Lexington Convention Center

College of Nursing Scholarship Showcase Oral Presentation Abstracts

Abstract Title:	The Psychological Well-Being of Men Diagnosed with Prostate Cancer
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Abstract: Prostate cancer (PC) affects one in eight men in North America and continues to be the most common site of cancer in males, especially among older men in Europe and the United States, and the second most common cancer world-wide. Prostate cancer is, after lung cancer, the most common cause of cancer-related deaths among men with an estimated 33,720 deaths in 2011. The well-being of patients diagnosed with prostate cancer (PC) is a largely unexplored research area. Numerous factors likely impact men's psychological wellbeing as they progress through the experience of managing PC. Among the various factors that may predict psychological well-being for these men, social support, marital adjustment, and emotional expressiveness seem to warrant investigation based on the research literature. "Psychological Well-Being" as described by Ryff offers a unique way of measuring psychological functioning of men diagnosed with PC and appears to be a multidimensional view of positive psychological functioning. Little research has been conducted to examine how various research-based factors influence men's psychological well-being. The purpose of the study was to examine correlates and predictors of overall psychological well-being in a sample of men diagnosed with PC. Independent variables included three psychological factors-social support, marital adjustment, and emotional expressivity. The design of the study was descriptive, cross-sectional. Measures used included: a demographic questionnaire, Scales of Psychological Well-Being, Dyadic Adjustment Scale, Expression of Emotion Scale, and a Visual Analog Scale of Social Support. Data analyses examined three predictors and the predicted variable -total psychological well-being. Findings show that social support, marital adjustment and emotional expressivity statistically significantly predict total psychosocial well-being scores in men diagnosed with cancer in a positive direction. Implications for therapeutic practice and future research are discussed. Lack of support may place men diagnosed with prostate cancer be at risk for poorer psychological well-being. Identification of at-risk men and referral to support services may improve overall psychological well-being.

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Completed research project

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Abstract Title:	Outcomes Experienced by Patients Presenting with Ventral Hernias and Morbid Obesity Seen in a Surgical Clinic
_	M.A. Plymale, College of Nursing and Department of Surgery, U of Kentucky
Author(s):	J.S. Roth, Department of Surgery, U of Kentucky
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Abstract: Background: Obesity affects one-third of the U.S. adult population, and often patients with ventral hernias also are overweight. Surgeons generally agree that morbid obesity is a contraindication to hernia repair due to risk of adverse outcomes. The purpose of this study was to describe the experience of ventral hernia patients who are morbid obesity to determine the characteristics of patients that had favorable and unfavorable outcomes. Methods: A retrospective medical record review was conducted of new patients with ventral hernias and morbid obesity (BMI ≥ 40 kg/m2) seen by the Minimally Invasive Surgery (MIS) service over a 2.5 year time period. Surgical approach and incidence of surgical site infection (SSI) were noted for patients that had hernia repair. For patients that did not have repair, further visits and weight loss were noted. Results: 79 new pts with ventral hernias and morbid obesity were seen, (23 repairs without weight loss due to concern for incarceration, highly symptomatic hernias (12 open repairs with 58% SSI and 10 laparoscopic repairs with 0% SSI). Seven patients met weight loss goals (all open repairs, 28% SSI). Twenty-five patients did not follow up after initial visit. Conclusion: Obese patients with ventral hernias amenable to laparoscopic repair have favorable outcomes. Patients that met goal weight had improved outcomes vs. patients that did not meet goal weight. Follow up survey will be completed with patients that did not follow up. Further information is needed to understand best method to assist patient to weight loss goals.

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College of Nursing Scholarship Showcase Oral Presentation Abstracts

Abstract Title: Text Messaging Appointment Reminders to Reduce No-Shows: A Pilot Study

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Abstract: Background: Hospital and outpatient clinic no-show, did not cancel or did not attend rates are a serious problem to organizations across the United States health care system. No-show appointments reduce clinic productivity, wastes clinician time and clinic resources and can be detrimental financially. Bluegrass Pediatrics and Internal Medicine (BPIM) located in Georgetown, KY experiences these problems on a daily basis. Purpose/Methodology. This quality improvement project consisted of evaluating the effects of text messaging on appointment attendance during 3 clinic weeks of February 2016. The sample was derived from all patients enrolled at BPIM with a scheduled well, established or routine exam (n=577); acute or sick appointment types are excluded. Text message reminders were sent 24 hours prior to appointment time and patients were instructed to respond with a text message: "C" to confirm their appointment. Appointment attendance, cancellations, and noshows were measured for the study period, 3 weeks prior, and 3 weeks following the study period. Findings: The overall percentage of no-show appointments for December 2015, February 2016 and March 2016 was 12%, 10% and 13% respectively, showing a 2% decrease between the pre-intervention and study period. Of 577 appointments sent a text message, 39% replied confirming their appointment, while 61% did not reply to the text message. Of those who confirmed their appointment, 82% attended; 58% of those sent a text message and did not confirm their appointment, actually did attend their appointment; 42% of those sent a text message and did not confirm their appointment, also did not attend their appointment. Cost-benefit analysis yielded a potential 1:6 return. Findings show text messaging is effective in reducing no-show appointments and is cost beneficial. Implications. Technology including text messaging is becoming common practice and its use is supported by current evidence-based research. Utilizing high-tech methods such as text messaging reduces no-show rates, is cost-effective and increases clinic and provider productivity.

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College of Nursing Scholarship Showcase Oral Presentation Abstracts

Abstract Title:	An Intensive Heart Health Intervention Can Improve Diet Quality and Reduce Cardiovascular Risk Factors in Individuals Residing in Rural Environments
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Abstract: Purpose: To investigate whether an intensive self-management intervention for CVD risk reduction (HeartHealth) improved diet quality and risk factors in persons living in rural Appalachian Kentucky. Methods: A sample of 719 adults (age 53±14 years, 74% female, 43±19 years living in Kentucky, 87% overweight or obese) with two or more CVD risk were enrolled in the 12-week HeartHealth intervention that included strategies to improve diet to promote CVD risk reduction. Diet quality was measured by healthy eating index (HEI) calculated from food frequency questionnaires with higher HEI score indicating more healthy diets. The intervention was delivered in small groups using culturally appropriate approaches. Paired t-tests were used to compare HEI scores and CVD risk factors pre- and post-intervention. Results: HEI total score increased 8% from 63.3±11.6 to 68.5±11.4 (p<0.005). HEI scores for total fruit; whole fruit; total vegetable; legumes, orange and dark green vegetables; whole grain; and milk increased by 31%, 28%, 7%, 20%, 15%, and 3%, respectively, post intervention when compared to the baseline (p<0.05). Diet quality for saturated fat; and calories from solid fats, alcoholic beverages and added sugar also improved by 28% and 12%, respectively (p<0.005). Total cholesterol, systolic blood pressure, and hemoglobin A1C levels decreased from 191.8±37.8 to 187.5±36.9 mg/dL, 128.7±16.4 to 125.2±15.6 mmHg, and 5.77±0.96 to 5.70±0.90 %, respectively (p<0.005). Conclusions and Implications for Practice: An intensive behavioral counseling intervention promoted a healthy diet and reduced CVD risk in overweight or obese adults living in a rural socioeconomically distressed environment.

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Completed research project

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