in 2011 and is currently employed as the lead critical care nurse practitioner at Ascension Illinois Alexian Brothers Medical Center in Elk Grove Village where she also functions as the project leader for the rapid response team developed in 2004. She has spoken on RRT at the local and state level and functioned as a mentor in the IHI campaign for this intervention. In 2016, eCART was introduced as a pilot and quickly adopted. Patty facilitated implementation which is now integrated in all of the Ascension Illinois market.

**Qianlin Guan**

Zhengzhou university school of nursing and health, China

The impact of a self-help integrated psychological intervention program on sleep quality in patients with chronic insomnia: A quasi-experimental study

Objective: The self-service integrated psychological intervention program for patients with chronic insomnia is developed using evidence-based approaches and Delphi expert consultation method. Its application effect in improving the sleep quality of patients with chronic insomnia is evaluated, providing a valuable reference for the care plan of individuals suffering from insomnia.

Methods: This study was conducted in two parts. The first part used an evidence-based approach and Delphi expert consultation to develop a self-help integrated psychological intervention program for chronic insomnia patients. The second part used quasi-experimental research to evaluate the effectiveness of the self-help integrated psychological intervention program.

1. The initial intervention program was developed through a comprehensive literature review and evidence-based approach, followed by the selection of eleven experts using purposive sampling. Delphi transitive consultation was then conducted to incorporate the opinions and suggestions of these experts into the final intervention program.
2. From May 2024 to July 2024, chronic insomnia patients were recruited from communities using purposive sampling. Participants were randomly assigned to either the control group or the observation group via a lottery method. The observation group received a self-help integrated psychological intervention, while the control group solely completed questionnaires without receiving any intervention. The intervention content included pre-intervention assessment, integrated psychological intervention, and post-intervention evaluation over a period of 6 weeks with interventions taking place six days per week for approximately 6-10 minutes each time. Evaluation tools such as the Pittsburgh Sleep Quality Index Scale, Sleep Personal Beliefs and Attitudes Inventory, and Anxiety and Depression Scale were utilized before intervention, at its conclusion, and three months thereafter; meanwhile basic demographic information was collected only prior to commencement of the intervention.

Results: A total of 1653 literature sources were identified through a comprehensive review and evidence-based approach. Following rigorous screening and quality assessment, 8 high-quality studies were ultimately selected to form the initial framework for the intervention plan in this study. During expert consultations, an integrated psychological intervention was implemented using animated video playback. The final intervention content encompassed various aspects such as modifying sleep-related thoughts, adopting sleep-promoting lifestyle choices, incorporating relaxation therapies, employing strategies to alleviate sleep anxiety by reframing negative thoughts, fostering attitudes and concepts that reduce stress

and improve sleep quality, as well as practicing mindfulness techniques to enhance sleep consolidation. The results indicate that the observation group exhibits significantly better improvement in sleep quality, sleep attitudes, and beliefs ($P < 0.05$).

Audience Take Away Notes

- How to implement a comprehensive design for psychological intervention.
- The application of network animation in the intervention of patients with chronic insomnia.

Biography

Ms. Guan is studying nursing in the School of Nursing and Health of Zhengzhou University. She is in the second year of postgraduate study and participated in the publication of a core paper.



Qihan Zhang*, Lamei Liu, Huiqin Zhang

School of Nursing and Health, Zhengzhou University, Zhengzhou, Henan, China

Psychosocial interventions in maintenance hemodialysis patients: A scoping review

Objective: To conduct a scoping review on the application of psychosocial interventions in maintenance hemodialysis patients for the improvement of their quality of life.

Methods: A systematic search was conducted for relevant studies in Chinese and English databases with a search timeframe of January 28, 2024, when the database was constructed.

Results: A total of 15 papers were included, with interventions including information support, skills training, and therapeutic counseling; intervention implementers were mainly multidisciplinary teams or psychologists, and the number of interventions ranged from 1 to 12; formats included face-to-face interventions, online meetings, and face-to-face joint We Chat phone calls; and the outcome indicators covered physical functioning, mental health, quality of life, feasibility, and acceptability.

Conclusion: The application of psychosocial interventions in maintenance hemodialysis patients has certain positive effects, and in the future, it is still necessary to explore the optimal intervention strategy based on the cultural background of our country, improve the outcome evaluation indexes, and improve the quality of life of patients.

Audience Take Away Notes

- This study helps readers raise awareness of mental health in maintenance hemodialysis patients.
- This study provides the audience a result of psychosocial interventions in maintenance hemodialysis patient.
- This study may expand a new path for the subsequent development of psychosocial interventions for maintenance hemodialysis patients applicable to local contexts.

Biography

Qihan Zhang, graduated from Zhengzhou University School of Nursing and Health in 2021 and pursued her master's degree in the following year.



Qing Yin*, Xiaoxia Han

School of Nursing and Health, Zhengzhou University, Zhengzhou, Henan, China

Non-drug nursing intervention for cancer-related fatigue in patients with digestive system malignant tumors: A best evidence summary

Objective: Through searching, evaluating and summarizing the best evidence of non-drug nursing intervention for the digestive system malignant tumor patients with Cancer-Related Fatigue (CRF), it provides theoretical bases for clinical practice.

Methods: According to the principle of 6S Hierarchy of Evidence-Based Resources, relevant evidence of non-drug nursing intervention for the digestive system malignant tumor patients with CRF was searched from domestic and foreign databases, guideline websites and professional society websites, including systematic review, guideline, evidence summary, meta-analysis, clinical decision, expert consensus, etc. The retrieval time is from the establishment time of databases to June 2024. The quality of the incorporated literature is evaluated by 2 researchers. Then they extracted data and summarized the evidence from the literature that meets the classification standards.

Results: A total of 12 pieces of the literature were included, including 7 meta-analyses, 1 evidence summary, 3 clinical guidelines and 1 consensus of experts, and 27 pieces of best evidence were summarized from 7 aspects of prevention, exercise intervention, diet and sleep management.

Conclusion: The study summarizes the best evidence of non-drug nursing intervention for the digestive system malignant tumor patients with cancer-related fatigue. Clinical healthcare professionals can combine the needs and wishes of patients, fully consider the clinical situation, optimize the intervention measures for the digestive system malignant tumor patients with cancer-related fatigue.

Audience Take Away Notes

- The study give readers a comprehensive understanding of the digestive system malignant tumor patients with cancer-related fatigue.
- This study provides a high-quality evidence-based basis for improving the quality of cancer-related fatigue nursing, improving the treatment outcome and quality of life of patients with cancer-related fatigue.
- This study can further expand nursing practice, reduce the digestive system malignant tumor patients with cancer-related fatigue.

Biography

Qing Yin studied Nursing at Liaoning University of Traditional Chinese Medicine and graduated in 2022. She then entered the School of Nursing at Zhengzhou University for graduate studies.



Qing Yin*, Xiaoxia Han

School of Nursing and Health, Zhengzhou University, Zhengzhou, Henan, China

Qualitative experience in the management of postoperative cancer-related fatigue in patients with esophageal cancer

Objective: To understand the real experience cancer related fatigue in patients with esophageal cancer, and to adopt targeted interventions to provide a basis for improving the management of cancer-related fatigue.

Methods: Four thoracic surgeons, four thoracic nurses, and five postoperative esophageal cancer patients were selected for semi-structured in-depth interviews by purposive sampling method, and the data were analyzed by content analysis method.

Results: The experience of postoperative cancer-related fatigue in patients with esophageal cancer can be summarized into three themes: weak management knowledge, insufficient self-regulation function, and management process to be standardized.

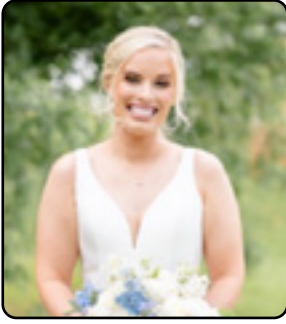
Conclusion: There are many burdens and demands in the management of postoperative cancer-related fatigue in patients with esophageal cancer. Medical staff should establish a standardized cancer-related fatigue management system, so as to form a correct cognition, improve patients' self-management ability of fatigue and improve their quality of life.

Audience Take Away Notes

- This study comprehensively investigated the cognition, current situation and clinical nursing needs of thoracic surgeons, nurses and patients on postoperative cancer-related fatigue in patients with esophageal cancer
- This study identifies problems in the management of postoperative cancer-related fatigue in patients with esophageal cancer
- This study can further expand nursing practice and reduce cancer-related fatigue in patients with esophageal cancer after surgery.

Biography

Qing Yin studied Nursing at Liaoning University Of Traditional Chinese Medicine and graduated in 2022. She then entered the School of Nursing at Zhengzhou University for graduate studies.



Rachel Mock* BSN, RN, CCRN; Sara Szymczak DNP, APRN, PMHNP-BC

University of Oklahoma Health Sciences Center, OKC, OK, USA

Care coordination amongst dementia caregivers

Care of those with dementia is complex and often requires the help of outside resources to ensure the safety and health of the patient. Caregivers of these patients receive information about these resources and are quickly overwhelmed. Phone calls, support groups, respite care, and arrangement of services outside of the hospital in support of the caregiver and patient have shown to lessen burden and improve the sentiments of those involved in the care. This quality improvement project evaluated past studies and implemented an intervention that included bimonthly phone calls to assist caregivers in clarification of available resources, connection to these resources, and support. The Short Form Zarit Burden, Positive Aspects of Family Caregiving, and Positive Feelings of Self Efficacy surveys were given in pre and post improvement intervention. Results are still pending, but currently there is a trend in caregiver need for respite care and lack of knowledge of how to reach and afford these resources.

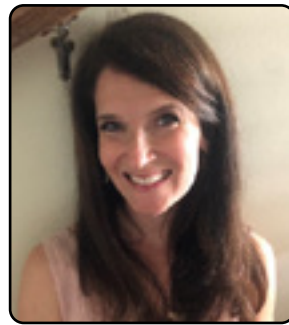
Keywords: Dementia, Alzheimer's, Caregiver Burden, Care Coordination, Respite Care. Alzheimer's Association, Caregiver Support.

Audience Take Away Notes

- Better understand the effect caring for someone with dementia has on a caregiver, including burden, positives that come out of caregiving, and self-efficacy
- Barriers to dementia caregiving
- Most common resources utilized/needed by dementia caregivers.
- Cater their care for their patients and those caring for them to hopefully lessen office visits and phone calls for needs that could be met proactively.

Biography

Rachel Mock is a registered nurse in her last semester of a Bachelors to Doctorate Adult Gerontology Clinical Nurse Specialist degree at the University of Oklahoma Health Sciences Center. She graduated from the University of Central Oklahoma with her Bachelor of Science in Nursing with honors in 2017 and has practice experience in the adult intensive care unit and post-anesthesia recovery unit. Much of her passion and interest is in the gerontology, palliative, and memory care specialties of healthcare. She has national certification in critical care and is a Daisy Award-winning nurse.



Dr. Rachel Winston, Victoria Casson, Paige Martin, Grace Zills

Anderson College of Nursing and Health Professions, University of North Alabama, Florence Alabama, United States

Taking the stage: How critical discussion role-play promotes student self-efficacy

Background: Critical discussions enable students to engage in difficult conversations where different viewpoints must be acknowledged (Collini, 2017). A critical discussion role-play activity was incorporated into a pharmacology course to increase self-efficacy and focused on explaining pharmacodynamics, addressing sensitive topics, and providing patient education in diverse populations.

Methods: A mixed methods design was utilized for this study to rate student efficacy associated with managing critical communication during patient care.

Results: The measurement of overall self-efficacy regarding critical discussions in the pre- and post-test surveys demonstrated an increase after the role-play activity, providing evidence the activity was lucrative in increasing the self-efficacy of the nursing student in critical discussions.

Conclusion: Using role-play to practice critical discussions in diverse scenarios with nursing students during pharmacology has been proven to increase the self-efficacy of the students.

Audience Take Away Notes

By the end of the presentation, listeners will be able to:

- Recognize the implementation of role-play scenarios effectiveness to improve self-efficacy in nursing students
- Identify the importance critical discussions have in diverse client interactions
- Outline the benefits that role-play of critical discussions in the classroom can refine communication and problem solving skills
- Explain the relationship between role-play and self-efficacy in pharmacology courses for nursing students

Biography

Dr. Rachel Winston obtained her BSN from the University of North Alabama (UNA) in 2004. She went on to earn an MSN and DNP from the University of South Alabama. After working several years in the hospital and rehab settings, Dr. Winston pursued a career in higher education. Dr. Winston has taught undergraduate and graduate students, and is currently an Associate Professor in the Graduate Nursing Program at UNA. She is also the Director of Diversity Equity and Inclusion (DEI) for the UNA College of Nursing. She has published articles related to DEI, classroom collaboration, experiential learning, patient advocacy, etc.

Dr. Paige Martin received her BSN at the University of North Alabama, in Florence Alabama in 2010. She worked as an Intensive Care Unit nurse until she obtained her MSN in 2015 as an Advanced Practice Family Nurse Practitioner from the University of South Alabama in Mobile, Alabama. She is a board certified FNP through the AANP and practices at a rural family practice clinic in Florence, Alabama. In 2020, she then obtained her DNP with a subspecialty in education from the same institution. She currently works as an Assistant Professor for the UNA ACONHP in Florence, Alabama

Grace Zills obtained her BSN from University of Alabama, Capstone College of Nursing in 2011. Her nursing experience includes critical care, wound care, and emergency room nursing. She received her MSN from UAB and graduated with Family Nurse Practitioner in 2014. She has ten years of FNP experience and thirteen years of nursing experience. As a FNP, her experience is in internal medicine and hospice. She completed her DNP at UAH in 2023. She is an Assistant Professor at the University of North Alabama, Anderson College of Nursing and Health Professions. She has been a nurse educator for four years. She has published two articles related to nursing educator mentorship for clinicians transitioning to academia and her doctoral work on technology application for older adults with Diabetes Mellitus Type 2.



Ms B Lubuta, Dr. RG Malapela*

Department of Health Studies, College of Human Sciences, University of South Africa, Pretoria, South Africa

Understanding and attitudes of adolescents towards sexual and reproductive health and rights in Kwazulu-Natal, South Africa

In many developing countries, adolescents face challenges in accessing complete Sexual and Reproductive Health (SRH) services and understanding their rights (SRHR). This study aimed to explore the level of knowledge and perceptions that school-going adolescents have regarding SRH and SRHR issues. Employing a descriptive and exploratory qualitative approach, the research gathered data via semi-structured interviews. A nonprobability quota sampling method selected 20 participants aged 14 to 19, from grades 10 to 12, for the study.

The data analysis followed the Braun and Clarke thematic strategy, leading to the identification of four main themes. These themes encompassed the adolescents' understanding and views on SRH and SRHR, the accessibility and utilization of SRH services, preferred methods for receiving sexual education, and their attitudes towards SRH/SRHR information, considering whether such topics are considered taboo or acceptable.

Conducted in Richards Bay, KwaZulu-Natal, South Africa, the study unveiled a significant gap in the comprehensive education about SRH and SRHR provided to adolescents. It was found that schools, parents, and religious institutions often fall short in equipping young individuals with the necessary information. The findings highlighted a lack of adequate communication and education on these critical topics, which are essential for the well-being and informed decision-making of adolescents.

Given these insights, the study advocates for a multidisciplinary approach to address these gaps. Recommendations include the need for comprehensive sexual education tailored to adolescents, involving not only educational institutions but also families and religious communities. This approach aims to provide young people with a well-rounded understanding of SRH and SRHR, empowering them to make informed decisions about their health and well-being.

Overall, the research underscores the urgent need for improved education and communication strategies in the realm of sexual and reproductive health and rights, particularly for adolescents in developing countries. By addressing these issues, the study contributes to the broader goal of enhancing adolescent health and rights, thus aligning with the objectives of the 8th Nursing World Conference.

Audience Take Away Notes

This study offers valuable insights that can be used to improve the delivery of sexual and reproductive health education.

- **Empowering Adolescents:** By providing adolescents with comprehensive education on SRH and SRHR, they are better equipped to make informed decisions regarding their health. This empowerment is

crucial for their overall well-being and can lead to healthier communities.

- **Cultural Sensitivity and De-stigmatization:** The research points to the need for culturally sensitive approaches and the de-stigmatization of SRH topics. Understanding local perceptions and taboos can guide the development of educational material that is more acceptable and effective in different cultural contexts.
- Inform policy, inspire further research, and ultimately contribute to the better health and well-being of adolescents, particularly in developing countries.

Biography

Dr. RG Malapela completed her initial nursing training at Baragwanath Nursing College in 1997. She advanced her education with a BA in Nursing Science (2004), a BA Honours in Health Studies (2013), and a master's in nursing (2015), all from the University of South Africa (UNISA). She achieved her PhD from UNISA in 2018. Her career includes teaching Psychiatric Nursing Science at SG Lourens Nursing College and joining UNISA as a senior lecturer in 2021, focusing on supervising Master's and Doctoral students and teaching quality in health services management. Her academic contributions include eight research articles and a book chapter.

**Robin Whelpley PharmD, BCPS**

Associate Professor, Bon Secours Memorial College of Nursing, Richmond, VA,
United States of America

Understanding test anxiety and how to help the new generation nursing student

Nursing curriculums around the globe have been faced with an increasingly prevalent question, “How do I help my nursing students with their test anxiety?” Considering that nursing students have a higher prevalence of anxiety when compared to the general population and between 50-100% of undergraduate nursing students experience test anxiety, programs have been looking to evidence to integrate into curriculums to help their students excel.

This presentation will review the most up to date evidence of the relationship of anxiety to test and task performance in undergraduate nursing students and summarize techniques and methods that can be used to help these students overcome difficulties with testing and using coping mechanisms appropriate for the anxiety-provoking situation.

Audience Take Away Notes

- Review current evidence of the relationship of anxiety to test and task performance, specifically for student nurses.
- Explore the Self-Regulatory Executive Function model of test anxiety (S-REF).
- Summarize techniques and methods that can be used to help student nurses improve anxious testing behaviors.

Biography

Dr. Robin Whelpley received her Doctor of Pharmacy from Virginia Commonwealth University in 2009. She became board certified as a Pharmacotherapy Specialist in 2011. She completed her post-graduate residency with Bon Secours Health System in 2010 and served as pharmacy clinical specialist in psychiatry for seven years. Dr. Whelpley has a wide array of teaching experience with eight years as a full-time nursing faculty, seven years as an adjunct clinical faculty at South University Physician Assistant Program, seven years as a preceptor for pharmacy and medical residents, and 15 years as a preceptor for fourth year pharmacy clinical students. Her specialties include behavioral health, putting teaching theories to practice, and bridging didactic pharmacology content to real world practice at the bed side.



Ronna E Krozy EdD, RN

Chairperson, Public Relations American Association for Nude Recreation 1703 North Main Street, Suite E Kissimmee, FL 34744

Associate Professor, Community Health Nursing (retierd) and Former Coordinator, Global Health Initiative, Boston College Connell School of Nursing 140 Commonwealth Avenue, Chestnut Hill, MA 02467

Social nudity and holistic patient care

This presentation aims to educate nurses about social nudism, also called naturism, and how society's negative perceptions cause people to bear the burden of secrecy and the anxiety of fear of discovery. Since nudists are found worldwide and constitute a microcosm of society, one might assume that not only one's patients but one's professional colleagues may be secret nudists. Understanding the way of life and reasons for this choice will enable patients to freely discuss being a nudist without fear of recrimination. In addition, learning about this human subculture may improve individualized patient care based on the nurse's acquiring new and factual information and creating interventions based on understanding the risks and benefits experienced by this subculture.

A fundamental aspect of nursing practice requires understanding the complexities of patient choices, particularly regarding lifeways and health decisions. Patients may adopt certain ways of living, such as diet, exercise or alternative health practices, for reasons rooted in personal, cultural, or socioeconomic factors. To provide holistic and patient-centered care, nurses should be open to understanding these factors and approach revelations with curiosity rather than judgment. This fosters open communication, where patients feel heard, respected, understood, valued and safe.

One variation of human lifeways...often unjustly stigmatized and stereotyped...is the subculture of social nudism, also called naturism. Social nudists/naturists exist throughout the world and compose a microcosm of society. Adherents encompass all ages, professions, religions, sexualities, marital status, ethnicities body conditions, etc. Individuals, couples and families participate in clothing free living in appropriate legal spaces such as nudist beaches, clubs, private homes, approved public parks and nudist communities. These may include places where nudists may live part- or full time. Since a fair percentage of nudists may be senior adults, home care nurses or other professionals may be assigned to care for patients in these environments and need to be aware of their own misgivings and expectations as part of their orientation.

Naturism is chosen for many reasons: the benefit of body positivity; being connected to nature; comfort with the non-judgmental acceptance of those demonstrating self respect, respect for others and care of the environment; enjoyment of wholesome activities in a safe, 'G-rated' environment; a true sense of community and belongingness; a spiritual connection with a higher being; personal freedom and improved physical and emotional health.

Despite these valid reasons, the perception of social nudism is fraught with damaging misinformation: nudity means sex (untrue); naturists are swingers (untrue); male nudists, especially teachers, are pedophiles (untrue), nudity is immoral and against most religion (untrue); children are emotionally harmed by seeing nude adults (untrue); exposure to nudity promotes promiscuity (untrue). Despite a growing, but still lacking, body of research validating the many positive benefits of naturism, admitting that one is a social nudist remains difficult and risky. Therefore, while many nurses, their patients as well as their friends or colleagues

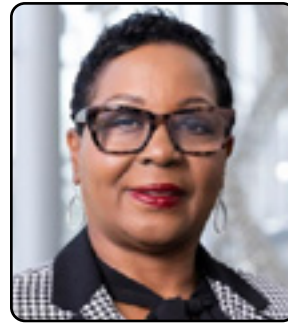
could potentially be naturists, lack of understanding and pejorative attributions often cause great anxiety due to living with fear of discovery.

Audience Take Away Notes

- The definition, truths and stereotypes about social nudism/naturism
- The impact on individuals or families who fear their secret nudism will be revealed
- How to identify their own perceptions/misconceptions about social nudism and nudists
- What to anticipate if caring for a patient who lives in a nudist or naturist resort
- Identify the teaching needs that a nudist patient or family may have

Biography

Dr. Ronna E Krozy retired from Boston College Connell School of Nursing in 2017, after 47 years teaching Community Health nursing. She developed student affiliations with homeless and incarcerated populations, home care patients and the first overseas nursing immersion trips to Ecuador and Nicaragua working with abjectly poor communities. She received a Fulbright scholarship to Ecuador in 1996. Her doctoral degree was in Health Education, subspecialty Sex Education. Dr. Krozy has been a social nudist for over 30 years and has written extensively, lectured and appeared on TV and radio to dispel the myths surrounding the lifeways of this subculture.



Sabitha Purayil^{1*} MSN, RN, CMSRN, RN-BC; Jessica Yi^{2*} BSN, RN, GERO-BC; Donna Fletcher^{3*} BSHA; Linda Denke⁴ PhD, RN, CCRC Nurse scientist; Folefac D. Atem⁵ MS PhD

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Exploring the correlation between constipation and delirium

Constipation is a common problem in hospitalized patients, especially among those who are 65 years and older. Constipation is affected by advanced age, decreased physical activity, poor nutritional status, and polypharmacy (Lim, J. et al., 2021). The American College of Gastroenterology defines constipation based upon symptoms that include substandard defecation which consist of sporadic stools, a difficult time in passing stool or both (American College of Gastroenterology, 2024).

Delirium is a common condition that also affects older hospitalized patients (Mei, et al. 2023). Delirium is considered a geriatric, medical condition, not explained by a pre-existing neurocognitive disorder (American Psychological Association, 2013). Delirium has consistently been shown to be linked to poor health outcomes, higher hospital-related complications, prolonged hospital stays and increased readmission rates (Al Huraizi et al., 2023).

Delirium occurs as a result of both predisposing and controllable factors (Mei, et al, 2023). Almost all of the controllable factors occur as a result of acute conditions or hospitalization. These factors include brain function changes, sepsis, infection, hypoglycemia, drug use, sleep pattern changes, electrolyte imbalances, 24-hour light environment, and pain management medications or anesthesia. This retrospective chart review study examined patients admitted to the Acute Care of Elderly (ACE) Unit in a North Texas hospital. Its aim was to investigate the potential association between constipation and delirium among inpatients aged 65 and above. In the study, constipation is defined as no bowel movement in 48 hours or more and delirium as Positive 4AT (Rapid Clinical Test for Delirium Detection). The study found a strong correlation between delirium, constipation and race. Additionally, the study investigated the relationship between constipation and delirium with other variables, including length of stay, inpatient falls, sitter usage, and the use of opioids, smoking, and alcohol before admission.

Audience Take Away Notes

- The study highlighted the bidirectional relationship between delirium and constipation. Shared risk factors like opioids, comorbidities, life style contribute to their co-occurrence especially among elderly patients.
- Preventing or intervening early in cases of delirium is crucial to mitigate patient harm events such as falls, infections, and pressure injuries, as well as to prevent physical and cognitive decline. Delirium can prolong hospital stays and necessitate increased sitter usage, resulting in elevated medical costs.
- Clinicians should assess and manage constipation in delirious patients and vice versa to improve clinical outcomes.
- Further research on evaluating the efficiency of interventions targeting constipation to prevent or intervene early delirium among hospitalized elderly populations.

Biography

Sabitha Purayil earned bachelor and masters nursing degrees in India before moving to the USA in 2006. She started as a registered nurse in Las Vegas, and she later joined the UT Southwestern Medical Center in Dallas in 2008. Since 2014, she has held the position of Assistant Nurse Manager in the ACE unit there.

Jessica Yi completed her Bachelor's in Nursing from UT Arlington and commenced her career at UT Southwestern Medical Center in Dallas as a nurse resident in 2018. Presently, she holds the position of Unit-Based Educator in the ACE unit. Jessica Yi and Donna Fletcher published a journal article on Building a comprehensive geriatric fracture program and using evidence-based NICHE best care practices in Geriatric Nursing journal in 2022.

