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Studying the physical and psychological symptoms of patients with cancer

Aygul AKYUZ*,
Memnun SEVEN, Nese SEVER, Sefika Dincer
*Gulhane Military Medical Academy, School of Nursing
e-mail: aygulakyuz@yahoo.com

Abstract

Objectives: Aim of the descriptive study was to evaluate the frequency and severity of physical and psychological symptoms so as to determine palliative care needs of cancer patients.

Methods: Total 142 patients who were treated in oncology clinic at an university hospital were enrolled in the cross sectional research. “Descriptive Information Questionnaire” was developed by the authors and the adapted “Beck Depression Inventory (BAI)” and “Beck Anxiety Inventory (BDI)”, “Edmonton Symptom Assessment System (ESAS)” to evaluate psychological and physical symptoms were used to collect data.

Results: The mean age was 49.35±36.61 years and 54.9% of them were out-patients. %16.2 of the patients were diagnosed with colon and 13.4% breast cancer. The mean BDI score was 8.59±6.36, and 88.7% the patients have depressive symptoms. The mean BAI score was 11.39±7.53. The three most frequent problems were fatigue (87.3%), breathlessness (76.1%), and insomnia (67.6%). The mean of the highest-ranking problems were anorexia (6.02±2.77), fatigue (5.33±2.09) and insomnia (0.04±2.42).

Conclusion: The study shows that some symptoms might be experienced by majority of the cancer patients as well as some symptoms might be felt more severe by fewer patients. Therefore, It should be assessed that both the frequency and severity of symptoms that patients experienced associated with cancer and its’ treatment individually and focusing on primary care.

Key words: Cancer, symptoms, palliative care
Is the Baby Pink? Changes in Neonatal Resuscitation

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Problem: In previous editions of the Textbook of Neonatal Resuscitation, healthcare providers have been trained to ask themselves “Is the baby pink?” at 30 seconds of life. If not, they were trained to administer 100% oxygen to “pink up” the baby. New guidelines for neonatal resuscitation, published by the AAP/AHA, recommend beginning resuscitation with 21% oxygen (room air) and monitoring oxygen saturation. These guideline changes are based on evidence showing that the use of 100% oxygen can cause cardiac muscle and renal tissue damage (Vento, Sastre, Asensi & Vina, 2005).

NRP changes were implemented January 1, 2012. The requirements for certification are bi-annual, but staff needed education to alert them to the practice changes immediately.

Purpose: 1) Educate all maternal and child health staff regarding changes in NRP. 2) Create and disseminate a self-learning module for nursing staff. 3) Post guidelines identifying acceptable oxygen saturation ranges during the first 10 minutes of life in all delivery rooms.

Process: A PowerPoint presentation was created including; choosing appropriate oxygen concentration for a newborn in distress, identifying risk factors of administering 100% oxygen in the delivery room, and new SpO2 guidelines in the first 5-10 minutes of life. The PowerPoint was emailed to all staff, who then had 30 days to complete the post test at an 80% pass rate. PowerPoint content was also presented at several staff meetings. A laminated card with the new oxygen saturation ranges is now hanging on every warmer as a reference tool.

Outcomes: By quickly learning and implementing the new guidelines patient safety has improved. The entire Maternal Child Health staff has been educated regarding the use of supplemental oxygen in the delivery room. Staff feedback has been overwhelmingly positive. Due to the success of this project, this model of education is being used as a template for dissemination of other new practices and equipment.

References:

The Caring Nurse Practitioner as a Transition Facilitator for Elderly Brain Injured Patients

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Introduction: Traumatic Brain Injury (TBI) is the leading cause of hospitalization in patients greater than 65 years old. Suffering a TBI can be life changing for patients and patients’ families. The entire dynamic of a home can completely transform by one fall. Furthermore the majority of elderly patients diagnosed with TBI have preexisting co-morbidities that contribute to and complicate TBI. Healthy People 2020 proposed the goal of healthy aging and improved quality of life for elders. In order to achieve this goal with elderly TBI patients, it is necessary to understand the complexities of life before and after TBI. Often families and patients are forced to change their past life and embark on a new way of living. This abrupt change is always stressful and sometimes devastating. The caring nurse practitioner is well positioned to help patients and their families as they transition from TBI to healthy aging and optimal quality of life.

Theoretical Lens: The theories of Nursing as Caring and Transitions are proposed as an interwoven lens to guide nurse practitioners working with elderly TBI patients. The framework developed by Boykin and Schoenhofer implies that all persons are caring and continue to be caring from “moment to moment,” suggesting that continual caring is sustained as patients transition from a sudden unexpected event such as TBI. Meleis describes the interdependent properties of transition as awareness, engagement, change and difference, transition time span, and critical points and events. When merged with Boykin and Schoenhofer’s ideas, these properties describe a natural movement and shifting of caring processes that demand attention to promote quality living.

Application: Nurse practitioners who care for patients after TBI guided by the interwoven lens of caring and transitions will consider each property of transition as one infused with continual caring. For instance, the nurse is called to consider what “matters most” to the TBI patient as awareness, engagement and critical points are experienced. A nursing situation will be shared, addressing the interwoven caring-transitions lens applied by the nurse practitioner working with elderly TBI patients. Nurse practitioners are caring transition facilitators, tailoring care to the patients point in transition, with the understanding that each person and each family have unique ways of living with the changes demanded by TBI.

Implications: Nurse practitioners who have a framework that is grounded in caring and a belief that people are unique can act as caring transition facilitators for elderly patients with TBI. When viewing elderly TBI patients and their families through the caring-transitions lens, there is the best potential for achieving the Healthy People 2020 goal of healthy aging and quality living in spite of TBI.
THE HUMANISTIC MODEL OF NURSING CARE: A DRIVING FORCE FOR NURSING EDUCATION

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The purpose of this poster presentation is to share a pragmatic “Humanistic Model of Nursing Care” (Girard & Cara, 2011; Cara, 2012) being implemented throughout the baccalaureate, master, and doctoral nursing programs at the Université de Montréal in Quebec, Canada. This poster highlights two major areas: (a) the model’s development (its historical context, mission, goals, humanistic values, and conceptual definitions), and (b) the model’s impact on nursing education (teaching methods, creating learning activities, evaluation).

This caring model serves as the framework for a competency academic based program focused on the apprenticeship of caring for patients, families, community, and populations. As teachers, who embrace a caring ontology, it is possible to transform our world view to empower students to facilitate their creative potential and to contribute to new knowledge development. Our objective is to encourage students’ reflective practice, subjectivity, and relation to the person/family/community’s perspective, which will promote their apprenticeship of a caring practice. Through openness, respect, nurturance, and support, teachers can invite students to gradually grasp and develop a pragmatic, conceptual, and scientific approach that will contribute to their understanding of caring as a moral imperative. Ultimately, as Hills and Watson (2011) mentioned, being informed by a caring ontology not only can assist teachers to transcend traditional pedagogy and teaching strategies, but can further enrich our discipline and promote nursing students’ co-creation of knowledge.

“Identified Factors in the Socialization of the New Graduate Registered Nurse in the Intensive Care Unit to Promote Patient-Focused Care”

Celestine Carter, APRN, DNS, Assistant Professor  
Leanne Fowler, RN, CCRN, MSN, Gwendolyn Stewart-Woods, RN, MSN  
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Learning Objectives: Describe challenges presented as a result of technology in critical care nursing. Discuss the challenges that patients and preceptors face as a result of the new graduate nurses orienting in the critical care unit. Identify factors that are prevalent in the literature, which help develop a sense of humanity and caring in the new graduate nurse orienting in the intensive care environment.

ABSTRACT
The presentation will describe challenges that technology in nursing care has presented to new graduate nurses orienting in a critical care unit. In the critical care arena, technology used in direct patient care such as ventilators, cardiac monitors, pacemakers, and ventricular assist devices can identify the patient, disguising his/her humanity. The challenge is to recognize the affects this has on the Preceptor’s ability to care for the patient and how Preceptors translate this to the new graduate RN orienting to the intensive care environment. This review of the literature identifies factors that help develop a sense of humanity and caring in the new graduate nurse, through the complexities of patient care in the intensive care environment.
Simplicity: Where magic, mystery, and miracles truly begin.
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For a pediatric patient the world within a hospital can be one full of unknowns and frightening mysteries. Therefore, it is imperative that I, as a pediatric nurse, incorporate magic into my practice to provide the child with the tools to navigate their uncertainties and to de-mystify the illness experience. The key to creating magic involves putting yourself in their shoes, remembering what it is like to be a child again; and always striving to remember that a child wants to be treated as a “kid” even when they are sick. However, to create magic you first have to develop a relationship which demonstrates to the child that you can be trusted. Through the magic of trust you can help a child and their family turn their fears into resiliency. Simplicity is what brings magic, mystery and miracles into my practice. I believe you have to take the time and make the effort to consciously step back from the fancy diagnoses, medications, and procedures to remember that it’s all about the simple actions. Caring for children is all about the ability to play and relate which are essential to providing influential care. These simple actions are a few of the stepping stones to making dreams come true and miracles happen.
Caring and Reflection in Cameroon

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Donna Taliaferro, PhD, RN, Patrick Ercole, PhD, MPH

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A group of four faculty and eight pre-licensure baccalaureate nursing students embarked upon a two week immersion and global service learning experience to Cameroon, West Africa. Global service learning offers a range of learning experiences and opportunities to develop skills that will be critical to successfully making the transition to practice in increasingly diverse populations in the US. Caring, as the essence of nursing, is a process of interaction and communication, and in that, is a reflection of nurses’ doing, being and knowing. Leininger has sought to identify the relationships between caring and cultural beliefs and practices. As part of the global service learning immersion, nursing students kept daily reflective journals to uncover their responses to various experiences. Reflective practice, whether written or lived, helps the practitioner, in this case the students, to access, understand and learn through their lived experiences. Through this process, the student can begin to make behavioral changes that move them towards a changed perspective and what is a more desirable practice. Reflective practice, for the novice, needs to be guided, especially when the situations that face student nurses in global settings are unique to themselves and to nursing. Nurses make decisions based on experience, and that requires that nurses also make efforts to reflect on their experiences to understand what they are doing and what they want to achieve. Reflection begins with a description of the experience, from which the student can then focus on key issues for reflection.
Is Caring Possible in a Virtual Learning Environment?

