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ABSTRACT PROGRAM

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Longevity at the Bedside: Exploring Why Nurses Stay

Coreena C. Schroyer, MSN, RN-BC and
Mellisa Hall, DNP, AGPCNP-BC, FNP-BC

Doctor of Nursing Practice Capstone Project
University of Southern Indiana

Background/Significance of problem:
The nursing shortage is not a new concept in healthcare. An abundance of literature exists related to what causes nursing turnover in relation to new graduate registered nurses (RN). Little focus has been given to why experienced RNs remain employed as frontline staff in acute care hospitals. The lack of information regarding why nurses stay, rather than what causes them to leave, necessitates exploration.

Clinical question/project purpose:
The purpose of this project is to explore why nurses remain at the bedside in one healthcare organization for ten years or longer.

Search of literature/best evidence:
CINAHL, ProQuest Health, and Business Source Complete databases from 2006-2016 were searched using key search terms nurse turnover, nurse retention, employee turnover, employee retention, nurse longevity, employee longevity, organizational commitment, intent to stay, generation differences, intent to leave, organizational resilience, nurse resilience, and resilience. The search produced 40 peer reviewed articles, including systematic review, descriptive, exploratory, cross sectional, quasi-experimental, and qualitative studies. Randomized controlled studies were lacking.

Clinical appraisal of literature/best evidence:
Analysis of the evidence suggests 4 principal findings: 1) employee turnover has a negative impact on the strength of an organization, 2) new graduate turnover has been extensively studied, 3) impending nursing shortage related to Baby Boomer generation retirement, and 4) lack of information regarding retention of expert nurses at the bedside.

Integration into practice:
Discovering why nurses remain at the bedside in the same acute care health organization for ten years or longer may aid in retaining this important level of expert care.

Evaluation of evidenced-based practice:
Information gleaned from the Organizational Commitment Questionnaire and Connor-Davidson Resilience Scale-25 will be analyzed for qualitative data regarding why respondents have remained at the bedside for ten years or longer.
Nursing Care of the Poor - Analysis of Nurses’ Attitudes Toward the Culture of Poverty

Kimi Collyer Yuchs MAN, RN, NE-BC and Elizabeth Bonham PhD, RN, PMHCNS-BC, FAAN

Doctor of Nursing Practice Project
University of Southern Indiana

Background/Significance of problem:
Living in the culture of poverty challenges people when seeking healthcare. Attitudes of staff caring for the poor can affect return to the care system and health outcomes. In the United States, 43.1 million or 15.9% of the population live in poverty. Nurses should be aware of and understand personal attitudes and biases toward poverty to positively effect health outcomes.

Clinical question/project purpose:
The purpose of this project is to assess the attitudes of nurses toward patients from the culture of poverty and provide an educational intervention about poverty to effect positive change in those attitudes.

Search of literature/best evidence:
Databases included CINAHL, Proquest Health and Medical Complete, Social Work Abstracts, sociINDEX, PsychINFO, Medline, EBSCOhost, and Google Scholar. Search terms included attitudes, culture, poverty, culture of poverty, attitudes toward poverty, stigma, bias, cultural diversity, perceptions, poor, nursing, and cultural nursing theories. Gray literature, editorials and peer reviewed works from 1928-2017 were searched.

Clinical appraisal of literature/best evidence:
When appraising current research, few studies focused on attitudes of nurses toward patients from the culture of poverty; therefore, an identified gap reveals a need for further exploration. Literature indicates that poverty patients have limited access to quality healthcare compared to the middle and upper classes.

Integration into practice:
Nurses who volunteered in the study participated in a one-hour CEU educational offering about the culture of poverty. Participants learned about the culture of poverty, how to care for patients from the culture of poverty, and became cognizant of their bias.

Evaluation of evidenced-based practice:
A quasi-experimental, cross-sectional pre/post survey design was used to survey registered nurses working at a local rural hospital. Attitudes of the nurses toward poverty were analyzed using the Attitudes Toward Poverty short form before and after an educational presentation about the culture of poverty. Demographic data was collected via a set of nominal/ordinal level questions. Descriptive statistics were used for the data analysis.
Interruptions: Reducing Distraction to Reduce Medication Errors

Sheri Barnett, APN, MSN, RN, AGACNP-BC and
Mary J. Swartz, DNP, RN, ACNS-BC

Doctor of Nursing Practice Project
University of Southern Indiana

Background/Significance of problem:
Medication errors are listed as one of the most common type of adverse events; however medication errors are a major source of disability in the US contributing to a significant financial burden within the healthcare system. Error rates have been estimated between 6.6-44.6% for all doses given and are estimated by a 2013 Institute of Medicine report, to increase the cost per hospitalization by over $5000, and cause an annual cost increase of $3.5 billion in healthcare dollars. An estimated life lost through medication error varies from 44,000-98,000 annually.

Clinical question/project purpose:
Can an evidence-based, team approach to reducing interruptions decrease medication errors in the clinical setting? The purpose of this project was to choose five interventions, evidence based to implement in a clinical team environment and reduce medication errors in the unit.