Donna Fletcher obtained her Bachelor of Science in Health Care Administration from Kaplan University in 2014. She began her career with Baylor Scott & White Healthcare System in 2009 as the intake coordinator for the Advanced Heart Failure and Heart Transplant Program. Currently, she holds the position of Senior Geriatric Program Coordinator and serves as the Nurses Improving Care for Health System Elders (NICHE) Coordinator at UT Southwestern Medical Center in Dallas since 2019.

Jessica Yi and Donna Fletcher published a journal article on Building a comprehensive geriatric fracture program and using evidence-based NICHE best care practices in Geriatric Nursing journal in 2022.



Samirah Alamri

Clinical Innovation and Excellence Department, King Abdullah Specialised Children Hospital/National Guard Health Affairs, Riyadh, Riyadh, Saudi Arabia

Navigating the future of nursing: Pioneering clinical innovation and excellence through strategic roadmapping

In the rapidly evolving landscape of healthcare, the role of nursing is undergoing a transformative shift. "Navigating the Future of Nursing: Pioneering Clinical Innovation and Excellence through Strategic Roadmapping" focuses on the pivotal role of strategic planning in driving nursing excellence and innovation. This presentation underscores the significance of adopting a forward-thinking approach, leveraging strategic roadmaps to steer nursing practice toward unprecedented heights of clinical effectiveness and patient care quality.

Strategic roadmapping serves as a comprehensive framework that aligns nursing goals with broader healthcare objectives, ensuring a cohesive and targeted approach to improvement. By integrating cutting-edge technologies, evidence-based practices, and interdisciplinary collaboration, nursing leaders can foster an environment of continuous innovation. This roadmap emphasizes the importance of adaptability, encouraging nurses to anticipate and respond to emerging trends and challenges proactively.

The presentation will highlight key components of successful strategic roadmaps, including stakeholder engagement, resource allocation, and performance metrics. It will illustrate how these elements collectively contribute to the creation of a resilient and dynamic nursing workforce capable of delivering exceptional care. Real-world examples and case studies will be used to demonstrate the practical application of strategic roadmapping in various healthcare settings, showcasing its impact on patient outcomes and organizational efficiency.

Ultimately, this session aims to inspire nursing professionals to embrace strategic planning as a vital tool for advancing their practice. By pioneering clinical innovation through well-defined roadmaps, nurses can navigate the complexities of modern healthcare, leading the way toward a future marked by excellence and transformative care.

Audience Take Away Notes

- A comprehensive understanding of strategic roadmapping as a structured framework for planning and implementing nursing innovations.
- The presentation will illustrate how to integrate cutting-edge technologies and evidence-based practices into nursing workflows.
- Participants will learn the importance of engaging stakeholders and effectively allocating resources to support strategic initiatives.
- The presentation will cover the development and use of performance metrics to evaluate the impact of strategic roadmaps on patient outcomes and organizational efficiency.

- The framework offers practical solutions for common challenges in nursing practice, making it easier to implement innovative changes and improve efficiency.
- Nursing professionals will feel empowered to take on leadership roles in innovation, driving positive changes within their organizations.

Biography

Ms. Samirah Alamri earned her Master's in Advanced Practice of Nursing from Graffiti University in Australia. Currently, she serves as the Director of the Clinical Innovation and Excellence Program at the National Guard Health Affairs in Saudi Arabia. With 19 years of experience in the nursing field, she is dedicated to enhancing nursing care by fostering creativity and innovation. Ms. Alamri is an international speaker actively engaged in promoting patient safety within her country.



Shawna S. Mudd* DNP, CRNP, CNE; Brigit VanGraafeiland DNP, CPNP-PC, FAAN, CNE, FAANP

Johns Hopkins School of Nursing, Baltimore, MD, USA

The role of the nurse as an advocate for children in the community: The Court Appointed Special Advocate (CASA)

Nurses play a pivotal role in advocacy among our children and adolescents in the community, through various collaborations and partnerships. A key gap in the evidence is the collaboration between pediatric nurses and the department of social services, who care for our most vulnerable youth. Advocacy among our foster care youth historically falls to social workers, case managers, child protection workers, but collaboration rarely occurs between the child welfare system and nurses. Having pediatric-focused nurses integrated into this process brings an element that has been missing in the child welfare system. Nurses provide the bridge between the healthcare, child welfare and court systems. This enables nurses to become much more active and integrate the best evidence into care and advocacy, and to mitigate the risks associated with foster care and optimize outcomes. One way to engage in these collaborative efforts is through programs, such as the Court Appointed Special Advocate (CASA). This key role utilizes pediatric nursing knowledge and expertise of pediatric growth, development, and advocacy skills to support children in foster care in the community. CASAs have extensive training in trauma, communication, collaboration, adaptability, inclusion, and advocacy. At the completion of training, each CASA is sworn in by the County court system.

Audience Take Away Notes

- Describe the status of children in foster care in the U.S.
- Describe the history of the Court Appointed Special Advocate (CASA).
- Discuss the collaborative role of CASA and the unique role of nursing as a child advocate within the community.
- Apply advocacy partnership principles that can be applied to various populations nationally and internationally.

Biography

Dr. Shawna Mudd is a dually certified pediatric primary and acute care nurse practitioner, Associate Dean of Academic Affairs at Johns Hopkins School of Nursing, and a Court Appointed Special Advocate in Anne Arundel County, Maryland. She has focused her career on the care of vulnerable populations in both the acute and primary care settings as a clinician, researcher and educator. She received her BSN from George Mason University, her MSN from the University of Pennsylvania, and her DNP from Johns Hopkins School of Nursing.

**Shirui Li*, Zhenxiang Zhang**

School of Nursing and Health, Zhengzhou University, Zhengzhou, Henan Province, China

Latent profile analysis of dyadic mental health literacy among stroke patients and their caregivers

Background: Stroke is the leading cause of death and disability in adults in China, which brings heavy burden to patients and their families. In the process of coping with the disease, stroke patients and their caregivers often have negative emotions such as anxiety and depression, which affect each other and seriously affect dyadic health. As a dyadic whole, the mental health literacy of stroke patients and their caregivers is closely related.

Objective: To explore the categories of dyadic mental health literacy among stroke patients and their caregivers and to analyze the differences in the characteristics of different classes of stroke patients and their caregivers.

Methods: A convenient sampling method was used to select 287 dyads of stroke patients and their caregivers who were treated at a tertiary general hospital in Henan province from July to October 2020. The general information questionnaire, Multicomponent Mental Health Literacy and Social Support Rating Scale were used for investigation. Latent profile analysis was adopted to explore the categories of dyadic mental health literacy, and multiple logistic regression was used to analyze the influencing factors of each category.

Results: Stroke patients and their caregivers were divided into four categories based on scores of mental health literacy: dyadic low resource group (20.3%), dyadic low literacy group (53.7%), dyadic low belief group (11.3%), dyadic high literacy group (14.7%). The patient's age, average monthly household income, the caregiver's age, the caregiver's Social Support Rating Scale score, the caregiver's educational level, daily care time and total length of care were the factors influencing the categories of dyadic mental health literacy among stroke patients and their caregivers ($P < 0.05$).

Conclusions: Stroke patients and their caregivers were divided into four categories based on scores of mental health literacy. Medical staff should carry out comprehensive psychological interventions for stroke patients and their caregivers with different dyadic mental health literacy characteristics, so as to improve dyadic mental health literacy.

Audience Take Away Notes

- Stroke patients and their caregivers were divided into four categories based on scores of mental health literacy: dyadic low resource group(20.3%), dyadic low literacy group(53.7%), dyadic low belief group(11.3%), dyadic high literacy group(14.7%).
- The dyadic low literacy group was the highest, suggesting that it is urgent to carry out precise and diversified interventions according to the potential classification characteristics from the dyadic perspective of patients and caregivers to improve the dyadic mental health literacy of stroke

patients and caregivers.

- Social support as an intervention factor, we should strengthen the dyadic social support system, build mental health communication circles between stroke patients and their caregivers, guide patients and their caregivers to establish family peer groups, so as to stimulate the awareness of dyadic mental health drive and improve the dyadic life happiness index.

Biography

Li Shirui is pursuing a master's degree in nursing at the School of Nursing and Health of Zhengzhou University, with a research direction of chronic disease management, with a focus on stroke patients. She has been receive her bachelor's degree from Henan Polytechnic University in 2022. Under the guidance of Professor Zhang Zhenxiang, she is studying self-care behaviors of stroke patients.



Shuying Miao*, Chunxiang Bao, Fangyan Lu

Department of nursing, The First Affiliated Hospital, Zhejiang University School of Medicine, Hangzhou, 310003, China

Development and evaluation of patient reported outcome scale for patients with urethral reconstruction after radical resection of lower urinary tract tumors

Objective: The aim of this study was to construct a set of scientifically available self-reported outcome scales for postoperative patients undergoing urethral reconstruction surgery after radical surgery for lower urinary tract tumors. The self-reported outcome scale, which mainly includes lifestyle and emotional state, was constructed, and the self-reported outcome scale was studied and evaluated for reliability and validity.

Methods: In this study, we reviewed the self-reported outcome scale and life situation of patients with urethral reconstruction after radical surgery for lower urinary tract tumors at home and abroad, and preliminarily determined the theoretical framework of the self-reported outcome scale for patients with urethral reconstruction after radical surgery for lower urinary tract tumors based on the Symptom Experience Model (SEM). The dimensions and item bank of the Self-Reported Outcome Scale for Patients with Urethral Reconstruction after Radical Surgery for Lower Urinary Tract Tumors were constructed. The Delphi expert consultation method, qualitative interviews on the nature of patient perceptions, and small-sample pre-surveys were used to assess and optimize the entries to form the first draft of the Self-Reported Outcome Scale for Patients with Urethral Reconstruction after Radical Surgery for Lower Urinary Tract Tumors.

Results: The initial self-reported outcome preliminary scale for patients with urethral reconstruction after radical surgery for lower urinary tract tumors initially constructed in this study contains 3 domains, 6 dimensions, and 44 entries. The overall Cronbach's alpha coefficient of the scale was 0.964, the overall re-test reliability of the scale was 0.982, and the split-half reliability coefficient was 0.930, which indicated that the scale in this study had good internal consistency and high reliability, and could be used for subsequent analytic studies. Through structural validity analysis, it was found that the scale entries could be interpreted as six factors explaining a total of 75.806% of the variance. Structural validity analyses of the three sub-domains of physiological, psychological, and situational were conducted separately, and it was found that the correlation coefficients between the factors ranged from 0.515 to 0.935 and were all statistically significant, with the entry-Level Content Validity (I-CVI) ranging from 0.842 to 1, and the Scale-Level Content Validity (S-CVI) of 0.944, which indicates that the content validity of the scales is good. The final result was a formal version of the Lower Urinary Tract Reconstruction Patient Self-Report Outcome Scale containing 44 entries.

Conclusions: In this study, a variety of methods were used to develop a measurement tool applicable to the self-reported outcomes of patients with urethral reconstruction after radical surgery for lower urinary tract tumors, and the scale was assessed by a variety of measurement and evaluation methods to show that the scale has good content reliability, structural validity, and feasibility, and has the potential to be used for the evaluation of the health status of patients with urethral reconstruction after radical surgery for lower urinary tract tumors.

Key words: Radical Lower Urinary Tract Tumor Surgery, Urethral Reconstruction, Self- Reported Outcome Scale, Scale Development, Reliability and Validity Tests.

Biography

Miao Shuying is a clinical nurse and a wound, ostomy, and incontinence specialty nurse. After graduating from university in 2012, she has been working in the Department of Urology at the First Affiliated Hospital of Zhejiang University School of Medicine. In 2023, she obtained her master's degree. With more than ten years of clinical experience, she is ambitious and enterprising, with strong communication skills and a holistic perspective. She has published two scientific papers as the first author in SCI(E) journals, focusing on the issues of urinary incontinence and clinical outcomes in patients with lower urinary tract symptoms.



ShuYing Miao*, ChunXiang Bao , Jie Luo

Department of nursing, The First Affiliated Hospital, Zhejiang University School of Medicine, Hangzhou, 310003, China

“Luckily, my physical appearance looks intact”: A qualitative study of men's experiences of radical surgery for lower urinary tract tumors

Aim: This study examined how middle-aged and older men diagnosed with lower urinary tract cancer in China are supported by physicians and nurses in the physical and survival changes associated with the need for prostate or other sex organ removal and urinary tract reconstruction surgery. The following research questions were addressed: (a) how do middle-aged and older men who undergo radical surgery for lower urinary tract tumors, including removal of the bladder or prostate for urinary tract reconstruction, and (b) how does cancer treatment affect their body image and socialization?

Design: This study utilized a constructivist qualitative research design and the Braun and Clarke six-step thematic analysis.

Method: From May 2023 to September 2023, in-depth interviews were conducted with 10 men diagnosed with lower urinary tract tumors. In this qualitative study, data analysis was conducted concurrently with data construction, recognizing that the process of analyzing and making sense of data should begin with the interviews. We explicitly frame the discussion of these findings within a theory of concretization influenced by Armstrong's model of symptom experience, which is consistent with exploring the patient's symptom experience to generate meaningful experiences and applying them to the construction of a clinical recovery model.

Results: Three overarching themes were identified that contained related sub-themes: (1) the "distress of physical change," (2) "coping with stressful events," and (3) "constructing external connections." Common to all three themes was that patients felt like they were on an upward spiral staircase, reflecting on their past, on their current body, on adapting to life in their "new body" after surgery, and on reconstructing their relationship with their surroundings.

Conclusion: Participants reflected on their state of life in the face of altered sexual and urinary function as a result of the diagnosis of a lower urinary tract tumor and radical tumor resection. The study participants were generally satisfied with the outcome of the radical tumor surgery, as was effectively listening to the doctors' and nurses' recommendations for postoperative voiding training. The patients were grateful for the preciousness of life and continued to live a high quality life after surgery, revitalized and living a colorful life with the support of friends and family.

Impact: This study shows the dynamics from receiving a cancer diagnosis and cancer treatment to making surgical decisions and postoperative rehab. The primary finding of this patient's symptom experience was from the perspective of middle-aged and older men who are throughout the stages of urethral reconstruction and rehabilitation after radical surgery for lower urinary tract tumors. The findings suggest that advanced care professionals in the field of urology can provide personalized rehabilitation guidance and psychological

support by focusing on the patient's symptoms and symptom experience, and provide a whole-course management program to promote recovery and treatment satisfaction in the prehospital, preoperative, intraoperative, postoperative, and home settings.

Key words: Advanced Care, Nursing Needs, Rehabilitation, Radical Lower Urinary Tract Tumor Surgery, Urethral Reconstruction.

Biography

Miao Shuying is a clinical nurse and a wound, ostomy, and incontinence specialty nurse. After graduating from university in 2012, she has been working in the Department of Urology at the First Affiliated Hospital of Zhejiang University School of Medicine. In 2023, she obtained her master's degree. With more than ten years of clinical experience, she is ambitious and enterprising, with strong communication skills and a holistic perspective. She has published two scientific papers as the first author in SCI(E) journals, focusing on the issues of urinary incontinence and clinical outcomes in patients with lower urinary tract symptoms.



Sima Reicher*, Orly Toren

Department of Nursing, Ono Academic College, Kiriat Ono, Israel

Online therapy or face-to-face therapy? Perceptions and preferences of an older adults in Israel

Introduction: Online Health Services (OHS) emerged in the last decade and currently encompass technologies that facilitate patient-practitioner communication in medical fields such as diagnosis, treatment, counselling, and monitoring, including for chronic patients. The current study aims to describe attitudes and behaviours related to OHS and identify variables that explain online technology use.

Method: A descriptive cross-sectional study among Hebrew-speaking, computer-literate older adults, with data collected via online questionnaires. The convenience sample included 700 respondents, of whom 57.4% were female. Respondents' mean age was 64 years, with most being married (59.3%), secular (75.9%), academically educated (59.1%), and having a chronic illness (65.7%).

Results: Despite high OHS use among nearly half the participants, most were undecided whether they preferred face-to-face or online treatment. Preference for face-to-face treatment was negatively associated with perceived efficiency and safety of online treatment, online health literacy, and extent of OHS use. Key variables explaining OHS use were perceived efficiency and safety of online treatment, online health literacy, preference for face-to-face treatment, and chronic illness. The explained variation of the OHS consumption model was 40.4%.

Discussion and Conclusions: The variables explaining OHS use are not necessarily linked to classic background variables, e.g. gender, age, and education, but rather to variables related to the use of OHS for therapeutic purposes. OHS are not perceived as substitutes for face-to-face meetings with healthcare providers but as a supplementary service. Therefore, to enhance OHS use rates, decision-makers should improve online health literacy and design services integrating OHS with face-to-face treatment.

Audience Take Away Notes

- Nurses have a significant added value in educating patients. Given that online literacy predicts the use of online health services it is suggested that nurses will lead projects related to upgrading the online literacy of patients to increase the extent of use of (OHS).
- Understanding that OHS are supplementary service to face-to-face care can assist nurses and other caregivers in providing personalized care.
- The study design including the research tools, are suitable for use in diverse populations for the purpose of formulating the policy for the use of OHS together with face-to-face care.

Biography

Dr. Reicher is a Nurse Specialist in Nursing Policy and Management with 46 years of experience in various management and regulation roles. She has held leading positions in the field, including Director of the Department for Professional Guidelines, and Professional Development, Nursing Division at the Israeli Ministry of Health. Currently, she is a senior lecturer at Ono Academic College in Israel, where she is also Head of the master's degree. Dr. Reicher's study interests are nurses' behavior and professional autonomy in clinical settings and regulatory environments. Her research interests are nursing and health policies, as well as clinical decision making.



Sixun Zhang

Zhengzhou University, China

Disability, anxiety, and perceived social support in couples of young stroke patients from a binary perspective: Structural equation modeling analysis

Background: The literature from the binary perspective of patients and caregivers shows that the factors affecting the physical and mental health of patients and their caregivers are mainly divided into three aspects: physiological, psychological, and social. The long-term coexistence and mutual influence of anxiety and social support between stroke patients and caregivers. However, in the process of disease affecting health, there is no clear answer to how physiology, psychology, and society intertwine.

Objective: This study aims to use a theoretical model to investigate the relationship between disability, anxiety, social support, and quality of life among middle-aged and young stroke patients and their spouses.

Design: A longitudinal study was conducted in the neurology and rehabilitation departments of six tertiary hospitals in Henan Province, China.

Settings: The research data was collected from six tertiary hospitals in Henan, China. **Participants:** This study included 168 pairs of middle-aged and young stroke patients admitted to neurology and rehabilitation departments, as well as their partner caregivers.

Methods: Using a convenience sampling method, a longitudinal follow-up survey was conducted to obtain data. All variables were measured using standardized instruments. Using structural equation modeling analysis to test a hypothesis model that suggests that the degree of disability in patients has a direct and indirect impact on the quality of life of patients and their spouse caregivers through anxiety and social support. The response rate was 82.8 %.

Results: The findings supported the hypothesized model. The anxiety of spouse caregivers has a significant mediating effect between the degree of disability and the physical health of patients. The anxiety of patients has a significant mediating effect between the degree of disability and their own mental health, and the chain mediating effect between the anxiety of patients and their own social support is significant. We also found that The anxiety of spouse caregivers has a significant mediating effect between the degree of disability and the mental health of spouse caregivers, suggesting that the degree of disability of patients can promote the anxiety of spouse caregivers, which in turn leads to the impairment of their own mental health.

Conclusions: This mechanism emphasizes the importance of treating couples with stroke as a whole. It is suggested that attention should be paid to depression, anxiety and stress on both sides, and to improve the mental health of patients by increasing their perceived social level.

Tweetable Abstract: Treating couples with stroke as a whole. There are differences in physiological-psychological-social interaction mechanisms between physical health and mental health, and different interventions should be adopted.

Biography

Miss. Sixun Zhang studied nursing at Zhengzhou University and graduated with a bachelor's degree in nursing in 2023. Subsequently, she joined Professor Mei Yongxia's research group in Nursing at the School of Nursing and Health, Zhengzhou University, to pursue a Master's degree in Nursing. The main research population was stroke patients and caregivers.



Sofica Bistriceanu MD, PhD

EPCCS [European Primary Care Cardiovascular Society], APHC [Academy for Professionalism in Health Care]

Compassionate care dimensions in clinical practice

In the healthcare industry, professionals provide goods and services to needy people, intending to alleviate their suffering. To achieve this, they must possess specific knowledge in their area of expertise, be skilled at handling data in real-life situations, interact effectively with their colleagues and partners, and conduct themselves in a manner that aligns with societal norms. These qualities together define their professionalism.

Healthcare providers need to provide compassionate care to their customers. This quality sets them apart from other players in the social system since saving or improving human life is a top priority in our journey.

Clinical practice has provided evidence that kind-hearted work aids in recovery. Showing concern about suffering, having a gentle attitude, using kind words, and considering the needs of seniors are all integral parts of managing disorders and improving clinical outcomes, life expectancy, patient experience, personal reputation, and professional life.

By contrast, the heartless work toward patients discourages their involvement in the therapeutic plan, resulting in reduced loyalty, adherence to treatment, and overall satisfaction. In such cases, patients and their families may look for other healthcare providers from the offerings for their next episode of care. This could lead to a decline in investment return, affecting business growth and continuity.

Therefore, thinking and acting with heart consideration in daily work is necessary for a prosperous personal, professional, and social life. People's relationships define them; continuity or collaborative work interruption validates their values interaction. Disheartened, unfair, and disrespectful people disappoint their partners and can ultimately lead to the termination of mutual work.

Compassionate care is a crucial aspect of our work that should never be ignored.

Audience Take Away Notes

At the end of this presentation, the audience will be able to

- Understand the importance of compassionate care for their emotional, professional, and social life
- Recognize the negative impact of feeling disheartened at work on their career
- Enhance their professional behaviour within the community they serve.

Biography

Sofica Bistriceanu, MD, Ph.D., graduated from Iasi University in Romania with a focus on family medicine research at Maastricht University. She joined the European, American, Asian Primary Care Research Group, American Academy on Communication in Healthcare. With over 90 research studies shared internationally, she has been recognized with numerous awards. Dr. Sofica Bistriceanu is a member of the Academy for Professionalism in Health Care, serves on the Editorial Review Board for The Journal of Patient Experience (JPX), is an Associate Editor for PriMera Scientific Publication, and is the representative of the Academic Medical Unit –CMI, in NT, ROU. Additionally, she is the author of seven volumes of poetry published by Cronica, Iasi Publishing House, and Time, Iasi Publishing House.



Sun Young Park DNP, MSN, FNP-C

Department of Family and Community Health, University of Maryland School of Nursing, Baltimore, MD, United States

Addressing challenges in pre-licensure community public health nursing education: The role of virtual reality in enhancing learning and workforce development

Community public health nursing education plays a pivotal role in pre-licensure programs. It not only equips future nurses with the necessary skills to promote and protect population health, but also enables them to effectively address social determinants and respond to public health challenges.

The challenges that prelicensure nursing education in community public health faces are not just hurdles, but potential roadblocks to the progress of the nursing profession. These challenges, including an insufficient curriculum focus on public health topics, limited clinical placement opportunities, and a shortage of qualified faculty, are further compounded by resource constraints, an overloaded curriculum, and the perception among students that public health nursing is less prestigious or financially rewarding than other specialties. This situation not only hampers the preparedness of students but also perpetuates the shortage of nurses in the public health field, creating a cycle of deepening issues.

To ensure future success and improve population health, nursing education must evolve, focusing on community/public health nursing competencies and creating opportunities to train more community-oriented nurses. This approach will also address the changing needs of students and the broader healthcare landscape. The rapidly evolving healthcare landscape also requires continuous curriculum updates. Policy constraints and limited funding sources also restrict the flexibility needed for nursing programs to innovate and incorporate new community health content and teaching methods.

Integrating Virtual Reality (VR) into the curriculum is not just a potential solution but a beacon of hope to enhance the learning process in community public health nursing education for pre-licensure nursing students. Evidence indicates that VR can significantly improve competency-based learning experiences and make the educational model more engaging in nursing education. While its effectiveness in community public health nursing education for entry-level students is not well-documented, the potential it holds to create a more interactive and realistic training environment aligned with a competency-based curriculum is immense. This approach will offer an opportunity to address the historical decline in the community public health nursing workforce, paving the way for a more robust and competent nursing workforce.

Audience Take Away Notes

- Understand the significant challenges faced in pre-licensure community public health nursing education.
- Discuss the necessity for nursing education to evolve by focusing on community/public health nursing competencies and addressing the changing needs of students and the healthcare landscape.
- Discuss current evidence and identify gaps regarding the effectiveness of VR in community public health nursing education for entry-level students, and how it can help build a skilled workforce.

- Evaluate how integrating Virtual Reality (VR) into the curriculum can enhance competency-based learning and create a more engaging educational model for pre-licensure nursing students.

Biography

Dr. Sun Young Park, an Assistant Professor at the University of Maryland School of Nursing, specializes in Community Public Health Nursing. She focuses on improving healthcare outcomes through education and clinical practice. Dr. Park teaches entry-level community public health nursing and previously facilitated high-fidelity simulations for five years as a graduate teaching assistant. As a Family Nurse Practitioner at Healthcare for the Homeless in Baltimore, she provided primary care to homeless individuals, addressing complex health needs. At the County Health Department, she managed HIV cases and implemented a social determinants of health screening program. With 19 years of clinical experience, Dr. Park is dedicated to advancing nursing education and promoting health equity.