Holly Diesel, PhD, RN

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In an environment with increasing demands for lifelong learning and decreasing time and resources, alternative forms of content delivery have been devised including virtual learning environments (VLE). VLE is a set of teaching and learning tools designed to enhance a student’s learning experience by including computers and the internet. Experiential learning occurs through critical relationships of the learner to self, the learner to teacher, and the learner to the environment. In order for the attitude of caring to become internalized, students must feel valued and appreciated. This may be difficult to achieve in an environment which physically isolates the student. One the human side, students are isolated from the teacher and their peers, which can result in missing the happiness or joy of real world classes, and the sharing and bonding experiences that take place in a traditional college or university. Yet, there are ways to ensure that the social interaction which is the basis for the establishment of relationships necessary for caring to occur can be achieved. This presentation will discuss approaches that student and teacher alike may use to facilitate caring relationships in a virtual world, where learning occurs through synchronous, live chats or asynchronously where students may also proceed at “self-paced” learning as the work is completed. Advantages of a VLE include its flexibility, opportunity for prompt feedback from the teacher and other students, range of resources and collaboration with others. The disadvantages of VLE include extensive time and skills investment at inception as well as significant capital outlay for equipment.
Developing an International Nursing Program Excursion

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Caring and compassion often provides the key impetus for change and is often the motivator for why many nursing programs have considered taking a group of students abroad. Immersion gives students an opportunity to develop their communicative and caring skills in addition to gaining real insight into both a new culture and their own. Organizing such a trip is a formidable task, but with adequate time and thorough preparation, the experience will be successful and enjoyable for all stakeholders. Background work is necessary to identify the location and in-country support for any trip. Recruitment is the opportunity to cast a wide net, and maximize the pool of potential student travelers. Depending on the numbers of applicants, the selection process can be one of the most time consuming and critical segments of the process and potentially is the section that caring behaviors are most needed. All team members, especially those new to international travel will benefit from adequate preparation, which should include local customs, culture, food, transportation and accommodations at a bare minimum to ensure that uncaring behaviors are not unintentionally demonstrated. Each trip will be largely dependent upon the make-up and relationships that emerge between the team members. Setting ground rules for caring and resolving conflict during the immersion experience is essential, as virtual strangers in close quarters for extended time periods is a recipe for discord if not managed early. Debriefing the students upon return will produce an abundance of information that will be instrumental in planning for subsequent travels to promote international caring.
Using the Magic of Caring to Reduce Ventilator Associated Pneumonia: Thinking Outside the Bundle

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Ventilator-associated pneumonia (VAP) is a significant problem in trauma patients, increasing mortality and cost of care. While monitoring adherence to VAP prevention strategies reflected 98% compliance, our VAP rate revealed monthly variation (0-34) and a plateau for two consecutive years (8.04). Nurses in the Neuro ICU recognized the need to apply different strategies to impact trauma patients’ outcomes. We recognized the importance of an interdisciplinary team approach to decrease the incidence of VAP. Additional stakeholders were added to the team. We created a check off tool to be used during rounding. Modifications to the tool occurred frequently to improve communication during rounding. The Neuro ICU began using the tool to round every day on all ventilated patients while maintaining biweekly interdisciplinary rounding with the Trauma Services. Since implementation of intentional VAP rounding and daily use of the interdisciplinary tool, Trauma Services have experienced a zero VAP rate for six consecutive months. Implementing the same process on every ventilated patient, the Neuro ICU has decreased their overall VAP rate from 3.0 to 1.54 over the same period. Vigilance to ensure continued rounding and prompt implementation of interventions continues to be a strategy supported by leadership. Transpersonal caring workplace relationships resulted in mutual goal setting and improved communication. Collaboration and enhanced communication among health care providers resulted in better patient outcomes and created a culture of safety.
Now you see the Foley, Now you Don’t: The Magic of Reducing Urinary Catheter Device Days and the Impact on Urinary Tract Infection Rates in the Neuro-Surgical Intensive Care

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Purpose: Catheter-associated urinary tract infections (CAUTIs) are the most common hospital acquired infections. CAUTIs lead to an increased mortality, additional healthcare costs and longer lengths of stay. A higher rate of CAUTI in a Neuroscience Intensive Care Unit (NICU) may be due to their patients’ neurogenic bladder dysfunction. Our NICU collaborated on an evidenced-based project to decrease the number of catheter device days as an intervention to decrease our rate of CAUTIs.

Description: The NICU nurses reviewed the literature to identify indications for urinary catheter use and evidenced-based methods for insertion, maintenance and post-removal care for indwelling urinary catheters (Elpern et al 2009; Fuchs et al 2011). A focused search of the literature allowed the staff to understand the truths of bladder dysfunction in the neurologically impaired patient (Poisson et al 2010). A surveillance tool was created to address indications for continuance and incorporated a check-off of maintenance care. After physician review and approval, the team took responsibility for instructing the remainder of the NICU nurses on the purpose and use of the tool. The tool was used during hand-off communication between shifts to ensure urinary catheter removal when indicated and adherence to evidence-based urinary catheter care. Indicators for leaving catheters in place were strictly adhered to and post-removal care implemented to ensure adequate bladder functioning. Indications for leaving catheters in place were collected and used to modify the tool to clarify appropriate indications for maintaining the urinary catheter.

Evaluation and Outcomes: Implementation of our surveillance tool that ensured appropriate catheter discontinuation decreased the number of urinary catheter days from 2492 days to 1992 days, reflecting a 31.5% reduction over the previous 12 months. Urinary catheter utilization fell from 0.73 to 0.63, well below the National Healthcare Safety Network (NHSN) mean rate of 0.74 for NICUs. CAUTI rates also significantly declined from 4.82 to 2.51 NHSN rate of 4.0 for NICUs.
**Investigation of the breast, cervical, and colorectal cancer screening status of a group of Turkish women**

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Introduction: The aim of the study was therefore to determine the breast, cervical, and colorectal cancer screening rates and the influencing factors in a group of Turkish females.

Methods: The descriptive study was conducted in a school of nursing. The study sample consisted of 603 females who were the mothers/neighbors or relatives of the nursing students. Data collection forms were developed by the investigators after the relevant literature was screened and were used to collect the data.

Results: Of the women aged 30 and over, 32.8% had undergone a pap smear test at least once in their life. Of the women aged 50 and over, 48.2% had undergone mammography at least once and FOBT had been performed in 12% of these women in their life. Having heard of the screening tests before, knowing why they are done, and having information on the national cancer screening program were important factors influencing the rates of women having these tests done.

Discussion: The results of this study show that the rates of women participating in national cervical, breast, and colorectal cancer screening programs are not at the desired levels. Having heard of the screening tests before, knowing why they are done, and having information on the national cancer screening program were important factors influencing the rates of women having these tests done. It is suggested that written and visual campaigns to promote the service should be used to educate a larger population, thus increasing the participation rate for cancer screening programs.
Introduction/Purpose: One of Florence Nightingale’s concerns was the effect of noise on patients as she wrote “Unnecessary noise is the most cruel absence of care which can be inflicted either on sick or well.” Noise in the acute care environment contributes to patient dissatisfaction and low HCAHPS scores, an accepted indicator of quality care. HUSH© (Hospital’s Ultimate Silence for Healing©), a noise reduction program, was developed in collaboration with nurses at all levels of practice and hospital administration with the intent of changing nursing culture by creating a caring/healing environment conducive to recuperation. The purpose of this nursing research study was to investigate the culture change by assessing patient satisfaction and nurses’ perception of the HUSH© program.

Methodology: A two-phase descriptive study was undertaken. In phase one, the hospital’s 2010-2012 HCAHPS scores, pre-HUSH and during HUSH© were analyzed. Subjects in phase one were two cohorts (12 pre-HUSH©; 12 during-HUSH©) on an oncology unit. A semi-structured interview was conducted in phase two during-HUSH©. Nurses’ evaluations of HUSH© were queried with another semi-structured interview. Descriptive statistics were used to analyze HCAHPS scores and an inductive approach to content analysis was used to synthesize data.

Results: In Phase one, randomized hospital-wide responses to the HCAHPS question about the percent of patients who “always” reported quiet around their room at night was 39%-84% pre-HUSH© and 48%-58% during-HUSH©, while the Oncology unit responses were 17%-65% pre-HUSH© and 0%-61% during-HUSH©. Responses to the during-HUSH© interview question: “During this hospital stay, how often was the area around your room quiet at night?” were: Never-0%; Sometimes-33% (4); Usually-33% (4); Always-33% (4). In spite of low HCAHPS scores, the majority of patients noted quiet as “Always” and “Usually” during- HUSH© (66%) which represent patients perceived change in their environment. In addition, content analysis of phase two data indicated that nurses were appreciative of HUSH©, with comments like: “it brings calmness to the afternoon and night”, “I can finally catch up and regroup”, “fewer call lights are going off during HUSH© time” and “this is the best change I’ve seen in this hospital for the last 25 years”. Patients also expressed appreciation of staff efforts to reduce noise by implementing “HUSH© Time,” closing doors, turning off lights, and talking softly especially during night shift.

Discussion: The HCAHPS scores remained below Center for Medicare & Medicaid Services (CMS) percentile during the HUSH© program, but this may not reflect the “true” impact of HUSH©. Interview data results indicate a positive reaction to a quieter environment created by HUSH© which was favorably received by staff and patients, leading to a question about the necessity of an “always” quiet environment to determine patient satisfaction. Moreover, HUSH© program indicates a potential change in the nursing culture that which embraces a caring/healing in the acute care environment. The prevalence of quietness perceived by patients and nurses has lead to a mutual respite for both. Commitment of each hospital staff member and administration is essential to anchor a culture shift to a caring/healing environment through HUSH©. Recently, the
success of HUSH© has led to its hospital-wide implementation which promises to extend the culture change throughout the system.
Implementation of Hohashi’s Family Care/Caring Theory (FCCT) in Concentric Sphere Family Environment Theory (CSFET)

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Hohashi’s Concentric Sphere Family Environment Theory (CSFET) is a family nursing theory that focuses on the family environment that acts on the well-being of the family system unit (Hohashi & Honda, 2011). The family environment takes the form of a three-dimensional logical space-time continuum formed by three assessment axes of relationship (structural distance, functional distance, and temporal distance), in which five systems (supra system, macro system, micro system, family internal environment system, and chrono system) are located. This enables a three-dimensional view of the entire family system unit. In Ver. 2.4 of the CSFET, Hohashi’s Family Care/Caring Theory (FCCT) is implemented and a new assessment item, i.e., family health care nurses and their collaborators, is introduced in the macro system, and its rigor was established through a literature review, ethnographic studies, and semi-structured interviews with 21 Japanese families living in Japan and eight Japanese families in Hong Kong in the three years of 2010, 2011 and 2012. In the FCCT, “family care” is defined as a practice directed toward supporting the maintenance and improvement of the family functioning of the target family, while “family caring” is defined as attitudes toward realization of effective family care by knowing the beliefs, intentions, and hopes of the target family. Family caring is the concept that serves as a basis for engagement with the family system unit in its entirety, and is needed for providing family support that focuses on non-invasive treatment methods. Thus, the family caring is positioned in between the CSFET and family support. By this, the relationship of trust between the family and the nursing professional can be clearly established in terms of the structural distance and functional distance of the CSFET. Furthermore, it is evident that it will be also necessary to highlight the concept of time, i.e., the temporal distance of the CSFET, when considering how to structure the relationship between the family and the nursing professional in terms of a given time and place, as well as within the passage of time.
Testing and verifying Nurses Caring Behavior Assessment (NCBA) by confirmatory factor analysis
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Background:
To enhance the quality of nursing care, a hospital in northern Taiwan committed to implementing its SHARE ("S: Sense people’s needs before they ask", "H: Help each other out", "A: Acknowledge people’s feelings", "R: Respect the dignity and privacy of others", "E: Explain what’s happening") framework in clinical practice. However, the SHARE idea was poorly-defined, lacking both content and performance indicators.

Objectives: The aim of this study was to validate the SHARE five domains of Nurses Caring Behavior Assessment (NCBA) using confirmatory factor analysis.

Methods: This study was conducted in 3 phases. In Phase 1, based on our previous Caring Behavior Measurement developed from the patient perspective via an exploratory factor analysis (EFA) in Taiwan (Lee-Hsieh, et al 2005), the researchers developed a 29-items NCBA to measure nurse caring behavior from the patient perspective. In Phase 2, a convenience sample of 305 hospitalized patients from this hospital was recruited to test the construct validity of the NCBA. Finally, in Phase 3 the internal consistency and reliability of the instrument were tested.

Results: This 29-items NCBA across the five domains of SHARE. The final model in confirmatory factor analysis revealed that the NCBI indicated a good fit of the model (GFI = 0.87). The value of Cronbach’s α for the total scale was 0.88.

