

# *The Aspen Journal of Scholarly Works (AJSW)*

## *August 2021, volume 1*



The AJSW is a peer-reviewed journal that recognizes the academic scholarship of the faculty and students at Aspen University and United States University.

## Acknowledgements & Dedication

**The Aspen Journal of Scholarly Works (AJSW) is a publication resource for academic scholars across a range of fields. It serves as a medium for faculty and students to present their research findings or discuss theoretical interests.**

This journal is made possible by the hard work and efforts of faculty members who serve on the Aspen Journal Committee. The journal is a product of a collaboration between [Aspen University](#) and [United States University](#). The peer-reviewers for this volume of the AJSW are listed below (alphabetically by last name). Both AU and USU want to thank the committee members specifically for their contributions.

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Aspen Group, Inc., Aspen University and United States University would like to dedicate this inaugural volume of the *Aspen Journal of Scholarly Works* to all our students, faculty and community members who served on the front lines during this past year of the 2020 pandemic.

For the nurses and health care workers who put their own lives at risk for us, who separated themselves from their families for months at a time, who worked 24-hr shifts day after day treating our sick, who sometimes succumbed to the virus themselves, and who created the vaccine that has saved millions of lives, we thank you for your service and we dedicate this volume to you.

For the educators who had to abruptly modify their method of delivering instruction to an online format when schools shut down, who very rapidly had to learn new technology tools for teaching, who had to work with households that lacked computers, internet access, and proper study conditions, and who showed us how creative teachers can be when the unexpected occurs, we thank you for your service and we dedicate this volume to you.

For the mental health workers who helped us when we were alone during the periods of isolation, who counseled us through relationships that dissolved as a result of the quarantine, who calmed our anxieties when the world became very scary, and who treated us for our addictions that developed as a means for dealing with the unpredictable events of 2020, we thank you for your service and we dedicate this volume to you.

For the law enforcement officers who kept us safe during the tumultuous events of civil unrest, who stood up to hold their fellow officers accountable, who protected our First Amendment right to peacefully assemble when we protested transgressions or state mandates, and who still answered our 911 calls when we requested help, we thank you for your service and we dedicate this volume to you.

For the business entrepreneurs who nimbly shifted during the statewide lockdowns in order to keep their doors open, who took their own personal savings to pay workers so they would not be laid off, who created innovative products and new ways of doing business in a world that shifted, and who were flexible when employees had to work from home during the pandemic, we thank you for your service and we dedicate this volume to you.

For all the parents, families, students, staff and community support personnel who were impacted by the events of 2020, who were resilient through those tough times, and who reached out to help one another when we needed it the most, we thank you for your service and we dedicate this volume to you.

## About AU & USU

This academic journal is the result of the collaborative work between Aspen University and United States University



### ASPEN UNIVERSITY

#### History of Institution

Aspen University has a rich history in distance education. It originated in the International Academy, created in the 1960's to improve the way education was disseminated. The International Academy evolved into ISIM University, with a primary focus on technology and business education. In the late 1980's, operations moved to Colorado and in 1993, the University was successful in acquiring national accreditation with the Distance Education and Training Council (DETC). In 2003, the University underwent a change in ownership, a name change to Aspen University, and a successful reaccreditation review. Currently, Aspen University offers programs in nursing, business, information management, software development, education, and addiction counseling. Degrees awarded at Aspen University include baccalaureate, master, and doctorate. Aspen offers its programs primarily via distance education, except where an in-residence component of a program is additionally considered part of its scope of accreditation by the Distance Education Accrediting Commission.

#### Mission

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## Field of Nursing and Health Sciences

The field of Nursing & Health Sciences trains practitioners to prevent and treat diseases of the body and mind, including addictions.





## **Kelly Schweers DNP, RN, CEN, NEA-BC**

"Emergency Department Pivot Process"

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### **Abstract**

The emergency department (ED) pivot process is a process improvement initiative related to patient flow. Overcrowding in the ED has been directly related to an increase in volume with decreased resources. For patient safety, it is imperative to identify inefficiencies in the ED process and find ways to mitigate bottlenecks associated with increased length-of-stays. The purpose of this project was to evaluate the intake process at a level I trauma center in Southeastern Virginia, reducing traditional triage to a two-minute pivot process.

### **Introduction**

Patient safety begins at the entrance of every ED. However, constraints on patient safety occur when overcrowding becomes an issue. Nearly 47.7% of patients initially report to the ED when seeking hospital-associated care (Marcozzi et al., 2017). This contributes to high volumes, decreased ability to allocate resources efficiently and subsequent increased ED wait times. Overcrowding has been associated with increased mortality rates, increased cost, increased admission rates and increased length of stay (LOS) for patients (Health Catalyst, 2017). Serious safety events as well as patients leaving without treatment have also been noted when overcrowding and wait times are increased (Marcozzi et al., 2017). Inefficient patient flow is recognized as one of the key components to ED overcrowding. This generally happens when patients are not triaged in a timely fashion and forced to wait for medical attention.

Triage has evolved in ED's as a place where patients enter, seek care, and report to a nurse their chief complaint, medical history, medications combined with required assessments such as fall risk, suicidal risk, and abuse risk. However, if patients are forced to wait to see a nurse, this also impacts the time it takes to see a provider. According to Jarvis (2016), if ED's can accomplish shorter patient wait times, they will appreciate improved patient satisfaction, and reduction in mortality and morbidity.

### **Research Question**

Will implementing the pivot process decrease door-to-provider times and improve patient flow in the ED?

### **Literature Review**

Referring to the following PICOT question: (P) will be the patients who seek care in a level I trauma center located in Southeastern Virginia who are checked in; (I) with the pivot triage process; (C) compared to the Emergency Department Benchmarking Alliance of door-to-provider times of 10-30 minutes or less; (O) have a door-to-provider time of 20 minutes or less; (T) during the months of January, February and March of 2017, 2018, and 2019? A comprehensive electronic literature search was performed using the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Proquest Central and PubMed. Key phrases used in the search were emergency department, patient flow, triage, left without being seen



and pivot. The search found a total of 1496 articles. Limits that were placed on the search were full text and written from 2014 to 2019. Literature that was selected for inclusion of evidence was based on the level of hierarchy which is assigned by the National Health and Medical Research Council (NHMRC). The NHMRC considers systematic reviews as the most comprehensive literature review followed by critically appraised topics, critically appraised individual articles, randomized controlled trials, case controlled studies, and background information/expert opinion (University of Canberra, 2019). Upon initial literature review all literature was included but for this process improvement project literature that contained systematic reviews was selected with 31 articles selected and reviewed.

The literature review presented several studies that discussed evaluating key processes within the ED to help with patient flow. Health care organizations have experienced an increase in Left Without Being Seen (LWBS) rates due to ED overcrowding and inefficient processes. By streamlining processes such as the triage/pivot/intake process organizations have reported a decrease in door-to-provider times. The literature review supported a modified triage process, or the pivot process, as an effective way to decrease door-to-provider times. For those institutions that have implemented the pivot process, according to the literature review, door-to-provider times decreased. This is crucial when it pertains to safety for patients as decreasing door-to-provider times means patients are seen by a provider quicker, less likely to leave, and increases patient satisfaction. By successfully implementing the pivot process in the ED at a level I trauma center, door-to-provider times were evaluated hoping to improve the patient flow in the ED.

### **Methodology**

The purpose of this project is to identify if implementing the pivot process instead of using traditional triage reduced door-to-provider times. The intention is to improve the intake process by having an efficient front-end process, so patients were being seen by a provider quickly.

### **Sample Studied**

The sample setting for the emergency department pivot process is the patients and staff who work in a level I trauma center located in Southeastern Virginia who sees, on average, 70,000 patients a year. The target population pertained to those patients who checked into the emergency department in January, February, and March of 2017, 2018, and 2019. All patients who checked into the level I trauma center during the time frame mentioned were included in the sample size and no patients were excluded during this time frame.

### **Design of Study**

The Emergency Department Benchmarking Alliance (EDBA) reports that the desired amount of time from check-in to when the patient is seen by a provider is 10-30 minutes (Emergency Department Benchmarking Alliance, 2019). Knowing the desired time results and knowing that this is described as best practice, the project had a non-equivalent control group posttest-only design with a goal of door-to-provider time of twenty minutes. The control group did not have a pre- or post-test. The experimental group included those patients who did receive the intervention, which were all patients who checked into the emergency department in January, February, and March of 2017, 2018, and 2019.

### **Instrument Used**

The Epic software was the instrument used to collect time stamped data and is the software used within the health care organization that includes the level I trauma center located in Southeastern Virginia.

### Datasets Collected

The trauma center located in Southeastern Virginia used the electronic health record (EHR) as the method of data collection. Time stamps within the EHR allowed for the team to evaluate door to check in, the pivot process, and door-to-provider times. Consistent and accurate time stamps supported validity and reliability of how the pivot process influenced patient flow.

### **Results**

A one-way Analysis of Variance (ANOVA) was used to look for evidence of significant differences of door-to-provider time by year, and then Tukey (HSD) test was used to look at individual differences in more detail. Peripheral findings included that the average daily volume for 2017 was 191.16, for 2018 was 189, and 2019 was 192.16. There were no significant volume changes over the three years,  $p=0.95$ . There was a modest correlation (0.51) between volume and median daily register-to-provider (RP), meaning as volume goes up so does median register-to-provider time or door-to-provider time. This can be typical in a service industry as high volume often means an increased backlog and can affect time. There was a similar correlation between volume and emergency department length of stay (ED-LOS) of 0.33. The analysis of door-to-provider times, median time, was 32.02 in 2017, 39.94 in 2018, and 22.35 in 2019. The ANOVA revealed that some of these differences were significant.

The Tukey's HSD test was used to zoom in on specific differences, it is seen that 2019 had a significant decrease in time from both 2017 ( $p=0.013$ ) and 2018 ( $p=2.9e-6$ ). However, 2018 had the highest average daily median time of door-to-provider times which can be correlated with an increase in boarder rates from below 20%, with budgeted boarder rates between 15%-20% to upwards of 30%, not budgeted for, in 2018. In 2019 there was an increase in budgeted boarder rates for the department which helped with door-to-pivot times and door-to-provider times. Once the PIVOT process was fully implemented and functional by 2019, the team did not have a median time of 20 minutes or less from door-to-provider times.

Fig. 1. Bar graph representation of emergency department door-to-provider times with time, in minutes, located on the vertical axis and the year represented on the horizontal axis.

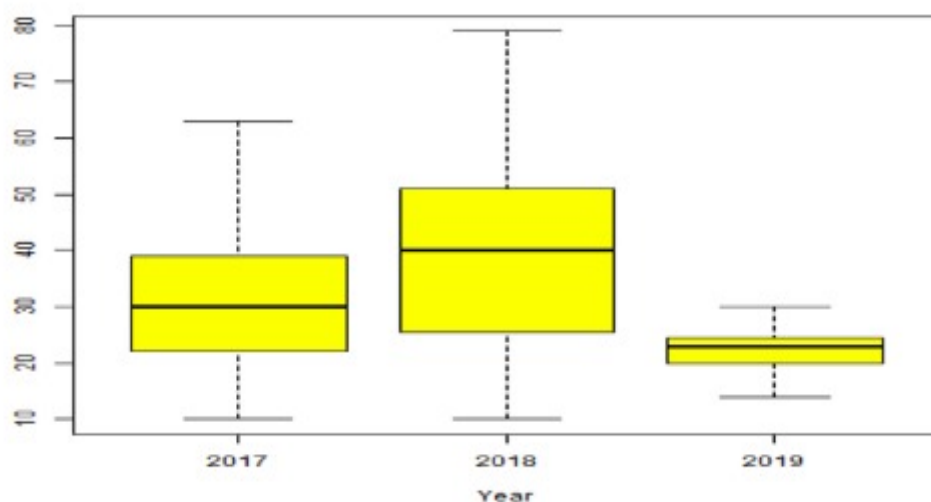
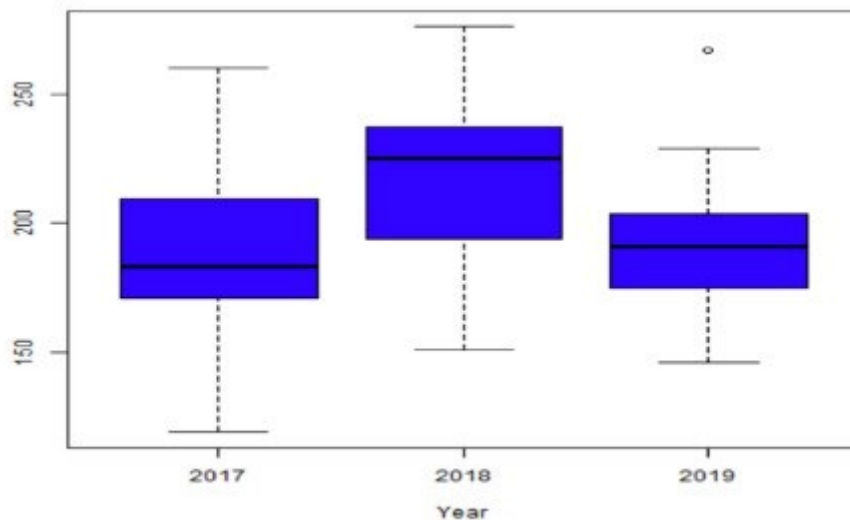


Fig. 2. Bar graph representation of emergency department length of stay times with time, in minutes, located on the vertical axis and the year represented on the horizontal axis.



## Conclusion

The plan to improve patient flow came at a time when ED healthcare providers were resistant to change. The thought of more work or the disruption of workflow became a point of contention between the healthcare organization and the frontline providers. With a plan to implement the change involving key stakeholders and appointing champions of the process, the culture of change became the norm and surpassed those that were resistant to the transformation. Providing the team with daily feedback on meeting goals made for a competitive environment that embraced seeing patients quickly and efficiently. The partnership with IT and the constant analysis of the numbers were a way to identify flaws in the process and help to pinpoint those processes that supported the success of intaking the patients timely. Although the emergency department pivot project did not show a decrease in total ED LOS there were measured successes in the process. The pivot process is a 2-minute intake process that reduced door-to-provider times resulting in a safer visit, sick patients identified early, and metrics related to stroke showed best Alteplase (tPA) times within the system. With the positive outcomes related to the pivot process the healthcare organization located in Southeastern Virginia identified that the pivot process was considered best practice related to patient intake. Policy, procedures, and job aids were developed for the entire organization related to the pivot process to help sustain change and support efficient patient flow.

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### **Abstract**

Previous research indicates that incivility among perioperative registered nurses (PRNs) is common, and it affects patient safety and nurse retention negatively. This study explored the lived experiences of PRNs with incivility to determine whether incivility among nurses can be solved at the peer-to-peer level. Four research questions guided the study. Major study findings indicate that an unofficial hierarchical structure among PRNs propels incivility, leaders do not address incivility, and nurses do not speak up against incivility. These findings suggest that incivility cannot be solved at the peer-to-peer level if nurses are not empowered to confront a colleague who is uncivil.

### **Introduction**

Many organizations deal with workplace incivility to the extent that the problem has become a global phenomenon (Al-Ghabeesh & Qattom, 2019; Franklin & Chadwick, 2013; Sauer & McCoy, 2018). In the hospital environment, incivility among nurses is an ongoing problem, particularly in the perioperative setting (Chipps, Stelmaschuk, Albert, Bernhard, & Holloman, 2013; Frederick, 2014; Millis, 2019), and although research that provides recommendations for dealing with workplace incivility exists (Becher & Visovsky, 2012; Chipps et al., 2013; Franklin & Chadwick, 2013), incivility among nurses continues to occur. Similarly, while substantial research on incivility among nurses exists, what was still lacking in the body of nursing knowledge, at the time that this study was conducted, was research on nurses' view about their responsibility in taking action to deal with incivility when it occurs at the peer level. Therefore, this study explored the phenomenon of workplace incivility among perioperative registered nurses (PRNs), to understand the reason that this phenomenon continues to occur and what these nurses feel their individual role is in eliminating incivility from the workplace.

### **Research questions.**

The study was driven by these four research questions:

- 1.What are the lived experiences of PRNs regarding incivility in the workplace?
- 2.How do PRNs describe civil behaviors versus uncivil behaviors in the workplace?
- 3.What viewpoints do PRNS have about their role in addressing another nurse who is uncivil to a peer?
- 4.What do PRNs think are potential barriers that prevent nurses from addressing incivility at the peer level?

