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Black Parents Beliefs, Attitudes, and HPV Vaccine Intentions: A Mediation Model

**Purpose:** This study examined the determinants of Black parents’ intention to have their daughters receive the HPV vaccine. Specific determinants consisted of constructs from the Theory of Planned Behavior. Relationships between behavioral beliefs regarding the HPV vaccine, HPV vaccine attitudes, and HPV vaccine intentions among Black parents were explored.

**Method:** A mediation model was tested to explain the relationship between behavioral beliefs, attitudes, and HPV vaccine intention. A descriptive correlational design was used to explain the hypothesized relationships. A convenience sample of 232 Black parents with daughters between the ages of 9 and 17 years was recruited. A researcher developed instrument, HPV Beliefs, Attitudes, and Intention Questionnaire was used to collect data.

**Results:** HPV parental attitudes were significantly related to vaccine intention ($r = .865, p < .001$). A significant relationship between HPV vaccine behavioral beliefs and HPV vaccine attitudes was found among Black parents ($r = .239, p < .001$). Parental vaccine attitudes completely mediated the relationship between HPV vaccine behavioral beliefs and parental HPV vaccine intention.

**Conclusion:** Testing of the theorized relationships allowed for the exploration of specific beliefs and attitudes of Black parents which may lead to a better understanding of predictors of behavioral intentions.

**Implications:** Understanding relevant factors associated with parental intent to have their daughters vaccinated are essential to reducing opposition to the HPV vaccine and increase vaccination rates among Black female adolescents.

**Recommendations:** Replication of this study in multiple geographic locations would be prudent to increase generalizability of study findings.
Creating New Initiatives in Unchartered Water: 
A Virtual Nursing Journal Club Evidence-based Practice

Objectives
An initiative undertaken by a Nursing Research/Evidence-Based Practice Council was the launching of a Virtual Nursing Journal Club (VNJC). The project’s goals were to educate nurses about research by providing a mechanism to assist them to critically evaluate current nursing research studies and promote an evidence-based practice environment.

Literature Review
Literature revealed that journal clubs educate nurses about research use and help improve quality of patient care. When held traditionally, staff’s self-perception of inadequate research knowledge and time constraints prevent having meetings. Virtual journal clubs have been reported to reduce barriers.

Project Design
Research council members collaborated with IT to create a user-friendly VNJC intranet website. Members developed a critique form to critically evaluate a research article; both were posted on the website.

Implementation
The VNJC was marketed and piloted for six months. Additional articles are critiqued and posted quarterly. Contact hours are now being offered.

Results
The site has been accessed over one hundred times with several interactive comments and positive feedback.

Implications
The integration of nursing research findings into practice will result in evidence-based nursing practice that produces improved patient outcomes and fosters nursing staff’s professional development and dialogue with colleagues about research-related issues.

Recommendations
Studies are needed to determine themes emerging from the quarterly posts. Additionally, research may investigate whether staff is more confident about research utilization, and if this mechanism fosters collegial interaction and professional development.
Implementation of an Intravesicular Chemotherapy Administration Policy in the Urologic Oncologic Ambulatory Setting

Objectives: To ensure safe and consistent intravesicular chemotherapy administration to urologic oncology patients through the implementation of standard practices among clinical staff in an ambulatory urology clinic setting. Policy and/or practice guidelines provide standardized techniques and information for clinical staff administering oncologic agents and are used to prevent variations in practice during each intravesicular instillation treatment. Attendees will be able to demonstrate an understanding of how to safely administer intravesicular chemotherapy agents in the urologic ambulatory setting. This poster presentation will review how practice guidelines and organizational policies can improve the quality and safety of intravesicular chemotherapy administration. Nurses who attend the poster presentation will learn how to develop a competency-based approach to intravesicular chemotherapy administration.

Significance & Background: The administration of chemotherapy and biotherapy are high-risk, high-alert activities. Ensuring safety and consistency in chemotherapy practices is essential. This topic is important because it provides a framework for the delivery of consistent nursing practice. A standardized approach to intravesicular chemotherapy and biotherapy administration helps to minimize any errors in handling, administration, or documentation when these agents are delivered to urologic oncology patients. Standardized approaches to care delivery in this setting serve to improve the quality and safety of care delivery. Nursing can contribute greatly in this area by developing and implementing intravesicular chemotherapy administration guidelines to assist with ways to deliver these agents safely to patients. A review of literature indicated that there few nursing practice guidelines and/or policies at many institutions around the country that specifically address the delivery of intravesicular chemotherapy agents in either the in-patient or ambulatory setting. Moreover, the Oncology Nursing Society Chemotherapy and Biotherapy course does not specifically address best practices on how to safely deliver agents, via the intravesicular route, and there needs to be a consistent procedure for nurses to follow when caring for patients receiving these intravesicular agents. The ASCO/ONS standards recommend that organizations have a comprehensive education and competency assessment plan that outlines requirements for practitioners involved in the administration of chemotherapeutic agents, including those administered via the intravesicular route, however, specific practice guidelines in this area have not been clearly identified. The experience at a large academic medical center demonstrates significant variations in practice in urologic oncology ambulatory areas where clinical staff administer these agents.

Purpose: To describe the process of developing and implementing an intravesicular chemotherapy administration policy for clinical staff to use in the urologic oncology ambulatory setting. The policy has an associated competency validation that clinical staff need to complete during their orientation process as well as annually. The rationale behind the development of this policy and associated competency was to decrease variations in practice by having all clinical staff administer and handle these agents in a correct and consistent manner. This approach has the potential to improve outcomes for our patients and eliminate unnecessary exposures.

Interventions: Implementation of the newly developed policy was accomplished by: a). providing didactic learning to the urologic oncologic clinical staff who are responsible to
administer these agents; and b). having the clinical staff demonstrate safe administration by following the technique that is stated in the policy via completion of a clinical competency validation. The interventions are appropriate for this topic because staff are given the education and nursing practice guideline to follow on how to safely administer these agents while preventing unnecessary exposure to themselves, their patient's and other patient's that may be treated in the same setting.

**Evaluation:** The goals of the project are to provide clinical staff with the resources that they need to safely administer chemo and biotherapeutic agents via the intravesicular route. The specific measures include an effective demonstration of proper technique, an understanding of the pharmacologic implications of these agents, and strategies to create a safe environment for anyone who may be potentially exposed to these agents. Nurse satisfaction and patient outcomes will be assessed following six months of implementation of the practice guideline.

**Discussion:** Clear practice guidelines, education and evaluation of clinical nursing staff who are responsible for administering intravesicular chemotherapeutic and biotherapeutic agents, can promote a safe environment for staff members and support the delivery of quality patient care. With a nursing practice guideline and/or policy, education and competency validation, every clinical staff member who administers these agents knows the proper technique and what to do in the event of potential exposure. Also, patient restrooms are shared in many ambulatory practices. To further support the need to implement and develop a practice guideline for clinical staff who administer intravesicular agents, you can prevent other patient's from exposure to these drugs by having an intravesicular chemotherapy administration policy in place which explains how to safely handle these types of situations.
Objective: To determine the effect of enhanced leadership styles, teamwork, and collaboration in perioperative services, on improved patient throughput, safety and satisfaction.