Conclusions: The NCBA is a valid and reliable instrument for assessing nurses’ caring behaviors. The instrument enables descriptions of the content of SHARE based on the nurse-patient interaction. It may also enable nursing administrators to assess the quality of nursing care and design continuing education programs that promote quality care at the hospital.

Key words: confirmatory factor analysis, caring, Nurses Caring Behavior Assessment (NCBA), Taiwan.
Caring Practice of a Psychiatric Nurse in Japan Analyzing from caring theory focusing on the inner process of the Individual

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Aim: The aim of study was at demonstrating what kind of elements of caring practices are influenced by the personal life history of the psychiatric nurse in Japan.

Design and Method: Interviewee; A psychiatric nurse. Female in her late fifties with about 40 years of working experience as a nurse (17 years in psychiatric).

Data collection: We conducted two semi-constitutive interviews, each about 90 minutes long, in a room prepared by a psychiatric hospital. We asked A Nurse to tell the episodes and experiences she went through in her life, and then to talk freely about her influences on her job and the scenes impressive to her. We recorded the interviews and created a verbatim report. Analysis: A qualitative descriptive research design consulting the Life-History Method. We aligned the data per event and sorted out the “episodes” that affected A Nurse’s caring practice and her “feelings at the time”. After member checking, we analyzed and interpreted what elements of caring practice are influenced by the subjective experiences of Nurse A. We worked on analysis between researchers repeatedly to raise reliability and validity. In addition, we are employing Jean Watson’s Caring Theory as the background of the research.

Discussion: Having grown up without experiencing her parents’ affection and thus been eager for love, A Nurse turned herself strong and independent, and learned to offer unconditional love to others. Also, her encounter with her great teacher who had led her into nursing formed her “passion” for it in the way that she works hard in the nursing profession as a return for the affection she received from her teacher. We considered this as Watson’s “caritas consciousness”. Furthermore, it was implied that A Nurse had learned the means to deal with others with sincerity and honesty due to her childhood experiences with so many hardships that all she could do as a child was just to survive everyday. We can possibly say that later they blossomed into A Nurse’s “challenging spirit to herself”. Moreover, we deduced that her experiences of suicidal attempts and getting helps from a delinquent student generated her “sincere face”: her attitude of facing intimidating patients at her own risk rather than holding herself back.

Conclusion: We learned that the life history of A Nurse has had a great influence on her caring practice. This indicates that reflecting on her individual life history helps nurses to rediscover her own unique ways of practicing patient care.
Aim: In Japan, there is a nurse (male, Mr. M) who is practicing nursing counseling to mental disabilities in community. It is regarded as a very rare case. He learned the theory of Watson’s Human Caring in Colorado and applying it to his nursing counseling practice. We hereinafter report this case after having analyzed one of scenes he has been practicing nursing counseling based on a point of caring theory.

Design and Method: Data collection: The objective of the analysis is a scene of nursing counseling on a certain day. Mr. K who is living in his home and suffering from chronic schizophrenia. The purpose of the counseling was intended to have Mr. K actually realize the real life. Because his symptom make a trigger for his behavior transformation in daily life. Analysis: Researchers recorded the scene of nursing counseling then put transcript on the recorded scene. We observed many times the recorded data repeatedly, and carried out our study while matching the 10 caring elements with the caring scenes that the observer regarded as.

Result: The many contents have been applied. For example, “#10. Even the nurse has carried out nursing counseling to Mr. K for 5 years; he remains open in his position that there is still something that he does not know about Mr. K, which also contains narrative elements. The soul and mystery of the nurse, as well as his opening mind has appeared. ” The first impression of nursing counseling was that both sides were laughing slightly and gently. The objective, Mr. K even has once mentioned to the nurse that “you look unnatural” which seems with some kind of negative attitude while he was still slightly laughing. The researchers watched it and felt relaxed. The counseling atmosphere was soft and nice.

Discussion: Watson’s caring theory has been applied with many caring elements included in which. In Japan, approximately 70,000 people who are suffering chronic schizophrenia are being hospitalized socially and unable to leave the hospital. We consider if practice of nursing counseling like what the nurse does becomes more popular, then people suffering chronic schizophrenia might also be able to live in the community. Application of Watson’s caring theory shall be helpful in particular.

Conclusion: We learned that the life history of A Nurse has had a great influence on her caring practice. This indicates that reflecting on her individual life history helps nurses to rediscover her own unique ways of practicing patient care.
Ethical Problems Encountered By Nurses In Turkey

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Abstract

Objectives: The purpose of the study is to define the ethic problems nurses in Turkey encounter.

Methods: 171 nurses, who are working in Military Hospital, participated in the study. The study is a descriptive one. The questionnaire form, which is used as a means for data acquisition, is developed by the researchers, as the result of a literature review. Questionnaire forms were filled up by the nurses, who accepted to participate in the study.

Results: Most of the nurses participating in the study, stated that they realize they are facing ethical problems when conflicts on patient requests break out. The majority of the nurses, stated that the greatest ethical problem met is the priority of using sources. Organ donation is shown as the ethical problem least encountered. Nurses answered the question regarding the resources used in resolving ethical problems as superiors in 75.27 % and as colleagues in 65.2%.

Discussion: Definition of ethical problems nurses encounter during practice, will be guiding in determining what to do in order to put up with those problems during nurses’ training and practices.
Introduction: The ‘Healing Hands, Caring Hearts’ project involves the creation of an ‘energetic Caritas field’ through a simple act of caring for the hands of those who care for others, touching their hearts through a meaningful life-giving and life-receiving, caring-healing process. As each caring moment is experienced, the Caritas field grows which causes positive energy to flow into our surroundings; opening up greater possibilities of mystery and miracles to occur.

Purpose: The purpose of this project is to heighten heartfelt Caritas thinking throughout the organization (patient care to business offices) with the understanding that we create the healing environment for our patients. We are the environment; therefore, to be healing we must care for ourselves so that we can effectively care for others.

Significance: To truly impact a person's understanding of the human phenomenon associated with caring, one must experience a ‘caring moment’ for one’s self. We place value on ‘caring’ when it touches us on a personal level. “Loving-kindness gives birth to a natural compassion. The compassionate heart holds the pain and sorrow of our life and of all beings with mercy and tenderness. It is the tender heart that has the power to transform the world.” (Kornfield 2002:102).

Project Description/Process: The preparation for this project begins with setting intentionality and consciousness; centering exercises help in gaining an inner state of balance that allows feelings to flow freely. I set up a healing environment in the dedicated space that has been previously decided by the manager; a quiet room with a door that can close, an electrical outlet to plug in a candle warmer for aroma therapy/dim lighting, and a place to plug in a CD player set to subtly play soft music, pillows for comfort, and two chairs. I invite each employee, individually, to take a few minutes out of his or her busy day to relax and unwind with me; I offer hand massages to those who would like them, reading the field, being open and sensitive to what takes place. A human-to-human connection is created with building a workstation together; a blanket covers our laps, knee to knee, and a pillow is placed on top of the blanket where their hands rest comfortably. During the hand massage I share the importance of practicing ‘loving kindness to self’, thanking them for their service, letting them know how meaningful their work is, and how they make a difference in our workplace. At the end of each caring session, a simple card containing one single question is given to each employee. The question is minuscule yet monumental: ‘With your heart and your hands, who will you care for next?’

Projected Outcomes: Through this gift of caring we affect the universal field that surrounds us, understanding that when one person benefits, then we all benefit. The continued flow of positive energy throughout the organization expands our caring consciousness and transcends conventional outcomes.

Qualitative Evaluation: 400 participants have participated in this caritas journey so far. Their responses have been largely positive and inspiring. (Please see results)

Qualitative Response to Caritas Experience

Non-Verbal Responses

- Eyes closed
- Hugs
- Smiles
- Relaxed shoulders
- Tense stiff hands to relaxed hands
- Tears
- Glassy Eyes
- Chills
- Quiet
- Crying
- Reached out to grab my hands and hold them
- Happy laughter
- Nervous laughter
- Warm hands
- Immediately read their chocolate message

**Verbal Responses**

- How synergistic!
- That was wonderful.
- Thank you for not leaving me and hunting me down.
- I’m ready to fall asleep.
- That was so relaxing.
- I need to take time out for myself.
- I need to think about caring for me more.
- You are like a Fairy Godmother.
- Do you get the chills each time you do this?
- This was great.
- This is a wonderful project.
- I can now see my next patient calmly.
- Tears, Smiles, Hugs…we did it all!
- This was very needed.
- Our staff deserves this support.
- I’m not a lamb to slaughter, this was like green pastures.
- Often we are victims of each other. Today I will not be a victim…I will be positive.
- This is beautiful.
- Can you tell my heart is racing?
- This is cool.
- It is so important to take care of yourself.
- I’m just a tech, I didn’t think this was for me.
- I’m not into all the foo-foo stuff. You are talking to someone who does take care of themselves.
- This only took 3 minutes? I can do this… I can take 3 minutes for myself.
- More, More, More!
- I could go longer.
- We would like to have you back!
- I lived through this.
- This wasn’t so bad.
- This is very touching that you would think of us.
- You really have taught me something.
- You are so kind.
- You are so sweet.
- Taking time out for yourself is very true.
- You caught me on a bad day, this is just what I needed.
- I need to take better care of myself.
- We do for others, it is so nice for someone to do for us.
- Your voice is so relaxing.
- You are very effective.
- You are very soothing.
- I wish you well in your journey.
- We need to all know we are important.
- I wish you luck in your travels.
• I appreciate you stealing 3 minutes of my day.
• I had to learn to let go and I have.
• You are just the right person for this.
• You truly don’t get the understanding of Jean Watson’s Theory until you experience it.
• Yes, it is your experience that makes you ‘get it’.
• Thank you.

Other responses

• Just talked for 5 minutes without the hand massage
• Spoke of their family experiences
• Spoke of their continued caring for others beyond work
• Shared personal experiences, health, stress, etc…
• Shared their personal losses
• Reluctant to take a break due to task at hand
• Needed reassurance that they had permission to take the break
The inpatient rehabilitation environment is constantly evolving. Over recent years, there has been an increase in patient acuity due to patients with more complex medical conditions being admitted for acute-level therapy. At Moss Rehab Elkins Park, the 28-bed Brain Injury Rehabilitation Unit provides care primarily for individuals who have sustained a traumatic brain injury as a result of injuries sustained from assaults, falls, or car accidents. Occasionally, patients who have an acquired brain injury as a result of anoxia, meningitis, or brain tumors are admitted to the unit. Rehabilitation registered nurses work in collaboration with the entire treatment team to create a caring healing environment of hope and encouragement to bridge the gap between disability and increased independence. A rehabilitation plan of care for patients in this population includes individualized patient and family education and self-care training. The role of the rehabilitation registered nurse involves being able to recognize opportunities for ‘being with’ the patient and family and authentically listening to their hopes and goals for recovery.

