Nursing Research Council Spring 2022 Newsletter

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Justice, Equity, Diversity, and Inclusion (JEDI) Creating a Force for Change: Western Institute of Nursing (WIN): The Key Note Speaker, by Crystal Watson

Dr. Ernest Grant, the President of the American Nurses Association (ANA), was the keynote speaker for the 2022 WIN conference. Dr. Grant is an internationally recognized nurse whose influence in burn care and education, as well as caring for burn victims in the 2001 World Trade Center attacks, earned him the Lifelong Achievement Award from the Fire and Life Safety Education Council, the National Nurse of the Year Award presented by President George Bush, and ANA's Honorary Nursing Practice Award.

Dr. Ernest Grant, *President ANA*

Dr. Grant reported that in September of 2020, the ANA started a nationwide survey looking at the wellbeing for the nursing workforce during the pandemic.The most recent data from March 2022, demonstrates that 60% percent of the workforce is burned-out, and 75% stressed. Younger nurses are disproportionally impacted by the pandemic as compared to more experienced counterparts. Nurse intention to leave practice is at 52%, while staffing shortages are at an all time high of 89%. Nurse bullying in the workplace is reported at 62%, a majority from patients, families, and the public.

According to Dr. Grant, challenges related to the pandemic caused nurses to suffer, the ANA to listen and to respond. Providing mental health services to nurses was described as a priority for organizational resilience. He reported that 88,000 nurses shared concerns that were chronicled in 7 Pulse on the Nation's Nurses Covid-19 Series, and that 350,000 educational offerings and resources were viewed.

Dr. Grant acknowledged the importance of nurses banding together for a common purpose to elevate the profession, and he shared a vision for further transformation where healthcare equity is achieved. He encouraged nurses to promote diversity in healthcare and educational systems, and expressed that what is permitted in practice is what is promoted, urging nurses to engage and evolve healthcare. He concluded his address with hope to rise above difficult challenges, and to create a brilliant workforce, stronger than before.

If you permit it, you promote it!

WIN Conference: JEDI by Jaimie Shane

The definition of racism from the National Commission to Address Racism in Nursing: **"Racism: assaults on the human spirit in the form of biases, prejudices, and an ideology of superiority which persistently causes moral suffering and perpetuates injustices and inequities."**

To Remain Silent is to be Complicit

The centerpiece of the WIN conference focused on Justice Equity Diversity and Inclusion (JEDI). Systemic racism and actions to promote change were brought to light by top ranking nurse leaders, Black Indigenous People of Color (BIPOC) students, Nurse scientists, university faculty, and others. Examples of micro and macroaggressions were shared, and the need to speak up against them emphasized. The ANA Code of Ethics with interpretive statements was displayed which "obligates all nurses to be allies and to advocate for and speak up against racism, discrimination and injustice".

Other meaningful JEDI topics were presented throughout the conference. The effects of institutionalized racism, defined by Associate Professor at the University of California San Francisco, Monica McLemore RN, PhD, FAAN, as "systemic laws and processes used to differentiate access to services, goods, and opportunities in society by racial groups" on students, blame for poor academic outcome while universities are not held accountable for unhealthy living and learning environments; approaches to achieve health equity in clinical practice and why diversification in the healthcare workforce matters. The concept of reconciliation was presented by a member of the National Commission to Address Racism in Nursing, Larlene Dunsmuir, DNP, FNP, ANP-C, who modeled cultural humility and reform when she apologized for past harmful actions. The ANA is striving to achieve institutional changes through policy review and revisions, to achieve equal outcomes based on benchmarks, and beginning to prioritize health justice in advancement of other policies.

Change Happens a Person at a Time

Click on link: Top Ten Ways to Be An Anti-Racist in Nursing

Hidden Figures in Nursing: The historical contributions of Black nurses and a narrative for those who are unnamed, undocumented and underrepresentedhttps://onlinelibrary.wiley.com/doi/full/10.1111/jan.14791

Toward of Framework of Black Historical Consciousness: https://www.socialstudies.org/sites/default/files/view-article-2020-12/se8406335.pdf

Powerful words by Sojourner Truth as read by Alice Walker

Letter from the Chair by Lynette Low

As part of Hoag's Nursing Shared Governance, our mission as a collaborative multi-specialty Nursing council, is to advance practice excellence. We facilitate Nursing Research and Evidence-Based Practice (EBP) to initiate, promote, and apply, innovative clinical leadership practices that improve patient and Nursing outcomes.

