17th Annual CCTS Spring Conference

Tuesday, April 5, 2022 Gatton Student Center

Abstracts

College of Nursing Student Scholarship Research Day

Posters 128 -147

Oral Presentations Abstracts

Center for Clinical and
Translational Science

Abstracts

Poster Number 128

Title: **Prevalence of Eating Disorders in Adolescents at UK Healthcare 2016-2021**

Abstract: K. Agdanowski, College of Nursing, U of Kentucky, E. Salt, College of Nursing, U of Kentucky, M. Chojnacki, College of Nursing, U of Kentucky

Abstract: **Background:** An estimated 2.7% of U.S. adolescents report a lifetime experience with an eating disorder. Access to recommended outpatient and intensive treatment to patients is lacking in low-resourced areas such as Kentucky. **Purpose:** In efforts to describe the needed resources to provide treatment for this population, we will describe the 5-year frequency of eating disorder encounters along with the demographics of the populations seen at UK Healthcare. **Methods:** Using the i2b2 Data Query Tool deidentified data was extracted with the International Classification of Diseases ICD-10-CM for Eating Disorders (F50, F50.0, F50.2, F50.9) at UK Healthcare from August 2016 to August 2021 along with racial identification, age, and gender. Descriptive statistics were used to report study findings. **Results:** We found that white, females who were less than 18 years in age were disproportionately affected by eating disorders generally. Similarly, the diagnosis of all categories of eating disorders increased between the years of 2016 to 2021 (54 cases of bulimia in 2016 vs. 54 in 2021; 50 cases of anorexia in 2016 vs. 90 in 2021; 82 eating disorder unspecified in 2016 vs 147 in 2021). Finally, the prevalence of the diagnosis of overall eating disorders increased by 50% from 2016 to 2021 (2016- 251 diagnoses vs. 379 diagnoses in 2021). **Conclusion:** Our findings indicate that the diagnoses of eating disorders overall and specific types have continued to increase from 2016-2021 at UK Healthcare, suggesting that effort to address the discordance between the prevalence of this condition versus the resources is needed.

Funding: CCTS NIH 2UL1TR001998-05A1

Presenter: **Agdanowski, K. E.**kagdanowski@hotmail.com

Abstracts

Poster Number 129

Title: Comparison of Demographic Characteristics of Sexual Assault Encounters in Rural Versus Non-Rural Populations

Authors: I. Erickson, Nursing, U of Kentucky, Lexington, KY, E. Salt, PhD, APRN, Department of Nursing, U of Kentucky, A. Wiggins, PhD, Department of Nursing, U of Kentucky, M. K. Rayens, PhD, Department of Nursing, U of Kentucky

Abstract: Background: Sexual assault occurs to 1 in 3 women and 1 in 4 men in the US. In 2019, sexual assault accounted for 25% of all violent victimizations in Kentucky (KY). Although, prior studies have suggested that sexual assault disproportionately affects those residing in rural areas, there is little recent data comparing sexual assault in both pediatric and adult populations and in differing demographics in rural versus non-rural populations. **Purpose:** The purpose of this study is to compare demographic characteristics (i.e., age, gender, race, and ethnicity) of sexual assault encounters experienced by those residing in rural versus non-rural counties of KY. **Methods:** Using the University of Kentucky's Center for Clinical and Translational Science bioinformatics services as an honest broker, deidentified claims data was extracted for encounters billed with the International Classification of Diseases ICD-10-CM for sexual assault seen at UK Healthcare from October 2015 to February 2021. Data was analyzed using SPSS® Version 28 software. Descriptive statistics, independent sample t-tests and chi square test were used during data analysis. **Results:** The mean age was significantly younger in those residing in rural areas. Similarly, the percent of male victims was significantly higher in the rural population. Higher percentages of survivors being Black and Hispanic resided in non-rural areas. Encounters were more likely to be inpatient in rural areas. ICD10 code encounters specific to child sexual assault were significantly increased in the rural group. **Conclusion:** It's critically important that sexual assault resources specific to this population are provided at UK Healthcare.

Funding: CCTS NIH UL1TR001998.

Presenter: **Erickson, I. S.**iser222@uky.edu

Abstracts

Poster Number 130

Title: The Use of a Pediatric Palliative and Hospice Education Module to Enhance the Knowledge and Practice of ER Providers

Authors: M. Garrett, University of Kentucky College of Nursing

Abstract: Background: Palliative and hospice care resources are underutilized in pediatric patients with chronic and terminal illnesses. Without adequate education, clinicians are not able to effectively utilize available resources to provide holistic care. **Purpose:** The purpose of this study was to assess the current perception of knowledge among clinicians pertaining to pediatric palliative and hospice care. The study investigated improvements in outcomes in ten educational categories after participation in a web-based training. A secondary assessment was made of perceived effectiveness of the training. **Methods:** A prospective cohort study was completed using clinicians within the University of Kentucky Hospital's Emergency Department. Surveys were distributed to seventy-seven clinicians which included physicians and advanced practice providers. A pre and post survey using Qualtrics were distributed. These surveys used multiple question types to evaluate clinicians' perceptions both before and after the education. A paired t-test was used to compare clinician knowledge. **Results:** Ten participants completed the pre-survey between November 2021 and February 2022. Six participants completed the training and post-survey. Participants completed an evaluation of the educational module and a re-assessment of their perception of knowledge. Following the training an overall increase in perception of knowledge scoring was observed in all ten categories assessed. **Conclusion:** After a web-based training experience there was a recorded improvement in perception of education of the same topic among clinicians in the Emergency Department at this hospital. Improved Likert scale scored were observed to have statistical significance for nine of ten training categories. 100% (n=6) recommended the training.

