

April 2006

## ATHENA Research Conference

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 University of Connecticut  
School of Nursing

*In Partnership with the*  
UConn Health Center's  
Department of Nursing

*presents*



**ATHENA**  
**Research Conference**

*Advancing Toward Health: Evidence-based Nursing Applications*

**Keynote Address**

The Evidence for New Paradigms  
in Health Care Science and Practice

**Terry Fulmer, RN, PhD, FAAN**

*The Erline Perkins McGriff Professor and  
Dean of the New York University College of Nursing*

**April 13, 2006**

*Rome Ballroom  
South Campus  
Storrs, CT*

*The ATHENA Nightingale owl photo pictured on the cover is  
courtesy of The Florence Nightingale Museum Trust, London.*

# ATHENA Research Conference Schedule\*

**8:00 - 8:30 am**

**Registration and Poster Viewing**

**8:30 - 9:00 am**

**Welcome and Opening Remarks**

*Laura Dzurec, PhD, RN, CS, Dean and Professor ~ UConn School of Nursing*

*Deborah Shelton, PhD, RN, CNA, BC, Associate Dean for Research ~ UConn School of Nursing*

**9:00 - 10:00 am**

**Research Session One**

*Moderator ~ Cheryl Beck, DNSc, CNM, FAAN, Professor ~ UConn School of Nursing*

- ❖ The Knowledge & Screening Practices of Postpartum Depression Among Certified Nurse Midwives  
*Sylva Zander, Undergraduate Honor Student/University Scholar*
- ❖ Adolescent Depression: A Metasynthesis  
*Emma Dundon, MS, RN, CPNP, Doctoral Student*
- ❖ Severity of Illness as a Predictor of Enteral Feedings and Growth in the Neonatal Intensive Care Unit  
*Marta Barker, RN, MSN; Pam Wheelock, RN, BSN; Linda Mickelson, RN, BSN; and Naveed Hussain, MBBS*

**10:00 - 10:20 am**

**Poster Viewing - Exhibitor Visits**

**10:20 - 10:30 am**

**Introduction of Distinguished Scholar**

*Lynn Allchin, PhD, RN, Assistant Professor ~ UConn School of Nursing*

**10:30 - 11:30 am**

**Distinguished Scholar Keynote Address**

*Terry Fulmer, PhD, RN, FAAN, Dean of the New York University College of Nursing*



Terry Fulmer is the co-Director for The John A. Hartford Foundation Institute for Geriatric Nursing, and Director of the Consortium of New York Geriatric Education Centers. She is also the Principal Investigator for the Geriatric Interdisciplinary Team Training Project, which is funded by The John A. Hartford Foundation. She received her bachelor's degree from Skidmore College, her master's and doctoral degrees from Boston College and her Geriatric Nurse Practitioner Post-Master's Certificate from NYU.

Dr. Fulmer's program of research focuses on acute care of the elderly and specifically elder abuse and neglect. Her research work on "Dyadic Vulnerability/Risk Profiling for Elder Neglect" is funded by the National Institute on Aging in partnership with the National Institute of Nursing Research. Her publications include over 125 articles, 50 book chapters and 16 books.

\*Affiliations of all presenters are listed with their abstracts.

**11:30 - 12:30 pm**

**Research Session Two**

Moderator ~ Cheryl Tafas, RN, MSN ~ UConn Health Center

- ❖ Struggling to Move Heaven and Earth: An Interdisciplinary Study of End-of-life Care in a Skilled Nursing Facility  
*Alison Carlson, MS, APRN, NP-C; and Emily Cherlin, MSW*
- ❖ Learning About Organ and Tissue Donation ~ *Deborah Dillon McDonald, RN, PhD, Associate Professor; Ruth Ferreri, Carol Jin, RN BS; Anthea Mendez RN, BS; Julie Dashaies RN, BS; Patricia Balcom, RN BS; Sheila Shoemaker RN, BS; Paul Kamuzora, RN, BS; Rebecca Dione, RN, BS; and Jacqueline Dibble RN, BS; Master's Students*
- ❖ Using Public Opinion to Contribute to the Development of a Best Practice Model for End-of-Life Care for Trauma Victims and Their Families ~ *Barbara Bennett Jacobs, RN, MPH, PhD, Associate Professor; Karyl Burns, RN, PhD; and Nancy Nurge, RN, BS, Master's Student*

**12:30 - 1:30 pm**

**Buffet Lunch/ Poster Viewing & Exhibitor Visits**

**1:30 - 2:30 pm**

**Research Session Three**

Moderator ~ Barbara Bennett Jacobs, RN, MPH, PhD, Associate Professor ~ UConn School of Nursing

- ❖ Staff Nurses Perceptions of Supervisory Leadership Style  
*Gina Reiners, MA, MSN, APRN*
- ❖ The Impact of Workplace Incivility and Occupational Stress on Job Satisfaction and Turn Over Intention of Acute Care Nurse  
*Michael Dion, RN, MBA, PhD(c), CNAA, BC, Doctoral Student*
- ❖ The Phenomenon of Sense of Community of Staff Registered Nurses in Acute Care Hospitals  
*Elizabeth Beaudin, RN, MS, CNAA, BC, Doctoral Student*

**2:30 - 2:45 pm**

**Break**

**2:45 - 3:45 pm**

**Research Session Four**

Moderator ~ Deborah McDonald, RN, PhD, Associate Professor ~ UConn School of Nursing

- ❖ The Experience of Puerto Rican Families Who Bring Their Children to the Emergency Department for Asthma Care  
*Jean Sheerin Coffey, PNP, PhD, APRN*
- ❖ Service Learning: First Aid Response to Alcohol Use on a University Campus  
*Rachel MacGillis, Undergraduate Student*
- ❖ Compañeros por Salud: Partners for Health  
*Mary Grace Amendola, BS, RN, Doctoral Student, Stephanie Lennon, RN, BS, Master's Student; and Olga Jarrin, RN, BS, Doctoral Student; Deborah Shelton, RN, PhD, CNA, BC, Faculty Advisor*

**3:45 - 4:00 pm**

**Reflections on Research & Closing Remarks**

*Regina Cusson, RNC, APRN, PhD, Professor & Coordinator of NNP Specialty Track ~ UConn School of Nursing*

## Poster Presentations

1. **Compañeros por Salud (Partners in Health): Cultural Perceptions of Hispanics in Willimantic**  
*Mary Grace Amendola, RN, BS, Doctoral Student; Karolina G. Hassan, Undergraduate Student, and Deborah Shelton, RN, PhD, CNA, BC, Faculty Advisor*
2. **An Educational Program for Student Nurse Practitioners: Enhancing Knowledge and Assessment of Seniors' Ability to Pay for Prescription Medications**  
*Cheryl Tyler, RN, BS, Master's Student*
3. **Compañeros por Salud (Partners in Health): Latino Mental Health Services in Willimantic**  
*Stephanie Lennon, RN, BS, Master's Student; Deborah Shelton, RN, PhD, CNA, BC, Faculty Advisor*
4. **Nurses' Perspectives on Nursing: Findings from the Nurse Manifest Study**  
*Olga Jarrin, RN, BS, Doctoral Student*
5. **Delirium in Hospitalized Older Adults: Identifying Outcomes**  
*Christine Waszynski, APRN, RN and Kimberly Petrovic, MSN, RN, MA*
6. **Developing and Integrating Ethical Nursing Knowledge with Non-Discursive Aesthetic Knowing**  
*Melanie Bongiovanni, Erin Brown, Mary Franco, Daisy Gonzalez, Luan La, Sarah Lennox, Rachel MacGillis, Patricia Swim, Kelly Sykes, and Benjamin Wishneski, Undergraduate Students; Barbara Bennett Jacobs, RN, MPH, PhD*
7. **Modified Health Needs Appraisal Score: A Tool for Discharge Planning in Neonates**  
*Naveed Hussain, MBBS; Claudia Kimble, APRN, MSN; Dorothy Vittner, RN, BSN; Emily Mickelson, Student Volunteer; Maureen Guzzi, RN, MSN; Marta Barker, RN, MSN; and Roy Schneiderman, MD*
8. **The Experience of Jamaican Women When Interacting with Health Care Providers of Another Culture**  
*Melissa Mokel, MSN, APRN, BC*
9. **Self Medication Practices of Older Hispanics**  
*Patricia J. Neafsey, RD, PhD, Professor; Olga Jarrin, RN, BS, Doctoral Student; Surheil Luciano, Undergraduate Student; and Maren Coffman, RN, PhD, Assistant Professor*
10. **Chipping Away: Loss of Self, Living with Venous Ulceration**  
*Diane Merkle, MSN, APRN, CWOCN, Doctoral Student*

## Continuing Education Credits

Individuals may receive contact hours for each research session and the keynote for a total of 6 contact hours for the entire day. The cost for processing Continuing Education contact hours is \$20.00 per person. Payment is expected at the event in the form of cash or check made payable to the *School of Nursing*. The fee is waived for members of the UConn Alumni Association (School of Nursing Alumni and Friends Society members) and UConn School of Nursing faculty members (clinical and adjunct).