As a designated Magnet hospital, we are proud to showcase the work of our dedicated nurses who strive to improve the care of our patients, in the Nursing Research Council Spring Newsletter. As a time-honored tradition to celebrate Florence Nightingale's Birthday and National Nurses Day, we proudly coincide the release of the newsletter.

Recently, some of our nurses showcased their work at the Western Institute of Nursing in Portland, Oregon. The path to WIN was opened by ongoing leadership and support of Dr. Ahlam Jadalla, PhD, RN, Nurse Scientist, and WIN Governor Representative of Practice. With gratitude, we acknowledge Dr. Jadalla for her dedication to Nursing Research and EBP, to the Nursing Research Council, and to Hoag hospital.

The Nursing Research Council provides an excellent opportunity for collegial exchange of nursing expertise and knowledge for all Hoag nurses to promote excellence in nursing. See how you may become involved.

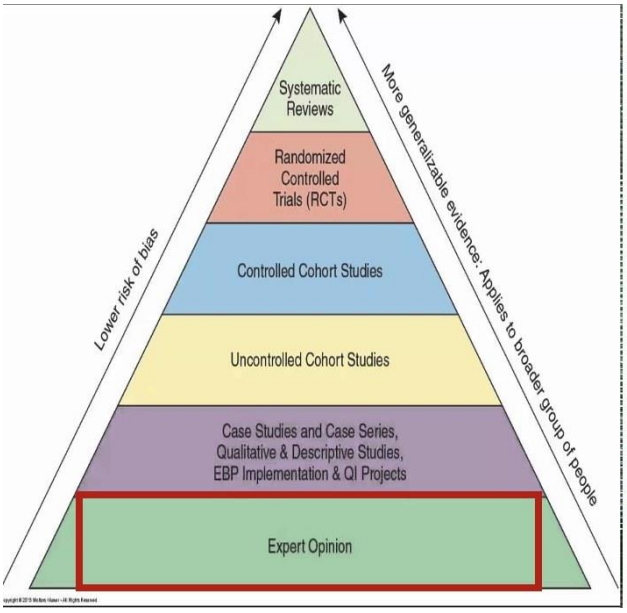
Happy Nurses Day!

Lynette Low, MSN, RNC

Eye on Design Series: level VI evidence-Expert Opinion

In this column, we continue to shed light on the different types of designs used in research studies with a focus on the relationship of study designs to the level of evidence that is generated by these studies. We continue to use the evidence hierarchy (shown in the image below).

In this column, we will address the last level on the Evidence Hierarchy, Expert Opinion (EO). The main feature in EO is that it is based on experience, rather than research findings. It is important to remember that EO is different from mere 'opinion'.



Expert opinion is based on clinical expertise. The term clinical expertise is generally defined as "the possession of a specilaized body of knowledge or skill, extensive experience in that field of practice, and highly developed levels of pattern recognition…"[1]

Expert clinicians have three overlapping sets of knowledge and skill in *clinical* (including diagnosis, assessment, engagement, relationships, communication, theoretical knowledge, and mastery of skills and interventions), *technical* (knowledge an skill to formulate questions, conducting electronic searches and appraising the findings to evaluate in relation to clinical decision making), and *organizational* (knowledge and skill relevant to interdisciplinary teamwork, organizational design, and leadership). In clinical practice, a clinician's perception, decision, and actions are based on knowledge of relevant previous and current situation, as well as the experience one has. However, "clinical expertise is more than knowledge, skills and experience. Clinical expertise develops when a clinician gauges the previous elements and continuously appraises them within external evidence and applies all in various settings/contexts and clinical experiences (*p.* 176)."[2]

However, "clinical expertise is more than knowledge, skills and experience.

If Clinical expertise is based on tradition alone, and is not continuously sharpened by appraising it against external evidence, it can potentially expose care to repeating errors.