### **Literature Review**

Incivility has been a part of the culture of the healthcare environment for decades (Gilmour & Hamlin, 2003; King-Jones, 2011; Roberts, 1983; Roberts, 2000; Simons & Mawn, 2010) and nurses from multiple disciplines continue to experience workplace incivility, as bystanders, victims, or perpetrators (Abdollahzadeh, Asghari, Ebrahimi, Rahmani, & Vahidi, 2017; Al-Ghabeesh & Qattom, 2019; Becher & Visovsky, 2012; Black, 2019; Elmlblad, Kodjebacheva, & Lebeck, 2014; Gantt-Grace, 2016; Ganz et al., 2015; Gillespie, Grubb, Brown, Boesch, & Ulrich, 2017; Khadjehturian, 2012; Longo & Hain, 2014; Mernin, 2015). For example, three

different studies show that 50%, 81%, and 50% of the nurses from the respective studies reported being victims of workplace incivility (Australian Journal & Midwifery Federation, 2018; Johnson, 2016; Yarbrough, 2019). Similarly, a 2019 nursing survey indicates that 21% of the nurses experienced physical assault in the workplace, while over 50% are victims of verbal abuse (Yarbrough, 2019).

Research also shows that 90% of nurses have witnessed incivility among their peers (Blevins, 2015), both novice and expert nurses behave uncivilly (Germann & Moore, 2019; Kile, Skarbek, & Thurby-Hay, 2018), and nurses are indifferent to the problem because they feel that their supervisors have accepted the behavior as normal (Armmer & Ball, 2015; Walsh, Lee, Jensen, McGonagle, & Samnani, 2018). Further, nurses display bullying behaviors more than any other job class, the incidence of workplace incivility is higher in the operating room (OR) than in other nursing areas, and is accepted as normal behavior in the OR, such that nurses stand by and witness these acts without taking any action to stop the perpetrator (Bigony et al., 2009; Frederick, 2014). Results of a 2009 Joint Commission survey indicate that as many as 65% of perioperative nurses have witnessed workplace incivility among their peers (Bigony et al., 2009); in another study, 56% of the nurses behaved uncivilly at work, nearly 60% of them were bystanders of bullying among their peers, and incivility was witnessed on a daily basis (Chippis et al., 2013). Two studies found that more than 80% of OR nurses are victims of workplace incivility (Frederick, 2014), OR managers are guilty of 81% of the bullying incidents, and verbal abuse is the most ordinary form of workplace incivility in the OR (Kirchner, 2009).

Incivility creates a hostile working environment, reduces job satisfaction, lowers staff morale, increases absenteeism (Hamblin, Essenmacher, Upfal, Russell, Luborsky, Ager, & Arnetz, 2015; Sheehan & McCabe, 2015; Yarbrough, 2019), causes severe stress disorders for victims, and results in medical errors with adverse patient outcomes (Johnson & Benham-Hutchins, 2020). In McNamara's (2012) study, 67% of survey participants attributed workplace incivility to medical errors and adverse events, 58% of them attributed disruptive behaviors to an increase in patients' risk for safety-related issues, 68% of them attributed disruptive behavior to reduced quality of care for patients, and 28% of them attributed disruptive behaviors to patient deaths. When employees who are direct caregivers leave their jobs to escape workplace incivility, research shows the cost of training new employees to be between 1.2 million dollars (Hutton & Gates, 2008) and 4.2 billion dollars (Kirchner, 2009).

## **Methodology**

### Sample Studied

Ten OR nurses from four South Florida hospitals participated in the study. The study sample comprised one male nurse and nine female nurses, including a nurse educator, three nurse leaders, and six bedside nurses. The education level of the group ranged from an associate to a graduate degree, and their years of nursing experience ranged from 18 months to more than 21 years.

### Design of Study

The researcher used a qualitative phenomenological study design and a snowball sampling approach to recruit study participants. Snowball sampling was selected because it was difficult to recruit participants from one location due to the COVID-19 pandemic that caused many hospitals in South Florida to cancel elective surgical procedures and deploy OR nurses to other nursing units that were overwhelmed with COVID-19 infected patients. The Theory

of Phenomenology (Briedis, 2016; Lisboa, 2018), the Oppressed Group Behavior Model (King-Jones, 2011; Lee, Bernstein, Lee, & Nokes, 2014; Roberts, 2000; Roberts, DeMarco, & Griffin, 2009; Rooddehghan, ParsaYekta, & Nasrabadi, 2015), and the Pedagogy of the Oppressed Theory (Freire, 2000; King-Jones, 2011) are the theoretical frameworks that guided the way the study was conducted.

#### Dependent/independent Variables

There were no independent/dependent variables for this study, because of its phenomenological qualitative design.

#### Instruments Used

The researcher used an interview tool comprising eight open-ended questions, which she designed, to gather data for the study. The researcher interviewed each nurse, individually, using a semi-structured interview format, and asked participants four follow-up questions that were not a part of the interview tool. The researcher conducted a field test with the tool before using it in the study. Eight participants were interviewed via Zoom Conference, and two participants were interviewed in person. The participants selected the interview format, time, and date that were most convenient to them.

#### Datasets Collected

Ten interview transcripts served as the datasets for this study. The interviews lasted an average of 53 minutes and were recorded, using NVivo technology to convert the audio recordings into the transcript documents. The researcher also collected fieldnotes, which she used, along with the interview transcripts, to analyze the study data.

### **Results**

To reduce researcher bias, ensure transparency with the study procedure, and increase the rigor, trustworthiness, and transferability of the study results, the researcher made detailed records of the data collection process, used reflexivity during the data collection process, and solicited feedback on the study results from study participants and a colleague who specializes in phenomenological research. These are all proven statistical analysis approaches (Palaganas, Caricativo, Sanchez, & Molintas, 2017; Roberts, Dowell, & Nie, 2019). Findings of the research questions are as follows:

1. Incivility is accepted as a normal part of the OR culture, the high-stress setting of the OR influences incivility, OR nurses adapt to incivility to survive, highly-specialized nurses who work with certain surgeons in specific service lines bully other nurses, nurse bullies feel empowered by their leaders to bully their peers, and nurses do not usually speak up against incivility.
2. Nurses can distinguish between civil and uncivil behavior in the workplace.
3. Although nurses tend not to speak up against incivility, nurses have a duty to speak up, be an advocate for a colleague who is being bullied, and should not humiliate a peer publicly, but should support and protect each other.
4. Nurses do not speak up because they fear retaliation by the nurse bully, they accept the bully's behavior as a 'normal' occurrence, and they feel that their leaders will not address the issue even if they speak up.

The follow-up question findings indicate that nurse leaders ignore the problem of incivility, they are biased with addressing incivility, and they do not hold nurses whom they consider valuable team members accountable for their uncivil behavior. A novel finding of this study is that an unofficial class system (UCS) exists in the OR, where highly specialized OR nurses



consider themselves the elite of the group because they are more knowledgeable and experienced than other OR nurses, and they bully other nurses because of this perception of superiority and feel empowered to continue their bullying behavior based on nurse leaders' failure to address the problem.

### **Conclusion**

Based on the results of this study, this researcher believes that the main questions that remain unanswered include a) whether an UCS exists in other ORs nationwide, or even worldwide, that fosters incivility among nurses; and b) whether nurse leaders are aware that their response to incivility may be fostering continuance of the problem. This study's results suggest that incivility continues to thrive because OR nurses are socialized to accept this as the cultural norm of the OR and because of nurse leaders' unwillingness to discipline elite nurses when they behave uncivilly, and this response promotes continuity of a class structure among OR nurses (Walsh et al., 2018) and the existence and acceptance of an UCS among OR nurses prevents nurses from feeling emboldened to speak up against a peer who is uncivil. Therefore, this researcher recommends conducting future research on a) the idea that an UCS exists among OR nurses in hospitals nationwide, and b) nurse leaders' perspectives of their role in propagating workplace incivility.

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## **Julie Combs, DNP, RN, FNP-C, ENP-C**

“The Impact of Implementing a Provider in Triage in the Emergency Department on Overall Length of Stay and Frequency of Patients Leaving Without Being Seen”

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### **Abstract**

Hospital emergency departments are experiencing overcrowding across the United States, causing adverse effects such as increased patients leaving without being seen, increased length of stay, and prolonged wait times. This can be detrimental for the patient’s health and the organization. A provider in triage is an effective intervention to reduce these adversities. As a quality improvement study, a provider was in triage to determine if it reduces the frequency of LWBS patients, and/or decreases length of stay (LOS) for discharged patients. The data demonstrated a statistically significant impact of the PIT on LWBS rates and LOS for discharged patients.

### **Introduction**

At a local Emergency Department (ED) there was an increase in the percentage of patients leaving without being seen (LWBS), spiking from 3.5% in 2012 to 9.3% in 2015; the national benchmark is 2% (Hayden, C., Burlingame, P., Thompson, H., & Sabol, V. K., 2014). As a departmental intervention, a provider was placed in triage for a one-week trial. The purpose of this pretest/post-test study was to determine if the impact of implementing a Provider In Triage (PIT) reduces frequency of LWBS patients, and/or decreases the LOS for discharged patients. In the United States in 2011, there were 136.3 million ED visits (Centers for Disease Control, 2012); Sixty-nine percent of EDs were “over capacity.” One study reports that EDs in the United States are performing poorly in regards to wait times for patients and their overall LOS in relation to the most acutely ill (Horwitz, L. I., Green, J., & Bradley, E. H., 2010). The American Hospital Association reports 38% of hospital EDs are operating at a level at or over capacity (American Hospital Association, 2011).

LWBS is a missed opportunity to provide care to patients. Studies report that overcrowding of the emergency department can cause negative effects on patient care. For example, longer times to first antibiotic administration in patients with pneumonia, longer treatment times for chest pain, and even increased mortality rates having disastrous effects on patient outcomes (Schull, M. J., Morrison, L. J., Vermeulen, M., & Redelmeier, D. A., 2003a, 2003b; Schull, M. J., Vermeulen, M., Slaughter, G., Morrison, L., Daly, P., 2004; Richardson, D. B., 2006; Pines, J. M., Hollander, J. E., Localio, A. R., & Metlay, J. P., 2006; Diercks, D. B., Roe, M. T., & Chen, A. Y., 2007; Russell, S., Grajower, S., Johnson, L., & Nager, A., 2013). Hospital revenue is of concern as one study reported as much as \$1,115,455 lost annually for their 1,193 patients who LWBS (Herman, B., 2014). The impact on hospital revenue is noticeable and detrimental. If this could be decreased, it would be of benefit (Sharieff, G. Q., Burnell, L., Cantonis, M., Norton, V., Tovar, J., Roberts, K., & Russel, J., 2013).

### **Literature Review**

One solution to LWBS and excessive wait times is to utilize clinicians (advanced practice

providers and physicians) in the triage area; this can also be known as the see and treat method. The use of clinicians in ED triage areas has been successful in multiple studies that have reviewed the provider in triage (Partovi, S. N., Nelson, B. K., Bryan, E. D., & Walsh, M. J., 2001; Han, J. H., France, D. J., Levin, S. R., Jones, I. D., Storrow, A. B., & Aronsky, D., 2010; Holroyd, B. R., Bullard, M. J., Latoszek, K., Gordon, D., Allen, S., Tam, S., et al., 2007; Lamont, S. S., 2005; Terris, J., 2004; Rogers, T., Ross, N., & Spooner, D., 2004; Choi, Y. F., Wong, T. W., & Lau, C., 2006; Subash, F., 2004; Rogg, J. G., White, B. A., Biddinger, P. D., Chang, Y., & Brown, D. F., 2013). In a retrospective observational study (Clancy, E. & Mayo, A. 2009), placing a physician in triage to begin care positively impacted the ED in the areas of average LOS, frequency of patients LWBS, and door to room time. In addition, a positive impact was found in utilizing a provider in triage for “see and treat” when focusing upon the pediatric population, and their ED presentations.

On the contrary, one study did represent a negative opinion regarding the PIT impact (Ellis, D.Y., 2005). They report this could encourage the population to seek out the ED for treatment of their conditions that could be well managed by an appointment with their general practitioner. Given this consideration, the implementation of PIT would need to be site-specific, weighing risks and benefits of patient outcomes secondary to delayed treatment.

### **Methodology**

The project used a quasi-experimental approach, pre-test/post-test design. In the project, a non-probability convenience sample was utilized; there was no random selection as all patients waiting for a bed assignment were approached for evaluation and included. For this evidence-based practice project, the PIT was the investigator, who is an advanced practice registered nurse (APRN). The trial period was on the days of Monday through Friday, with the shift from eleven o’clock am until seven o’clock pm. The provider evaluated patients in triage to initiate their care (figure 1).

Figure 1. Process for Provider in Triage Intervention



The instrument utilized for the study is the ED summary sheets of daily visits, otherwise known as the ED snapshots. They were obtained for the intervention week, and the prior non-intervention week for pre-test comparison in order to see the effects the PIT had on overall length of stay of discharged patients and percentage of patients LWBS. Only the discharged patients would be included in the LOS evaluation, omitting the patients being admitted to the hospital.

The primary outcome measures for this project were the change in the LWBS rates and the overall LOS in minutes for patients during the trial period of a Provider In Triage (PIT). A chi-square test of independence was used to analyze the impact on LWBS rates as the data from the two separate weeks of comparison are independent of each other. The LOS impact was analyzed utilizing a paired t-test.

## Results

During the intervention, 182 patients were seen by the PIT. In comparing the control week with the planned comparison, there was an improvement in LWBS rates. The LWBS rate during the control week was 25 with a LWBS rate of 93 in the planned comparison. Using a chi-square test of independence, the planned comparison week was compared to the PIT week to determine effects on LWBS rates. The results show a chi square value of 34.481, or P less than 0.005 with statistical significance (Table 1).

Table 1. Comparison of provider in triage (PIT) week of patients who left without being seen (LWBS) observed, in comparison to expected based upon percentage of LWBS of week prior comparison week, which was 11.6%; Chi-square value = 45.861 (1df), p less than 0.0005.



Category	LWBS	Did not LWBS	Total
Intervention Week	25	689	714
	3.5%	96.5%	
Comparison	93	709	802
	11.6%	88.4%	

Chi Square = 34.481 (1df), p less than 0.005

The PIT week actual LWBS daily frequency was compared with the expected LWBS rates based upon the comparison week prior's percentage of LWBS of 11.8%. Using a chi-square test of independence, the PIT week was analyzed to assess the observed and expected patients who were seen and left without being seen (LWBS). The results show a value of 45.861, statistical significance with a P less than 0.0005 (Table 2).

Table 2. Comparison of patients who left without being seen (LWBS) for provider in triage (PIT) intervention week compared to LWBS patients during control week before intervention. The data was used from Monday-Friday only.

Category	Observed	Expected
Seen	689	631
LWBS	25	83

LOS for discharges during each day of the intervention week was compared to the coinciding day for the comparison pre-intervention week LOS utilizing a paired t-test. The average LOS for all patients in these two groups is listed in minutes (Table 3).

Table 3. Mean length of stay (LOS) in minutes for discharged patients in the week of the provider in triage (PIT) intervention, compared to the comparison week.

Day	Intervention Week	Comparison Week
Monday	211	272
Tuesday	200	234
Wednesday	192	250
Thursday	195	297
Friday	212	246

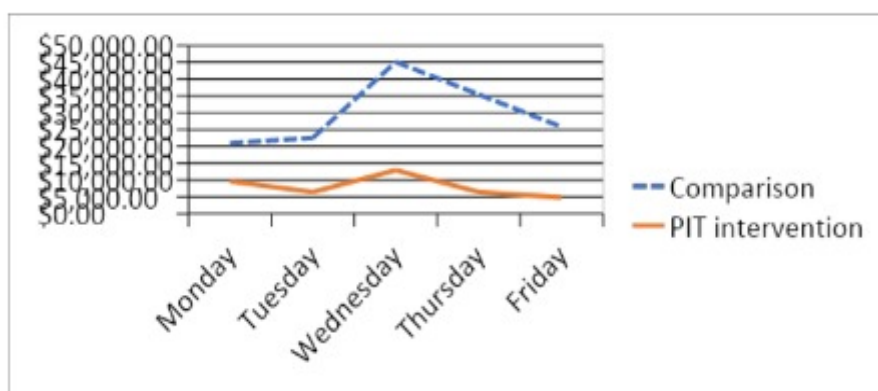
Paired t-test results p=0.0097

The results show statistical significance with P=0.0097. Using a paired t-test, the decrease in LOS is significant. A paired t-test was utilized to compare the mean LOS for each individual

day of PIT week with the mean LOS for the comparison data of the previous week's coinciding days. This test was utilized in order to compare the means of the PIT intervention LOS with that of the previous week, as a continuous variable, to determine the statistical significance of the change from the intervention. It assists with determining if the LOS differs between the control group, and the group that received the PIT intervention

ED management estimates the lost revenue of a patient who LWBS is \$1,610.00 per visit. The comparison week prior to PIT intervention had 93 patients LWBS, totaling \$149,730.00 in lost revenue. The week of PIT intervention there were 25 patients who LWBS resulting in \$40,250.00 in lost revenue, a difference of \$109,480 (Table 4).

Table 4. Estimated lost revenue per day, all patients who left without being seen. Pre-intervention (dashed line) compared to intervention week (solid line).