## ATHENA Evaluation Form

Evaluation is an important part of the ATHENA Research Conference. Please fill out the attached evaluation form found at the back of this booklet. Completed evaluation forms will be collected at the end of the day or can be dropped off at the registration desk. Thank you in advance for your valuable feedback; it assists us in developing a meaningful and dynamic program.

## **The Knowledge and Screening Practices of Postpartum Depression Among Certified Nurse-midwives**

**Sylva Zander, Undergraduate Honor Student/University Scholar  
University of Connecticut School of Nursing**

### **Purpose**

Defined as moderate to severe symptoms of major depression lasting greater than two weeks after delivery, postpartum depression (PPD) is a crippling mood disorder with extreme loss and incongruity in emotion. Despite the tools available for screening postpartum depression, there is a consensus that PPD continues to be under diagnosed. Recent surveys assessing pediatricians and family physicians indicate that while practitioners believe that PPD is serious, they may not feel confident that they can recognize PPD, are unfamiliar with screening tools and underestimate its incidence in their practice. This study was conducted to determine the knowledge and screening practices of PPD among certified nurse-midwives (CNMs).

### **Methods**

A survey was distributed to 2100 CNMs attending the American College of Nurse-Midwives 50<sup>th</sup> Annual Meeting. Of these, 8.3% ( $n = 174$ ) responded. The 121 respondents who provide care to postpartum women and/or infants less than one year of age were included. The 114 respondents who screen for PPD sometimes, often, or always were analyzed for their knowledge and beliefs.

### **Results**

Of the included population, 84.2% ( $n = 102$ ) of CNMs screen often or always. Of the 114 respondents who currently screen, most (93.0%) believe that CNMs should routinely screen for PPD, and 91.2% believe that it would be feasible to screen all mothers for PPD in their practice. Over half of CNMs (57.0%) estimated the incidence in their practice less than the published incidence (10-15%) in the general population. Over two-thirds (69.3%) have confidence that they would recognize PPD, and 59.6% of respondents state they often encounter PPD in their clinical practice. Most CNMs (86.0%) believe treatment is effective. Half of CNMs (54.4%) believe health insurance would cover treatment for PPD for many of their patients, and one-quarter of respondents (25.4%) believe their community has adequate resources available to treat PPD.

One bivariate correlation between age and knowledge of PPD was significant. "I often encounter PPD in my clinical practice" has a negative correlation with age ( $p = 0.016$ ,  $r = -0.229$ ). This indicates that the older the participant, the less likely to report encountering PPD in their clinical practice. In narrative comments, participants noted that they would commonly screen by "looking for signs...then screen if there was any concern by the practitioner," which does not isolate those who have not already been identified.

### **Conclusions and Implications**

Nurse-midwives sampled believe PPD is serious and common, however their screening practices are irregular and they underestimate the incidence of PPD in their own practice. They identified the lack of resources as barriers to treatment. Practitioners identified a barrier of cost of some screening tools as well as lack of referral providers available. Efforts to improve PPD recognition and treatment should involve nurse-midwives in screening promotion and address the knowledge barriers.

## **Adolescent Depression: A Metasynthesis**

**Emma Dundon, MS, RN, CPNP**

**Doctoral Student, University of Connecticut School of Nursing**

### **Purpose**

The purpose of this study was to unify the voices of the adolescents who have participated in qualitative research in order to contribute to the theoretical base of the course of adolescent depression, impact future research and guide clinical practice.

### **Background**

Concerns about the adequate assessment and treatment of adolescent depression have been in the forefront of pediatric mental health literature in the recent past. Rates of adolescent depression are estimated between 5% and 15%. While quantitative studies have provided valuable information, the voice of the adolescent has been lacking in the development of theory and treatment of this prevalent disorder.

### **Method**

Using Noblit and Hare's 1988 approach, a metasynthesis of six qualitative studies was conducted. The process of metasynthesis involves juxtaposing the findings from the sample studies while retaining the key findings of each study.

### **Results/Conclusions**

This process revealed six themes which outline the course of adolescents who struggle with depression: (1) Beyond the Blues, (2) Spiraling Down and Within, (3) Breaking Points (4) Seeing and Being Seen, (5) Seeking Solutions and (6) Taking Control. The voices of the adolescents in these studies are clearly saying that they and their peers need help to be seen. Symptoms of mild to moderate depression need to be identified by parents, educators and practitioners who are in daily contact with the teens before it develops into a major depressive disorder. When the "typical teenage behavior" of moodiness, anger, isolation and defiance persist there is reason to intervene.

### **Implications for Nursing Practice**

There is a need for knowledge about depression to be disseminated to children as they are approaching adolescence, as well as to the people around them. Nurses are in an ideal position to educate teens, parents and other adults about the symptoms of adolescent depression in all practice settings. Understanding the adolescent viewpoint will aid nurses in recognizing symptoms and calls for help from vulnerable adolescents.

## Severity of Illness as a Predictor of Enteral Feedings and Growth in the Neonatal Intensive Care Unit

Marta Barker, RN, MSN, Pam Wheelock, RN, BSN, Linda Mickelson, RN, BSN,  
Naveed Hussain, MBBS  
Departments of Nursing & Pediatrics, University of Connecticut Health Center

### Introduction

In the earliest conversations with parents of a newborn premature infant, members of the interdisciplinary team often describe the baby's expected course in terms of when the infant will achieve normal milestones to which all parents can relate. Feeding, like diapering and bathing, is an activity that expectant parents anticipate. The establishment of full enteral feeds is an important marker of well-being but there is very little evidence of its correlation with infant's initial severity of illness scores.

### Purpose

To correlate the timing of the establishment of full enteral feeds with severity of illness scores (SNAP-II and SNAPPE-II) in infants in a NICU.

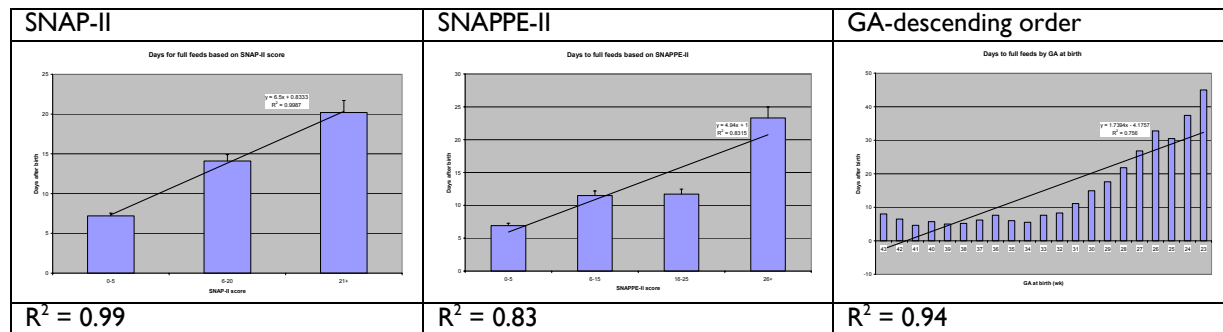
### Methods

A retrospective study was done with data from charts of all infants who had been admitted to the NICU at the University of Connecticut Health Center during calendar years 2003 and 2004. Infants with congenital anomalies, or those who died within 3 days, or those whose hospital stay was < 3 days were excluded. Severity of illness within the first 12 hours of admission was scored using the (Score for Acute Neonatal Physiology version 2) SNAP-II and (Score for Acute Neonatal Physiology-Perinatal Extension version 2) SNAPPE-II scoring systems that have been validated in this population.<sup>(1)</sup> The working definition for "the establishment of enteral feedings," was specified as the day after the completion of three full, consecutive days without any parenteral fluids. Episodes of interruption of enteral feedings after this event (e.g., for surgery) were not considered to negate the fact that total enteral feedings had been previously established. The correlation between the establishment of solely enteral feedings and SNAP-II and SNAPPE-II scores were done. Other putative contributing factors to this relationship including birth weight, gestational age at birth, race, gender and ethnicity were compared using univariate analyses and multiple logistic regression analyses.