While EO is located at the bottom of the hierarchy of evidence, it is important to realize that there are times, situations, and contexts when EO is the best that we can offer to patients. As an example, think back to the beginning of the COVID-19 pandemic, when no studies were there to guide decisions about how to best care of patients with COVID-19; experts in Infection Disease, Critical Care, and other fields were able to provide care that saved millions of patients based on their collective deep knowledge and skill (e.g. in human pathophysiology, assessment, diagnosis…etc.).

Do you have an idea for the Eye on Design Series? Is there a topic relevant to the science of research and evidence-based practice that you would like to address? Please share your ideas with the Nursing Research Council at Ahlam.Jadalla@Hoag.org; Lynette.Low@Hoag.org; or Jaimie.Shane@Hoag.org. We would love to hear from you!

[1] Jaspar, MA. (1994). Expert: A discussion of the implications of the concept as used in nursing. Journal of Advanced Nursing, 20(4), 769-776.

[2] Melnyk, BM. & Fineout-Overholt, E. (2015). Evidence Based Practice in Nursing and HealthCare (3rd.ed). Wolters Kluwer, ISBN 978-1-45-9094-6.

WIN Poster Presentations

Virtual Reality Mentality
To Combat Stress & Anxiety of Isolated, Hospitalized Patients

Crystal Watson MSN, SCRN
Cecy O'Berg MSN, PCCN
Hoag Memorial Hospital Presbyterian

Background

- Outcomes of isolated patients in the acute care setting are associated with negative patient outcomes such as an adverse impact on mental health[1]; negative psychological effects such as post-traumatic stress symptoms, confusion, and anger[2] as well as perceived limitations of self-determination and autonomy[3].
- Technology offers a potential solution to bridge the gap caused by the limited interaction between healthcare providers and isolated patients. In recent years, virtual reality (VR) has been used in various patient care settings to educate patients as well as enhance and promote their experience.

Evidence

- In a cohort study[4] with women undergoing gynecological surgeries, VR was used to reduce pre-operative anxiety before the start of performing the interventions. The study results showed that pre-operative self-reported perception of pain and discomfort were significantly improved after VR intervention.
- In another study that examined VR's efficacy on improving cognitive decline related to hypoxia of patients with cardiac disease[5], it showed that when VR is used in conjunction with a home-based cardiac rehabilitation program significantly improved patients' "selective attention" and "conflict resolution" cognitive abilities, as compared to the control group.
- VR has also been used as a tool to practice horticultural therapy with older adults to promote physical and mental health[6].
- Mindfulness apps are a popular tool for improving well-being, however, more study is needed to establish conclusions on efficacy[7].

*References are available via the QR code.

Purpose

An immersive experience fully engages the user in the created environment. At Hoag Hospital, we plan to use VR technology to embrace this concept and provide an immersive meditative environment for our isolated patients experiencing stress and anxiety. VR meditation consists of a visual and audio guided session that transports the user to a calmer state of mind. Additionally, this program can connect to Wi-Fi to allow the patient's support system of friends and family the opportunity to log on with their personal device and follow the same meditation sessions as the patient.

This study plans to examine the effects of a self-guided, VR-based meditation program on the anxiety and stress levels of hospitalized patients requiring isolation precautions.

Virtual reality's immersive experience allows patients to escape to a meditative state that supports a healthy mind.

Materials & Methods

Population

Acute to subacute, hospitalized adult patients (18 years and older) who currently have electronic health record (EHR) orders for isolation.

- This includes isolated patients requiring airborne, droplet, contact or any combination of the these.

Some exclusion criteria are as follows:

- Unable to give consent due to orientation diagnosis.
- Patient is unable to manipulate the VR headset.
- The patient is on additional machines/tubes that a VR headset could potentially compromise care, or if the patient has a head injury/wound.

Materials

At least two VR kits, with Wi-Fi capability.

- Each kit consists of a headset, mouse and charger.

Methods

To choose patient participation, PI and CO-PI will access EMR to confirm inclusion and exclusion criteria.

The following data points will be collected and distributed via QR code:

- Consent, study information and demographic questionnaire
- Instruction sheet for VR
- Pre-intervention survey
- Post-intervention survey
- Contact information

Data from these questionnaires and surveys will be inputted into an Excel sheet and monitored by the PI.