Background: Patient length of stay (LOS) in the postanesthesia care unit (PACU) Phase I and Phase II influences patient throughput, staff nurse satisfaction, and financial expenditure. The purpose of this project was to determine if re-education of nursing staff would decrease the LOS in Phase I PACU. The goals of the leadership team were to implement a plan that would result in a decreased LOS, decreased financial expenditure, increased patient throughput, and a change in culture of the work environment.

Methods: The methods included re-education of nursing staff on American Society of Perianesthesia Nursing (ASPAN) Standards for patient care in Phase I and Phase II PACU. In addition, a pre-survey of the nurses was completed to determine their knowledge of the ASPAN Standards and how they perceived their work environment. Data were collected on the LOS in Phase I for two groups of patients who underwent cystoscopy with stent implantation and hernia repair. The LOS data were collected before and after the staff education. Results of this re-education initiative revealed improved patient throughput, decreased operating room hold time, reduced perioperative expenditure, and an increase in staff nurse satisfaction. An unanticipated result was increased scores on patient satisfaction surveys after the educational initiative.
Preparing Novice Critical Care Nurses to be Self-Care Leaders for Tomorrow

**Purpose:** What skills do novice nurses need to develop in order to be effective leaders of the future? A key component of Leadership involves the health and wellness of the leader, and this area of self-care is often neglected in Leadership training. The purpose of this study was to evaluate the incorporation of an 8-week integrative wellness program on novice critical care nurse fellows’ perceived stress (measured by the Perceived Stress Scale), mindfulness (measured by the Mindfulness Attention Awareness Scale) and wellness (measured by the Integrative Health and Wellness Tool-IHWA). The study was guided by the Theory of Integrative Nurse Coaching (TINC) (Dossey, et al., 2015) and incorporated into an existing critical care fellowship program. The theoretical background supported the development of the program as well as the assessment, using the newly developed Integrative Health and Wellness Assessment© short form.

**Background:** Prior studies have identified increased stress and poor health promoting behaviors in nurses (McElligott, et al. 2010; Cohen-Katz et al., 2005). Integrative worksite programs have been identified as one method of improving health behaviors. As nurses model the American Holistic Nurses Association (AHNA) core value of self-reflection/self-care, health and healing are supported, enhancing patient centered care and decreasing burnout (Pipe et al., 2009). The significance of this study lies in the necessity of developing novice nurses of today as self-care leaders of tomorrow. Tools that are valid and reliable need to be identified to further research. Finally, integrative wellness programs with a focus on nurse coaching need to be evaluated.

**Method:** This was a non experimental descriptive study that used a repeated measure design. The control (n=31) and treatment (n=27) groups of novice nurse fellows completed the study tools at the beginning, end of the eight weeks, and again at 20 weeks from baseline. General linear modeling was used to measure perceived stress, awareness of what is occurring in the surrounding, and wellness at each of the three time points. Correlations were used to examine relationships between stress, awareness and wellness. Factor analysis was used to confirm the proposed factor structure of each measure prior to analysis, with a liberal alpha of .10 to adjust for the small sample.

**Results:** A positive relationship was found between wellness and awareness in both treatment and control groups, but was significant for only the treatment group. There was also a statistically significant positive relationship between perceived stress and wellness in the control group. The results revealed no statistically significant change or interaction effect over time at any of the three time points for perceived stress, awareness or wellness. Results indicate that as wellness scores improve, awareness of the surrounding improves and perceived stress increases in this group of novice nurses beginning their fellowship.

**Recommendations:** Continued quantitative studies on integrative wellness programs with larger populations of nurses and further evaluation of the IHWA short form are needed to build the evidence for successful self care programs.

**Conclusions:** The TINC provides a theory and tool to address nursing self care. As the focus on self care for nurses builds, we will see the culture of nursing evolve, and nurses model the health and wellness we propose for patients and communities.
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Factors Linked to Overfeeding in Latino infants/Research Proposal

**Purpose:** The purpose of the proposed quantitative study is to look at the association between multiple complex factors and possible newborn overfeeding in Latina mothers.

**Background:** The rationale for this study is based on the health disparities that exist in Latino infants and children in the United States, particularly related to obesity rates. A cross-sectional analyses of a large sample of US children from the National Health and Nutrition Examination Survey (NHANES) (2011-2012), found 37% of Hispanic girls and 40% of Hispanic boys were overweight or obese, compared to 29.2% of white girls and 27.8% of white boys, respectively. Hispanic infants also show higher rates of overweight compared to black and white infants. Other studies show a link between rapid infant weight gain and childhood overweight, independent of birth weight. Studies show an association between breastfeeding and a reduced risk of childhood obesity. The tendency of some Latina mothers to overfeed is thought to be related to higher obesity rates in Latino infants.

**Methods:** Demographic data, maternal risk factors, acculturation indicators, breastfeeding self-efficacy, and infant feeding beliefs will be assessed and compared to the number of feedings and introduction of solids. Infant weights and heights at birth and at the time of the study will be compared to determine if weight gain is within normal limits or exceeds age recommendations outlined in the American Academy of Pediatrics (AAP) guidelines. Immigrant and first generation Latina mothers with healthy infants between the ages of 4 to 8 months will be recruited from local health clinics.

The Health Belief Model will be used to guide this cross-sectional correlation quantitative study. It is comprised of four variables that can predict a person’s behavior: 1] one is motivated to act in healthy ways if they believe they are susceptible to a specific negative health outcome, 2] the stronger one’s perception of the negative health outcome, the greater the motivation to avoid that outcome, 3] the perception that the target behavior will provide strong positive benefits must be present, and 4] if one believes that strong barriers prevent one from using a preventative behavior, one will be unlikely to do so.

**Implications:** This study has the potential to enhance the current body of nursing knowledge on infant obesity by developing a greater understanding of parental views on infant nutrition and weight. This is critical in order for healthcare providers to cultivate effective strategies that address infant and childhood obesity in Latino populations. Additional evidence on barriers to exclusive breastfeeding and factors related to overfeeding is needed in order to improve health outcomes in Latino children.
Experiences of Emergency Nurses: What Has Been Learned From Traumatic & Violent Events

**Background:** Terrorism, violence, and traumatic events plague our lives daily. The Emergency Department setting is the only area in healthcare that people arrive unexpectedly as a result of these horrific events. Emergency nurses are usually the first contact that the patient has in the ED. The purpose of this study was to illuminate and find meaning in the experiences of emergency nurses when caring for victims of violent and traumatic events.

**Methods:** Based on van Manen’s (1990) phenomenological method, this study sought to understand the lived experience of emergency nurses when confronted with traumatic and violent events. The design of this study used a phenomenological approach consisting of phenomenological interviews.

**Results:** The study uncovered the essence of what being an emergency nurse is for the participants in this study when faced with traumatic and violent events.

**Discussion:** Ten themes emerged from this study. The 10 themes were: behavioral manifestations, communication, empathy, humor, knowledge and skills, pediatric distress, support of peers and family, teamwork, uncertainty, and workload. By understanding the participants’ experiences, their various coping strategies were revealed. The studied revealed similarities and differences in coping strategies used by this group of participants.