Funding: College of Nursing and the University of Kentucky Emergency Department

Presenter: **Garrett, M.**Morgan.garrett@uky.edu

Abstracts

Poster Number 131

Title: Adverse Childhood Events and Childhood Maltreatment: A Systematic Review of Measures

Authors: K. Michael, College of Nursing, U of Kentucky

Abstract: Background: Adverse childhood experiences (ACE) are potentially traumatic childhood events such as childhood maltreatment (CM). ACE affects 61% of US adults, research supports that preventing ACE decreases negative adult physical and mental health outcomes. A standardized measure of ACE would advance science in identifying adverse child events however, a comprehensive comparison review of measurements has not been completed in the adult population. **Objective:** Conduct a systematic review of published literature reporting scales or measurement of ACE or CM related to ACE, including descriptive comparison of the scales and evaluate the psychometric properties in adult populations internationally. **Methods:** A search was conducted in CINAHL and PubMed with the keywords of adverse childhood experiences OR child Maltreatment AND scale OR instrument OR measure AND psychometric properties OR validity. Exclusion criteria included nonoriginal research and language other than English. Inclusion of articles were based of availability of psychometrics, adult population, and scale that measures ACE or CM. **Results:** 535 articles resulted from primary search the final review with inclusion criteria was narrowed down to twelve studies, revealing seven different scales. The scales ranged from 3 to 75 items with participants in seven different countries. Cronbach's alpha range from 0.64-0.92. Two scales of the seven included timing and repeated exposure measurement of CM and ACEs. **Conclusion:** Descriptive comparison of the seven identified scales allows for future research to have resource of the current valid and reliable scales to best meet objective and population. ACE and CM constructs vary throughout scales and establish different results.

Funding: No Funding

Presenter: **Michael, K.**kelseymichael@uky.edu

Abstracts

Poster Number 132

Title: The Utilization of Video Versus Direct Laryngoscopy for Difficult Airways: A Systematic Review

Authors: R. M. Bomar, College of Nursing, U of Kentucky

Abstract: Background: Direct and video laryngoscopes are available airway tools for endotracheal intubations. Despite evidence supporting the improved visualization of the epiglottis with video laryngoscopy, some providers prefer direct laryngoscopy. Systematic reviews to describe differences in intubation times in direct versus video laryngoscopy for difficult airways are lacking. Purpose: This literature review aimed to determine whether direct or video laryngoscopy improved intubation times in patients with difficult airways. Methods: The CINAHL and PubMed databases were searched from January 2016 to December 2021 for results comparing direct versus video laryngoscopy use in patients with difficult airways. Studies were limited to randomized control trials and clinical trials in adult patient populations. In total, 12 publications were selected for this review. Research studies featured difficult airway scenarios of three main groupings: 1) obese patients (physiological characteristics facilitate challenging alignment of airway axes), 2) cervical spine immobilization (prevents optimal intubation positioning), and 3) patients undergoing active cardiopulmonary resuscitation (repetitive application of force to the chest). Intubator experience levels ranged from novice to expert. Results: Only four studies delivered intubation times supporting the favorability of video laryngoscopy. However, first-pass intubation success proved to be a secondary outcome of clinical relevance. Ten studies recorded the number of intubation attempts required and six found the use of video laryngoscopes advantageous. Conclusion: Research data provided conflicting evidence regarding the favorability of direct or video laryngoscopy—largely dependent upon provider experience. Future investigation into the comparison of novice and expert intubators would be valuable.

Funding: No Funding

Presenter: **Bomar, R. M.**rachel.bomar@uky.edu

Abstracts

Poster Number 133

Title: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress: A Psychometric evaluation of the Professional Quality of Life (ProQOL-5) Instrument for Healthcare Professionals.

Authors: N. W. Seroka, College of Nursing, U of Kentucky, C. Okoli, College of Nursing, U of Kentucky, G. Mudd-Martin, College of Nursing, U of Kentucky M. K. Rayens, College of Nursing, U of Kentucky

Abstract: **Background**: The Professional Quality of Life-5 (ProQOL-5) is used to assess compassion satisfaction, burnout, and secondary traumatic stress, and can be used to evaluate the quality of life among healthcare workers. In the U.S., assessing healthcare providers' professional quality of life is vital to understand the upsurge of job-related burnout and occupational stressors related to the pandemic. The purpose of this study was to examine the psychometric properties of the ProQOL-5 and to evaluate subscale association with sleep quality when used in a sample of healthcare providers. **Methods**: Data were obtained from a cross-sectional study among healthcare professionals (N=762). Reliability of the ProQOL-5 was assessed using Cronbach's alpha and inter-item correlations. Validity was assessed through exploratory factor analysis (EFA) and principal components analysis using varimax rotation. Hypothesis testing examined associations between the subscales of the ProQOL-5 and sleep quality. **Results**: Our analyses supported a three-factor solution, similar to the original ProQOL-5 subscales, one original burnout item loaded on the secondary stress component and two original secondary traumatic stress items loaded on the burnout component. In the final analysis, Cronbach's alpha supported the three components with fifteen items that loaded on compassion satisfaction (α=0.92), six items loaded on burnout (α=0.72), and nine items on secondary traumatic stress (α=0.83). Sleep quality was positively associated with compassion satisfaction (p<.001), and negatively associated with burnout (p<.001) and secondary traumatic stress (p<.001) which supported predictive validity. **Conclusion**: The findings of this study support the reliability and validity of the ProQOL-5 when used among healthcare professionals.