Suneel K Parvathareddy* MBBS, MBA, MS, CPE; Jennifer Kreger* MSN, RN, CPHQ, CMSRN; Susan T. Bachmeier DNP, RN, NEA-BC
Atrium Health Wake Forest Baptist- Wilkes, United States

A multidisciplinary approach in reducing C. Difficile incidence rates in a rural hospital utilizing innovative strategies

Background: Health-care-associated infections have become one of the most prevalent complications of hospitalized patients in the United States. In 2020 the crude overall incidence rate of C. Difficile Infection (CDI) was 101.3 cases per 100,000 (CDC, 2023). The aim of this study was to identify the factors contributing to the significant increase in the incidence of C. difficile cases from CY 2021 to CY 2022 (SIR 0.701 to 1.239) and the multimodal approach embraced to achieve a reduction rate of 55.55% in CY 2023 successfully.

Methods: Assessment of staff knowledge, implementation of best safety practices, monitoring outcomes and providing feedback to stakeholders, reviewing charts of all the CDI cases from CY 2022 to identify and compare all the factors commonly known to contribute to the transmission of C. difficile in the hospital setting including patient demographics, presenting signs and symptoms of the patients, culture techniques, processing, screening, and surveillance of the patients admitted, environmental service policies and practice were some of the methods that were monitored closely. Purposeful rounds by all the stakeholders-infection prevention, nursing leaders, medical directors, hospital leadership, quality manager, etc., to enforce proper signage, effective transitions and sign out communication between various departments, focus on hand washing and infection prevention and educating all the auxiliary staff including EVS, Nutrition, Lab and visitors and reporting days since last incidence in weekly safety huddles were some of the interventions put in place.

Results: Incidence of new C difficile cases reduced by 55.5% in CY 2023 from CY 2022 and low rate continues till date.

Conclusion: There were significant reductions in CDI upon implementation of enhanced and innovative interventions: daily and terminal cleaning, staff and patient hand hygiene, screening at admission, purposeful rounding and effective education.

Biography

Suneel K Parvathareddy graduated with M.B.B.S degree from India in 2004 and moved to the US in 2007 to pursue MS in Community Health from MNSU, Mankato in 2010, completed residency in Family Medicine from Northwell Health in 2015, MBA in Health care administration in 2022 and currently working as Medical Director for Hospital Medicine at Atrium Health Wake Forest Health since 2020. His passion toward rural health inspired me to work as Medical Director for two rural counties in Iowa from 2015-2020 prior to moving to NC. He did receive CPE certification through AAPL in 2020.



Tracy O'Brien DNP, MSN, RN

School of Nursing, University of Pittsburgh, Pittsburgh, Pennsylvania, USA

The peaks and troughs of Vancomycin compliance

Background: Vancomycin is a powerful antibiotic that is used to treat many infections. The monitoring of this medication (peak and trough) is extremely critical to its effectiveness. Vancomycin discrepancies have increased by 17.4% over 15-months.

Aims: The aim is to decrease Vancomycin protocol discrepancies through education and surveillance on two nursing units.

Methods: Study design is a two-phase, pre/post intervention chart review of patients ordered Vancomycin and education of nursing staff. Data was collected from all full-time, part time, and casually employed registered nurses on a Medical/Surgical Unit and a Progressive Care Unit during a pre-quiz was given prior to education session and followed by a post quiz. Another post three-month quiz was administered to the same staff. Vancomycin discrepancies were monitored for three months preceding education and three months post education to monitor the discrepancies compared to the patients that were ordered Vancomycin.

Results: There was a statistically significant difference between pre-quiz/post quiz scores ($p < 0.0001$). There was a statistically significant difference between post- and 3-month errors ($p = 0.002$). Regarding Vancomycin Protocol Discrepancies, there was no statistically significant association ($p\text{-value} = 0.84$) on the Medical/Surgical Unit but there was a significant statistically association $\chi^2 = 4.89$ ($p\text{-value} = 0.03$) on the Progressive Care Unit.

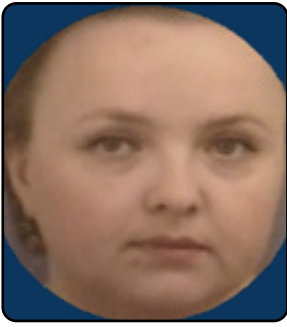
Conclusion: The discrepancy rate for Vancomycin decreased after the education in-service for nurses. Therefore, ongoing education is needed for nurses to recognize the importance of Vancomycin compliance. It is vital that physicians and pharmacists are included in future educational endeavors.

Audience Take Away Notes

- The monitoring of Vancomycin is extremely critical due to its narrow therapeutic window for effectiveness and possibility for renal toxicity.
- Education is needed for all nursing staff, specifically for Vancomycin, and not general antimicrobials.
- The need for an accurate height and weight (not estimated) and Serum Creatinine (This will determine if renal impairment is present prior to therapy. Serum creatinine is necessary to calculate the clearance).
- This education that will be presented can provide a better workflow and understanding to hospital units for vancomycin compliance. By providing a simple education plan, the missed laboratory tests or missed timed doses of medications can be eliminated for better overall Vancomycin compliance.
- This can potentially provide better outcomes for our patients.

Biography

Dr. O'Brien studied initial licensure for nursing and graduated from Community College of Allegheny County in 2002. She went on for her BSN in 2008 and her MSN in nursing education in 2010- both from Waynesburg University. Her DNP was recently completed in December 2023 from Carlow University. She has also been an adjunct faculty simultaneously with all nursing programs levels. She is also an LLC owner and a practicing legal nurse consultant since 2015. She is currently a Fulltime Assistant Professor of Nursing at the University of Pittsburgh.



Tziprun Luba* RN.MA, Yehezkias Elfenesh RN.MA
Sheba Medical Center, Israel

The effect of the duration of the mother-newborn together stay after caesarean section on the pain and satisfaction level of the mother

Background: Mothers and newborns have an emotional and physiological necessity to be together at the moment of birth and during the first hours and days after that. The rules at Sheba Hospital change from year to year with the aim of improving the mother-newborn bond and reducing separation between them as much as possible. Today there are three options for a mother-newborn stay after Cesarean Section (CS) according to the woman's wishes: 1. A short bonding immediately after birth (Regular CS); 2. Staying together partially until the age one hour after birth of the newborn (Friendly CS); 3. Full stay together of the newborn with his mother without separation at all (Gentle CS). However, it was important to check what is the optimal option of the mother-newborn stay with reference to the additional factors related to CS.

Method: The aim of this study to assess the effect of the duration of the mother and newborn together stay after cesarean section (Regular CS; Friendly CS; Gentle CS) on the pain and satisfaction level of the mother. In the period from August 2023 to May 2024, 37 women participated in the pilot. The level of pain was measured by the Numeric Rating Scale (NRS) (Hawker, Mian, Kendzerska & French, 2011). Maternal satisfaction was measured by the Comforts Scale Questionnaire, which refers to (a) provision of choice; (b) nursing care; (c) teaching maternal and newborn care; (d) privacy; (e) the physical environment; (f) confidence related to newborn care (Janssen, Dennis, Reime, 2006).

Results: According to the results of the pilot, a statistically significant difference was found between the women who chose Regular CS (for most 50% it was their first surgery) and women who chose Friendly CS (for most it was their second surgery or higher) ($P_v=0.053$), a statistically significant difference was found in the level of pain during stay in the Recovery Ward between the women who chose Regular CS in which 45% of the participants reported strong/very strong pain compared to 9% of the participants after Gentle CS ($P_v=0.055$), a statistically significant difference was found in satisfaction with the physical environment. The satisfaction with the physical environment was higher in women after Regular CS (μ (ST)-29.45 (4.77)) than satisfaction of women after Friendly CS (μ (ST)-25.83 (5.38)) and Gentle CS (μ (ST)-24.55 (5.61) (0.051 P_v).

Conclusion: There is a tendency in women after repeated caesarean section to improve their birth experience by a Friendly CS. There is an inverse relationship between the duration of the mother-newborn stay and the level of pain at the first two hours after Gentle CS. Women who decide to improve their birth experience by Friendly CS and Gentle CS express a desire for better physical conditions in the postpartum ward. It should be noted that the study is continuing and the number of participants is expected to increase and to change the results.

Biography

Tziprun Luba has 22 years of experience in nursing, a lot of professional knowledge, reliability and motivation to learn and contribute. She has a rich experience in nursing research and academic writing. She promoted a personal project to support family members in intensive care and an intervention study that showed a positive effect of the psychosocial intervention on satisfaction and expectations from the treatment among family members. This research was presented at the conference of the European Society of Cardiology in Athens (2015).



Vanesa K Williams Harvey

DUES24 dba HippoCLIN, Louisville, United States

Stop, drop, and roll: Is electronic health record training the forgotten skill?

Although clinical skills evaluation is the gold standard for assessing competence, there is one vital skill that is oftentimes minimized, discounted, or performed using outdated tools. The only skill that is used to validate all other skills nurses perform each day is Electronic Health Record (EHR) documentation. The goal of EHR's is to ensure a patient will have what they need when they need it. Ninety-six percent of healthcare organizations use an EHR system. Research supports that EHR competence and experience has the potential to impact patient outcomes, quality measures, risks, reimbursements, and satisfaction scores. Data shows nurses spend 40-50% of their workday using an EHR, however, only 20% of nursing students reported having EHR training while in school. Since the nursing field is leading this charge, the goal should be for 100% of nursing students to have access to an EHR during training. Focused EHR training helps prepare students for professional success and propels nursing curriculum and training into the 21st century.

We can no longer watch as advancing technology leaves students and instructors vulnerable and unprepared. Student nurses who gain experience and competence are empowered to develop into long-term and well-adjusted new nurses directly impacting retention rates. Integrating EHR training into the current curriculum and setting the standard for how students are trained to document patient care at the school level helps alleviate stress from healthcare organizations, students, and the patients they serve. This presentation will share how the lack of EHR documentation skills has the potential to delay, detour, and destroy nursing professional advancements and keep us functioning without the added benefits of technological advancements.

Biography:

Vanesa K. Williams-Harvey is a life-long advocate for setting high standards and helping others to achieve their life purpose through self-awareness and professional development. She is a registered nurse, with over 30 years of experience, and currently works as a Clinical Informatics Manager. Vanessa loves challenges so in 2021, she stepped out on faith and began the journey of entrepreneurship. In 2017, she published a book, "I Remember", which is about her family's struggles when its matriarch was diagnosed with Alzheimer's disease and how the crisis almost destroyed everything their mother had spent a lifetime building. In her spare time, Vanessa is a champion for Alzheimer's awareness and the founder of the annual Derby Alzheimer's Luncheon. She is married to her husband, Mark, and they are the proud grandparents of one granddaughter and four sons. For fun, she enjoys family time at home, attending church, fishing, exercising, and gardening. The common theme Vanessa shares is that the time is now to strive for personal acceptance and satisfaction by paying DUES – Do better. Understand better. Expect better. Serve best!



Victoria Babysheva*, Elena Neiterman, Ellen MacEachen
Faculty of Health, University of Waterloo, Waterloo, Ontario, Canada

Exploring retention strategies for mid-career nurses

High turnover rates among nurses are a pressing concern for healthcare systems due to the associated costs and the risks posed to patient safety. Particularly troubling is the turnover of mid-career nurses, leading to a shortage of experienced staff for bedside care and mentoring early-career nurses. The departure of these seasoned professionals results in the loss of valuable institutional knowledge. While extensive research exists on turnover interventions for early-career nurses, there is a noticeable gap in evidence regarding mid-career retention strategies.

The research team conducted a scoping review of the worldwide literature on retention strategies for mid-career nurses. Our objective was to systematically and iteratively identify the existing body of evidence, map the extent, range, and nature of the studies, and determine any gaps in knowledge. In total, 21 articles were included in our review. The majority of papers (n=15) examined specific retention projects for nurses. These studies were divided into strategies aimed at retaining nurses in their current roles (n=10) and initiatives preventing outward migration from the organization (n=5).

Overall, the retention strategies described in the literature were categorized into three primary themes: role satisfaction, work culture, and customized retention strategies. The theme of role satisfaction highlights fundamental factors that contribute to nurses' sense of fulfilment in their professional roles, emphasizing autonomy, career advancement opportunities, and diverse career pathways as crucial elements in enhancing job satisfaction and retention among mid-career nurses. The work culture theme focuses on the organizational atmosphere and interpersonal dynamics that shape nurses' experiences, underscoring their impact on nurses' decisions to remain in their roles. The customized retention strategies theme accentuates the complex landscape of nurse retention, emphasizing the necessity of analysing nurses' profiles to understand their lifecycle and career stage needs.

However, while these interventions hold promise, their effectiveness in retaining mid-career nurses remains uncertain. Many of the reviewed papers provided minimal reporting on outcomes or specific metrics at both individual and organizational levels, and there was limited discussion on unintended consequences or unexpected results. Our findings underscore the scarcity of projects addressing mid-career nurse retention and emphasize the need for innovation in this field, including piloting various interventions.

Audience Take Away Notes

- Audience members will gain a comprehensive overview of the existing literature on retention strategies for mid-career nurses and understand the identified gaps in this research field.
- Attendees will learn about the scarcity of innovative projects, the importance of formal evaluations and gathering nurse perspectives on the effectiveness of retention strategies.

- Healthcare administrators and policymakers can use the findings to develop and refine retention policies tailored to mid-career nurses, addressing their needs and career aspirations.
- Understanding the challenges and needs specific to mid-career nurses will allow organizations to address these issues more effectively, resulting in a more stable and experienced workforce.

Biography

Victoria is a PhD student in the Public Health Sciences program at the University of Waterloo, Canada. She is being co-supervised by Dr. Ellen MacEachen and Dr. Elena Neiterman. Victoria's doctoral research focuses on exploring and evaluating strategies to address the shortage of health human resources and improve the retention of healthcare providers. Victoria completed her Master's degree in Health Evaluation at the University of Waterloo in 2019. Since graduation, she has worked at various academic and health organizations with multidisciplinary teams as an evaluation specialist. Prior to that, she worked as a Diagnostic Medical Sonographer at Unity Health Toronto's Diagnostic Imaging Department.



Wangtao Song
Zhengzhou University, China

The relationship between dyadic coping and mental health in stroke survivors and their spouse caregivers: An actor-partner interdependence model

Aim: To explore dyadic coping, mental health, and individual or mutual influences on stroke survivors and spouse caregivers.

Design: A cross-sectional descriptive study was conducted from November 2019 to August 2020.

Methods: A total of 224 dyads of stroke survivors and their spouse caregivers in China were included. The Dyadic Coping Inventory (DCI), the Patient Health Questionnaire nine-item scale (PHQ-9), and the Generalized Anxiety Disorder seven-item scale (GAD-7) were used to collect data on stroke survivors and their spouse caregiver. The dyadic analysis was based on the Actor-Partner Interdependence Model (APIM).

Results: Regarding actor effects, spouse caregivers' dyadic coping and perceived dyadic coping had a negative predictive effect on their own anxiety ($\beta=-0.30$, $P<0.01$, $\beta=-0.23$, $P<0.01$) and depression ($\beta=-0.41$, $P<0.001$, $\beta=-0.33$, $P<0.01$). And we found stroke survivors' perceived dyadic coping had a negative effect on their own depression ($\beta=-0.27$, $P<0.01$). Regarding partner effects, we found that spouse caregivers' perceived dyadic coping also had a negative predictive effect on the anxiety of the patients ($\beta=-0.23$, $P<0.05$). In contrast, stroke survivors' perceived dyadic coping was positively associated with spouse caregivers' anxiety ($\beta=0.27$, $P<0.01$) and depression ($\beta=0.22$, $P<0.05$). These findings suggested that the mental health of stroke survivors and their spouse caregivers was affected by various dyadic coping dimensions.

Discussion: This study provides evidence for the significant impact of dyadic coping on the psychological well-being of stroke survivors and their spouse caregivers. Therefore, dyadic interventions aimed at strengthening dyadic coping may have positive effects on their mental health.

Key words: Actor-Partner Interdependence Model, Dyadic Coping; Mental Health, Stroke Survivors, Spouse Caregivers

Biography

Miss. Song studied Nursing at the Henan Polytechnic University and graduated as bachelor's degree in 2023. She then joined the research group of Prof. Zhang at the School of Nursing and Health, Zhengzhou University and continued her research in the direction of chronic disease management.



Xiaoyu Cai*, Hui Xu

School of Nursing and Health, Zhengzhou University, China

Relationship between family communication patterns and non-suicidal self-injury in adolescents: Mediating role of emotion regulation

Objective: Family is the earliest place for individual socialization, and family communication connects the emotions between parents and children in family interpersonal interaction, which is one of the important factors in family environment, and NSSI is the main health risk for adolescents. Therefore, this study explored the influence of family communication patterns on adolescents' non-suicidal NSSI, and examined the role of emotion regulation strategies.

Methods: From October 2023 to February 2024, 563 adolescents, 253 male and 310 female, were enrolled in the psychological medicine department of a top-three hospital. A cross-sectional study was conducted to investigate the family communication patterns of adolescents by using the Family Communication Patterns Scale-modified version, the emotional regulation questionnaire was used to evaluate the emotional regulation patterns of adolescents, and the non-suicidal self-injury behavior questionnaire was used to investigate the self-injury behaviors of adolescents. After describing the general data and analyzing the differences, Pearson correlation analysis was used to analyze the relationship between family communication patterns, emotion regulation strategies and NSSI. Finally, the PROCESS 4.0 plug-in program was used to test the mediating role of cognitive reappraisal and expression inhibition

Results: Family communication-obedience orientation was negatively correlated with cognitive reappraisal emotion regulation strategies, and positively correlated with expression inhibition emotion regulation strategies and NSSI. Family communication-talk orientation was positively correlated with cognitive reappraisal emotion regulation strategies, and negatively correlated with expression inhibition emotion regulation strategies and NSSI. Cognitive reappraisal and expression inhibition played a partial mediating role in family communication-obedience orientation and NSSI, and the mediating effect size was 33.66% and 23.50%, respectively.

Conclusion: Family communication-obedience orientation not only directly affects adolescents' non-suicidal NSSI, but also partially mediates the effect of emotion regulation strategies on adolescents' non-suicidal NSSI. The complete mediating effect of emotion regulation strategies on family communication-conversation orientation and adolescent nonsuicidal self-injury behavior. It has important theoretical significance and guiding function for the prevention and intervention of NSSI behavior in adolescents.

Key words: Family Communication Patterns, Non-Suicidal Self-Injury, Emotional Regulation, Teenager.

Audience Take Away Notes

- To understand the current situation of adolescents' family communication patterns.

- We know that emotion regulation strategies are mediating factors between family communication patterns and adolescents' NSSI behavior.
- It can help teenagers develop better communication patterns and coping strategies.
- To provide effective advice on nursing intervention for clinical staff.

Biography

Xiaoyu Cai is currently studying in the School of Nursing and Health of Zhengzhou University. Her research direction is adolescent mental health.



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Association between sarcopenia and oral health in community-dwelling elderly

Background: Sarcopenia can have a significant impact on the quality of life in community-dwelling elderly. The AWGS 2019 guidelines advocate for early prevention and the early identification and intervention of possible sarcopenia to mitigate adverse outcomes. Currently, researches pay less attention to the group with possible sarcopenia, and the relationship between different sarcopenia groups and oral health and oral health-related quality of life in community-dwelling older adults remains unclear. Therefore, this study aims to investigate the relationships between different sarcopenia groups and oral health and oral health-related quality of life in community-dwelling older adults.

Design: A descriptive, cross-sectional study.

Methods: A convenience sampling method was used to select 320 elderly individuals from 7 communities in Zhengzhou from November 2023 to March 2024. Participants were categorized into no sarcopenia, possible sarcopenia, and sarcopenia groups according to the diagnostic criteria set by the Asian Working Group for Sarcopenia (AWGS) in 2019. Data were collected using a general information questionnaire, an Oral Health Assessment Tool, and the Oral Health Impact Profile-14.

Results: Of the 320 community-dwelling elderly participants, 148 (46.3%) participants were identified as no sarcopenia; 112 (35.0%), possible sarcopenia, and 60 (18.8%), diagnosed sarcopenia. The results of the multivariate logistic regression analysis, after adjusting for confounding variables, showed that, compared with the no sarcopenia, possible sarcopenia was associated with oral health [OR=1.216, 95% CI (1.086~1.362)] and oral health-related quality of life [OR=1.059, 95% CI (1.025~1.095)]. Sarcopenia was also associated with oral health [OR=1.407, 95% CI (1.201~1.649)] and oral health-related quality of life [OR=1.051, 95% CI (1.011~1.094)].

Conclusion: The prevalence of sarcopenia is high among community-dwelling elderly. Poor oral health status and poor oral health-related quality of life increase the risks of possible sarcopenia and sarcopenia in community-dwelling elderly. Community nurses should prioritize the oral health of community-dwelling elderly to facilitate early prevention and control of sarcopenia.

Audience Take Away Notes

- This study further confirms that community-dwelling elderly are a high-risk group for sarcopenia, and factors such as sex, age, number of diseases, educational level, cigarette smoking, and nutritional status affect the sarcopenia. Therefore, nurses should pay closer attention to older adults who are of advanced age and have multiple comorbidities, adapt health education methods based on their educational levels, actively advise smoking seniors to quit smoking, and strive to improve their

nutritional status, promoting early prevention and management of sarcopenia.

- This study indicates that oral health affects sarcopenia and possible sarcopenia in community-dwelling elderly. Therefore, in clinical practice, nurses should actively engage in oral health management, focusing on educating community-dwelling elderly about oral health, helping them establish awareness of oral health management, and fostering good oral health behaviors. For elderly with poor oral health, there should be a focus on monitoring their muscle mass and strength, while simultaneously implementing various measures to improve their oral condition, strictly preventing the onset and progression of sarcopenia.
- This study further confirms the significant importance of oral health management in the early prevention and control of sarcopenia in community-dwelling elderly, and interventions for those with possible sarcopenia should consider the role of oral health. Future research could further explore how poor oral health leads to sarcopenia, enabling the development of targeted prevention and control strategies for sarcopenia in older adults with poor oral health.

Biography

Xin Wang studied nursing at the School of Nursing and Health, Zhengzhou University. She received her bachelor's degree in 2022, and then she joined the research group of Prof. Xu in 2022. Now she is still studying for a master's degree in the School of Nursing and Health of Zhengzhou University. She has won the Scholarship for graduate students of Zhengzhou University, and has now published one article in Chinese journal of nursing.



Xingjuan Wang*, Hui Xu, Yingqi Huang, Xiaoyu Cai

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The workplace violence experiences among psychiatric nurses: A qualitative meta-synthesis

Objective: To integrate the qualitative research of the workplace violence experience, a more comprehensive understanding of the real physical and mental experience of the workplace violence, to provide evidence-based basis for the treatment of the workplace violence injury, and further expand the nursing practice to reduce the workplace violence of the psychiatric nurses.

Methods: The computer search for qualitative research on the PubMed, Web of Science, Cochrane Library, CINAHL, A, Embase, PsyINFO, CNKI, Wanfang database, VIP Technology Journal database and Chinese Biomedical Literature Database for the database until June 2024. Literature quality evaluation was conducted by the Evidence-based Institute in Australia (2016 edition), and the pooled integration method was used to summarize and integrate the study results.

Results: 14 articles were included, 56 themes were refined, and 4 integration results were formed. Integration results 1: factors related to workplace violence among psychiatric nurses; integration results 2: psychiatric nurses' perception of workplace violence; integration results 3: needs of psychiatric nurses after workplace violence; and integration results 5: response and prevention of workplace violence.

Conclusion: Attention should be paid to the psychological reconstruction of psychiatric nurses, and managers should guide psychiatric nurses to deal with bad experience; they expect relevant departments to formulate workplace violence management prevention strategies according to the reasons, manage violence injuries according to the needs of nurses, reduce violence in the workplace, and enable nurses to better and better serve the clinical practice.

Audience Take Away Notes

- This study gives readers a comprehensive understanding of the actual physical and mental experiences of workplace violence.
- This study provides evidence-based evidence for developing treatment processes for workplace violence management and prevention following workplace violence injuries among psychiatric nurses.
- This study could further expand on nursing practice and reduce workplace violence among psychiatric nurses.

Biography

Xingjuan Wang studied Nursing at Henan University of Science and Technology and graduated in 2021. She then entered the School of Nursing at Zhengzhou University for graduate studies.



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Analysis of postoperative body weight change and its influencing factors for gastric cancer

Background: The high incidence and mortality of Gastric Cancer (GC) pose a significant threat to human life and health and have become an important public health problem in China. Body weight loss is a common problem in GC patients after surgical treatment. It is associated with a poor prognosis and even GC recurrence. However, the current attention to postoperative weight change for GC is still insufficient, and the descriptions of postoperative weight change and its influencing factors are also different. Hence, this study was to explore the overall trend in body weight changes after gastrectomy and identify factors influencing these changes. By doing so, to provide reference for guiding clinical weight management and formulating nutrition management program.

Aims: To describe the body weight change in GC patients 6 months after gastrectomy and to identify the factors influencing these dynamic changes.

Methods: A total of 121 GC patients admitted to the First Affiliated Hospital, Zhejiang University School of Medicine from October 2021 to September 2022 were selected as research objects by convenient sampling method. We collected data before (T_0) and 1 (T_1), 3 (T_2), and 6 (T_3) months after gastrectomy using a general data questionnaire, a psychological distress thermometer, and body weight. The general estimation equation was used to analyze the dynamic trend and influencing factors of body weight in GC patients within 6 months after gastrectomy.

Results: The median weight loss at T_1 , T_2 , and T_3 was 7.29% (2.84%, 9.40%), 11.11% (7.64%, 14.91%), and 14.75% (8.80%, 19.84%), respectively. The weight of GC patients decreased 6 months following gastrectomy, and the time had a significant effect ($X^2=331.407$, $P<0.001$). Generalized estimation equation results showed that preoperative body mass index (BMI), significant psychological distress, religious belief, and gender were risk factors for weight loss in patients with GC 0–6 months after gastrectomy ($P<0.05$). Compared with preoperative low-weight patients, preoperative obese patients were more likely to have weight loss ($\beta=14.685$, $P<0.001$). Patients with significant psychological distress were more likely to lose weight than those without significant psychological distress ($\beta=2.490$, $P<0.001$), and religious patients were less likely to lose weight 6 months after gastrectomy than those without religious beliefs ($\beta=-6.844$, $P=0.001$). Compared to female patients, male patients were more likely to experience weight loss 6 months after gastrectomy ($\beta=4.262$, $P=0.038$).