## Conclusion

Based upon increased rates of LWBS in the ED, the innovative plan of trialing a PIT was created. The literature supports positive outcomes on LWBS rates and overall LOS for patients in the EDs and gave premise for promoting the trial of PIT. The study demonstrated a decrease in LWBS rates, and overall LOS; ultimately, the PIT is an ED solution to systemic problems. Not only are EDs overcrowded due to increased ED volume and visits, but also secondary to throughput and system barriers. These include boarding of patients in the ED while they wait an admission bed, spacing complications, and staffing concerns.

Future studies would benefit from a longer trial period to reduce likelihood of other factors causing the statistical significance. In addition, given the type of intervention being completed, it is not possible to blind the staff. In this study, aggregate data was assessed. Future study recommendations would be to collect the arrival time of patients, patient acuity, staffing information, and number of patients seen by the ED providers in the comparison weeks, in comparison to the intervention week. Patient data would yield more detailed information for analysis. In addition, future studies could compare patient outcomes to determine if there was an impact longitudinally with admitted patients and their health outcomes.

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## **Rhonda Winegar, PhD, DNP, RN, FNP-BC, CCRN, CPN**

"Do Workplace Policies Influence a Woman's Decision to Breastfeed?"

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### **Abstract**

This literature review discusses the history of breastfeeding in the workplace and the benefits of breastfeeding. Breastfeeding yields many important benefits to both mother and infants, yet workplace barriers contribute to low rates of breastfeeding. Employer and peer support are necessary for mothers to continue breastfeeding successfully after returning to work. Few modifications of the physical employment site are required in order to promote breastfeeding in the workplace and these costs are negligible in comparison to the overall costs of employee attrition. Healthcare savings are also noted with breastfeeding and these savings can be applied to everyone in the workplace.

### **Introduction**

The U.S. Department of Labor (2014) reports that 69.9% of working mothers are in the labor force and are the fastest-growing segment of the U.S. labor market. While 75% of individuals in the United States support breastfeeding, only 60% feel that breastfeeding is compatible with working, and only 53% support the idea that employers should provide facilities to encourage working mothers to continue breastfeeding (Christrup, 2001). These results suggest that individuals may be supportive of breastfeeding in general but may not always support working mothers who choose to breastfeed. Research has shown that workplace barriers contribute to low rates of breastfeeding in the United States and are often the primary reason for early cessation (Ehrehreich & Siebrase, 2014). In the United States, breastfeeding is considered a personal choice, and legislation in support of breastfeeding in the workplace is more limited than in most other countries (Eichner, 2008).

### **Background**

Women prior to the 20th century had no choice but to breastfeed their infants or hire a wet nurse because feeding alternatives were not readily available. Formula was developed in the 1920s, and marketing focused on formula as an easy and fast method of feeding infants that was clean and safe. Pediatricians even "highly recommended" formula in the 1930s and 1940s (Stevens, Patrick, & Pickler, 2009). As the use of formula continued to rise, breastfeeding dropped; by the 1970s, only 23% of women chose breastfeeding, and only 10% continued breastfeeding their infants to age 6 months (Christrup, 2001). A rebound in breastfeeding occurred during the 1980s due to public health campaigns that addressed the benefits of breastfeeding and provided training and support for breastfeeding women (Christrup, 2001). Today, the majority of infants in the United States are supplemented with formula by age 6 weeks (53%), and this number increases to 90% of infants being supplemented at age 6 months (Wolf, 2008).

### **Benefits of Breastfeeding**

Women who do not breastfeed may have difficulty losing pregnancy weight, which may predispose them to type 2 diabetes mellitus, metabolic syndrome, and myocardial infarction (United States Breastfeeding Committee, 2010). There is a delay in the return of fertility in

women who choose to breastfeed, which may lead to fewer unplanned pregnancies and less time needed away from work (Christrup, 2001). Breastfed infants have fewer illnesses and severity of illnesses as compared with formula-fed infants (Stevens, Patrick, & Pickler, 2009). Stuebe (2009) reported that infants who are not breastfed have an increased risk of developing leukemia, diabetes mellitus (types 1 and 2), sudden infant death syndrome, asthma, and childhood obesity. Infants who are fed formula also have more infectious diseases during the first year of life, especially respiratory illnesses, such as *Haemophilus influenzae* and *Streptococcus pneumoniae* (Christrup, 2001). According to the U.S. Breastfeeding Committee (2010), direct healthcare cost savings of \$13 billion would be achieved if 90% of women were able to breastfeed as medically recommended. Research has shown that healthcare costs in the United States increased over \$1 billion a year related to the incidence of medical diseases in infants who are fed formula.

### **Workplace Issues**

Workplace support is needed to ensure women continue to breastfeed after returning to work, as only 40% of women will continue breastfeeding upon return (Weber, Janson, Nolan, Wen, & Rissel, 2011). The CDC (2013) identified three barriers to breastfeeding in the workplace: lack of supplied refrigerators for breast milk storage, inadequate breaks to use breast pumps, and concern regarding employer and coworker support. Incidents of harassment, lawsuits, and employment termination have been noted in the workplace due to breastfeeding (Leeming, Williamson, Johnson, & Lyttle, 2015). The U.S. Department of Health and Human Services has monitored employer support and began reporting as early as 1984 that employers were not supportive of women who chose to breastfeed (Miller-Bellor, 2002). There is a noted bias in many workplaces against working mothers, especially in male-dominated fields of employment (Poduval & Poduval, 2009).

### **Conclusion**

Corporations with lactation programs in place have shown a 75% continuation rate for employees who have chosen to breastfeed until at least age six months (CDC, 2013). Weber and colleagues identified benefits of encouraging working women to breastfeed, which include decreased turnover of staff, less time off for new mothers due to infant-related illnesses, and improved overall morale and job productivity (Weber et al., 2011). The costs of supporting breastfeeding employees are relatively low. While breaks are needed for breastfeeding, employers are not required to pay for additional breaks above what is usually paid to all employees for approved breaks (United States Breastfeeding Committee, 2010).

Few modifications of the physical employment site are required, as only a private room for breast milk expression is required. Women may request a refrigerator for breast milk storage; however, breast milk can be kept at room temperature for up to 8 hours, and an insulated container with ice packs can be used to prevent spoilage (Amin, et al., 2011). The initial investment is negligible when compared with the reduction in employee tardiness and absenteeism as well as decreased healthcare costs. Support of breastfeeding mothers has benefits for everyone, not just the employee.

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## **Kathryn Harris, DNP, RN, NNP-BC**

"Validation of the Pre-Verbal Glasgow Coma Scale with Grimace Score for the 36-to-44 Weeks Gestation Infants"

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### **Abstract**

Neurological assessment in the Neonatal Intensive Care Unit (NICU) is challenging and lacks a validated, standardized neurological assessment tool (Caesar et al., 2016). The proof of principle project compared two pre-verbal Pediatric Glasgow Coma Scales (pGCS) in four critically ill infants between 36-and-44 weeks gestation to determine if a pGCS grimace tool provided an accurate assessment when compared to the standard pGCS tool. Infants were assessed once in a side-by-side blinded approach, videotaped, and scored; the scores were compared to the medical chart data. The grimace tool provided an accurate, comparable assessment and was not affected by the infant's condition or support level.

### **Introduction**

Neurological injury can occur at any age and can have life-long impacts, including infants. Newborn infants that are less than one month of age are at higher risk of brain injury because of a lack of brain maturation, premature physiology, and exposure to antenatal, perinatal, birth risk factors, or trauma (Spittle et al., 2014). NICU nurses need an accurate neurological assessment tool that targets these critically ill near-term infants to provide the best care and outcomes. The project compared two pGCS tools and attempted to validate their use in this population. The tools differed in the verbal response component of the pGCS; the grimace tool assessed facial expressions rather than a verbal response. Critically ill newborns may not be able to respond verbally resulting in a lower pGCS score. The grimace tool may provide a more complete assessment that accurately captures the neurological behaviors for this population.

### **Abbreviated Literature Review**

The Glasgow Coma Scale is one of the most common neurological assessment tools across all age groups (James & Trauner, 1985; Rowley & Fielding, 1991; Rutledge et al., 1996; Buechler et al., 1998). The scale encompasses four components, pupil assessment, eye opening, and motor and verbal responses that highlight subtle changes in neurological status that help predict outcomes for brain-injured patients (Cohen, 2009; Kirschen et al., 2019). Literature in the neonatal population is limited and focuses on developmental outcomes rather than acute neurological assessments (Majnemer & Mazer, 1998; Gardner et al., 1990). The preponderance of the literature looked at brain injury, coma and neurological assessment in older infants and children or looked at preterm infants less than 30 weeks gestation. The validated, standard pGCS pre-verbal tool targets infants at least one month of age (Worrall, 2004; Christensen, 2018; Das et al., 2018). The near-term infant demonstrates signs of neurological change similar to the older infants. Critically ill NICU infants cannot always make a verbal response leading to an incomplete, lower pGCS score that might not be accurate. The grimace tool completes an accurate assessment using a facial grimace for the verbal response (Tatman et al., 1997).

## **Methodology**

The study was a quantitative, prospective observational study in a convenience sample of infants at risk of neurological injury that may have occurred before, during or immediately after birth. This was a proof of principle project examining the use of two pre-verbal pGCS tools in four infants between 36- and 44-weeks gestation in critical condition in the NICU to determine if the pGCS grimace score adequately assessed the neurological status of these infants. The intended sample size was decreased because of research restrictions secondary to the COVID-19 pandemic. The infants were assessed by the investigator and a bedside nurse utilizing both neurological tools in a side-by-side blinded manner once during their NICU stay. A video of the examinations provided a third assessment of each infant. The pGCS grimace tool scores were compared directly to the standard pGCS scores. The medical neurological assessment of the infant was reviewed following the clinical examination. The scores were compiled for each component and then as total scores for each examination including the video review. The study determined the accuracy of the neurological assessment, the comparison of the assessors, and whether the results demonstrated any difference in the two tools.

## **Results**

The analysis ensured the tools quantified the target measurements, showed consistency between multiple users, and whether the tests were interchangeable (B. Kuzeljevic & M. Irvine, personal communication, September 30, 2019). Neither tool was validated for the target population. The statistical analysis utilized Cronbach alpha coefficients to assess the investigators, each subscale, and the total score. The video could not show the pupil size and reaction, so this component was excluded. The total coefficient demonstrated consistency among the assessors. The tools were compared and analyzed using Pearson's  $r$  correlation but did not reach statistical significance for the verbal and grimace subscores. There was a strong, significant correlation between the total scores. The Wilcoxon rank test demonstrated a statistically significant trend supporting the use of either tool but suggested that the grimace tool tended toward a better evaluation of these infants and supported the use of the grimace tool.

## **Conclusions**

Critically ill infants benefitted from this project. The study demonstrated that the grimace tool accurately assessed the critically ill near-term infant in the NICU even when the infant was on medical support. The pGCS grimace reached statistical significance as a reliable, timely neurological assessment tool. The standard pGCS also provided an accurate assessment, but it was limited when the infant could not respond with a verbal response. The study size was extremely small because of the COVID restrictions. The study results would have been more robust with a larger sample size. Several families did not consent to the study because they felt their critically ill infant would deteriorate because of the exam. This assessment is currently not a routine assessment for this population in the NICU. The use of this neurological assessment would improve the care of the neurologically at-risk, near-term infant, would provide a valuable tool for timely recognition and treatment of these infants. This study could be adapted into a quality improvement project to obtain more data and refine the use of the grimace pGCS tool. This tool could change outcomes for NICU infants and their families and should be introduced as a standard of care.

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## **Pamela Diana Manning, DNP, MSN, RN, APRN, AGNP-BC**

"Health Implications of Nurse Burnout and the Interventions"

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### **Abstract**

An abundance of studies has reported how nurse burnout is negatively impacting the nursing profession. Unfortunately, there are abundant amounts of research articles providing the results of burnout in nurses; however, nurses are unaware or lack the belief they may be suffering from the consequences of burnout. This quantitative study was done with nurses working the last 30-days in Florida to determine burnout among nurses using a quasi-experimental design. The study utilized the PSS and the HINBI pre-test and a post-test survey tool, which resulted in 48% of nurses reported suffering from burnout.

### **Introduction**

Costa and Moss (2018) reported 80 percent of the nurses working in intensive care units have suffered from burnout, while Davidson, Mendis, Stuck, DeMichele, and Zisook (2018) listed over 300 nurses who committed suicide within the last six years due to burnout. Berg (2019) wrote how nurses are suffering from prolonged stressors in the workplace, resulting in feeling depleted of energy. Working in an acute care setting, such as hospitals, provides the perfect opportunity for a heightened stress level over a prolonged time, which places a nurse at risk of burnout, compassion fatigue, chronic medical conditions, and inadequate patient care (Shoji et al., 2015). Although research supports having a multitude of interventions, there is a gap seen in making interventions available to nurses (Costa & Moss, 2018).

### **Research Question**

Does watching a four-minute interventional video help to identify and reduce burnout in nurses working in Florida over a period of 30 days?

### **Literature Review**

The themes reviewed were burnout and job abandonment, burnout and chronic medical conditions, burnout and patient care, and the interventions for reducing burnout.

#### **Burnout and Job Abandonment**

Billions of employees' callouts from work due to burnout; it is listed in the top three reasons why someone calls out at work, costing employers as much as eight million dollars annually (The high cost of nurse turnover, 2016).

#### **Burnout and Chronic Medical Conditions**

Cocker and Joss (2016) looked at 10 studies and found burnout to be related to caregivers developing compassion fatigue in which the caregiver describes feeling drained, physically depleted, and emotionally derailed, including post-traumatic stress disorder (PTSD).

### Burnout and Patient Care

Russell (2015) completed a quantitative study of 61 oncology nurses to determine if inadequate patient care is a factor of nurses feeling burnout, and the study found conclusive evidence to support the claim when nurses are emotionally exhausted and depersonalized, uncompassionate care is delivered.

### Interventions for Reducing Burnout

Poulsen, Sharpley, Baumann, Henderson, & Poulsen (2015) conducted a randomized control trial of oncology nurses and radiation therapists having difficulties sleeping and found both nurses and therapists were no longer having difficulty sleeping after participating in a one-day workshop.

### **Methodology**

This quantitative study occurred using a quasi-experimental design, including the Perceived Stress Scale (PSS) by Sheldon Cohen and the newly developed Health Implication of Nurse Burnout and Intervention (HINBI) pre-test and a post-test survey tool, which accessed changes between the dependent variables (burnout, nurses, and intervention) and the independent variables (age, gender, length of service, chronic medical issues, and education level). The nursing population consisted of 300,000 and a sample was selected using a 5% margin of error, 95% confidence level, and a sample proportion of 50%, resulting in the sample size of nurses in this study (n=384). Nine thousand four hundred eighty-three Floridian nurses were invited to participate in this study. Of the 9,483 invited, 2,965 participants opened the study but only 271 did the pre-intervention study. The follow-up survey post-intervention had 104 participants completing the entire study. Between the pre-test and the post-test, nurses participated in the intervention, which was to watch a video about burnout.

Table 1: HINBI (Pre-Test) Demographics

Variable	Category	<i>n</i>	%
Age	18-25	5	45.45
	26-35	14	33.33
	36-45	20	31.25
	46-55	24	33.80
	55+	41	33.88
Gender	Male	13	12.87
	Female	88	87.13
Length of employment	0-1	0	0.00
	2-10	27	26.21
	11-20	23	22.33
	21-30	25	24.27
	30+	28	27.18
Chronic medical conditions	0-1	40	50
	2-3	31	38.75
	4 or more	9	11.25

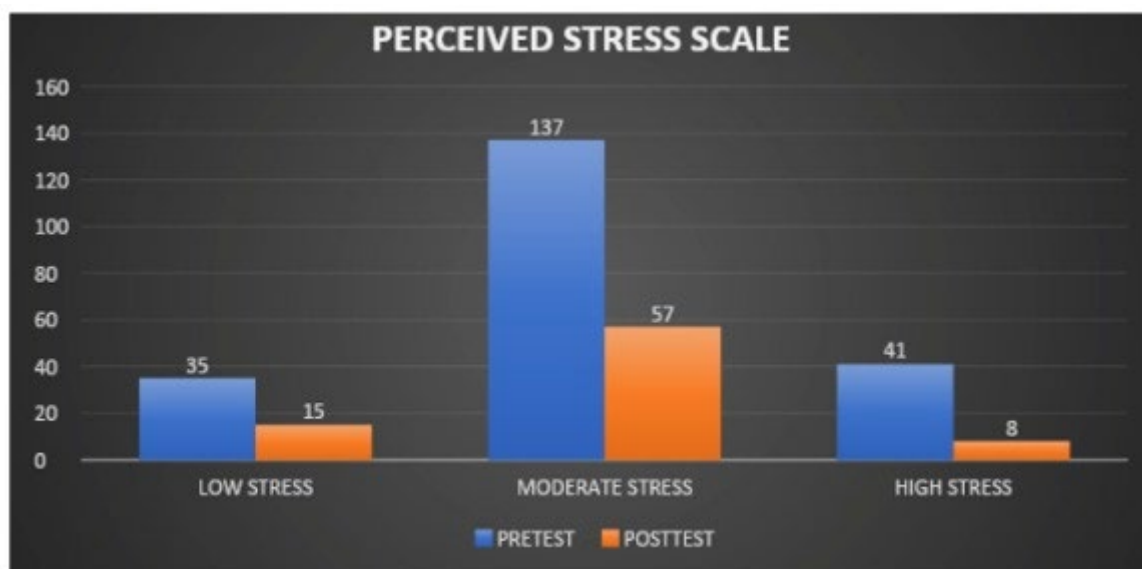


Table 2: HINBI (Post-Test) Demographics

Variable	Category	<i>n</i>	%
Age	18-25	5	45.45
	26-35	14	33.33
	36-45	20	31.25
	46-55	24	33.80
	55+	41	33.88
Gender	Male	13	12.87
	Female	88	87.13
Length of employment	0-1	0	0.00
	2-10	27	26.21
	11-20	23	22.33
	21-30	25	24.27
	30+	28	27.18
Chronic medical conditions	0-1	40	50
	2-3	31	38.75
	4 or more	9	11.25

## Results

To test reliability, Cronbach's  $\alpha$  for Perceived Stress Scale was used ( $\alpha = .876$ ) which showed to be highly reliable or a close relationship among the nurses completing the study. Burnout of nurses was compared before and after the intervention had a mean and p-value of 2.25 and .001, respectively. Upon review of the results, 80 (42%) participants had lower scores in the PSS's moderate stress level after the video intervention, and 33 (20%) participants saw reduced stress in the highest stress level category. A reduced score on the PSS indicated a decrease in overall perceived stress over the participants in the 30-days preceding this study. The study also showed nurses working in Florida in the preceding 30-days leading to this research were excessively stressed and inadequately coping; however, improvement was seen when compared the pre-study against to post-intervention. The nurse was able to recognize the implications of burnout and the tools available to eliminate or reduce burnout.