### Results

Of the 933 admissions, 837 met the criteria for SNAP-II and SNAPPE-II scoring. Of these, 92 were excluded from this study due to congenital anomalies. Another 43 were eliminated from review as their length of stay was 3 days or less, or they died prior to the completion of 3 days without parenteral nutrition. Analyses were performed on the remaining 702 subjects. A simple regression analysis demonstrated that higher SNAP-II and SNAPPE-II scores have a significant positive correlation with the length of time taken to establish enteral feedings; ( $P < 0.001$ ). This correlation was highly strengthened by sub-classifying the scores into clinically relevant groups. SNAP-II sub-classified into 3 groups (0-5, 6-20 and more than 21) was most highly correlated ( $R^2 = 0.9987$ ) with days to reach full feeds. With SNAPPE-II sub-classified into 4 groups (0-5, 6-15, 16-25, 26+), days to reach full feeds were also highly correlated ( $R^2 = 0.8315$ ) with establishment of full feeds, but GA based sub-classification was the least correlative ( $R^2 = 0.756$ ). On univariate analyses, younger gestational age and lower birth weight were highly associated with longer duration to attain full feeds. There was no correlation of gender, ethnicity or race with time taken to attain full feeds. Compared to gestational age at birth, the SNAP-II score had a better predictability for the time taken to establish full enteral feeds. On multiple logistic regression analyses, incorporating all the factors that were significant on univariate analyses, only higher SNAP-II and SNAPPE-II scores remained significantly associated with longer time to establish feeds.





## Conclusion

The SNAP-II and SNAPPE-II scores are helpful in predicting the time to full enteral feeds. They are better predictors than gestational age alone, especially for infants in the NICU who are admitted after 32 weeks GA at birth.

## Implications for Nursing Practice

1. Providing the nurse with an indicator of readiness for and advancement of enteral feedings.
2. Providing the nurse with an indicator of likely success or difficulty in tolerating enteral feedings.
3. Providing the nurse with a measure that can be used in preparing the parents for the probable hospital course of their infant's establishment of feedings.

<sup>1</sup>Richardson DK, Corcoran JD, Escobar GJ, Lee SK. SNAP-II and SNAPPE-II: Simplified Newborn Illness Severity and Mortality Risk Scores. *Pediatrics* 2001 Jan; 138:92-100.

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Richardson DK, Corcoran JD, Escobar GJ, Lee SK. SNAP-II and SNAPPE-II: Simplified Newborn Illness Severity and Mortality Risk Scores. *Pediatrics* 2001 Jan; 138:92-100.

# **Struggling to Move Heaven and Earth: An Interdisciplinary Study of End-of-Life Care in the Skilled Nursing Facility**

**Alison Carlson, MS, APRN, NP-C, Nurse Practitioner, Med-Options  
Emily Cherlin, MSW, Yale University School of Public Health**

## **Purpose**

Currently, thirty percent of all deaths in the state of Connecticut occur in nursing homes and this number is expected to increase. Nurses and social workers employed in nursing homes are relied upon for their expertise in providing end-of-life care. However, no consensus definition of their roles in this area exists, and little is known about the perceived factors which impact them. The purpose of this research is to attempt to define the roles of nurses and social workers in providing end-of-life care to residents of skilled nursing facilities and to identify salient factors which enhance or encumber their ability to carry out these roles effectively.

## **Theoretical Framework**

Grounded theory approach of Corbin and Strauss.

## **Method**

This qualitative research employed one hour long focus groups of licensed nurses and social workers from 4 diverse Connecticut Skilled Nursing Facilities (SNFs).

## **Results**

Results indicate that nurses see their role as providing and maintaining an acceptable comfort level for the dying and their loved ones. Social workers see their role as advocates for and providers of support for both the resident and family. Factors that inhibit the provision of quality end-of-life care identified by both nurses and social workers include poor communication, unrealistic expectations surrounding the dying trajectory, disparities in reimbursement, and lack of resources. The factors identified that facilitate end-of-life care include working as a team, effective ancillary hospice support, clearly identified values regarding end-of-life care at both the level of the individual and the facility, continuing education, and bio-psycho-social and spiritual support between and among providers and recipients of end-of-life care. A high degree of role plasticity exists for nurses and social workers in the SNF. This plasticity may be a necessary component of providing quality end-of-life care in SNFs.

## **Implications For Nursing Practice**

A conceptual framework, the Interdisciplinarity Model of End-of-Life care, is presented. This framework can be used as a conceptual model to guide the development of end-of-life care teams and as a guide to help direct the continuing education of staff in SNFs to ensure the provision of quality end-of-life care for residents.

## Learning About Organ and Tissue Donation

Deborah Dillon McDonald, RN, PhD, Associate Professor,  
University of Connecticut School of Nursing  
Ruth Ferreri, RN, BS, Carol Jin, RN, BS, Anthea Mendez, RN, BS, Julie Deshaies, RN, BS,  
Patricia Balcom, RN, BS, Sheila Shoemaker, RN, BS, Paul Kamuzora, RN, BS, Rebecca Dionne, RN, BS,  
Jacqueline Dibble, RN, BS (Master's Students, University of Connecticut School of Nursing)

### Purpose & Rationale

The purpose of the current study was to test an intervention to assist people to communicate with family about their own intention to donate organs after death.

### Design

A double blind pretest posttest only experiment was used to compare the treatment group taught information about communicating with family and basic organ donation information, and the comparison group taught only basic organ donation information.

### Sample

A purposive sample of 109 community dwelling adults who planned to donate their organs after death, but who had not yet communicated with family about their plans to donate, were randomly assigned to the treatment or comparison group.

### Procedure

Participants read and responded to four measures: 1) previous experience with organ donation, 2) an open-ended question about thoughts about organ donation, 3) intention to communicate with family about organ donation, and 4) knowledge about organ donation. Participants then read a pamphlet teaching communication and basic donor information or basic donor information, only. After reading the information participants responded to an open-ended question requesting their thoughts about communicating with their family and once again responded to the measure of intention to communicate with family about their organ donation. An analysis of covariance (ANCOVA) compared the treatment and comparison group for intention to communicate, using previous organ donation experience, knowledge about organ donation, and the pretest measure of intention to communicate with family as the three covariates. Independent raters, blind to the condition, content analyzed the responses to thoughts about communicating with family, coding clear plans to talk as a 1, and unclear plans to talk as a 0. A second ANCOVA was conducted comparing the treatment and comparison group on thoughts about communicating with family, using previous organ donation experience, knowledge about organ donation, and the pretest measure of intention to communicate with family as covariates.

### Results

No significant difference emerged between the treatment and comparison group for intention to communicate with family about organ donation. Both groups responded with the same high intention to communicate,  $M = 24.6$  ( $SD = 4.65$ ) and  $M = 24.8$  ( $SD = 5.67$ ), respectively for the treatment and comparison group. Willingness to communicate increased for the full sample from the pretest  $M = 23.6$  ( $SD = 5.65$ ) to the posttest  $M = 24.7$  ( $SD = 5.17$ ),  $t(108) = 4.36$ ,  $p < .001$ .

### Discussion/Application

No significant difference emerged between groups after reading the pamphlet teaching adults how to communicate with family about organ donation. The high response from both groups concerning intention to talk with family members, and the fact that none of the participants had yet talked with their family about organ donation suggests the presence of a social desirability response bias. Policy changes that allow organ donation without family permission when the person is listed as an organ donor in a national registry might be the most effective way to increase the availability of organs for lifesaving transplants. Communication with family members of organ donation intentions remains important, but donors' reluctance to communicate intentions decreases the likelihood of honoring intentions.

## **Using Public Opinion to Contribute to the Development of a Best Practice Model for End-of-Life Care for Trauma Victims and Their Families**

**Barbara Bennett Jacobs, RN, MPH, PhD**  
**Associate Professor University of Connecticut School of Nursing**  
**Affiliate Faculty Center for Clinical Bioethics Georgetown University**  
**Karyl Burns, RN, PhD**  
**Research Director, Department of Traumatology, Hartford Hospital**  
**Nancy Nurge, RN, BS**  
**Research Assistant, Department of Traumatology, Hartford Hospital**  
**Master's Student, University of Connecticut School of Nursing**

### **Purpose**

To develop an end-of-life best practice model specifically designed for trauma victims and their families in order to optimize end-of-life palliative care that it is universally accessible, “*right*” (based on scientific standards) and “*good*” (based on values and preferences of diverse racial and ethnic groups). To utilize results of a sample of 1000 adults in the United States to guide the development of best practices for end-of-life care (Phase 2 of a 3-year multi-phased project funded by the Aetna Foundation).