Conclusion: This study suggests that the weight of GC patients decreased 6 months after gastrectomy. Male patients with high preoperative BMI levels, significant psychological distress, and no religious belief were more likely to lose weight after gastrectomy. Clinicians should pay attention to the long-term follow-up of the postoperative weight of GC patients, monitor changes in BMI, and dynamically pay attention to the weight and psychological changes of patients.

Keywords: Gastric Cancer, Weight Loss, Influencing Factors.

Audience Take Away Notes

- This study will uncover patterns in body weight changes in GC patients 6 months after gastrectomy and identify risk factors that can be addressed early on by medical staff.
- The study variables of previous studies did not take into account other potential variables related to body weight loss, particularly increasingly prominent sociopsychological factors such as psychological distress. This may be instructive to the audience.
- Nutrition assessment and intervention were performed early to provide a reference for guiding clinical and postoperative weight dynamic management and developing ongoing nutrition management programmes.

Biography

Yan Li is a registered nurse at the First Affiliated Hospital of Zhejiang University School of Medicine. She is also the head nurse of the hospital's gastrointestinal surgery department. She received her Master's degree in Nursing from Zhejiang University, majoring in nursing with a focus on the nursing of gastrointestinal diseases. She is a visiting scholar at Gloucester Hospital in England. She has received several grants for her work and has published articles in several journals.

Yang Weiyu

Zhengzhou University, China

A meta-analysis of nursing staff's attitude towards family nursing and its influencing factors

Objectives: Through the method of meta-analysis, the status quo and influencing factors of nursing staff's attitude towards family participatory nursing were clarified and summarized.

Methods: Computer searches were conducted on Pubmed, Web of Science, EBSCO, The Cochrane Library, CIHANL, psycINFO, CNKI, and WanFang database), a cross-sectional study on the status quo and influencing factors of caregivers' attitudes toward family participatory nursing. The search period was established until April 1, 2024. Stata18.0 software was used for meta-analysis.

Results: A total of 20 cross-sectional studies were included, involving 6453 nurses from 11 countries. The results of the meta-analysis showed that the nurses' attitude towards family participatory nursing was 86.93 points [95%CI (83.75, 90.11)], and the nurses had a positive attitude towards this model. Age, gender, education, years of work, workplace, and whether they had participated in family participation training courses/education were the main influencing factors of nursing staff's attitude towards family participation nursing ($P < 0.05$). The results of the meta-analysis showed that the patients were over 50 years old (ES=80.58, 95%CI: 79.48~81.66), female (ES=86.77, 95%CI: 74.62~98.93), and had a master's degree or above (ES=91.64, 95%CI: 84.16, 99.33), worked in other medical institutions (ES=88.96, 95%CI: 80.95, 96.97), worked for less than 15 years (ES=74.08, 95%CI: 59.85, 88.32), participated in family participatory nursing training courses (ES=92.15, 95%CI: 85.43, 98.87) nurses held a more positive attitude towards family participatory nursing.

Conclusion: Nurses at home and abroad have a positive attitude towards family participation in nursing. At present, there is research on the attitude and influencing factors of family nursing participation among nurses in China. It is suggested that domestic scholars should carry out corresponding investigations and studies to provide references for the construction of relevant policies and measures, training programs, and relevant curriculum education in China.

Keywords: Nursing Staff, Nurse, Family Participatory Care, Attitude, Influencing Factors, Meta-Analysis.

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Exploration of home-based chemotherapy patterns in patients with multiple myeloma

Objective: To explore the feasibility, patient cost-effectiveness and potential risks of developing a family treatment model for bortezomib for multiple myeloma in China.

Background: Bortezomib has been widely used in the treatment of plasma cell diseases such as multiple myeloma, light chain amyloidosis, and POEMS syndrome. However, bortezomib could take about six hours of blood tests and other tests, so bortezomib was proposed for the first time. Home-based chemotherapy can improve patient experience, avoid unnecessary hospitalization, improve patient satisfaction, and reduce the cost of patients and their families. However, the current home chemotherapy at home and abroad is mainly oral targeted drugs, and there is no home subcutaneous injection chemotherapy.

Methods: From February 2020 to October 2021, A total of 122 eligible patients with multiple myeloma agreed to participate in the study, And were assigned to the intervention group, the home chemotherapy group (n=60) and the control group (n=62), Patients in the home-based chemotherapy group were evaluated by rigorous screening, Including the Frailty physical fitness assessment, Theoretical and operational training assessment is based on Ke's model, Bortezomib can be injected at home only after passing the assessment, During the process of staying at home, Use the "Home" WeChat group to manage patients' needs and symptoms,, Count the number of adverse events of home-based chemotherapy, Drug-related adverse reactions, To evaluate the efficacy and feasibility of home-based chemotherapy. In the control group, bortezomib was injected by a nurse, and a questionnaire was used to compare the differences in health status, overall well-being, satisfaction, and cost-effectiveness.

Results: In the course of home chemotherapy, the most common adverse reactions were diarrhea (18.9%) and constipation (30%), which could relieve themselves; 1 case of intestinal obstruction, and the team doctor guided the local hospital; 1 case of abnormal liver function, 3 courses of bortezomib after liver protection, and then changed to oral chemotherapy; 3 cases of herpes, which improved after treatment. Bortezomib injection related adverse event occurred once, for one patient after the drug fell to the ground. The experimental group was higher than the control group in terms of health status, overall well-being and satisfaction ($p<0.05$).among, In terms of the health status, Self-care improvement in home-based chemotherapy patients ($p<0.05$), emotionally, Happy self-identification, Peace of mind, Feel that life is full, Significant improvement in sensory health, $p<0.05$; In terms of overall well-being, Such as the pressure feeling, Depression, anxiety, and depression states were significantly better than the control patients ($p<0.05$), More overall emotional stability; In terms of the satisfaction, Patients in the home treatment group were more satisfied with the care information than the control group ($p<0.05$), Patients with home-based chemotherapy averaged 19,824 yuan per person, Compared with the 41,170 yuan for hospitalized patients, The average savings is 21,346 yuan per person.

Conclusion: The home chemotherapy model for multiple myeloma patients led by bortezomib is safe and feasible, which can reduce patient costs and improve satisfaction and happiness, and can be actively promoted in other centers in China.

Audience Take Away Notes

- The home chemotherapy model for multiple myeloma patients led by bortezomib is safe and feasible.
- Home chemotherapy model for multiple myeloma patients can reduce patient costs and improve satisfaction and happiness, and can be actively promoted in other centers in China.

Biography

Yanling Wen studied nursing at the Zhejiang University with a master's degree. In 2008 joined the First Affiliated Hospital of Zhejiang University School of Medicine, and worked in the Department of Hepatobiliary surgery for 8 years, the nursing department for 2 years, and the bone marrow transplantation center for 11 years, also studied in Stanford in 2012, has rich experience in tumor patient care. She has published several research articles in China journals and one SCI journals.

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Construction of the conceptual layer of knowledge map of health education for sarcopenia among the elderly in community

Objective: To construct a conceptual layer of health education for the elderly with sarcopenia in community, and to provide reference for the development of knowledge map of health education for sarcopenia and the popularization of health knowledge about sarcopenia.

Methods: From October 2023 to March 2024, literature review, semi-structured interviews and expert correspondence were used to determine the content and weight of the conceptual level of health education for the elderly with sarcopenia in communities.

Results: The effective recovery rates were 75.00% and 93.33%, and the expert authority coefficients were 0.913 and 0.914, respectively. Kendall coordination coefficient W of the coordination degree of expert opinions of entities and relationships was 0.762 in the first round of correspondence and 0.703 in the second round of correspondence (both $P < 0.01$). Finally, the conceptual level of health education for the elderly with sarcopenia in the community consists of 86 entities and relationship configurations formed by 9 first-level indicators.

Conclusion: The concept level of community health education for the elderly with sarcopenia is comprehensive and specific, with good scientific and aging characteristics, which is convenient for the popularization and visual application of sarcopenia health knowledge.

Audience Take Away Notes

- The concept layer of sarcopenia constructed in this study will be used to make the knowledge map, which is truly age-appropriate and highly readable.
- The conceptual layer constructed in this study can be used as a knowledge system to construct a series of popular science works on sarcopenia.
- The results of this study will provide reference for the work of clinical or community nursing staff;
- This study will help raise public awareness of sarcopenia.

Biography

Sun Yifang, from the School of Nursing and Health of Zhengzhou University, is a postgraduate studying clinical specialized nursing, information and intelligent nursing. During her master's degree, she mainly conducted research on the health education of the elderly with sarcopenia in the community.



Yingqi Huang*, Hui Xu, Yanli Zhao, Peng Wang, Xiaoyu Cai, Xingjuan Wang

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Evidence summary of cognitive interventions for patients with subjective cognitive decline

Objective: To retrieve, evaluate, and summarize evidence related to cognitive interventions for patients with subjective cognitive decline.

Methods: Systematic search of BMJ Best Practice, Up To Date, JBI Library, AHRQ, NICE, SIGN, GIN, Yimaitong Guideline, RNAO, World Health Organization, Canadian Medical Association Clinical Practice Guidelines network, Alzheimer's Association, American Psychological Association, American Geriatrics Society, European Academy of Neurology, Alzheimer's Disease International, China Association of Gerontology and Geriatrics, Chinese Medical Association Neurology Section, PubMed, EmBase, Web of Science, CINAHL, Cochrane Library, CNKI, Wanfang, VIP, and CBM for evidence related to cognitive interventions for patients with subjective cognitive decline, including clinical practice guidelines, evidence summaries, clinical decision-making, expert consensus, and systematic evaluations, with a timeframe for searching the database from its construction to December 7, 2023. Two researchers trained in evidence-based medicine independently performed quality assessment, evidence extraction, and summarization of the included literature.

Results: A total of 12 publications were included, including 1 guideline, 1 expert consensus, and 10 systematic reviews. 21 items of evidence were summarized into the following 8 categories: cognitive intervention principles, cognitive intervention content, cognitive intervention format, cognitive intervention assessment, cognitive intervention delivery methods, cognitive intervention dosage, cognitive intervention adjuncts, and evaluation of effectiveness.

Conclusion: Cognitive interventions can improve cognitive function and mental health in patients with subjective cognitive decline, and healthcare professionals should develop personalized cognitive intervention programs and apply them in practice, taking into account the clinical context and patient preferences.

Audience Take Away Notes

- This study provides a basis for effective cognitive training for patients with subjective cognitive decline.
- This study can guide healthcare professionals to develop feasible and effective cognitive training for patients with subjective cognitive decline.
- This study may provide information on cognitive training for patients with other cognitive impairment-like disorders.

Biography

Yingqi Huang studied Nursing at Sanxia University School of Medicine and graduated in 2022. She then entered the School of Nursing at Zhengzhou University for graduate studies.



Yiwen Wang*, Panpan Wang, Zizheng Liu, Changqing Sun

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Analysis of post-traumatic growth status and influencing factors in young and middle-aged patients with acute myocardial infarction

Background/Objective: The aim was to investigate the status quo of post-traumatic growth in young and middle-aged patients with Acute Myocardial Infarction (AMI) and analyze its influencing factors.

Design: A descriptive, cross-sectional study.

Methods: A cluster sampling method was used to select middle-aged and young patients with acute myocardial infarction from February to June 2024 in three grade-A hospitals in Henan Province, China as the study objects. The general data questionnaire, the Chinese Post-Traumatic Growth Inventory (C-PTGI), the Meta-Cognitions Questionnaire 30 (MCQ-30) and the Chinese Version of Event Related Rumination Inventory (C-ERRI) were used to investigate.

Results: The mean score of C-PTGI in 313 young and middle-aged AMI patients in this study was (58.34±22.13). Regarding the extent of PTG, most positive developments were experienced in the PTG subdimension appreciation of life whereas the subdimension relation to others was the least pronounced domain. Additionally, multiple linear regression results show that Positive metacognitive beliefs (POS), Negative metacognitive beliefs about the danger and uncontrollability of thoughts (NEG), intrusive rumination, deliberate rumination, marital status, age, medical expenses were associated with PTG.

Conclusions: The results suggest that deliberate rumination and positive metacognitive beliefs can contribute to explain the occurrence of PTG. These findings could help develop psychosocial interventions for young and middle-aged patients with AMI, so as to improve the level of post-traumatic growth and achieve the purpose of improving their prognosis and quality of life.

Audience Take Away Notes

- The results of this study suggest that young and middle-aged AMI patients who experience traumatic events may also experience positive psychological transformation, namely PTG. Additionally, their subjective perception of PTG experience is influenced by various factors, such as demographic, psychological, disease-related factors. Our study can help health care personnel better understand the nature and promoting factors of psychological growth in young and middle-aged AMI patients, and provide reference for targeted guidance and improvement of clinical psychological care.
- The present study further indicated that individuals' cognitive processing also may play a role in the development of PTG, pointing to a modifiable factor during AMI treatment. That is, through purposeful introspection, individuals may take positive ways to cope with AMI trauma and contribute to discovering new avenues for growth, exploration, and self-fulfillment. This strengthens the existing recommendation to develop psychosocial interventions to maximize opportunities for

deliberate rumination for young and middle-aged patients with AMI.

- Furthermore, results from this study suggest that a reduction in negative metacognitive beliefs, may provide the foundation for experiencing PTG. Thus, metacognitive therapy, which aims to systematically decrease maladaptive metacognitive beliefs, may be a fruitful treatment for those who report lower levels of PTG.

Biography

Yiwen Wang studied nursing at the School of Nursing and Health, Zhengzhou University, and received his bachelor's degree in 2022. She joined the research group of Dr. Sun in 2022 and is still studying for a master's degree in the School of Nursing and Health of Zhengzhou University. She has won the Scholarship for graduate students of Zhengzhou University.



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The current status and influencing factors of proactive innovation behavior among specialty nurses: A cross-sectional study in Central China

The proactive innovation behavior of specialty nurses is due to their profound insight and forward-looking thinking on the future development of the nursing field, which can bring more long-term and high-quality innovative performance to the nursing team so that the innovation ability of the team can be continuously improved. This study aimed to determine the level and factors of proactive innovation behavior of nurses in central China. An annual cross-sectional study was conducted in hospitals in central China from January to March 2024. Under the guidance of the active motivation model, they were investigated with the general information questionnaire, the Proactive Innovation Behavior Scale, the Employee of Work Gain Scale, and the Chinese version of the Creative Self-efficacy Questionnaire. SPSS software version 26.0 and independent t-test, Chi-square, Fisher exact, one-way analysis of variance, and multiple linear regression tests were used for data analysis. A total of 1050 nurses in specialty nurses from 33 hospitals in Henan Province, China, participated in this study. The score of the Proactive Innovation Behavior Scale was (54.46 ± 11.53) , and the scores for spontaneous, previous preparation, and cross obstacle by norms were $[(4.06 \pm 0.84), (4.03 \pm 0.85)$ and $(3.99 \pm 0.87)]$. There was a positive and significant relationship among proactive innovation behavior, work gain and creative self-efficacy. The results of multiple linear regression analysis showed professional title, work title, working years, scientific research experience, the sense of work gain, and creative self-efficacy were the main influencing factors of each dimension of the proactive innovation behavior ($P < 0.05$). The findings of the study highlight that nursing managers should pay attention to the factors related to improving the proactive innovation ability of specialty nurses, actively explore the innovative training mode of specialist nurses, create a good innovation atmosphere for them, and promote the active innovation of specialist nurses.

Audience Take Away Notes

- From this study, the audiences from all countries can learn about the status and influencing factors of proactive innovation behavior of specialist nurses in central China;
- Based on the level of active innovation behavior of specialist nurses in central China in this study, the nursing managers in Chinese hospitals can construct intervention measures to promote the proactive innovation behavior of specialist nurses;
- China is a populous country with a large number of specialized nurses. Nurses from other countries outside China can learn from this study's investigation on the proactive innovation behavior of specialist nurses in central China to investigate the proactive innovation behavior of specialist nurses in their own countries, and propose localized plans to improve the active innovation behavior of specialist nurses;
- Based on the findings of this study, nursing societies in different countries can actively explore innovative training models for nurses in different specialties, expand the field of specialized training,

and continuously strengthen the training of specialized nursing talents in combination with regional characteristics and specialty advantages.

Biography

Miss Guo is currently studying for a master's degree in Nursing at Zhengzhou University, China. Her supervisor is Professor Chunhui Zhang from the School of Nursing and Health at Zhengzhou University, China. She has published one research article in Peking University's Chinese core journal and one article in Chinese academic conferences.



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Clinical staff's perspectives of stroke transitional care: A qualitative study

Background: The transition from hospital to home is a critical period for stroke survivors and their caregivers, Understanding the attitudes and perspectives of doctors and nurses towards transitional care for stroke patients is essential for designing and improving transitional care services.

Objective: To explore the clinical staff's attitudes and perspectives of transitional care for stroke patients from hospital to home in the neurology department.

Design: A generic qualitative study design.

Methods: The semi-structured interviews with 15 clinical staff in the neurology department of a tertiary hospital were conducted through face-to-face or telephone.

Results: Five major themes being illustrated as following, (1) doctors and nurses could recognize the importance of transitional care, as it benefits the recovery of patients after a stroke, as well as building a good relationship between clinical staff and stroke patients; (2) diverse understandings on definition of transitional care, it seemed that doctors tend to have accurate understanding, while nurses often lack understanding or even misunderstand transitional care; (3) perceived challenges in implementing transitional care, it might consist of nurses' insufficient knowledge, lack of self-learning consciousness and time, and less opportunities for continuous learning; (4) the consistent need for education, both doctors and nurses expressed needs for training, but nurses need more fair opportunities to continue learning; (5) advanced (nursing) specialist are recommended, including specific work positions or specialized professionals.

Conclusions: The clinical staff in the neurology department could recognize the significance of transitional care for stroke patients. However, heavy workload, inadequate competence and lack of opportunities to learn more about transitional care reported by nurses might affect their participate in transitional care. Therefore, to ensure the quality of transitional care, nurses in particular, needed equal chances to be trained, but full-time specialists are highly recommended to assure the implementation and quality of transitional care.

Audience Take Away Notes

- Audience members can utilize the insights into medical staff's attitudes and perspectives to inform the design and improvement of transitional care services for stroke patients;
- Understanding the importance and challenges of transitional care can help professionals develop better transitional care plans for stroke patients;

- By providing educational needs and recommendations on transitional care, this study can guide healthcare providers to develop targeted training programs and help design more effective transitional care models to meet the needs of stroke patients and their families.

Biography

Yujia Jin is currently studying at Zhengzhou University, majoring in Nursing. Her research focus is on chronic disease management, with a specific emphasis on stroke-related research. Under the guidance of her mentor over the past year, she has actively participated in research projects related to stroke, collaborating closely with her mentor and team members. Through these experiences, she has gradually accumulated a wealth of research experience and professional knowledge in the field.



Yuwen Yan, Yan Zhang, Huizhong Zhang, Xizheng Li*

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Factors influencing the nursing informatics competency of undergraduate nursing students in Henan province: A cross-sectional study

Background: With the rapid development of cloud computing, big data and other medical information technology, China has vigorously pushed forward the construction of information technology in hospitals. The National Nursing Career Development "14th Five-Year Plan" (2021-2025) issued by the China Healthcare Commission explicitly states that there is a need to further optimize the construction of nursing informatization, and strengthen the nursing informatics competency training, in order to adapt to the new requirements of the economic and social development of the nursing career. Nursing undergraduates are the most direct reserve of the professional nursing team in the coming years, and their level of nursing informatics competency has a direct impact on the construction in hospitals, so it is important and urgent to investigate and cultivate nursing informatics competency of nursing students.

Objective: To investigate the current status of nursing informatics competency among undergraduate nursing students in Henan Province, and to analyse its influencing factors.

Methods: 278 undergraduate nursing students from three colleges in Henan Province participated in the survey from July to October 2023. The demographic information, nursing informatics competency, and the self-regulated learning competency were conducted.

Results: The total score of nursing informatics competency of undergraduate nursing students in Henan Province was (83.53 ± 19.86) , which was in the middle level, and grade, national computer level, self-regulated learning competency were the influencing factors of nursing informatics competency of undergraduate nursing students.

Conclusion: The nursing informatics competency of undergraduate nursing students in Henan Province needs to be improved, and it is suggested that all nursing colleges should pay attention to the cultivation of nursing students' informatics competency, improve the information education program for the current status.

Audience Take Away Notes

- To understand the current status of nursing informatics competency among undergraduate nursing students in Henan Province.
- To understand the relationship between nursing informatics competency and self-regulated learning competency of undergraduate nursing students in Henan Province.
- To understand the influencing factors of nursing informatics competency of undergraduate nursing students in Henan Province.

Biography

Yuwen Yan studied Nursing at the School of Nursing and Health, Zhengzhou University, and graduated as BS in 2022. She then joined the research group of Prof. Yan Zhang at the School of Nursing and Health, Zhengzhou University.



Zhang Shuai

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Current situation and influencing factors of alexithymia among male nurses in Zhejiang province

Objective: To investigate the current situation of alexithymia among male nurses in Zhejiang province and analyze its influencing factors.

Methods: A sample of 346 male nurses from 103 A general hospitals in different regions of Zhejiang province were selected. The demographic questionnaire, the Alexithymia Scale and the Social Support Rating Scale were used for survey.

Results: The incidence rate of alexithymia among male nurses in Zhejiang province was 32.08% and the whole sample scored (57.35 ± 5.50) points in alexithymia, which was negatively correlated with social support ($r = -0.214, P < 0.05$). Multivariate stepwise linear regression analysis showed that age, professional title, working years, marital status, working departments, the type of employment and social support were main influencing factors of alexithymia (all $P < 0.05$).

Conclusion: The incidence rate of alexithymia among male nurses in Zhejiang province is high. Hospital managers should take effective measures based on the perspective of social support utilization in an effort to improve male nurses' awareness and expression of the emotion and further improve their mental health level.

Audience Take Away Notes

- The incidence of alexithymia in male nurses in Zhejiang Province was 32.08%, which was much higher than that of 21.20%-26.00%, indicating that the incidence of alexithymia was higher in male nurses.
- There was a significant negative correlation between alexithymia and social support in male nurses, that is, the higher the level of social support, the lower the incidence of alexithymia.
- Multiple linear regression analysis showed that age, job title, working years, marital status, working department, employment nature and social support were the main influencing factors of alexithymia in male nurses.

Biography

Zhang Shuai graduated from the Nursing Department of Wenzhou Medical University and joined the First Affiliated Hospital of Zhejiang University School of Medicine in 2015. He has been engaged in intensive care nursing and management. In 2023, he began to serve as the leader of the male nurses working group of the unit and gave lectures at the Chinese Male Nurses Forum for many times.



Zhaoying Zhang*, Xin Wang, Wenwen Dong, Danshan Gao

School of Nursing, Zhengzhou University, Zhengzhou, Henan Province, China

Parental care experience of children with type 1 diabetes: A qualitative meta-synthesis

Objective: To evaluate the caregiving experiences of parents with children having type 1 diabetes, aiming to develop personalized support strategies.

Method: Search for qualitative studies on parents' experiences in caring for children with Type 1 diabetes was conducted in databases, including the Cochrane Library, Embase, Scopus, CINAHL, PubMed, Web of Science, CNKI, CBM, VIP, and Wanfang databases, covering literature up to January 2024. Quality was assessed via the JBI criteria, and findings were integrated aggregatively.

Results: In total, were found 2,100 articles, out of which 15 were selected and analyzed. The identified three meta-themes were Parents face challenges impacting their physical, mental, and social well-being; Lack comprehensive external support; and Grow in caregiving competence, adjusting to their new roles successfully.

Conclusion: It's critical for health professionals to recognize these parental experiences and offer targeted knowledge, skills training, and psychological support tailored to their needs. Enhancing caregiver support systems will help in transitioning caregiver roles and developing comprehensive family support plans.

Audience Take Away Notes

- Our review of a large number of articles on the experience of caring for parents of children with type 1 diabetes is more innovative and comprehensive, and can provide an excellent reference for helping this group.
- We are innovative in considering the family as a whole, including the siblings of the sick child in the family, will provide a good reference for parents of sick children in families with multiple children.
- Our study provides practical recommendations for helping parents of children with type 1 diabetes.
- Our study can provide good advice to health care professionals involved in type 1 diabetes care, so that they can better understand the families and their caregivers, and encourage health care workers to support them in a more rational and scientific way.

Biography

Zhaoying Zhang studied nursing at the Nursing School of Hebei University in Baoding, Hebei Province, China, and received her bachelor's degree in 2018. She then joined the Nursing School of Zhengzhou University in Zhengzhou, Henan Province, China to pursue a master's degree, where she is currently in her second year. At school, she got excellent grades, won scholarships for two consecutive years, and participated in many projects with her mentor.

Zhifang REN, Ling TONG, Shuai JIN, Yanling WANG, Qian XIAO*

School of Nursing, Capital Medical University, Beijing, China

Nurses' experiences of internet + nursing service based on service quality: A qualitative study

Internet + Nursing Service began operating from 2019 in China, and it has produced positive implementation outcomes. The Internet + Nursing Service offers convenience to patients with limited mobility and increases income for nurses. As the application gains traction and order volume increases, guaranteeing service quality becomes the next challenge. Nonetheless, there is still a dearth of study on service quality assurance. In order to investigate nurses' experiences in the service process, this study used a qualitative research approach from the perspectives of the nurses. It is intended to serve as a guide for the expansion of Internet+Nursing Service. Data were collected through semi-structured interviews with nurses who has provided Internet+Nursing Service for more than three months. A total of 22 nurses from 7 hospitals in 5 districts were interviewed. Conventional content analysis was utilized to analyze the data.

