USG Proceedings Journal

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8th International Conference on Nursing Science and Practice

Keynotes

A Social Movement for Safe Gun Storage: Our Kids Can Live With it

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Abstract

Today, the leading cause of death for American children is firearms. Tragically, many of these deaths result from suicides with unsecured guns in their own or a friend's home. Others are due to homicides involving stolen guns. Most of these children might still be alive if those guns had been stored securely. So, how can we save lives?. We need a social movement for safe firearm storage. University of Minnesota anthropology professor Luther Gerlach studied movements like black power, pentecostalism, and environmental action, identifying five key elements in these social movements:

- A network of organizations that communicate but act independently.
- A way to recruit new members.
- A process to commit members to the cause.
- A clear ideology.
- Opposition to a real or perceived threat.

This framework could drive a secure firearm storage movement, just as it did for the smoke-free movement that now lets us dine, fly, and receive medical care without breathing tobacco smoke. Many pieces of this movement already exist. Organizations like the American Academy of Pediatrics, Protect Minnesota, Moms Demand Action and Everytown are advocating for secure storage. Campaigns like Be SMART provide resources for parents, including text messages and videos on how to ask if firearms in another home are stored securely before a playdate or party. In his presentation, Dr. Kottke will discuss how nurses can become vectors for firearm safety in their work, in their homes, and in their communities.

Special Talk

Male Pelvic Health and the Genital-rectal Exam: Context, Perspective, Technique

Robert Mullgardt*

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Abstract

The examination of the genital and rectal area of the male body is often omitted or deferred during the standard physical examination for a variety of reasons including avoidance of patient embarrassment, clinician discomfort and uncertainty with performance, or deferring to urology as their responsibility. With the majority of males not under the care of a urologist it is necessary to normalize the inclusion of the genital-rectal exam within the primary care level of examination. A detailed yet simple exam format with helpful notations is given to ensure an efficient and thorough exam with attention to both clinician and patient sensibilities. Techniques and tips for successful implementation of the exam will be provided.

Featured Presentations

The Feasibility of a Nurse-practitioner Neuro-oncology Consultation Service

Jennifer Viner*

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Abstract

Background: Well-implemented, team-based care that includes nurse practitioners (NPs) may improve the comprehensiveness, coordination, efficiency, effectiveness, value of care, and satisfaction of patients and providers. This project aimed to demonstrate the feasibility and contributions of having an NP-led consultation service for neuro- oncology patients with brain metastasis at an academic medical center.

Methods: A 6-month pilot program was implemented at an academic medical center. Referring neurosurgery providers rated the NP consultant's willingness and skill to guide best practice. A post-test survey was used to analyze the responses. The average number of monthly referrals, consultations, and subsequent clinic visits were compared with the 6-month, preintervention period and analyzed using an independent t-test. Additionally, public salaries were collected to demonstrate the cost avoidance of having an NP in the role rather than a physician. Billing charges were retrieved to highlight relative value unit (RVU) productivity.

Results: A total of 10 responses yielded an 80 - 90% agree/strongly agree rating supporting an NP performing consultations. The model maintained the average number of monthly consultations requested and conducted. Overall RVU productivity increased, and clinic follow-up visits also increased with the NP-led model ($p < 0.01$).

Conclusion: The NP-led consultation service for neuro-oncology patients with brain metastasis proved to be feasible, generated value for the organization, provided skilful consultations, and maintained the number of referrals while increasing clinic follow-up visits. These findings suggest that an NP-led model may serve as a useful framework for other NP-led models of care in the future.

Leveraging Technology and Vendor Collaboration for Nursing Education

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Abstract

Industry vendors often provide education for devices at the point of care; however, nurses are not usually involved in the implementation or evaluation of this education. A partnership with vendors to include learning theories will enhance nursing practice and patient experiences. A team of nurses partnered with a device vendor to implement a structured, hands-on in-service to increase competence with a new device. Nurses scanned QR codes with their smartphones to complete a pre/post evaluation survey on knowledge and self-perceived competence with the device: 536 inpatient nurses (57.1% of 938 targeted) completed the vendor-led education. After the education, 91.2% passed a 6-question knowledge test about the device. Nurses who rated their competence with arterial compression devices as no experience decreased from 21.8% to 4.7%, and ratings of can do independently increased from 37.2% to 60.1% ($p < 0.001$). This nurse- vendor partnership led to the design and implementation of a theory-driven training that positively impacted nurses' competence with a new medical device. To address the potential for knowledge and skill decay with the low-frequency device after the education, nurses received badge stickers with a QR code leading to a website with a video and a link to the procedure manual. Analytic data from QR scans, video, and document views were utilized to monitor the use of reference materials 12 months after the education. The evaluation of the data analytics revealed periodic viewing (3-4/week) of the online resources, establishing benchmarks for the use of educational resources as novel methods to enhance nursing practice.

Cracking the Code: Mastering Teen/Young Adult Communication for Nurses and Educators

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Abstract

In the fast-moving world of teen/young adult talk, it is essential for professionals who work with these individuals to be up

to date on modern slang – in some cases, there are new meanings every school year. The slang of today's youth is not just a quick interim from which they will grow; rather, it serves as an evolving instrument that accurately reflects their culture and interaction. Understanding this specialized linguistic space can increase communication and trust and help strengthen clinical comprehension between adolescents and nurses/educators. The goal of this presentation is to provide tools that professionals can use immediately to decipher what teens/young adults are trying to communicate using slang. We will consider where and what meanings popular slang terms come from, how they are used in social environments, and their mental/ emotional implications. The session will show attendees what teenage/young adult slang talks about broader social issues like identity, peer pressure, and mental health. The session will also explore the communication hurdles and opportunities that can occur when working with professionals unfamiliar with this growing terminology. When nurses and educators decode those expressions, they begin to understand the individuals better, fostering more meaningful interactions with them.

The Relationship Between Midwifery Practical Skills Evaluation and Midwifery Experience Among Young Midwives Working at Perinatal Medical Centers in Japan

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Abstract

The purpose of this study was to clarify the association between the level of midwifery skills evaluation and midwifery experience in maternity care among young among those with less than five years of experience working at perinatal medical centers in Japan. The survey was randomly selected from 407 perinatal maternal and child health care facilities across the country and surveyed midwives from 38 locations who cooperated in the survey. Maternity care skills (20 items on pregnancy, 41 items on labor, 34 items on the puerperium and neonatal period) were used as survey items. 27 were in their second year of midwifery experience, 33 in their third year, and 39 in their fourth year. The percentage of "possible" response was high for 17 items in < diagnosis and care during pregnancy >, 37 items in < diagnosis and care during labor >, and 31 items in < diagnosis and care in puerperal and neonatal periods >. The percentage of responses other than "possible" was high for items in the high-risk diagnosis and care in all periods. In terms of "care during maternal transport" and "mental follow-up of mothers and families with children with fetal abnormalities, in utero death, and similar issues, midwives with 2 years of experience had a low score for "possible". Clearly, young midwives still have items that are difficult to evaluate with confidence." Midwives have yet to acquire the skills necessary for high-risk cases compared to low-risk cases. We believe that these skills would improve as the midwife gains more experience.

Evaluating Nurses' Psychological and Operational Preparedness for Mass-casualty Events in Saudi Arabia

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Abstract

Aim: This study assessed nurses' psychological and operational preparedness for mass-casualty events in healthcare settings.

Background: Nurses are vital responders in mass-casualty events, which demand quick and effective actions. Both psychological and operational preparedness are key to ensuring their ability to manage such high-pressure situations.

Methods: A multicentre, cross-sectional study was conducted among 156 emergency nurses in Saudi Arabia. Data were collected using a structured questionnaire based on the Transactional Model of Stress and Coping and the Hospital Emergency Incident Command System to assess psychological and operational preparedness. Data collection included demographic information, previous training, incident response experience, preparedness priorities for various mass- casualty events, and perceived challenges and barriers to response. The data were analyzed using descriptive and inferential statistics.

Findings: Discrepancies were observed between training and response experience for mass-casualty events, with natural disasters showing the highest alignment and priority, while transportation and fire-related incidents had greater response than training, suggesting reliance on practical experience than formal education. War injuries were among the highly prioritized, with training exceeding response, potentially reflecting geopolitical concerns. Psychological and operational preparedness were moderately rated, with a strong correlation between the two, indicating that enhancing psychological resilience could improve overall preparedness. Key perceived barriers included staff shortages, inadequate resources, psychological stress, insufficient training, and unclear protocols or lack of guidelines.

Conclusion: The study highlights moderate preparedness levels, with a need for more targeted training and systemic improvements to address identified barriers. Implications for Nursing and Health Policy: Health policies should prioritize comprehensive disaster preparedness programs with mental health support, clear protocols, and adequate training to improve nurse preparedness for mass- casualty events. Addressing perceived barriers will strengthen the healthcare system's emergency response.

Keywords

Mass-casualty events, Psychological preparedness, Operational preparedness, Emergency nursing, Disaster response, Nursing education

Impact of RN Staffing, Workload, and the Practice Environment on Burnout in Emergency Department Nurses

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Abstract

Significance: Burnout among registered nurses is an ongoing nurse workforce issue. Yet, there are no quantifications of the impact of RN staffing, perceived workload, and practice environment on burnout among nurses in emergency departments (ED).

Purpose: This study examined the interrelationships among RN staffing, perceived workload, practice environment, and burnout among hospital-based ED nurses in New Jersey (NJ).