This presentation highlights one unit’s experiences of providing end-of-life care for a patient and the ethical and caring situations encountered by the registered nurses and treatment team. Watson’s Theory of Human Caring provides a theoretical framework for registered nurses caring for all patients and is especially relevant when interacting with dying patients and their families. Honoring the patient’s wishes and values, relieving pain and suffering, and enhancing the patient’s current quality of life were the focus of care this patient. As a unit, we recognized that caring for this patient was truly a gift that allowed us to grow in caring and compassion as Caritas Nurses. As we reflected on the experience, the following quote from Dr. Jean Watson best described the practice of nursing we had with this patient and family. “On this life journey, we all come face to face with mysteries and unknowns, and we are all challenged to find our way” – Jean Watson
Caring for a child with a chronic illness can present parents with significant emotional and physical challenges/stressors. Given that there are over 14 million children in the United States identified as having a chronic health problem more parents are facing increasingly complex caregiving responsibilities. With the advancements in technology, more of these children are being cared for in their homes. While many parents may share the responsibility of caring for these children, it is most frequently the mothers who fulfill the primary caregiver role. When these mothers are nurses, they are burdened by the added psychological and physical caregiving demands of not only caring for a child with a chronic illness but may also caring for patients in their professional caregiving role. These nurse-mothers (NMs) may find themselves consciously and unconsciously accessing their nursing knowledge and expertise in the care of their children. Conversely, these women may find their experiences in caring for their chronically ill children have an impact on their professional caregiving. The constant demands of caring for a chronically ill child superimposed on the caregiving expectations and demands of being a nurse may result in caregiver strain and fatigue leaving these NMs redefining their ambiguous identities and wondering whether they are mothers or nurses. The purpose grounded theory study is to develop a theoretical framework that describes how nurse-mothers of children with chronic illness manage their compounded roles as both professional caregivers and mothers of chronically ill children.

Research has identified a significant number of potential negative health outcomes experienced by family caregivers, particularly mothers of children with chronic illness. These outcomes may include psychological symptoms such as depression, fatigue and burnout. While fulfilling multiple roles is a common task to most people, being a caregiver in both a professional capacity and as a mother to a child with a chronic illness is likely to result in the NM experiencing an increased demand for emotional energy and caregiving behaviors which may exceed her reserves and may result in leaving the workforce. However, whether or not this is true or the extent of the problems she experiences has not been documented. Therefore, given (a) the increased physical and psychological demands in providing care for multiple care-recipient(s), (b) the potential for poorer health outcomes for both the caregivers (NMs) and the care-recipient(s) (children and patients), (c) the increased likelihood of NMs decreasing work hours or leaving the workforce, and (d) the projected increased need for RNs, it is imperative that we better understand the experiences of these NMs.

Approximately 15-20 NMs will participate in face-to-face individual interviews where they will be asked to share their caregiving experiences and how they manage their roles. These interviews will provide data for the development of a theoretical model demonstrating the experiences of these NMs and how they negotiate and manage their caregiving roles. This model can then be utilized to in order to design interventions that promote their personal and professional health and well-being as well as the health and well-being of those for whom they provide care. Preliminary findings will be reported.
Technological Knowing: A Shared Engagement in Nursing

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This presentation describes technological knowing as a way of knowing persons grounded in the middle-range theory of Technological Competency as Caring in Nursing. As a discipline and professional practice, nursing is expressed as a shared engagement of human to human caring. In technological knowing, there is a disciplined intention, commitment, and active engagement focused on using technologies to know persons more fully as participants in their care, rather than as objects of our care. Technological knowing is an illustration of this shared relationship – as appreciating persons’ humanness, engaging in mutual knowing, participating in dynamic relationships within caring nursing relationships, and furthering knowing of persons. Implications for practice, research, and education are presented.

Keywords: Technological knowing, caring, shared engagement, nursing
Presentation Format: Podium/Paper
A Journey of Learning to Love and Care for Self

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Requesting Podium

Einstein Healthcare Network (EHN) adopted Watson’s Theory of Human Caring as the theoretical framework for nursing practice and the professional model of care delivery. Einstein Healthcare Network has been designated a Caring Science Affiliate by the Watson Caring Science Institute. According to Watson (2006) a value based, theory guide approach to caring and administration helps to make visible a caring model for professional nursing practice and system survival. Watson (2003) discussed the need for leaders to engage in more authentic processes and to practice compassionate service to self and others. According to Turkel and Ray (2004) self-care is critical to health and healing. A leader who is holistic and self-caring creates harmony with others through authentic presence in the caring moment. If the leader does not compassionately care for self it is impossible to compassionately care for others. Our responsibility as leaders is to value, integrate, and role model the practice of loving kindness to self and others. My personal journey of learning to care for self became not just a project but a matter of self-renewal and a re-prioritizing of what is most important. Personal self care included:

- Commitment to the Caritas Coach Program, including reading, journaling and reflecting was life changing and remain part of my practice.
- Learning to take time for self, prioritizing family obligations, and creating quality family time, such as the family meal time and bedtime rituals.
- Utilizing the Caritas Process™ to accept positive and negative feelings regarding self and others.
- Tangible evidence of changes at work included maintaining normal work hours and leaving on time, making time for lunch with peers, and being conscious of time commitments for projects when asked to lead a group. Learning to accept limitations as it related to time commitments.

Practicing loving kindness to self allowed the nursing staff, patients, and families to feel cared for and provided tangible expressions of what the practice of loving kindness for self looks like. Outcomes within the NICU included integration of Watson’s Theory of Human Caring into practice, having self-care part of the evaluation, increase in family satisfaction, reduction in blood stream infections, improved peer to peer collaboration, and physicians acknowledging the change in the unit practice environment.
The Magic, Mystery & Miracle of “Koinoia”

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Koinonia is a Greek word that suggests communion by intimate participation resulting in an exchange of thoughts and emotions grounded in common beliefs and values. A Community of Practice is a social arrangement which may facilitate individuals to discover with and from the other. This relationship may (1) promote capacity building from both an ontological and epistemological perspective; (2) facilitate reflective practice; and (3) demonstrate aesthetic expressions of caring. Thus, “The International Association for Human Caring” can be described as a Community of Practice which embraces Koinonia. The presenters will suggest approaches and strategies that may be adopted by the IAHC organisation and its members to live caring as the essence of nursing.
Applying Roach’s six C’s of caring to gather health data through telephone interviewing
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Introduction: The use of the telephone to speak to study participants about health-related issues is useful when logistics make it difficult for participant and researcher to meet in person to collect data. However, gaining the trust of the participant can be a challenge, partly due to fears of fraud and identity theft. A spirit of openness and caring must come across the telephone lines between interviewer and interviewee. Roach’s six C’s can be applied to convey a sense of caring, thereby relaxing the participant and increasing their sense of safety to enhance the quantity and quality of health data being collected.

Theoretical Lens: According to Roach, caring is manifested through six C’s – compassion, competence, confidence, conscience, commitment, and comportment. Compassion is a connection in full presence, recognizing that the other may be experiencing a difficult time. Competence is having the skills and knowledge to perform within your scope of practice. Confidence refers to building trust, creating a context where information is believable and trustworthy. Conscience is caring guided by morals and ethical codes, to do what is best for the other. Commitment is standing by the other through the length of the relationship, no matter how difficult. Comportment is showing respect through speech, body language and dress.

Application: Interviewers can be trained through role playing and scripting using Roach’s caring model. Compassion is expressed via understanding participants’ vulnerabilities and being sensitive to the anxiety and apprehension they may feel toward receiving a call from a stranger, who is asking about health-related issues. Competence is expressed by being able to give the participant the information they need to have an understanding as to what they are consenting. Confidence is achieved by ensuring the participant that the information they share will be used appropriately and for the greater-good. Conscience is expressed by following ethical research protocols, adhering to confidentiality, and respecting the relationship with the research participant. Finally, interviewers manifest caring through comportment by identifying themselves with their name, credentials, and institution; addressing the participant formally; using language the participant can understand; and projecting caring through tone of voice.

Implications: Telephone interviewing is a useful approach to data-gathering and Roach’s caring principles promise to optimize the value of the approach. Participants in telephone interviews often reveal personal information about their health, including details of physical, psychological, and emotional wellbeing. The public is repeatedly cautioned against giving out private information to strangers. People fear having their health information used against them when applying for life and health insurance and even employment. Fostering a caring relationship that gains participant trust will not only result in higher numbers of willing participants but the data collected is likely to be more meaningful. A caring telephone interview may not only reduce participants’ apprehension and anxiety, it could potentially increase positive emotions about helping others and create a sense of contribution and altruism.
The forgotten pool nurse: Embracing the difference caring makes by utilizing the relationship based care model at a Magnet Institution

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ABSTRACT: Pool nurses are also referred to as temporary staff, flexible staff, non-standard employees, contact staff and Per Diem Staff. The needs of pool nurses differ from full-time staff and permanent part-time staff. Traditionally, hospitals invest significant time and energy into their full or permanent part-time staff, yet the forgotten nurse is the “pool nurse” Research suggests that pool nurses have more stress than permanent staff and have higher turnover rates, less job satisfaction, and less commitment than full-time, permanent employees. They are considered expensive employees with quality of their work that is not equal to permanent employees. Aiken (2009) states that although temporary (pool) nurses have been associated with poorer quality, other factors such as work environment are more likely to be the main cause.

Thomas Jefferson University Hospital is a large teaching Magnet Hospital in Philadelphia. There have been conscious efforts to ensure that the Professional Practice Model is practiced. The Care delivery model is the relationship-based care model. Staff is encouraged to use authentic caring in dealing with patients, families, visitors, co-workers and the interdisciplinary team.

Special efforts were made to ensure that pool nurses are NOT the forgotten nurses at Thomas Jefferson University Hospital. The importance of embracing the difference caring makes with pool nursing staff will be shared as well as successful activities to sustain this caring will be discussed. In addition, data gathered about pool nurses perceptions will be reviewed.
Building Trusting Caring Relationships: Walking in the Shoes of Another

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Introduction: The practitioner to practitioner relationship requires the same consciousness of “being present, caring and honoring the unique subjective world of the other, openly listening with intent to hear the other’s point of view, and communicating congruence and differences effectively” (Watson, 2008, p. 97). One way for nurses to achieve more heart-centered, transpersonal caring relationships is to spend some time walking in the shoes of another.

Significance: Learning to honor, respect and appreciate the gifts and talents each practitioner contributes to a caring team is overshadowed by the focus on individual performances, egos, and the differences of their specialties. This “silo” effect causes missed opportunities to understand and connect with each other and to strengthen that one common attribute that all nurses share—the ability and passion to care.

Purpose: The purpose of this project is to help nurses diversified in their specialties to develop a deeper understanding and appreciation of their caring connections despite their different work settings by spending time on each other’s units. The project is designed to foster discovery that nurse colleagues do share a common goal/bond of purpose and to build a more cohesive team that can talk about caring, creating healing environments, and practicing the ten Caritas Processes™ as a universal mode of being, instead of being buried in the details of working with different patient populations.

Setting and Participants: The setting for this project is the Clinical Education Practice and Informatics (CEPI) Department at the Kaiser Oakland Medical Center which is composed of a team of 13 Nurse Specialists and Educators. Participants were selected based upon their specialty and availability with six volunteering to participate in the first group.

Project Description/Process: Participants from the CEPI Department who volunteered were paired with a colleague with similar credentials, but who worked with different patient populations to lessen confusion with role delineation and function. Each participant spent a minimum of 6 hours in the peer’s unit, open to experiencing each other’s environment.

Project Outcome(s): After the experience, participants report a better appreciation for the work of their colleagues that diminishes the focus on differences and increases the understanding of their commonalities of caring as nurses.