**Recommendations:** Nurse Leaders can improve the way nurses cope when faced with traumatic and violent events that doesn’t have to necessarily have to include any financial burden. Rotating the nurses during a 12-hour shift in triage and the trauma room is one way to reduce the nurse’s exposure to violent and traumatic events. Incorporating humor into the workplace is another way to reduce stress.
Evaluating Efficacy of a Low-Air-Loss Bed Replacement Program in Decreasing Hospital Acquired Pressure Ulcers (HAPU’s) in Medical-Surgical Units

**Purpose:** The purpose of this research was to evaluate the efficacy of implementing low-air-loss technology in the prevention of the occurrence of Hospital Acquired Pressure Ulcers (HAPU’s) pressure ulcers in the Medical-Surgical units.

**Background:** In 2006, the Centers for Medicare and Medicaid (CMS) identified HAPU’s as a “never event” which lead to reimbursement restriction to HAPU’s related treatment which began in October 1, 2008. The increase number of HAPU’s, financial impact of the reimbursement restriction, and high cost of specialty surface rental for pressure ulcer prevention generated urgency from senior leadership of a community hospital to implement a comprehensive pressure ulcer prevention program which included a low-air-loss bed replacement program.

**Design and Methods:** This study employed a retrospective chart review of HAPU occurrences before (2012) and after (2013) implementation of the low-air-loss bed replacement program. Statistics reported through Quality Management Services through a monthly pressure ulcer incidence study was used. Data included the stage of pressure ulcer and the clinical area where the patient developed the HAPU. A pressure ulcer incidence rate was then entered through MedCalc®.

**Interventions:** All Medical-Surgical units support surfaces were replaced with low-air-loss beds, a support surface that redistributes pressure. The replacement took place in January 2013. This change was conducted due to a high incidence of Hospital Acquired Pressure Ulcer in 2012. There was a total of 190 Low-Air-Loss beds replaced older Medical-Surgical beds. The goal for the hospital wide Low-Air-Loss bed replacement was to reduce Hospital Acquired Pressure Ulcers (HAPU’s) in a 365 bed community hospital.

**Results:** A total of 67 HAPU’s were identified in 2012, and in 2013, there were 28 HAPU’s were discovered. The 2012 HAPU incidence rate was 0.04373 and the 2013 HAPU incidence rate was 0.01859, \( p = 0.0001 \), and 95% Confidence Interval - 1.4925 to 3.7984. There was a significant decrease in HAPU after the implementation of the low-air-loss bed replacement program.

**Conclusion:** The implementation of a low-air-loss bed replacement program significantly reduced the incidence of HAPU’s in Medical-Surgical areas by 58% in 2013, \( p = 0.0001 \). However, continued staff involvement in conducting monthly prevalence studies, ongoing staff education, monitoring of compliance utilizing surface features and other pressure ulcer prevention strategies is still warranted.

**Implications and Recommendations:** Findings of this study can increase knowledge of the low-air-loss technology. The low-air-loss bed replacement program demonstrated better possibilities of reducing HAPU’s in Medical- Surgical areas that pose financial challenges for other institutions initially but in the long run will reduce cost and improve quality of care. Health care providers exposed to the technology should still utilize comprehensive pressure ulcer prevention interventions for a sustainable outcome. This innovation can be implemented to other clinical areas with patients at risk for HAPU.
Purpose: The purpose of this action research study is to examine if the use of SBAR improves communications between nurses and physicians on a 56 bed medical-surgical unit in a suburban teaching hospital.

Methods: An action research approach was utilized to educate nurses on use of the SBAR tool in their communication interactions with physicians. After implementing SBAR, the effectiveness of the tool was evaluated by the number of Serious Safety Events (SSE) which have occurred. A SSE is an incident that causes harm to the patient. Using SBAR can help diminish the occurrences of SSEs. The goal is to have 365 days without an SSE.

Results: The findings in this preliminary study reveal that the SBAR tool can help improve nurse-physician communications. When SBAR is implemented in nurse-physician interactions, key information is able to be transmitted efficiently, thus reducing the chances of negative outcomes.

Conclusion: Given the number of adverse events which can occur in the healthcare setting, the use of SBAR in communication interactions between nurses and physicians can help to significantly reduce negative outcomes. Nurses need to be encouraged to continue communicating with physicians in the SBAR format in the future. Effective communications between nurses and physicians is valuable, due to the beneficial results it generates for patients and healthcare professionals.
FACING LIFE’S REALITIES AFTER THE STROKE

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Background: Quality of life of a stroke survivor is reduced by permanent neurological disability. Associated health problems further diminish quality of life and worsen over time. The complaints of stroke survivors are manifold and a challenge for health care providers (Divani, 2011)

Aim: The study aimed to determine the lived experience of post-brain stroke clients.

Method: Qualitative phenomenological research design using unstructured interview. The research had 9 participants who were chosen using purposive convenience referral method.

Data Gathering and Management: The Colaizzi method was utilized. The rigor of the study was also established. Credibility, dependability, confirmability and transferability were observed.

Findings: The major themes of the study are “Struggling with the disability”, “Dealing with emotional baggage”, “Complying with lifestyle changes” and “Finding meaning and hope.” They have undergone ups and downs emotionally and psychologically. Their positive outlook and presence of support system motivated them to continue life through compliance to their own treatment regimen, aiming to have balanced nutrition and be cautious in all moves and activities.

Conclusions: Based on the findings, it is concluded that post-brain stroke participants have diverse experiences. They constantly need the support system in order to meet their physical and financial needs. They are economically dependent on their support system. Their diverse experiences made them strong in their search of hope through their faith in God, always trusting the significant other and exercising the attitude of thankfulness.

Recommendations: It is recommended that family members should enhance their caring behavior through interventions appropriate for post-brain stroke patients. Their knowledge can be enhanced by reading literature and exploring the internet. They should be involved in the therapy of the affected family member by being inquisitive about progress and treatment. A support group, if existent, for post-brain stroke clients would be helpful to enhance the knowledge of the relatives. Skills and knowledge of nurses in assessment and implementation of plan of care for post-brain stroke patients should be reinforced holistically. Community nurses should continue to provide health education and do referrals to aid the clients. Clinical instructors should integrate findings of the study in lectures regarding nursing care for post-brain stroke clients and integrate importance of health teachings for relatives and post-brain stroke patients to the nursing students. Likewise, students should be able to apply the learned skills and knowledge about the care of post-brain stroke patients in the clinical area. Government organizations such as DSWD and DOH and Non-Government organizations such as FBASECA and therapy centers can extend help in the continuous rehabilitation of the clients and provide seminars on how to sustain quality of life of post-brain stroke individuals.
Background: Anxiety and depression are the 2 most prominent psychiatric comorbidities associated with asthma. They are also more prevalent in areas with economic and social stresses. The focus of this project was to create a partnership between the Asthma Coalition of Long Island (ACLI) and a community-based mental health agency in order to address a common mission to improve health literacy and patient health in an underserved community. The community-based mental health agency provided an established care coordination program with home visits and a new mandate to improve compliance and outcomes for co-morbid health issues as well as coordination for mental health. Asthma is the first co-morbidity to be piloted.