Methods: A cross-sectional, correlational, survey design was used. An email invitation with a survey link were used to recruit potential participants, from a publicly available list. Burnout used a single-item measure. RN staffing was assessed as patient-to-RN ratios with a single item: How many patients were assigned to you on your last day worked? The perceived workload subscale of the individual workload perception scale measured workload. The practice environment scale measured the practice environment support.

Population: Sample consisted of one hundred and eighty-eight ED RNs.

Results: Seventy-two percent reported moderate to complete burnout. Thirty-four percent reported sustained or complete burnout. Patient-to-RN ratios were not significantly associated with burnout. Perceptions of high workloads and unsupportive practice environment ratings had significant independent direct effects on the odds of high burnout. An unsupportive practice environment significantly mediated an indirect relationship between high-perceived workload and high burnout. Practice environment did not mediate an indirect effect of patient-to-RN ratios on burnout.

Conclusion: There's an urgent need to reduce burnout among ED RNs. Study findings points to a pressing need for hospital and emergency department leadership to implement strategies to improve the practice environment and decrease workloads.

Nursing Research Capability of Clinical Nurses: A Cross-sectional Study

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Abstract

Background: As nursing evolves into an independent discipline in China, the research capability of clinical nurses emerges as a pivotal element in enhancing healthcare quality and fostering professional development. However, there exists a gap in understanding the current state of research capabilities among these nurses, which is crucial for informed interventions.

Aim: To assess the research capabilities of clinical nurses in China and identify factors influencing these capabilities, to inform the development of targeted training programs.

Design: A descriptive cross-sectional study was conducted using the nursing research capability self-assessment scale (SAC-NRC).

Settings: The study encompassed various hospitals in Hubei Province and other regions across China.

Participants: A total of 1074 clinical nurses, predominantly female (92.55%) with an average age of 33.11 years, participated in the study.

Methods: Data were collected through an online survey from September to November 2023. The SAC-NRC was utilized to evaluate the nurses' research capabilities, with data analysis performed using SPSS® 26.0 software.

Results: The findings indicated a moderate level of research capability among the participants, with an overall low average SAC-NRC score of 89.11 ± 27.69. Significant variations in research capabilities were observed, influenced by educational level, professional title, nursing level, department, and role, suggesting that higher educational attainment and professional titles are associated with better research capabilities.

Conclusions: The study highlights a moderate yet improvable level of research capability among clinical nurses in China. It underscores the need for the "Enhancing Nursing Research Capabilities" training program, aimed at equipping nurses with the necessary skills and knowledge to elevate their research competencies, thus contributing to the advancement of nursing practice and patient care.

Keywords

Nursing research capability, Nursing research, Clinical nursing research, Nursing education research, Nurses, Cross-sectional studies, Training program, Nursing research capability self-assessment scale

A Literature Review of How Nursing Regulation is Acknowledging Just Culture and Implementing Right-touch Discipline

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Abstract

Preventable medical errors occur in the United States by the tens of thousands each year. Nurses often work in systems that contribute to these errors. This study looks at the methods that Boards of Nursing (BONs or Boards) are incorporating the principles of just culture (JC) and right-touch discipline in these cases. The Journal of Nursing Regulation was searched for the terms "just culture" and "safety culture." These articles were then examined for ways that BON's are acknowledging the need to incorporate JC in their regulatory practices. In the end, there were articles written by six boards of nursing discussing how they are integrating JC into their processes. There were also three articles by the National Council of State Boards of Nursing (NCSBN) providing guidance and advice for all regulatory bodies in the arena of just discipline. Though the extent to which BON's are incorporating right-touch practices into their discipline process cannot be fully known from this search, it is likely that BON's may need to look into ways that they can create a conversation in their workplaces and educate facility leaders in these areas.

Oral Health and Primary Care: Identifying Barriers and Improving Chronic Health Care Outcomes

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Abstract

Oral health (OH) is a health disparity that affects individuals of all age groups. The health disparity affects over 3.5 billion individuals worldwide. There are multiple barriers such as access to dental health care, cost of services, and limited resources that contribute to poor health outcomes. Risk factors such as fluoride deficiency, physical disability, socioeconomic status, and lack of focus on health promotion are contributors to poor OH outcomes. Dental caries, severe periodontitis, endentulism, and oral cancers are the most prominent oral health findings. Chronic medical conditions such as diabetes, autoimmune processes, and cardiovascular disease have been found to have a bidirectional link between poor oral health and the development chronic disease. In additional unmanaged oral health, inflammation and infection can lead to chronic health conditions that are slow to respond to initial management. To improve overall health outcomes of OH and chronic medical conditions, primary care providers can provide patient education, health promotion, and oral health screenings as preventative health measures. In addition, providers can minimize the negative effects of the bidirectional link between the development of either OH disease or a chronic health condition, by initiating early treatment of acute infection, providing referral to dental services, and with tight monitoring and control of pre-existing chronic medical health conditions.

Virtual Nurse Program: From Conceptualization to Implementation

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Abstract

Health systems currently face many pressing challenges including nursing staffing and low well-being of nurses. In response to these issues healthcare systems are increasingly having to adjust their delivery of care to incorporate innovative care models. In this presentation, I will discuss the implementation of our novel Virtual Nurse Program (VNP) at our health system in the Midwest, which was implemented to address these ongoing issues. The goals of the VNP were to facilitate bedside support and provide high-quality patient care, as well as yield improved patient and nurse experiences, outcomes, and safety. To alleviate this, we leveraged technology to enable "virtual nurses" to conduct and reduce the burden of work on the bedside nurses. To assess the efficacy of this program, we analyzed patient throughput, namely discharges that occurred before 2 pm, and "returned hours" to the bedside nurse. Preliminary evaluation of outcome metrics demonstrated that this program resulted in improvements in both metrics. Specifically, patient discharges by 2 pm increased by 17%. Moreover, a total of 11,030 patient encounters were completed by the virtual team during the pilot corresponding to an estimated 5,162 hours returned to the bedside nurse. This time-back critically enable the bedside nurse to focus on patient needs that can only be addressed in person. While these metrics emphasize the success of the pilot VNP implementation, I will discuss several of our "lessons learned" that will be incorporated to our future implementations and directions.

Nurse Led Novel Stroke Response Unit Improves Door to Needle Metrics and Patient Outcomes

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Abstract

Adding an Emergency Department-Stroke Response Unit (ED-SRU) improves time-sensitive stroke metrics that can improve stroke patient outcomes. The ED-SRU is staffed with highly trained neuroscience specialty nurses. We aim to describe the implementation and outcomes of a specialty nurse led ED-SRU. The collaboration of the Neuroscience and Emergency trained nurses was a key component to this hospital's success in surpassing national benchmarks for timely delivery of stroke treatment. Specifically, the door-to-needle time for intravenous (IV) thrombolytics significantly improved. This ED-SRU highlights that interdisciplinary nursing can efficiently accomplish high level triaging and care of complex stroke patients.

Perceived Preparedness for Radiological Emergencies Among Saudi Nurses: A Cross-sectional Study

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Abstract

Recent research in Saudi Arabia on nurses' preparedness for nuclear and radiological emergencies (NREs) has primarily focused on their willingness to respond and baseline factual knowledge. However, how nurses perceive their preparedness—including familiarity with protocols, attitudes, and confidence—remains unexplored. This study addresses this gap by assessing these dimensions, identifying factors influencing perceived preparedness, and evaluating the impact of training and experience. A cross-sectional survey of 237 nurses conducted from May to July 2024 revealed a moderate overall preparedness score (3.60 ± 1.06). Scores for familiarity, attitudes, and confidence were 3.55 ± 1.07, 3.79 ± 0.95, and 3.46 ± 1.08, respectively. Confidence was particularly low in administering radiation countermeasures (3.06 ± 1.12) and performing decontamination procedures (3.33 ± 1.13). Only 14.3% of nurses rated hospital readiness as "Good," while 43.5% rated it as "Poor" or "Very Poor." The current study found that nurses perceive their own preparedness and familiarity with response protocols as higher than their actual factual knowledge. This discrepancy suggests a potential overestimation of their readiness, which could lead to challenges in effectively translating perceived confidence into actionable response capabilities during emergencies. Overall, these findings highlight significant gaps in nurses' familiarity with institutional protocols and confidence in technical skills critical for NRE response. To bridge these gaps, targeted interventions such as hands-on simulation training and enhanced organizational readiness are necessary. Addressing both knowledge deficits and system-level barriers is vital to strengthening nurses' preparedness

and building a resilient workforce capable of effectively managing radiological emergencies.

Keywords

Radiological emergency preparedness, Nursing practices, Knowledge and attitudes, Hospital readiness, Emergency response training

The Global Status of Nursing Research on Hemodialysis: A Bibliometric and Visualized Analysis

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Abstract

Background: Hemodialysis (HD)-related nursing research has been growing over the past 2 decades, providing critical insights into improving patient care and outcomes. This study aimed to visualize the hotspots and emerging frontiers in HD-related nursing research, offering valuable references for future studies.

Methods: A bibliometric analysis was conducted on publications related to HD nursing research from the Web of Science Core Collection database, spanning the years 2002 to 2023, and the characteristics of literature such as authors, co-cited authors, countries, research institutions, journal distribution, keywords, and cited literature were visually analyzed using CiteSpace and VOSviewer.