Partial/Projected Evaluation: Authentic relationships have been strengthened by a growing understanding of what individuals share in common as opposed to their differences that can divide and isolate a team from connecting and understanding each other. It is projected that as the whole team is able to have opportunity to “walk in another’s shoes” a new awareness of shared connections will increase team cohesiveness.
**Future Directions:** After all members of the CEPI Department have completed the experiential sharing, it is hoped that this project will extend to the Nursing Units so that nurses will have an opportunity to spend time with a peer on a different shift to decrease the perception that caring on different shifts is different.
Introduction: The introduction of caring theory by Leininger in the 1970s led to inquiry into the phenomenon of caring in nursing. Leininger (1981) wrote “Caring is the central and unifying domain for the body of knowledge and practices in nursing” (p.3). In the following years, theories of caring in nursing were developed and provided a framework for the study of caring in nursing. After 20 years of theory development, Swanson (1991) wrote “caring has long been recognized as central to nursing” (p. 161). A look back at what had been studied in caring began with an eye on the future. Meta-syntheses written by Sherwood (1997) and Smith (2004) illuminated the importance in the application of caring to practice. The purpose of this abstract is to investigate the existing literature on caring in the neonatal patient revealing the state of the science.

Method: A literature search in both MEDLINE and CINHAL with the key words of caring or caring theory and the word neonatal revealed fifteen articles reflecting caring and the neonatal patient. All searches were limited to English language, peer-reviewed publications between the years of 2002 and 2012 and in a population of infants and neonates. Articles were excluded when the word care or caring were used to describe tasks or skills and not related to what is known in caring theory. This search of the literature revealed themes found in the literature related to caring and the neonatal patient.

Results: Three main themes were discovered in the caring literature related to the neonatal patient. Articles revealed caring in behaviors or concepts, applications of caring theory, or identification of caring theory reflected in the findings. Caring behaviors/concepts identified in 8 articles included knowing, comfort, nurse-patient connections, presence, touch, and caring as competence. The caring theories of Watson, Boykin and Schoenhofer, Duffy, and Leininger were found to be applied in 5 of the articles reviewed. Two articles identified caring theories as evident in the data revealed to the authors. One article applied Watson’s theory to a research study.

Discussion: A search of the literature revealed opportunities for development of the application of caring theory to the neonatal patient and their family. It is important to study practices in the neonatal intensive care unit with a caring lens because, “the technical aspects of care can consume the attention of care providers, who miss opportunities for human connections” (Gordon & Johnson, 1999, p. 406). Watson and Smith (2002) describe caring as “a philosophical-theoretical-epistemic undertaking, not just a nice way of being” (p. 453). This philosophic, theoretical, epistemic way of providing care to neonates and their families may profoundly affect outcomes. Even when the focus was not caring theory the concepts of caring theory were identified in case studies, care models, and research studies. The literature presented is a good beginning in the study of caring of the neonatal patient. The reviewed journal articles concluded that expressions and application of caring theory in diverse situations were congruent with and contributed to positive perceptions of care provided to the neonate and family. The lack of the literature on the application of caring theory to research in the neonatal patient suggests this is an area for future investigation.
The late preterm infant (LPI) is defined as an infant delivered between 34-36.6/7 weeks post conception. In the U.S.A, over 70% of all preterm births are late preterm (National Vital Statistic Report, 2011). The LPI experiences more health challenges with a higher morbidity and mortality rate than his full term counterpart. Complications and risks associated with being a LPI account for significantly increased hospital costs related to readmission in the first 30 days of life (March of Dimes, 2009). While the economic and epidemiological impact of LPI status has been explored, there is a paucity of research related to nursing care of the LPI and related educational needs of healthcare providers.

The purpose of this quasi-experimental repeated measures, one group study is to examine the effect of an educational intervention using Swanson caring theory on: 1) the nurses’ caring behavior and knowledge regarding interventions for LPIs and their families, and 2) the incidence of LPIs’ hospital visits and readmission rates for hyperbilirubinemia and dehydration.

This study will be conducted at a community hospital in South Florida. All nursery and postpartum nurses at the study hospital will be invited to participate. As a baseline measure, all participants will be asked to complete computer-based forms of the Late Preterm Knowledge Instrument (LPI-KI)) and caring behavior pretest (Late Preterm Infant Caring Professional Scale (LPI-CPS)). After the pretest is completed, a two-hour educational intervention will be provided. The curriculum of the intervention will focus on the characteristics, physiological needs, associated risks, and nursing management of LPIs, incorporating Swanson’s theory of caring. Immediately following the intervention session, the participants will complete a computer-based knowledge posttest using the Survey Monkey link. Certificates for two continuing education units (2 CEUs) will be given to all participants after the posttest is completed. In order to complete a one-month follow up, a separate e-mail account will be set up, through Survey Monkey for participants to provide their contact information. This will allow separation of survey responses and participants’ contact information to keep the data anonymous. Data will be analyzed using repeated measure ANOVA for comparing participants’ tests scores at the different intervals, and multiple linear regressions to identify significant predictors of outcomes.

This inquiry is intended to contribute to nursing knowledge regarding the care of LPI infants by identifying effective strategies to enhance caring behavior and improve outcomes. It is hypothesized that the educational intervention will contribute to better management of the LPI before discharge from the hospital. The assumption is that nurses knowledgeable about the LPI’s care needs will be better able to care for and educate the family before the infant is discharged. Ultimately this should reduce the cost of readmissions and hospital visits. If effective, a structured intervention may be a cost-effective strategy to improve outcomes for the LPI.

Although data collection is in progress, analysis will be completed before this presentation.
The “Magic, Mystery and Miracles” of Answering “A Call to Arms”: Earth-Caring in Education, Practice, Research and Advocacy

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During each and every moment in time a nurse somewhere is “Answering the Call to Arms” using that particular brand of “Magic, Mystery, and Miracles” unique to nursing. Nurse educators, practitioners, advocates, and researchers are employing their brand of magic to promote healthier environments for all. Nurses understand the unique mystery associated with the miraculous impact a healthy environment can have on the well-being of friends, family, students and communities. Nurses in practice, research, education, and as advocates are in the rather magical position of being trusted by healthcare consumers to promote healthier life processes. The public sees the magical mystery of nursing miracles everywhere—the places we work, live, learn and play. Thus nurses can readily support, coordinate, mediate and collaborate with members of the community to promote earth-caring. Practicing nurses effectively communicate the almost magical association between the environment and the health and well being of all. Nurse educators are teaching students the miraculous benefits of reducing stressors such as sounds, smells and toxins while providing patient care. Nursing students can embed their knowledge into the magic of their role in learning and living communities. Additionally, nurse leaders advocate for healthy communities and miraculously alter legislation that addresses environmental issues impacting our health. Nurse researchers employ the magic of evidence to dispel the mystery of the impact of the environment and nurse caring on practice, education, and advocacy. This symposium will present the “Magic, Mystery and Miracles” achieved by those nurses who express earth-caring by answering “A Call to Arms”.

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Implementation of a Consent Training Program for Nurses: Ensuring Consistent Informed Consent Procedures in Palliative Care Research

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Research studies have provided evidence that the quality of informed consent in clinical research is often sub-optimal. A major tenet of human subject protection guidelines related to research study participation is that informed consent procedures for clinical research should be an on-going process, which begins, rather than ends, with the participants' initial consent. Also, informed consent is an integral part of clinical research and it is viewed as an ethical concern in vulnerable populations, such as adult patients who have received a referral for palliative care (PC) support. To date, lacking are reports on the training procedures used to equip nurses to adhere to required informed consent procedures when screening adult patients receiving PC for research participation. Our purpose was to describe training and documentation procedures used in a pilot study to prepare PC nurses to conduct informed consent procedures when enrolling eligible adult patients. The eligible patients were invited to participate in a semi-structured interview with trained nurses after receiving a referral for PC support. The training of the PC nurses for this study was conducted during a 4-hour training meeting with the two co-investigators. The investigators reviewed the informed consent procedures and related documentation of consent procedures. The nurses participated in role-playing activities to increase their confidence and competency in conducting informed consent procedures. The nurses also received a study manual that included an outline of the informed consent procedures, the consent tracking form, and a sample consent form. The findings reveal the challenge of ensuring adherence to informed consent procedures requires a comprehensive training program that includes didactic review of the procedures, role-playing activities, debriefing feedback, and documentation of all consent procedures. Key documentation included, the: (a) dates and initials of team members who introduced the study and reviewed the consent forms; (b) time allowed to review the consent forms; and (c) reasons why eligible patients may have declined participation and consented participants may have withdrawn from the study. Implications of this study reveals an educational program for nurses to consistently implement consent procedures may help to reduce ethical concerns related to research participation by improving communication between nurses and screened participants.

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Touch as an essential expression of caring for Thai family members attending their loved one with traumatic brain injury
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Introduction: Traumatic brain injury (TBI) is a major health problem in Thailand. It results in unconsciousness with physical, cognitive, emotional, and social consequences. Most patients with severe TBI are always in the state of unconsciousness and it is very difficult to predict when their consciousness will return. Some have an improved state of consciousness in a few days, a few weeks, or a few months; some show no changes in consciousness; and some die. Therefore, severe TBI is a devastating injury for not only patients but also their family members due to the uncertainty of illness. Touch is an important approach to increase the level of consciousness in brain injured patients and family members can apply it while involved in caring for their loved one. Auditory touch, defined as a healing sound strategy for improving the state of consciousness, was evaluated in this study by exploring Thai family members approach for caring for their loved one who was in the state of unconsciousness.

Methods: This theory-guided pilot study used an exploratory descriptive design. Nine Thai family members of severe TBI patients were interviewed at the neurological intensive care unit of Buddhachinnaraj Hospital, Phitsanulok Province, Thailand. Story-inquiry method guided data collection and analysis. The interview asked about how family members engaged with their loved one, the results of their engagement, and what sounds are appropriate for comforting their loved one. Inductive strategies were used to analyze data.

Results: Essential approaches participants used while engaging with their loved one included not only auditory touch but also haptic touch. Participants explained that they provided auditory touch by using family voices (n=9), Buddha teaching sound (n=2), and the patient’s favorite songs (n = 1). Moreover, participants also described that they applied haptic touch through shaking their loved one’s hands or arms (n = 5), touching the patients’ face or other body parts (n = 6), and doing a massage (n=4). More than half of all participants described that their loved one sometimes responded their approaches by moving eyelids, fingers, arms, or legs.

Discussion: Both auditory and haptic touch are crucial approaches for Thai family members caring for their loved one who is in the state of unconsciousness. Although the approaches cannot recover the state of unconsciousness, family engagement may increase the probability of improving the level of consciousness. Results will guide development of a model by incorporating auditory and haptic touch as healing modalities to increase the state of consciousness in TBI patients. Moreover, the model will be useful to guide appropriate interventions for nurses and family members in using both touches for improving the state of consciousness in TBI patients.
Caring for people who are suffering is hard work and can exact a high toll of the one who cares. This toll has been examined under the concepts of stress, burnout, compassion fatigue and secondary post traumatic stress. Another approach has been the concept of the suffering of the healer, defined as the acute distress associated with events that threaten the intactness of the healer in the role of healer. A study conducted of 25 registered nurses revealed that most described having experienced such suffering and that the threats of vulnerability, reverberations with the past, guilt, and the high cost of empathy were among the major contributors to their suffering.

This presentation will report on a portion of that study that focused on participants perceptions of how their nursing education had prepared them to cope with suffering of the healer and how nurse educators could do a better job of preparing them. Although many believed that there was little that could have been done ahead of time several of the participants made several recommendations for changing how education programs addressed this topic.

The presentation will also address how the author has addressed the suffering of the healer in the courses that he has taught. These include the use of art and literature to explore responses to suffering including our own, helping students to explore their own affective response to the patient in clinical and direct information about the concept of suffering of the healer.
Older persons with Alzheimer’s disease – Being present with a therapy dog may reveal Episodes of Lucidity

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Abstract

Background: The incidence of Alzheimer’s disease (AD) increases along with an older population worldwide. Behavioral and psychological symptoms of dementia (BPSD) are behaviors difficult to deal with for the person with AD and caregivers. Animals have been included in the environment for persons with AD for some time. Animal Assisted Therapy (AAT) includes prescribed therapy dogs that visit the person with AD with a specific purpose.