### **Background**

Trauma is unique. Clinicians rarely know the victim or his/her family, wishes for end-of-life care have rarely been discussed prior to the injury event, families face acute decision-making mixed with guilt, grief, and denial. To begin work on developing this Best Practice Model, a national panel of experts was convened in Washington, D.C. to provide direction for this research. Representatives from the American Trauma Society, Society for Trauma Nurses, American College of Surgeons, Georgetown University’s Center for Clinical Bioethics, and representatives from social work and palliative care were selected. Following recommendations from this expert panel, the project was designed to cover four practice environments (pre-hospital, emergency department, intensive care unit, palliative care unit), using five project pillars (education, engagement, ethics, evaluation, economics), addressing six clinical domains (decision-making, physical symptom management, communication, psychological care, spiritual care, culturally sensitive social care), and divided into seven phases. Phase Two was to conduct a survey of the public.

### **Method**

The Center for Survey Research & Analysis of The Department of Public Policy of the University of Connecticut conducted a telephone survey consisting of 43 questions. Questions were in the areas of family presence during resuscitation, importance of comfort, advance care planning (living wills, organ donation, health care proxy determinations), persistent vegetative state, importance of religion and spiritual beliefs (divine intervention), importance of cultural sensitivity and more. A random digit dial (RDD) technique was used and the survey was balanced and weighted to ensure a representative sample of adults (age 18+) of different races and cultures in the United States. The sample consisted of 1006 adults.

### **Results**

The most important demographic variables on many of the critical issues addressed in the survey were whether the respondent had children and his/her religion and religiosity. 72% of respondents believe they have the right to demand care that physicians judge as futile; younger persons (18-34) support the right substantially more than elders (>65); however, 73% felt life-sustaining treatments should be stopped and the focus of care be only on comfort care if physicians believed there was no hope for recovery; 61% of respondents believe that “miracles” may influence a trauma victim’s recovery; even when physicians have said that there is no hope for recovery, 57% of respondents believe in divine intervention; religious beliefs are important to 67% of the survey population when making decisions about their own medical care should they be seriously injured; 63% claim to trust doctors’ decisions; college graduates are the most trusting group at 71%, unemployed-not-looking for work trust at a significantly lower rate than the employed, 49% vs 63%; 52% of respondents want to be in the trauma resuscitation if a member of their family is being treated and that percentage rises to 79% if the victim is a child; 85% of the respondents would prefer to die if they were in an irreversible persistent vegetative state. Due to limited space not all results are listed here. Statistical analyses were done on all questions for correlation of variables and statistical significance. The essence of each question was determined, its primary relevant domain and secondary domains were determined, and its influence on the best practice model articulated.

### **Implications for Nursing**

The results of the survey will be used to stress the following in the development of the best practice model: 1) there is a perceived right to all medical treatments regardless of the physician's judgment that certain treatments may be futile; 2) the majority of persons trust the health care team and such trust ought to be respected; 3) practitioners ought to be upfront when describing medical prognoses and recognize medical uncertainty during communication with families; 4) practitioners ought to respect the advance care plans of declared organ donors and family's ought not to be given the option of reversing a victim's declared organ donor preference; 5) consistent and sensitive communication is of prime importance in ascertaining values and preferences for end-of-life care that is decided by the gold standard of shared decision making between the family and the practitioners; 6) the public perceives they are knowledgeable of the health care issues that their loved ones have faced in the past.

## **Staff Nurses' Perceptions of Supervisory Leadership Styles**

**Gina Reiners, MA, MSN, APRN**  
**Psychiatric Clinical Case Manager**  
**Nursing Research Committee Chair**  
**University of Connecticut Health Center, John Dempsey Hospital**

### **Purpose**

The purpose of this study is to examine the leadership styles of inpatient psychiatric nursing supervisors and to assess the job satisfaction of their nursing staff. The conceptual framework for this study is based on Bass's model of Transformational Leadership. Leadership style may be a significant factor related to the nursing shortage. The description and relationship between leadership style and job satisfaction has the potential to impact nursing retention and recruitment.

### **Background**

There is a critical nursing shortage compounded by a nursing leadership crisis. By 2015 the shortage is projected to quadruple to 20%, and in 2020 to 29%. Compared to other nursing specialties inpatient mental health nurses reported a significant level of job dissatisfaction, and the number of nurses entering the field had decreased by 50%. Job satisfaction has had a significant impact on the retention and recruitment of nurses. The majority of nurses who have left the profession have reported dissatisfaction with the leadership styles of their managers.

### **Methods**

The design of this study is descriptive, and the participants consisted of a nonprobability convenience sample of 25 inpatient psychiatric staff nurses from a mid sized acute care hospital. The participants were asked to complete the Multifactor Leadership Questionnaire, the Index of Work Satisfaction, and a Demographic Data Questionnaire.

### **Results/Conclusions**

The demographic characteristics of tenure and educational preparation exhibited a pattern. Baccalaureate and master's prepared nurses perceived their supervisors as more transformational and reported more job satisfaction than diploma and associate degree nurses. Nurses tenured for 11-20 years had more advanced nursing education (BS and MS) and were more satisfied with their perceived transformational supervisors. Nurses tenured for 21-30 years had more basic nursing education (Diploma and AD) and were less satisfied with their perceived transactional supervisors. Nurses tenured for 31-40 years had more basic nursing education (Diploma and AD) and were less satisfied with their perceived transformational supervisors.

### **Implications for Nursing Practice**

The implication for nursing practice is that consideration of the educational level and tenure of nursing staff is crucial when developing leadership policies. Leadership education and training could potentially increase job satisfaction and decrease the nursing shortage. Nursing leaders could be educated to think about the needs of the staff in terms of generational and developmental milestones. Based on the findings of this study, educational nursing programs could develop specific curricula to address this issue. Hospitals and community organizations could provide workshops, conferences, and orientations for their employees about leadership styles.

# **The Impact of Workplace Incivility and Occupational Stress on The Job Satisfaction And Turnover Intention of Acute Care Nurses**

**Michael Dion, RN, MBA, PhD(c), CNAA, BC**  
**Doctoral Student, University of Connecticut, School of Nursing**  
**Vice President, Patient Care Services, Johnson Memorial Hospital**

## **Purpose**

The purpose of this quantitative study was to measure the impact of workplace incivility on the occupational stress, job satisfaction and turnover intention of acute care nurses. The impact of psychosocial factors, work-family and family-work conflict, perceived organizational and perceived supervisor support was also investigated.

## **Background**

Due to the nursing shortage, nurse leaders are focused on creating positive work environments that promote the recruitment and retention of nurses. Studies have shown that verbal abuse and disruptive behaviors are a frequent occurrence in today's healthcare environment. The focus of this study was workplace incivility (WI) defined as "low - intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect" (Andersson & Pearson, 1999, p. 457).

## **Methods**

The target population of this study was acute care staff nurses in the State of Connecticut. Nine hundred sixty registered nurses were selected via a systematic sampling method from a list of 37,500 nurses on a licensure list from the Connecticut Board of Nurse Examiners. The nurses selected were mailed a survey packet and a postcard reminder two weeks after the initial mailing to increase the return rate.

The survey instrument consisted of statistically valid and reliable instruments used to measure workplace incivility, nurse occupational stress, job satisfaction, turnover intention, perceived organizational support, perceived supervisor support, work-family conflict and family-work conflict as well as a demographic information sheet developed by the researcher. The data collected were analyzed using multiple regressions.

## **Results/Conclusions**

The study findings indicate that acute care nurses are experiencing occupational stress as a result of workplace incivility, work-family conflict or their turnover intention. Their job satisfaction is decreased by their turnover intention as well as their work-family conflict. Nurse leaders can influence nurses' job satisfaction by being supportive of nurses who often have conflicting obligations at home, including child rearing and caring for dependent adults, which leads to occupational stress. They can also reduce workplace incivility by creating a supportive environment for nurses who experience it.