Funding: No Funding

Presenter: **Seroka, N. W.**nse242@uky.edu

Poster Number 134

Title: Cultural Beliefs Associated with Cancer Screening Behaviors among African Americans (AA) & Sub-Saharan African Immigrants (SAIs): Focus on Cervical, Breast, and Colorectal Cancers

Authors: A. Adegboyega, College of Nursing, U of Kentucky, A. Wiggins, College of Nursing, U of Kentucky, M. Dignan, College of Medicine, Prevention Research Center

Abstract: Background: Black adults have elevated cancer death rates and shortened survival for most cancers, compared with other racial/ethnic groups in the U.S. Racial disparities in cancer is attributable to more advanced stage at diagnosis, associated with lack of screening and follow up. Certain cultural factors have been shown to be associated with cancer screening behaviors. **Methods**: We conducted a cross-sectional self-administered survey of 141 African American (AA) and English speaking Sub-Saharan Immigrant (SAI) adults to examine cultural factors (religiosity, acculturation, fatalism, and temporal orientation), demographic characteristics and their association with cancer screening. **Results:** Participants' mean age was 43.7 years (SD =13.6), 77% were females, and 47% were SAIs. Based on eligibility for each screening modality, more than half reported having ever had a Pap test (64%), mammogram (82%), and colon cancer screening (31%). Participants had moderate religious commitment, acculturation, and present orientation scores. For cancer fatalism, 28% agreed that when they think of cancer, they automatically think of death. In adjusted models, education (p = .002), insurance status (p = .036) and cancer fatalism (p = .032) were associated with receipt of a Pap screening. Age *(p= 0.24)* and lower present orientation (p = .009) were associated with mammogram. For colorectal cancer screening, significant predictors included race/ethnicity (p =.021), education (p = .050), insurance status (p = .013) and present orientation (p = .009). **Conclusion:** This study suggests that cultural beliefs that might serve to inform the development of cancer control and prevention initiative for AA and SAI adults.

Funding: NIH K01 CA251487, CCTS NIH UL1TR001998

Presenter: **Adegboyega, A.**aoadeg2@uky.edu

Abstracts

Poster Number 135

Title: A Case-Control Study Comparing Rates and Diagnoses of Hospital Readmission in Infants Affected by Neonatal Abstinence Syndrome

Authors: E.G. Salt, College of Nursing, U of Kentucky A.T. Wiggins, College of Nursing, U of Kentucky A.A. Pick, Undergraduate Student, College of Nursing, U of Kentucky H.S. Bada-Ellzey, Departments of Pediatrics and Neonatology, U of Kentucky C.L. Howard, Department of Pediatric Forensics, U of Kentucky M.L. Currie, Department of Child Abuse Pediatrics, U of Louisville, Louisville, KY, M.K. Rayens, College of Nursing, U of Kentucky

Abstract: **Introduction:** Rates of neonatal abstinence syndrome (NAS), a withdrawal syndrome from opioids and other substances resulting from intrauterine exposure, have been increasing exponentially in the U.S. It is important to understand population health risks, including rehospitalization and related diagnoses, using current data to improve health outcomes. **Purpose:** To described and compare 1) rates of rehospitalization, 2) demographics of infants, and 3) rehospitalization diagnoses in infants affected by NAS versus unaffected infants. We also described the frequency of NAS births and readmissions per year. **Methods:** Health claims data was used to conduct a case/control study. Diagnosis codes for neonatal withdrawal syndrome/NAS/withdrawal syndrome (P04.49 or P96.1 and P96.1 alone) from October 1, 2015 to June 1, 2021 were extracted and controls were case-matched based on month/year of birth. A rehospitalizations following birth and the related diagnosis were described and grouped using the Agency of Healthcare Research Quality Clinical Classifications Software Refined Frequency distribution, chi-square test of association and generalized estimating equation modeling were used during data analysis. **Results:** Infants affected by NAS are 2.7 times more likely to have a rehospitalization. White, Non-Hispanic neonates (OR=1.5; *p*=.007) and those infants residing in rural areas (OR=1.8; *p*<.001) were disproportionately affected. We identified a host of admission diagnoses with increased prevalence in infants affected by NAS when compared to those that were not affected (e.g., infectious diseases, feeding disorders). **Conclusion:** Infants with NAS are at increased risk of rehospitalization with a host of diagnoses and specific demographic groups (White, rural) are more highly affected.

Funding: CCTS NIH UL1TR001998

Presenter: **Pick, A.A.**abby.pick@uky.edu

Abstracts

Poster Number 136

Title: Spirituality and Religiosity and Its Impact on Depression in College Students: A Systematic Review

Authors: L. Deaton, Department of Nursing, U of Kentucky

Abstract: Background: The college student population is unique in that they encounter specific stressors contributing to depression such as academic and peer pressure, and physical and psychological adjustments to new environments. A majority of college students report they are spiritual or religious; however, little is known about the association between spirituality, religiosity and depression. **Purpose:** A systematic review was conducted to identify studies that examine the relationship between spirituality, religiosity and depression among college students**. Methods:** Electronic databases searched through February 2022 included PubMed, PsycINFO, and Web of Science in English and peer-reviewed journals. Risk of bias was assessed regarding design, conduct, and statistical analysis using the Johanna Briggs Institute Critical Appraisal Checklist for Cross-sectional and Cohort studies. **Results:** The search yielded a total of 67 studies. After screening, 20 studies are included in this review with 26,189 participants representing eight countries. Two studies recruited only Muslim participants and four studies recruited only Christian participants. Additionally, four studies focused on nursing and medical students. Key findings emphasized factors such as disappointment in God, low religious activity participation, and spiritual instability led to a higher number of depression symptoms. Strong spirituality and intrinsic religiosity, religious involvement, and spiritual awareness led to a decrease in symptoms. Alternatively, extrinsic religiosity had no effect on depression. Two studies report no significant correlation between religiosity and depression. **Conclusion:** Spirituality and religiosity affect depression symptomatology and should be explored as a coping mechanism for this population.