References

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Peripheral Catheter Intravenous Insertion Training Effectiveness
Intravenous Arm Model versus Simulated Actual Patient Model

Kim Mullen, MSN, RN; Ahlam Jadalla, Ph.D., RN and Michelle Pimental, MSN(c), RN
Hoag Memorial Hospital Presbyterian

Background

- **Peripheral intravenous catheter insertions (PIVC)** is a routinely performed nursing intervention. Training is an essential component to build this skill.
- **Traditional training** may provide high anatomic and physiologic fidelity but lacks the patient interaction and immediate feedback.
- **AVStick®** is a wearable simulation device that allows for haptic feedback with human interaction during PIVC insertion training.

Purpose

- To compare the PIVC insertions of RNs who were trained using the AvStick model with their counterparts who were trained using the traditional human arm simulator.

Methods

- **Design:** A quasi-experimental study. Training of new cohorts of hired nurses alternated between the traditional training and AVStick training.
- **Sample/Setting:** Records of PIVC insertion on sign off sheets of newly hired nurses between June 2018 and March 2020 in a southern California Magnet® hospital.
- **Training:** A standardized didactic education of PIVC followed by hands on training with either traditional human arm simulator or AVStick.
- **Data collection:** Number of successful and unsuccessful PIVC insertions and number of attempts to start a PIVC upon hire after attending one of the training modalities.

- **No significant difference in success rate of PIVC insertion between nurses trained using AVStick model or traditional arm simulator.**
- **New graduate nurses rated AVStick highly. They found it simulated real patient experience and was more enjoyable.**

Results may be explained by:

- COVID-19 interruption of in-person training → unequal groups.
- Effect of previous experience with PIVC insertion was difficult to ascertain.

References | **Author's Contact**

Results

- A total of 330 attempts were compared.
- Frequencies of successful and unsuccessful PIVC insertions were compared between the two groups using the Fisher Exact at p=.05.
- The Fisher Exact test was 0.619, the difference between the number of successful attempts between was not significant.

	# of Successful Attempts	# of Unsuccessful Attempts	Marginal Row Totals
Traditional Arm	150	65	215
AVStick Wearable Arm	77	38	115
Marginal Column Totals	227	103	330 (grand total)

Limitations and Implications

- Incomplete records.
- COVID-19 restrictions starting March 2020 precluded further data collection.
- Challenges with discerning previous level of competency with PIVC insertions.
- Further research is required to determine effectiveness of training using AVStick under better controlled conditions.

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Implementing Virtual Reality Break
Challenges and Opportunities

Ahlam Jadalla, Ph.D., MSN, RN
Lori Zaccari, MSN, BSN, RN, CNRN
Erin Boxley, BSN, RN, PHN, SCRN, CNRN
Lisa Kaminski, BSN, RN, RCN
Rick Martin, Ed.D., MSN, RN
Robert Louis, M.D., FAANS
Hoag Memorial Hospital Presbyterian

Challenges: Conceptualization Stage

- **Theoretical paucity** and ambiguity
- **Scarcity of evidence** supporting VR-based interventions for HCPs stress and burnout.
- **Abundance of VR technology** but lack of well-established targeted interventions.
- **Scarcity of targeted measurement tools** designed for VR-interventions.
- **Lack of established best practice** for VR implementation for HCPs outcomes and implementation in clinical settings.

Challenges: Implementation Stage

- **Time and resource-intensive:** Cost of VR headsets, medical grade recliner.
- **Physical space requirement:** Designated private room with sufficient space and keypad lock. Misuse of designated space.
- **Logistical challenges:** Requires higher technical support of non-digital native users, interruptions of VR break, constant sign-up changes, charging and cleaning headset, difficulty with selecting the VR experience (too many choices).
- **Recruitment:** Lack of time for participants, changing clinical priorities, loss of interest over time, slow recruitment — a single user per slotted time, lack of control on duration of time and choice of VR experience.
- **Data collection:** Measurement tools not integrated into VR headset, connecting data from multiple data points, missing data, small sample size.