Aim: This study aims to illuminate the meaning of older persons with AD lived experience of interacting with a therapy dog.

Method: Video recorded films were conducted from every person (five participants) with AD visits of the dog and its handler (10 times/person). The films were transcript and analyzed with Phenomenological hermeneutics.

Results: The main theme ‘Being aware of one’s past and present existence’ meant to connect with one’s senses and memories and to reflect upon the situation with the dog by feelings and remembering present and earlier times. The moment with the dog shows through retold memories and feelings, and enable a possibility to reach the person on a cognitive level in the present moment.

Conclusion: The study might contribute to facilitate the interaction between the person with AD and the caregiver at the ward.
Empathy in Nursing Students Over the Educational Program

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Nursing educators have traditionally been challenged to provide the necessary education to address licensing in the US and around the world. However, faculty have noticed during the educational process, students may change the way in which they demonstrate caring behaviors with altered degrees of empathy. Educators may have an influence in this without knowing it. Nursing faculty are required to combine scientific knowledge with technical skills but tend to omit the unique components of the nurse-patient, nurse-nurse relationships. Empathy is a core component of these relationships and has a direct link to patient outcomes and working relationships. La Monica (1983) states that empathy is a basic human need. Being able to be empathic is critical when patients are at their most vulnerable state.

White (2006) states that over time there is a cost to the facility as a result in dealing with employees that are stressed. Increased absenteeism and morale problems result in poor quality of care.

Loss of empathy during the academic program sets students up for problems within their first job and potential for compassion fatigue early on. A research study is ongoing to evaluate empathy at the beginning and end of two schools of nursing: Finland and the US. Initial data has determined baseline findings of empathy at the beginning of the program.
The purpose of this qualitative study was to explore the experience of RN-BSN nursing students in an online course that implemented Caring Groups as an experimental teaching/learning strategy for caring. The University of West Georgia School of Nursing has utilized Caring Groups as a teaching strategy since 1992 but never in the RN-BSN program. Growth and implementation of online programs created a more complex environment that necessitated a reconceptualization of the current Caring Groups. The new structure was implemented in spring 2012. Interviews with current graduates were needed to understand the implementation of Caring Groups in an online course. Data from audio-recorded interviews were analyzed to discover the experiences of being in a Caring Group in an online course. Students were asked to participate in individual interviews after graduation from the program in August, 2012.
Introduction: In a radical shift from a focus on nurses accomplishing tasks, hospitals are beginning to mandate that nurses spend at least five minutes per shift talking with each patient. While five minutes per patient seems a miniscule amount of time, administrators are recognizing that for nurses, onerous responsibilities and consuming focus on completing tasks are displacing the art of nursing. Patient satisfaction surveys reveal what nurses have always known: patients need and desire caring nurses who have time to listen and be with them. 

Purpose: A Model for Intentional Listening Presence was developed to show the relationship between the caring nurse who elicits (or initiates) the nursing situation (or interchange or interaction) from a stance of authentic presence, and the need of the patient to be heard. The purpose of this model is to guide and empower nurses to care effectively for their patients.

Model: In this model, caring intention is the foundation from which the nurse responds to the call to care. Compassion is recognizing and responding to the patient’s needs. Perception is the means by which the caring nurse achieves understanding in the moment and is open to the person being nursed. Both nurse and patient grow in a rhythm of intentional caring; listening, opening, and sustaining presence.

Implications for Practice: The interconnectedness of these concepts within the nursing situation illustrates an Intentional Listening Presence through which both patient and nurse may co-create healing.
TRANSFORMING NURSING LANGUAGE THROUGH STORYTELLING:
Discovering Awe and Wonder through Caring Moments

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Introduction: The current language of nursing practice is informed by the empirical medical model to the exclusion of other ways of knowing, being, and doing. Nurses have forgotten that they are responsible for, first and foremost: Spirit-to-Spirit and Caring Healing Relationships for self, patients and families, Kaiser Foundation Hospital East Bay and the healthcare community. Establishing language centered on caring intentions and moments is always a challenge, especially for nurses whose conceptual thinking is molded by an empirical medical model, traditional performance measurements, and the absence of professional standards for creating healing relationships. Storytelling caring moments offers nurses an opportunity to remember what they value most, heart-centered, transpersonal, holistic, and integrative care filled with moments of awe and wonder. Storytelling allows the nurse to awaken to Caring Moments, experience transformation, and co-create a culture where caring science language becomes the new natural language of nursing in all-nursing situations. Significance: Environments where nursing remembers its roots in all ways of knowing and infuses caring science language as the natural language of nursing will be healing to the nurse, other colleagues, and promote healing for the patients, the organization and thus the universe.

Setting and Participants: The Nurse Practice Committee is the working group of staff nurses from all the units of the medical center that addresses nursing practice in policy. The participants are comprised of staff nurses from all specialties and units, and the CNSs from the CEPI [Clinical Education, Practice and Informatics] department. Project Description/Process: The meeting structure was reformatted to include a centering moment conducted by a member of the CEPI department to set the tone for the meeting. As a requirement for participation staff members were asked to bring a caring moment story to share at the closing of the meeting. Project Outcome(s)/Projected Outcomes: The intended outcomes are to increase the caritas consciousness, and the awe and wonder of nursing within the informal network within the Nurse Practice Committee; to help them again see the beauty of nursing with a language to describe it; and to compile a list of creative language patterns for transforming the old medical model language into a new nursing caring-healing language.

Future Directions: The future direction will be to have this restructured time serve as a model for other meetings within the Patient Care Services division. In addition, an evolving covenant of “What the new nursing caring-healing language looks like” might be developed system-wide with integration into nursing documentation, “performance-presence” evaluation, article, or presentation at a conference.
ABSTRACT:

Introduction: At Kaiser Permanente Santa Rosa, the team of professionals comprising the Clinical Education, Practice and Infomatics team have varying levels of competency in the use of the Theory of Caring Science.

Significance: Clinical Educators are a unique group of professionals working in any hospital environment. While they usually do not provide direct patient, they are in a position to influence any direct patient caregiver, from the RNs to the PCTs to UAs. If a facility is to fully integrate the Theory of Human Caring as a nursing model, which is the intention in the Northern California Region of Kaiser Permanente, it is important that every educational effort include Caritas as a basic underpinning. It is this author’s supposition that full integration cannot occur unless the group of educators understands Caring Science and practices its principles with competence as members of their home educational team.

Purpose: The purpose of this project is:

1. To introduce/review the principles of Caring Science
2. To provide an experiential encounter with the Caritas Processes
3. To support staff in creating a visual representation of their growth
4. To support integration of Caritas Science in our departmental educational efforts
5. To evaluation if experiencing the Caritas Processes as a department changes the results of the Peer Group Caring Interaction Scale

Setting and Participants: Kaiser Permanente Santa Rosa, group setting with participants who are members of the CEPI team. Number of participants: 6

Project Description/Process: Six hour-long sessions in which two Caritas processes are covered per session. Each session includes a brief didactic portion, followed by an experiential process that demonstrates and encourages the participants to engage with the featured Caritas Process(es) of the day. The sixth session will be used to summarize, talk about the process as a group, and brainstorm ways to integrate Caring Science into future educational offerings, as well as to celebrate completion of the program. The Peer Group Caring Interaction Scale will be completed, on a voluntary basis, before and after the classes begin and end.
Ask beginning nursing students why they chose the nursing profession and many will state “because I want to help people, I want to care for them”. Ask advanced students what they are doing in nursing school and they will talk about the technical skills, the exams, the clinical simulations. Often nursing education focuses on the perfection of skills and tasks, the “doing”, rather than the “being”. Yet it is apparent in numerous studies that what patients (and students) want, is a competent nurse who also cares. As more and more evidence accumulates to support the need for human caring in our health care systems, alongside our technical skills, nurse educators have a responsibility to honor this way of being and help facilitate nursing students’ growth into caring practice.

The purpose of this project was to engage nursing students in the development of reflective practice in order to recognize multiple ways of knowing, to learn core concepts of the Theory of Human Caring, and to develop an intentional consciousness of caring behaviors that will direct their nursing practice. The project involved 25 undergraduate baccalaureate degree seeking nursing students in their senior year at a small university in western Wisconsin. A video presentation was developed, based on a patient’s lived hospital experience, depicting caring vs. non-caring behaviors. Students were asked to engage in group discussion about the behaviors they observed. Following the classroom experience students were asked to reflect back on a personal or professional experience they have had with caring and non-caring behaviors. They were asked to write about the experience, or submit an artistic expression (picture, poem, song), describing what the experience meant to them, how they were affected by it, and how they will use it in their nursing practice.

Qualitative evaluation found that students identify the importance of being present, authentic caring relationships and attending to basic human needs as critical areas of caring consciousness. Students demonstrated increased awareness of multiple ways of knowing and the importance of incorporating these ways into their nursing practice. Future directions with this work will involve:

- Incorporation of a measurement tool for nursing students to self-assess their caring behaviors during a clinical experience at a homeless shelter.
- Identification and documentation of caring interventions into an electronic medical record, following a simulated home care visit.
- Revision of a journal assignment asking students to consider how the environment affects healing and the influence the nurse has on that environment.
COMPLICATED GRIEF: Healing Emotions After Loss (HEAL)

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This research is to increase knowledge and understanding between grief and complicated grief in assessment skills and the latest clinical treatment options.

There is limited understanding between grief and the complexities of complicated grief assessment and caring treatment modalities. The significance of this poster is to increase and to enhance the professional’s knowledge, understanding and caring skills related to complicated grief with the most current research findings. Complicated Grief Treatment utilized through a professional, structured, caring and therapeutic relationship can offer hope and positive outcomes after significant losses. The Complicated Grief program is currently being utilized throughout the United States and worldwide. Complicated Grief is not the same as grief or bereavement. Current research findings suggest that specific, structured, caring applied Complicated Grief Treatment can provide healing after loss for the suffering person. Care professionals have the unique environment to assess individuals and refer for treatment options.
Watson's Theory of Human Caring Harmonizing with Nursing Documentation
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Introduction: Einstein Healthcare Network (EHN) adopted Watson's Theory of Human Caring as the professional practice model for nursing practice in 2007. In 2011, EHN was designated a Caring Science Affiliate by the Watson Caring Science Institute. In 2011, EHN introduced computerized documentation within the network. Prior to the care plans becoming a part of the electronic documentation, a written version of the nursing care plans with Watson's Theory of Human Caring was envisioned in the Neonatal Intensive Care Unit (NICU). Integrating Watson's Theory of Human Caring into the nursing care plans moves from a technical based nursing documentation to a caring theory based framework which includes the Caritas Processes™ and caring-healing modalities. There is empirical evidence of registered nurses contributing to quality patient care. However, the value in revising the electronic documentation is to implicitly link caring-healing modalities and nursing care framed in caring theory to patient quality outcome data. Program Description: As a Caring Science Affiliate, registered nurses working in the NICU at Einstein Healthcare Network have been using the theory to inform and guide practice. The NICU nurses readily embraced the concept of transforming the language of the nursing care plan to be congruent with the language of the theory. Under the guidance and mentoring of a Caritas Coach, a group of nurses was chosen to integrate the theory's language into the nursing documentation. The purpose of this change was to communicate in writing the intentionality, will, and commitment demonstrated by the registered nurses during daily practices at the bedside. Adding the theory into the nursing care plans enables nursing to document for the first time the human-to-human experiences that are meaningful, authentic, and intentional. Theoretical Framework: A group of eight innovative and creative Caritas Nurses were part of the design team. Each registered nurse was assigned two or three care plans to revise the language using the theory as a foundation. The following changes were applied to the care plans Nursing Diagnosis-Patient Problem to Nursing Diagnosis-Recognizing Patient Needs, Outcomes to Importance to Patient, Interventions to Caring Healing Modalities, and the Language—allow, partner, establish, connect, collaborate, encourage, assess, create, provide, understand, and anticipate was integrated throughout the care plans. Along with these changes, a list of the ten Caritas Processes™ was integrated into the care plan. The process allowed the nurse to record the Caritas Processes™ according to the recognition of the patients’ needs. Results: Two outcomes were noted. First, transforming the nursing documentation with the caring language increased the registered nurses understanding of the Caritas Processes™ when expressed through tangible nursing practice. Second, the value of the theory guided practice and caring healing modalities were enhanced. Conclusion: With the integration of Watson's Theory of Human Caring into the NICU care plans, the language will exhibit authentic caring relationships, caring consciousness, and wholeness of mind-body-spirit within the documentation.
CARITAS: RADIATING LIGHT INTO INSTITUTIONAL DARKNESS