Funding: No Funding

Presenter: **Deaton, L.**\laura.deaton@uky.edu

Poster Number 137

Title: **Bridging the Gap: Risk Factor and Symptom Recognition of Myocardial Infarction in Women**

Authors: K. A. Jones, College of Nursing, U of Kentucky

Abstract: **Background:** Many are unaware that heart disease is the leading cause of death in women. Specifically, there is a significant knowledge gap in the atypical symptoms that women often experience when having a myocardial infarction (MI), otherwise known as a heart attack. This lack of knowledge contributes to patient delays in being seen by healthcare, leading to higher mortality rates and worse patient outcomes. **Purpose:** The purpose of this project is to develop evidenced-based educational materials about heart disease in women and distribute the materials through a patient health education center. **Methods:** The educational materials were created with information gathered from evidence- based resources. The materials were approved through a collaborative process with the medical librarian, health literacy specialist, and other staff at the Don and Cathy Jacobs Health Education Center located at the University of Kentucky Albert B. Chandler Hospital. An educational flier and interactive PowerPoint presentation were prepared including information such as symptoms of MI, risk factors for heart disease, action steps if one suspects they are experiencing a MI, and available resources for further information. **Results:** The materials were available at the Don and Cathy Jacobs Health Education Center for the duration of February 2022 for American Heart Month. **Conclusion:** There is a need for further implementation and evaluation to address the knowledge gap of heart disease and MI in women. Recommendation for future research would be to evaluate the effectiveness of the educational materials.

Funding: Don and Cathy Jacobs Health Education Center

Presenter: **Jones, K. A.**\kendall.jones@uky.edu

Abstracts

Poster Number 138

Title: Social Media Use and Mental Health: An Educational Intervention to Reduce Depression and Anxiety in Adolescents

Authors: N. A. Catlett, College of Nursing, U of Kentucky

Abstract: Background: Most adolescents spend a great deal of their time using various social media platforms. However, excessive and maladaptive social media use is correlated with worsening symptoms of depression and anxiety among adolescents. **Aim:** This project aims to determine whether an educational intervention can help decrease overall time spent using social media and improve mood and mental health outcomes among adolescents with depression or anxiety disorders. **Design:** Quasi-experiment with pretest and posttest design. **Methods:** An educational intervention about the relationship between social media use and symptoms of depression and anxiety among adolescents and strategies to minimize risk will be delivered in person or via a video calling platform to eligible participants at the University of Kentucky Adolescent Medicine Clinic. Patients will report their weekly time spent engaging with social media using their smartphone's screen time tracker function at baseline and twice after they receive the intervention. Depression and anxiety symptoms will be assessed at baseline and twice after the intervention using the Patient Health Questionnaire-9 and Generalized Anxiety Disorder-7 instruments.

Funding: No Funding

Presenter: **Catlett, N. A.**natalie.catlett@uky.edu

Poster Number 139

Title: Effect of Hypertonic Saline on Kidney Function in Critically Ill Adults With a Neurological Injury: A Systematic Review

Authors: T. R. Groves, College of Nursing, U of Kentucky

Abstract: BACKGROUND: Hypertonic saline (HTS) is used as a treatment in neurocritical patients with primary neurological injuries. These patients often develop hypernatremia and hyperchloremia. It is not known whether this is associated with acute kidney injury (AKI). We conducted a systematic literature review of the effects of HTS on kidney function, measured by serum creatinine. **METHODS:** PubMed and Web of Science databases were searched through October, 2021. Searches were limited to English language peer-reviewed studies of adults who received HTS and reported serum creatinine levels. AKI was defined as an increase in serum creatinine of 1.5 times baseline. **RESULTS:** Eighteen studies with 2,280 participants met inclusion criteria. Only 4 were randomized clinical trials (RCT) with the majority (11) being retrospective studies. Kidney function was the primary outcome in less than half (44.4%) of the studies. A significant increase in AKI in patients receiving HTS was reported in two (11.1%) of the 18 studies. Results from one RCT (N=32) found an increased rate of AKI with HTS compared to sodium acetate (53.5% vs 11.8%, $p = 0.01$). Results from one retrospective study (N=162) found an increase in AKI with continuous infusion HTS versus bolus only (12.9% vs 0%, $p = 0.025$). **CONCLUSION:** AKI was not a common complication of HTS treatment in neurocritical adults. However, given the limited quality of evidence, no definitive conclusion can be drawn. Clinicians should continue to monitor kidney function throughout HTS treatment. Additional clinical trials of HTS that include kidney function as an outcome are needed.

Funding: No Funding

Presenter: **Groves, T. R.**tasha.groves@uky.edu

Abstracts

Poster Number 140

Title: Evaluating the Use of a Diet Screening Tool for Diabetes and Weight Management in Primary Care

Authors: C. McBride, College of Nursing, U of Kentucky, J. Ossege, College of Nursing, U of Kentucky

Abstract: Type 2 diabetes mellitus is a prominent disease and leading cause of death in the nation. Many complications can develop when glucose levels are poorly controlled. When patients receive education and support in diabetes self-management, including individualized dietary interventions, it can lead to improved glycemic control. The purpose of this quality improvement (QI) project is to evaluate the incorporation of a diet recall tool, Starting the Conversation (STC), in the standard care for diabetic patients with abnormal body mass index (BMI). This QI project takes place in a Women's Health primary care clinic within an academic medical center. The study utilizes the Plan, Do, Study, Act (PDSA) rapid-cycle model for improvement. This study is ongoing and aims to examine: (1) patient opinion of the intervention and (2) healthcare provider satisfaction with use of the diet recall tool. Stakeholder feedback is anonymously obtained by survey collection.