Program Audience & Size: A pilot group of 13 adults with asthma attending a community-based mental health home health was chosen from an underserved community on Long Island where asthma hospitalization rates for adults exceed twice the Nassau county average.

Protocol Primary Objective: to reduce hospitalizations due to asthma
Secondary Objectives:
Identify asthma triggers
Provide education to improve health literacy
Encourage patient provider partnerships
Develop asthma action plans
Coordinate asthma referrals and follow up

ACLI Training: The ACLI was responsible for the asthma training for community care coordinators, social workers under the supervision of a registered nurse, and nursing students.

Results to Date: 25 care coordinators, 8 students, and 1 public health nurse have been trained by the ACLI utilizing an evidenced-based teaching program based on the EPR-3 guidelines. Low literacy educational materials developed by the ACLI were provided for use in the community. Care coordination charts were developed, which include an asthma questionnaire and an asthma control test. Community care workers have collected data and referrals have been made to asthma specialists. Asthma history of hospitalizations and the asthma control test will be reviewed in 6 months.
A Comparative Effectiveness Secondary Data Analysis: Selected Short Term Economic and Clinical Outcomes of Rapid Surgical Intervention In The Geriatric Fracture Population

The percentage of the U.S. population that is over 65 years of age is expected increase to over 20% by 2040. Within that geriatric population, 50% of women and 20% of men will experience osteoporotic fractures. The cost of their care is estimated in billions of dollars annually. The outcomes from osteoporotic fractures account for more morbidity than all cancers, except lung cancer, combined.

Rapid surgical intervention protocols, which reduce the time between fracture and surgical repair, are intended to improve outcomes and reduce costs. The protocols require intense care coordination and their effectiveness has not been unequivocally established.

This study explored the relationships of rapid surgical intervention to the clinical outcomes of in-hospital delirium and pressure ulcer and the economic outcomes of post-procedure length of stay and total hospital charges. These outcomes were investigated through a secondary data analysis of the New York State administrative billing database (SPARCS) from a five-hospital system.

The sample included 1,979 subjects from the years of 2010 through 2013; a modified Charlson Co-morbidity and Age Index score was applied to all subjects in order to approximate their admission health status.

Rapid Surgical Intervention was a predictor (p < .001) of lower post-procedure lengths of stay lower total hospital charges, and lower rates of pressure ulcer development. High Modified Charlson Index scores were predictive of higher mortality rates, longer lengths of stay, and higher total charges. Male gender was significant for higher lengths of stay, mortality rates, and pressure ulcer development. Femur/hip fractures were related to longer lengths of stay and higher total charges than other fracture sites, but were not a predictor of mortality or pressure ulcer development.
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Women and Heart Disease: Getting to the Heart of the Matter

Evidence Based Translational Research

For decades, the leading cause of death in women has been heart disease. Currently, greater than one in three women carries a diagnosis of cardiovascular disease. Disturbingly, there is an increasing mortality rate noted in younger women, and a disproportionate cardiovascular morbidity in women from ethnic and racial minorities.

To address this population health issue, an educational outreach program was conducted in a parish community based on guidelines set forth from the American Heart Association. The purpose of this project was to increase the awareness and knowledge of heart disease in this population, with resultant risk factor modifications and lifestyle changes.

A convenience sample of 23 women participated in the outreach program, which included multilevel strategies of education, individual risk factor screening, motivational interviewing, and social support to enhance self-efficacy.

Results post program indicated that 91.3% of participants had an increase in both cardiovascular knowledge and self-efficacy. Paired t test comparing mean pre and post program scores of cardiovascular knowledge and self-efficacy were statistically significant at a p < 0.01. Satisfaction with the program was positive, and 95.6% of participants reported life-style modification at the end of the program. One-month post program, 86.95% of participants reported maintenance of life-style modification. These results are promising, and further evaluation with a larger and more diverse sample, in which the program and evaluation measures are conducted over a longer period, is recommended.

Keywords: heart disease, women, prevention, education, awareness.
Skin cancer is the only form of cancer that is increasing in the rate of frequency in this country. There has been a dramatic increase in the incidence of skin cancer; over 1 million new cases are diagnosed annually. Approximately one person dies from skin cancer per hour in this country. Concurrently, many people do not follow sun protective behaviors. In fact, many people seek the tanned look, and the use of tanning salons has tripled in the last decade. This is a serious public health concern.

Nurses are in an excellent position to teach the public about skin cancer prevention and perform screenings for cancer. If nurses are knowledgeable about skin cancer, they can assist in reducing the incidence of skin cancer in this country. Therefore, it is important to determine the optimal method for teaching nursing students about skin cancer.

The researcher conducted a quasi-experimental study which examined the teaching methodologies used in three nursing classes, each of which had approximately 30 students. The teaching methodologies used were either lecture only or lecture and UV photography (which demonstrates sun damage) in combination. This study used a pretest and posttest design.

A total of 93 students received a pretest to assess their skin cancer knowledge, perceptions of acquiring skin cancer, sun protective behaviors, gender, race, and the role of the nurse in skin cancer prevention. The student nurses were divided into three groups. The control group received the pretest and posttest only. The lecture group received a lecture on skin cancer, and the intervention group received a lecture on skin cancer and the UV-filtered photography treatment. All of the students received a posttest to determine the best teaching method for student nurses, who, in turn, can screen and educate the public about skin cancers.

The results of a study using UV photography with nursing students demonstrated that the intervention had a significant and positive impact on the students, when compared to the lecture-only and control groups, and therefore UV-filtered photography is an important educational adjunct when instructing student nurses about skin cancer.

This research study increased the knowledge and perception of the student nurses regarding skin cancer so that they, in turn, can better educate the public and increase awareness of the dangers of tanning.
Evaluation of the Implementation of a Clinical Guideline for Prescribing Diabetic Medications for Patients with Type 2 Diabetes.

**Background:** The majority of patients diagnosed with diabetes in the United States are treated in the primary care setting. The medical management of type 2 diabetes is complex and evolving, with many new drug therapies introduced in the last several years. In an attempt to standardize therapy, the American Diabetes Association (ADA) has developed evidence-based clinical guidelines. These guidelines are reviewed, evaluated, and updated, and can be easily accessed on the ADA website (www.diabetes.org). Development of these guidelines is consistent with the recommendation of The Institute of Medicine (IOM, 2001), which has called for strategies to increase compliance with evidence-based practice and improve the quality of patient care. These strategies need to assist the primary care provider (PCP) in achieving compliance with new and evolving evidence-based clinical guidelines and ultimately improve patient outcomes. Research on barriers to guideline adherence usually focuses on attitudinal factors. Factors linked to the guideline itself are much less studied.

**Method:** This project utilized a mixed-methods approach to assess whether a feedback intervention had an impact on practitioner adherence to the diabetic medication prescription guideline at a primary care clinic. Assessment and evaluation included an audit of medical records, a feedback intervention on compliance with guidelines, and one-on-one interviews with nurse practitioners and physicians regarding the use of the clinical practice guideline for prescribing medications to patients with T2DM.