## **Implications for Nursing Practice**

The findings of this study have significant implications for nursing practice, education and research. Nurse leaders must be educated about the incidence and outcomes of workplace incivility. Hospital programs and policies must be developed to create an environment for nurses to address workplace incivility in a direct and professional manner. The identification of interventions that reduce the likelihood of workplace incivility and its impact on nurse and patient outcomes may prove invaluable to the recruitment and retention of nurses and the delivery of quality patient care. Further studies regarding workplace incivility and other outcomes (ie. patient satisfaction and nurse sensitive outcomes) must also be conducted.

# **The Phenomenon of Sense of Community of Staff Registered Nurses in Acute Care Hospitals**

**Elizabeth Beaudin, RN, MS, CNAA, BC**  
**Doctoral Student, University of Connecticut School of Nursing**

## **Purpose**

The aim of this study is to develop qualitative information through the description of the experience of the sense of community of staff registered nurses in acute care hospitals. This information will be used in a program of future research involving the development of an instrument to measure sense of community and to explore its impact on the organizational outcomes of patient safety, staff turnover, and others.

## **Background**

An unprecedented shortage of registered nurses is currently emerging in the United States (U.S. Department of Health & Human Services, 2002) and a growing body of knowledge links the hospital work environment of nurses to successful nurse recruitment and retention, and to patient safety and patient outcomes (Aiken, Clark, Sloan, Sochalski & Silber, 2002; Aiken, Smith & Lake, 1994; Aiken, Sochalski & Lake, 1997; Brady-Schwartz, 2005; Institute of Medicine, 2004; Needleman, J., Buerhaus, P., Mattke, S. Stewart, M., & Zelevinski, K. 2002; Kramer & Schmalenberg, 2002; McClure, Poulin, Sovie, & Wandelt, 1983; Upenieks, 2003). Creating and sustaining a “culture of safety” in hospitals, which involves high levels of trust and strong communication within the healthcare team has been identified as important to the reduction of medical error (Institute of Medicine, 2004). The phenomenon of *sense of community*, described as a feeling of belonging, the ability to freely express oneself, and having mutually beneficial relationships with others (McMillan & Chavis, 1986), has been studied within the field of community psychology and its presence has been found to be associated with increased coping behaviors and empowerment (Bachrach & Zautra, 1985), decreased levels of burnout (McCarthy & Pretty, 1990), and greater learning (Kirshner & Jochems, 2003) among other outcomes. It is possible that a strong sense of community in the work environment of nurses could be associated with outcomes similar to those identified in other settings. Learning about the nature of the sense of community experience for nurses is a preliminary step in establishing accurate measures, the determination of related outcomes, and ultimately the development of interventions toward creation and maintenance of healthy work environments for nurses and improved patient outcomes.

## **Method**

The descriptive phenomenological method of Colaizzi (1978) was used to conduct unstructured interviews of a purposive sample of 13 staff registered nurses working at three acute care hospitals. Data from transcripts were analyzed to identify the fundamental structure of the sense of community experience.

## **Results & Conclusions**

Seven identified themes led to an exhaustive description and following validation by participants, a fundamental structure of the phenomenon of sense of community. The phenomenon is characterized by a special type of teamwork, personal and professional support, and the knowing of one another.



# **The Experience of Puerto Rican Families Who Bring Their Children to the Emergency Department (ED) for Asthma Care**

**Jean Sheerin Coffey, PNP, PhD, APRN**

## **Purpose**

The aim of this study was to describe the experience of Puerto Rican families who brought their children to the emergency department (ED) for asthma care.

## **Background**

Asthma is the most chronic pediatric disease, affecting 6.3 million children in the United States and accounting for 728,000 visits to the ED in the year 2000. Black and Hispanic children are frequent visitors; however Puerto Rican children use the services most often. The volume, patterns and populations of children who use the ED for asthma care have been extensively studied, although to date there are no known studies that have explored the ED experience for asthma care inductively from the perspective of Puerto Rican families. Understanding the experience of these families may shed light on why and how they utilize the ED for asthma care.

## **Method**

Using a qualitative method, the researcher conducted an in depth exploration of the ED experience. A hermeneutic phenomenological approach combined the use of descriptive and interpretive methods to explore the essence of the ED visit. English and Spanish speaking participants were recruited from an urban asthma clinic in the Northeast. Interviews were taped, transcribed and reviewed with each participant. In addition, a multidisciplinary panel reviewed the results to avoid bias and selective inattention.

## **Results**

Rich quotes about the toll asthma has taken on the families emerged during the analysis. Ten themes including “In awe of asthma” and “The folklore of asthma in Puerto Rican families” provide insight into the experience of families as they sought care for their children. Field notes from direct observation in the ED, clinic and neighborhoods enhanced the text.

## **Conclusion**

The results illuminated the impact of asthma on the Puerto Rican families participating in the study. The interviews provided insight into human experience associated with the published statistics about ED use in this population.

## **A Campus Public Health Response to Acute Alcohol Poisoning: A Service Learning Project**

**Rachel MacGillis, Undergraduate Student University of Connecticut School of Nursing**

### **Purpose**

To highlight the benefits of service learning both for the student volunteers and the campus community they serve.

### **Theoretical Framework**

This project utilized the teaching strategy of service learning where student learning is enriched by an opportunity to provide meaningful service to their schools and community (NYLC, 2006). This project was framed by the research of Neuman's (1989) Health Care Systems Model that focuses on wellness of a community in relation to internal, external or created environmental stressors.

### **Background**

Each year the University of Connecticut faces an end of the year event known as Spring Weekend where thousands of students and visitors congregate on campus for a weekend of festivities that have largely become focused on binge drinking. Nursing staff from Student Health Services and members of the Office of AOD prevention trained 40 nursing students to identify acute alcohol poisoning and the high-risk behavior that causes it. The Spring Weekend 2005 First Aider volunteers who received this training assessed students in residence halls to address their need for further medical attention.

### **Methods**

Service learners participated in two, two-hour formal training sessions. The trainings focused on recognizing, assessing and reporting signs and symptoms of acute alcohol poisoning and/or other alcohol-related behaviors that jeopardize the safety of students. Upon completion of the training, volunteers were certified in their new skills and assigned a shift during spring weekend. As part of their assignment, service learners documented incidents, observations and interactions that occurred using a flow sheet specifically developed for their assessments. Other academic assignments required for the project included: a written summary of professional research articles related to the topic, development of a teaching plan with objectives for the program, as well as a reflective summary and evaluation of their experience. To quantitatively measure the success of the program the service learners completed a pre-test and post test measuring knowledge level regarding high risk alcohol behavior and signs and symptoms of acute alcohol poisoning. Service-learners also completed a survey describing various perspectives and demographics of the service-learning experience. This survey was developed specifically for assessing service-learners in the health professions.

### **Results**

All students' post-test scores improved by 20%. The service-learners' overall impression of the program was positive and they recommended the program be expanded next year. All participants but one earned a grade of A on their project. The majority of First Aiders reported interventions during their shift that ranged from general safety assessments to contacting EMTs to transport students with alcohol poisoning.

### **Conclusions**

The Alcohol First Aiders Program was a success for the service learners as well as the University of Connecticut community they served. Nursing students were able to increase their knowledge and awareness of alcohol poisoning while educating and providing outreach to their peers who were at risk during Spring Weekend.

### **Implications for Nursing Practice**

This project demonstrated that valuable public health clinical experiences exist on college campuses for nursing students. With proper training their skills can prove valuable in assisting peer education efforts to reduce the consequences of high-risk alcohol use.

## **Compañeros por Salud / Partners for Health**

**Mary Grace Amendola, RN, MS, Doctoral Student,  
Stephanie Lennon, RN, BS, Master's Student  
Olga Jarrin, RN, BS, Doctoral Student – University of Connecticut School of Nursing  
Deborah Shelton, RN, PhD, CNA, BC, Faculty Advisor,  
University of Connecticut School of Nursing**

### **Purpose**

To promote the health and well-being of the Latino/Hispanic families in Windham County through education, prevention, and advocacy. The preliminary stage (community assessment) of this on-going project is presented and will guide future participatory action research activities in this community.

### **Background**

One of the overarching goals of Healthy People 2010 is to *Eliminate health disparities among different segments of the population*. Poverty, low-literacy, barriers to health care access and stigma contribute to health disparities experienced by Latinos.

### **Methods**

The community-as-partner model, developed from Neuman's Systems Model, guided data collection that included secondary analysis of existing records, focus groups and semi-structured interviews with health care providers and community residents.