Funding: College of Nursing

Presenter: **McBride, C.**cmotto2@uky.edu

Poster Number 141

Title: Parent and Child Understanding of Therapeutic Regimen Used to Treat Hypothyroidism in the Pediatric Patient

Authors: R. Lappin, Bachelor in Science of Nursing Student, U of Kentucky, E. Salt, College of Nursing Associate Professor, U of Kentucky, L. Scott, College of Nursing Associate Professor, U of Kentucky

Abstract: Background: Hypothyroidism affects one out of every 4,000 to 5,000 infants born in the U.S. and when untreated, hypothyroidism can result in impaired growth. Fortunately, hypothyroidism can be effectively treated with medication. Adherence to medication regimens, which includes taking the correct dose, taking each dose at the correct time, and avoiding medications and foods that interfere with medication and testing, is needed to avoid negative health outcomes. **Purpose:** The purpose of the study is to describe the medication taking-behaviors of dyads of parents and children. **Methods:** We conducted a retrospective study using results from a printed survey collecting data on medication taking behaviors. The survey was distributed to all patients diagnosed with hypothyroidism treated at a university pediatric endocrinology clinic and their parents before their appointment. Descriptive statistics were used to describe the returned paper and pencil survey results. **Results:** Of the predominantly female patient sample (76.5%), the majority took levothyroxine at varying doses. The sample had a mean duration of hypothyroidism for 4.82 years. Over half (50.9%) missed at least one dose of their medication per week. Nearly 16% took medications that could affect the accuracy of their thyroid disease testing. **Conclusion:** Nearly half of this sample reported being nonadherent to medication regimens. Future research is needed to understand risk factors for nonadherence in efforts to improve patient outcomes.

Funding: No Funding

Presenter: **Lappin, R. A.**rala239@uky.edu

Poster Number 142

Title: Factors Influencing Arabs' Mental Health Help-Seeking Behavior: A Systematic Review

Authors: O. Alosais, College of Nursing, U of Kentucky, C. T. C. Okoli, College of Nursing, U of Kentucky, D. K. Moser, College of Nursing, U of Kentucky, L. B. Williams, College of Nursing, U of Kentucky, A. Fernander, Department of Integrated Medical Science, Florida Atlantic University

Abstract: **Purpose:** Mental health disorders are a major public health concern worldwide. Arabs living in the United States (U.S.) experience different stressors and challenges that may impact their mental health, placing them at high risk for adverse mental health outcomes. A significant percentage of Arabs in the U.S. never seek professional mental health help. Delay or avoidance of mental health care may result in challenging consequences and worse outcomes. Thus, the purpose of this systematic review is to identify factors that impact Arabs' mental health services' help-seeking intentions and behavior. **Methods:** Using Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) guidelines, three electronic databases, including CINAHL, PubMed, and PsycINFO, were searched systematically for English, peer-reviewed articles published prior to October 2021. Studies that discussed mental health services' help-seeking intentions and behavior among Arab adult population were included. **Results:** Out of 221 studies retrieved for screening, only 27 were included. Most of the studies used quantitative methods (n=17, 63%). Utilizing the Socio-Ecological Model, we identified different factors that manifest at different levels: individual (age, education, religion), interpersonal (family's role and support), community (cultural norms, religion's role), and organizational (lack of resources, mistrust of providers). Gender norms, stigma, negative beliefs, misconceptions, and economic status are mutual factors among the four levels. **Conclusion:** Identifying these factors can develop strategies for increasing Arabs' utilization of mental health services. Future research should examine the intersectionality of different factors identified in this review and their influence on Arabs' mental health services' help-seeking behavior.

Funding: No Funding

Presenter: **Alosais, O.**oal242@uky.edu

Poster Number 143

Title: Describing and Predicting Preprocedural Anxiety in Patients Scheduled for Advanced Gastrointestinal Endoscopy Procedure During the COVID-19 Pandemic

Authors: D.D. Profit, College of Nursing, University of Kentucky

Abstract: **Background:** Advanced gastrointestinal endoscopy includes a group of specialized procedures and interventions that are being performed more frequently with little attention given to a patient's preprocedural anxiety issues. Compounding this concern, in 2020 the COVID-19 pandemic resulted in the delay of many endoscopy cases. It is unknown how this affected the anxiety of patients preparing for advanced endoscopy procedures. **Significance/Purpose:** Patients with higher anxiety require higher doses of anesthetic medications, experience increased pain and decreased satisfaction. The purpose of this study is to describe the anxiety and identify if social support, COVID-19 related anxiety, delay of procedure, patient's physical status and procedural indication are predictors of state anxiety levels. **Methodology:** The research is a prospective cross-sectional descriptive study using convenience sampling to recruit ninety patients. Participants completed a Patient Survey, State-Trait Anxiety Inventory, Multidimensional Scale of Perceived Social Support and Coronavirus Anxiety Scale. Medical records were reviewed for physical status scores. **Results:** Fifty-eight percent of the patients had high state anxiety scores with a total average score of 42.9 ± 11.9. For data analysis, patients were classified into high and low state anxiety groups. The patients in the low anxiety group had significantly higher social support scores. Logistic regression modeling is in process. **Conclusions/Implications:** Since many patients scheduled for advanced endoscopy procedures experience high state anxiety, it is imperative to recognize and consider interventions to decrease anxiety and prevent potential problems. Preliminary results support the need for additional research around study and anxiety reducing interventions in this population.

Funding: College of Nursing

Presenter: **Profit, D.D.**ddmill2@uky.edu

Poster Number 144

Title: A Systematic Review of Literature of Effective Components of a Transition to Off-Therapy Program for Pediatric Oncology Patients Completing Treatment Regimens

Authors: K. Coppa, College of Nursing, U of Kentucky

Abstract: Background: Patients are living longer with more comorbid conditions. Palliative care is a resource providers need to be able to utilize. A gap in the literature was found in the education of critical care providers regarding palliative care. **Purpos**e: This study focused on the amount of training critical care providers had received about palliative care and gathered information about provider preferences for training. Additionally, the study aimed to evaluate the effectiveness palliative care educational interventions for advanced practice providers in critical care. **Methods**: The study employed a quasi-experimental cohort design involving providers at the University of Kentucky in pulmonary, cardiac, neurological or trauma critical care. The study procedures consisted of a pre-educational intervention survey, an educational intervention, and a post educational intervention survey. The educational intervention involved a short module on palliative care basics. **Results:** Of the participants, 88% indicated a need for additional palliative care training. Seventy-two percent stated they had never received palliative care training. The provider was found to the be the largest facilitator of palliative care consults. Family was found to be the largest barrier to palliative care involvement. End of life/goals of care discussion was the biggest challenge for participants. **Conclusion:** The majority of advanced practice providers did not receive formal palliative care training prior to their graduation or onboarding at their institutions where they are currently employed. The significance of the family being the largest barrier to palliative care warrants more research to understand how to increase family comfort with use of palliative care.