Three primary topics emerged from the analysis: Factors influencing service motivation (Getting Returns, Discontent, Concerns), Experience of the service process (Trust contributes to smooth service delivery, Nurses' competence affects service quality, Correct assessment of whether the service is available or not, Shortcomings existing in the service process) and Future directions for optimization (Developing caregiver caregiving skills, Support and security on the part of the hospital, Optimization direction of the platform, Increase publicity and branding efforts).

Nurses' motivation to serve is influenced by a variety of factors. Access to nurse services needs to be increased and nurse dissatisfaction and concerns need to be minimized or eliminated. Increasing the nurse's motivation to take orders is a guarantee of service volume. Nurses need to properly assess the feasibility of the service prior to service. Enhancing nurses' competence and establishing a trusting relationship between nurses and patients are important to ensure service quality. In addition, there are some deficiencies in the service process, which should be improved in the future.

Audience Take Away Notes

- Understand the factors that influence nurses' motivation in nurse home services.
- Knowledge of key factors in the quality of nurse home services.
- Help care managers manage nurses' in-home services and motivate them to serve.
- Understand the future direction of improvements in nurse home services.
- Contribute to the development of higher quality nurse home services.

**Zirui Zhang**

School of Nursing and Health, Zhengzhou University, Zhengzhou, Henan Province, China

A phenomenological study on caregiving burnout of disabled elderly family caregivers

Objective: To gain an in-depth understanding of the current situation of caregiving burnout among family caregivers of the disabled elderly, analyze the causes and mitigating factors of caregiving burnout, and provide reference for the provision of supportive interventions in the community.

Methods: Eleven family caregivers of the disabled elderly in a community in Zhengzhou City were selected from March to May 2024 using the maximum differentiated sampling method, and semi-structured interviews were conducted using the phenomenological research method. Colaizzi's 7-step phenomenological analysis method was applied to summarize and analyze the results of the interviews and refine the themes. The results were summarized into 3 themes and 11 sub-themes, i.e., feelings of burnout among family caregivers (caregiving stress, complex emotional experiences, and wanting to run away from caregiving), drivers of caregiving burnout (low value, lack of knowledge, communication dilemmas with the elderly, and difficulty in resolving negative emotions), and buffers of caregiving burnout (external comfort and support, emotional ties with the elderly, positive self-adjustment, positive feedback from caregiving).

Conclusion: Caregiving burnout is a unique emotional response of family caregivers when facing the stress of long-term caregiving, which has a negative impact on the physical and mental health of the elderly and caregivers as well as the quality of caregiving, and the results of the present study can guide clinical workers to develop an intervention program from the perspectives of information support, communication skills training, and emotion regulation strategies in order to reduce the incidence of caregiver burnout in the family caregiver of elderly people with disabilities, and improve the physical and mental health of both the elderly and the caregivers.

Audience Take Away Notes

- This study analyzed the status and causes of caregiving burnout among family caregivers of older adults with disabilities, providing empirical evidence for targeted interventions.
- The study found a high degree of individual differentiation in caregiving burnout among family caregivers of the elderly with disabilities, suggesting that the high prevalence of burnout should be identified in a timely manner.
- Enhancing the emotional regulation skills of family caregivers of the elderly with disabilities, increasing the sense of fulfillment in caregiving, and improving communication patterns with the elderly can alleviate caregiving burnout, and healthcare workers should also provide caregivers with supportive measures such as respite services.

Biography

Zirui Zhang is studying Nursing at Zhengzhou university in China and currently she is a second year graduate student, with a GPA (4.04/4.3). During her first year of research and she has published 1 sci during her ongoing second year of research.



Zizheng Liu; Panpan Wang; Yiwen Wang; Changqing Sun

Nursing and Health School, Zhengzhou University, Zhengzhou, China

Metacognitions in young and middle-aged patients with acute myocardial infarction: a psychometric study of the metacognitions questionnaire-30

Background/Objective: The study aimed to evaluate the psychometric properties of the Chinese version of the Metacognitions Questionnaire-30 (MCQ-30) in young and middle-aged patients with acute myocardial infarction in China. Additionally, it examined whether metacognitive factors are associated with the Post-traumatic Growth (PTG).

Design: A descriptive, cross-sectional study.

Methods: A cluster sampling method was used to select middle-aged and young patients with acute myocardial infarction from February to June 2024 in three grade-A hospitals in Henan Province, China as the study objects. A confirmatory factor analysis (CFA) was used to examine the factor structure, and additionally assessed reliability, construct validity, and criterion-related validity.

Results: The standard five-factor model demonstrated acceptable fit in CFA, $X^2(395) = 1290.31$, $p < 0.001$, CFI = 0.800, RMSEA = 0.085, SRMR = 0.073. Criterion-related validity was also supported by significant positive correlations between the five factors and depression/anxiety symptoms. All of the five metacognition factors were also significantly correlated with PTG, with positive metacognitive beliefs (POS) and negative metacognitive beliefs about the danger and uncontrollability of thoughts (NEG) being the most salient factor after controlling for gender and age.

Conclusions: This study showed satisfactory psychometric properties of a Chinese version of the MCQ-30 and is the first to demonstrate a positive association between specific metacognition factors and PTG among Chinese people. The latter finding supports an application of metacognitive therapy to the treatment of patients with affective disorders undergoing cardiac rehabilitation, including PTG.

Audience Take Away Notes

- The findings of this study suggest that the MCQ-30 scale accurately measures the psychological characteristics, specifically metacognitive levels, in young and middle-aged patients with acute myocardial infarction (AMI). Additionally, the study confirms the predictive value of metacognition as a transdiagnostic model for anxiety and depression. Our research can assist healthcare professionals in better understanding the psychological characteristics and promoting factors in young and middle-aged AMI patients, providing a reference for targeted clinical psychological care and improvements.

- This study further demonstrates that individuals' metacognitive levels are significantly associated with PTG. In other words, through purposeful introspection, patients can adopt positive strategies to cope with AMI trauma, thereby alleviating anxiety and depression. This reinforces the existing recommendation that healthcare professionals should actively implement psychosocial interventions to maximize opportunities for post-traumatic growth in young and middle-aged AMI patients.
- Furthermore, the results of this study suggest that reducing negative metacognitive beliefs may provide a foundation for experiencing post-traumatic growth. Therefore, metacognitive therapy, which aims to systematically reduce maladaptive metacognitive beliefs, may be an effective treatment for patients experiencing negative emotions during cardiac rehabilitation.

Biography

Zizheng Liu studied nursing at the School of Nursing and Health, Zhengzhou University, and received his bachelor's degree in 2023. He joined the research group of Dr. Sun in 2023 and is still studying for a master's degree in the School of Nursing and Health of Zhengzhou University. He has won the Scholarship for graduate students of Zhengzhou University.

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Amelie Tristant BSN, RN PMH-BC; Dr. Sara Banzhaf DNP, PMHNP
College of Nursing, Creighton University, Rochester, MN, USA

Quality improvement project: Social supports screening of the adolescent population in the inpatient psychiatric hospital

Background: Adolescent mental health is a public health concern, with social support playing a crucial role in preventing psychiatric hospitalization. Existing literature emphasizes the importance of assessing social support to enhance coping mechanisms and resilience in adolescents.

Problem Statement: There is a lack of standardized social support screening tools for adolescents within psychiatric settings. This hinders healthcare providers' ability to identify social support deficits and tailor interventions for patients.

Rationale: Social support screening can address this problem by assisting providers in assessing adolescents' support networks, correlating these with mental health status, and identifying areas for intervention.

Participants: Patients 12-18 years old admitted to an urban Midwestern inpatient psychiatric unit were invited to complete a screening tool as part of their admission.

Methods: Data collection utilized the Multidimensional Scale of Perceived Social Support (MSPSS), and collected demographic information including age, ethnicity, and gender identity. Discharge Resource toolkits were provided and reviewed with families and surveys were completed by nursing staff.

Findings: Over six weeks, 56 MSPSS tools and 26 toolkit surveys were completed. Low social support was identified in 12% of females, 100% of transgender patients had low to medium support, and family related questions on MSPSS tools scored the lowest.

Conclusion: A breakdown in family communication, adolescents' difficulty in expressing emotions, and lack of resources were contributing factors leading to perceived lack of social support. Recommendations include family therapy and emotional expression education.

Implications: Integrating social support screening within the admission process facilitates identification and timely intervention to address deficits.

Audience Take Away Notes

- Audience will be able to understand the importance of social support in relation to a patient's admittance to the psychiatric unit.

- This presentation will enable the audience to inquire about a deficit in social support for their patients and determine if there is a need that should be addressed while in the hospital.
- Audience will learn that this project can be implemented on many different units with patients across the lifespan to improve understanding of admitting diagnosis and tailor interventions to their needs.

Biography

Amelie Tristant studied Nursing at Gonzaga University in Spokane, WA and graduated with her BSN in 2018. She then went on to start her career in the Nurse Residency program at the Mayo Clinic in Rochester, MN. She has worked on the inpatient behavioral health unit for the last 5 years. She started her BSN-DNP program in Psychiatric Mental Health at Creighton University in 2021 and will be graduating in May 2024. She is a member of the Sigma International Honor Society of Nursing in the Iota Tau chapter at Creighton University.



Amy Mirabella^{1*} PhD, RN, CHPN; Gayle Jameson¹ RN, MSN, ACNP-BC, AOCN; Erkut Borazanci¹ M.D., M.S.; Kevin Gosselin² PhD

¹HonorHealth Research Institute, Scottsdale, AZ, USA

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Scalp cooling intervention in patients receiving Nab paclitaxel, Cisplatin and Gemcitabine for pancreatic cancer

Background: It is estimated that 64,050 new cases of pancreatic cancer will be diagnosed in the US in 2023. Alopecia can be a distressing and unwanted symptom experienced by patients with pancreatic cancer receiving nab-paclitaxel based regimens.

Objective: To determine if patients with pancreatic cancer experience hair preservation using the Paxman scalp cooling device while receiving nab-paclitaxel, cisplatin, and gemcitabine. Additional objectives sought to understand the level of reported comfort during scalp cooling in addition to level of distress related to chemotherapy-induced alopecia.

Methods: This study was a feasibility study using a one arm, repeated measures pilot design. Hair loss in each patient was determined from baseline, by an independent observer, with the goal of hair preservation. Comfort level of the patient while receiving scalp cooling and distress related to chemotherapy-induced alopecia were assessed.

Results: Of the eligible nineteen patients, nine patients participated in the study, resulting in a 45% patient declination response rate. Five patients completed all three, three-week cycles of chemotherapy representing six scalp cooling treatments. Of the five patients who completed all expected cooling treatments, 40% (n=2) ended the study with grade 1 alopecia and 60% (n=3) ended with grade 2 alopecia.

Conclusions: Efficacy of this device could not be determined due to the small sample size. 45% of eligible patients declined to participate as we found patients to be worried about treatment decisions versus alopecia. While prevention of alopecia is not critical to all patients with pancreatic cancer who are receiving treatment known to cause alopecia, it is important to some.

Audience Take Away Notes

- A nurse-led intervention can provide patients with the opportunity to participate in and potentially benefit from supportive care research trials. Resources should be directed to facilitate opportunities to design and implement professional nurse-led supportive care research to advance health outcomes and care satisfaction.
- Research that does not meet the expected objectives continues to contribute to the body of knowledge, allowing for care advancement opportunities. In the case of this study, addressing the feelings of overwhelm and decision burden within the study design is important.

- A nurse-led research study requires foundational support and resources to meet design outcomes such as patient enrollment and access to innovative supportive care interventions.
- Across all spectrums of healthcare, but especially in clinical research, it important for the nurse to understand how best to support patients as they are making decisions related to clinical treatment, potential benefit, and the addition of possible supportive care studies.
- There is importance in conducting supportive care studies in a space where interventional drug clinical trials are also conducted. This study was conducted in a research institute where patients are provided with clinical trial options for treatment of their pancreatic cancer. These options may have lessened the patients interest in a supportive care trial such as scalp cooling, as patients were focused on making timely decisions related to their treatment options.

Biography

Dr. Amy Mirabella has been a nurse for 30 years and is currently the Director, Clinical Research Operations at HonorHealth Research Institute in Arizona. Prior to taking on the role of Director, Amy spent 6 years as an oncology research nurse and educator within the research institute. Amy has also served as PI on 3 supportive care studies and currently co-leads the Health Literacy Committee within the Research Institute. Amy has a passion for education, and you can find her in classrooms teaching colleagues about health literacy, precepting and mentoring, and end of life care.



**Brian Ace Mones* MSN, RN, NPD-BC, CCRN, CNRN, SCRn, CMSRN;
Sheeba Roy DNP, RN, CNRN, CNML**

Houston Methodist Hospital, Houston, Texas, US

Direct care amplified: Biobutton unleashed!

Purpose: The purpose of this Quality Improvement (QI) project, involving the implementation of the Biobutton in the acute care units, was to compare the average time staff spent on monitoring vital signs and the time devoted to directing patient care before and after the utilization of the Biobutton.

Relevance/Significance: Biobutton is poised to revolutionize the gathering and management of patient data. Its wireless connectivity to electronic patient records not only streamlines staff workflows but also marks a paradigm shift in healthcare delivery. This technological advancement translates to improved patient care, a substantial reduction in staff workload, and an overall enhancement of healthcare outcomes. The Biobutton represents a pivotal step towards a more efficient and patient-centric healthcare future.

Strategy/Implementation/Methods: The Juran Trilogy served as the framework for this QI project, with a focus on implementing Biobutton in April 2023. Designing the QI project using the Juran Trilogy included: (1) planning, (2) control, and (3) improvement. Survey questions centered on self-reported average hours for monitoring vital signs and direct patient care within a 12-hour shift before and after Biobutton use. Distributed in paper and online formats, 20 Patient Care Assistants (PCAs) completed the survey. A paired t-test compared mean hours, with a p-value <0.05 indicating statistical significance.

Evaluation/Outcomes/Results: The Biobutton implementation in acute care units demonstrated robust outcomes. PCAs experienced a substantial 30% reduction in time spent on vital signs monitoring, reflecting the efficiency gained through Biobutton integration. This change was statistically significant, highlighting the impactful enhancement in workflow. Moreover, the Biobutton's influence on direct patient care was equally compelling, with a notable 17% increase observed. The statistical significance of this change underscores the positive shift in PCA focus towards more dedicated and attentive patient care.

Conclusions/Implications: Moving from traditional vital signs monitoring to tech-driven solutions not only streamlines processes but empowers staff to deliver more direct patient care. This tech integration signals a future where staff leverage innovation to prioritize patient well-being, elevating overall care quality.

Audience Take Away Notes

- The audience will be able to consider embracing the groundbreaking innovation of the Biobutton as the cutting-edge method for monitoring vital signs—a revolution in healthcare technology.
- This project is a pioneering endeavor centered on the transformative technology of the Biobutton, seamlessly integrated into patient care and staff monitoring routines. By enabling wireless hourly

monitoring of vital signs, automatically syncing with EMR, the biobutton emerges as a game-changer. The outcomes are striking – significantly reduced time spent on vital signs monitoring, liberating healthcare professionals to dedicate more to hands-on patient care.

Biography

Brian Ace Mones MSN, RN, NPD-BC, CCRN, CNRN, SCRN, CMSR. Education: Master's Degree, Nursing Administration, Central Philippine University, PH (2016) BSN, Central Philippine University, PH (2007). He is a Professional Practice Leader and Unit Educator for both Neurology and Neurosurgery Acute Care Units, Member – HM Clinical Informatics Technology & Innovation Council.



Caroline Hosseini MSN RN CNL

Department of Nursing, Carolinas College of Health Sciences, Atrium Health, Charlotte, NC, USA

Wake Forest School of Medicine DNP Program, Winston Salem, NC, USA

Implementing evidence-based teaching for interprofessional communication and SBAR into nursing curriculum

New graduate nurses entering the workforce are faced with the challenge of working with multiple healthcare disciplines and communicating effectively. Communication between disciplines is key to patient safety and creating an effective plan of care. One study estimated that interprofessional communication contributed to 60-70% of poor patient outcomes (Davis et al., 2021). The problem was identified that undergraduate curriculum lacks development of important communication skills nor has an accurate way of measuring communication performance. A variety of tools have been developed to improve interprofessional communication. One tool that is used widely is Situation, Background, and Assessment (SBAR). This evidence-based practice project aimed to improve undergraduate nursing students' confidence and abilities with interprofessional collaboration and communication by incorporating SBAR systematically into an existing undergraduate curriculum. A cohort of 48 fundamentals level nursing students were observed during high-fidelity simulation and measured on their use of SBAR. Scores were taken using a reliable and valid Interprofessional Critical Incident Report Evaluation Tool (Guhde, 2014). Curriculum redesign incorporated SBAR, interprofessional communication, and members of the interprofessional team into lecture, active learning, clinical, and simulation. Following varying instructional methods on best practice for interprofessional communication, students were reevaluated in high-fidelity simulation. Comparison of pre-intervention versus post-intervention scores on the Inter-professional Critical Incident Report Evaluation Tool were analyzed using inferential statistics. Qualitative data collection included student feedback on Simulation evaluations and feedback from nursing faculty regarding student performance and the implementation of SBAR within nursing courses. Future qualitative data will include feedback from new graduate preceptors and nurse managers regarding nurse performance and interprofessional communication skills.

Audience Take Away Notes

- The audience will identify the meaningful impact that nurses' communication has on patient outcomes, specifically the appropriate use of SBAR
- Will be able to identify various teaching strategies to engage nursing students in the development of interprofessional communication
- Will learn about a valid and reliable tool to measure the quality of reporting critical patient information between members of the interprofessional team
- Will have information and tools to guide future nursing curriculum development

Biography

Mrs. Caroline Hosseini received her undergraduate and MSN degrees from Queens University of Charlotte. She will complete her DNP from Wake Forest School of Medicine in August 2024. She has worked clinically in the neurosurgery specialty at the bedside, as unit educator, and Clinical Nurse Leader. She has taught adjunctly for Queens University of Charlotte and is currently a lead nursing faculty member at Carolinas College of Health Sciences in Charlotte, NC. She serves as a committee member for curriculum development, ACEN accreditation, and Interprofessional Education. She has published an editorial and presented at numerous conferences including Sigma Theta Tau.



Callie E. Kufahl

Doctoral Nursing Practice Student, University of Missouri-Kansas City, Kansas City, MO, United States

Prescribing GLP-1s for obesity in primary care

Purpose: To determine the barriers to prescribing glucagon-like peptide-1 agonists for the treatment of obesity in primary care and explore the impact of an educational program on prescribing practices by nurse practitioners.

Design: Quasi-experimental, pre-posttest, one-cohort research study.

Methods: Nurse practitioner participants were provided electronic educational materials regarding glucagon-like peptide-1 agonists and treatment barriers encountered in primary care. Pre and three-month post-surveys assessed changes in prescribing practices and treatment barriers.

Results: Six nurse practitioners completed the study. In the three primary care nurse practitioners in Missouri, the primary outcome was increased obesity management prescribing practices of glucagon-like peptide-1 agonists. Medication cost was the prominent prescriber barrier. Low activity level and poor food choices were the most prominent perceived patient barriers.

Conclusion: Evidence suggests glucagon-like peptide-1 agonists provide successful long-term results in obesity management. Increasing prescriber knowledge and addressing obesity treatment barriers may provide a beneficial impact on glucagon-like peptide-1 agonist use for obesity management.

Key words: Glucagon-Like Peptide-1, GLP-1, Obesity, Obesity Treatment in Primary Care.

Audience Take Away Notes

- Increased glucagon-like peptide-1 agonist provider education can lead to increased prescribing rates and improved obesity outcomes.
- Identification of patient and provider barriers to obesity management may contribute to initiation and success of obesity treatment in practice.
- Improving obesity outcomes reduces the burden of obesity on the individual and health system.
- This research design could be implemented in any clinic setting that is capable of administering anonymous surveys.

Biography

Callie Kufahl is a DNP student at the University of Missouri-Kansas City in Kansas City, MO. She graduated from University of Missouri-Kansas City with her MSN in 2021. She is currently a practicing family nurse practitioner. Her area of interest is family practice and obesity medicine.



Christine Okpomeshine PhD, WHNP, SANE, RNC

Jacobi Medical Center, United States

Clinical nursing educator's perception of new graduates professional work ethics in New York city hospitals

Introduction: New nurses are increasingly exhibiting non-chalet behaviors, which are like "an itch we cannot scratch". Lack of experience and limited exposure to clinical settings exacerbate this threat. The nursing profession, students, patients, and nursing educators are all negatively impacted by these behaviors. The purpose of this study is to investigate how these non-chalet behaviors are perceived by nursing educators in the context of the nursing profession.

Method: A quantitative descriptive approach that was cross-sectional was used to gather data from 90 respondents to an online survey. Permissive clinical nurse educators from New York City hospitals were specifically chosen to participate in the study, which ran from June 2020 to July 2022. Data analysis was done using nonlinear regression data.

Findings: Of the educators surveyed, 38 percent believed that recent graduates are disengaged and do not follow good work ethics, 50 percent wrote that recent graduates have positive attitudes but are ignorant, and 22 percent reported that recent graduates follow good work ethics.

Conclusion: These recent graduates' non-chalet behaviors at work and their degree of patient care have an impact on professionalism. It is advised to conduct focus groups continuously both during orientation and for a year following orientation in order to promote safe practices and alter the non-chalet culture.

Keywords: Professionalism, New Graduates Nurses, Non-Chalet Behaviors, Workplace.

Biography

Dr. Christine Okpomeshine holds a Bachelor of Science in Nursing and a Master of Science in Nursing from Seton Hall University in New Jersey. She also obtained her Ph.D. in Public Health with a focus on Community Prevention & Education. Dr. Okpomeshine has served as an associate professor at various universities, including Long Island University, New Jersey City University, Imo State University in Nigeria, College of Mount Saint Vincent in New York and currently at Pace University as an adjunct clinical associate professor in WHS. She is a registered nurse in both New York and New Jersey, with experience working as a delivery room nurse and currently as a clinical nurse educator in Women's Health Services. Additionally, she practices as a midwife in Nigeria and has been a certified Sexual Assault Nurse Examiner in New Jersey. Dr. Okpomeshine is a highly skilled healthcare professional with extensive experience in clinical and public health settings in both Nigeria and the United States. Dr. Okpomeshine has a strong record of publications and presentations on maternal and child health topics. Her research work includes studies on Preeclampsia among first-generation Nigerian women in the U.S., traditional birthing practices in Igbo land, Nigeria, and the use of Simulation to improve nursing students' understanding of palpating the uterus. She has also conducted research on ethical dilemmas faced by pregnant mothers with children with Autism and collaborated on a Work Health Program to reduce coronary risk factors, and Pregnancy and Spirituality among Irish American and African American Catholics in New York City. Dr. Okpomeshine has presented her work at international research symposiums in Canada, the United States, Russia, Hong Kong, and Singapore.

Dr. Christy Jeffcoat

University of South Carolina, College of Nursing; Columbia, SC; United States

Improving DNP faculty competency and confidence with integration of an evidence-based practice champion model and educational toolkit

Background: In academia, faculty teaching in DNP program courses have reported that committee members often direct DNP students back to course faculty when asked questions they are not competent or confident to answer. The significant lack of confidence and competence in the EBP process leads to a lack of support and guidance for DNP students through project progression. The purpose of the EBPQI initiative was to identify best practice interventions to increase faculty EBP competency and confidence. Evidence supports the inclusion of EBP education and EBP mentorship programs in faculty development to increase faculty EBP competence and confidence.

Methods: The Advancing Research and Clinical Practice through Close Collaboration (ARCC) Organizational Model was adopted to guide the initiative. The Organizational Culture & Readiness for System-Wide Integration of Evidence-based Practice Scale and the EBP Educators Scale were administered to all faculty. In response to the results, an EBP Educational Toolkit and EBP Champion Model with integration of Jakubik's Evidence-based Mentor Model was developed and launched in August 2023 as an online course within the Blackboard learning management system. The Fuld ARCC Implementation and Sustainability Toolkit was utilized to steer the initiative. Completion of the Toolkit is an onboarding requirement for all new faculty. EBP competency will be measured, and data collection will be completed to determine the effectiveness in increments through 2023-2024.

Results: An EBP Champion was designated to support faculty teaching EBP. The results are expected to align with evidence supporting an EBP infrastructure and faculty development in teaching EBP to improve patient outcomes and robust DNP student projects.

Audience Take Away Notes

The audience will be able to:

- Discuss the unique role of determining organizational readiness in supporting, promoting, sustaining, and disseminating EBP
- Analyze strategies to build EBP Competence
- Replicate integration of an EBP Mentorship program within academia
- Identify models, tools, and theories that influence the adoption of evidence-based practice recommendations

Biography

Dr. Christy Jeffcoat has over 20 years of nursing practice experience in Maternal Newborn Nursing, Women's Health, and Cardiac Critical Care. She began her nursing career as a Licensed Practical Nurse in 1998 and completed an Associate Degree in Nursing from Midlands Technical College in 2001. Dr. Jeffcoat then completed a Bachelor of Science in Nursing in 2014 and a Master of Science in Nursing Administration in 2016, both from Oklahoma Wesleyan University. In 2019, she completed a Doctor of Nursing Practice from the University of Alabama Huntsville. Dr. Jeffcoat's research areas of interest are women's health, maternal mental health, juvenile idiopathic arthritis, lateral violence in nursing, EBPQI, EBP mentorship, and EBP implementation science. Dr. Jeffcoat is an EBP DNP Postdoctoral Fellow with the Helene Fuld National Institute of Evidence-based Practice in Nursing and Healthcare.