Results: A total of 1019 publications were included in this study. The major contributors to this field were the United States, China, and Australia. The University of Sao Paulo emerged as the most prolific institution. The principal contributors were the Nephrology Nursing Journal, followed by Journal of Renal Care and Journal of Clinical Nursing. The top 5 co- occurrence keywords included HD, quality of life, dialysis, chronic kidney disease, and end-stage renal disease. The burst detection of keywords showed that current research frontier trends were pain and validation. The top 5 largest clusters of cited references included research on systematic review research, nurse-led disease management program, family caregiver, end-stage renal disease, and self-care intervention.

Conclusion: This study reveals productive authors, countries and institutions, research hotspots, and trends of HD-related nursing research over the past 2 decades, offering a comprehensive overview of this field worldwide.

Demographic Characteristics and Coping Strategies as Predictors of Workplace Bullying Among Nurses in Selected Government Hospitals in Jordan

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Abstract

This study aimed to examine the relationship between workplace bullying and job satisfaction, to determine the strategies adopted by nurses to cope with workplace bullying and to assess the unique predictors of workplace bullying dependent on age, gender, and coping strategies used. A cross-sectional correlational design was used. A random sample of 365 registered nurses employed in four governmental hospitals completed self-administered questionnaires on bullying. Pearson correlation coefficient, Independent sample t-test, ANOVA, and Multiple linear regression analysis were performed to analyze the results. The prevalence of workplace bullying is 86.3% of study sample. Values of 0.5%, 13.2%, were established for the categories of "not bullied" and "sometimes bullied" respectively. The mean score of job satisfaction is 61.41, which means that our participants are satisfied with their jobs. The highest scores were obtained in the escape avoidance coping strategy (Mean score = 1.99, SD = 0.40) followed by seeking social support (Mean score = 1.85, SD = 0.52), and the lowest scores were obtained in distancing (Mean score = 1.49, SD = 0.40). The results indicated that the total score of the NAQ-R and the NAQ-R subscales were not significantly correlated with job satisfaction ($p > 0.05$). The analysis revealed that age was significantly correlated with physical bullying ($r = 0.109$, $p = 0.037$), where advanced age was associated with more exposure to physical bullying at the workplace. Positive reappraisal, seeking social support, and escape avoidance strategies, and gender are predictors of workplace bullying. Nurses need to maintain healthy respectful relationships.

Does Marital Violence affect Nurses Physical and Mental Health: A Crucial Need to Address Violence Against Nurses

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Abstract

Aim: This study aimed at to investigate the relationship between marital violence (MV) and Jordanian nurses' physical and mental health.

Background: MV against nurses could have negative impact on mental and physical health, with lower productivity, and low quality of care. Despite the negative impact of MV on female nurses' health, few studies have investigated its physical and mental aspects.

Method: A descriptive correlational design was used to investigate the relationship between MV and the physical and mental health of female Jordanian nurses. One hundred ninety-eight female Jordanian nurses from five governmental hospitals were recruited. The Women Abuse Screening Test was used to measure forms of violence, and the SF-36 V2 instrument was used to examine physical and mental health. The prevalence of violence was calculated, and the linear relationship between violence and physical and mental health was measured using Pearson correlation.

Results: Female nurses reported a high percentage of different forms of violence. The study results revealed a negative relationship between violence and mental health and physical health.

Conclusion: Jordanian female nurses suffered hazardous physical and mental health consequences of violence that adversely affect their entire life.

Implications for Nursing Policy and Education: Nursing educators should establish clear guidelines and training policies on MV for nurses through creation of an effective and cooperative networking and resources. Also, nursing/ health policymakers should create responsive healthcare environment through raising the awareness on MV against nurses and providing counselling services for emergency and concurrent cases. The results of this study will provide information on the magnitude of MV against female Jordanian nurses and its relationship with mental and physical health. findings will help policymakers to develop and apply policies and programs for early detection and prevention of MV against nurses. Also, findings will help evaluate the efficacy of the ongoing prevention programs, and eventually help in decreasing the shortage and turnover of nursing staff, and consequently improve the quality of patient care.

Keywords

Marital violence, Cultural, Impact, Mental health, Physical health

Knowledge, Attitude, and Practices of Syrian Refugees Women Towards Urinary Tract Infection: A Cross-sectional Study

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Abstract

Background: Urinary tract infections (UTIs) are a common health concern among displaced populations, including Syrian refugees. Inadequate sanitation, limited access to clean water, overcrowded living conditions, and poor healthcare services among refugee camps can contribute to the increased risk of UTIs.

Purposes: This study assesses Syrian refugee women's knowledge, attitudes, and practices toward UTIs in the Al-Mafraq Governorate, examining the relationships between the selected demographics and the level of knowledge, attitudes, and practices of Syrian refugee women toward UTIs.

Materials and Methods: Using the systematic sampling method, a descriptive-correlational study was used to recruit 400 Syrian refugee women. Structured interview questions were utilized to gather data from two clinics.

Results: The mean age of study participants was (M = 26.51, SD = 7.4) years, ranging between 15 and 45 years. Most women (n = 349, 87.3%) had secondary education or less, while the mean age at marriage was (M = 18.2, SD = 3.5) years. The total mean score of knowledge about UTIs was 41.26% (SD = 14.8). The overall mean knowledge scores were as follows, regarding UTI: causes (M = 2.92 (1.34) out of 7), transmission modes (M = 1.40 out of 3, SD = 0.89), symptoms (M = 2.10 out of 7, SD = 1.5), complications (M = 2.10 out of 7, SD = 1.5), and preventive measures (M = 4.30 out of 9, SD = 1.7).

Conclusions: This study reveals that Syrian refugee women in Jordan lack a basic understanding of UTIs. Additionally, among Syrian women, the signs and symptoms of UTIs were frequently self-reported. This study serves as a starting point for additional investigation and highlights the necessity of UTI education campaigns for women.

Keywords

Knowledge, Urinary tract infections, Attitudes, Health practices, Syrian refugees

Evaluating Saudi Arabian Nurses' Willingness to Respond to Nuclear and Radiological Disasters

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Abstract

Aim: We evaluated Saudi Arabian nurses' willingness to engage in nuclear and radiological disaster response.

Background: Amid increasing nuclear and radiological threats, nurses must be prepared. Nurses play a crucial role as frontline responders during health emergencies, making their readiness to help manage high-stakes situations paramount to public safety.

Methods: A cross-sectional survey was conducted among 612 registered nurses in Saudi Arabia. The survey used a structured questionnaire based on the theory of planned behavior, identifying behavioral intentions as the primary outcome and attitudes toward these behaviors, subjective norms, and perceived behavioral control as influencing factors. The data were analyzed using descriptive and inferential statistics.

Results: Most respondents lacked specialized training and reported strong behavioral intentions. Attitude and perceived behavioral control were key drivers of these behavioral intentions, with less impact from subjective norms. Behavioral intentions were also shaped by education, the perceived likelihood of nuclear and radiological emergencies in their region, peer influence, perceived self-efficacy, and family concerns. Younger and married nurses showed significantly stronger behavioral intentions.

Discussion: While most nurses lacked specialized training, their strong engagement intentions and positive responses to active learning and training indicate a desire to close this gap through further education. However, inadequate institutional support, trouble communicating with family, and concerns about personal radiation exposure emerged as potential barriers.

Conclusion: Targeted educational initiatives and support systems are needed to enhance nurses' confidence, competence, and willingness to engage in radiological and nuclear emergency scenarios.

Implications for Nursing and Health Policy: Policymakers should develop specialized training programs and support mechanisms for nurses to ensure effective disaster preparedness and responses amid increasing radiological and nuclear threats.

Keywords

Disaster response, Nuclear emergencies, Nurse preparedness, Nursing education, Radiological disasters, Saudi Arabia

Targeted Positive Psychological Intervention Improves Healthcare Workers' Subjective Happiness

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Abstract

The research aim was to generate new knowledge on how to improve healthcare worker (HCW) subjective happiness. Studies show improvement in happiness is achievable and can reduce burnout. Emotional recovery from burnout is higher among HCWs who engage in self-care behaviors. The research hypothesis asked "Will HCW who engage in a positive psychology intervention (PPI) improve and sustain happiness?". Investigators conducted a randomized controlled trial with 183 HCWs. Participants consented and submitted baseline data: demographics, 8 evidence-based behaviors known to improve happiness, and current happiness using the validated subjective happiness scale (SHS). Intervention subjects (IS, N = 93) read The Happiness Advantage by Shawn Achor, then engaged in a 21- day challenge to start and/or improve the 8 behaviors. Control subjects (CS, N = 78) were asked to "lead their normal lives" for 6 months. SHS and behaviors were re-measured post challenge and 6 months later for both groups. Participants were mostly female (89%), were registered nurses (41%) who worked on the frontline (64%) and primarily on the day shift (79%). Chi-square and t-tests determined baseline equivalency. Reliability for the SHS

was excellent (α = 0.90). Analysis of covariance (ANCOVA) within the intervention subjects showed the SHS significantly increased ($p < 0.001$) from baseline to post-challenge. The SHS increased 17% on average ($p < 0.001$) from baseline to the 6-month post challenge follow-up assessment. No significant moderator (behaviors and imputations for group differences) had condition effects (all $p > 0.337$). This PPI should be offered to HCWs, especially direct care nurses.