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Introduction: During 2011, the Department of Nursing at Belmont Center for Comprehensive Care entered into a very “dark” period. Staff nurses and behavioral health associates lost trust in nursing leadership and needed to begin to rebuild trust. To support the staff and help them move forward, we needed to give voice to the darkness or the *Via Negativa* (Fox, 1991) so they could move into the light. We were beginning to emerge from the darkness when two serious patient events occurred causing pain, stress, and further darkness. **Significance:** It was meaningful and significant to give voice to what staff had been through in the past year in order to create a sacred and healing environment where they could flourish and continue to care for patients, as well as, each other. **Purpose:** To increase staff awareness of Watson’s Theory of Human Caring (Watson, 2008) and the value of self-care, and to integrate caring science to move the organization from darkness into light. **Setting and Participants:** This initiative took place in two different formats. The *Celebration of Caring* was open to all staff and all the hospital departments. The united base education was specific to the 2East/ North Unit, a twenty-one bed Eating Disorder and Mood Disorder Psychiatric Unit. **Project Description:** The project focused on educating the staff on Watson’s Theory of Human Caring and the *Caritas Processes™* in experiential ways. A Celebration of Caring was held at various times for all staff within all hospital departments. The *Practice of Loving Kindness to Self™* was lived out via hand massages and the creation of aesthetic mirrors for staff lockers focused on authentic presence. Hand outs explaining the *Caritas Processes™*, book markers, and a meditation CD were given to all. The 2East/North project integrated the principles and language of caring science into practice. The education started with candle lighting and centering. Staff were introduced to the concept of touchstones and Heart Math. Articles related to caring, concepts related to energy, and how negative energy destroys the unit milieu were shared with all. **Outcomes:** The intended outcome was to create a healing environment that nurtures and supports self-care to move from a biocidic to a biogenic healing environment (Halldorsdottir, 1991). An unexpected outcome that occurred was the Executive Board of the hospital requesting a formal presentation on caring science. The Caring bulletin board is in place and staff value recognizing caring moments. Qualitative responses to the Celebration of Caring included “I am thinking differently about authentic presence with patients”, “I never thought about the importance of caring for self as making a difference in how I care for others”, and “what a fun way to learn, we need more days like this”. Responses from the unit based education included “setting up the room and centering made a difference, we were all more receptive” and “Carol gave us a lot to think about in terms of how negative energy affects the milieu”.

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Objectives: The purpose of this project is two-fold. First, to provide experiential education to help registered nurses develop Caritas Consciousness and second, to introduce the caring-healing modalities of music, aromatherapy, hand/back massage, relaxation, and breathing as alternative methods of pain relief to the existing pharmacologic pain regimen. Significance: Managing pain related to acute postoperative or traumatic injury presents challenges for both patient and nurse. Registered nurses are frequently frustrated by an inability to effectively manage pain resulting in feelings of inadequacy when focusing on Developing and Sustaining a Helping-Trust Caring Relationship™ (Watson, 2008) with patients. Watson (2008) reminds us that a transpersonal caring relationship is foundational to becoming aware of another’s frame of reference; recognizing the experience and meaning of pain from the patient’s point of view allows the registered nurse to provide pain relief while creating a caring moment between nurses and patient. Moving from pain relief as a task to pain relief as a caring moment requires the nurse to expand Caritas Consciousness and research has shown that caring-healing modalities provide effective pain relief that will foster the patient experience. Method: Caritas education has been an ongoing process on the unit for the past two years. The purpose of the experiential education was to have the registered nurses understand how they are the caring-healing environment when they enter the patients’ room and how it relates to authentic presence, authentic listening, intentionality, transpersonal caring moments, and centering as the science behind the art of nursing. Once the education is completed the actual project will begin. Patients will be given a decorative card and invited to choose from caring-healing modalities including music, aromatherapy, massage, relaxation, and breathing techniques as an alternative to the traditional pharmacologic modalities. Patients will be assessed for pain relief and pharmacologic pain relief provided if needed. Results: The intent is to develop a comprehensive pain relief program incorporating both traditional pharmacologic and non-traditional caring-healing modalities for pain reduction and/or complete pain relief. As nurses practice Caritas Consciousness, integration of the theory into practice will expand, RN engagement will improve, and the introduction of caring healing modalities for pain relief will enhance the patient experience as a whole and specifically in terms of pain relief. Conclusions: Informal feedback from the registered nurses has been positive and the experiential learning activities are helping them understand the concepts of Caritas Consciousness and “being the caring-healing environment.” A formal survey for patients will be developed to measure pain relief with the caring healing modalities, and response to pain management will be monitored via patient satisfaction data. A long-term goal is to expand the program to other units in the hospital and to have the registered nurses involved in the pilot program certified in holistic nursing.

CREATING AN EDUCATIONAL CURRICULUM THAT EMBRACES CARING SCIENCE
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Introduction: Health care is constantly changing. There is a constant need to make sure our nursing staff is current on new equipment, aware of new regulations, and is using evidence based practices. The importance of maintaining and improving standards is overwhelming to staff and the educational department. By creating a curriculum that includes Caring Science, it helps us move from the empirical medical model, and allows us to embrace a model of care that focus on a healing caring relationship. It also allows healthcare practitioners to practice self-care which is important in this stressful environment.

Significance: Creating a Caring Conscience requires having a common language. By creating a curriculum that includes Caring Science the frontline caregivers will start to develop a common language. This is important because it allows frontline caregivers to unite and work for a common goal. As Caring Science spreads to our frontline caregivers, it will create a healing environment that embraces authentic relationships between caregiver and patient, and changes how care is delivered.

Purpose: The purpose of this project is to develop an education curriculum that is based in Caring Science.

Setting and Participants: This project was implemented at Kaiser Permanente facility in Oakland, California during the annual training for the medical surgical and medical telemetry units. 280 Registered Nurses attended the training. They included staff nurses, Assistant Nurse Managers, and Unit Managers.

Pilot Description/Process: The training started with a centering activity that set the tone for the training. The centering activity allowed participants to be able to focus on the training. During the training there were three Caritas exercises. The first exercise was comparing and contrasting the differences between caring for a patient where the nurse is authentically present, and has developed a connection versus caring for a patient where there was no connection, and the nurse was not authentically present. The second exercise was having the participants find a partner. One person in the pair told the other a story for two minutes without interruption. After two minutes the person who was listening had one minute without interruption to express to his/her partner what they heard and felt during the story, then the pair had one minute to discuss how close the meaning of the story was conveyed. After the exercise the whole group discussed how they felt during the exercise and how we can incorporate this into our practice on the units. The last exercise was a discussion on what nurses do for their own self-care during work and at home.

Pilot Project Outcome: The intended outcomes are to introduce Caritas concepts and to start develop a Caring Consciousness in the frontline nursing staff.

Pilot Project Evaluation: For many of the nurses this was the first exposure to Jean Watson’s Caring Science theory. As the training progressed the nurses were able to verbalize key concepts of the authentic relationship. They recognized that the core concepts of the theory are aligned with the reason they entered into the nursing profession. The discussion regarding self-care was difficult because this was the first time many of them were asked about self-care. As the discussion progressed the concepts of self-care was embraced by the nursing staff. After the training a formal written evaluation was given to the participants. Many of the staff indicated that it was very useful for their bedside care. Some of the comments that were on the evaluations were that the training was “very helpful”, “I glad we are taking about caring”, and “This is why I went into nursing”.

Future Directions: To have Caring Science as a thread for all of the educational offering. This will be done by using the Caring Science language, experiential activities, and allowing the nurse to tell their stories. The hope is to increase the awareness and understanding of Caring Science. This will have a powerful effect on our organization and change our environment to a healing caring experience for all.
The Magic of Caring in the Operating Room: The Nursing Situation, Answering the Call, and Engaging in the Dance

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The operating room (OR) is a highly technological environment with limited time for awake interaction with patients. The purpose of this poster is to provide a technical and aesthetic example of nursing as caring in the OR and to set the groundwork for further phenomenological research.

The poster’s theoretical basis begins with, “Caring as helping the other grow,” (Mayeroff, 1971, p. 7) and “Caring is identified as the core of nursing,” (Roach, 1992, p. 17). Second, Boykin and Schoenhofer’s nursing as caring theory (2001) is utilized to illustrate the nursing situation, “A shared lived experience in which the caring between nurse and nursed enhances personhood,” (Boykin & Schoenhofer, 2001, p. 13), the call for nursing, an “acknowledgment and affirmation of the person living caring in specific ways in this immediate situation,” (Boykin & Schoenhofer, 2001, p. 13), and the dance of caring persons, “being for and being with the nursed,” (Boykin & Schoenhofer, 2001, p. 13). Finally, Loscin’s middle range theory, technological competency as caring (2010) is utilized to illustrate the worth of technological means “used in the practice of knowing persons in nursing,” (Loscin, 2010, p. 461).

The author provides a personal description of a nursing situation in narrative form, from technical and uniquely nursing aesthetic perspectives. As a result of this experience, she wishes to explore other OR nurses’ caring situations, i.e., how they answer the call for nursing and their engagement in the dance, through the use of phenomenological research techniques.

References


Community-based Approach to Care for Older Adults

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Introduction: A community-based approach to care provides the framework for a research study conducted in a rural sub-district in Thailand. The purpose of this presentation is to describe the study and findings that highlight the need for health care that is community based, collaborative and respectful to enhance the well-being of older adults.

Method: A qualitative study design was used to explore the elements of community-based health care for older adults. The objective of this research was to understand and to describe roles of community care for older adults. The 59 participants included village headmen, nurse and public health personnel, family caregivers, village health volunteers, and members of local administrative authorities. The participants were asked open-ended questions related to roles and responsibility of community caring for older adults, how community perceives health care services for older adults, and how community participates in caring. Data collection included focus groups, observations and field notes.

Results: Participants stated that Thai older adults have a value and deserve to receive caring from loved ones. Caring for older adults focused on community participation focused on giving support to live with happiness and to die with human dignity. Family played the most important roles to provide basic care for older adults regarding basic needs, to give love, to make interpersonal relationship, and to nurture pride in older adults. Community leaders as mediators, coordinate with health-care professionals in order to transfer health information, and to encourage older adults to promote their health. Local administrative authorities supported local culture of activities for older adults to promote spiritual health in the community. A master plan for sub district was suggested to guide the direction for community development for health care that is grounded in holistic and grounded in Thai cultural beliefs.