Eduardo C. Chavez PhD, RN

School of Nursing, The University of Texas at Austin, Austin, Texas, United States

Experience using a cooperative learning strategy to teach clinical skills for high-fidelity simulation to accelerated second-degree nursing students

The virtual poster will present information about my experience as a clinical professor exploring the use of a cooperative learning strategy to teach psychomotor clinical skills for high-fidelity simulation to Accelerated Second-Degree Nursing Students (ASDNS). There is a lack of published literature that focuses on innovative teaching strategies for ASDNS. This poster will describe the facilitators and barriers that were encountered when using a cooperative learning strategy known as a jigsaw technique. In addition, the poster will share the lessons learned and how the jigsaw technique was modified for the clinical skills classroom setting.

Audience Take Away Notes

- The audience will learn about a low-cost instructional method used to teach psychomotor clinical skills to ASDNS.
- This information will share lessons learned that will provide practical information for anyone that is considering using cooperative learning strategies in a clinical skill learning environment.
- The information in the poster will help the audience learn about potential facilitators and barriers of using cooperative learning strategies in their clinical teaching environments. Moreover, this will provide a practical application for clinical teaching environments.

Biography

Dr. Eduardo Chavez is a Clinical Assistant Professor at The University of Texas at Austin School of Nursing. He teaches child health nursing in an accelerated second-degree nursing program. He received his PhD in 2019 from The University of Texas at Austin School of Nursing.

Carmen Martinez BSN, RN, Erika Valdez BSN, RN & Gregory Wyche, BSN, RN

Columbia University School of Nursing, New York, NY, USA

Is masking in the community setting effective at preventing the spread of COVID-19: A systematic review

Prompted by recent media coverage of the Cochrane Review's analysis of the efficacy of community masking in controlling the spread of COVID-19, we conducted an independent literature review. Our search spanned PubMed, CINAHL, and Cochrane databases, focusing on peer-reviewed articles published in English within the past 5 years that explicitly studied COVID-19. Our PICO question was "Is masking in the community setting effective at preventing the spread of COVID-19?" We identified 6 relevant studies, including randomized control trials (RCTs), cluster RCTs, case control studies, systematic reviews, cross sectional studies, and retrospective cohort studies. Some study interventions included distributing masks with and without extra public health coaching and some studies analyzed self-reported data on an array of transmission control measures, but no studies directly compared masking in one cohort to not masking in another cohort. Accordingly, most study results were inconclusive regarding the efficacy of community masking. Studies reporting positive correlations were limited by small sample sizes, restricting the generalizability of their findings. Interpretation of each of these studies is complicated by the presence of numerous confounding factors such as enhanced hygiene practices, social distancing, school and business closures, limitations on mass gatherings, and travel restrictions. The global implementation of these concurrent public health measures, and the variability of their adherence on an individual level, makes it challenging to isolate the specific impact of masking on disease transmission. The implications for clinical practice are significant. In a time where patients frequently conduct their own research, to maintain public trust, clinicians must approach hot-button topics with humility and without bias. We must acknowledge the limitations of current research and, where necessary, advocate for more rigorous studies to bring clarity to these issues. Additionally, clinicians should be prepared to assist our patients in learning to critically analyze references available to the public to help our patients make informed healthcare decisions. In summary, while current research on the efficacy of community masking in preventing COVID-19 transmission is inconclusive, there is a need for better designed studies to assess the individual impact of the many factors at play in a complicated disease transmission scenario.

Audience Take Away Notes

- After participating in this session, 100% of the learners should be able to interpret the importance of critically appraising scientific studies, especially in the context of community masking and COVID-19, identify the confounders in studies related to public health measures and their impact on the validity of research findings and promote evidence-based practice among patients and peers, emphasizing the need for high-quality research.

Biography

Gregory Wyche, BSN, RN, CCRN, Adult-Gerontological Acute Care DNP student, received a Bachelor of Science in Nuclear Engineering from the University of Florida in 1994. He joined the United States Marine Corps and served as a military telecommunications and data communications officer in posts worldwide for 20 years. After retiring from the military in 2014, at the rank of Major, he received his Bachelor of Science in Nursing from Columbia University in 2016. He has experience in cardiac stepdown and Cardiac Care units, and for the past 6 years has worked in the Neuro ICU at Columbia Presbyterian Hospital.



**Grayson Griggs* BSN, RN; Ramona Whichello, RN, DNP, NEA-BC;
Amy Putnam DNP, RN, CNE**

School of Nursing, Western Carolina University, United States

Nursing retention: An integrative literature review

Nurse retention is a global issue in healthcare and nursing. The recent COVID-19 Pandemic changed the demand and workload of healthcare workers which increased the psychological and mental demands of nursing staff. The increased demand and workload negatively impacted nurse retention rates in healthcare organizations. Nurses have the intention to leave their jobs even sooner than anticipated which may result in departments that are poorly staffed as well as negative impacts on patient outcomes. A 14.5 million shortage of nurses and other healthcare workers by 2030 is predicted. Due to this shortage, retention and turnover can cost organizations up to \$82,000 per position that is not filled. These unfilled positions can cause larger issues within an organization. Recent literature indicates that multiple factors may contribute to the outcomes of nursing retention. Retention factors result from burnout, patient safety, work environment, leadership styles, work satisfaction, engagement, and empowerment. These factors have led to issues with nurse retention. Burnout contributes to the increase of turnover in the first year of hire due to poor communication skills, demanding workloads, and the lack of staff autonomy. Decreased nurse retention can affect the financial viability of organizations. Burnout results in mental and psychological changes that impact the nurse as well as their co-workers. These changes impact overall job satisfaction and the workplace environment. A literature search of healthcare databases was conducted using Medline, Google Scholar, ProQuest, and Science Direct. Inclusion criteria included articles published from 2017 to 2023 as well as specific topics such as nursing staff, hospital, personnel turnover, job satisfaction, and leadership. A total of 30 articles were used for the literature review. The literature suggested a need for strong and positive leadership presence or support, development of collaborative relationships, experience and exposure to different clinical areas, and meaningful work. One of the articles discussed the implementation of “Coffee Talks” with night shift nurses. The “Coffee Talks” included educational sessions with other health professionals on relevant topics for the specific unit. Results of these talks showed that there was a 98% favorable response. Several studies mentioned patient safety and leadership involvement. A study found that more leadership involvement with staff resulted in the prevention of 10% of hospital safety events. Staff must communicate with leadership and other hospital personnel to produce positive patient outcomes. Strategies such as strong leadership skills, communication, and engagement can contribute to the improvement of nurse retention and overall positive quality outcomes. Nurse retention continues to be an issue in healthcare and will continue to grow. Nurse retention must be addressed at both the unit level as well as the leadership level. Leaders must focus on the development of resilience techniques, strategies to improve leadership skills, and efforts that focus on work empowerment and engagement. It is important to recognize that burnout, retention, and turnover will occur. Leaders must strive to encourage staff, create solutions that improve resiliency, and develop innovative strategies that positively impact nurse retention.

Audience Take Away Notes

- The audiences will be able to understand nurse retention, different factors that affect retention, and possible strategies to help improve retention.
- The audience will be able to take the information learned from the presentation and apply different strategies to clinical settings for nursing staff to alleviate burnout and help promote safe and positive work environments.
- Knowledge of burnout and resilience is needed to develop strategies that will improve overall staff outcomes related to retention.

Biography

Grayson Griggs studied nursing at East Carolina University and graduated with a Bachelor of Science in Nursing in May 2020. She started her nursing career at Duke University Medical Center in North Carolina as a Cardiothoracic Surgery step-down nurse. She will complete her Master of Science in Nursing Leadership at Western Carolina University in December 2023. She currently works as a Left Ventricular Assist Device Coordinator and Clinical Services Nurse in the Mechanical Circulatory Support program at Duke University Medical Center.



Grace Winn^{1*} RN, Christina Boyd² MD, Seohyun Kim¹ PhD, Adrienne Deneal¹ MS, Daniela Canedo¹ MPH, Sundeep Basra¹ MPH, Eric Watson¹ BS, Pim Suwannarat³ MD, Alanna Kulchak Rahm⁴ PhD, CGC, Nora Henrikson⁵ PhD, MPH, Cabell Jonas¹ PhD

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Nurse coordinator supported outreach to patient decliners within a genetic testing program for individuals at-risk for hereditary breast/ovarian cancer

Background: A percentage of breast/ovarian cancers are due to hereditary pathogenic genetic variants. Individuals with a family history of breast, ovarian, pancreatic, prostate or colon cancer(s) may be at risk for developing cancer themselves, if a pathogenic genetic variant is present. Genetic testing at-risk individuals offers an opportunity to identify pathogenic genetic variant(s). Knowing this information can guide monitoring activities (such as imaging or testing) as well as inform prophylactic approaches and may result in cancer being detected early or avoided entirely in some individuals. Previous research conducted within our health care delivery system indicated that repeated contact to patients eligible for genetic testing was acceptable.

Methods: Kaiser Permanente Mid-Atlantic States (KPMAS) implemented an Electronic Health Record (EHR)-based alert to identify at-risk individuals due to their documented family history and refer to genetic counseling. Patients who declined the genetics referral or missed their genetics visit were outreached to through a Nurse Coordinator supported telemedicine-based outreach process that included patient portal messages, electronic scheduling tickets, a patient-facing electronic questionnaire, and a Nurse Coordinator providing telephone-based reminders and care coordination support.

Results: Among the 5,466 patients who had the EHR based alert acknowledged by the physician, 51% (n=2,769) accepted the genetics referral, and 27% (n=1,480) completed the genetics visit, and 5.5% (n=301) completed genetic testing. Nurse Coordinator supported outreach to decliners (n=1,508) resulted in an additional 108 patients completing genetic testing, indicating the additional outreach to patient-decliners increased overall testing by 36%. In total, 409 patients completed genetic testing and 28 pathogenic genetic variants were identified.

Conclusions: A nurse coordinator supported outreach program can increase genetic testing among patients who previously declined.

Audience Take Away Notes

- They will understand the duties of a Nurse Coordinator providing virtual support within the context of a population-wide genetic testing program for at-risk individuals.

- Will be able to identify areas within a genetic testing workflow where Nurse Coordinators can offer virtual care coordination support to ensure patients complete the testing process.
- Understand the patient perspective and attitudes towards a genetic testing program that includes Nurse Coordinators.
- They could use this research to inform the design of Coordinator-supported genetic testing workflows for patients at-risk due to family history. This is important as population-wide genetic testing rises in popularity.
- Can gain practical tips on using Nurse Coordinators as part of primary care and specialty departments.
- Will gain practical tips on how virtual staff and tools, such as patient portal messages, electronic scheduling tickets, a patient-facing electronic questionnaire, and a Nurse Coordinator providing telephone-based reminders can support patient care.

Biography

Grace Winn studied nursing at Marymount University in Arlington VA and graduated with her BSN in 2008. Her work has varied over her 15 years in the field, ranging from pediatric liver transplant nursing at Georgetown Hospital to post-op Joint and Spine Replacement nursing. In 2014 she began her career in Research Nursing with Kaiser Permanente as the lead outreach nurse for their Hepatitis C pathway program. She currently works as a Nurse Coordinator for a liver health program as well as various other patient outreach programs.



Harriet A. Sarkodie DNP, RN, MEDSURG-BC, NPD-BC

Department of Clinical Education, Hackensack University Medical Center/
Hackensack Meridian Health, Hackensack, New Jersey, United States

Improving nurse-patient communication about new medications using electronic alert and medication administration monitoring process

Low Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) scores on communication about new medication on a medical surgical unit was uncovered in an organizational needs assessment, where patients indicated that they were not satisfied with their hospital experience because they were not informed about the indications and side effects of new medications. HCAHPS scores were consistently low averaging 20-50% and below organizational benchmark of 75% or greater. Amidst a fast-paced setting, increased patient acuity, staffing shortage, inexperience nurses, and increase workload, it was critical to address the low HCAHPS scores, and one action plan was to use electronic alert in the Electronic Medical Record (EMR) to remind nurses to educate patients on new medication. The goal of the project was to improve the consistency of nurse communication about new medications to patients improve HCAHPS scores.

The quality improvement project addressed the following PICOT question; in patients on a 41-bed Medical Surgical (P), what was the effects of creating an electronic visual alert to remind nurses to educate patients on new medications (I) compared to no electronic alert (C) have on HCAHPS scores (O) within 3 months (T)?

The project created an electronic alert in the EMR that reminded nurses to consistently educate patients to improve their knowledge on new medications. A medication administration monitoring process that ensured that the medication administration process was done correctly was also instituted. Before the project, there was nothing to remind nurses to communicate about new medications to patients. Should the nurse forget to provide information on medications due to work overload or competing priorities, then the patient did not receive any information on their new medications. A new medication generated an alert in the EHR that reminded nurses to educate patients before administration. Also, a medication administration monitoring process was instituted that allowed nurses to observe each other educate patients to ensure that the process was done correctly, and that the patient understood the information provided. Participants included unit nurses, all patients 18 years and older receiving care on the unit, the unit manager, and the information technology team who created the electronic alert. The project was a pre and post intervention project implemented from April 4, 2023, to June 23, 2023. It took place at a large medical center in northern New Jersey.

Audience Take Away Notes

- Participants will learn the use of electronic alert in the electronic medical record to remind clinicians to consistently educate patients on new medication

- Participants will learn how to improve clinician workflow with the use of information technology
- Participants will learn how to use teach back technique to improve patient knowledge about new medications
- Participants will learn how to improve clinician engagement with the use of information technology

Biography

Harriet A. Sarkodie is an Education Specialist at Hackensack University Medical Center, Hackensack, New Jersey. Her responsibilities include providing educational support to night staff. She supervises clinical orientation of nurse residents/new nurses and validates their skills during clinical orientation. She provides consultative support to in-patient adult nurses and nursing leadership. She has served as a clinical instructor for undergraduate and graduate level courses for over 17 years including senior and graduate students. She focuses on professional role, teaching strategies, curriculum, evaluation, simulation, and technology, and research. She has provided oral and poster presentations at organizational, local, and national conferences.



Kenna Waltman

Cardiothoracic Surgery, University of Tennessee Medical Center, Knoxville, TN

The utilization of exercise physiologists in the inpatient setting to improve ambulation of cardiothoracic surgery patients

Background: Early ambulation is essential to reduce postoperative pain, decrease length of stay, and other post-surgical complications for Cardiothoracic (CT) surgery patients. A chart review was completed from July-September of 2023 on 57 patients to review ambulation compliance rates for cardiothoracic surgery patients. Best practices highlight that ambulation that occurs at least three times a day is most beneficial for this patient population. The chart review revealed that our CT surgery stepdown unit was ambulating our CT surgery patients three times a day only 61% of the time.

Project Goal: The CT surgery stepdown unit will increase the ambulation of CT surgery patients three times a day to 80% by the end of March 2024.

Materials and Methods: A data specialist identified CT surgery patients from July to September of 2023 in the electronic medical record. The clinical nurse educator reviewed 57 patient charts to determine ambulation of patients. A spreadsheet was utilized to organize the results. The clinical nurse educator met with the Exercise Physiologists (EPs) to discuss the chart review findings and better understand their current process for documenting ambulation. An ambulation board was designed and displayed at the main nurses' station to allow for checking off when a patient was ambulated, and that the ambulation was charted in the electronic medical record. The project goal was established, a go-live date was set for the project to begin, and supplies were ordered. The clinical nurse educator completed weekly audits to ensure the use of the board and correct documentation in the chart.

Discussion: Overall, ambulation increased 18% on post-operative CT surgery patients. Pre-implementation ambulation was 61% and increased to 79.3% post-implementation. Utilization of an ambulation board increases post-operative ambulation of CT surgery patients. Exercise physiologists in the in-patient acute-care setting increases the ambulation of CT surgery patients. Staffing challenges with EPs increased the difficulty of compliance with the ambulation board.

Recommendations: Implementing an ambulation board for team members to utilize may increase the mobilization of patients. Consideration should be given to the usage of exercise physiologists in the inpatient hospital setting to increase ambulation of patients throughout the hospital stay. Future project implications may involve assessing for potential correlation with patient's length of stay, post-operative pain, and post-operative constipation.

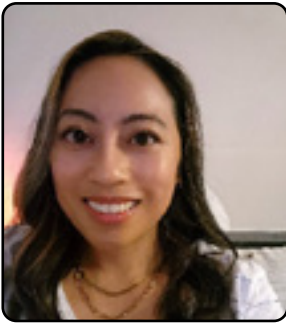
Audience Take Away Notes

- The importance of early ambulation after CT surgery.
- How to track ambulation within the CT surgery patient population.

- Effective utilization of exercise physiologists assists in completing post operative ambulation according to evidence-based practices.

Biography

Kenna graduated from Lincoln Memorial University with her ASN in 2018 and her BSN in 2020. She most recently obtained her MSN from East Carolina University and is currently working at the University of Tennessee Medical Center as a clinical nurse specialist on the cardiothoracic stepdown and pulmonary medicine units.



Krystal Alvero RN

Keck Medicine of USC, University of Southern California, Los Angeles, CA, USA

Implementing electronic notifications and tools to improve compliance in vital signs documentation during emergency department disposition

In response to regulatory standards, a collaborative project was initiated involving the Emergency Department Approved for Pediatrics (EDAP) Committee, Information Services Inpatient Clinical Applications, and Informatics, aimed at improving compliance in capturing vital signs for pediatric ED patients within 30 minutes of discharge from the Emergency Department (ED). Although the primary focus was on the pediatric ED population, the initiatives implemented affected all ED patients.

The project intended to address compliance metrics by developing enhanced workflows within the electronic medical record (EMR) system. Key stakeholders, including ED leadership, clinicians, and clinical applications teams, worked together to design and implement electronic notifications, tools and a structured approach to vital signs documentation upon discharge from the ED. A component of this solution was the addition of a specific order for the ED Disposition Vital Signs, which triggered an automated nursing task visible on the electronic ED board. This task was designed to alert ED nurses to document vital signs within the specified timeframe, including a prompt to notify ED Providers regarding any abnormal values.

An electronic form was developed to launch from the ED nurses' electronic board and capture the ED disposition vital signs, ensuring that the necessary data was documented accurately and timely. Post-implementation, compliance metrics were analyzed to assess the effectiveness of the changes. Results indicated an improvement in the documentation of vital signs for pediatric patients compared to pre-project metrics, demonstrating the success of the collaborative effort and the new workflow enhancements.

This project not only met the EDAP Committee focus area goal compliance requirements for pediatric patients but also established a model for ongoing improvements in the capture of disposition vital signs across the Emergency Department. By focusing on compliance with vital sign documentation, the initiative ultimately aimed to enhance patient safety and care quality. The findings underscore the importance of interdisciplinary collaboration and innovative technology solutions in enhancing patient care and meeting regulatory standards in a dynamic clinical environment.

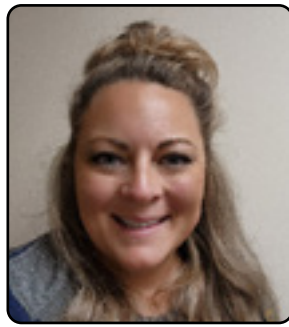
Audience Take Away Notes

- Attendees will learn about a successful collaborative initiative aimed at improving compliance in capturing vital signs for pediatric patients in the Emergency Department (ED).
- Attendees will gain insights into effective strategies for improving documentation practices, fostering teamwork, and enhancing patient care in emergency settings. This knowledge can empower nurses and healthcare professionals to advocate for and implement similar initiatives in their own departments, leading to improved compliance and better health outcomes across diverse patient populations.

- This outlined specific workflow changes made within the electronic medical record (EMR) system, highlighting how these modifications can streamline processes and enhance data capture. Nurses and other healthcare professionals can apply similar strategies in their own departments.
- The project's evaluation process showcases the importance of measuring compliance metrics before and after implementing changes. This can help other EDs develop their own metrics and assessment strategies to monitor improvements.

Biography

Krystal Alvero is a Clinical Information Systems Specialist Registered Nurse at Keck Medicine of USC, Los Angeles, California. She began her healthcare career by becoming a Certified Nursing Assistant and Geriatric Nursing Assistant prior to becoming licensed as a Registered Nurse. Krystal's bedside experience as a staff and travel nurse include providing patient care in the Telemetry and DOU units and was often task to resource in the Intensive Care Unit working directly under the supervision of a Critical Care Nurse. Krystal became a Clinical Informatics Liaison, and transitioned to Clinical Informatics before moving into her current role providing support to the Information Services Inpatient Clinical Application Department as the lead analyst for the Emergency Department and Behavioral Health.



Lisa Kline, Jacquelynn Colwell, Sierra Robe, Meridith Anne Paluck, Linda M Kincaid

Central Staffing Resource Unit Based Committee University of Michigan Health, Ann Arbor, Michigan

Floating is a specialty! “You sink, We float!”

Learn the innovative way in which an academic medical center excels in providing quality nursing care through the creation and implementation of a specialized central float pool. This 1,000-bed health system is comprised of three hospitals on one campus that maintain a thriving environment of quality patient outcomes through innovation and partnership. To combat the possibility of turning patients away, loss of revenue to outside avenues, and decreasing the quality of care rendered due to staffing issues, the Central Staffing Resource (CSR) department and float pool were developed. Unlike other generic float pools, CSR partnered with the organization to create five specialty clusters: Adult Critical Care (ACC), Adult Telemetry Care (ATC), Adult General Care (AGC), Pediatric Acute Care (PAC), and Pediatric Critical Care (PCC). The intent of these clusters is to provide unique care possibilities across 41 inpatient units. Each unit serves a specific patient population, resulting in the need for CSR staff to be well-versed in many clinical competencies to achieve positive outcomes while ensuring patient satisfaction.

CSR provides specialized training, skills, and experiences for their nurses during orientation, empowering them to provide exceptional care in up to 17 specialized units specific to each cluster. CSR employs more than 700 registered nurses, unlicensed personnel, and clerical staff, as well as manages operations for an additional 300 patient attendants. CSR is committed to forming a partnership with other UMH team members to better serve the welfare of patients and families by establishing and maintaining safe staffing standards.

Providing specialized supplemental staffing ensures high-quality, safe, and effective patient care. Specialty float nurses are utilized on an anticipated and unanticipated basis. Outcomes include improved staffing ratios, the development and implementation of staffing strategies for long-term needs, effective monitoring to address inpatient throughput and occupancy issues, and reduced institutional overtime. This structured program can be mirrored and/or modified in other organizations resulting in “world-class” expert care and patient outcomes.

Biography

Lisa Kline MSN, BSN, RN, CNML, is a Nursing Services House Manager and Adult General Care Manager for the University of Michigan Health, in Ann Arbor, Mi. She is a graduate of Eastern Michigan where she earned her BSN in 2003 and her MSN in Nursing Leadership in 2008. In her 28 years of nursing experience, she has worked in many various work settings including a rural 20-bed hospital, as a traveling nurse in 12 health systems across the United States, and a 1,100-bed health system. She has a passion for mentoring nursing students and staff retention. She currently resides in Ann Arbor, Mi.

Mrs. Jacquelynn Colwell is a Registered Nurse in the float pool (Central Staffing Resource) at University of Michigan Health System in Ann Arbor, MI. She has her Associates in Applied Science of Nursing from Henry Ford College in Dearborn, MI. Jacquelynn is active on several committees within the health system. Jacquelynn has worked at University of Michigan Health System for 12 years and has 15 total years of Nursing Experience.

Sierra Robe, ADN, BSN, is currently pursuing her Associate Degree in Nursing (ADN) at Jackson College and earning her Bachelor of Science in Nursing (BSN) at Eastern Michigan University. She works at the University of Michigan as a float nurse,

Meridith Anne Paluck received her Associate Degree of Nursing from Schoolcraft College in Michigan and a Bachelor Science of Nursing from Eastern Michigan University. Meridith has been a nurse for 19 years at University of Michigan Health working in patient care areas of general medicine and surgery, step down ICU, and Surgical Intensive Care. Currently Meridith practices as a float RN with the ability to provide nursing care to over 20 inpatient units within the University of Michigan Health System.



Lisbeth Borgsten^{1*}, Caroline Nygaard Trendal Kristensen¹, Line Larsen¹, Malene Kirchmann¹, Stig Mølsted¹, Dorte Buve²

¹Nordsjællands Hospital, Hillerød, Denmark

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How patients with permanent tracheostomy cope with daily life - An interview study on patients' perspective

Patients with a permanent tracheostomy are seen monthly having their tracheostomy canula changed in the outpatient clinic. The patient's behavior in the waiting area and the way they dress suggest that they are adversely affected by having a tracheal cannula. Investigating the literature did not show any publicized surveys about how a tracheostomy affects patients' daily life and their quality of life. We did find older surveys, but they only included patients with a temporary cannula.

This study contributes to the literary gap with new knowledge about how to support the patients self-care with a permanent tracheostomy canula and contributes to improving the treatment of the patients. Therefore, the aim of this study was to gain insight and a deeper understanding of coping with daily life from the patients' perspective.

The study is based on qualitative semi structured interviews with 16 patients. The inclusion criteria for the participants were that they had to be 18 years+ and they were required to have been living with a permanent tracheostomy for minimum a year. This was to ensure that they had had time to experience life with the canula in order to share experiences about their daily life.

Data was collected by semi structured interviews with patients. All the interviews were recorded and transcribed. These were then analyzed based on systematic text condensation as described by Kirsti Malterud.

The study identified three main themes in the patients' life experiences and how their everyday life changed when they got a tracheostomy. Themes were: New life conditions, anxiety, and coping. The patients had to live with new factors that affected their life conditions physically, psychologically, socially, and practically. Anxiety shows effects on the patients' daily life and can result in a lowered quality of life. The conditions and the anxiety that patients experienced in connection with getting a tracheal cannula were generic for all patients. This study provides an insight and deeper understanding of everyday life with a tracheal cannula. Some patients manage to have an everyday life that resembles the one they had before they had a tracheostomy, while others find coping strategies that can have a negative effect on their everyday life and ultimately lead to a reduced quality of life.