### **Results**

The findings of these assessments found: available health services are inadequate especially in terms of linguistically/culturally congruent care; clients have difficulty accessing the services that are available; and the system of care is fragmented. Residents struggle within the web of low wage jobs, poor educational attainment, conflict between Latino cultural norms and the dominant values, resulting in discrimination, creating a double bind situation that makes self-advocacy difficult.

### **Conclusions**

A variety of factors (health systems, education, economics, politics and communication) contribute to the difficulty Latinos experience in accessing services and advocating for additional services. Further efforts to partner with and improve access to services for this population requires an approach that takes into consideration the cultural and linguistic issues which are unique to Latinos.

### **Implications for Nursing Practice**

The information gathered in this project highlights the wealth of contextual information that can be obtained when the community is approached as a partner in health. The equalization of power in all aspects of health including education, prevention and advocacy is a challenging yet essential role for community/public health nursing.

## **Compañeros por Salud /Cultural Perceptions of Hispanics in Willimantic**

**Mary Grace Amendola, RN, BS, Doctoral Student, Karolina Hassan, Undergraduate Student  
Deborah Shelton, PhD, RN, CNA, BC, Faculty Advisor  
University of Connecticut School of Nursing**

### **Purpose**

The goal of the larger community project is to promote the health and well-being of the Latino/Hispanic families in Windham County through education, prevention, and advocacy. This poster presents the community project designed to address the psychosocial needs of Latino adolescent girls with a goal to prevent pregnancy.

### **Background**

Willimantic, CT is home to the twelfth largest population of Hispanics in Connecticut, and home to four sub-cultures within the Hispanic community. Individuals from Puerto Rico (20.9% of the total population) are the largest sub-cultural group, followed by Mexicans (18.8% of the total population) and Guatemalan and Cuban sub-cultures (3.3% of the total population).

### **Methods**

Focus group methodology and key-informant interviews utilizing a semi-structured questionnaire guided a community family assessment utilizing the Community-as-Partner Model. Thus far, one in-home family group was conducted with seven family members (four generations) and four key informant interviews were conducted within the community.

### **Results**

Similarities were found in perceptions by family members across the four generations indicating the closeness of family ties among this Puerto Rican family. Findings indicated close cultural ties with the community, demonstrated by assistance with transportation and bi-lingual communication by extended family and friends. All participants indicated that strained finances, lack of activities and health needs (diet, mental health) greatly influence their definition of "health". The findings of the assessment identified the lack of mental health services as a priority.

### **Conclusions**

There is a need to continue the focus group process with additional Latino sub-cultures (Mexican, Guatemalan and Cuban) in Willimantic to gain a broader perspective and engage community members in a participatory strategy to address these needs.

### **Implications for Nursing Practice**

To move toward a community-based participatory process to resolve mental health issues, activities require commitment by community members to the resolution of their health issues. Cultural groups often present as mistrusting of health care providers and the formalized health care system, requiring extensive outreach efforts.

# **An Educational Program for Student Nurse Practitioners: Enhancing Knowledge and Assessment of Seniors' Ability to Pay for Their Prescription Medications**

**Cheryl Tyler, RN, BS, Master's Student  
Carol Polifroni RN, EdD, CNAA, BC, Associate Professor  
University of Connecticut School Of Nursing**

## **Purpose**

In response to a needs assessment, conducted with 10 seniors, that found that most seniors suffered from financial and emotional stress in relationship to prescriptions, seniors were non-compliant with prescriptions, and none of their primary care providers assessed them to see if they could afford their prescriptions. From this the purpose was developed; to help Nurse Practitioners develop effective strategies to proactively identify and assist patients facing problems with out-of-pocket medication costs.

## **Background**

Prescription drug costs are growing faster than any other segment of healthcare and the cost to the consumer is on the rise. Seniors tend to suffer more with increasing costs because of their lack of adequate prescription coverage and low incomes. There is research that shows that there are gaps in prescription coverage that force seniors to skip doses of medications, never start a medication, or sacrifice their leisure activities in order to finance their medications. This causes financial and emotional stress for seniors. Lack of medication compliance and restriction of leisure activities lead to poor health among seniors in the United States.

## **Theoretical Framework**

Orem's theory of self-care deficit can be applied to seniors unable to acquire adequate prescription medication coverage (healthcare deficit). Nursing is required when individuals cannot meet their own self-care demands because of health state or healthcare related conditions.

## **Methods**

A Pre and Post Educational Intervention Study was used. The sample was eleven primary care nurse practitioner students. The methods used were; 1) A knowledge pre-test was given. A 10-minute educational program on Medicare Part D and ConnPace then took place. A pocket guide was given to each student nurse practitioner with information regarding Medicare Part D and ConnPace. Then in 8 weeks a knowledge post-test was given. (5 questions with highest score possible being 100%), 2) Self-efficacy was also measured pre and 8 weeks post the educational session (2 questions measured on a Likert scale 0-4).

## **Results/Conclusions**

Results showed a higher mean and higher self efficacy scores, but was not statistically significant, in post intervention group. The sample size was small; consequently no generalizations could be made. Several students commented that they were in clinical sites that lacked a large senior population so they had few opportunities to use their pocket cards. Also quiz scores that reflected knowledge of Medicare Part D and ConnPace were poor (40<sup>th</sup> percentile). This may be related to the complexity of the information. If master's prepared students found the information difficult, then seniors may truly have a great deal of difficulty comprehending the information, leading to the financial and emotional stress that was found in the needs assessment.

## **Implications for Nursing Practice**

It was found that the educational program did increase the primary care nurse practitioner student's knowledge and self-efficacy that may be used to help seniors obtain adequate prescription coverage. Helping seniors obtain adequate prescription coverage could help decrease the financial and emotional stress, decrease non-compliance, and eventually decrease the adverse health outcomes related to prescription medication use in the senior population.

## **Compañeros por Salud / Latino Mental Health Services in Willimantic**

**Stephanie Lennon, BS, RN, Master's Student**  
**Deborah Shelton, PhD, RN, CNA, BC, Faculty Advisor**  
**University of Connecticut School of Nursing**

### **Purpose**

This poster presents the assessment to describe the mental health service system and identify gaps in services for the Latino/Hispanic families in Willimantic. This project is a component of a larger community project aimed to promote the health and well-being of Latino/Hispanic families in Windham County through education, prevention, and advocacy.

### **Background**

Latinos make up more than 30% of the population in Willimantic, CT. Despite this, linguistically and culturally congruent healthcare is difficult to access, especially mental health care. Studies demonstrate that living in poverty and having a low educational attainment are risk factors for depression. In Willimantic nearly 20% of the Latino population was below the poverty level in 2000 and only 70% of the town's population (of all races) attained a high school education.

### **Methods**

The Community-as-Partner Model provides the framework for this community assessment. Key informant interviews were completed utilizing a 13 item semi-structured questionnaire that focused on exploring service provider networks, formal and informal mental health services, and unmet service needs. Ten interviews were completed with individuals from nine programs and one individual affiliated with a local church.

### **Results**

Respondents unanimously stated that existing services are inadequate to meet the mental health needs of the Latino population especially in regards to linguistically/culturally congruent care. The social network analysis described a fragmented service system with waiting lists for behavioral health services from 6 months to 2 years. The greatest risk of significant unmet mental health needs lies with those Latinos who are new immigrants.

### **Conclusions**

Closing the gap on mental health care disparities among new Hispanic immigrants, calls for delivery of care in a culturally competent manner. Stress related to acculturation with the added challenge of language barriers need to be addressed for provision of effective nursing interventions.

### **Implications for Nursing Practice**

An intervention is planned to address issues related to acculturation and language barriers for new immigrant Latinos.

## **Nurses' Perspectives on Nursing: Findings from the Nurse Manifest Study**

**Olga Jarrin, RN, BS, Doctoral Student  
University of Connecticut School of Nursing**

### **Purpose**

This metasynthesis illuminates the underlying framework of professional values that splits our profession, nursing units and educational institutions. The purpose of this presentation is to raise awareness, inspire action, and open dialogue about professional values and workplace conditions.

### **Methods**

Groups of nurses were invited to discuss the questions 1) *what it is like to practice nursing*, and 2) *what changes nurses desire to support practice* and report on their findings during the 2003 Nurse Manifest Study. All primary data analysis was done by the groups themselves. Nurses participating in the groups came from a variety of settings and backgrounds including small community hospitals, large teaching hospitals, community settings, and academia. Meta-synthesis was used to compare and contrast findings across the six group summaries, using Noblit and Hare's meta-ethnographic approach.