## **Conclusions**

Work stressors could negatively impact nurses' health, well-being and the care delivered to patients. Policymakers must develop and fund digital-based tools to relieve workplace stress and provide mandatory training on the implications of burnout in the health industry along with the interventions that can be utilized to reduce stress while working in stressful environments. Statistical analysis was performed to evaluate the effectiveness of using a video to deliver the perceived threats and the nurse's response to stress. The results revealed that the video intervention reduced the stress levels in the participants over 30-days; however, more resources are needed to implement the changes globally.

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## **Shari Hammer, DNP, RN-BC**

### **“Virtual Simulation as an Option for Accelerated BSN Mental Health Students”**

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#### **Abstract**

Care of patients with mental illness can produce anxiety in students. This qualitative, phenomenological study shows that virtual simulation is a viable option for decreasing anxiety and increasing Accelerated BSN students' confidence. The study involved eleven (N = 11) ABSN students enrolled in a mental health course. Students participating in a virtual simulation were given a Likert and open-ended questionnaire to provide insight into their lived experiences. Results were favorable and showed an increase in confidence and readiness for clinical experience. However, mixed results regarding decreased anxiety were seen (Hammer, 2020).

#### **Introduction**

Simulation has been used for many years in nursing (Aebersold, 2018; Hammer, 2020). Virtual simulation has transformed and expanded the delivery of education in nursing (Aebersold, 2018; Hammer, 2020). This DNP project explored the use of virtual simulation for an Accelerated BSN mental health course and whether it decreased anxiety and increased confidence in preparation for clinical experiences (Hammer, 2020). The NLN Jeffries Simulation Framework provided the theoretical foundation (Hammer, 2020; Jeffries, 2012). The learner-centered framework emphasized confidence, fidelity, and satisfaction (Hammer, 2020; Jeffries, 2016). A qualitative study was chosen because the project's purpose was to determine lived experiences of mental health students after completing a virtual simulation (Hammer, 2020). The DNP Essentials were met in the study project (Hammer, 2020).

#### **Research Question**

The following question was addressed: Is virtual simulation an effective option for increasing confidence and decreasing anxiety in the Accelerated BSN mental health student population?

#### **Abbreviated Literature Review**

The literature search produced many relevant findings for virtual simulation. An Australian qualitative study found that empathy can improve after a mental health simulation, especially in higher fidelity simulations (Alexander et al., 2018; Hammer, 2020). A Canadian study provided evidence that a lack of clinical sites and instructors was a significant reason for the addition of simulations using realistic, high-fidelity experiences (Hall, 2017; Hammer, 2020; Lane et al., 2017). Studies have also shown that simulation can teach students prioritization skills (Hammer, 2020; Harder et al., 2019). A randomized study (N = 54) demonstrated that stress and incompetence evident before simulation improved after simulation (Boostel et al.; Hammer, 2020). Hollenbach (2016) found in BSN students that anxiety was reduced after simulation (Hammer, 2020). A usability study was done using a virtual mental health simulation, *Virtual Healthcare Experience* (VHE), in Canada and was deemed reliable (Hammer, 2020; Verkuyl et al., 2018). Lehr and Kaplan (2013) also studied

mental health students and found an anxiety decrease from 28 to 7 percent after simulation and subsequent debriefing (Hammer, 2020). Numerous other studies were reviewed, and the main points derived include the importance of pre-and debriefing, preparation, and facilitator expertise (Hammer, 2020).

## **Methodology**

### Sample Studied

The study sample involved eleven Accelerated pre-licensure BSN mental health students using a convenience sample (Hammer, 2020). The setting was at a Midwestern university (Hammer, 2020).

### Design of Study

A qualitative, phenomenological study was done. The participants completed a mental health virtual simulation experience. The product used for the study was the *Virtual Healthcare Experience* (VHE) by Daria Romaniuk (Hammer, 2020; Verkuyl et al., 2019). The pre-briefing, simulation and debriefing were given to the participants (Hammer, 2020).

### Dependent/Independent Variables

The use of virtual simulation was the dependent variable. The independent variables were anxiety and confidence levels among ABSN mental health students.

### Instrument Used

The instrument used was the *Student Satisfaction and Self-Confidence in Learning* questionnaire (Hammer, 2020; National League for Nursing, 2019). The instrument was relevant for capturing the “lived experience” of the student and was tested for validity (Hammer, 2020; National League for Nursing, 2019). The original questionnaire was deemed reliable after testing (Hammer, 2020; National League for Nursing, 2019).

### Datasets Collected

Data were collected from ten Likert-style questions (Hammer, 2020). The two open-ended questions about the participants’ feelings before and after the virtual simulation were analyzed (Hammer, 2020). Themes were identified and color-coded (Hammer, 2020).

## **Results**

The following themes were noted from the open-ended questions regarding feelings after the simulation: better communication, confidence, preparation, readiness, and lack of readiness (Hammer, 2020). Participants felt more confident, ready, and prepared for clinical, with one stating a lack of readiness. One participant declined to answer the open-ended question (Hammer, 2020).

### Statistical Analyses

The study's findings from the Likert questions, using SPSS, determined that 18.2% strongly agreed, and 45.5% agreed that their confidence increased after the simulation (Hammer, 2020). Regarding whether simulation was helpful, effective, and motivating, 27.3% agreed, and 72.7% strongly agreed in the questionnaire, supporting previous studies. The study found mixed results in the anxiety levels after the simulation (Hammer, 2020). Over thirty-six percent of participants indicated that they were anxious before the simulation (Hammer, 2020). After the simulation, 18.2% were less anxious for clinical, and 36.4% were both undecided (Hammer, 2020).

## **Conclusions**

The study results determined that the virtual simulation was an effective and motivating experience, which also facilitated learning in ABSN mental health nursing students (Hammer, 2020). The anticipated outcomes from the project study were increased confidence and readiness for the clinical experience and a decrease in anxiety levels from the clinical experience (Hammer, 2020). The study found mixed results regarding anxiety levels after completing the simulation (Hammer, 2020). The nursing implications were significant in determining adequate preparation for training nurses in working with mentally ill patients. An unexpected contribution occurred due to the pandemic and increased demand for simulations due to clinical site closures (Hammer, 2020).

## **Questions Unanswered & Future Explorations**

The knowledge gap identified in the literature search and the results of this small sample size necessitates further study (Hammer, 2020). Additional research is recommended using a larger sample size and possibly a mixed method to investigate anxiety levels before and after simulations in mental health nursing. Other research possibilities include comparing Accelerated BSN with traditional BSN students, exploring other specialties in nursing, and comparing various simulation fidelities.

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## **Jennifer Palanci, RN, BSN, BC, LMT**

"Excerpts of Healthy Boundaries Relationship Model"

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### **Abstract**

Excerpts of Healthy Boundaries Relationship Model is a discussion about the dynamics of emotional affairs and methods to protect your marriage from unhealthy influences. Emotional affairs are not widely acknowledged compared to sexual affairs; yet, can easily ruin the best of any marriage. This article addresses couples with insight into the importance of understanding and exercising healthy boundaries, along with identifying ploys from manipulative people, what an emotional affair looks like, and guidelines to help couples protect and/or restore their marriage.

### **Excerpt From Healthy Boundaries Relationship Model**

Healthy Boundaries Relationship Model (Palanci, 2020a) is a relationship model that outlines healthy boundaries for couples in a marriage or committed relationship. There are many variations of boundaries a couple may decide upon, with compelling reasons why a couple should set boundaries regarding opposite-sex friends, or any third-party person who may pose as a romantic threat.

Questions about the development of these third-party relationships lie in the mystery of why do emotional affairs occur? If the third-party relationship is platonic, why worry about it? If your spouse is emotionally involved with someone outside of your marriage, but not sexually, is this considered unfaithful? And, is this relationship triangle fair to all three?

These questions arise from the hypotheses that a third-party relationship, which becomes emotionally involved, oversteps the emotional boundaries within a marriage causing questions of trust disrupting equilibrium of the marriage. Secondly, no one is immune to the effect of influence. Anyone lacking awareness of boundaries can fall prey to an emotional affair. And thirdly, the outcome of the relationship triangle ultimately creates an incomplete relationship for all three parties.

Emotional affairs are often hidden in the disguise of friendship status, leaving them hard to identify. The terms, 'third-party friend, third-party relationship, third-party person or intruder' refers to a relationship outside the marital relationship with the pretense of friendship. The terms, 'marriage/loved one/spouse,' are terms that apply to any committed loving relationship between two adult people (Palanci, 2020b).

### **What is an Emotional Affair?**

An emotional affair is when one spouse becomes emotionally involved with the third-party person outside of the marriage (Palanci, 2020b). Their emotional investment with them exceeds emotional energy placed into their marriage (Stritif, 2019). The third-party person becomes an emotional anchor for the participating spouse, as well as their confidant, trusted advisor, their go to person for their personal and emotional needs. The participating spouse can become emotionally enmeshed in the relationship to a degree of emotional dependency

with unhealthy co-dependent behaviors reflective of emotional addiction (Carder, 2018).

### **What is a Boundary?**

There are many types of boundaries in our lives. They are reflective of our values and are carried out by our behavior. Boundaries gauge the limit of what we will and will not accept, and what we will and will not do. Boundaries vary in every relationship. Boundaries in marriage provide guidelines for how you will conduct yourselves when you are together, or apart. Boundaries support trust and emotional safety in your relationship (Palanci, 2020b). This discussion focuses on the emotional boundary.

### **What are the Risks?**

In 2020, 25% of marriages, and 40% of couples in a committed relationship were affected by a sexual affair (Admin, 2021). When it comes to emotional affairs, men are more likely to be involved in an emotional affair than women. Without sexual consummation, men are also then, the quickest to deny their emotional involvement. Men tend to downplay the issue as insignificant, while women express more concern about their man being involved in an emotional affair (Dashnaw, 2020). Regardless of denial, or not, approximately 50% of emotional affairs eventually become sexual affairs (Stritof, 2019). Men are more likely to be sexually unfaithful than women. Approximately 70% of all Americans become involved in some type of an affair at least once during their marriage or committed relationship (Admin, 2021).

Many reasons can contribute to an affair. Stress and vulnerability can influence you to lower your guard without realizing it (Caston, 2017), or lose sight of your boundaries altogether. Stress and vulnerability can take control of you when you are not in control of yourself. Exercising respectful boundaries in your behavior is exercising self-control regardless of stressful circumstances (Palanci, 2020b).

### **Symptoms of an Emotional Affair**

Most emotional affairs begin with an innocent association with each other through work, school, community projects, or anything that entails a commonality for regular interaction. As the relationship evolves it becomes hidden in the disguise of work or friendship status. Over time, what started as a normal friendship becomes more involved, and private. Most often there is sharing personal problems with the third-party person, particularly private issues about the marriage. They engage in a level of co-dependency with each other sharing their personal problems, life issues, and needs, resulting in emotional distance between the marital couple. Frequent communication with the third-party person may occur throughout the day, evening, and middle of the night. Deleting text messages, emails, and phone call logs occurs when the participating spouse attempts to hide their interest in their third-party friend. Generally speaking, characteristic that include any over-involvement, and secrecy (Palanci, 2020b).

### **Why do Emotional Affairs Occur?**

There are many reasons why someone becomes involved with an emotional affair. Men are more vulnerable to engage in an emotional affair than women. They are less prepared to guard themselves against emotional involvement and tend to not recognize the warning signs of boundary violation. They do not understand the risks of emotional involvement, such as the high rate of sexual involvement that follows. 68% of men who became involved in an emotional affair, never thought ahead of time it would happen to them (Dashnaw, 2020).

Other motivating factors for emotional affairs may be low self-esteem (Glass, 2016), dissatisfaction in the marriage, stress, vulnerability, or a poor gauge of boundaries. Sometimes there is no identifiable reason, and is not reflective of their marriage. (Palanci, 2020b). Studies show that 56% of men who participated in an emotional affair were happy in their marriage before the affair began. 48 % stated they were dissatisfied in their marriage and the emotional affair swept them away (Dashnaw, 2017). Women, on the other hand, show that 66% indicated they were unhappy before their emotional affair; 34% stated they were very happy with their spouse before the affair (Dashnaw, 2017).

**Manipulation.** While some people have a poor sense of boundaries, some people know boundaries well enough to manipulate others. No one is immune to vulnerability, or the power of persuasion and influence (Sarkissian, 2017). Influence and persuasion affect us every day in advertisement, social media, work, and friends. Friends can deliberately persuade anyone into an unhealthy relationship knowing you are married. Some people have manipulative characteristics in their personalities, are not aware of it, and pull you into an inappropriate relationship unintentionally.

### **Painful Effects**

The damage occurs when the elements of secrecy and deception become apparent, violating trust within the marriage. Because the participating spouse is emotionally involved with two people, he or she is cheating him or herself from a whole-hearted loving experience with one person. The third-party person is also cheated from a whole-hearted loving experience due to the fact the participating spouse is married to someone else. The hurting spouse is also cheated from receiving wholehearted love from their loved one because their loved one is pouring energy into someone else (Palanci, 2020b).

### **The Model**

Mindful considerations are imperative for maintaining or repairing your committed loving relationship. Nothing underscores the importance of communication. Start by identifying your core values and congruent behaviors that uphold them (Palanci, 2020b). Describe how each of you put your relationship first. Consider creating a relationship notebook to jot down your thoughts. Decide where you draw the line with third-party friends (Caston, 2017).

Cultivate friends that each of you enjoys socializing with together. Always speak well of your loved one, when together, or apart. Never use a third-party friend as your personal counselor. Your committed relationship is the foundation of communication. Issues should remain with your loved one for conflict resolution, or consider a professional therapist. Be cognizant of third-party people who are overly friendly, or flirting. Ignore it, or tell them you are uncomfortable. Do not deliver overly flattering comments that may come across as flirtatious. Appropriate compliments have their natural place in their appropriate settings, so leave them there. If your spouse is uncomfortable with your third-party conversations, discontinue the communications completely. If this is not possible due to children or business, keep future correspondences open if possible, like group texts, or emails.

When out together with a group gathering and the third-party person is present, avoid private dialogue with them that excludes your partner. Include your partner on the topic of conversation. Or, avoid the third-party person altogether so you and your spouse can have a good time. Do not go out of town with the third-party person for any reason if your partner is uncomfortable. Allow the individual to make their own way, or go as a group. Make a point of including your partner as much as possible to convey openness and loyalty. Be honest with yourself, your spouse, and put your committed relationship first in thought,

words, and actions that support the integrity of your love for each other (Palanci 2020b).

## **Conclusion**

There is much to learn about the frequency of emotional affairs and the dynamics that lead up to them. Emotional injuries from an emotional affair can be just as devastating as a sexual affair because of the breach of trust. It is recommended that more research continue in the social-psychological sciences to gather qualitative data, determine a set classification of this heart-shattering relationship dynamic, identify preventative measures, and educational methods as well. The focus is to help the hurting spouse who may not understand the behaviors, feelings, and psycho-dynamics of their loved one who participates in a third-party relationship emotionally, yet, not sexually. For the spouse in question who participates in the third-party relationship, research and discussions are avenues to guide that spouse to awareness of their actions and further self-reflection. More awareness of this topic through public forums, social media, and discussion panels will provide education for the public to understand emotional affairs, third-party relationships, and preventative measures before problems occur (Palanci, 2020b).