Discussion: The findings reflect the importance of community involvement that came from several parts in the community as community resources. These indicated that utilizing community resources to develop and to design healthcare model for older adults could be applied.

Acknowledgements: This research study was approved by the Naresuan University human ethic committee and assisted by a funding grant from the Naresuan University, Thailand.
As a nursing student, the magic and mystery of caring in my practice is the fact that it is still evolving. Utilizing Jean Watson’s theory of caring, which “describes a consciousness that allows nurses to raise new questions about what it means to be a nurse” (Perry, 2010, p. 267), has allowed me to gain a deeper understanding of what caring means to me.

Valuing human life, health, and love have become not only an important part of my practice, but have become staples in my personal life. I believe that basic human values are the basis of my caring ethos. This reflects Jean Watson’s theory of caring, which is a theory that encompasses the basics of human nature that are sometimes forgotten about on a daily basis.

This poster presentation reflects the journey of becoming a nurse, and how we must incorporate human values in our caring practice. Using the Disney animated movie Pinocchio as the theme for my poster, will represent how my paper and this movie correlate by focusing on human values that guide us in becoming what we are meant to be. While Pinocchio becomes a real boy who learns to love and care for others, I hope to become a ‘real’ nurse, who continues to explore the magic and mystery of caring throughout my future career.
Implementing Staff Caring Moment Board to Increase Nursing and Patient Satisfaction

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Background
It was recognized that as caregivers, nurses often forget to care for themselves. Staffing shortages, high acuity patients, and the ever changing United States healthcare system have helped lead to a stressful work environment in which can be physically, mentally, emotionally, and spiritually vigorous. It was recognized that as a cohort, staff needed to engage in self-care behaviors in efforts to reduce burnout and increase job satisfaction. After meeting Jean Watson at a research conference, two nurses were inspired to impact their units and assist nurses to engage in self-care activities through the implementation of a caring moment board.

Methods
Staff nurses, as part of a performance improvement initiative, created a “Caring Moment Board.” This is a bulletin board which features a new concept each month. The goal was for staff to be able to learn a self-care concept that would positively impact them. For example, the month of January featured positive affirmation cards that were pinned to the bulletin board. Staff would take an affirmation card they felt was something that inspired them, then they would leave an inspirational or positive quote of their own along with their name. At the end of every month, prior to the new board being put up, the participants would be entered into a drawing to win the caring moment pin they could place on their scrubs or badge to remind them the importance of self-care and self-love.

Results
It is believed that the implementation of this Caring Moment Program has led to increased nursing satisfaction. Nurses have provided positive feedback stating they “love coming into work to see the board. It really puts me at ease.” It was discovered that 85.19% of nursing staff reported feeling inspired from something seen on the caring moment board. In addition, 77.78% of nursing staff reported feeling as though the caring moment board contributes to their job satisfaction and 100% of the participants reported feeling as though someone at work cared about them.

Conclusion
Empowering nurses to engage in self-care activities both inside and outside the workplace contribute to nursing satisfaction and cohesiveness. When nurses use innovative tools, patients and staff both benefit with better outcomes and nursing expands to reach the outer scope of its practice.
Abstract
The main premise of Roach’s grand theory is based on philosophical-theological context, where she defines caring as a human mode of being (McCance, McKenna & Boore, 1999, p. 1391). This is when individuals care because they are human, not because it is apart of their particular role, nursing for example (Roach, 2002, p. 38).

In order to explain this phenomenon, Sister Simone considered what nurses were actually doing when they were caring. The main purpose of her work is to engage in the process of reflection and inquiry about caring as the human mode of being, through expression of virtuous acts to identify a person’s professional intention to care (Roach, 2002, p. 42). Through this analysis she developed the six Cs of caring: compassion, competence, confidence, conscience, commitment, and comportment. These elements provide a language of caring that can be universally understood (Bailey, 2009, p. 28).

The magic of nursing is not found in the ‘medical miracles’ reported in journals or newspapers, but is found in the simple, everyday things: how our mere presence provides comfort and healing. The magic of nursing is to see the human being behind the medical diagnosis, and treating each individual with consideration and dignity (Cheshire, 2011, p. 31). Through this universal understanding, I will bring to life the magic, mystery and miracles of caring through the use of six objects that symbolism Roach’s C’s of caring, and represent the magic of and within nursing.
A human is a human: Caring for the impoverished and disenfranchised

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Abstract
Caring for diverse populations is the essence of nursing. Because alterations in health are often unanticipated events (acute or chronic), Registered Nurses need to be aware of the needs and backgrounds of varied populations. Poverty is a global phenomena; some estimates indicate that over one billion worldwide live in extreme poverty (Global poverty project, 2013), in Canada our national rate of poverty exceeds 10% (Canadians without poverty, 2013). Nurses, by virtue of numbers of registered professionals alongside their placement within the health care system, are ideally placed to demonstrate and model caring for this population. Part of this is the belief in miracle and magic—that people can be transformed and changed beyond what is predicted or commonly expected. Registered Nurses are also well positioned to advocate for the redistribution of resources, from those who have them to those who need them. Ray’s Theory of Bureaucratic Caring will provide a grounded theory approach to conceptualizing the humanity of this population. Ray’s theory will then be used to extrapolate on individualized characteristics of Registered Nurses that are essential for effective engagement with those individuals who are impoverished and disenfranchised. Further, the metaphor of ‘Robin Hood’ will be used to discuss the necessity for reallocation and redistribution of wealth and resources when caring for this population. Presentation of this content will advance the science of caring.

References
Sleep Deprivation in Nurses: How Does it Impact Patient Care?

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Nursing is a science and an art that is practiced within the context of relationship – a caring relationship between a nurse and a patient. In order to provide authentic and safe care to the patient, the nurse needs to maintain healthy self-care habits. Adequate sleep is an important aspect of self-care that is often neglected. This project explores the prevalence of sleep deprivation in hospital-based nurses and how it affects safe nursing practice. The performance deficits resulting from sleep deprivation are discussed, as are the nursing tasks that are negatively affected by those performance deficits. Self-care suggestions are made for the nurse – methods to improve both quantity and quality of sleep, as well as methods of reducing fatigue and providing safer care to patients on the night shift. Suggestions for nursing management are also discussed – measures that can be incorporated into practice to support nurses, reduce the level of nurse fatigue, and thus enhance the safe care of patients.
Competence is having the knowledge, judgment, skills, energy, experience, and motivation that are required to respond to the demands of a profession (Roach, 1992). Effective practice utilizes different sources of knowledge (Deltsidou, Gesouli-Voltyraki, Mastrogiannis, Mantzorou, & Noula, 2010). Intuitive, holistic, and theoretical forms of knowledge must be utilized to express the magic, mystery and miracle of a caring relationship with another. A student nurse must incorporate all three aspects of knowledge to care for her patient effectively and safely.
References


The Magic within a Nurse-Client Connection
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A therapeutic nurse-client relationship has a life-giving quality that is magical and comes alive within the nurse-client connection. Halldorsdottir’s nursing theory of the life-giving nurse describes this connection as a bond of energy similar to a bridge that is formed between the nurse and client during care. A life-giving nurse is enabled by genuine connection, honest communication and trust. This connection and sense of trust is essential for a therapeutic relationship to develop in order to improve health outcomes. The magic of nursing is the art of caring, what nurses do and how these acts are experienced by clients and families. The expression of professional love is important to the practice of nursing because when love is present the prospect of health rises and quality of life improves. The ultimate goal of all nurse patient relationships is to attain a connection that promotes health through meaningful, genuine communication and interaction.
Statistics show that individuals with developmental disabilities are living to be older than in past decades, have complicated medical histories, and are more likely than the general population to be hospitalized numerous times throughout their lives. Current literature also suggests that a lack of knowledge among nurses about how to care for and communicate with adults with developmental disabilities has resulted in negative attitudes, stigmatization, and marginalization regarding this population in the hospital setting. Researchers have examined the dynamics of nurse-patient relationships, whether or not nurses view time as a barrier to communication, how nurses approach health education, and how people pursue questions to adults with developmental disabilities in an attempt to explain why this population is three times more likely than the general population to experience preventable and adverse events when hospitalized. Despite the current research identifying probable causes, there remains a lack of research providing solutions to this problem.

For this nursing impact project, a review of the current literature was completed and several interviews were conducted with registered nurses working in a hospital setting and for an agency that provides comprehensive services for adults with developmental disabilities. Several common themes emerged from this research that suggested possible ways to improve the quality of care provided to adults with developmental disabilities in the hospital setting. The two major themes that emerged include the need to clearly define and delineate between the roles and responsibilities of caregivers, family members, and nurses in the hospital setting, and the need to provide nurses with education regarding specific communication techniques that can be used to improve communication between nurses and individuals with various cognitive abilities.

The findings of this project suggest that by clarifying roles, educating nurses, and improving communication between nurses and adults with developmental disabilities, the quality of care provided to this patient population will improve, the frequency of preventable and adverse events will decrease, and nurses will be less likely to stigmatize or marginalize this patient population. Nursing theorist Sister M. Simone Roach identified six ways in which nurses can demonstrate caring, and the results of this project support this theory by suggesting that clarifying roles and providing additional education about communicating with adults with developmental disabilities enables nurses to be increasingly competent, compassionate, and confident in the care they provide to this patient population. In the future, solutions presented in this project may be used to develop solutions for providing high quality nursing care to other challenging patient populations.
Mothers of Newborns: Help Seeking Behavior as Calls for Caring

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Introduction
Help-seeking behavior is the act of searching for assistance to fulfill a need. Help-seeking involves identification of the problem the person is looking to solve or improve upon, the intentional act of pursuing help and the interaction with a third party from which help is sought. The help-seeking process is a call for caring and the introduction of a nursing situation. A nursing situation is a shared lived experience in which the caring between the nurse and the person(s) being nursed enhances personhood. The purpose of this presentation is to present an exploratory study of help seeking behaviors of mothers in the first weeks and months after having a baby. Sources of support for women experiencing motherhood in the early postpartum period vary in the United States and include formalized health care professionals, individual social networks and more recently electronic media. Nurse caring to address the support needs of women in the early postpartum period will be enhanced by understanding the help-seeking behaviors of mothers with an infant.

Methods
This theory guided pilot study used an exploratory descriptive survey design. An internet survey using a new mothers support network resulted in a population of 242 respondent mothers in the first 6 months postpartum, with a final N=219 that met inclusion criteria.

Results
The population demographics include: Age range from 19-41 years; First babies = 67 %: Race categories = 87.7% Caucasian, 2.7% African American, .5% Pacific Islander, .9% American Indian or Alaska Native, 9.6% reported mixed race or other; Education = 88.6% attended college or earned a college degree; Socioeconomic class: self reported 12.8% upper class, 70.8% middle class and 15.7% below middle class. The sources of baby care information that the mothers currently use include internet (94.1%), the participant’s mother (76.3%), books (74.9%), Pediatric Office (68.0%), friends (62.6%), as the highest percentages. Mothers identified the following as preferred sources of information on baby care: Internet (74.4%), Baby’s Doctor’s Office (72.1%), with 44.7% wanting to be able to call a nurse. Other sources of information are described in the study identifying current use and preference.

Implications
In order to develop caring opportunities between nurses and mothers of newborns, help-seeking patterns of behavior need to be identified. Limitation of this study was the use of a homogenous population, and an internet only surveying method. A current survey is underway with a heterogenous population. Further research is needed as to the help-seeking behaviors from a variety of populations in order to develop caring strategies to support mothers in the care of their infants and themselves.