**Results:** The effect on guideline adherence by a feedback intervention was measured using counts and percents. Cross tabulations were used to see if there was a relationship between any of the patient characteristics and adherence to guidelines. Post intervention statistics revealed a slight increase to 37 (35%) of the 105 medical records had followed the recommended guideline whereas 68 (65%) did not. The qualitative analysis of focused interviews, demonstrated that the PCPs not only used the three spheres of the “Evidence Based Practice Model” when deciding on a treatment plan but an additional five factors were uncovered. Factors providers reported taking into account include: opinions on the evidence found in a guideline, challenges of treating patients with T2DM, contextual features of the organization, contextual characteristics of the patient, challenges to prescribing oral medications, challenges to prescribing injectable medications and, clinical situations that warrant deviating from the guideline.
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A Descriptive Mixed-Methods Study Examining Resilience and Transitioning to Adulthood among Emerging Adults with Disabilities

Transitioning to adulthood is not without challenges. The move away from family influence towards independence and self-determination is filled with uncertainty. As emerging adults transition to adulthood they will encounter various challenges related to their new adult roles. Increased challenges and vulnerabilities in transitioning are evident among emerging adults with disabilities because they face additional challenges related to their disability over and above what all others of this developmental stage experience.

The purpose of this mixed methods convergent parallel study was to understand resilience in a select group of emerging adults with disabilities as they are transitioning to adulthood by combining both quantitative and qualitative data. In this approach, quantitative instruments were used to measure the relationship among resilience, physical health, mental health, satisfaction with life, future orientation, and social support resources. At the same time, the central phenomenon of resilience was explored using qualitative methods of a focus group and interview with a subset of the participants.

Quantitative analyses of instrument measures conclude that participants in this select group of emerging adults with disabilities (n = 31) have a moderate resilience level (M = 79.1), experience average disease burden on physical health (M = 49.7), experience less than average disease burden on mental health (M = 54.1), feel things are going well in their lives (M = 24.9), are future orientated (M = 3.43), and have social support resources (M = 3.9). Regression analyses indicated that although resilience is not a good predictor of physical health (β = -0.277; t = -1.555; p = n.s.), resilience is a good predictor of mental health (β = 0.502; t = 3.125; p < .01), satisfaction with life (β = 0.771; t = 6.519; p < .001), and future orientation (β = 0.515; t = 3.234; p < .01).

Qualitative analyses of focus group and interview data revealed the following themes: standing on my own, longing to create own meaning, altruistic sense of duty towards others with disabilities, challenges specific to me vs. challenges we all face, I am a person with abilities, butterfly’s story...our struggles make us stronger, life is a journey, traits that keep me going, patience is a virtue, and it takes a village. These themes demonstrate transitioning goals and values, challenges encountered while transitioning, and attributes of resilience that have aided in mitigating adversity for these emerging adults with disabilities as they are transitioning to adulthood.

The mixed method analyses demonstrated congruence among the quantitative and qualitative findings. Overall the instrument measures for quantitative variables uphold the prominent themes discovered in the qualitative data. A cross-tabulation analysis of instrument measures and themes contributed to an enhanced interpretation and understanding of the relationships among the data. A hierarchical categorization of resilience attributes was created to achieve a deeper understanding of the resilient attributes expressed by the participants. This hierarchical categorization demonstrates that resilience for these individuals comes from both within themselves and from their environment.

This study describes a select group of transitioning emerging adults with disabilities who have been recognized by others for their accomplishments. Using a positive psychological approach, it explored their level of resilience and resilience attributes; and identified key attributes of resilience, transitioning goals and values, and challenges encountered while transitioning. Rather than focusing on problems, this study focused on answers. The findings of this study provide a basis for recommending intervention programs on building resilience among emerging adults with disabilities.

Nurses care for individuals, particularly those with disabilities; and are uniquely present to intervene throughout all stages of the transitioning process. Knowing which resilient attributes are most effective in facilitating transitioning would be especially useful in the development of preventative holistic patient-centered nursing interventions. The research and practice implications of this study may suggest that resilience is a viable concept for the development of strength-based, patient-centered nursing interventions that facilitate transitioning.
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Student Engagement In Social Justice Through A Jamaican Medical Mission

Goal
The goal of this presentation is to describe how a service learning project during a short term medical mission to Jamaica, W.I. advanced the concept of social justice in a group of nursing students from Molloy College.

Abstract
In October 2013, approval was granted from Molloy’s IRB to conduct a study regarding students’ perceptions of a short-term medical mission. The students were exposed to social conditions that they had never before experienced. They cared for sexually abused teenagers remanded by the court to a government home for unwed mothers. They saw patients whose foul smelling community was constructed on a garbage dump. They set up shop in a makeshift structure on the outskirts of a farm. The students used their knowledge and skills to diagnose and treat more than 300 children and adults.

Not all social groups are treated equally in society. Social justice gives moral privilege to the vulnerable and needy, so that justice can be promoted in society. As the vulnerability of this population decreases, the moral agency of the more privileged members of society is increased, thus helping to create less of a disparity between the groups (Boutain, 2012). We believe that this phenomenon occurred in our students, as evidenced by their qualitative responses in a post reflection assignment.

To help them appreciate the concept of social justice as it pertains to the medically underserved, the students were assigned the task of writing a poem describing their reaction to the experience. The use of poetry in nursing education has been found to assist students in developing one of the central components of emotional intelligence; that is, empathy. (Roberts, 2009). The writing of poetry by nurses can illustrate and legitimate their everyday experiences, which often get overlooked. It can also increase the awareness and meaning of ways of knowing in practice (Holmes & Gregory, 1998). It has been said that poetry represents the humanity and individuality of each human experience, and evokes a meaning that goes beyond the literal, thus fostering creative and analytical thinking. (Hunter, 2002).
Learning About Turning: A Mailed Survey of Nurses’ Work to Reposition Patients

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Background: This study was designed to examine four “silent factors” in relation to repositioning patients to prevent pressure ulcers: time-on-task, physical demands, technology, and complexity of care for patients who are: 1) immobile & morbidly obese, 2) ventilator dependent, or 3) on isolation for C. Difficile.

Purpose: The purpose of this mailed survey study was to gather descriptive information about four “silent factors” of nurses’ work environment that might affect repositioning patients at high risk for pressure ulcers.

Method: An investigator-designed, 77-item survey booklet was mailed in three mailing waves to medical-surgical and critical care nurses. Data were entered into SPSS, version 19 and were analyzed.

Results: The response rates were: 13.8%, 21% and 22.7% respectively [N=429]. Patient weight, mental status and need for technology, isolation, and restraints can increase the length of time on task as much as 100% and it can increase the number of workers needed by more than 100%. The increased need for number of nurses and additional workers can be more than double the actual number provided.

Recommendation: These silent factors might be retrieved through electronic medical records to facilitate and to justify budgeting for increased numbers of FTEs needed to provide care.
Family Functioning with Prader-Willi Syndrome

**Purpose:** The purpose of this study was to gain an understanding of how families function when they have a child who has been diagnosed with Prader-Willi Syndrome.