Reference

Dunn N, Nash S, Howard P, Lora EW, Gau J, et al. 2025. Exploring the impact of a targeted positive psychological intervention on healthcare workers' subjective happiness. *J Nurs Adm* 55(1): 40-46. https://doi.org/10.1097/nna.0000000000001526

Essential Leadership: The Critical Role of Nurse Managers in the Military Health System

MAJ Melissa J. Miller*

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Abstract

Nurse leaders play an important role in the retention of a robust military nurse workforce. An interdisciplinary research team used a deductive category approach to investigate the unexplored free-text comments from 1,438 active-duty and general schedule federal civilian nurse respondents from 2016 and 2018 Military Nurse Practice Environment Surveys, including measures of intent to leave, potentially preventable loss, and nurse management as a characteristic of their practice environment. Over 20 parent codes and 140 subcodes quantify responses and identify potentially preventable reasons for nursing loss in military treatment facilities. Researchers met virtually and in person over the course of eight months to ensure the validity and reliability of coding results using NVivo software. This presentation highlights the comprehensive findings from this study. The findings support the development of evidence-based strategies to prepare competent frontline nurse managers, middle managers, and nurse executives in both operational and non-operational military healthcare settings. Strategy implementation and evaluation should occur using implementation science methodologies. A ready medical force depends on a robust nursing workforce and these nurse leaders are the lynchpin to maintaining a robust nursing workforce supporting optimal care of the war fighter.

Optimizing Sexual and Gender Minority Adolescent Health: Putting Evidence into Practice

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Abstract

Introduction: Sexual and gender minority youth (SGMY) are at higher risk for adverse health outcomes compared to their cisgender and heterosexual peers. An evidence-based practice approach to implementation of providing safe, quality and affirmative healthcare to SGMY in the pediatric primary care setting.

Methods: An overview of an evidence-based training course on the healthcare needs of adolescents given to primary care providers with a 12-week implementation period. The providers were asked to use quick-text tools in their charting to acknowledge discussion with adolescents regarding sexual and gender identity. An open-ended survey was sent to providers after the 12-week implementation period.

Findings: Quick-texts were used 165 times in the 12-week period. The survey provided insight into how quick and easy quick-texts were to use and implement into the providers' practices. Racial discrepancies were found related to Hispanic adolescents in this study.

Implications: This EBP initiative is quick, feasible and easy to measure. Others could replicate this initiative easily within their practice with support of stakeholders. A discussion of the findings, limitations and implications for this work will be examined in this presentation. Encouraging nurses to advocate for their patients due to legislative changes throughout the country regarding sexual and gender minority youth and their care.

Process of Maintaining Self in Individuals Living with Systemic Sclerosis: A Grounded Theory Study of American Women

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Abstract

Background: People with chronic illnesses may struggle to adapt psychologically to the illness experience and have feelings of identity loss, self-diminishment, and biographical disruption. This may limit people's ability to engage in optimal self- management. Systemic sclerosis is a debilitating, stigmatizing, and life-limiting progressive chronic illness with significant disfiguring effects. Little is known about the identity management process in people with disfiguring and debilitating conditions such as systemic sclerosis.

Purpose: The purpose of this study was to generate a grounded theory explicating the process of maintaining a sense of self in people living with systemic sclerosis.

Methods: Fifteen women with systemic sclerosis were recruited to ensure representation of a range of illness duration and progression. Semi-structured interviews were conducted, transcribed, and analyzed using open, selective, and theoretical coding.

Results: A basic social process of "maintaining self" was generated from the data that explained the women's experience of living with systemic sclerosis and how they tried to hold on to their identity. Three core categories were identified. Adapting to changes are the behaviors that participants struggled through to carry on with their everyday lives. Dismantling of self was a distressing internal process where participants lost their sense of self and purpose. Restoring self was a transformative process that allowed participants to rewrite and rebuild their biographies.

Conclusions: Findings suggest that the management of identity was important for understanding how people adapt to life with systemic sclerosis. This study can help nurses better understand how to support patients holistically with the management of systemic sclerosis.

Keywords

Chronic illness, Grounded theory, Identity, Loss of self, Qualitative research, Scleroderma, Systemic, Women

The Role of the Research Nurse Practitioner in Cancer Care

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Abstract

Clinical trials play a vital role in discovering medical knowledge and developing new therapies to improve patient outcomes. Bispecific antibodies are a novel immunotherapeutic approach treating various malignancies, such as multiple myeloma. Bispecific antibody therapies are complex with potential unknown and life-threatening toxicities. Therefore, a person with knowledge and higher skill set is required as a clinical trial manager. At the University of Texas MD Anderson Cancer Center, there is a role designed to manage these complex clinical trials known as the Research Nurse Practitioner. The presentation will discuss the role of the research nurse practitioner in cancer care, particularly about bispecific antibody. It will also outline the contributions of the research nurse practitioner within the multidisciplinary team caring for an oncology clinical trial patient.

Improving Mobility in Acute Care Patients with a Mobility Technician: A Quality Improvement Pilot Project

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Abstract

Background: Early ambulation through hospitalization remains an essential element in the patient's recovery and is linked with good clinical outcomes. Despite these benefits, nurses and physical therapists experience challenges from time restrictions and competing responsibilities. Mobility technicians represent an alternative for safe and early patient mobilization during hospitalization.

Methods: This quality improvement project aimed to implement a mobility technician program to enhance patients' mobility during their hospital stay. The setting was a medical-surgical nursing unit of a hospital in South Florida. A protocol was implemented in December 2023. Patients who met the criteria for ambulation using the Bedside Mobility Assessment Tool score were referred to the mobility technician for support with ambulation.

Results: 320 patients have ambulated with the mobility technician during their hospital stay since implementing this pilot project. Fifty percent were males, 88% had medical (not postoperative) status, and 89% had a BMAT score of 4. Many of the

patients required a gait belt and rolling walker (38%) and were able to ambulate in the hallway with assistance (92%). The distance walked ranged from less than 50 feet (18%) to 500 feet (67%). The mobility technician mobilized an average of 11 patients per day (min = 6, max = 16).

Conclusion: Implementing a mobility technician program increases the opportunity for patients to ambulate early during their hospital stay. The program may contribute to a better patient experience, increased discharge-to-home rates, and decreased hospital length of stay.

Keywords

Quality improvement, Mobility technicians, Ambulation, Nurses

Critical Care Nursing and Mass Casualty Response During Operation Allies Refuge

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Abstract

Operation Allies Refuge started in July 2021 with implications for critical care nurses, both military and civilian, serving at the US Army's Landstuhl Regional Medical Center in Landstuhl, Germany. Cultural and logistical concerns and complications were at the forefront of care provided to Afghan evacuees during the operation and were exacerbated by a mass casualty event on August 26, 2021, when a suicide bomber attacked the Abbey Gate of Hamid Karzai International Airport in Kabul, Afghanistan. This presentation discusses the issues that affected care, including language barriers, supply shortages, cultural differences, mass evacuation during a pandemic, and management of the mass casualty event by the critical care team. Lessons learned will be discussed to assist in future management of emergency evacuee care within our military and civilian health care systems.

Assessing Nurses' Behavior Toward Safety Huddle Implementation in the Intensive Care Unit

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Abstract

Background: Safety huddles are brief, regular meetings between nurses and physicians aimed at discussing patients' situations in wards, sharing experienced opinions, and reducing risks regarding medication administration. Safety huddles are essential in improving patient safety, particularly in intensive care units. This study aimed to assess nurses' behavior towards safety huddle implementation in the ICUs of King Fahad Hospital, Madinah, Saudi Arabia.

Methods: A cross-sectional research design was utilized, and 115 ICU nurses were recruited using a nonprobability convenience sampling technique. A self-administered questionnaire was used to collect data, and the statistical package for social sciences (SPSS) was employed to analyze the data.

Results: The majority of the respondents exhibited good behavior towards safety huddle implementation in the ICUs, with a mean score of 2.76 and a standard deviation of 0.22. The p-values were all greater than the significance level, indicating that the behavior of nurses towards safety huddle implementation in the ICU was the same across all demographic profiles.

Conclusion: Safety huddles have the potential to improve the working environment and clinical practice of nurses in the ICU. This study's findings suggest that nurses in King Fahad Hospital have a positive attitude towards safety huddle implementation. Future research could explore changes in nurses' experiences and perceptions of the benefits and impact of safety huddles and how they overcome challenges and barriers during implementation.

Using Mindfulness Practices to Aid Nursing Leadership for the RN to BSN Student

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Abstract

Problem/Purpose: Licensed RNs seeking a BSN are challenged to obtain new leadership skills while transitioning from technical to professional nursing practice. The aim of this study is to evaluate the effect of mindfulness as a tool for self- care and decision-making during leadership decisions in a unique and innovative gamification simulated care environment.

Background: The AACN initiative is to build leadership capacity, specifically resilience, self-care, and well-being. In congruence with social determinants of health, nursing educators are challenged to develop innovative curricula to equip RN to BSN students with leadership competencies. Strategies that focus on mindfulness can be used to minimize the effect of anxiety and cognitive load during simulated clinical experiences.

Methods/Results: Participants will be randomly assigned (intervention and control group) from RN to BSN students from three Schools of Nursing in varied regions of the United States to a mindfulness or no mindfulness condition. The participants in the mindfulness condition will participate in a mindfulness training exercise and then complete the virtual situation scenario using learned leadership skills. All participants will participate in a patient care simulation using learned leadership skills, followed by a PANAS survey and an anxiety survey. It is expected that participants who had the mindfulness exercise will demonstrate better performance with leadership skills.