Funding: College of Nursing and DanceBlue Pediatric Hematology/Oncology Clinic .

Presenter: **Coppa, K.**\kcoppa@hotmail.com

Abstracts

Poster Number 145

Title: Process of Developing a Community Advisory Board for the University of Kentucky Center for Clinical and Translational Science (CCTS)

Authors: H. M. Okeyo, College of Nursing, U of Kentucky, G. Mudd-Martin, College of Nursing, U of Kentucky, L. B. Williams, College of Nursing, U of Kentucky

Abstract: Background: A Community Advisory Board (CAB) can effectively represent community perspectives, especially when it is necessary to explore the potential or ongoing impact of research within a region. This abstract presents the process used to develop a CAB to support the University of Kentucky Center for Clinical and Translational Science (CCTS) community engagement with racial/ethnic and LGBTQIA+ populations. **Methods:** The CCTS Directors of Community Engagement and Integrated Special Populations developed the structure of the CAB with the goal of establishing a 12-member CAB with a community member Chair. Nomination letters were sent to five community partners requesting nominations for CAB membership. The nominee inclusion criteria was based on community service leadership role(s) or employment by an organization with outreach to the Hispanic, Black/African American, or LGBTQIA+ populations. **Results**: Eighteen nominees were recommended to join the CAB. Based on their high alignment with the inclusion criteria, 17 nominees were selected. CAB email invitations were sent to the nominees; 12 accepted the nomination, 2 declined the offer, and 3 did not respond. The CAB population comprised of 75% Black/African American, 25% Hispanic, and LGBTQIA+ representation. CAB members were expected to serve the board for two years, attend approximately 6 meetings a year, receive a $50 honorarium for each virtual meeting attended ($75 for CAB chair). **Conclusions:** This CCTS CAB establishment process provides a framework that can be used as a resource for future researchers to create a functionally diverse advisory board to ensure research goals align with community priorities.

Funding: CCTS NIH UL1TR001998

Presenter: **Okeyo, H. M.**hilda.okeyo@uky.edu

Abstracts

Poster Number 146

Title: Effects of Diabetes Self-Management on Hemoglobin A1c Levels in African Americans: A Systematic Review of the Literature

Authors: H. M. Okeyo, College of Nursing, U of Kentucky

Abstract: Background: Diabetes self-management programs are effective at promoting blood glucose control in adults. However, there is a dearth of research about the impact of self-management interventions in African American adults with diabetes. **Objective**: To examine the impact of diabetes self-management on hemoglobin A1c (HgbA1c) levels of African American adults with diabetes. **Methods:** PubMed and CINAHL databases searches identified peer-review articles published in the past ten years. The primary outcome was HgbA1c, the intervention diabetes self-management programs, and the population African Americans with diabetes. The Cochrane collaboration tool was used to assess risk for bias. **Results**: Eight studies (seven randomized control trials and one systematic review and meta-analysis) met inclusion criteria. Half of the studies (50%) reported a decline in HgbA1c levels post-intervention, 25% noted insignificant changes, and 25% reported no changes in HgbA1c levels. All the studies used different measurement tools to report their findings. The average JADAD score was 2.86. **Discussion:** The eight studies assessed provide high level evidence that strengthens this review. However, availability of more high-quality studies (as signaled by the low average JADAD score) could further strengthen the external validity of this analysis. Moreover, all the studies measured HgbA1c levels using different tools, making it difficult to identify relationships between the outcome and measurement tools used, threatening internal validity. Overall, this review suggests that self-management programs can be effective at lowering HgbA1c levels in African American adults, but there is a need to conduct more research with consistent measurement tools that provide replicable clinical recommendations.

Funding: CCTS NIH UL1TR001998

Presenter: **Okeyo, H. M.**hilda.okeyo@uky.edu

Poster Number 147

Title: **Perceived Barriers and Facilitators to Engage in Preventive Blood Glucose Screenings in Saudi Arabia**

Authors: F. Alsada, College of Nursing, U of Kentucky

Abstract: **Background:** Diabetes has reached an epidemic level in Saudi Arabia with a prevalence of 18.3%. In 2019, the diabetes-related health expenditure was more than $5 billion. Type 2 diabetes mainly preceded by prediabetes, which is a significant period either it invested in preventing the disease or left toward deteriorating the health. Blood glucose screening is the diagnostic method of prediabetes. The prevalence of prediabetes had reached 12.7% in 2019. A gap in literature exists regarding using blood glucose screenings as a trigger to lifestyle modifications. **Purpose:** The purpose of this qualitative study is to explore the perceived barriers and facilitators based on health belief model to engaging in blood glucose screenings among adults who are at risk for developing type 2 diabetes and living in Saudi Arabia. **Sample:** This will be a purposive sample of 20 Saudi adults aged (44-64) years old. An equal number of participants who have engaged and who have not engaged in blood glucose screening will be enrolled. **Setting:** The data will be collected online using Zoom. **Measures:** The investigator will use interview guides to obtain demographic information from participants and explore their viewpoints. The interview guides will be used in semi-structured interviews. **Procedure:** Recruitment through social media, which involves sharing an online message to attract participants. The interviews will be recorded and transcribed verbatim. **Data Analysis:** A process of identifying themes that emerge from interviews will help the investigator answer the research question. NVivo will be used to arrange the transcribed interviews into items.