**Background:** Prader-Willi Syndrome (PWS) is a rare genetic disorder, typically identified in young children. It is a genetic cause of childhood obesity with an unusual presentation that can be missed in its early stages. Medical, educational, and behavioral interventions from infancy through adulthood are required. There is no cure. Neonates present with hypotonia, a poor suck, and may even be considered failure to thrive. There may be dysmorphic facial features and developmental delays. In a later phase, the child develops hyperphagia (insatiable hunger) and maladaptive behaviors. These include hoarding, food preoccupation, emotional upset, aggression or self-inflicted lesions. PWS requires a multidisciplinary lifelong approach to care. A survey literature reveals predominantly quantitative research and a lack of personal family experiences.

**Methods:** A qualitative design, using case study methodology guided this research, providing a clear focus on an in-depth understanding of specific family action. Over 20 families participated. Multiple data sources included individual interviews, small focus groups, and observations with follow up interviews or via the internet. Data were collected and analyzed simultaneously using constant comparative method. Themes and commonalities were identified.

**Results:** Participants included parents, grandparents, an aunt, and older siblings. They described common challenges, tensions, and issues related to nutrition, weight gain, exercise, behavioral outbursts, educational achievement, and their own interpersonal family stress. Remaining an intact family guided a day-by-day approach. Dedicating themselves to the child and “doing whatever it takes” guided their actions so to help the child reach the highest potential.

**Conclusions/Implications:** Findings from this research will help to inform nursing and health care providers and lead to family anticipatory guidance.
Healthy Migrant Effect on Smoking Behavior of Asian Immigrants

Background: Healthy migrant effect (HME) of immigrants has been evidenced in various health aspects. However, few studies have explored the applicability of HME on Asian immigrants’ health risk behavior-smoking.

Method: This study used three waves of Current Population Survey-Tobacco Use Supplement data, 1998-1999, 2005-2006, and 2010-2011, to compare the rates of being a current smoker among Asian immigrants and United States born citizens. Further, the odds ratios of gender, age, marital status, socioeconomic status, years of migration, and citizenship status on the likelihood of being a current smoker were examined.

Result: Across the three waves, Asian immigrants smoked at a much lower rate than their native-born counterparts. The gender gap of being a current smoker was much wider among Asian immigrants. The longer the Asian immigrants stayed in the United States, the more likely they were to become current smokers.

Discussion: These data confirmed the association of HME and Asian immigrants’ smoking behavior, and also provided strong evidence of the importance of smoking prevention among Asian immigrants. This study also implied the possibility of a decline in the effectiveness of HME on Asian immigrants as the time they spent in the United States increased.
Enhancing Baccalaureate Nursing Students’ Perception of Competence and Confidence During an Alternative DEU Experience: A Pilot Study

**Purpose/Objectives:** This pilot study explored the effect three consecutive adult health clinical placements, on a Dedicated Education Unit (DEU) in a mid-sized community, not-for-profit hospital, would have on baccalaureate nursing students’ perception of their growth in competence and confidence regarding clinical practice.

**Background/Lit Review:** While the DEU, as first developed in Australia, provided increased student educational opportunities, it has evolved and now focuses on addressing capacity and the nursing faculty shortage. As described in the literature, the common approach to providing a DEU experience for students has staff nurses in the role traditionally filled by faculty. In the model DEU used in this pilot study, the benefits of the DEU are enhanced by the continued presence of a faculty member with students on the clinical unit.

**Methods/Design:** In this quasi-experimental study, the convenience, purposive sample of students served as their own control. Approval to conduct the study was received from the study college’s Human Subjects Protection Committee. Benner’s Novice to Expert was the conceptual framework used. The initial course had eight students; attrition resulted in six students in the third course, with five females and one male. The Likert-type Competence/Confidence Self-Assessment Scale (CCSS) was constructed as a pre/posttest measure for the three clinical courses. Specific course objectives and a clinical evaluation tool were used to develop items for each semester’s CCSS. Content was validated by faculty; the small sample size precluded estimating internal consistency.

**Findings/Implementation:** Students’ posttest means for competence and confidence increased in each course’s CCSS.

**Results/Conclusions** Baccalaureate nursing faculty can use the CCSS format and insert their specific clinical objectives as items, thus allowing assessment of students’ views of their development in competence and confidence in individual clinical courses.

**Implications:** Faculty in other baccalaureate nursing programs could use the current tool format and insert their specific clinical objectives as items in the scale; the tool, then, could be used to assess students’ views of how they are developing in competence and confidence in individual clinical courses. This would permit faculty and staff in consecutive DEU courses to assist student by emphasizing areas in which they did not report an increase in these attributes.

**Recommendations:** Further research using one instrument for all three courses, and a comparison group of students, having clinical experiences on non DEU units, is recommended.
Purpose: To ensure the safety of students with severe food allergies on school buses by educating bus drivers/bus monitors about food-induced anaphylaxis action/prevention strategies.

Background: 5.9 million people have food allergies, including 1 in 13 children. Prompt administration of Epinephrine is critical to avoid death or disability from exposure to an allergen. Eight most common food allergens are responsible for 90% of allergic reactions. Bus drivers/monitors are responsible for students K-12, however, most are not familiar with prevention & action strategies to keep allergic students safe. No training is available in NYS.

Methods: A sample consisted of 87 bus drivers and bus monitors in a metropolitan NY school district, directly employed or contracted by the school district.

Procedures: The director of transportation department for a school district was contacted via phone, who acknowledged the need for an anaphylaxis training program. Olga Kagan, RN, MS was asked to provide a 30 minute overview of food-induced anaphylaxis, without hands-on training. Yong Lou, MD, PhD, Allergy, Asthma, & Immunology specialist helped review the content and consult during training. It was agreed that hands-on Epinephrine auto-injector training will be done by the school nurses in the following month.

Design/Implementation: Existing programs were reviewed, but none were tailored to transportation personnel. A PowerPoint was developed to address the needs of transportation personnel, incorporating elements of already existing on-line programs. Every participant received a folder containing handouts describing the two most commonly used epinephrine auto-injectors: EpiPen and Auvi-Q. Participants were given a card with written and visual images of symptoms of food-induced anaphylaxis by body systems, from Sanofi, maker of Auvi-Q.

Data Collection: A five-item questionnaire was developed, but not tested for validity or reliability. There was one multiple choice question to assess response to a potential emergency scenario, and four (T/F) items to various statements, including district policy statements. Prior to the presentation, participants were given pencils to answer these questions and to gather demographic data. After the training participants were asked to fill out the same questions on the back page of the questionnaire. Names were not collected. Additionally, to account for English language literacy, both questionnaires were displayed on screen and read out loud. A Likert-scale program evaluation tool, and blank spaces for future suggestions were included.

Results/Conclusions: Data was coded and analyzed in student-version SPSS. Frequencies of demographic data and paired t-test were completed. Statistical significance was set at p=0.05. Participants who answered showed gain (N=72, p=0.006).