Best Practice Recommendations: The gamification scenario will benefit all RN to BSN students involved by providing the ability to practice leadership skills in an online, asynchronous environment.

An Exploration of Self-perception of Weight Status, Weight-related Variables, and Preferences for Weight Management Strategies Among South Asians in the United States

Nisha Mathews*, Maya E. Joseph and Lydia Albuquerque

University of Houston Clear Lake, Texas

Abstract

Background and Significance: Obesity is a disease, and it is linked to many major chronic diseases. Obesity rates among South Asians (SAs) are the highest among all races in the United States (US) when ethnic-specific BMI criteria were used. Misperception of own weight status has been associated with poor adoption of weight management behaviors. Visual normalization of weight status is common among different cultures which reduces the motivation to lose weight. There is a paucity of research on weight perception and related factors among SAs.

Research Questions

- Are there any associations between demographic variables, weight-related variables, and preferred weight management strategies among SAs living in the US?
- Is there any relationship between the source and method of information on weight management practices and preferred weight management strategies among SAs living in the US?
- Do demographic variables, acculturation, or the presence of obesity, predict self-perception of weight status among SAs living in the US?
- Do acculturation or the presence of obesity, predict the acceptability of medical and surgical options for weight management among SAs living in the US?

Methods

Study Design: Cross-sectional, descriptive, correlational study design.

Inferential Statistics: There were statistically significant differences in the proportion of participants who used diet as the preferred weight management strategy among the participants who received the information on weight management practices via direct conversation, internet search, or social media and others (chi-sq = 6.87, df = 2, p = 0.0322).

Post-Stroke Care in the Elderly: The Challenges and the Primary Care Connection

Janice L. Taylor*

University of Arkansas for Medical Sciences, Arkansas

Abstract

Post-stroke care in older adults often presents a complex challenge, compounded by significant health disparities. This presentation explores the critical role of primary care in bridging these disparities through comprehensive post-stroke management.

The discussion highlights how timely and coordinated interventions in primary care settings can reduce complications, promote recovery, and enhance the quality of life for stroke survivors. The presentation underscores the importance of a multidisciplinary approach, where primary care providers are central in orchestrating care, from rehabilitation to secondary stroke prevention. Key strategies include early identification of at-risk patients, personalized care plans, and addressing social determinants of health that often exacerbate disparities. The integration of telehealth, community resources, and patient education are also examined as essential components in mitigating these disparities. Enhancing primary care's role in post-stroke management is crucial in reducing health disparities, ultimately leading to more equitable outcomes for older adults. By focusing on a holistic and patient-centered approach, primary care can make significant strides in improving the long-term health and well-being of older stroke survivors, thereby addressing a critical gap in current healthcare practices.

Development and Implementation for Patients Undergoing DSCMRs at a Free-standing Pediatric Institution: A Collaborative Approach to Nursing Care

Amanda Eichstaedt* **and Kristy Oconnor***

Ann and Robert Children's Hospital of Chicago, Illinois

Abstract

The presentation will cover the collaboration between cross-functional nursing units to develop and implement nursing care for patients undergoing Dobutamine Stress Cardiac Magnetic Resonance Imaging at a free-standing Pediatric Institution. This session will provide a detailed look at the collaboration between cross-functional teams to create patient care workflow, improve EHR documentation, and enhance staff nurse education.

Breaking Barriers: Advancing Mental Health Care Through Policy, Technology, and Community Action

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Abstract

Mental health care stands at a transformative crossroads, where outdated systems collide with the urgent needs of today's society. Despite growing awareness, barriers such as stigma, inadequate funding, and systemic inequities continue to deny millions the care they deserve. This presentation explores a groundbreaking, tri-fold approach to dismantling these barriers: policy reform, technological innovation, and empowered community action. First, we examine how bold legislative advocacy can revolutionize access and equity, ensuring mental health care is not a privilege but a fundamental right. We'll dissect successful policy models, spotlighting actionable steps to influence change at local, state, and national levels. Next, we delve into the realm of technology, showcasing its unparalleled potential to democratize mental health care. From AI-driven diagnostics to teletherapy and mental health apps, innovation is bringing solutions to doorsteps, but accessibility remains key. How can we ensure these tools reach underserved populations?. Finally, the heart of the solution lies in community. Grounded in compassion and solidarity, grassroots initiatives are reshaping narratives and delivering transformative care. We'll highlight real-world examples of individuals and organizations galvanizing communities to create lasting change. By weaving together policy, technology, and grassroots efforts, this session envisions a future where mental health care transcends barriers and reaches every individual in need. Join us to ignite a movement, inspire action, and be part of the solution. Together, we can advance mental health care to new heights and transform countless lives.

Implementation of Teach-back Method for Inhaler Technique to Improve Pediatrics Asthma Outcomes

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University of Texas Medical Branch, Texas

Abstract

Introduction: Asthma is a common chronic illness in the United States, with a prevalence of 8.4% in children under the age of 18 years (Centers of Disease Control and Prevention (CDC), 2019). Pediatric asthma ranks as the third-leading cause of hospitalization in children, and it is a significant public health issue. Alarmingly, research from the Global Initiative for Asthma

(GINA) reveals that 80% of individuals with asthma and 67% of healthcare professionals fail to demonstrate proper inhaler technique, which can compromise asthma management outcomes.

Methodology: The knowledge to action (KTA) framework guided the implementation of the teach-back method to improve inhaler technique and asthma control among pediatric patients. The problem of suboptimal asthma control due to improper inhaler use was identified and addressed through an evidence-based teach-back method. This process involved adapting the intervention to ensure it is feasible, acceptable and sustainable. Healthcare providers received training on the teach-back method, which was integrated into routine asthma education. Outcome monitoring utilized validated Childhood Asthma Assessment Test (CACT) to assess improvements in asthma control with feedback from patients and caregivers driving refinements. The final step focused on embedding the teach-back method into standard practice and ensuring its sustainability through continuous evaluation and feedback.

Results: This quality improvement initiative demonstrated that the teach-back method significantly enhanced inhaler technique proficiency and resulted in measurable improvements in asthma control among pediatric patients. These findings underscore the importance of effective education strategies in managing chronic illnesses like asthma.

Mind-body Interventions Impact Patient Anxiety Levels after Total Knee Arthroplasty: A Pilot Study

Karen Vizyak*

Intermountain Health, Utah

Abstract

Background: Orthopedic surgery can trigger anxiety that negatively impacts patient experience and recovery.

Purpose: This pilot study investigated if a compassionate interaction combined with standardized mind–body techniques could reduce patient anxiety levels during the initial postoperative phase for patients undergoing a total knee arthroplasty (TKA).

Methods: 36 postsurgical hospital inpatients were guided through a 10 min mind–body breathing and visualization intervention on post-op day zero (POD 0) and on post-op day one (POD 1). Quantitative data included before and after Visual Analogue Scale for Anxiety (VAS-A) reports, heart rate values, and pulse oximetry readings.

Results: Significant decreases in VAS-A and heart rate values and increases in pulse oximetry values were shown on both POD 0 and POD 1.

Conclusion: These results indicate that a brief mind–body intervention can reduce reported anxiety levels and induce physiologic benefits for hospitalized patients post-TKA and suggest the possibility that such interventions could reduce anxiety in a broader patient population.

Supporting Nursing Academia with Ethical Pillars: A Revitalized Approach

William G. Zic*

Dominican University, Illinois

Abstract

This presentation introduces a fresh perspective on the ethical principles of honesty, integrity, fairness, reliability, and objectivity, emphasizing their significance in professional nursing. It explores how integrating these virtues into modern nursing education can improve faculty-student interactions and promote positive outcomes. By analyzing each principle, the lecture demonstrates the potential to enhance nursing education and create a more compassionate learning environment. Ultimately, it advocates for a balanced approach to nursing pedagogy, where ethical values form the foundation for nurturing a more empathetic and interconnected world.

Keywords

Nursing academia, Honesty, Integrity, Fairness, Reliability, Objectivity

The Continuity and Continuum of Care for the patients Undergoing Deep Brain Stimulation Surgery for Parkinson's Disease

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Abstract

Parkinson's disease (PD), as a common neurodegenerative disease among elderly people, has an overall prevalence rate of 1.7% among the population aged 65 and above in China. PD treatment follows the principle of multidisciplinary and comprehensive management, achieving long-term benefits through long-term management. Deep brain stimulation (DBS) surgery is the preferred surgical treatment for PD, and combining multidisciplinary treatment can improve patients' quality of life. Based on a multidisciplinary management model for PD patients, our nursing model aims to establishes a DBS full process led by PD specialized nurses, providing high-quality nursing services from admission to discharge, treatment to rehabilitation, outpatient to home, and patient to family from multiple dimensions. The continuity nursing model fully integrates the characteristics of DBS surgery for PD patients, comprehensively uses specialized assessment tools to guide food and medication safety and achieves perioperative swallowing safety management (swallowing screening and management rate reaches 100%). During the surgery period, we paid attention to early identification and treatment of postoperative delirium, effectively reduce the occurrence of perioperative complications (decrease in the incidence of accidental removal of electrode leads), and reduce the use of protective restraints (decrease in physical restraint rate of hospitalized patients by 2.18% during the same period). Based on patients' needs, design and produce postoperative care vests for deep brain electrical stimulation surgery to improve the patient's postoperative treatment experience (satisfaction increased by 3.65%). Before discharge, according to PD patients and their caregivers' demanding, we used information technology to expand home care services, ensuring standardized and safe use of DBS patient program control and charging (with a standardized usage rate of 90% after discharge). Besides, we noted the home fall problem after discharge, we developed a comprehensive home fall management project ensures home safety after DBS surgery [The number of falls at 6 months after DBS surgery was significantly lower than that of the control group 1 (1,2.5) (2 = 6.10, $p < 0.05$)]. Our nursing model has provided comprehensive nursing services to over 430 PD patients, ensuring perioperative nursing safety, effectively improving patient satisfaction, and enhancing their quality of life and safety. Our nursing model has won the Shanghai best nursing quality award 2024.