To conclude, there are many philosophies, theories, and relationship models that emphasize techniques for putting your loving relationship first. Healthy Boundaries Relationship Model is only one perspective to do so. How you gauge your boundaries is a private decision between you and your loved one. This model provides guidance to help you define who you are as a couple, how to avoid manipulation, and how to keep your relationship happy. In any situation, however, be your best. Be wise, discerning, and put your loved one first (Palanci, 2020b).

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## **Teresa Olin, EdD, MSN, RN**

"A Comparative Analysis of Online RN-to-BSN Professors' and Students' Perceptions of Professor Teaching Philosophy and Characteristics Related to Student Success"

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### **Abstract**

With the push for Registered Nurses (RNs) to achieve higher education, accelerated online RN-to-BSN programs have increased; however, several challenges still exist (Karaman, 2011; Perfetto, 2015). Past research has shown that online faculty-student roles and relationships are more complicated (Mancuso-Murphy, 2007), students struggle with motivation, and there is a multitude of distractions (Perfetto, 2015), yet very few studies focus solely on what students need to be successful related to professors teaching philosophy and whether or not there is an alignment between professor and student on perceptions related to needs. A quantitative descriptive study was developed to explore whether or not student and professor perceptions were in alignment. The research found similar findings of both groups related to important aspects for success.

### **Introduction**

According to Munich (2014), the continual demand for nurses to gain higher education is at an all-time high; however, Registered Nurses (RNs) who are attempting to gain higher education, such as the Bachelor of Science in Nursing (BSN), report face-to-face programs difficult to return to due to challenges with work schedules and personal responsibilities. Online is seemingly more convenient, yet this method is often not easier as it requires strict personal discipline, dedication, and motivation. Studies have reported a sense of "knowing their students" is essential to meeting students' needs. Also, a teacher's immediacy of response impacts both students' success in course work and retention, while withdrawal is often due to life and work barriers and programs not meeting students' needs (Smith & Crowe, 2017; DellAntonio, 2017; Perry et al., 2008); therefore, gaining more knowledge of the alignment between faculty and student beliefs about student success factors is a critical piece in understanding how online programs can meet the needs of nursing students and serve as a framework of success.

### **Research Questions/Hypotheses**

The main research question was, "What are the similarities and differences between students' perceptions and professors' perceptions related to the professor's teaching philosophy and the characteristics impacting student success?" Additional sub-questions included, "What are online nursing students' and professors' perceptions of how the professor's teaching philosophy and personal characteristics impact the student's success? What do online nursing students and professors perceive are the essential attributes of the professors' teaching philosophy and the characteristics related to their success?"

### **Literature Review**

The topic for this study was chosen partially based on the lack of current literature found revolving around the specific construct of alignment between RN-to-BSN faculty and students' perception related to the student's success when it relates directly to teaching

characteristics and choices of the professor. Though it is clear that previous research has numerous studies on the characteristics of RN-to-BSN online students and their specific struggles within academia as well as reasons for attrition and professor role in their success, yet whether there is an alignment between student and professor perception on student needs leading to success related to the teacher's style has not been studied. The lack of research on whether or not there is a learning/support alignment process between the faculty and student signifies a need to examine the phenomenon. This study attempted to ascertain and gain knowledge on how specific support from faculty enhances students' online learning experiences and present interesting beneficial information for educators and administrators to tailor their programs to fit more appropriately with the needs of the students.

With the lack of current evidence and research on this topic, the literature review explored several facets of the RN-to-BSN online environment that included the following categories: Differences between traditional and nontraditional students, RNs returning to school, barriers to success, attrition in the online RN-to-BSN programs, and roles/relationships between faculty-student - which are all important in building literature on the main topic of the study. First, when looking at differences between traditional and nontraditional students (an important aspect since the majority of students in RN-to-BSN programs are nontraditional students and have different needs in order to be successful), Arjomandi et al. (2018) and Austin and Lockmiller's (2016) noted traditional students usually enroll full-time in a university or college immediately after completing high school, whereas the non-traditional student is known to be older than 25 years of age and, most likely, is married with families, as well as working full-time - the epitome of the online RN-to-BSN student. Both Tilly (2014) and Darney and Larwin (2018) reported non-traditional students have unique needs which impact how faculty and administrators offer advice, mentor, teach, and communicate. Then when searching out literature on why RNs return to school, several studies have been conducted with findings noting benefits such as increased knowledge and job opportunities. Nurses also report financial assistance and flexibility as being motivators for getting their BSN (Altmann, 2011; Kumar & Skrocki, 2016; Cipher et al., 2018; Harris & Burman, 2016; Sarver et al., 2015).

It is also essential to understand why these same students withdraw from online RN-to-BSN programs once enrolled. According to Seidman (2012), attrition in overall education has evolved from simply weeding out the weak to a more challenging process as colleges and universities are flooded with nontraditional students. Several studies noted the main reasons these specific students fail to complete the program and attain their degree were mostly due to commitments outside of the college environment such as imbalance of work-school-home life; however, the findings also included lack of support both in and out of the program and feelings of isolation - leading back to the importance of an alignment in perception between students and professor related to what is needed for these students to be successful (Bowman, 2008; Perry et al., 2008; Cipher et al., 2017; Girard et al., 2017; Fontaine, 2014; Kern, 2014; Kumar & Skrocki, 2016). In addition, where attrition from RN-to-BSN programs has been shown to revolve around situational realms, so do barriers to success. Though over the past decade research on barriers to success for RN-to-BSN students has vastly become available, this is not a new issue. Lengacher's (1993) study findings already showed that faculty were becoming concerned about the demands facing RNs who return to school due to the overwhelming roles they face both personally and professionally as well as academically and how they can meet these needs. Perry et al. (2008) along with several other studies noted how the same themes are common in both

attrition and barriers, with the majority falling under the umbrella of work-life-school imbalance (Hilde, 2014; Reese et al., 2018; Anbari, 2015; Sarver et al., 2015). Finally, when looking at roles and relationships between faculty and students, another essential construct for student success, Mancuso-Murphy (2007) reported how roles and relationships of faculty and students become much more diversified and complicated in online programs. Several additional studies noted how essential certain roles of faculty should be a priority such as mentoring, immediacy of feedback and communication, and connection with students (Cheek et al., 2016; DellAntonio, 2017; Cipher et al., 2018; Sailsman et al., 2018; Mancuso-Murphy, 2007).

## **Methodology**

### Sample Studied

The population for the study included RN-to-BSN online students and the professors who teach in these programs. Non-probability snowball and purposeful sampling was accomplished by locating and contacting a few key people who had access to information related to the population to help identify potential School of Nursing and RN-to-BSN program leaders in the United States and their contact/email information. The recruitment email explained who the researcher is, the purpose of the study, why they have been chosen to participate in the study, and the end date to complete the survey. The email housed the direct link to the survey in SurveyMonkey.

### Design of Study and Instrument Used

This study was not an experimental study, it was a survey to find information and correlation on the main research questions noted above. The design for this study was a quantitative non-experimental descriptive/survey using a 5-point Likert scale. The same survey was given to both groups through an electronic anonymous web-based SurveyMonkey link which was within the recruitment email. The 5-point Likert scale survey was developed following the guides of both Bubou et al. (2013) and Fishman et al. (2017), utilizing a scale of “not beneficial, beneficial, neutral, beneficial, highly beneficial” with items based on five subscales pulled from the findings of the Literature Review above as essential instructor characteristics and teaching philosophies as well as student needs that have shown to be important for student success: instruction, flexibility, communication, empathy, and grading with one optional open-ended question at the end of the survey. See Appendix A for a listing of the survey items.

### Datasets Collected

The findings were easily analyzed and separated into two distinct groups of participants using an Excel spreadsheet. Each group had a listing of the items from the questionnaire on the spreadsheet which were tallied from the survey responses. The total scores for each group on each item were computed in Excel and the percentages for each item were generated from these findings by taking the total number of respondents divided by the number after all survey answers entered.

## **Results**

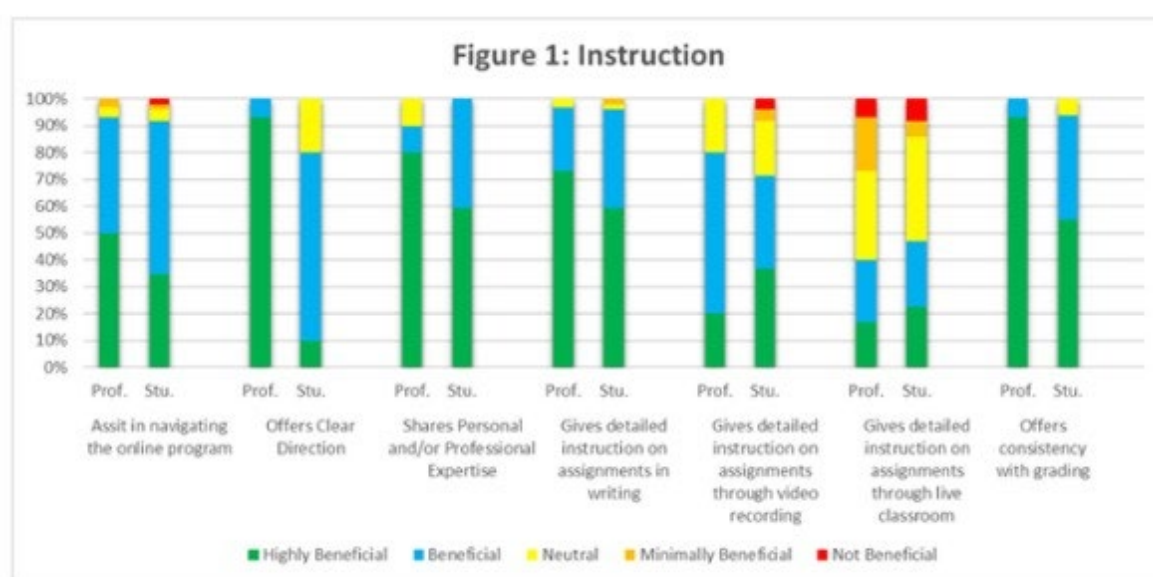
It is no surprise that online nursing programs that offer a convenient avenue for working RNs to get a higher degree are becoming increasingly popular. However, for RN-to-BSN students, though online seems more convenient, it is often not an easier academic journey due to the isolated nature and requirement for personal discipline, dedication, and self-motivation as well as difficulties with technology and challenges with finding a work-home-school balance. Studying and identifying how specific support enhances RN-to-BSN students' online learning



experiences may present interesting beneficial information for educators and administrators to tailor their programs to fit more appropriately with the needs of the students. Whether or not these students succeed often depends on the program requirements and the faculty's teaching philosophy and characteristics; therefore, it is important to investigate and compare student's and professor's perceptions on student success due to the uniqueness of online programs. The study searched to find if the success of the student is dependent on the professor's teaching philosophy and characteristics, which are essential/beneficial, and if certain aspects not only lead to success but are aligned between students and professors. The results were taken from the survey items divided into the five categories of instruction, grading, flexibility, communication, and empathy noted below in the summary text and Figures 1-5.

### Category 1: Instruction

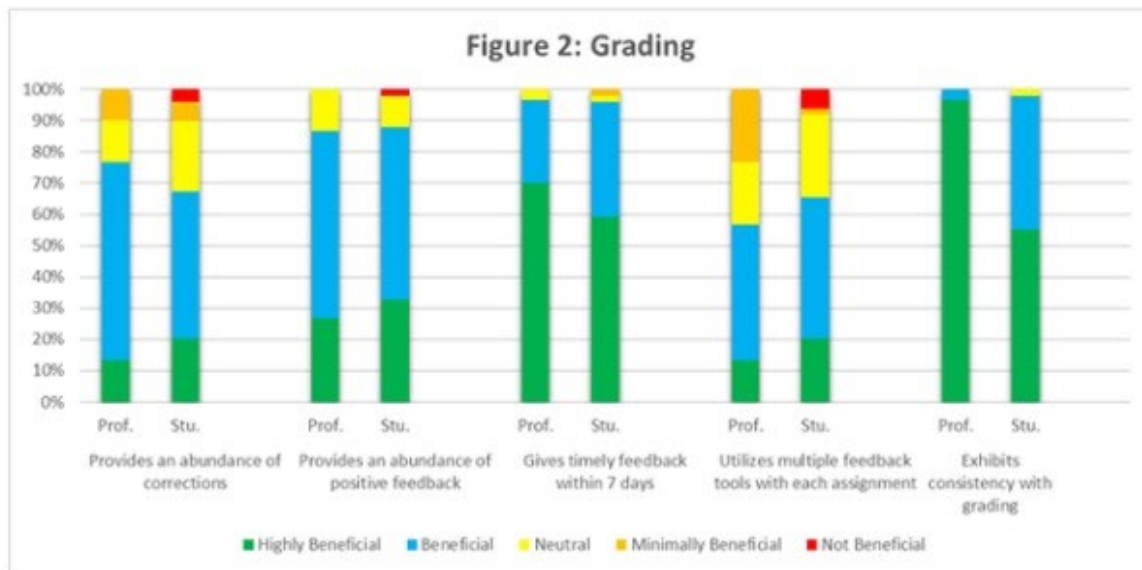
As shown in Figure 1, the category of Instruction examined items related to the importance of the professor assisting with navigation of the online program, giving clear directions, sharing expertise, giving detailed instructions on assignments (through writing, video-recording, and a live classroom), and finally, having consistency in grading.



In highlighting a few of the findings from the graph, the statement about the importance of "assisting in navigating the online program," 50% of professors noted it as highly beneficial and 43.33% as beneficial; while 57.14% of students reported the statement as beneficial and 34.69% as highly beneficial. "Offering clear directions" was marked by 93.33% of professors and 59.18% of students as highly beneficial, with one student reporting in the open-ended question portion, "It took me an entire semester to figure out how to check grades. Things that anyone presumes is common sense for an online RN-BSN nontraditional student needs to remember it is not." When looking at the type of instruction given on assignments, both students and professors noted a higher percentage of importance in "detail through writing" and less importance for instruction given "via a live classroom." Both groups were similar in alignment ratings about the importance of "consistency with grading," with 90% of professors and over 50% of students marking it as highly beneficial.

### Category 2: Grading

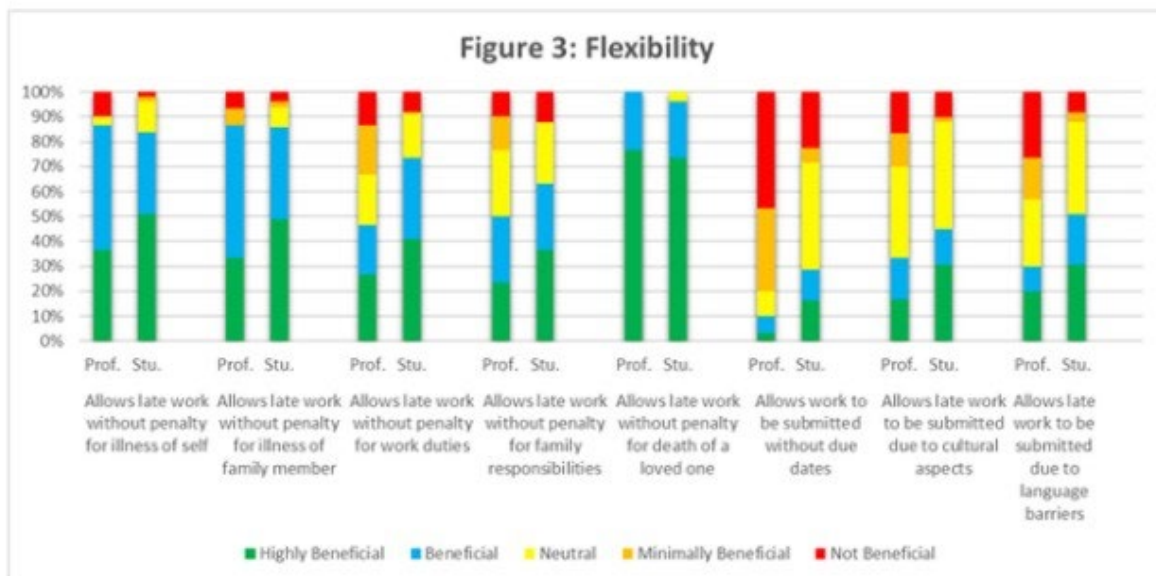
Grading (shown in Figure 2) focused on the importance of the number of corrections and amount of positive feedback offered, as well as the timeliness of feedback, usage of multiple feedback tools, and grading in a consistent manner.



As noted previously, exhibiting "consistency with grading" is essential with professors, noting it at over 90% as highly beneficial, with over 50% of students marking it as the same. "Provides an abundance of positive feedback" was reported over 50% by both groups as beneficial. One professor noted in the open-ended feedback, "I believe the RNs in the RN-BSN program are starved for recognition and support. They love the positive and supportive words I use"; while one student reported, "When a professor responds with positive feedback sandwiched with corrections but overall positive it helps with student morale. There are many external factors attributing to student success that are not always apparent. When the professor is mindful, thoughtful, and caring it helps tremendously with student success". Finally, students often need professors to give timely feedback, which also coincides with the results of this study, noting 70% of professors and 59.18% of students find it highly beneficial to give timely feedback within 7 days.