Implications: To insure safety of food allergic students, bus drivers/monitors have to be familiar with food allergies and anaphylaxis, common allergens, and symptoms in order to provide immediate assistance during an anaphylactic emergency, including the use of an Epinephrine auto-injector. This program reinforced the school district’s policy of maintaining buses clean and free of food, with working communication devices at all times, and taking all complaints seriously, including food bullying.

Recommendations: As per the initial recommendation, hands-on training with two main Epinephrine auto-injector trainers was completed by the school nurses, in smaller groups, several weeks after the training. The next step is to assess knowledge retention and willingness to act five months after the initial training; and hold annual training, including hands-on Epinephrine auto-injector device practice. This pilot project may serve as a blueprint for other communities/organizations in the implementation of a similar program.
Faith Based Leaders Caring for Older Adults in a Natural Disaster:
A Grounded Theory Study of Hurricane Sandy

Grounded Theory Qualitative Research in Progress

Purpose: The purpose of this study is to explore how faith based leaders cared for community dwelling older adults in a natural disaster. This research will focus on Hurricane Sandy that affected Long Island, NY in October of 2012.

Research Question: How do faith based leaders care for community dwelling older adults affected by a natural disaster, such as Hurricane Sandy?

Background: Natural disasters are sudden and often unexpected. They can cause disruption, trauma, loss, and devastation of communities. A review of literature identified that local faith based community leaders have a major role in the recovery process during and after a natural disaster. Community dwelling older adults and the elderly have special needs after a natural disaster and may rely on their own community for support. Faith based community leaders may also play a crucial role in their recovery and healing process. There was a lack of research found on the process of faith based leadership in caring for community dwelling older adults and elderly in a natural disaster.

Methodology: This research is a qualitative study utilizing the grounded theoretical approach of Straus and Corbin (1998). Data will be collected through in depth interviews of faith based leaders who cared for community dwelling older adults during Hurricane Sandy. The interview will be audiotaped, transcribed, coded, and analyzed to determine categories and themes. This will lead to substantive theory about the process of faith based leadership in caring for older adults in a natural disaster.

Significance for Nursing and Health Care: The significance of this study will be to understand the process and the crucial role that faith based community leaders have in caring for older adults in their community after a natural disaster. This study will help in the future planning for disaster preparedness.
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The Newly Single Widowed Older Adult Black/African American Woman Navigating Intimacy After A Long-Term Monogamous Relationship
Grounded Theory Qualitative Research in Progress

**Purpose:** It is not known how the newly single widowed older adult Black/African American woman (WOAAW) navigates intimacy after a long-term monogamous relationship, where there is potentially an increased risk of sexually transmitted illnesses. The purpose of this research is to understand the decision-making and planning process involved in navigating new sexual intimacy. The intent of this study will be to explore the process of the older adult woman, 60 years of age and older, planning intimate relationships after the end of a long-term monogamous relationship (≥10 years) by use of Grounded Theory guided by Corbin & Strauss methodology.

**The Aims are to:**
- Gain an understanding of the process that precipitates the WOAAW to enter a new intimate relationship after the end of a long-term relationship.
- Identify the process of decision-making regarding choosing an intimate partner and having intimate relationship(s).
- Discover their understanding and navigational skills regarding STI prevention.
- Identify health-teaching information needs surrounding the decision to engage in an intimate relationship.

**Background/Literature Review:** Blumer (1969) identifies three assumptions of Symbolic Interaction that clarify the perspective for how a researcher will look at the actions of the participants within their environment, and it guides the researcher in collecting and analyzing data:
- People act toward things and people on the basis of meanings they have for them.
- Meanings stem from interaction with others, and people’s meanings are modified through an interpretive process used to make sense of and manage social worlds.

**Implementation**
- Data analysis will use constant comparative analysis (Strauss and Corbin, 1998)
- Data will be analyzed by line-by-line, open coding, and axial coding, the followed by selective coding. Categories will be linked to subcategories
- Major categories are then integrated to form a larger theoretical schema and the research findings will take the form of a theory.
- QSR N Vivo and participants will validate the theoretical schema.

**Implications**
- Findings may suggest how community education, policy, and practice will inform healthy decision making for health and safety of older adult newly single women.
- Findings will inform community nurse and a multi-disciplinary approach to addressing the needs of the older adult woman, living in the community.
- Finding will provide funding for future nursing research and community support through spiritual, and social counseling for improved health and wellness.
- This study will provide the groundwork towards developing a mid-range theory that informs the health care community of ways to deliver culturally competent informed care to this growing segment of the population.
Knowledge, Attitudes, and Self-reported Behaviors of Psychiatric Nurses Towards Obese Psychiatric Patients on Atypical Anti-psychotropic Medications: Psychometric Development and Testing

Research in Progress

Background/Purpose: Obesity has continued to increase over the years with increase in morbidity, mortality, and medical expenditure. There is a higher prevalence of obesity among the psychiatric population than the general population related to the side-effect of the newer anti-psychotic medication being a major contributing factor. This study will address medical professionals’ attitude towards obesity and people who are obese, focusing on psychiatric patients. Negative attitudes and low knowledge about psychiatric patients on anti-psychotropic medications can interfere with psychiatric nurses’ therapeutic potential to help patients who are obese with health promotion behaviors that will help them improve their health. The purpose of this study is to describe and develop one instrument to measure the knowledge, attitude, and behavior of psychiatric nurses towards the mentally ill obese patient on the weight inducing anti-psychotic medications. The secondary purpose is determine if psychiatric nurses’ knowledge, attitudes and behaviors are different when the patient is obese vs. the patient is normal weight.

Methods: This study will use a descriptive design with two phases to develop and psychometrically test one instrument that can be used in future studies. Phase one will be to adapt the existing instruments, for which permission has been granted, by first using expert panelists for content validity. The adapted instrument will be the Attitude Knowledge and Behavior Towards Obese Patients Instrument (AKBTOPI) and include both semantic differential and Likert-style items. In the second phase, the instrument will be given to psychiatric nurses who are six months or more in practice, using a sample of graduates (n=130) who were members of the National Student Nurses Association (NSNA). Developed vignette scenarios about an individual with a severe mental illness will be provided to the participants via an on-line survey questionnaire. Subjects will be randomly assigned to one of two identical patient clinical cases with one exception. The patient’s weight will be different in the cases: one will be obese, the other will be normal weight. Subjects in the experimental group (obese case) and control group (normal weight case) will be asked a series of questions based on the scenario they have received. The hypotheses tested will be that nurses will respond less knowledgabley and more negatively to the case where the patient is obese than when the patient is normal weight. Data analysis will include instrument testing (content validity index, reliability), parametric testing, t-test, ANOVA, and logistic regression

Conclusions and Implications: Negative attitudes from professionals are environmental challenges that should be removed. Development of a valid and reliable instrument will allow for the measurement of the subtle negative attitudes nurses may have towards psychiatric patients who are obese in the clinical setting. This instrument will assist in understanding the nurses’ underlying knowledge and attitudes while identifying and directing educational needs of psychiatric nurses, as students and in the clinical areas. The instrument will also aid efforts to mitigate negative or biased attitudes in caring for psychiatric patients who are obese or at high risk of becoming obese.
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Trajectory of the Impact of Malaria Treatment and Efforts of Eradication by WHO and Other Organizations in Africa

Aims: This paper identifies the impact and improvement noted in the efforts to eradicate Malaria by the World Health Organization (WHO) and other organizations in Africa and other parts of the world.