Navigating Leadership in Ambulatory Nursing: Strategies for Success and Innovation

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Abstract

This presentation examines the evolving roles of ambulatory nurse leaders, focusing on the importance of skills in change management, influence, business acumen, and executive presence as highlighted in a recent research publication advocating for ongoing professional development and strategic foresight. Leadership in ambulatory nursing has become crucial with the rising emphasis on outpatient care, a shift from when it was often underestimated. Through qualitative analysis of discussions with eleven ambulatory chief nursing officers and directors from Providence Clinical Network— comprising over 1,000 primary and specialty care clinics across seven states—the study underscores key traits essential for success. These include managing cultural shifts, demonstrating clinical value, and nurturing human connections. The session employs real-life examples to illustrate the importance of building trust, fostering effective collaboration, and inspiring others. For ambulatory nurse leaders to be efficient, they must grasp emerging healthcare trends and swiftly adapt to changes. The findings highlight the significance of robust mentorship programs and implementing evidence- based practices to enhance patient outcomes. Ambulatory nurse leaders must navigate complex organizational structures, advocate for the nursing profession, and continuously upgrade their skills. By embracing authenticity, patience, and curiosity, these leaders can foster environments that promote high-quality care and innovation. This session provides insights and practical guidance for both current and aspiring nurse leaders in ambulatory settings, underscoring the role of education, mentorship, and strategic decision-making in achieving success and driving transformative changes.

Launching Lavender Response Teams Across a Health Care System

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Abstract

When looking for creative strategies to support the emotional wellbeing of health care workers, contemporary literature suggested the implementation of Code Lavender. Lavender response aka Code Lavender is a term pioneered by the Cleveland Clinic as a crisis intervention tool to support people after any stressful event that affects an individual person or unit such as death, trauma, unexpected and poor outcomes. Putting systems in place, such as lavender response, to provide support when adverse and emergent situations arise addresses clinicians' emotional needs in a timely manner. The lavender response teams were initially implemented in January of 2022 at our hospital campuses. When a lavender response is called by any member the team, the team is activated and responds to the person or unit within 30 min.

A lavender response provides psychological first aid and contains the following interventions:

- Purposeful physical presence
- Individual or team support
- Debriefing and follow up
- Integrative health therapies
- Prayer and other affective based interventions
- Tea and snacks
- Supportive kits with resources such as prayer cards, journals, art therapy supplies, aromatherapy, etc.

Since 2021, over 180 lavender responses have been called with death of a patient and patient care stress being the pre- dominant reasons that support is requested. In 2024, lavender response was expanded to include Perlmutter Cancer Centers, The Family Health Centers in Brooklyn and The Ambulatory Surgical Locations in Manhattan.

The Impact of Critical Illness on Patients Function and Recovery: An Explanatory Mixed-methods Analysis

Michelle Paton*

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Abstract

Background: An intensive care unit (ICU) admission is known to effect survivors' physical, social and emotional well- being, however very little research has been completed reviewing their perceptions, experiences and attitudes.

Aims: To determine how self-perception of physical function 6-months post-ICU admission compares to objectively measured function, and to identify patients concerns during recovery from critical illness.

Methods: A convergent parallel mixed methods study was completed in survivors from two ICUs at one healthcare network in Melbourne, Australia. Physical function was assessed through four objective outcomes during a home visit 6-months following their admission, with semi-structured interviews conducted at the same time.

Results: Most participants (11/20) stated they had recovered from their illness, yet objective function was often below population norms, and physical limitations were commonly reported. Decreased function and the need for more assistance on arrival home was described by all, although 9/20 were reported as independent by hospital-based staff at discharge. The importance of family and social networks to facilitate transition home was emphasised with no specific ICU-survivor follow-up provided. Participants highlighted the detrimental effect their illness had on financial well-being, with many stating difficulties accessing financial support and nonable to return to paid work.

Discussion: Survivors of critical illness tend to perceive a better functional state than that measured, but many still report ongoing limitations 6-months after ICU admission. Family and friends play a crucial role in supporting discharge and providing financial support. Implementation of specific discharge liaison personnel may improve transition home.

Summary of Evidence on the Impact of Mindfulness Training on Anxiety Levels of Pregnant Women

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Abstract

Background: Mental health during pregnancy is a global health problem. Low well-being during pregnancy has significant

adverse impacts on both mother and infant. Therefore, it is important to focus on antenatal anxiety and psychological stress in pregnant women. Mindfulness training is the most common intervention for antenatal education, but the intervention results still have not been systematically evaluated.

Aim: To systematically evaluate the effects of mindfulness training interventions on evidence of antenatal anxiety in pregnant women and current research methods with a population of pregnant women by evaluating five studies of randomized controlled trials (RCTs) using the CASP checklist tool.

Methods: Firstly, a complete internet-based search of five databases to identify RCTs assessing mindfulness training versus postnatal depression controls. Secondly, RCTs were assessed using the CASP RCTs criteria checklist. This version has now been updated to the 2020 Access Guide.

Results: Mindfulness training shows potential benefits in terms of prenatal depression, anxiety and negative affect levels. From a comparison of the five intervention modalities of the positive thinking intervention, mindfulness-integrated cognitive behavior therapy (MICBT) had the broadest range of interventions and the most comprehensive curriculum. A sample size of 50 people on average between the intervention and control groups was chosen as appropriate, with a follow-up time of at least one month and three months would be beneficial to generalizability. Also,the choice of measurement instruments did not conflict with the sample size, the cultural background of the population and the findings. However, positive effects on anxiety and stress during pregnancy were less consistent with the assessment tool for the intervention group. Self-report instruments are highly sensitive and idiosyncratic, easy to produce bias. Therefore, when selecting a measurement tool, the best approach is to combine a self-report instrument with a researcher's assessment.

Findings: Mindfulness training is a useful intervention for improving anxiety and stress during pregnancy, future research recommendations expand sample sizes and longer follow-ups to examine the effects during pregnancy.

Construction of Learning Objectives and Content for Emergency Triage Nurses in Tertiary General Hospitals: A Delphi study

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Abstract

Aim: To construct learning objectives and educational content for emergency triage nurses based on core competencies.

Background: The core competencies of emergency triage nurses has an impact on the quality of medical services and patient treatment outcomes. However, research on learning objectives and educational content aimed at cultivating the core competencies of emergency triage nurses is limited.

Design: A Delphi study.

Methods: To develop a draft of the teaching objectives and content for emergency triage nurses based on core competencies, a literature review, semi structured interviews and expert group meetings were conducted. Then, 24 experts were invited to provide feedback on the draft and suggest revisions through two rounds of Delphi consultation.

Results: Consensus was reached on six core competencies, 30 learning objectives and 43 educational contents. The response rate for the two rounds of expert questionnaires was 100%, with 79.2% and 54.2% of the experts providing feedback in the first and second rounds, respectively. The judgement coefficient (Ca) was 0.910, the familiarity coefficient (Cs) was 0.917 and the authority coefficient (Cr) was 0.914. The Kendall's W coefficients for the two rounds of expert inquiry were 0.321 and 0.334, indicating a statistically significant difference ($p < 0.05$).

Conclusions: Constructing learning objectives and educational content for emergency triage nurses based on core competencies is scientific and reliable and can provide a reference for the training and management of emergency triage nurses.

Effects of a Grouping Intervention Using the Felder-Silverman Learning Style Model on Problem-based Learning Among Nursing Students: A Randomized Controlled Trial

Yifan Wu*

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Abstract

Background: Problem-based learning (PBL) education can improve nursing students' thinking skills and overall quality of life,

but its effectiveness depends largely on the level of student engagement within the group. Finding an intervention to increase nursing students' classroom engagement is critical to improving learning outcomes.

Objectives: To explore the impact of a grouping intervention using the Felder-Silverman learning style model (FSLSM) on PBL in nursing education, including classroom engagement, critical thinking, self-directed learning skills, and academic performance.

Design: A single-center, single-blind, double-arm, parallel randomized controlled trial.

Settings: One university school of nursing.

Participants: The sample consisted of 56 fourth-year undergraduate nursing students.

Methods: Students were randomly assigned to experimental group (n = 28) and control group (n = 28). The experimental group received PBL education based on FSLSM grouping and control group received traditional PBL education. Data collection was done using Demographic Questionnaire, Index of Learning Style Scale, Classroom Engagement Questionnaire for Students, Critical Thinking Disposition Inventory-Chinese Version, and Self-Directed Learning Skill Scale. The data were analyzed using descriptive statistics, paired t-test, independent t-test, and chi-square test.