Challenges: Analysis and Interpretation Stage

- Underpowered study
- Discerning effect of intervention vs. effect of medium (VR technology).
- Differentiating effect of intervention vs. nature of user customization.

Implementing virtual reality breaks to overcome burnout for nurses in acute care settings is feasible but challenging.

Challenges and lessons learned can be classified based on stage of research:

- Conceptualization and Planning Stage
- Implementation Stage
- Analysis and Interpretation Stage

Strategies and Lessons Learned

- Secure leadership and champion support
- Offer in-service training frequently and on day and night shifts.
- Offer progressive incentives
- Offer VR break relief nurse
- Recruit in person
- Institute continuous feedback loop.
- Limit customization
- Offer VR breaks longer than 10 minutes.
- Secure multiple VR break areas

Implications for Research and Implementation

- Need for establishing best practices for using VR-based intervention in clinical settings.
- VR solutions to be tailored for health care providers (HCPs) specific outcomes (burnout, stress, etc.).
- Assessment tool of HCPs to be integrated within VR technologies to be efficient and allow data tracking and analysis.

References

Author's Contact

hoag Nursing | Julia Argyros Center for Nursing Excellence

Perinatal Nurse Navigation Supports Birth Equity

Jaimie Shane, MSN, RNC-OB and Wendy Newman, MSN, RNC-OB
Labor and Delivery, Hoag Hospital Newport Beach, CA

Acknowledgments: Special thanks to the Women's Health Institute leadership team at Hoag: Patricia Bojakowski, MSN, RN, Executive Director, Women's Health Institute, Tiffany Stewart, BSN, RN, Director, Labor and Delivery, Fetal Diagnostics Center & Obstetrical Emergency Department, and Michelle Laurel, RNC-OB, BSN, Labor and Delivery Nurse Manager. We acknowledge the support and guidance of Dr. Kristi M. Kambestad, neonatologist, Dr. Michael L. Haydon, perinatologist, and Dr. Erin K. McHale, anesthesiologist, whose advocacy for the program continues to be essential. We express gratitude to all our caring quality improvement stakeholders, with special thanks to Dr. AJ. Jadalla, nurse researcher.

Rationale/Background

- The Association of Obstetrics and Gynecology reports that despite efforts at reducing maternal morbidity and mortality rates, less than optimal outcomes persist.[1]
- Nurse navigator roles have improved patient outcomes in other specialties and may be effective in obstetrics.
- Dissatisfaction of the health care team negatively impacts performance, and poor communication may result in patient harm.[2]

Purpose/Aims

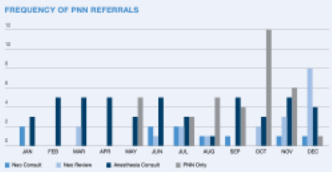
- The Perinatal Nurse Navigator's (PNN) purpose is to improve healthcare to high-risk maternal-child dyad populations.
- The aim is early identification of maternal and fetal comorbidities and facilitation of treatment plans that promote equity in care delivery.

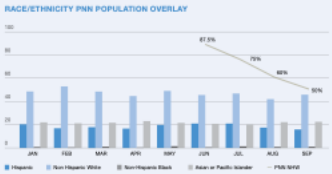
Brief Description of Undertaking

- Applied Freeman's Nurse Navigator model to obstetrics.[3]
- Collected data to measure and compare patients' access to providers before and after initiation of PNN role.
- Assessed clinician satisfaction.
- Created a disparity dashboard stratified by race and ethnicity to evaluate potential contributing factors to maternal outcomes.

Celebrating 7,440 deliveries in 2021

Results





Outcome Achieved

- Since the inception of PNN program, patients' consultations with anesthesiologists and neonatologists have increased and have become more diversified.
- Anecdotal evidence from stakeholders revealed that the role of the PNN had promoted effective interdisciplinary communication.

Conclusions

- Preliminary feedback of PNN role by clinicians indicates increased satisfaction and improved use of services among women of diverse background.
- Application of evidenced-based strategies suggests improved equity of care.
- Ongoing data collection is necessary to evaluate long term program success.