Funding: 2022 RICH Heart Program Research Award

Presenter: **Alsada, F. M.**fatema.alsada@uky.edu

Abstracts

Oral Presentation

Title: SARS-CoV-2 Results in Increased Risk for Suicide Ideation and Suicide Attempts in Rural Dwellers

Authors: E. Salt, College of Nursing, U of Kentucky, A. T. Wiggins, College of Nursing, U of Kentucky, J. Cerel, College of Social Work, U of Kentucky, C. M. Hall, College of Nursing, U of Kentucky, M. Ellis, College of Nursing, U of Kentucky, G. L. Cooper, College of Medicine, U of Kentucky, B. W. Adkins, College of Medicine, U of Kentucky, M. K. Rayens, College of Nursing, U of Kentucky

Abstract: Purpose: Those factors identified to increase the risk of suicide in rural dwellers were exacerbated by the SARS-CoV-2 pandemic, specifically economic factors, substance use, access to healthcare and access to lethal weapons. Because the effects of SARS-CoV-2 on suicide ideation and attempts in rural populations has not been fully characterized in published literature, this study compares: 1) rates of suicide ideation and attempts between the 6 months affected by SARS-CoV-2 to same months of the preceding year (3/18/2020-9/18/20; 3/18/2019-9/18/19), 2) demographics (i.e., age, sex, residence, race, ethnicity) and 3) the locations in which the encounters where billed (inpatient, outpatient, emergency department). **Methods:** Deidentified claims data associated with patient encounters billed for *Suicide Ideation* and *Suicide Attempt* were grouped based on time period and analyzed using descriptive statistics, incident rate ratio (IRR), two-sample t-test, chi-square test of association or Fisher's exact test. **Findings:** Suicidal ideation encounters increased in the 6 months post-SARS-CoV-2 when compared to the 6 months of the prior year (IRR=1.19; *p*<.001). Males (*IRR* = 1.27, *p*<.001), those residing rural areas (*IRR*=1.22, *p*=.01), and Black, Non-Hispanic (*IRR*=1.24, p=.024) were found to have increased rates of suicide ideation post-SARS-Cov-2. In adults, White, Non-Hispanics (IRR=1.16; *p*<.001) and in the pediatric subset, those aged 14-17 (IRR=1.50; *p*<.001), residing rural areas (IRR=1.61, *p*=.009), Hispanic (IRR=1.89; *p*=.037) and Black, Non-Hispanic (IRR=1.61, *p*=.009) and had increased rates post-SARS-CoV-2. There was a decreased rate of suicide attempts post-SARS-CoV-2 (IRR=.76; *p*=.02). **Conclusions:** Our study identified rural dwellers to be at increased risk for suicide ideation.

Funding: CCTS NIH UL1TR001998

Presenter: **Hall, C. M.**cmhall296@uky.edu

Abstracts

Oral Presentation

Title: Incorporating an Implicit Bias Education Curriculum in an Undergraduate Nursing Program

Authors: P. Kline, College of Nursing, U of Kentucky

Abstract: Implicit bias (IB) among healthcare providers is potentially a major contributor to health inequity and poorer patient outcomes for marginalized populations. However, there is limited research surrounding the education of health care providers when it comes to IB and their role in mitigating this issue in the clinical setting. The purpose of this project is to implement an IB education curriculum that was developed using evidence-based methods in an undergraduate nursing program and evaluate the attitudes of participating students about implicit bias and its role in nursing and healthcare. An implicit bias training assignment was created for nursing students that incorporates preparatory videos, an interactive activity (the Harvard Implicit Association Test), strategies to reduce IB, and reflection questions. Attitudes toward IB were measured using a pre- and post-survey completed by 28 University of Kentucky nursing students. According to the survey responses, there was an attitude shift among the participants before and after completing the assignment. Fewer participants reported confidence that they treat every patient equally in the post-survey, and more students reported that IB was prevalent and had the ability to negatively impact patient care. An increased number of participants also responded that they felt confident implementing strategies to reduce IB in the clinical setting after completing the training. Implicit bias has the potential to negatively affect patient care in the clinical setting and providing education to nursing students has the ability to shift attitudes among future providers when it comes to the importance, prevalence, and mitigation of implicit bias.

Funding: No Funding

Presenter: **Kline, P.**peyton.kline@uky.edu

Abstracts

Oral Presentation

Title: Caring for Ourselves Before We Care for Others: A Mindfulness-Based Intervention for Acute Care Nursing Staff

Authors: S. Melander, College of Nursing, U of Kentucky, L.A. Walmsley, College of Nursing, U of Kentucky, J. Norton, College of Medicine, U of Kentucky, C.T.C Okoli, College of Nursing, U of Kentucky

Abstract: The COVID-19 pandemic continues to strain our healthcare environments, resulting in a nursing workforce that is in crisis. Prior to COVID-19, acute care nurses were facing increasing rates of anxiety, stress, and exhaustion. However, the pandemic has intensified the strain on the nursing workforce, leading to increasing rates of nursing burnout. Nursing burnout is directly linked to patient outcomes, nurse retention, and the resilience of our nurses. Therefore, it is in the best interest of hospital organizations to focus efforts on the well-being of the nursing workforce. A recent innovative technology that providers could utilize to prevent burnout teaches mindfulness through the utilization of smartphone applications. There is minimal evidence regarding the implementation and impact of brief mindfulness interventions on intra-professional acute care nursing providers. A pre-posttest design with a midpoint evaluation was utilized in this pilot study. Data analysis was completed using descriptive and inferential statistics via SPSS. The following scales were used to measure the impact of the intervention on participants: the Copenhagen Burnout Inventory, Cognitive and Affective Mindfulness Scale, Perceived Stress Scale and Brief Resilience Scale. The utilization of a mindfulness-based smartphone application may promote the health and well-being of all levels of providers. If nursing providers can foster practices to promote resilience, they will be better equipped to handle the increasing demands within our healthcare environments. As our healthcare systems continue to evolve and become more complex, combatting the issues of burnout among nursing providers should be a top priority as we move toward the future.