Results: The FSLSM-based grouping significantly enhanced classroom engagement and critical thinking in the experimental group compared to the control group. While both groups improved in self-directed learning skills, the experimental group showed greater gains in learning motivation and information quality. However, academic performance did not differ significantly between groups.

Conclusions: Integrating the FSLSM with PBL can potentially optimize educational outcomes in nursing, emphasizing the importance of individual learning styles in group-based learning environments.

The Straw that Broke the Nurse's Back—using Psychological Contract Breach to Understand Why Nurses Leave

Christina Soderberg[*] and Daniela Pyhajarvi[*]

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Abstract

To deepen our understanding of why nurses, decide to leave their occupation instead of changing jobs, we examined the antecedents that led to this decision through the theoretical lens of psychological contract breach. We interviewed 28 individuals who were professional nurses who had either decided to leave or had already left the occupation. We identified various experiences of dissonance between interviewee expectations and reality. The interviewees expressed unfulfilled expectations or psychological contract breaches concerning their occupation on different levels and over extended periods. The psychological contract breaches and decisions to leave the occupation were built up over time because of continuous disappointment and dissonance between expectations and reality. The frustration, dissonance, and unfulfilled expectations were expressed towards the nursing institution rather than a specific employer or organization. Unfulfilled expectations over a longer period might cause a psychological contract breach, leading to turnover intentions.

Our research brings insights into psychological contracts. Our findings indicate that a psychological contract can be formed and breached between the employee and the occupation. This means that turnover intentions might result in nurses leaving the profession rather than seeking work in new organizations. Our research addresses the problem of nurse shortage by showing the root reasons for deciding to leave the occupation. The findings show how psychological contract breaches over time erupt as turnover intentions regarding the occupation rather than a job. The results guide healthcare managers and decision-makers to recognize factors leading to a psychological contract breach, thereby enabling the retention of nurses.

Development of a Data Model to Predict Nursing Workload Based on AI Using Routine Clinical Data

Dirk Hunstein[*]

Founder and Managing Director epaCC, Germany

Abstract

The effective management of human resources in nursing is fundamental to ensuring high-quality care. The necessary staffing levels can be derived from the nursing-related health status. Our approach is based on the use of artificial intelligence (AI) and

machine learning (ML) to recognize key workload-driving predictors from routine data in the first step and derive recommendations for staffing levels in the second step. The precedent analysis was a multi-center study with data provided by three hospitals. The SPI (Self care index = sum score of 10 functional/cognitive items of the epaAC2) was identified as a strong predictor of nursing workload. The SPI alone explains the variance in minutes with an adjusted R2 of 40% to 66%. With the addition of further predictors such as "fatigue" or "pain intensity", the adjusted R2 can be increased by up to 17%. The resulting model can be used as a foundation for data-based personnel controlling using AI- based prediction models.

epaAC: = nursing assessment tool for AcuteCare (abbreviated from the German-language effiziente Pflege-Analyse AcuteCare.

Reality Shock: Changing from Bedside to Research Nursing

Susan Alderman*

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Abstract

Clinical research nursing (CRN) is a specialty practice using critical thinking skills to combine research activities and patient care. CRNs are proactive, forward-thinking scientists, healthcare providers, and advocates. Most new CRNs have 10 years of nursing experience with a work comfort zone which includes well delineated clinical roles, daily peer interactions, and relatively predictable care delivery. New CRNs face three challenges. Less than half of CRNs have formal research training resulting in significant cultural shock. They are required to learn large volumes of information while coordinating and implementing research. This learning usually occurs during their personal time, requiring dedication and self-motivation. Second, the return to the novice stage while learning a new nursing specialty is potentially uncomfortable and difficult. Finally, CRN is a varied and poorly defined role, they are frequently the only nurse on the team, and CRNs rarely join professional research organizations. Steps to overcome the challenges include identifying self-learning opportunities, understanding experiential learning, finding mentors, and picking the job site carefully. However, once mastered, the rewards of the CRN role are many: getting a seat at the table, having a say in how things are done, using critical thinking skills to effect real changes, protecting research integrity, and creating the kind of evidenced base knowledge that healthcare providers will one day follow. CRNs are the drivers of the research team, developing into the informal team leaders and resources for the team, the participants, and the investigators.

Lipoprotein(a): What Cardiovascular Nurses Need to Know

Elizabeth Matthews*

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Abstract

Ischemic heart disease is on the rise, despite efforts to control comorbidities and educate patients on appropriate lifestyle management. This talk will highlight the role of Lipoprotein(a), (Lp(a)) a lipoprotein that patients are rarely screened for, but that when elevated has been found to be an independent and causal risk factor for the development and acceleration of multiple cardiovascular diseases including coronary artery disease, peripheral artery disease, and aortic stenosis. Lp(a) is elevated in one in five adults, but screening is underperformed resulting in missed opportunities for improved risk stratification and aggressive treatment. During the session, the evidence on the contribution of Lp(a) to heart disease risk will be reviewed, as well as the guidelines for patient screening. Finally, clinical strategies for addressing elevated Lp(a) in both the primary and secondary prevention populations will be discussed.

Drug-induced Thrombocytopenia: Diagnosis Based on Clinical Criteria

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Abstract

Drug-induced thrombocytopenia (DITP) is an uncommon but well-documented adverse drug reaction. When caring for a patient with sepsis and acute, severe, isolated thrombocytopenia, early recognition of DITP will prompt early discontinuation of culprit drugs (i.e., antimicrobials) and, if needed, substitution with alternative agents. DITP can be diagnosed based on laboratory and clinical criteria. Laboratory criteria include confirmatory biochemical assays that detect the presence of drug-dependent antibodies (DDAbs). Clinical criteria include severe acute thrombocytopenia (platelet nadir < 20 103/ mL within 1 week

of culprit drug exposure) with bleeding and exclusion of other causes of thrombocytopenia. Although confirmatory biochemical assays in detecting the presence of DDAbs can provide a definitive diagnosis, standardization and clinical application may be prohibited by limited accessibility, test-related deficiencies leading to poor sensitivity, and poor turn-around-time. Therefore, knowledge and implementation of existing clinical criteria may be acceptable alternatives to DDAbs detection because they will not only prevent unintended re-exposure and associated sequelae but also unnecessary diagnostic testing and interventions.

Enhancing Nurse Practitioner Communication Skills with GPT Driven Avatars: A Simulation-based Approach

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Abstract

Teaching nurse practitioner students to navigate sensitive and complex conversations, particularly regarding sexual and reproductive health, is a significant educational challenge. To address this, a virtual simulation using GPT technology was implemented, providing students with a safe, confidential, and controlled environment to practice these conversations. The SPIKES protocol, a well-established framework for delivering difficult information, was introduced and reviewed by students prior to engaging with the simulation. The simulation included five scenarios centered on sexual and reproductive health, each featuring GPT-powered avatars portraying patients experiencing stress, anxiety, and time constraints. The SPIKES protocol was integrated into the interactions, guiding students as they navigated challenging conversations. The avatars responded dynamically, offering real-time feedback on communication effectiveness, particularly regarding the student's ability to demonstrate empathy, clarity, and protocol adherence.

Early Identification, Intervention, and Prevention of Hospital-acquired Pressure Injuries Using a Nurse-driven Pressure Injury Prevention Program

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Abstract

Purpose/Objectives: The purpose of this quality improvement project was to reduce the hospital-acquired pressure injury rate to less than 1.177 per 1000 patient days, increase staff competency and care in pressure injury prevention best practices through implementation of a nurse-driven pressure injury prevention program, to engage patients in pressure injury prevention through implementation of skin rounds, and improve staff adherence to documentation requirements for pressure injury interventions on an amputee/stroke unit.

Description of the Project/Program: Hospital-acquired pressure injuries can lead to negative patient outcomes including pain, infection, extended hospitalization, and morbidity. Using an evidence-based education strategy, the Agency for Healthcare Research and Quality pressure ulcer prevention clinical pathway, and skin rounds were implemented. Focused education for nursing, staff competency, daily audits, HAPI rates, and documentation compliance were evaluated pre and post intervention.

Outcomes: The hospital-acquired pressure injury rate reduced from 1.177 to 0.272 per 1000 patient days. Post completion, the unit maintained zero pressure injuries, daily patient care for pressure injuries improved, documentation compliance increased, and staffs' knowledge and skillset in early identification, intervention, and prevention of pressure injuries heightened.

Conclusion: A nurse-driven pressure injury prevention program was successful in the reduction of the hospital-acquired pressure injury rate.

Reducing Blood Loss from Phlebotomy in Adult Neurocritical Care Patients: An Evidence-based Practice

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Abstract

Background: Use of small volume (Pedi) tubes in adult patients reduces blood loss by 40% without increased need for repeated

labs. Using Pedi tubes for phlebotomy is a key component of blood management programs to decrease the incidence of HAA and blood transfusions in the intensive care unit (ICU). Our aim was to implement the use of Pedi tubes for labs in the adult Neurocritical Care Unit (NCCU) to demonstrate feasibility in this population.

Methods: This was a pre/post-intervention quality improvement project. All consecutive patients admitted to the NCCU from April 10, 2023, to October 10, 2023, aged 18 - 99 were included. During the intervention period from July 10, 2023, to October 10, 2023, Pedi tubes were used for all lab draws except admission and crisis labs. A retrospective chart review from April 10 to July 9, 2024, established standard practice for comparison. We recorded hospital and ICU admission, nadir, and discharge hemoglobin, length of stay, rejected specimens, blood transfusions, discharge disposition, and 30-day readmission for all subjects.