Audience Take Away Notes

- To create insight into the life and the challenges of patients living with a permanent tracheostomy.
- The results will hopefully contribute to creating improved communications and interventions in the clinic, so that the nursing staff becomes a professional sparring partner for the patients, which they inquire, so they feel less alone with their issues.

- To inspire further research into how to support patients in their everyday life, in relation to, for example: sleep, mucus, dysphagia, and body image.

Biography

Senior nurse Lisbeth Borgsten, a BSN graduate from Hillerød, Denmark (2014) and UCSF (2018), works as an RN with ENT at North Zealand Hospital, Copenhagen. She co-founded the national network for ENT nurses specializing in tracheostomy and serves on the national ENT Nurses board (FS25). Lisbeth teaches healthcare professionals and patients about tracheostomy care and regularly presents at conferences, including the Nordic Conference for ENT Nurses. Her work focuses on enhancing the quality of life for patients with permanent tracheostomies, supported by ongoing research to promote evidence-based practices.



Lise Choucair EdD, MSN, APRN, FNP-BC, ACM-RN
The Queens Health System, Honolulu, HI

Bridging the gap: Evaluating community engagement fairs to enhance hospital employee and community collaboration for improved transitions of care

Background: Effective patient transitions of care often require collaboration between hospitals and community services. However, limited interaction hinders this collaboration, potentially leading to patient readmission, increased healthcare costs, and decreased patient satisfaction. Community Engagement Fairs (CEFs) offer a promising approach to bridge this gap by fostering communication and knowledge exchange between hospital staff and community service providers.

Objective: This study evaluated the effectiveness of CEFs in enhancing hospital employee awareness of community services for improved patient transitions of care.

Methods: A mixed-methods approach was used. Post-fair surveys assessed hospital employee knowledge, attitudes, and self-reported perspectives on community services. On-site observations documented reach, engagement levels, and resource distribution.

Results: Hospital employees who attended the CEF demonstrated significant knowledge gains regarding community services. Survey analysis revealed positive shifts in attitudes towards discharge planning, especially for topics featuring interactive activities or demonstrations. Observations documented high reach and engagement, with active participation and resource collection by attendees. Community participants reported a 93% (N=22) satisfaction rate with an average score of 3.72 out of 4.0, indicating a positive perception of the educational value. Additionally, 95.5% of participants expressed interest in attending future CEFs.

Conclusion: This study suggests that CEFs can be a valuable tool to enhance hospital employee knowledge and collaboration with community organizations, ultimately improving transitions of care. Interactive elements and relevant resources appear to be key factors for successful CEFs. It is important to acknowledge that this study was conducted at a single hospital and may not be generalizable to other settings. Future research with larger sample sizes and long-term follow-up could further explore the impact of CEFs on patient outcomes.

Audience Take Away Notes

The audience will be able to learn the following with poster presentation and research discussion:

Focus on Benefits and Awareness:

- Understand the importance of collaboration between hospitals and community services for improved patient transitions of care.

- Learn about Community Engagement Fairs (CEFs) as a strategy to bridge the gap between hospitals and community organizations.
- Recognize the potential benefits of CEFs for hospital staff, community service providers, and patients.

Focus on Evaluation and Impact:

- Evaluate the effectiveness of Community Engagement Fairs (CEFs) in enhancing hospital employee knowledge of community services.
- Analyze the impact of CEFs on attitudes towards discharge planning and collaboration with community organizations.
- This research on Community Engagement Fairs (CEFs) can benefit various audiences:

Hospital Staff:

- Improved knowledge of community services: Understanding available community resources can equip them to better support patients during discharge planning and transitions.
- Enhanced collaboration with community organizations: CEFs can foster relationships with community service providers, leading to improved communication and coordination.
- More positive attitudes towards discharge planning: Increased confidence in available resources can make discharge planning a smoother and less stressful process.

Community Service Providers:

- Increased visibility and outreach: CEFs offer an opportunity to connect with hospital staff and build awareness of their services. Opportunity to build relationships: Direct interaction with hospital staff can lead to stronger partnerships and collaboration. Improved understanding of hospital needs: By interacting with hospital staff, community service providers can tailor their services to better meet patient needs.

Hospital Administration:

- Potentially improved patient outcomes: Better transitions of care can lead to reduced readmission rates and improved patient satisfaction. Enhanced staff morale: Increased knowledge and positive attitudes can boost staff morale and job satisfaction. Positive community relations: Successful CEFs can strengthen the hospital's image and connection with the community.

Faculty Research and Teaching:

- This research can contribute to a growing body of knowledge around CEFs.
- It can provide a foundation for further research on the long-term impact of CEFs on patient outcomes. The findings could be incorporated into teaching materials for courses on healthcare management or community engagement.

Designers (if applicable):

- While this research doesn't directly address design solutions, it can provide valuable insights for: Designing informational materials for future CEFs, such as brochures or posters.
- Creating engaging displays or interactive elements to be used at the event. Developing communication strategies to promote CEFs and encourage participation.

Other Benefits:

- This research can contribute to a more efficient and coordinated healthcare system by fostering collaboration between hospitals and community services. It can potentially lead to improved patient experiences by ensuring they have access to the resources they need after discharge. Overall, the research on CEFs has the potential to benefit a wide range of stakeholders and contribute to a more effective healthcare ecosystem.

Biography

Dr. Lise Choucair earned her Doctor of Education (EdD) in Higher Education Leadership from the University of Southern California in 2014. After eight years in academia, she transitioned to a clinical role, joining Queens Health System as a Centralized Clinical Instructor. Dr. Lise Choucair specializes in Transitions of Care, focusing on bridging the gap between a patient's inpatient setting and the next level of care.

Mee Kyung Lee PhD, RN

Department of Nursing, College of Pharmacy and Health Sciences, St. John's University, Queens, NY, USA

School nurses' perception of barriers to diabetes education

Purpose: The study aimed to explore school nurses' perceptions of barriers to providing diabetes education to students with type 1 diabetes (T1D) in school settings. School nurses are expected to provide necessary care and education to students with health conditions to meet the students' healthcare needs and promote health outcomes and academic achievement (National Association of School Nurses [NASN] 2020; NASN 2020; NASN, 2022). Students with T1D are expected to manage diabetes independently, receiving continuous diabetes education. The importance of developmentally appropriate diabetes education has been highlighted in the literature, but there is little information about school nurses' perceived barriers to providing diabetes education to students with T1D.

Methods: A content analysis method was employed (Duncan, 1989; Elo & Kyngas, 2008; Hsieh & Shannon, 2005). Twenty semi-structured interviews were conducted with a subsample of 114 school nurses who have taken care of students with T1D in public schools in the State of Washington, U.S., and participated in a larger study, including surveys and interviews. The interviews were digitally recorded, professionally transcribed verbatim, and analyzed. Peer debriefing and member-checking were utilized to maintain trustworthiness (Lincoln & Guba, 1985; Polit & Beck, 2020).

Results: Interview participants were mostly female (95%), non-Hispanic (90%), White (85%), and RNs(80%). The four major themes were extracted from the data: 1) time, 2) staffing, 3) parents, and 4) students.

Conclusion: School nurses perceived some barriers to providing diabetes education to students with T1D in school settings. These barriers indicated limited time for school nurses and students, staffing-related issues, and the characteristics or needs of parents and students. The findings were consistent with school nurses' staffing and workload suggested by NASN (2020) and the characteristics and behaviors of students with T1D and their parents (Isprantari, et al., 2023). Developing an effective diabetes education plan and communication strategies is recommended to overcome barriers to promoting independent diabetes management in students with T1D.

Audience Take Away Notes

The learner will be able to

- Identify the primary reason for initiating diabetes education for students with type 1 diabetes in schools.
- Identify the major themes describing school nurses' diabetes education for students with type 1 diabetes.
- Integrate knowledge about diabetes education for students with type 1 diabetes in school settings that can be applied to develop protocols for future practice.

Biography

Dr. Mee Kyung Lee studied nursing at Seoul National University, South Korea, and graduated with a BSN in 1999 and an MSN in 2001. She received her MSN at Columbia University, USA, in 2007 and her PhD in nursing at the University of Washington in 2017. She worked in various clinical settings, such as a pediatric intensive care unit, primary care clinics, school-based clinics, and community settings. Her research interests include diabetes self-management in schools and school nurses' roles in promoting health in students with diabetes. She works as an assistant professor at St. John's University, USA.



Melanie A. Horning^{1*} Ph.D., RN, CNE, Zelia A. Taylor-Pearson² DNP, RN

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The role of clinical leadership in promoting evidence-based practice: Strengthen EBP adoption at the levels of care

The integration of Evidence-Based Practice (EBP) in nursing is paramount to advancing the quality of healthcare services and optimizing patient outcomes. Implementing cost-effective EBP strategies at the staff level is crucial for fostering acceptance and sustenance within an organization. Clinical leaders play a pivotal role in creating an environment conducive to evidence-based care. Clinical leaders act as role models, educators, and advocates for continuous professional development, thereby increasing nurses' competency in EBP.

Specific challenges or barriers faced by nurses in adopting EBP include disruption to established routines and workflows; inadequate mentorship, skills, and knowledge related to EBP implementation; lack of time and resources, and organizational challenges. Evidence-based practice frameworks, such as the Iowa Model of Evidence-Based Practice, offer structured approaches to integrating research findings into clinical practice. Meanwhile, the transformational leadership theory emphasizes inspiring and motivating team members towards a shared vision, while aligning with the goals of quality improvement projects. Encouraging the active participation of frontline nurses in EBP-related decision-making processes promoting a culture of collaboration and empowerment while increasing buy-in among frontline nurses. Participation in evidence-based practice initiatives can be encouraged by encouraging a culture of inquiry and critical thought by providing access to current research, ongoing education and training opportunities, formal mentoring, facilitating open communication channels for feedback and idea sharing, and recognizing and rewarding staff contributions to EBP initiatives. Staff motivation to embrace and sustain EBP can be further enhanced by providing supportive environments prioritizing staff well-being and job satisfaction.

Clinical leaders further support the translation of research findings into practice by engaging in interdisciplinary collaboration and ensuring that institutional policies and procedures align with the latest evidence. Consultation with a knowledge translation specialist can be helpful. By valuing the expertise and insights of staff members, organizations can cultivate a sense of ownership and commitment to EBP, ultimately leading to its successful integration into daily workflows, and fostering long-term commitment to quality improvement.

In conclusion, EBP seeks to enhance patients' health and well-being by delivering care in a cost-effective manner, thereby improving outcomes for both patients and healthcare systems. Clinical leadership is integral to promoting EBP in nursing. Knowledgeable, supportive, and proactive leaders who address barriers to EBP can significantly enhance care quality. Future research should focus on developing and testing specific leadership interventions to strengthen EBP culture and exploring leadership training programs to bolster EBP competencies in clinical settings.

Audience Take Away Notes

This presentation is designed to provide clinical leaders with the basic knowledge and skills for evidence-based practice:

- Audiences can use the knowledge gained to improve their understanding of evidence-based practice (EBP) in nursing, and its role in advancing healthcare quality and patient outcomes.
- By addressing barriers to EBP, clinical leaders can significantly enhance care quality and improve outcomes for both patients and the healthcare system.
- Faculty can use this research to expand their teaching and research by incorporating EBP strategies and frameworks, such as the Iowa Model of Evidence-Based Practice, into their curricula.
- Other benefits include cultivating a culture of inquiry and critical thinking, promoting interdisciplinary collaboration, and aligning institutional policies and procedures with the latest evidence.

Biography

Dr. Melanie Horning is a distinguished nursing professional with a diverse educational background in nursing and education. She holds a Ph.D. in Nursing Science from the University of Delaware. Dr. Horning's research expertise lies in nursing knowledge transformation, end-of-life communication, gerontology, and medical-surgical nursing. With over 20 years of experience, she has held various academic and professional positions, including her current position as Assistant Professor at Towson University's Department of Nursing. Dr. Horning's dedication to her field is evident through her writings, extensive precepting experience and her commitment to improving end-of-life care in nursing.

Michelle M. Collette Graham^{1*} MBA, MSN, RN-BC; Jacquelyn A. Ashley² RN, PMH-BC, CCM; Lynne Deionne³ BSN, RN, PMH-BC, LCDP

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Revamping data collection processes significantly improves facility IHD-53h HEDIS controlling hypertension quality metric and patient engagement

Our facility continuously seeks to promote improvements in global patient health by providing patient-centered care which focuses on controlling hypertensive chronic disease through the utilization of multidisciplinary and systemic process improvement, standardized nursing documentation, and staff education which is derived from the High Reliability Organizational and Lean Six Sigma improvement principles and processes.

Audience Take Away Notes

- The data collection processes are just as important as the data itself. Our facility has five ways to properly document Blood Pressure (BP). Documentation includes: the use of hypertension clinical reminders, averaged home blood pressure readings; use of a standardized nursing note which directly inputs BP readings into the patient record, the vital signs recorded from the vital sign wall units during patient visits automatically input into the PCP visit documentation, and the COVID-19 tracking note.
- Proper documentation is a function of computerized data collection processes, indicating a need for system redesign. Direct process observation and chart review processes indicated there was a data collection systemic failure, in part, occurring when the vital sign wall units collected and input the BPs into our vital signs computer package. A system redesign occurred when Clinical Engineering remapped the wall units using CPT (Current Procedural Terminology) codes instead of location data elements. Proper documentation of blood pressure now relies upon the newly remapped vital sign wall unit modules located mostly located in primary care, as well as throughout the facility, to record patient BPs.
- A small test of change directed at two patient panels using the documentation methodologies and the remapped vital sign wall units indicated this project would positively impact the IHD-53h quality metric. BP documentation fail rates for these two teams decreased by 33% and 25%, resulting 78% and 64% of hypertensive diagnosed patients in those two panels had BPs below 140/90, respectively.
- Our multifaceted approach to controlling hypertension implemented by the Improvement Team yielded an 11% improvement in our facility IHD-53h HEDIS quality metric, increasing it from 55% in 11/2022 to 66% in 7/2023. This was an unanticipated 3% increase over the anticipated project targeted SMART goal set of 63%. As of 10/2023, the facility IHD-53h HEDIS quality metric continued to improve to 67.73%, just 2.27% shy of the national patient population 70% HEDIS metric targeted goal.
- The most important aspect of patient centered care is for nurses to teach, promote, and encourage patients on how they can help healthcare professionals to manage their chronic disease by

independently through increased patient engagement, as seen through increases in nurse/patient/clinical pharmacy appointments. New clinical pharmacy appointment referrals increased from 16.7% in 4/2023 to 20% as of 9/2023. Referrals to clinical pharmacists are generated from primary care nurse video and face-to-face patient chronic disease management appointments. These appointments focus on teaching of proper BP technique, education on diet, exercise, and other lifestyle modification to positively impact BP, and the importance of logging BP and heart rate data. These logged BP and heart rates are reviewed by prescribing pharmacists and primary care providers to supplement lifestyle modifications with pharmaceutical medications, as needed, to prevent BPs from becoming refractory.

- Nursing and support staff education must include a definition of HEDIS hypertension quality metrics and how staff's use of best practices and documentation impacts quality metrics. This educative process assists staff in developing a deeper understanding of how their actions, techniques, and documentation actively contributes to patient health quality metrics which, in turn, is a reflection of the overall health of our patient population.
- Because our facility continues to focus on meeting and exceeding HEDIS health and chronic hypertensive disease management of our patient population, this quality improvement project is one of several which serves as the foundation for future controlling hypertension improvement multidisciplinary projects. To combat this global issue, our project is now part of our facility's national archived systemic redesigns available for reference to other healthcare systems within our national network to build upon to further improve our individual facility, regional and national IHD-53h hypertension quality metric as we strive to meet and exceed the IHD-53h HEDIS controlling hypertension metric.

Biography

Ms. Collette-Graham studied management at Rhode Island College and graduated with a BS in 1991. In 1993, she earned a MBA in International Business from Johnson and Wales University. After a twenty-two year career in finance, she returned to obtain a BS in nursing from her alma mater Rhode Island College in 2012, and completed her MSN from Grand Canyon University in 2018. Her first collaborative poster presentation on improving employee engagement was included in the poster galleria at the 2023 ANCC conference. This is her second collaboratively approved nursing poster presentation submission.



Neishah Lynn Duffaut RN, BSN CCRN

Columbia University School of Nursing, New York, NY

Implementation of withdrawal protocols upon ICU admission to enhance patient outcomes

In the Intensive Care Unit, the focus is to stabilize the patient and correct the acute problems. A history of substance abuse is often overlooked if the patient is intubated, sedated, and/or not exhibiting acute signs of withdrawal. This poster presentation exhibits the results of literature reviews on substance abuse amongst critical care patients, and whether the implementation of a withdrawal protocol upon admission will decrease time on the ventilator, ultimately decreasing length of stay. Overlooking a history of polysubstance abuse can have negative effects on patient outcomes such as agitation, combativeness, hallucinations, delirium/tremens, seizures, hypertension, tachycardia, tachypnea resulting in intubation to protect the airway. To perform Spontaneous Breathing Trials the patient must have a mental status and be able to follow commands which cannot occur during the withdrawal phase requiring increased sedation, restraints, or 1 to 1 monitoring. This creates a stressful patient care environment that is not conducive to healing.

This literature review identified a variety of study designs with methods that significantly improved patient outcomes by utilizing benzodiazepines according to a comprehensive detoxification protocol to prevent Alcohol and Opioid Withdrawal. Adjunctive therapies are also addressed for Cannabis and Tobacco Withdrawal. Databases used were PubMed, National Institute of Health, Journal of Emergency Medicine, and others. Results from search terms: Withdrawal AND ICU, Withdrawal Protocols AND length of stay, along with ICU AND Withdrawal, provided studies with positive patient outcomes when withdrawal protocol is initiated upon ICU admission in the form of decreased number in intubations, early extubations, and decreased length of stay. Based on the findings of the literature review, the use of nurse driven protocols such as the Yale Alcohol Withdrawal Protocol and or the Clinical Institute Withdrawal Assessment provided quantifiable evidence of the patient's struggle with addiction which in turn has a direct effect on the plan of care. Working collaboratively with the medical team, discussing our concerns with findings backed by research, hospital guidelines, and protocols will improve care and decrease mortality rates for this vulnerable population.

Audience Take Away Notes

- Assess and identify patients with polysubstance abuse disorder in the Intensive Care Unit
- Implement appropriate withdrawal protocol for patients in the Intensive Care Unit
- Improve patient outcomes and decrease cost within the Intensive Care Unit by preventing hospital acquired infections and decreasing length of stay
- Provide education and awareness on withdrawal protocols to their organizations

Biography

Neishah Duffaut, BSN, RN, CCRN, is a local travel nurse from New Jersey currently assigned in Bronx, NY. Providing critical nursing care in the Medical and Surgical ICU, working collaboratively with physicians, offering over 10 years of nursing expertise. She entered the field of nursing as an LPN through Essex County College in Newark N.J and returned to obtain an A.S.N degree. While acquiring a B.S.N from Caldwell University Neishah expounded on her nursing experience, working in Acute-Dialysis, Corrections, and Plastics. Now enrolled in Columbia University's DNP program, Neishah aims to elevate and enhance the patient experience in healthcare as an Acute Care Nurse Practitioner.



Elsbeth K. Markie¹ MS, RN, CPEN, AE-C; Jessica Hall² RN CNS; Dawn Hohl² PhD, RN; Mark Straughn³ RN; Nadine Rosenblum^{4*} MS, RN, IBCLC, NCP-BC

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Best practices for implementing a hospital-based virtual nursing program

Healthcare must advance with new technologies to meet patient needs. Integration of Evidence Based Practice (EBP) Virtual Nursing (ViRN) will help modernize how we care for patients in the hospital setting. Nurses continuously search for innovative ways to improve patients' health outcomes. ViRN can help bedside nurses manage patient care and patient education by alleviating some time-consuming tasks that nurses perform. These tasks can include pro-active surveillance, rounding, monitoring, consults, emergency response, decision support, documentation, patient admission, medication and discharge education, new nurse mentoring, expert advice, rounding, care coordination, and triage. Functions of the ViRN varies depending on needs of ICU, (audits vs rescue), to supplement and support bedside RN. ViRN can contribute to knowledge of safety and quality measures, and best practices as well as research for the care of patients.

The introduction of ViRN in the hospital setting can be beneficial to bedside nursing teams in addressing these issues and making sure hospitalized patients are receiving the safest and most efficient care possible. An EBP team of bedside nurses focused on the feasibility and the resources needed to implement ViRN in the hospital setting. The EBP question we asked was: "What are best practices to implement virtual nursing in the ICU?"

To address the question, the team performed a systematic integrative review to identify and appraise articles using the Johns Hopkins Evidence-Based Practice for Nurses and Healthcare Professionals Model & Guidelines. PubMed, Embase, CINAHL, and Cochrane databases were queried for relevant studies examining interventions to successfully launch virtual nursing in the intensive care setting. The initial search resulted in 327 articles. Title and abstract screening resulted in 31 articles. Two independent reviewers read and appraised full-text documents resulting in 16 articles in the final review. Of these, six were Level III A/B quality, four were Level IV A/B quality, and six were Level V A/B quality articles.

The resulting evidence provided several good and consistent best practice recommendations for translation. Nursing leadership's essential involvement and support is crucial for seamlessly integrating the interprofessional team. The development of the plan should incorporate Diversity/Equity/Inclusion (DEI) factors and Healthy Work Environment (HWE) concepts. Efficient placement of the ViRN is achieved through the use of "Hub and Spoke" models. Building trust and communication between the ViRN and bedside RN is pivotal, emphasizing clear role expectations for both, encompassing required skills in communication, collaboration, and critical thinking. Staffing levels must be determined based on various factors, including facility type and patient acuity. The ViRN role serves as a key support for hospital, patient, and nursing metrics, encompassing aspects such as length of stay, best practice adherence, ICU readmissions, costs,

clinical outcomes, patient safety, time to intervention, burnout or compassion fatigue, satisfaction, and nurse retention. Hospital units can utilize these recommendations to provide state-of-the-art care for patients and find success in the implementation of a ViRN program.

Audience Take Away Notes

- Audiences will learn why ViRN is valuable for their setting.
- The audience will learn that using these best practice recommendations for implementing ViRN in the hospital setting will help nurses in their job responsibilities by saving valuable time to perform hands-on patient care. These ViRN implementation strategies will help make the health care team more efficient in caring for patients.
- Few existing quantitative research articles were found in our literature search therefore, opportunities exist to strengthen the literature with additional research.

Biography

Nadine Rosenblum MS RN IBCLC NPD-BC is the Central Nursing Program Coordinator – Lactation and Baby Friendly Programs at The Johns Hopkins Hospital. She was previously a Nursing Inquiry Coordinator for the JHH Center for Nursing Inquiry, where she provided training and support for nurses pursuing inquiry work throughout the Hopkins healthcare system. In that role, she served as principal investigator for nurse-led research studies, lead multiple unit-based quality improvement projects, and guided several EBP projects. Ms. Rosenblum has a strong interest in human lactation and supporting nurse-led activities that bring best practices to the bedside.



Nicole Moret

Uniformed Services University for the Health Sciences, Graduate School of Nursing,
Bethesda, Maryland, United States of America

The impact of a first-year graduate nursing resilience educational program on nursing students resilience

Nursing is a demanding profession and one that comes with chronic levels of high stress. This increased stress originates in nursing school when students balance the demands of family, work, and school responsibilities. Admission to nursing school can be highly competitive, and once accepted, the curriculum has heavy course loads, stringent examinations, and pressure to attain and maintain a high-grade point average. All this occurs within the context of saving people's lives and improving the overall wellbeing of patients. This high stress level impacts individual learning and raises attrition. There is support in the literature for interventions addressing these stressors by increasing nursing students' coping abilities. Recommendations have been made to further research interventions that assist students in managing anxiety and stress. (Turner et al, 2017). An Evidence-Based Project (EBP) seeking to foster resilience in graduate nursing students was conducted at the Uniformed Services University, Graduate School of Nursing.

PICOT Question: In graduate nursing students (P), does participating in an evidence-based resilience training (I) compared to pre-course participation (C) improve learner confidence in applying resilience skills after each training and students' overall level of resilience over 6 months?

This project was a single group pre-post evaluation of learner confidence in resilience skills (the ability to implement evidence-based resilience techniques) and resilience levels after receiving an evidence-based resilience training course. The resilience training course constitutes a bundle of evidence-based resilience-building tools that were delivered in 3 sessions over a period of 6 consecutive months. The training was compiled by the Team Lead (TL) and project consultants. Given the small size and military-specific sample limits the generalizability of the results. Still, findings from the current study provide important insights on how this EBP resilience intervention translated to the current study population and these findings will be used to further guide the team in its future implementations with the upcoming cohorts of DNP students to help foster resilience in the DNP pipeline that is very much a national and world wide need.

Audience Take Away Notes

- Attendees will explain the rationale for including resilience in nursing curriculums.
- Attendees will describe resilience building education that can be incorporated into most nursing programs.
- Attendees will understand how to measure and track resilience indicators in their nursing student population.

Biography

Dr. Moret, an assistant professor at the Uniformed Services University, Graduate School of Nursing has a BSN, University of South Florida, master's of science in nursing, family nurse practitioner, Graceland University, a psychiatry and mental health post master's in nursing, University of North Dakota and doctorate in nursing, UMASS Amherst. She is a 200 hour Registered Yoga Teacher and level II Reiki Practitioner. Her work with the United States (US) military healthcare system, US Special Forces and NATO includes a Cognitive Behavioral Psychoeducation-based yoga program and a psychoeducation program for traumatic brain injury patients and their family. She studies resilience.