Search of literature/best evidence:
CINAHL and ProQuest Health databases from 2010-2016 were searched using the keywords “medication errors: prevention and control” resulted 5,844 studies for review. When “Interruptions” was added to the search, the number decreased to 53. After reviewing the titles and inclusion criteria for adults, 27 studies/articles met inclusion criteria. As articles were reviewed it becomes evident that MAEs are multifactorial, but environmental distractions and interruptions play a critical role. Several of the studies identified only interruptions themselves, others implemented plans to decreases in interruptions. Evidence-based activities such as medication tabards, red light interventions, and sterile cockpit techniques were implemented into practice and reviewed. Two systematic reviews of studies regarding interruptions were included in the review.

Clinical appraisal of literature/best evidence:
Appraisal of the literature revealed eight evidence based methods for controlling interruptions during medication administration. After meeting with nursing staff within the study department, five methods were chosen: 1) ‘Sterile cockpit’ in medication room, no phones or personal communication in the medication room while medications are being verified and prepared, 2) Red mat notification, nurse’s pocket phone is placed on a red mat at the clerical staff desk during medication pass, 3) Stop sign, magnetic stop signs are posted on the door of the patient’s room and the door closed during medication pass, 4) Scripting for clerical staff to answer and triage nurse’s pocket phone while on medication pass, and 5) Nurse assistants and support partners to make sure vital signs are posted, blood sugars on chart in am, water glasses full and cupboard stocked to reduce self-interruption for supplies during medication passes.
Integration into practice:
An initial observation was done (with consent of nurses) of thirty medication passes prior to implementation of team-based EBP project; 89 interruptions occurred during the observation time. An informal education process was done during the morning charge meeting with all staff daily for one week, and the five chosen practices were implemented with a follow up count of thirty medication passes done after implementation. Signage was placed in the department to notify staff and visitors to maintain quiet during medication administration times. An email was sent to all members of the administration team, as well as medical staff to notify them of the project being performed on the chosen unit.

Evaluation of evidenced-based practice:
Observation of the post implementation was completed after six weeks and fifteen interruptions were observed during the post implementation monitoring of thirty medication passes. Compared to the eighty-nine interruptions prior to implementation, a significant reduction in interruptions was observed. 100% compliance was noted with use of the five safety methods. Incidentally, a fifty percent reduction in medication administration time was also noted from 16.8 minutes to 8.3 minutes averaged per pass. Medication safety events and near misses reported in the computer based safety event reporting program will be monitored monthly for 12 months with the to observe a reduction in medication errors on the study department.
Development of a Nurse Practitioner Residency to Instill Greater Confidence, Job Satisfaction and Increased Job Retention as NPs Promptly Transition from Novice to Expert Clinician

*Shari Bryant, MSN, ACNP-BC, AOCNP and Karen Parker, PhD, RN*

Doctor of Nursing Practice Project
University of Southern Indiana

**Background/Significance of problem:**

The Institute of Medicine’s *The Future of Nursing* report recommends the extension of nurse practitioner (NP) residency programs to highlight and assess competencies after completion of licensure or an advanced practice degree program (2011). Quality studies have verified NPs provide safe, effective, and quality care for more than 40 years of practice (Bush, 2014). However, many novice and experienced NPs transitioning to a new practice setting, experience increased anxiety the first year of transitioning into practice if they are unable to identify a mentor or additional support (Brown, Poppe, Kaminetzky, Wipf, & Woods, 2015). The decision to stay in the new role can diminish within the first year of clinical practice if professional growth and confidence is not facilitated (Bush, 2014). Most health care centers have constrained orientation programs, and require new NP graduates to immediately function at complex levels. Turnover and retention may quickly ensue if NPs are unable to transition to their fast-paced work environment. Additional support and guidance are vital for a timely and successful transition from novice NP to expert clinician (Bush & Lowery, 2016).

**Clinical question/project purpose:**

Will participation in an NP residency foster a successful NP role transition developing clinical growth, retention, leadership skills, and ultimately an expert clinician? The purpose of this project is to develop an NP residency for quick transition from a novice to clinical expert role. The Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS) will be utilized to measure AG-ACNP confidence and job satisfaction. The objective is to utilize the MNPJSS scale with AG-ACNP’s living in Evansville, IN & Columbus, OH and compare satisfaction scores between NPs who have completed a residency vs. NPs who have not completed a residency.

**Search of literature/best evidence:**

*CINAHL and ProQuest Health* databases from 2007-2017 were searched using key search terms: nurse practitioner residency and nurse practitioner fellowship. The search produced 3,292 peer reviewed articles. Levels of evidence ranged from II-V including cohort studies, qualitative studies, retrospective cohort studies and systematic reviews.

**Clinical appraisal of literature/best evidence:**

Wallace (2014) notes expertise requires extensive practice to move from novice to expert, generally 10,000 hours or 5 years. Learners move more quickly to expertise with appropriate training and mentoring. New NPs only have up to 1,000 hours of mentored experience by the end of their formal
academic training. Evidence shows it generally takes 10,000 hours to move to expert level. Studies have shown that with appropriate training and feedback the path to expertise can be accelerated.