### Category 3: Flexibility

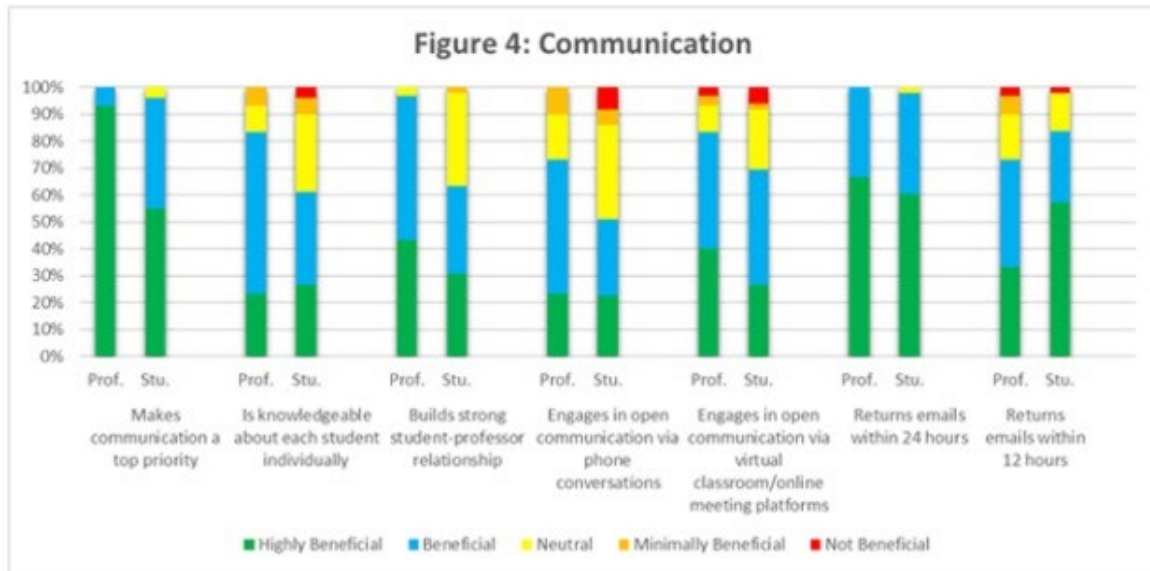
Flexibility (shown in Figure 3) has been reported in the literature review as an important characteristic among professors when it comes to online RN-to-BSN students, and this study supported these claims. The category of flexibility included items related to allowing late work for illnesses of self or family, work and family responsibilities, death of loved ones, and language and cultural differences.



When it comes to allowing late work without penalty for illness of self, three professors noted this as not beneficial, while 50% did find it beneficial; however, the majority, 51.02% of students found it highly beneficial. For allowing for the submission of late work without penalty for an illness of a family member, a high amount in both groups did find this beneficial and highly beneficial. The death of a loved one can be overwhelmingly distracting when it comes to school work and this study showed that both groups were in agreement, with 76.67% of professors and 73.47% of students found it highly beneficial to allow late work without penalty for this reason. When it came to allowing work to be submitted without due dates, one professor expressed, “I think there must be a balance between professors being flexible/understanding and holding students accountable and providing a rigorous curriculum”; while two students noted, the importance of a professor's flexibility with a student turning in assignments due to a different work schedule. For example, some students reported, “I am off work on Mondays, this would have been a better day, for me, to turn in homework,” and, “Students need understanding from professors as many students have families, work, are in school and have other responsibilities. Rigidity is not necessary in most cases.”

#### Category 4: Communication

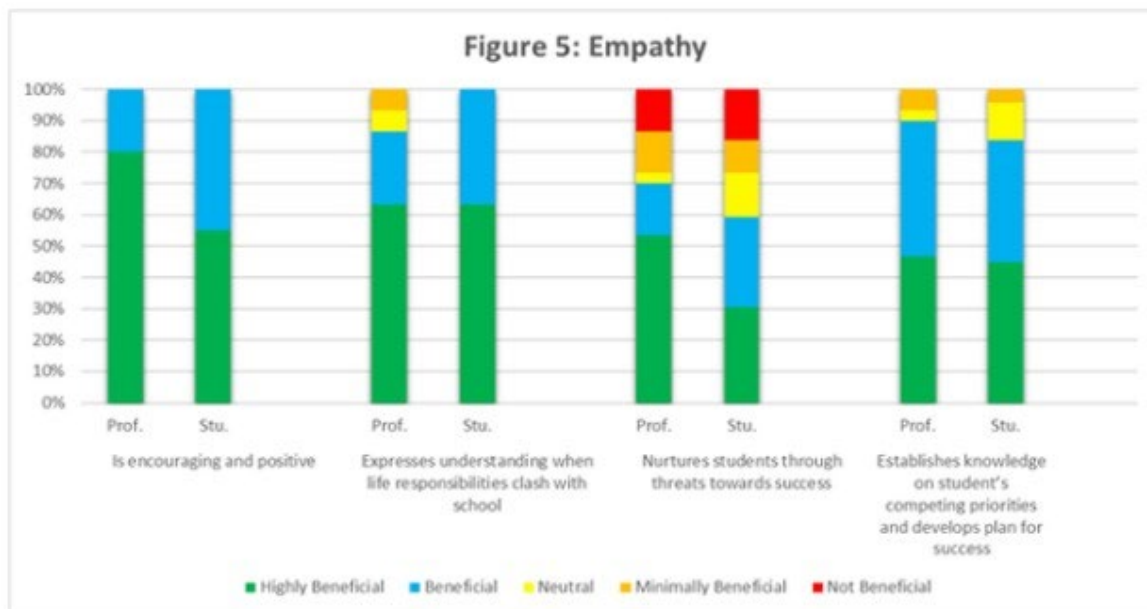
Communication is often high on the list of essential characteristics for online professors related to student success. As shown in Figure 4, communication pertains to the priority level of communication and relationships with students, how communication is handled, and the timeline of communication.



The survey statement, "makes communication a top priority," was reported by both groups as imperative for student success with almost all of the professors (93.33%) and over half of the students (55.10%) reporting it is as highly beneficial, while "gaining knowledge about each individual student" was not seen as an important variable for student success. The survey item about the importance of "building a strong student-professor relationship" brought on mixed messages from the groups, with 34.69% of students feeling neutral about whether it was beneficial for their success; however, professors felt a higher level of importance to make this a priority (43.33% noted it as highly beneficial). Finally, with email being the number one avenue for communication between students and professors in the online environment, the study reiterated the importance of this method of communication (66.67% of professors and 59.18% of students found email communication as highly beneficial to their success). However, the study revealed some differences in the importance of the timeliness of the email return. Both students and professors reported it is essential to return emails within 24 hours; yet when asked about a 12-hour return rate, students responded similarly with 57.14% noting it as highly beneficial; yet, professors reported a lower rating for highly beneficial (33.33%).

#### Category 5: Empathy

Empathy (shown in Figure 5) included constructs related to "encouragement and positivity, understanding, nurturing through hardships, and acknowledgment with developing a plan for success." Empathy, in the form of understanding and encouragement from the professor, was found in the literature review to lead to both increased motivation and success in students, with the current study's results aligning with those previous findings.



As Perry et al. (2008) reported, attrition from online programs was most often due to life and work challenges, with programs not willing or able to match the student's personal needs. The current study echoed these findings showing over half of professors and around 30% of students noted it was important for professors to nurture students through threats and towards success. Eighty percent of professors and 55.10% of students reported "encouragement and positivity" to be highly beneficial for student success, with another 44.90% of students noting it as beneficial. When it comes to "expressing understanding when life responsibilities clash with school," both professors and students found it highly beneficial at just over 60%. And as one student reported, "Empathy that we are nurses already and most of us have families."

## Conclusions

The notion that online RN-to-BSN students find work-life-school balance a particular challenge is supported in this study and that motivating factors revolve around flexibility, understanding, effective communication, and direct clear directions. Though both professors and students reported many of the same attributes as beneficial, one exception was the type of communication. While email is a common and fast tool for communication, it is only effective when the turn-around is within a specific timeframe. In addition, the results of this study suggested professors and students had similar perceptions on what are essential attributes of the professor that will lead students toward success, yet many programs may not allow professors to create such an environment due to strict policy rules. There is no data in this study that showed whether or not these practices were in place at the time the participants completed the survey; therefore, it is important for both programs and professors to acknowledge the findings and make necessary changes in order to increase the success rate of these students through appropriate policy. Furthermore, while the study provided data related to the essential attributes and characteristics that professors possess that lead online RN-to-BSN students towards success, there was no ability to pull information related to differences in demographics such as age, culture, gender, and geographical areas. Gaining this data in the future could offer a more in-depth look at specific student needs.

Recommendations for future practice would be to promote programs becoming more invested in student success and having an understanding of how the student's basic needs are being met through a multi-departmental system of checks and balances on student

progression. Secondly, life situations often disrupt the trajectory of a student's academic plan, making it essential for programs and professors to help students through hardships/challenges/threats and towards success via flexible policies. Finally, there needs to be a move towards a more holistic outlook on how to manage RN-to-BSN programs with both 'communication' and 'teacher-student relationship' policies incorporated at the time of faculty hire and implemented throughout new orientation and training. The findings of this study can be used to help online RN-to-BSN program developers and professors design strategic avenues to implement a more holistic-based educational journey that aligns with the needs of the students in order to fulfill not only the goal of higher education but also allows students to accomplish it in a manner which balances with work and life responsibilities.

## **Appendix A- Copy of Survey Prompts and Rating Scale**

Directions to Participant: As you consider each category and the items below on certain professor characteristics and teaching philosophies, think about whether it is a necessary and an essential attribute to online RN-to-BSN student success and how beneficial each item is related to student success. (Based on a scale of "Not Beneficial, Minimally Beneficial, Neutral, Beneficial, Highly Beneficial")

### **Instruction**

1. Assists in navigating the online program
2. Offers clear direction and expectations
3. Shares personal and/or professional expertise
4. Gives detailed instruction on assignments in writing
5. Gives detailed instruction on assignments through video recording
6. Gives detailed instruction on assignments through live classroom
7. Offers consistency with grading

### **Grading**

8. Provides an abundance of corrections
9. Provides an abundance of positive feedback
10. Gives timely feedback within 7 days
11. Utilizes multiple feedback tools with each assignment
12. Exhibits consistency with grading

### **Flexibility**

13. Allows late work without penalty for illness of self
14. Allows late work without penalty for illness of family member
15. Allows late work without penalty for work duties
16. Allows late work without penalty for family responsibilities
17. Allows late work without penalty for death of a loved one
18. Allows work to be submitted without due dates
19. Allows late work to be submitted due to cultural aspects
20. Allows late work to be submitted due to language barriers

### **Communication**

21. Makes communication a top priority
22. Is knowledgeable about each student individually
23. Builds strong student-professor relationship
24. Engages in open communication via phone conversations
25. Engages in open communication via virtual classroom/online meeting platforms
26. Returns emails within 24 hours
27. Returns emails within 12 hours

### **Empathy**

28. Is encouraging and positive
29. Expresses understanding when life responsibilities clash with school
30. Nurtures students through threats towards success
31. Establishes knowledge on student's competing priorities and develops plan for success

**Open-Ended Question:** Share any additional information on what RN-to-BSN students need to be successful, related to professor characteristics and teaching philosophy.

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## Field of Education

The field of Education prepares educators at all levels from preschool to the university.



## **Elizabeth Filippatos, EdD**

"A Phenomenological Study on the Experiences of Gen Y Teachers with Supervision"

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### **Abstract**

This study advances understanding of the supervisory needs of Generation Y teachers, specifically to remediate the increasing rate of teacher attrition in schools across the nation. Findings from the research have been organized into four major themes: emotional attributes of supervision, Gen Y teacher's need for professional and personal growth, individualized supervision related to motivation and discouragement, and burnout. Conclusions drawn from the research suggest opportunities for positive change in the supervisory practices at public schools. By adopting more individualized, flexible policies that promote growth and allow for promotion opportunities, the high rates of attrition for Gen Y teachers can be reversed.

### **Introduction**

Every year school districts recruit and train new teachers to provide education to students. Recently, two factors have influenced this cycle. First, the pool of new teachers entering the profession has diminished in size and second, the number of newly hired teachers leaving the profession has increased (Sutcher, Darling-Hammond, & Carver-Thomas, 2016). These factors have caused urban school districts challenges in maintaining a qualified and well-trained staff of educators. Complicating this issue is the type of educator joining the profession. The majority of newly hired teachers are Generation Y (Gen Y) born between 1977 and 1999. As a generational cohort, Gen Y's have different expectations and different needs from previous generations before them (Vanmeter et al., 2013). Current supervisory practices reflect a discrepancy in meeting the supervisory needs of the Gen Y educators, resulting in a high rate of teacher turnover. For students, the consequence of high educator turnover rates is the inconsistent delivery of instruction. The educational variable that is correlated highest with student success is effective teaching (Marzano, 2010). This research study investigated the relationships that Gen Y educators have with their supervisors in order to better understand how to reduce teacher turnover and, in turn, increase student achievement.

### **Research Questions**

1. What are the lived experiences of Gen Y public-school teachers, with individualized support from school and district human relations management and leadership?
2. What are the lived experiences of Gen Y public-school teachers with school leadership and district human relations management that contribute to burnout?

### **Literature Review**

The unique motivation of Gen Y individuals has been examined in the literature. The Gen Y cohort represents the next bulge in North America's population pyramid (Fry, 2018). As soon as Gen Y individuals began entering the professional world, employers remarked that their work habits were different from the generation before them (Lloyd & Harris, 2007). Lloyd and Harris predicted that employers would need to study the habits of Gen Y

individuals and adapt recruitment and retention policies to reflect new characteristics.

The second area of review was research on teacher supervision in the era of teacher accountability. Zepeda and Ponticell (1998) chronicled the evolution of teacher supervision as a journey from prescriptive instructions to what is now known as a collaborative approach. Principals were viewed as the superior experts that used observations as discrete interventions designed for teachers who were seen as deficient and in need of improvement (Zepeda & Ponticell, 1998). In 2001 the goal of teacher supervision changed when The No Child Left Behind Act of 2001 (Pub. L. 107-110, NCLB) revised the Elementary and Secondary Education Act of 1965 and shifted the focus of teacher supervision from the professional improvement practices listed above to a focus on teacher accountability for student achievement. Bates and Burbank (2008) described the tenets of NCLB as establishing standards for the evaluation of children in K-12 classrooms and the evaluation the educators working with the children as the new standard for measurement. With the teacher accountability of NCLB, student achievement was now tied to teachers' actions and the face of teacher supervision evolved.

The third area of literature review was the impact of teacher attrition. Each year, for a multitude of reasons, tens of thousands of teachers leave their current school to work at another school or leave the profession of teaching entirely to work in occupations outside of teaching (Kelly, 2004). Researchers have identified teacher attrition as one of the most important variables contributing to the quality of education. While the exact number of current teachers leaving education each year is not known, some researchers estimate that up to 16% of public-school teachers may leave their schools every year, some of whom move to a different school, but many of whom leave the profession entirely (Harris et al., 2019). Historically, teachers considered many factors in their decision to leave the profession, but recent research has determined that workplace conditions are the most influential variable for teachers who leave (Harris).

Gen Y teachers now represent the majority generational cohort of educators in our public schools (Paufler & Clark, 2019). Despite the known link between effective teacher supervision and teacher retention, efforts have not been made to adjust supervisory practices to meet the needs of Gen Y teachers (Melchiorre, 2016). As a result of the review of the literature, this research sought to build on the tenets of Human Relations Management Theory to fill the gap in knowledge that integrates an understanding of Gen Y individuals and with the professional responsibilities of teachers in public schools.

### **Research Methodology**

Qualitative research is defined as an iterative process in which improved understanding is achieved by making new unique statements as a result of getting closer to the phenomenon studied (Aspers & Corte, 2019). To investigate the lived experience of Generation Y teachers, this study used a qualitative phenomenological methodology. Interviewing 15 current Gen Y teachers from a public school in New Jersey provided insight into the supervisory needs of the Gen Y teachers. Exploring the specific experiences of the Gen Y teachers allowed for the collection of detailed information pertaining to the research questions. Overall, this investigative approach led to the collection of a rich body of data on the phenomenon of Gen Y teachers and their supervisory needs as it relates to Human Relations Management Theory.

The target population was 15 Gen Y teachers representing a random selection from the district's 14 schools. This sample selection was deliberate and purposeful in seeking

participants who are likely to contribute to a deeper understanding of the phenomenon (Rudestam, 2015) of Gen Y teachers and their supervisory needs. The use of purposeful sampling to seek Gen Y teachers from one school district provided information on 15 different supervisory experiences with one supervision model. Criterion sampling was employed to identify the generational cohort of Gen Y or Millennial Teachers, defined as the group of young individuals born between the years of 1977 and 1999. No other criterion, such as experience, demographic, race, educational background, or sex, was used to select the sample teachers. Random sampling was used to generate the ultimate list of participants.