Noel C. Hinterstein MSN, RN-BC

Clinical Nurse Educator, Main Line Health Home Care and Hospice, Radnor, Pa

Impact of a geriatric resource team to reduce 30-day readmissions

Dementia has an astounding effect on the geriatric population as a leading debilitating disease. Cognitive impairment is linked to high readmission rates and extreme cost of care. The global cost of dementia care is \$467 million times higher than normal care. Nationally, the 39% readmission rate impacts healthcare organizations in their mission to improve overall costs. As the over-65-year-old population is most affected by the disease's magnitude, the impact of a specialized team of clinicians can greatly benefit a variety of healthcare settings. With the rising number of cognitively impaired patients in global, national, state, and local statistics, the home care setting is tasked with positively improving both the home management and education of the patient and caregiver living with dementia. Through improved intraprofessional care, the implications of decreased readmission rates, improved disease management, and reduced cost of care can benefit organizations. The Geriatric Resource Team, consisting of specially trained nurses, physical, speech, and occupational therapists, medical social workers, nurse practitioners, and dieticians, can profoundly improve the home management and timeliness of care required. This collaboration of care can be utilized in home health and palliative care settings to improve patient satisfaction as well as caregiver education in the provision of care. Through this improvement, the team can increase patient outcomes and satisfaction in improving their quality of life and maintaining their home environment.

Audience Take Away Notes

- This presentation will discuss how a Geriatric Resource Team can be implemented in the Home Care setting.
- The information presented will provide information on how the multidisciplinary approach can impact dementia care management in the home setting.
- This improvement process initiative can provide a practical solution to in-home dementia care to improve patient outcomes.
- The design of consultation and communication among team members can demonstrate how to improve the clinician's job role.

Biography

Ms. Hinterstein studied nursing at the Bryn Mawr School of Nursing, graduating in 1988. She returned for her BSN to Immaculata University, graduating in 2001 with honors as a member of Sigma Theta Tau. She then attended Benedictine University, graduating in 2020 with her MSN in nursing education. After becoming a Clinical Nurse Educator, her passion for education expanded, leading Ms. Hinterstein to her DNP in Nursing Education which she obtained in June 2024. She is a member of Sigma Theta Tau after achieving honors through her DNP program. Ms. Hinterstein is passionate about teaching nurses through her Clinical Nurse Educator role and has been instrumental in building the orientation program for onboarding new nurses and a nurse residency program specific to the home care setting. She looks forward to joining other esteemed colleagues in the academic setting to continue sharing her love of education and partnering with nursing students.

Pat Precin

Columbia University, United States

An inter-professional (nursing/occupational therapy) Trauma Informed Care program for underrepresented communities: Creation, design, and outcomes

Trauma-informed Care (TIC) is an organizational change process that health care providers, programs, and organizations adopt to (1) screen for trauma exposure and symptoms; (2) use evidence-based and culturally appropriate assessments and treatment that avoid re-traumatization; (3) provide educational resources on trauma; (4) increase protective factors for people impacted by trauma; (5) address generational impacts of trauma; (6) prioritize continuity of care across providers; and (7) provide secondary trauma interventions (Petrenchik & Weiss, 2015).

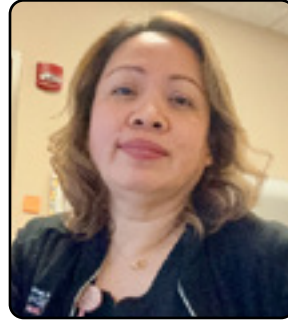
This poster describes the creation, design, and outcomes of a new inter-professional trauma informed care NIH funded program for underrepresented clients. The purpose of this program was to expand inter-professional training opportunities in behavioral health and other practice settings. The focus was on developing competencies in trauma informed team-based care and understanding the impact of psychosocial trauma on mental health and health care. Participants included families, patients, staff members, agencies, and grant recipients (nursing and occupational therapy interns). Settings included 46 clinical sites and classrooms. These health care agencies were evaluated with a needs assessment to determine the level of trauma informed care that currently existed within their programs. Based on the results of the needs assessment and best-practice literature, trauma informed care treatment and psychoeducational groups were designed and implemented based on the Model of Attachment, Self- Regulation, and Competency (Fehrenbach et al, 2022). Outcome measures and effectiveness data were collected before and after intern training, clinical treatment, conference presentations, and staff inservices. Data were analyzed using within subjects measures (t-tests), frequencies, and thematic analysis and will be presented. Participants will be able to reflect on how to incorporate trauma informed care principles into their practice.

Audience Take Away Notes

- Identify and define seven principles of trauma informed care.
- Understand the different components and outcomes of a new nursing and occupational therapy inter- professional trauma informed care program.
- Utilize their knowledge about this program to incorporate trauma informed care principles and treatment into their practice.

Biography

Dr. Pat Precin is currently an Assistant Professor of Occupational Therapy at Columbia University and a licensed psychoanalyst with a private practice in New York City. She is the principal investigator on an NIH inter-professional grant with the head of Columbia University's Psychiatric Doctoral Nursing Program. She supervises a doctoral nursing T-group experience at Columbia and has worked in behavioral health for over 35 years as a clinician, director, managing director, executive director, academician, researcher, and supervisor. She has hundreds of publications and conference presentations, and multiple awards. She has two doctorates, one in psychology and the other in Psychoanalysis.



Praise Mary Thomas MSN, RN, OCN; Pauline Isidienu BSN, CMSRN; Melody Pedro, MSN, RN

The University of Texas at M.D. Anderson Cancer Center, Houston, Texas

Increase staff comfort with managing emergency response in the ambulatory treatment center

Background: The Ambulatory Treatment Center (ATC) at League City (LC) is in the community away from the hospital setting. As a result, there are limited resources to manage emergencies such as a MERIT Team or a Code Team. We are a 9-1-1 facility and staff are trained to provide Basic Life Support (BLS).

In the event of medical emergencies, time is valuable in managing the care of the patient until the arrival of Emergency Medical Services (EMS). The collaboration of nursing staff and advanced practice providers is imperative to manage emergencies in the ATC.

Rapid emergency response can be challenging because they happen very infrequently in the ambulatory areas. With the administration of numerous cancer medications, it is imperative that nurses must be prepared to manage hypersensitivity reactions. Several of the hypersensitivity reactions can lead to cardiopulmonary arrest. It is important to provide resources/education and training to increase the comfort level of the nursing team to manage medical emergencies. Literature review revealed that mock drills or practicing emergency scenarios in simulated environment improves staff confidence, communication, teamwork, and enhances patient safety.

Objective: The aim of this project is to improve the comfort level of nursing team in managing patients with emergencies during treatment by 15% in the Ambulatory Treatment Center (ATC) at the League City Houston Area Location (HAL) by January 2023.

Intervention: A pre- and post-implementation survey measured nurses, medical assistants, and covering Advanced Practice Providers (APPs), comfort level with managing emergencies in the ATC. Nursing leadership developed Standard of Practice & an algorithm for Management of Medical Emergencies in the Ambulatory Treatment Center at League City and provided education for staff. We collaborated with the Simulation Training Center to provide mandatory Clinical Medical Emergency Team Training Simulation (CMETTS) for all ATC nursing staff and increased the number of mock codes within a year.

Results: The pre-implementation results showed a mean of 67.26% with staff feeling comfortable with managing emergencies in the ATC. The post-implementation results showed a mean of 82.55% with staff feeling comfortable with managing emergencies in the ATC. The results are well above our target goal of 77%.

Conclusion: Providing the necessary education, training, and tools increased our score by approximately 83% which is above the target goal of 77%. As a result of the intervention mentioned above, there has been an increase in staff participation with managing medical emergencies in the ATC as well as team verbalizing increased comfort with managing infusion related emergencies.

Biography

Praise Mary Thomas came to the United States in 1998 from India. Graduated with a Bachelors in Nursing in 2005 from Mount Carmel College of Nursing in Columbus, Ohio. Worked in the neuro ICU for two years and then took an opportunity to work as an oncology nurse. She have been an oncology nurse ever since. We moved to Texas in 2013 with a job at the MD Anderson Cancer Center. She have worked in both clinic and infusion settings. She completed her Masters in Nursing Education in 2017. She was promoted to be a Clinical Developmental Specialist which she did for 5 years and then promoted to be the Assistant Nurse Manager for one of Medical Surgical Oncology Clinics which is her current role. Her family is now settled in Houston, Texas.

Pauline Isidienu graduated with a BSN in 2004 from Texas Woman's University. She started her career as a Med-Surg Nurse in what was once St. Lukes Episcopal Hospital that later became CHI Baylor St. Lukes. She was a proud Med-Surg Nurse for 9 years, and after growing from a graduate nurse to a resource nurse and preceptor she left bedside to become a Vascular Access Nurse for 4 years. In 2017 she took a wonderful opportunity to join MD Anderson Cancer Center and become an oncology nurse working in infusion. She was recently promoted to Assistant Nurse Manager for one of the ATCs which is her current role.

Melody Pedro graduated with a bachelor's in nursing in 1993 from St Jude College, Manila, Philippines. Worked in Lung Center of the Philippines then migrated to America in 2004. She started in Medical Oncology floor as a charge nurse in Beaumont, Texas. She moved to MD Anderson Cancer Center in 2013 and finished her master's degree in nursing, with emphasis to Leadership in 2017 from Grand Canyon University. She have been an Assistant Nurse Manager from 2017 to present. With her 4 beautiful girls and her loving husband, they are now settled in Houston, Texas.



Providence Mathew^{1*} MSN, RN, RN-BC; Lityc Abraham¹ BSN, RN, CCRN; Teresa K.Phan² MSHCM, MSITM, CLSSGB, UT; Manuel A.Sosa² MSFIN, MSECON, UT; Ramona Baucham² PhD, MSN, MSORD, RN, UT

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Searching the haystack: Innovation for New Hire on-boarding

The goal of the QI project was to identify the overall satisfaction of Unit-Based Educators (UBE) and discrepancies with the New Hire (NH) on-boarding process. From this baseline data, the team developed an automated system to filter unit specific NH data and created a standardized tool kit. Nearly 70% of new hires on boarded at a large academic health system included registered nurses, physical and respiratory therapists, and unlicensed assisted personnel. Primary on-boarding for these NH was facilitated by UBEs and had a number of problems including miscommunication between the UBEs and the NH, incomplete NH information, and inconsistent on-boarding procedures between units. Frustration and time-consuming errors led to dissatisfaction and high turnover rates in the UBE role. From August 2023 to September 2023, a pre-survey was sent to volunteer UBEs asking about their experiences and satisfaction with the on-boarding process. Based on the pre-survey results, several needed changes were identified. A new Excel macro method was designed to timely and accurately sort and filter specific units reducing manual efforts. The UBEs were trained in a classroom setting on this process. To standardize the on-boarding procedures, a welcome tool kit with revised templates used by UBEs in the NH process was developed and was made available in December 2023. Subsequently, the team post-survey data was collected at 3 time points: December, January, and February 2024.

With the implementation of the macro and toolkit, satisfaction increased to over 30% after the changes. With help of the macro, majority of UBEs are now taking less than 15 min to complete the NH list screening process.

The awareness and understanding from this project's responses led to a more team-based approach in resolving the challenges faced by the UBEs in the timely completion of the NH list screening process. In addition to all the current quality initiatives, there is a task force working on developing a more user-friendly toolkit, which could be used by the UBEs for better efficiency and productivity.

Audience Take Away Notes

- From this project you will learn Creative problem solving and thinking outside a box. Crating a macro could solve a problem especially managing large volume of data in any nursing environment. For example, after we had shared this information with our NPDP for the procedural area, we were able to create a macro for her area where she could find the staff for her area from a large weekly excel spread sheet in less than one minute which used to take hours.

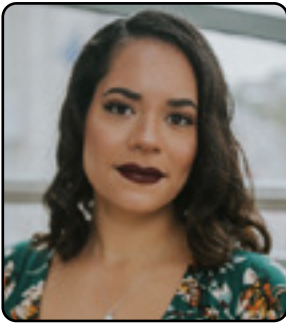
Significant outcomes of using Excel macro are:

- Ability to further explore the possibility of implementing macros in other areas to resolve similar problems.

- Data analysis and assessments clearly indicate that the implementation of macros has significantly reduced errors and miscommunication between UBEs that happened primarily during the NH onboarding process.
- Implementing macros as a tool has streamlined the NH screening process and has added coherence, competence, and effectiveness to the overall process.

Biography

Providence Mathew has been a nurse for 24 years and holds a Master's in Nursing with an emphasis on Education. Throughout her career, she has served as a registered nurse in the medical, surgical and step down units, nurse supervisor, manager, charge nurse and as nurse educator. She has received multiple recognitions for service excellence, selected as best educational presenter in 2014, and participates on several committees (policy and procedure, infection control, RQI, Professional Practice Council, UBC co-chair). Additionally, she has received a prestigious service recognition for the last five consecutive years and has maintained a Clinical Ladder level 4.

**Shanelle Reynolds**

Indiana State University, United States

Implementing a resiliency bundle to reduce registered nurse burnout

Background: Registered nurses in hospital settings are experiencing unprecedented levels of job-related burnout due to the emotional stress of constantly caring for those who are ill or dying amidst a crippling nursing shortage and the aftermath of a worldwide pandemic. Burnout among registered nurses leads to poor job satisfaction, increased nursing position vacancies, and poor outcomes for patients. Increased resiliency has been shown to protect against the negative effects of burnout.

Objectives: This quasi-experimental pre/post pilot study aims to increase nurse resiliency, reduce nurse burnout, and improve the work environment for registered nurses.

Methods: The intervention included a mobile meditation toolbox with QR links to soothing sounds, meditations, yoga practices, and VR experiences. A positivity shout-out was also incorporated at the start of each shift during staff huddle sessions, and a suggestion box was made available to staff for a 6-week period to provide feedback, concerns, comments, or frustrations regarding the medical progressive unit. Additionally, the existing mediation room was improved with a sound machine, aromatherapy, lights, and coloring materials. Burnout was measured and assessed using a pre- and post-intervention survey with the Burnout Syndrome Assessment Scale (BOSAS).

Results: This is an ongoing project. Preliminary results will be available in July 2024, with final results expected in August 2024.

Conclusions: By measuring the feasibility and utilization of a resiliency bundle among registered nurses, I hope to gather feedback on the intervention and consider potential long-term sustainability of the resiliency bundle.

Biography

Shanelle Reynolds has been a registered nurse for 8 years working in various inpatient hospital settings such as medical and surgical intensive care units, progressive care units, and medical surgical units, in addition to travel nursing assignments during the COVID 19 pandemic. She graduated from Indiana State University with an MSN in Family Nurse Practitioner specialty in 2023 and currently works as a nurse practitioner in general cardiology at a level 1 trauma center in downtown Indianapolis. She is currently working towards her DNP at Indiana State University with an anticipated graduation date of December 2024.



Lee Hye Youn, Sung, Min A*

Home Health Care Team, Seoul National University Hospital, Seoul, South Korea

Effect of video education on homecare clients who need tracheostomy tube suction and management

Purpose: The purpose of this research was to identify the effect of video education for caregiver of homecare clients who need tracheostomy tube suction and management. After providing the video education produced by Home Health Care Team to set guidelines on tracheostomy care at home, caregiver's knowledge and self-efficacy and satisfaction was also verified.

Methods: The research was a one-group, pre-and-post test design. Research participants were the main caregiver who provide home care to patients with tracheostomies registered with Home Health Care Team in one University Hospital. Data were collected from May 2022 to September 2023 and analyzed using Wilcoxon signed rank test with SPSS/WIN program version 25.0.

Results: Significant differences were found for the pre and post evaluation of the video education for the implementation of tracheostomy care. The video education improved the main caregivers' knowledge ($Z=-3.209$, $p=.001$), and self-efficacy ($Z=-2.573$, $p=.010$) of tracheostomy tube suction and management. After video education, caregivers' performance levels of tracheostomy tube suction and management were analyzed higher than average 97%. Satisfaction levels of the video education were averaged at the score of 4.62 (5 perfect score).

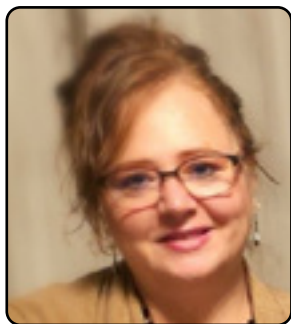
Conclusion: Results show that this video education was effective nursing intervention for promoting the caregiver's knowledge and self-efficacy of tracheostomy care by providing guidelines for caregiver regarding tracheostomy tube suction and home management. We recommend that further research should be done to verify the effectiveness of education and to develop educational video on various topics for caregivers at home.

Audience Take Away Notes

- The audience will be able to use the video education for Homecare clients.
- The audience can be stimulated in development of various video education programs on their field.
- This study is expected to inspire audience to conduct further research should be done to verify the effectiveness of education.

Biography

Sung, Min A graduated from Hallym University of South Korea with a major in nursing and received a master's degree of public health from Hallym University in 2005. With over 25 years of various experience in the Nursing Field. She has worked at the surgical ward, outpatient department, pediatric intensive care unit, Pediatric dialysis room. She holds a certification as a Certified Dialysis Nurse to strengthen her international competency. Currently, she works as a home care nurse practitioner in the Seoul National University Hospital, where she is responsible for providing safe and continuous high-quality care to patients at home.



Tamara Delaney MSN, CCRN

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Reducing aspiration risk with validated bedside swallowing screening tools

Aspiration pneumonia is a stubborn and potentially deadly subclass of pneumonia often associated with comorbidities involving the neurologic, gastrointestinal, and pulmonary systems. People receiving tube feeding are always at risk for aspiration. Patients with altered levels of consciousness due to disease conditions or sedating medications such as pain-relieving opioids are also more at risk for aspiration. Patients suffering from cognitive disorders such as Alzheimer's disease and dementia are at increased risk for aspiration and any patient newly diagnosed with a cerebrovascular accident. Some other conditions to be cognizant of are neuromuscular disorders including but not limited to Guillian barre syndrome, Amyotrophic Lateral Sclerosis (ALS), and cerebral palsy. The mortality rate for aspiration pneumonia in hospitalized patients varies greatly depending upon confounding factors but can be as high as 70%. Elderly patients and infants are at a significantly higher risk for mortality. Hospital length of stay increases considerably with cases of hospital-acquired pneumonia as does the financial burden of healthcare. Bedside nurses and healthcare providers can utilize validated tools to examine a patient's ability to swallow safely and significantly decrease the risk of aspiration, thereby decreasing the risk of morbidity and mortality and improving patient outcomes. One study demonstrated an 87% decrease in healthcare-acquired pneumonia over just a six-month time frame upon implementation of one validated tool. In this study, there was consistent follow-up at measured intervals to ensure both understanding of and compliance with the tool. Nurses, when provided with education and the authority to implement NPO status under nurse-driven bedside swallow screening protocols, can significantly reduce the impact of aspiration in hospitalized patients.

Audience Take Away Notes

- Explain the pathophysiology of aspiration
- Identify three risk factors for aspirating and developing aspiration pneumonia
- List three key interventions necessary when patients fail bedside swallowing evaluations

Biography

Tamara Delaney studied nursing as an undergraduate in Toledo, Ohio at Owens Community College, graduating in 1997. She worked as a Registered Nurse in various roles including bedside, dialysis, education, and leadership for 20 years before obtaining her BSN from The Ohio State University in 2017. In 2018, she began working at The Ohio State University Wexner Medical Center and continues to work there today. She received her Master's in Nursing from the same institution in 2022. Tamara has a passion for advancing healthcare quality through evidence-based practice and is a part-time nursing research author.

Teefera Hall

Clinical Practice and Professional Development, University of Maryland Medical Center, Baltimore, Maryland, United States of America

Addressing the well-being of our nurses as we would our patients

Let's change the age-old rhetoric of the nursing profession, which is "survival of the fittest," to "nurses helping one another survive." Changing the dialogue comes with changing the culture and belief that some forms of suffering in the nursing profession are a necessity to build strength. Showing emotions and asking for help is a sign of weakness and humility. In May 2023, the American Nurses Foundation conducted a Mental Health and Wellness study with more than 7,400 nurses and found that 2/3 of nurses who said they are suffering from mental anguish or toxic emotions are either not seeking or not receiving mental health support and 56% say there is stigma as a health care provider associated with receiving mental health care (The American Nurses Foundation Says Action Is Still Needed to Address Serious Nursing Workforce Challenges, 2023).

Many know that multiple factors influence a nurse's well-being, such as the external environment, work conditions, and organizational structure. However, to address this issue, the nurses must share some responsibility. We must support our fellow nurses in need and show unification in times of stress and anxiety. Providing cognitive-behavioral therapy programs that integrate mindfulness into staff nurses and including these programs in nursing orientation and residency programs will allow novice through expert nurses to gain and build upon skills that assist with identifying needs, managing stress, and engaging in productive lifestyle behaviors. These programs should be created by behavioral health nurses and facilitated by behavioral health nurses or nurses who completed CBT training. Having these programs designed and facilitated by nurses is beneficial due to the dynamic of the nurse-to-nurse relationship bonding through the shared experiences and challenges that nurses face in healthcare, which makes us more relatable to one another.

Feelings of stress and anxiety are consistently increasing among nurses, leading to an influx of nurses leaving the profession, which propels the revolving door of the nursing shortage, resulting in burned-out nurses who are overworked and stressed leaving the profession. The CBT programs that integrate mindfulness will provide nurses with empowerment, positive emotions, and skills to recognize and support other nurses experiencing crisis. Fellow nurses, managers, hospital administrators, and others must empower nurses to invest in their self-care as much as they invest in caring for their patients. When nurses practice self-care and have sufficient personal and systemic support, the results are healthier, happier, and longer-lasting futures in nursing (Williams et al., 2022).

Audience Take Away Notes

- After this presentation, the audience will be interested in adopting forms of mindful cognitive-behavioral therapy programs for nurses at their practice to improve nurse's well-being that will benefit nurses job satisfaction, retention, and overall patient care.
- Learning about mindful cognitive-behavioral therapy programs will help audience members individually by providing skills and techniques to improve their ability to better manage stressful circumstances in the work environment. It will also provide audience members with skills to recognize crisis and support their fellow nurses during stressful circumstances.

- This evidence-based driven systemic review of mindful cognitive-behavioral therapy to support nurse well-being will provide the audience with relevant organized data that assist nurses with fostering mental stability, improves emotional regulation, and prevent nurse burnout. Adopting mindful CBT programs into the new employee orientation and staff training is a practical solution to the ongoing and revolving problem of nurses leaving the profession due to being overworked and stressed, which leads to nursing shortages that result in nurses being overworked and stressed.

Biography

Teefera Hall received AA Nursing Degree from Baltimore City Community College in 2001, and went to obtain BSN in 2016 and MSN in Education in 2023, both from Chamberlain University. Teefera is currently enrolled in Chamberlain University DNP program with a focus in Health Systems Leadership, with an expected graduation date of December 2025. Teefera has worked as an educator that facilitates new employee and transfer staff orientation, and currently, is a full-time Clinical Practice and Professional Development Coordinator.

**Vidya C. Chan**

Department of Nursing, Farmingdale State College, Farmingdale, NY, USA

Integrating generative AI in a writing intensive course for undergraduate nurses

While generative AI has been around for many years, it has recently become available for use by the public. This powerful resource has changed the landscape for higher education and many instructors fear the negative effects it can have on academic integrity and student creativity in the writing process. However, it is certain that artificial intelligence is here to stay, and it is crucial that educators embrace this technology and teach students to use this resource carefully and wisely. Communication is an essential component in nursing practice and cultivating competent writing skills is a vital aspect of nursing education. However, nursing students struggle with scholarly writing especially at the undergraduate level. Integrating generative artificial intelligence into a writing intensive course offers a unique approach to aid students in improving their writing. Students were given an assignment to actively engage with generative artificial intelligence and critically analyze the response using current nursing literature to support or refute the output. This assignment was used to springboard class discussion on advantages and disadvantages of using artificial intelligence for scholarly writing. This novel approach has the potential to build confidence and competence in novice writers which supports their success in nursing school and in clinical practice.

Audience Take Away Notes

- Learn about the potential benefits of integrating generative artificial intelligence into a writing intensive class for undergraduate nursing students.
- Identify strategies for integrating generative artificial intelligence into a writing intensive course.
- Reflect on the impact of integrating artificial intelligence into a writing intensive course.

Won Ju Hwang* Prof. Hyosil Yang

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Recent progress in digital mental health: A scoping review of emerging technology interventions in the workplace

Research Objective: The purpose of the study is to explore recent trends in digital mental health management, focusing on the use of emerging technologies like IoT wearable devices and Artificial Intelligence.

Study Design: To address these challenges, there is a growing need for government-level efforts to promote mental health enhancement programs.

Population Studied: The integration of digital technologies is transforming mental health management, offering flexibility, accessibility, and personalization. Wearable devices and digital technologies are gaining attention for their potential to assist in both physical and mental health care for workers.

Principal Findings: In the past, mental health management in the workplace has relied on conventional approaches, but they often struggle to meet the demands of modern work setups, such as remote work. However, the integration of digital technologies is transforming mental health management, offering flexibility, accessibility, and personalization.

Conclusions: The findings aim to guide corporations in implementing more effective mental health strategies to support the well-being and productivity of their workforce.

Implications for Policy or Practice: Workplaces face unique challenges in ensuring the well-being of their employees.

Audience Take Away Notes

- Demonstrate recent trends in digital mental health management, focusing on the use of emerging technologies like IoT wearable devices and Artificial Intelligence.
- The findings help to guide corporations in implementing more effective mental health strategies to support the well-being and productivity of their workforce.
- Implications for practice: workplaces face unique challenges in ensuring the well-being of their employees.

Biography

Dr. Hwang is a professor of community health nursing at Kyung Hee University College of Nursing Science. She received her bachelor's degree and master's degree from Yonsei University and her Ph.D. in the Community Health Systems at University of California San Francisco (UCSF), USA. Her primary scientific area is the development and evaluation of community health promotion and wellness on a basis of an ecological perspective for individuals, families, and populations who are at risk for vulnerable environments.

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