Background: Malaria is an entirely preventable and treatable mosquito-borne illness. According to the WHO Malaria Report (2013), in 2013, 97 countries had ongoing malaria transmission. An estimated 3.4 billion people are at risk of malaria, of whom 1.2 billion are at high risk. In high-risk areas, more than one malaria case occurs per 1000 population. Despite all the efforts, Malaria remains one of the major causes of morbidity and mortality worldwide, especially in Africa (Abuaku et al., 2012). WHO and others have spearheaded ongoing Malaria projects in all countries at risk. In Ghana, the National Malaria Control Program (NMCP), the World Health Organization (WHO) and the surveillance system team from the epidemiology department of the Noguchi Memorial Institute for Medical Research (NMIMR) are a team of researchers who by following protocols and guidelines, are making progress towards reducing their Malaria case incidence with improved identification methods, effective treatment plans, and more feasible preventive measures.

Methodology: This review of literature explored current information to add to past research and raw data collection. A search was undertaken using online databases covering at least a 10-year period, from 2000 to 2013.

Conclusion: The extensive literature review appears to indicate that great progress has been made in the areas of surveillance, monitoring, treatment, and in the reduction of incidence rates. Efforts and funds of individuals and organizations on local, national, and international levels have sustained the fight against Malaria, but there still remains a great need for additional financial support to achieve successful eradication.
Hesook Suzie Kim’s theory details the intra and interrelatedness of foundational elements in nursing, allowing for the delivery of comprehensive, holistic patient care. The authors have interpreted Kim’s four conceptual domains of Client, Client-Nurse, Environment and Practice, and examined the practical applications of these concepts as a first step toward developing theory-based research that will form their dissertations.

By focusing on a single domain, each contributor developed a researchable area relevant to nursing using the domain’s structure.

Each domain approach and components described by Kim allowed the authors to consider potential researchable questions in a variety of areas of practice.

By applying the elements of Kim’s domains, each author will describe how the elements relate to the practical application.

The poster presents an overview of the structure and elements and the authors will discuss their associated researchable questions to be examined for potential study.

Keywords: Hesook Suzie Kim, Kim, domains, nursing phenomena
Reflective Practice, Inter-professional collaboration, inter-professional education, teaching and sharing amongst different staff groups

Learning with, from and about each other within multidisciplinary practice encourages individuals to gain a shared understanding of the nature of the caring task, offering an insight into differing disciplinary perspectives and building a collaborative ethos in the team’s approach to care.

However, despite such noticeable benefits of working collaboratively, there are challenges that often hinder this within the clinical practice environment.

Therefore, one of the ways of encouraging a shared understanding that fosters collaborative approaches amongst professionals is to provide a platform that encourages openness.

Engaging with each other enables individuals to realise the ‘collaborative advantage vision’, leading to the social construction of knowledge and co-creation of a shared understanding of the nature of the caring task.
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Saudi-Nursing-Workload – Measurement

**Introduction:** Nursing cost is the biggest human resource budget in any health care institution. Determine the appropriate number of nurses needed to provide a safe nursing practice is a challenge face health care decision makers. Saudi Nursing Workload Measurement (SNWM) project aims to create an evidence based formula facilitate for health care institutions recruiting strategies that assure patient safety. Only (76 %) of nurse’s time is given to direct patient care and (24%) to non direct patient care. Two hours in each eight hours gone for a non nursing time.

**Methods:** from different international tools, Belgium Nursing Minimum Data-I (BNMD –I) surfaced as the most convenient tool, only minimal modifications done according to panel of experts recommendations. Permission to use and modify the tool had been taken, IRB approval taken from MOH. Data collected through the assessment of patients’ acuity two times by different evaluators on three days per week. Data collected from all In-patient units in two medical cities and five hospitals, in Riyadh city and three hospitals in Jeddah city, all of them are governmental hospitals.

**Result:** data had been validated by re-evaluate (5%) of total patient days. The time for each nursing intervention had been measured. Patient’s assessment had been done by using SNWM tool. Each item had been weighing by point. During the data collection SNWM time validate each point in SNMW tool in manner of time and compeer it to the international readings. The related information reflects the time that average nurse spent it to do a specific nursing interventions to patient. Total of (7634) patient days in (173) units over the 2 medical cities and eight hospitals, All of these units had been re- categorized to 20 general units as seen in table(1). The average of nursing productivity during our study is 92.9 point per shift per nurse (3.4 minutes for each point), that had been affected by the large amount of non – nursing task on nurse, level of nursing experience and minimum accepted nursing qualification for practice between Europe hospitals and hospitals in Saudi Arabia.

**Conclusion:** The data collected determine the number of nurses should be available in each unit based on the nursing productivity which is the maximum number of points that nurse on the average level able to tolerate it with concern on patient safety and safe practice manner and compeer it to the actual situation in the units during that time, and suggest ratio based on scope of service in the related units.
The Effect of Projecting The Reflection Of The Individuals’ Self-esteem (Pride) Therapy on The Level of Self-Esteem Among Physically Challenged Adolescents

Research Problem: The main problem of the study was to determine the effect of Projecting the Reflection of the Individual’s Self-esteem (PRIDE) therapy on the level of self-esteem of physically challenged adolescents.

Objectives of the Study: The study determined the effect of PRIDE (Projecting the Reflection of the Individuals Self-esteem) therapy on the level of self-esteem among physically challenged adolescents.

Methodology: A quasi-experimental study was used which involved 30 randomly-assigned subjects, 15 in the experimental group and 15 in the control group. The Projecting the reflection of the Individuals’ Self-Esteem (PRDIE) therapy was administered to the experimental group. The researchers utilized the Sorensen Self-Esteem test tool as a pretest and posttest questionnaire and yielded a Cronbach’s alpha of .912. Paired T-test was used to analyze the gathered data.

Discussion of the Findings: The results showed that after the administration of PRIDE therapy, there was an increase on the level of self-esteem. The experimental group had a value of 3.590, which was significant and meant that the level of self-esteem is significantly increased. On the other hand, the control group, had a value of -2.207 which was also significant, therefore, the level of self esteem significantly decreased

Conclusion: the PRIDE Therapy is effective in increasing the level of self-esteem among physically challenged adolescent. Conclusion: the PRIDE Therapy is effective in increasing the level of self-esteem among physically challenged adolescent.

Recommendations: The researchers recommend the use of PRIDE Therapy as an intervention in handling physically challenged patients, especially adolescents, in order to enhance their self-esteem. Also, the researchers recommend that nursing students be informed on the efficacy of PRIDE Therapy in enhancing the self-esteem of physically challenged patients. Furthermore, the inclusion of a psychologist during the implementation of PRIDE Therapy, specifically art therapy, to be able to have a more focused interpretation of the drawings and really be able to see the projection of their self-esteem is also recommended.