### **Results**

Broad themes related to current practice included: the Primacy of the Nurse-Patient Relationship, Threats to the Nurse-Patient Relationship, and a Lack of Respect. Overarching themes related to changes nurses envision include: Finding Our Voice, Reclaiming Priorities, Gaining Respect, and Obtaining Needed Resources.

Additionally, responses differed within and across groups with respect to working conditions and work-related values. An example is some nurses believe everyone should put in 110% effort for the good of the team, while others believe this only leads to burnout and would rather stress improving working conditions. Nurses describing the most stressful work conditions reported operating in "survival mode" while others described a patriarchal or business oriented environment or value system. These findings are congruent with Beck and Cowan's model of the development of value systems called Spiral Dynamics.

### **Conclusions and Implications**

The differences within and between groups can be understood as differences in values or adaptive coping methods that are both rooted in the history of our profession and affected by present working conditions. The ideal translators between value systems and facilitators for collective action are individuals who see the essential value and nested structure of all the value/adaptive coping systems.

The challenge to nursing leaders is twofold: first, to take a firm stance against oppression within our profession while preserving the hierarchical structures necessary for the stability of our healthcare and educational institutions; and second, to create the mechanisms that will facilitate the evolution of values in individuals and groups toward post-postmodern values in those who are ready.

## **Delirium in Hospitalized Older Adults: Outcomes and Implications for Nursing**

**Christine Waszynski, APRN**

**Adjunct Clinical Faculty, University of Connecticut, School of Nursing  
Nurse Researcher, Hartford Hospital, Department of Geriatrics**

**Kimberly Petrovic, MSN, RN, MA**

**Clinical Faculty, University of Connecticut, School of Nursing  
Research Associate, Hartford Hospital Department of Geriatrics**

### **Purpose**

The purpose of this research study is to (1) examine the identification and management of delirium in hospitalized older patients by clinical staff at a major metropolitan hospital prior to and following an educational and mentoring intervention by members of the Division of Geriatrics and to (2) compare outcomes (e.g., length of stay, complications, and discharge destination) in patients with and without delirium, before and after the geriatric educational and mentoring intervention.

### **Method**

This research study consists of an ongoing retrospective chart review during two 6-month time periods, pre- and post- intervention, designed to examine the effectiveness of geriatric interventions that have been implemented at a major metropolitan hospital in order to improve the identification and management of delirium in hospitalized older patients. These interventions include (a) education about delirium through classroom presentations to clinical staff, (b) one-to-one case discussions, (c) consultations with members of the Geriatric Inpatient Consult Service, and (d) mentoring through the Geriatric Resource Nurse (GRN) Program.

### **Discussion**

Delirium is often missed in hospitalized older adults, and nearly half of all hospitalized patients are older adults and pre-existing conditions such as being age 70 years old or older increase the risk of delirium. Studies show the prevalence of delirium in older patients to be between 10-40% upon admission to the hospital and the incidence of new delirium during hospitalization to be between 6-56% and 25-60%. A number of adverse effects are associated with delirium, including dehydration, immobilization, and death.

Screening instruments such as the Confusion Assessment Method (CAM) demonstrate significant accuracy in identifying patients with delirium. The CAM is a standardized instrument developed from the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition* and possesses sensitivity rates as high as 89% when used by nurses and 81% when used by physicians. The CAM may benefit hospitalized older patients when nurses and physicians use the instrument as a means of recognizing and treating delirium.

Preliminary statistical analyses of data collected prior to the implementation of nursing and geriatric team interventions (pre-intervention phase) demonstrate that approximately 15-40% of hospitalized older adult patients at this major metropolitan hospital experience delirium during the course of a hospital stay. In time, we hope to show that implications for nursing related to the implementation of interventions by the nursing and geriatric teams will reduce the incidence of delirium significantly in this group of older adults.



## **Developing & Integrating Ethical Nursing Knowledge with Non-discursive Aesthetic Knowing**

**Melanie Bongiovanni, Erin Brown, Mary Frano, Daisy Gonzalez, Luan La, Sarah Lennox, Rachel MacGillis, Patricia Swim, Kelly Sykes, Benjamin Wishneski, Undergraduate Students  
Barbara Bennett Jacobs, RN, MPH, PhD, Associate Professor  
University of Connecticut School of Nursing**

### **Purpose**

The purpose of presenting 10 works of art, representing perceptions of the process of dying and the event of death, is to develop and integrate nursing knowledge within two of Carper's four patterns of nursing knowledge. The purpose is to contribute to knowledge that will advance one's appreciation and inspiration for practicing nursing with both an aesthetic and ethical relevance to patient and family experiences.

### **Background**

Chinn & Kramer posit that Carper's four patterns of knowing in nursing are "interrelated" and that the source of such knowing is experience.<sup>1,2</sup> In order to develop the aesthetic pattern of knowing in nursing, one engages in a "transformative" process that utilizes works of art to find meaning, significance, and appreciation in experiences that patients have had or may have in the future. As Chinn & Kramer described, "aesthetic knowing in nursing is that aspect of knowing that connects with deep meanings of a situation and calls forth inner creative resources that transform experience into what is not yet real, but possible. Formal expression of aesthetic knowledge takes the forms of aesthetic criticism and works of art. Works of art such as poetry, stories, and photographs are non-discursive forms of expression of aesthetic knowing that provide for the discipline a source of appreciation and inspiration."<sup>3</sup>

### **Method**

As part of an aesthetic knowing project in the senior nursing class *Ethical Way of Knowing*, students created works of art (9 poems and 1 drawing) to portray perceptions of dying as a process and death as an event. The aesthetic project aimed to interrelate two of Carper's patterns of knowing, that is aesthetic knowing and ethical knowing. These works of art are unique and were created by each of the students as a response to their experiences *qua* nursing students and *qua* family members.

### **Results**

Nine poems and one drawing depict dying as a process and death as an event from the perceptions and experiences of ten nursing students. Results of inquiry into aesthetic knowing are the "property" of those who experience the works of art as they appear to the constituted consciousness of those who experience the art objects in the truest phenomenological sense (noema/noesis).

### **Implications for Nursing Practice**

Works of art garner appreciation and inspiration<sup>4</sup> for what patients and their families may experience during the process of dying and the event of death of a loved one. Such appreciation of the experience through aesthetic knowing can enhance understanding and meaning of these two experiences so that in the future, suffering can be assuaged and intrinsic dignity can be attributed to all those patients who are in a fiduciary relationship with nurses during these encounters; this being the moral imperative of nursing.

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<sup>1</sup> Chinn, P. L., & Kramer, M. K. (2004). *Integrated knowledge development in nursing* (6<sup>th</sup> ed). St. Louis: Mosby, p. 7.

<sup>2</sup> Carper, B. A. (1978). Fundamental patterns of knowing in nursing. *Advances in Nursing Science*, 1 (1), 13-23.

<sup>3</sup> Chinn & Kramer, p. 194.

<sup>4</sup> Chinn & Kramer, p. 216.

## **Modified Health Needs Appraisal Score: A Tool for Discharge Planning in Neonates**

**Marta Barker, RN, MSN<sup>2</sup>, Maureen Guzzi, RN, MSN<sup>2</sup>, Naveed Hussain, MBBS<sup>1</sup>, Claudia Kimble, MSN, APRN<sup>2</sup>, Emily Mickelson, Student<sup>2</sup>, Roy Schneiderman, MD<sup>3</sup>, and Dorothy Vittner, RN, BSN<sup>2</sup>**

### **Background**

The quantification of healthcare needs of premature infants at discharge is an important measure of outcome. To objectively measure this, Paradigm Healthcare has developed a 'Health Appraisal Score (HAS) that includes the 5 parameters: nutrition or feeding, respiratory support or monitoring, weekly weight gain target, chronic issues and medication use. Each parameter is scored between 0 (no issues) and 3 (major issues). Since the psychosocial status of the infants caretakers is also an integral part of discharge planning, we modified the HAS score to include this parameter (score between 0-3) and termed this the 'Health Needs Appraisal Score' (HNAS).

### **Purpose**

The aim of this study was to describe and characterize the elements of the HNAS and their correlation with infant demographic and risk factors at the time of birth and throughout the hospital stay in hopes to anticipate discharge criteria and needs.

### **Design/Methods**

This was a prospective observational study. HNAS were calculated for 98 infants at discharge from the University of Connecticut Health Center NICU, between January 2005-August 2005. Data were also collected for demographic and other risk variables from databases; and correlations were made with HNAS.