The Gen Y teacher participants' answers to open-ended questions were video recorded and generated the data for this study. After the meeting, the interviews were transcribed and stored using NVivo software for qualitative research analysis. The researcher was the primary instrument for the data. After transcription, the data was analyzed using open, axial, and selective coding and themes were generated (Hsieh & Shannon, 2005). The results were compared to constructs from Elton Mayo's Human Relations Management Theory to investigate similarities and differences in the findings.

## **Results**

The data analysis of this research generated themes through open, axial, and selective coding. First it can be concluded that the Gen Y teachers' interactions with supervision created an emotional response to their experience that can be characterized as positive or negative. Elton Mayo's work in Human Relations Management Theory asserts that well supervised and emotionally supported educators will perform their professional responsibilities more effectively (Wetzel, 1929). When recalling their most recent experience, Gen Y teachers connected constructive feedback, even if the feedback pointed out a deficiency, with growth and characterized any interactions that were not structured as feedback as micromanaging and connected with a negative connotation. Personal growth is important to Gen Y teachers and was a consistent theme throughout all the interviews. Gen Y teachers' description of a positive experience with supervision connected personal growth as a teacher with a supportive administrator. Gen Y teachers' description of a negative experience with supervision was directly connected to the actions or lack of actions of an administrator.

The second theme revealed that all Gen Y teachers find both motivation and discouragement in their interactions with supervision. Only half of Gen Y teachers even requested individualized help from their administrators. More specifically, when individualized help was sought, it was to meet a specific need rather than to provide overall support for successful teaching. Overall, most Gen Y teachers found value in their experience with supervision.

A majority of the Gen Y teachers interviewed have experienced burnout during their teaching experiences. Despite the burnout, all Gen Y teachers plan to remain employed in the Plainfield Public Schools. Additionally, all of the interviewed Gen Y teachers plan to remain in the field of education with the majority of them opting for more advanced degrees to facilitate their professional growth. Leaving the classroom to pursue promotion within education was considered a normal path for the majority of the interviewed teachers. According to most of Gen Y teachers interviewed, this desire to remain in education and progress through promotions was attributed to internal motivations rather than the external support of supervision. Table 1 contains a thematic summary concluded from all interview

questions.

Table 1

*Summary of Thematic Findings from Interviews*

Summary Findings from Interviews	Data from Finding
Overall experience with supervision	Pos. (40%) Neg. (33%) Neutral (27%)
First experience with supervision was beneficial	Pos. (60%) Neg. (40%)
Recent experience with supervision was beneficial	Pos. (47%) Neg. (53%)
Positive supervision due to professional growth	Pos. (67%)
Positive supervision due to support from a supervisor	Pos. (33%)
Negative supervision due to supervisor actions	Neg. (67%)
Negative supervision due to nitpicking	Neg. (33%)
Sought and received individualized help from supervisor	Pos. (53%) Neg. (47%)
Received help from central office	Neg. (100%)
Value experiences with supervision	Pos. (80%) Neg. (20%)
Found some form of motivation in supervision	Pos. (100%)
Found some form of discouragement in supervision	Pos. (100%)
Experienced burnout from teaching	Pos. (73%) Neg. (27%)
Will remain working in The Plainfield Public Schools	Pos. (80%) Neg. (20%)
Will remain a teacher	Pos. (13%)
Will remain in field of education with advancement	Pos. (87%)
Experience with supervision significant to future plans	Pos. (33%) Neg. (77%)

## Conclusion

Successful retention of teachers is enhanced through successful supervision and support of novice educators (Marzano, 2010). The intention of this research was to describe to principals and supervisors in public schools what supervisory supports Gen Y teachers need to be successful in the classroom. Past research, like this research, has concluded that individuals in the Gen Y cohort, including teachers, have different expectations of support from their workplaces. The conclusions of this research allow for opportunities for positive change in the supervisory practices at public schools. By adopting more individualized, flexible policies that promote growth and allow for promotion opportunities, the high rates of attrition for Gen Y teachers can be reversed. As Gen Y teachers continue to grow as the largest generational cohort of teachers, school administrators can adapt to meet their needs and, in turn, students will be better served.

Future solution-focused research of a quantitative nature could delineate what potential supervisory options for supporting teachers could lessen teacher attrition over a larger sample size. Additional solution-focused research specifically tying differentiated teacher supervision to student outcomes could be helpful in emphasizing the importance of the instruction to student learning connection. Further qualitative research or mixed methods research could be done to better understand in exactly what manner, frequency, and with what significance addressing Gen Y teachers' needs will impact the teacher shortages, teacher satisfaction, and student outcomes.

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## Angela Holzer, EdD

"Fighting Human Trafficking by Better Understanding Nonprofit Collaboration"

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### Abstract

This research study examines nonprofit organizations and how collaboration plays a part in the human trafficking efforts within the United States. A descriptive study was conducted analyzing data from a quantitative, survey-based research method. Using a sample of 29 nonprofit leaders working in fighting human trafficking, data was collected on 1) what challenges nonprofits face in collaborating, 2) what technology tools nonprofits use to collaborate, and 3) how many other groups a single nonprofit works with in combating human trafficking. The findings show that the main challenges are 1) limited time, and 2) competition and/or lack of trust.

### Introduction

The following research study was undertaken to better understand the challenges nonprofit organizations face as they combat human trafficking within the United States.

### Research Questions

The following research question guided this study: What are the similarities and differences in how nonprofit organizations in the San Francisco Bay Area, California, and the Salt Lake Area, Utah, collaborate in fighting human trafficking with other nonprofits and groups in their communities?

There were also sub-research questions that continued to expand on the initial research question to better understand the workings of the collaboration that currently exists within these two areas of the United States.

- a. What are the challenges nonprofit organizations face as they make an effort to collaborate with other nonprofit organizations?
- b. What are the challenges nonprofit organizations face as they make an effort to collaborate with public or private sector groups?
- c. What technology do nonprofits currently use in collaboration?
- d. What other nonprofits and secondary groups are these nonprofit organizations collaborating with to help fight human trafficking (homelessness, foster care, addiction recover centers, law enforcement, corporations, etc.)?
- e. What similarities exist between the two communities with collaboration?
- f. What differences exist between the two communities with collaboration?

This study first established what was happening within one community, and then a comparison was made between the two communities. In making this comparison, there was a hope to see similar trends or different approaches that other communities can think about using in their own communities to fight human trafficking.

### Literature Review

There were three areas that this literature review targeted to frame this study, 1) human trafficking, 2) nonprofit sector, and 3) collaboration.

### Human Trafficking

In 2000, the United States passed the first federal law to address trafficking in persons called TVPA, the Trafficking Victims Protection Act (Vanek, 2019), and a 3P strategy (prevention, prosecution, protection) was developed (U.S. Department of State, 2019). In 2009, an additional P for partnership was added (Foot, 2016). However, collaborative partnerships between state agencies and voluntary nonprofits are minimal (JHA, 2018). There are limited studies on human trafficking (Chen & Lu, 2017), and data are sparse on human trafficking crimes (United Nations Office of Drugs and Crime, 2018). This is due to human trafficking being a hidden population, where no sampling frame exists and there is unknown data with the size and boundaries of this population (Chen & Lu, 2017). A study in 2013 showed the greatest need for victims is housing (Baker & Grover, 2013).

### Nonprofit Sector

The majority of nonprofits within the United States are small, making under a million a year (McKeever, 2016). These small nonprofits are overlooked, while larger nonprofits have more decision-making power (Proulx, Hager & Klein, 2014). Most agencies within a community responding to victims were not aware of each other and found out about each other through word of mouth (Baker & Grover, 2013). There is a gap in documentation for how nonprofits collaborate within communities (Elrod, 2015).

### Collaboration

Scholars do not agree on one definition of collaboration (Felix, 2011). There are different words that can be used to describe collaboration, such as partnerships, alliances, agreements, coalitions, and nonprofit business alliances (Rathi, Given & Forcier, 2014). Collaboration could also include sharing of resources and information (Wei-Ning & Change, 2018). Collaboration is defined in this study as "a method that can be used either formally or informally by a group of individuals who can work side by side to share concerns that can bring mutual gain" (Felix, 2011, p.14). Technology is becoming more involved with the collaboration process (Raghupathi, 2016), and is often a low-cost tool to help in sharing information and learning new things (Rathi, Given & Forcier, 2014).

### Benefits

The benefits for nonprofits to collaborate include new opportunities, new information and new social capital (Park, 2006). When collaboration increases, there can be an increase of effectiveness in outcomes (Abdulkadir, Suhariadi, Wibowo, & Hadi, 2017). Greater connections are built within a community when collaboration increases (Powell, Winfield, Schatteman, & Trusty, 2018). Collaboration also brings access to more funds and resources (Chang, Seetoo, Yu, & Cheng, 2016). Sharing of resources could involve pooling or sharing finances, skills, expertise, staffing and knowledge for a collaborative purpose (Rathi, Given, & Forcier, 2014).

### Challenges

Nonprofits experience challenges when they collaborate within their own nonprofit sector and with the public and private sectors (JHA, 2018; Chang, Seetoo, Yu, & Cheng, 2016). These challenges include having limited time and limited resources to collaborate. Nonprofits often feel a sense of competition and lack of trust with those they collaborate with. Small nonprofits face being dissolved or losing autonomy (Proulx, Hager & Klein, 2014).

## Methodology

The methodology and design of this study was a quantitative, descriptive research design that used a survey-based approach to gather the data. The sample population that was used in this research study were nonprofit organizations based in two locations within the United States. The first location was the San Francisco Bay Area in California focusing specifically on four counties: San Francisco, San Mateo, Santa Clara, and Alameda. The second location was the Salt Lake Area in Utah focusing specifically on four counties: Weber, Davis, Salt Lake, and Utah. A criteria sampling approach was used to find nonprofits who worked in the focus area of human trafficking or any related topic in three different categories; prevention, working with current victims, and aftercare services. There were 64 related NTEE codes out of the 400 codes from the IRS database that fit in the related focus areas. Out of the 36,638 nonprofits in these 8 designated counties (Table 1), only 2,015 fit in the focus areas. Another 40% were removed due to the inability to find contact information or these nonprofits no longer being in operation, leaving a total of 915 nonprofits.

**Table 1**  
*Nonprofit Sampling and Filtering Process*

States	Total # of Nonprofits in Database	% Relevant After Applying NTEE Codes	Criteria Sample	Removal of Inactive Nonprofits or No Online Presence	Final Count: Related Fields Only
UT	7,720	7%	511	361 (Removed 29%)	255
CA	28,918	5%	1,504	848 (Removed 44%)	696
<b>CA + UT</b>	<b>36,638</b>	<b>5%</b>	<b>2,015</b>	<b>1,209 (Removed 40%)</b>	<b>951</b>

The data were collected through SurveyMonkey, an online data collection tool. The variables in this study were categorical variables, allowing for different types, kinds, and elements of collaboration to be analyzed. There are five categorical variables in this study, 1) nonprofit organizations working in fighting human trafficking, 2) Location (San Francisco Bay Area, CA and Salt Lake Area, UT), 3) number of nonprofits and other groups working with (or collaborating with) a single nonprofit in fighting human trafficking in their community, 4) different technology or tools to collaborate that are being used, and 5) frequency of collaboration that is happening. Calculations were used to see the mean, median, and mode as well as chi-square test to see if there is a strong relationship between categorical variables.

## Results

There were 29 nonprofits who participated in the survey, 22 from California and seven from Utah. The California nonprofits have an even percentage of nonprofits and services in fighting human trafficking (see Figure 1), whereas Utah nonprofits lack in the areas of prevention and awareness (see Figure 2).

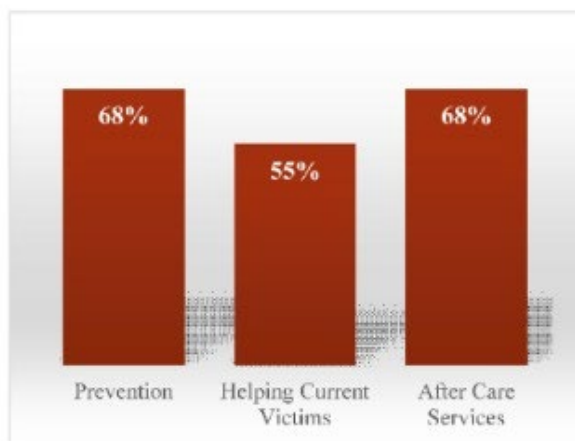


Figure 1. Percentage of California nonprofits who work in the three categories of human trafficking.

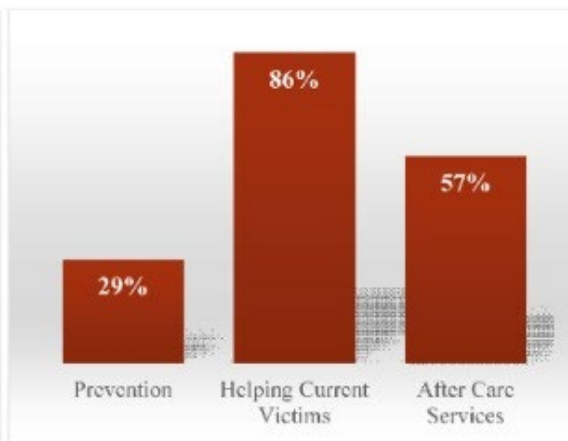


Figure 2. Percentage of Utah nonprofits who work in the three categories of human trafficking.

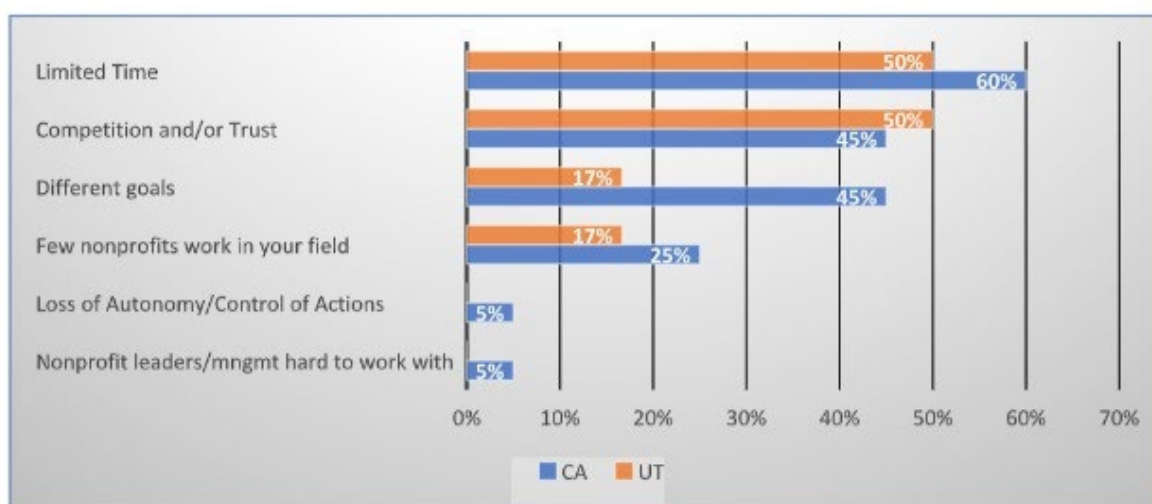
### Size of Nonprofit vs Category

In California, the smaller nonprofits take on 67% of the efforts in prevention and awareness, 67% of the efforts in working with current victims, and providing 60% of the aftercare services. The large nonprofits in Utah take on most of the effort in all three categories.

### Challenges

In California, 60% of the nonprofits stated that limited time was their number one reason they struggle to collaborate with other nonprofits. In Utah, 50% of the nonprofits indicated that limited time and competition/lack of trust with other nonprofits were the top reasons (see Figure 3). In California, most nonprofits felt they have different goals in working with other groups, while Utah shows there are few groups to work within the same space.

Figure 3- Challenges Nonprofits Face when Working with Other Nonprofits



### Technology

In California, 75% of participants stated email was the top tool they used to collaborate with other nonprofits. In Utah, 80% were most likely to use the phone when collaborating with other nonprofits.

### Collaborating Groups

Out of the 57% of the smaller nonprofits in California, the organizations that earn less than

\$50,000/year take on the majority of the collaboration. Both communities collaborated mostly with community groups, and the least amount with large corporations.

### Similarities and Differences

The similarities exist in the challenges both communities face as they collaborate. The differences exist in the tools they use to collaborate and the limited number of nonprofits working in Utah to fight human trafficking.

### Variables

Both in California and Utah, most nonprofits collaborate weekly with other nonprofits and monthly with collaborative network. The average number of other nonprofit organizations a single nonprofit collaborates with in California is 14.8. There was no significant relationship found between variables (see Table 2).