Results: Pedi tube use was successfully implemented with significantly less need for repeat lab collections in the post- intervention cohort ($p = 0.001$). While no difference was noted in hemoglobin levels there was a decrease in both ICU and hospital length of stay by one day in the intervention arm. Fewer transfusions were required in the intervention cohort.

Conclusions: Small volume tube use for phlebotomy in adult neurocritical care patients is feasible and can lead to decreased blood transfusion need in the ICU.

Suicide Mortality Among Nurses in the United States: Incidence, Factors Associated with Suicide, Circumstances Preceding Suicide

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Abstract

The aim of this review was to identify and integrate evidence on suicide mortality among U.S. nurses. To the best of our knowledge, this represents the first review to focus exclusively on suicide among U.S. nurses. Electronic medical databases, reference lists, and supplementary files were searched to identify studies that examined suicide mortality among U.S. nurses. In total, n = 28 studies were included: n = 14 were cohort, n = 10 were epidemiological, and n = 4 utilized mixed methods. Many studies had unique aims, included different nurse groups and referent populations, and utilized a variety of statistical procedures. However, when taken together, four categories were assessed across these n = 28 cumulative studies: incidence of suicide, factors associated with suicide, circumstances preceding suicide, and methods of suicide among U.S. nurses. Taken together, continued surveillance of suicide incidence among U.S. nurses is important, as evidence largely suggests nurses experience elevated suicide incidence when compared to select referent groups. Additional research on factors associated with suicide and circumstances preceding suicide are also needed, particularly among male nurses. Finally, additional research regarding the leading method of suicide, leading substance implicated in self-poisoning, and sex-differentiated suicide methods are also important. Collectively, these data are needed to inform intervention and surveillance strategies.

Oncology Patient Navigation Overview

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Abstract

Oncology navigation is defined as individualized assistance offered to patients, families, and caregivers to help overcome healthcare system barriers and facilitate timely access to quality health and psychosocial care from prediagnosis through all phases of the cancer experience. With the evolution of innovations in screening services, precision medicine in diagnostics, and advanced developments in cancer treatment, oncology patient navigation is a solution to this complexity as a health delivery support strategy that expands across the cancer care continuum to address fragmentation and assist in explaining the maze of information by enhancing patient shared decision making. Navigators are members of the oncology interdisciplinary team to help address oncology care fragmentation and promote delivery of a coordinated and seamless experience across the care continuum for patients. This personalized care strategy can be applied and impact all geographies where oncology care is provided and be a solution for the increasing health equity concerns among cancer patients. With ongoing evidence on positive patient experience, clinical outcomes and return on investment, navigation will continue to fit in with the quality value of future oncology as well as other chronic diseases.

Nurse's Experiences on Barriers to Pharmacological and Complementary Therapies in Adult Cancer Pain Management for End-of-life Patients: Community Settings

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Abstract

Aims: The main aim of this study is to explore nurses' experiences with barriers to pharmaceutical and complementary therapies in adults' cancer pain management at end-of-life care in community settings.

Background: Nurses perform an integral part in cancer pain treatment by decreasing patients' suffering at the end-of-life using pharmaceutical and complementary interventions. Community setting in pain management has its own challenges therefore it is imperative that exploring nurses' views on this topic.

Design and Method: Semi-structured interviews were conducted with eight nurses working in a National Health Service Community Care Setting delivering end-of-life care. Data were analysed using a six-stage thematic analysis.

Results: The three main themes and sub-themes identifies. Those were (1) Barriers by the healthcare professionals and services, (2) Barriers by family and carers, and (3) Education needs for nurses.

Conclusion: This study recommended that nurses should obtain sufficient training to manage cancer pain successfully using pharmaceutical and alternative therapies.

Keywords

Community, Palliative care, Nurses, Barriers, Pharmacological and complementary therapies, Cancer pain management

Poster Presentation

Implementing a Peer to Peer Support Programme on a Nursing Associate Apprenticeship Programme

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Abstract

Peer to Peer support has been shown to provide additional benefits for students within the higher education setting. In May 2023 the study skills team at the University of Wolverhampton asked for volunteer courses to undertake the development of the peer assisted support sessions (PASS) leadership programme. This was supported by the nursing associate apprenticeship teaching team. Having completed the PASS leadership training, we developed a strategy to provide two cohorts of students access to fortnightly PASS sessions. Following this we audited the experience of students receiving PASS support and from the perspective of students leading the sessions. All students who took part in the audit stated that this support helped their sense of belonging within the University. The students attending the sessions felt that the sessions enabled them to see assessments differently and that this helped them to engage more with formative and summative assessment activities as the leaders had already completed these. The students leading the sessions found the support from the course team and study skills team enabled them to develop their coaching and leadership skills which were directly transferable to their clinical role. They also stated that they enjoyed the interaction with their peers. Our poster/presentation will focus on the implementation of PASS and the benefits to students.

Association Between Health Literacy and Menstrual Symptoms Among Women Working and Studying in Healthcare: A Cross-sectional Observational Study

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Abstract

Women working in healthcare tend to have higher health literacy and are more likely to engage in coping behaviors for menstrual complications. This study aimed to determine the association between health literacy and menstrual symptoms among women

working and studying healthcare. A survey was conducted among women aged 18 - 49 years who were affiliated with university hospitals and medical colleges in Japan. The survey included the health literacy scale for sexually mature women (hereafter, "health literacy"), the Japanese version of the menstrual disorders questionnaire (MDQ), and the stress checklist-short form (PHRF). After assessing the association between basic attributes and health literacy with the U-test and Kruskal-Wallis test, logistic regression analyses were conducted on the association between MDQ, PHRF, and health literacy ($p < 0.05$). Analysis of data from 693 respondents showed that health literacy, MDQ, and PHRF scores were 61.3 ± 14.3, 29.2 ± 25.0, and 15.4 ± 9.8, respectively, and were higher than scores of women in the general workforce. Women who reported having support systems at their place of work had significantly higher health literacy scores; MDQ (behavior change), (fluid retention) and (negative emotions) were associated with health literacy (menstrual self-care); the four subscales of PHRF were associated with health literacy [selection and practice of women's health information] and negatively associated with health literacy (women's health information selection and practice). The results suggest that improving the health literacy of women working or studying in healthcare requires workplace support systems to reduce stress.

A Workforce Survey of Texas Certified Nurse-midwives: Promoting Physiologic Birth

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Abstract

Purpose: Detail beliefs and practice patterns of Texas certified nurse-midwives (CNMs) to 1) understand the scope and nature of the practice environment impacting the promotion of physiologic birth, and 2) compare findings with prior survey results from 2016.

Significance: Few workforce studies have detailed the midwifery work environment and scope of practice in sufficient depth to determine what midwives do that might influence care practices. Most often, midwives are examined under the larger umbrella of 'advanced practice nurses,' failing to provide a robust profile of midwifery care. As vanguards of normal, physiologic birth, it is crucial to understand midwifery care and the impact on practices influencing physiologic birth outcomes. With over one-third of U.S. women experiencing caesarean birth, robust data are crucial for promoting physiologic birth while utilizing the midwifery model.

Methods: A prospective descriptive online survey design will be utilized to distribute an adapted, previously developed, questionnaire. The survey focuses on 8 practice areas with four (4) areas of particular relevance (demographics, clinical practice, prescriptive authority, consultation/credentialing/liability). The survey will be administered to CNMs (N = 645) licensed to practice in the state of Texas. REDCap™ data management system will be used for data collection over a 3-week period (February 7 - 28, 2025).

Analysis: SPSS (v 30.0.0) will be used to conduct statistical analyses and answer the research objectives. Analyses will determine geographic practice area, work setting, self-reported knowledge, competence, and skills to support physiologic birth, perception of birth setting support for physiologic birth, and factors impacting the nature of CNM practice.

The Relationships Among Nursing Students' Self-leadership, Emotional Intelligence, Nursing Professionalism, and Academic Satisfaction, Academic Achievement

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Abstract

The purpose of this study is descriptive survey research to identify relationship among nursing students' self-leadership, emotional intelligence, nursing professionalism, and academic satisfaction, academic achievement. Research design of this study is a cross-sectional survey conducted with 280 nursing students from E University, selected through convenience sampling. Multiple linear regression analysis was used as the statistical method for analysis. As a result, emotional intelligence ($B = 0.294$, $p < 0.001$) and nursing professionalism ($B = 0.427$, $p < 0.001$) had a positive effect on academic satisfaction. After adjusting control variables, emotional intelligence ($B = 0.294$, $p < 0.001$) and nursing professionalism ($B = 0.427$, $p < 0.001$) had a positive effect on academic satisfaction. Major conclusion of the study is to enhance nursing students' academic satisfaction and academic achievement, it is necessary to improve their self-leadership, emotional intelligence, and nursing professionalism through curricular and extracurricular academic programs.

Keywords

Self-leadership, Emotional intelligence, Nursing professionalism, Academic satisfaction, Academic achievement

Received: May 08, 2025 **Accepted:** May 14, 2025 **Published:** May 16, 2025

Citation: Proceedings of the 8th International Conference on Nursing Science and Practice. *USG Proc J 1*(Suppl 3): S52-S76.

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