### **Results**

The mean  $\pm$ sd of HNAS in the study was  $3.9 \pm 2.5$  (range 0-12); median and mode were both 3; and the scores were normally distributed. The scores of each of 6 parameters were positively correlated to the total HNAS ( $p < 0.0005$ ). The best correlation was with chronic issues ( $R^2 = 0.70$ ) and medication use ( $R^2 = 0.76$ ). The least correlation was with weekly weight gain target ( $R^2 = 0.01$ ). Need for nutrition or feeding support, respiratory monitoring or support and support for psycho-social caretaker issues were also correlated ( $R^2 = 0.12, 0.13,$  and  $0.22$  respectively). A high ( $> 5$ ) or low ( $\leq 5$ ) HNAS was arbitrarily defined. High HNAS was significantly ( $p < 0.01$ ) associated with lower weight and GA at birth, higher RDS or BPD, higher use of surfactant, dopamine, fentanyl and dexamethasone during the NICU stay. There was no association with race or gender.

### **Conclusions**

The range and characteristics of HNAS are defined so that a high vs. low score can be ascribed. The individual parameters that contribute to this score are also characterized. Further data analyses will validate the HNAS as a clinical tool for discharge planning.

### **Implications for Nursing Practice**

1. Validation of the HNAS will provide a useful tool for discharge case managers in anticipating readiness for discharge.
2. Validation of the HNAS will provide a useful tool for discharge case managers to identify and put into place needed services and supports for the infant and its family in the community.

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**The Experiences of Jamaican Women When Interacting with  
Health Care Providers of Another Culture  
Melissa Mokel, MSN, APRN, BC  
Doctoral Student University of Connecticut School of Nursing**

**Background**

Some studies have shown that U.S. ethnic minorities receive disparate health care services with respect to other ethnic groups. Provider communication with patients, unfortunately, is subject to the same biases as can be found in the overall population. The population of immigrant black subcultures is on the rise but little research has been done on the quality of the immigrant health care experience. Some studies have indicated that there may be differences between the black subcultures in the United States with respect to the experiences and expectations of receiving health care.

**Purpose**

The purpose of this study was to provide an emic-centered perspective of the meaning of the health care experience by an under-represented ethnic group.

**Method**

In this pilot study, Colaizzi's method of descriptive phenomenology, a qualitative research method, was used. This is an inductive approach to the process of discovering the meaning of a particular experience. Three Jamaican born women, aged 30 – 45 years, were asked the following question, “ describe for me your experience in interacting with health care providers of another culture”. The interviews were audio-taped and transcribed. Statements provided by the participants were collapsed into thematic clusters and ultimately an exhaustive descriptive statement. The exhaustive descriptive statement was validated by one of the participants in an attempt to ensure that the researcher captured the essence of the phenomena.

**Results**

Six experiential themes emerged and indicated that the participants experienced the interaction with respect to whether it was a positive or negative experience. Positive experiences included: the provider showing an interest in their patients; an attractive appearance of the practice setting and the provider's attire; a knowledgeable provider; and a provider that is “welcoming”. Negative experiences occurred when there was too much focus on the client's culture and when the clients felt rushed. One of the participants validated the exhaustive descriptive statement, which described the importance of developing a good rapport and a sincerity in wanting to learn more about their clients, phenomena that are just as important as the care provided.

**Nursing Implications**

Understanding client experiences and expectations are important for the nurse researcher and practitioner to provide care in a culturally congruent manner. This study indicates that provider awareness to their client's cues about discussing culture and a willingness to show interest in the clients experience can allow for a more effective interaction between the nurse and client.

## **Self Medication Practices of Older Hispanics**

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University of Connecticut School of Nursing  
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University of North Carolina, Charlotte, College of Health & Human Services**

### **Purpose**

The primary goal of this research is to document the self-medication practices of independent living Spanish speaking older adults in Hartford. The few published studies describing self-medication practices of Hispanic adults primarily used Mexican-American samples and cannot be generalized to Connecticut's Hispanic population, which is primarily Puerto Rican.

### **Methods**

A previously validated English survey was translated into Spanish using a systematic process. A team of 9 native Spanish speaking professionals participated in the translation protocol involving initial translation, back translation and assessment of translation construct relevancy and clarity. The final version of the instrument was verbally administered by a native, Spanish speaking researcher to 100 older adults, recruited from 5 congregate housing sites by posters, flyers and announcements at meals.

### **Results**

Descriptive data are presented including demographics, use of prescription and non-prescription medications, reasons for self-medication choices, purchase sources and frequencies of potentially adverse self-medication practices. The average number of medications taken daily was 7, with 76% of participants taking 5 or more medications, excluding vitamins and herbal preparations. 33% of participants taking medication for hypertension used an NSAID for pain, which raises blood pressure and may counteract antihypertensive medications. In all, 49% of participants reported one or more potentially adverse self-medication practices.

### **Conclusions**

These findings demonstrate a number of concerns related to OTC self-medication use in the sample surveyed. A significant proportion of the Spanish speaking older adults were found to be at risk for adverse drug interactions due to the presence of numerous chronic illnesses and multiple daily medications. The incidence of participants with hypertension who reported they took NSAIDS on the recommendation of their physician or nurse is troubling.

### **Implications**

Data support the need for an educational intervention to reduce adverse self-medication practices for Spanish speaking older adults. This study can guide nurses providing medication information to Spanish speaking older adults. Results from this study will be used to inform efforts to develop educational interventions for Spanish speaking older adults living in the Northeastern United States.

## **Chipping Away: Loss of Self, Living with Venous Ulceration**

**Diane Merkle, MSN, APRN, CWOCN, Doctoral Student  
University of Connecticut School of Nursing**

### **Purpose**

The purpose of this study was to provide healthcare clinicians with an understanding of the experience of living with a chronic venous stasis ulcer.

### **Background**

This pilot study involving three participants was performed to understand what people experience when they have a disabling chronic venous stasis ulcer and are unable to work. Venous stasis ulcers affect between 0.18 and 1% of the population and may affect 400,000 to 600,000 people in the United States. The condition can cause significant pain and disability as well as being costly to treat. A 1994 study of young, working age people showed a significant correlation between leg ulceration and time lost from work, job loss and adverse effects on finances. It is estimated that approximately 2 million work days are lost annually due to leg ulcers. The psychological stress of living with a chronic wound may actually contribute to the chronicity of the wound in light of identified links between the immune and endocrine systems and psychological factors.

### **Method**

Colaizzi's method of descriptive phenomenology was used to reveal the essence of the experience of living with chronic venous stasis ulcer. Each subject was asked *"Can you describe for me the experience of living with a venous stasis ulcer, specifically your thoughts, feelings and perceptions of how this has affected your life?"* The interviews were audio taped and transcribed verbatim.

### **Results**

The essential structures revealed by the participants were a group of 4 themes: loss of self, treatment failure, role loss, and emotional suffering. The overall essence of living with a chronic venous ulcer was *"loss of self"*, characterized by the overwhelming loss of what people were and what they had before they suffered from the chronic venous ulceration. *"I'll tell you, if I ... heard one more time, it's not working and be chipped away you know, again, I don't think there would be anything left of me, honest to God", "The wound is tying me up between doing the things I want to do ...", and "it did keep me from being who I am, emotionally and physically."*

Underlying themes of *"Treatment failure"* are captured by statements describing untreated pain, and *"I was very fearful that I would have this for the rest of my life."*

Role loss was expressed by all three participants relative to family, work and social interaction. *"I lost my getaway, my baby."* Boredom was expressed by two participants, *"It's hard to sit home all day long for me not to be doing things ... it's boring a lot of the time"* and *"I gained a lot of weight ... smoke more cigarettes than usual."*

Emotional suffering was expressed by all three participants. Embarrassment, disgust, misery, shame, isolation and depression were mentioned by the participants. Relative to drainage and odor, *"The smell and all would be intolerable ... it's pretty embarrassing."* Disgust and misery were expressed as, *"I went through a time where I detested myself."* Shame was also expressed as *"... I want her to be proud of me I don't want her to be ashamed of me"* and *"This is an ulcer you know it's not like cancer, you know shame on me whoa whoa whoa poor me ..."* Depression was expressed by all three participants *"I was just so depressed, my life was falling apart around me."*

### **Implications for Practice**

Clinicians need to be aware of the anguish suffered by those with chronic venous ulcers and provide support and interventions to improve their psychosocial well being, and possible enhance the healing process.

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