References

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THE NURSING RESEARCH COUNCIL
PRESENTS:
RESEARCH, INNOVATION, AND EVIDENCE-BASED PRACTICE DAY
WITH SPEAKER TIM RADERSTORF, DNP, RN, FAAN
TO BE HELD VIRTUALLY ON
TUESDAY
MAY 17, 2022
7:45 AM - 12:00PM
4 CONTACT HOURS
PROVIDER APPROVED BY THE CALIFORNIA BOARD OF REGISTERED NURSING
PROVIDER NUMBER 17829 FOR 4 CONTACT HOURS
hoag

Please click on link to register for the event. Clinical Ladder Nurses will receive the equivalent credit for attending Nursing Grand Rounds: http://www.hoag.org/events

Please join virtually to attend a presentation by Tim Raderstorf, DNP, RN. Tim is a nurse, teacher, and Chief Innovation Officer at Ohio State University. He is co-author of the book Evidence-based Leadership, Innovation, and Entrepreneurship in Nursing and Healthcare.

DESCRIPTION & OBJECTIVES

Program Description

Nurses are expected to base their practice on the latest evidence and to ground it in research. The Nursing Research Council at Hoag will hold the Nursing Research Conference to nurture the culture of innovation, research, and evidence-based practice (EBP). We seek to facilitate nursing research and EBP by nurses at Hoag and other interested nurses and researchers in the community.

Examine the relationship between research, evidence-based practice and innovation.

Demonstrate hands-on activities that empower front-line innovation. Discuss the foundations of innovation in nursing Develop an elevator pitch.

Showcase the methodology of storytelling.

Engage in a hands-on activity on the commercialization process.

PROGRAM AGENDA

7:45-8:00 am
Welcome - Dr. Ahlam Jadalla

8:05-8:45 am
Research, EBP, & Innovation - Building the Foundation for the future. Hands-on Innovation Exercise - The Boat Challenge

8:45-9:00 am
Networking session

9:00-9:10 am
Break

9:10-9:50 am
Building the Foundation for Innovation

9:50-10:00 am
Networking session

10:00-10:10 am
Break

10:10-10:55am
Falling in Love with Problems

10:55-11:00am
Networking session

11:00-11:10am
Break

11:10-11:55am
Telling Your Innovation Story

11:55am-12:00pm
Closing
Evaluation and Adjournment

All sessions will be led by Timothy C. Raderstorf, DNP, RN, FAAN

ABOUT THE SPEAKER

TIM RADERSTORF, DNP, RN, FAAN

Dr. Tim Raderstorf is thrilled to be the Talent Partner for AndHealth, a healthcare startup focused on helping people reclaim their lives from chronic illness. He holds volunteer positions as the Head of Academic Entrepreneurship at the Erdos Institute, the Chief Operating Officer of the non-profit NursesEverywhere, and is a member of the American Nurses Association's Innovation Advisory Board. In his previous role, Tim was the Chief Innovation Officer at The Ohio State University College of Nursing. From TED talks to textbooks, Tim uses every platform he can find to empower those at the frontlines to change healthcare.

As the first nurse to hold the Chief Innovation Officer title in academia, he takes pride in educating the world on the role of the nurse as an innovator. He is the founder of the Innovation Studio, a makerspace that democratizes innovation, providing every interprofessional team that pitches their innovation with the funding, tools, and mentorship needed to turn ideas into actions.

https://dailynurse.com/tim-raderstorf-talks-nursing-and-innovation-at-tedxcolumbus/

The Nursing Research Council welcomes new members! If you have a research or quality improvement idea, or are just interested in research, you are welcome.

- NRC meets on the 1st Monday of EVEN NUMBERED MONTHS @ 12:30-2:000pm
- Upcoming NRC meeting is on June 6th, 2022
- Committee meetings are held on Zoom
- For details, please email Anna Do at anna.do@hoag.org
- Do you need some guidance on your DNP or other school project?

You can contact Dr. Jadalla to arrange an appointment by emailing her at: ahlam.jadalla@hoag.org.

"Silence becomes cowardice when occasion demands speaking out the whole truth and acting accordingly."— Mahatma Gandhi

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NRC Newsletter Coeditors

Jaimie Shane MSN, RNC-OB

Lynette Low, MSN, RNC, ANP-BC