Funding: Delta Psi Chapter, Sigma Theta Tau Small Grant Award

Presenter: **Brouwer, K.R.**krbr2461@uky.edu

Abstracts

Oral Presentation

Title: Exploring Palliative Care Education Needs and Desires of Advanced Practice Providers in the Critical Care Setting

Authors: J.M. Clemmons, MSN, CCRN University of Kentucky College of Nursing, D. C. Hampton, PhD, MSN, RN, NEA-BC, CENP, FACHE, University of Kentucky College of Nursing.

Abstract: Background: Patients are living longer with more comorbid conditions. Palliative care is a resource providers need to be able to utilize. A gap in the literature was found in the education of critical care providers regarding palliative care. **Purpos**e: This study focused on the amount of training critical care providers had received about palliative care and gathered information about provider preferences for training. Additionally, the study aimed to evaluate the effectiveness palliative care educational interventions for advanced practice providers in critical care. **Methods**: The study employed a quasi-experimental cohort design involving providers at the University of Kentucky in pulmonary, cardiac, neurological or trauma critical care. The study procedures consisted of a pre-educational intervention survey, an educational intervention, and a post educational intervention survey. The educational intervention involved a short module on palliative care basics. **Results:** Of the participants, 88% indicated a need for additional palliative care training. Seventy-two percent stated they had never received palliative care training. The provider was found to the be the largest facilitator of palliative care consults. Family was found to be the largest barrier to palliative care involvement. End of life/goals of care discussion was the biggest challenge for participants. **Conclusion:** The majority of advanced practice providers did not receive formal palliative care training prior to their graduation or onboarding at their institutions where they are currently employed. The significance of the family being the largest barrier to palliative care warrants more research to understand how to increase family comfort with use of palliative care.

Funding: No Funding

Presenter: **Clemmons, J.M.**jmdins2@uky.edu

Abstracts

Oral Presentation

Title: Dyadic strain mediates the association of shared care with caregiver burden in caregivers of patients with heart failure

Authors: G. Cha, College of Nursing, U of Kentucky, M. L. Chung, College of Nursing, U of Kentucky, D. K. Moser, College of Nursing, U of Kentucky

Abstract: Background: Patients with heart failure (HF) need family caregivers' support to manage HF efficiently, but caregivers commonly experience a burden due to their caregiving responsibility. Although higher levels of shared care and greater dyadic relationship quality are associated with better patient self-care and health outcomes, it is not known whether these two factors influence caregivers' burden. **Purpose**: The purpose of this study was to determine whether dyadic relationship quality mediates the association of shared care with caregiver burden. **Methods:** Primary caregivers of patients with HF completed the Shared Care Instrument (SCI), the Zarit Burden Interview, and the Dyadic Relationship Scale (DRS). A series of multiple parallel models were used to test the mediation effect of dyadic relationship quality while controlling age, sex, education, and type of dyadic relationship. **Result:** Of the 143 caregivers (mean age= 56 years), most were female (76%) and in a spousal relationship with patients (73%). Among SCI subscales, only shared care communication was directly associated with caregiver burden (B = -.5247, P = .0006, 95% CI: -.8199 to -.2296). There were significant indirect effects of shared care communication (B = -.2090,95% CI: -.4225 to -.0022), decision-making (B = -.3559,95% CI: -.5984 to -.1588) and reciprocity (B =-.2342, 95% CI: -.5508 to -.0499) on caregiver burden through dyadic strain. **Conclusion:** Shared care in HF management was associated with dyadic strain, which reduced caregivers' burden. These findings underpin the need to improve shared care and reduce dyadic strain for caregivers of patients with HF.

Funding: NIH R01NR012967

Presenter: **Cha, G.**geunyeongcha@uky.edu

Oral Presentation

Title: **Family support for healthy diet positively influences diet quality of Latinx adults at-risk for type 2 diabetes**

Authors: N. J. Hawes, College of Nursing, University of Kentucky, K. V. Key, College of Nursing, University of Kentucky, G. Mudd-Martin, College of Nursing, University of Kentucky

Abstract: **Background**: Latinx adults have high risk for type 2 diabetes (T2DM), attributable in-part to poor diet quality. Family support may be important for encouraging healthy diet, particularly among persons at-risk for T2DM. The purpose of this study was to examine the association between diet quality and family support among Latinx adults at-risk for T2DM. **Methods**: This was a secondary analysis of baseline data from Latinx adults at-risk for T2DM who participated in the *Corazon de la Familia* (Heart of the Family) study. A sociodemographic questionnaire, the Vioscreen food frequency questionnaire from which Healthy Eating Index (HEI) scores measuring diet quality (range from 0 to 100) were calculated, and the Family Support for Healthy Diet instrument (range from 0 to 30) were completed. Linear regression analysis was conducted to examine the association between family support and diet quality, controlling for sex, age, acculturation level, marital status, employment status, financial comfort, educational level and body mass index (BMI). **Results**: Of the 233 Latinx adults at-risk for T2DM (mean age 40.3 ± 9.27 years; 86% female; BMI 31.3 ± 6.3), mean HEI score was 62.8 ± 9.8 and mean family support score was 8.1 ± 5.5. Family support for healthy diet was associated with HEI score, with higher family support associated with higher diet quality (F(9,191) = 2.30, *p* = .02). **Conclusion**: Family support for healthy diet is associated with better diet quality among Latinx adults at-risk for T2DM. These findings suggest future research into the effectiveness of family-focused interventions is warranted.

Funding: NIH 01 NR16262-01A1

Presenter: **Hawes, N. J.**\nataliejo.hawes@commonspirit.org