Integration into practice:
Two newly graduated AG-ACNP students seeking additional education and job advancement will work alongside the hospitalist team, and will enroll in a 12-month internal medicine residency. The residency will teach residents to become highly skilled in collaboration and management of evidence-based practice with complex and challenging patients. The training will include rotations through pulmonology, cardiology, neurology, nephrology, and endocrinology. The experience will include practical clinical rotations, simulation lab, as well as a strong didactic component.

Evaluation of evidenced-based practice:
Information gleaned from the Misener Nurse Practitioner Job Satisfaction Scale will be analyzed from participating NPs at St. Vincent in Evansville, IN compared to NPs from Riverside Methodist Hospital in Columbus, Ohio. The level of satisfaction will be evaluated between NPs who have completed a residency versus NPs who have not completed a residency.
Increased Confidence in Newly Hired nurses: Utilizing High Fidelity Simulation

*Margaret Schwimer, MSN RN and*

*Jennifer Evans, DNP RN*

**Doctor of Nursing Practice Project**

**University of Southern Indiana**

**Background/Significance of the problem:**

Confidence is critical for nurses to provide quality patient care. New graduate nurses often lack the knowledge and confidence to recognize the cues of a deteriorating patient. Critical situations may be better managed if nurses are confident and competent in identifying and intervening with a deteriorating patient.

**Clinical question/project purpose:**

The clinical question is: Do newly hired graduate nurses feel more confident to intervene in a deteriorating patient condition after simulation experiences?

**Search of literature/best evidence:**

Appraisal of the literature assessed the use and meaning of the concept confidence and simulation, PubMed, ProQuest Central, JSTOR, PsycINFO, ProQuest Health and Medical Complete. Search terms used includes: Confidence, Nursing, Concept, Experiential Learning, Simulation, Learning theory.

**Clinical appraisal of literature/best evidence**

Analysis of systematic reviews, randomized controlled trials, non-randomized control trials, qualitative and quantitative evidence suggests four principal findings: 1) nursing care for deteriorating patient condition is critical, 2) new nurses feel inadequately prepared to intervene in deteriorating condition, 3) simulation can positively impact a nurses’ confidence to intervene in a deteriorating patient condition and 4) simulation increases knowledge, competence, confidence, clinical judgement, and clinical skills in newly hired graduate nurses.

**Integration into practice:**

Confidence nurses increase patient safety, quality of care, and optimize patient outcomes. Simulation experiences may play an integral role in shaping the orientation process for nursing education and increasing confidence in newly hired graduate nurses. Confidence can impact how nurses think, believe, and respond.

**Evaluation of evidenced-based practice:**

A comparison of pre-post means from the Student Satisfaction and Self-Confidence in Learning Scale survey will be employed after implementing a deteriorating patient simulation in the hospital orientation. Program outcomes will assess confidence levels, before and after the
Improving Early Prostate Cancer Screenings in African American Men

Richard Weaver, MSN, RN
Mellisa Hall, DNP, AGPCNP-BC, FNP-BC

Doctor of Nursing Practice Project
University of Southern Indiana

Background/Significance of problem:
African-American men (AAM) have a high incidence of morbidity and mortality related to prostate cancer (PrCa), yet they have a very low rate of participation in screening activities specifically for this disease. The rate of incidence for AAM developing PrCa is 60 percent higher and the mortality rate is two-to-three times higher than Caucasian men.

Clinical question/project purpose:
Will an educational intervention that focuses on the importance of early prostate cancer screenings for AAM 45 years and older (intervention group) increase participation rates compared to the usual care group? The purpose of this project was to develop, implement, and evaluate the effectiveness of a prostate cancer educational intervention for AAM at a local community parish.

Search of literature/best evidence:
A filtered search included age 45-65, English speaking, and scholarly journals. The databases with number of articles included CINAHL (22), MEDLINE with Full Text (1), Proquest Health and Medical Complete (17), and Cochrane Library (2). Key words and search terms included a combination of prostate cancer or neoplasm, African American men or black men, and screenings.

Clinical appraisal of literature/best evidence:
Analysis of the evidence suggests 4 principle findings: 1) Health promotion education is essential to enhance prostate cancer screenings 2) low literacy levels have an adverse impact on AAM’s ability to comprehend the gravity of a late stage diagnosis of prostate cancer, 3) Lack of access to adequate healthcare may impact AAM’s screening, 4) AAM are disproportionately impacted by prostate cancer.

Integration into practice:
An educational intervention regarding prostate cancer /screenings was provided. An evaluation form was provided to determine if the intervention had changed participants’ view regarding prostate cancer screenings.
Evaluation of evidenced-based practice:
An independent t-test will be performed to determine if the number of participants in the intervention group plan to participate in prostate cancer screenings within six months following the study compared to the care group who did not receive education. A descriptive analysis of demographic characteristics will guide inferences for future investigation and practice.