**Table 2**  
*Sample Variance: How Many Other Nonprofit Organizations Does Your Organization Collaborate with to Pursue your Mission?*

CALIFORNIA ONLY		UTAH ONLY	
Mean	14.8	Mean	22.33333333
Standard Error	2.592093241	Standard Error	8.281170073
Median	12	Median	14
Mode	20	Mode	#N/A
Standard Deviation	11.59219338	Standard Deviation	20.28464115
Sample Variance	134.3789474	Sample Variance	411.4666667
Kurtosis	3.404555163	Kurtosis	-1.894052027
Skewness	1.612693739	Skewness	0.729667182
Range	49	Range	45
Minimum	1	Minimum	5
Maximum	50	Maximum	50
Sum	296	Sum	134
Count	20	Count	6

### **Conclusion**

As nonprofits face challenges of having limited time in collaborating with other nonprofits, improving the use of technology tools needs to be addressed to improve efficiency (Proulx, Hager & Klein, 2014). Nonprofits also face feelings of competition and a lack of trust in collaborating with other nonprofits. Future research can be pursued in addressing why competition and lack of trust are present in collaboration and how to engage small nonprofits, specifically in Utah.

As communities combat human trafficking, county and statewide coalitions are formed. In California, the San Mateo County coalition services the people in their county and has an open group approach. All meetings are public, and all community members are encouraged to get involved. Utah (UTIP) has a task force to service all people in the state and has a closed group approach. Participants are approved by application and community members are not encouraged to participate without meeting the requirements established by the governing body.

Further research could be done on the benefits and struggles of different collaborative models with human trafficking task forces and coalitions, and what is the best approach to meet the needs of victims and survivors of human trafficking. This effort is “people-based”, says Sergeant Juan Reveles, who runs the Orange County Human Trafficking Task Force, one of the leading task forces in the nation (J.Reveles, personal interview, March 12, 2021). He states that it is important to learn to work together to help those victims and survivors of human trafficking.

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**"The Escalated Need for Emotional Intelligence in Principals"**

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**Abstract**

The purpose of this study was to determine whether principals' emotional intelligence, levels of toxic leadership, and school culture are predictors of teacher self-efficacy. The Covid-19 pandemic marked a challenge for educational leaders and the importance of emotional intelligence for leaders in succeeding during the pandemic. Two hundred and twenty-five surveys were given out to teachers and 202 completed surveys were returned from the respondents, a 90 percent return. The findings of this study show that School Culture and Emotional intelligence accounts for 26% of teacher self-efficacy. Toxic leadership affects negatively on 12% of teacher self-efficacy, however, it is not a key predictor.

**Introduction**

The Pandemic has devastated our world in so many ways, including a major hit to our education system; our children's future. We are in survival mode and emotional intelligence of leaders, teachers and students will be the driving force through the COVID-19 pandemic and beyond, but it begins with the leader. This article focuses on the importance of leaders' emotional intelligence and how it impacts the teacher's self-efficacy and noting that principals, having levels of toxic leadership will be devastating to the school community as they battle the challenges of the pandemic (Singh, 2017) as having noted that toxicity is destructive to an organization and affects the culture, negatively. Yale Center for Emotional Intelligence has also confirmed, through research of their own, that emotional intelligence outweighs a leader being 'stronger and smarter' and is important in a leader succeeding during the pandemic, as the need for social-emotional support and unfinished learning is addressed.

**Hypothesis/Research Question**

To what extent principals' Emotional Intelligence, levels of Toxic Leadership and School Culture predict teachers' reported Self-Efficacy?

**Abbreviated Literature Review**

An article on the pandemic toll on school leaders, mentioned when schools embed skills such as 'self-awareness, social awareness, self-management, relationship management and responsible decision-making - within the school day with fidelity, academic achievement goes up, distress goes down and school climate improves" (Brackett, Cannizzaro & Levy, 2021, p. 4). The importance of emotional intelligence and school culture on teacher self-efficacy is the pivot students need during this time to address their need for social emotional support and unfinished learning. School culture affects students' progress in the classroom today and even 100 years ago. Cohen, McCabe, Michelli, and Pickeral (2009) mentioned that 100 years ago, an educational leader wrote on how school culture "affects students and the process of learning" (as cited in Cohen et al, 2009). In addition, Habegger (2008) discussed the principal's role in creating a positive school culture, explaining that principals have many roles and responsibilities that are important, but it is imperative to have a positive school culture. The purpose of this study has been to ascertain the extent and varieties of effects with which leaders with levels of emotional intelligence and those with destructive behavior

tendencies impact their institution's school culture, and whether that impact on school culture influences teacher self-efficacy.

## Methodology

### Sample Studied

Surveys were given to 225 teachers, 202 completed surveys were returned, a 90 percent return. 202 teachers (based on a power sample formula), with K-12 schools in the New York City Department of Education, selected to participate in this study.

### Instruments

The instruments employed to conduct this study consist of a survey used to measure the teachers' perceptions of the principals' emotional intelligence, levels of toxic leadership and school culture, looking at teacher self-efficacy. No protected class was to be affected by the data gathered.

### Dependent/Independent Variables

<i>Emotional Intelligence, Toxic Leadership, School Culture and Teachers Self-Efficacy</i>				
Dimensions	Items	Number of Items	Range	Based on
Demographics				
Characteristics of Respondents	1, 2, 3, 4, 5, 6, 7	7	7-35	Singh (2016)
Independent Variables				
Emotional Intelligence	8,9,10,11, 12, 13,14	7	7-35	Bradberry & Greaves. (2009)
Toxic Leadership	15,16,17,18,19,20,21	7	7-35	Thoroughgood, Tate, Sawyer & Jacobs (2012)
School Culture (mediator)	22,23,24,25,26,27,28	7	7-35	Gruenert & Whitaker (2014)
Dependent Variable				
Self-Efficacy	29,30,31,32,33,34,35	7	7-35	Bandura (1997)

### Design of Study

This study utilized a quantitative methodology using a Likert survey instrument to collect data. The survey instruments consist of 35 items measuring emotional intelligence, toxic leadership, school culture, and teacher efficacy.

## Results

A multiple regression analysis was conducted to evaluate whether we can predict teacher self-efficacy using school culture, emotional intelligence and toxic leadership. Model 1 of the multiple regression analysis, presents that school culture alone with  $\beta = 0.48$ , accounts for 23% of teacher self-efficacy. In Model 2, both school culture with  $\beta = 0.34$  and emotional intelligence with  $\beta = 0.21$ , accounts for 26% of teacher self-efficacy. Therefore, we can predict that school culture alone does have an effect on teacher self-efficacy. With both emotional intelligence and school culture, there is a greater effect on teacher self-efficacy. Toxic leadership, as a controlled variable, and emotional intelligence and school culture still had a positive effect on teacher self-efficacy. Toxic leadership is not a major

predictor of teacher self-efficacy, but is significantly affecting negatively on 27% of school culture and negatively on 12% of teacher self-efficacy.

### **Conclusion**

As the world experienced the COVID-19 pandemic, the push to maintain the balance of educating students and also get through the pandemic shows an immediate need for the principal to have a greater level of emotional intelligence. It allows for there to be more awareness, regulation of emotions and empathy during this time. Teachers are faced with having to teach differently in this pandemic, remote learning versus traditional teaching. This is a major shift of teaching ability, taking the teaching world by surprise, and educators required to immediately jump into action, keeping the consistency of teaching and learning in place, with the results being the same: student learning and achievement. Even more so is the importance and significance of leadership, due to the impact of the pandemic, on our students and our education system. The need to push through as well, as to move on, after the pandemic is crucial to students' achievement. The results of the study show that teacher self-efficacy can be predicted by emotional intelligence and school culture. Based on the results of the positive impact of emotional intelligence on both school culture and teacher self-efficacy, then it is safe to say that student achievement will also see a positive increase.

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## Field of Business & Technology

The field of Business & Technology provides individuals with the knowledge and skills to effectively run a business and/or to expand a new innovation in technology.



"The Innovation Management Model in the Bio-Pharmaceutical Industry"

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### **Abstract**

The US biopharmaceutical industry is the best contributor to new drug developments in the global marketplace. In this highly innovation-driven industry, managers make sense of strategic issues and take actions accordingly. This study empirically validated managerial cognitive interplay with strategic behavior and innovation and furthermore formulated the best innovation management model with proven five predictors. The outcome of this study essentially spotlighted managers and managerial impact on cognitive and behavioral process in the pursuit of innovation. Finally, this study provided R&D managers with the five predictors to be used in practice.

### **Introduction**

Bio-pharmaceutical companies had to prove their *raison d'être* in 2020 when Covid-19 hit the entire globe. There were many doubts that we would not have a vaccine in two years, as normal drug development takes up 5 to 10 years. By 2021 March, four companies have pushed through all challenges from global clinical trials to FDA approval, to logistics, and to distributions. What made those companies achieve innovation efficiently? To answer that question, it may be insightful to recall the empirical research that examined managerial cognition, R&D behavior, and innovation in 2012.

Standing on the shoulders of giants who enlightened management and researchers (Porac, Thomas & Baden-Fuller, 1989; Porac, Thomas & Baden-Fuller, 2011; Gavetti & Rivkin, 2007; Tripsas & Gavetti, 2000), this study measured managerial cognition at industrial level by using surveys, which remained understudied. Furthermore, it may enable to spotlight constructive side of managerial cognition, not only bias, for example, how managers behave when innovation is sought industry-wise and what is the relationship between cognition and behavior.

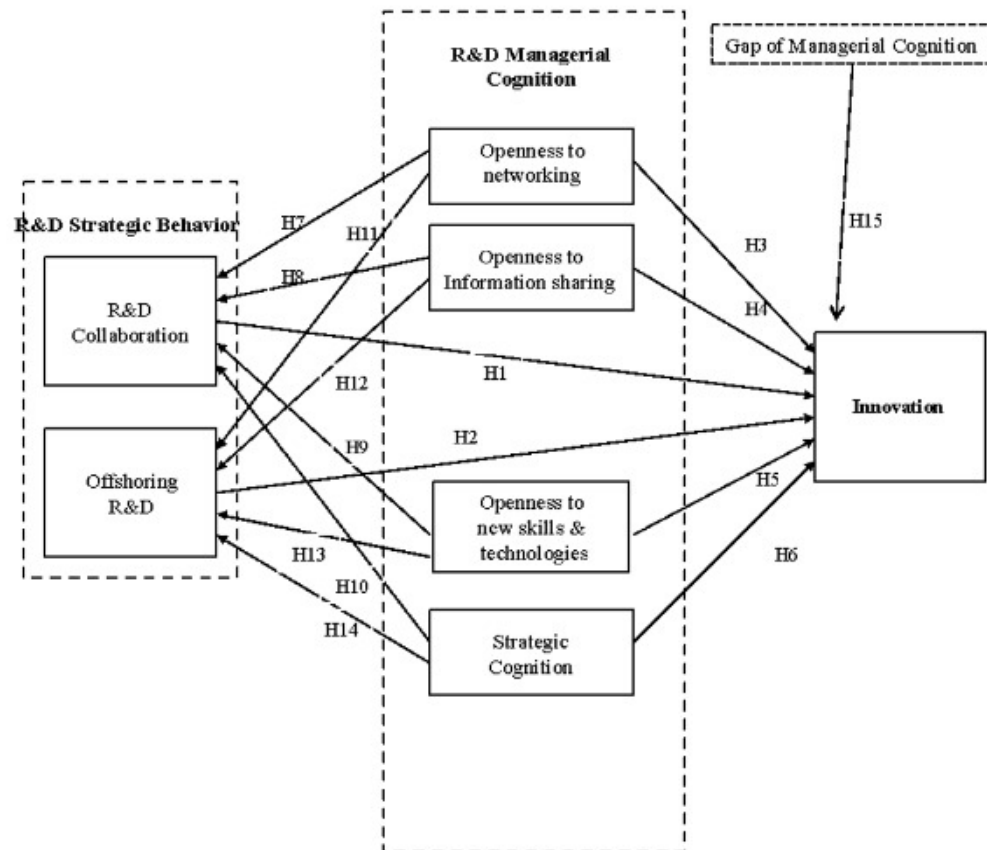
### **Research Questions and Hypotheses**

This study examined the interplay of managerial cognition, strategic behavior, and innovation in biopharmaceutical industry. The research questions for the study are as follows:

1. Is there a relationship between strategic behavior and innovation?
2. Is there a relationship between managerial cognition and innovation?
3. Is there a relationship between managerial cognition and strategic behavior?



Figure 1: *Research Model*



Each research question corresponds with the associated hypotheses in Table 1 below.

**Table 1: *Research questions and Hypotheses***

Research Questions (R1-R4) and Hypotheses (H1-14)	
R1: Is there a relationship between strategic behavior and innovation? (H1-2)	
R2: Is there a relationship between managerial cognition and innovation? (H3-6)	
R3: Is there a relationship between managerial cognition and strategic behavior? (H7-14)	
R1	H1: There is a reliable relationship between R&D collaboration (domestic) and innovation. H2: There is a reliable relationship between offshoring R&D and innovation.
R2	H3: There is a reliable relationship between innovation and R&D managerial openness toward networking. H4: There is a reliable relationship between innovation and R&D managerial openness toward information sharing. H5: There is a reliable relationship between innovation and R&D managerial openness toward new skills/technologies. H6: There is a reliable relationship between innovation and R&D managerial strategic cognition.
R3	H7: There is a reliable relationship between R&D collaboration (domestic) and R&D managerial openness toward networking. H8: There is a reliable relationship between R&D collaboration (domestic) and R&D managerial openness toward information sharing. H9: There is a reliable relationship between R&D collaboration (domestic) and R&D managerial openness toward new skills/technologies. H10: There is a reliable relationship between R&D collaboration (domestic) and R&D managerial strategic cognition. H11: There is a reliable relationship between offshoring R&D and R&D managerial openness toward networking. H12: There is a reliable relationship between offshoring R&D and R&D managerial openness toward information sharing. H13: There is a reliable relationship between offshoring R&D and R&D managerial openness toward new skills/technologies. H14: There is a reliable relationship between offshoring R&D and R&D managerial strategic cognition.

## **Literature Review**

In the biopharmaceutical industry, a new drug development is a success. A new drug with FDA approval guarantees patent protection and market monopoly around in 10 years. A new drug is a culmination of interdisciplinary knowledge gathered from external collaborations or internal R&Ds (Elmquist and Segrestin, 2007; Gambardella, 1995; Stonebraker, 2002; Scherer, 2000; Petrova, 2014).

To compete with rivals and their copycats, drug companies navigate through intellectual property protections and make most of legal rewarding systems: licensing or patents (Scherer, 2000). Managers continuously make sense of internal and external information, which is the definition of managerial cognition (Barr et al., 1992; Barr & Bogner, 2000; Weick, 1995). Thus, R&D managerial cognitive interplay is critical in the process of drug development.

As noteworthy studies on managerial cognition at Scottish knitwear manufacturers in Scotland revealed that managers at same industry shared same beliefs in a rigid way (Porac, Thomas, & Baden-Fuller, 1989; Porac, Thomas, & Baden-Fuller, 2011). Furthermore, longitudinal studies on managerial cognition caught managerial cognitive bias and negative impact on strategic behavior (Gavetti & Rivkin, 2007; Tripsas & Gavetti, 2000). Thus, this study examined managerial cognition play at industry level.

Particularly, R&D managers have a unique mental template to cognitively identify a new therapeutic potential and create market value for it (Nightingale, 1998; Haynie, Shepherd, & Patzelt, 2012). This unique mental template appeared as an 'explorative and exploitive capability' (Teece, Pisano & Shuen, 1997), a 'paradoxical cognition' (Smith & Tushman, 2005) or a 'strategic mindset and openness' (Ansoff, 2007). Furthermore, strategic cognition is a managerial cognition that influence sense-making and strategic behavior (Hodgkinson & Thomas, 1997; Thomas, Clark, & Gioia, 1993, p. 240; Porac & Thomas, 2002, p. 165). They are more likely to be mapmakers than map-users (Mintzberg et al., 1998). This study calls it as managerial cognition including both of mental template: strategic cognition and openness.

According to Nunes, Serrasqueiro, and Leitão (2012), big R&D investment or high R&D intensity determines innovation in high technology sectors. In non-high technology sector, it was more complex. In addition, external collaboration was an enabler to innovation, rather than R&D intensity (Bustinza, Gomes, Vendrell-Herrero & Baines, 2019). Furthermore, collaboration positively links to innovation, while R&D intensity moderates the relationship between the two. Aligned with the previous studies (Orsenigo, Pammoli, & Riccaboni, 2001; Pisano, 1991), external collaborations and offshoring strategy were examined to see multi-actors play in innovation in this study.

R&D external collaboration and offshoring R&D are implemented despite their numerous challenges, when there is a gap between managerial aspiration and internal resources (Chesbrough, 2003, 2006; Gassmann & Reepmeyer, 2005; Laursen & Salter, 2006; Mittra, 2007; Pisano, 1988, 1990; Powell et al., 1996). Offshoring R&D has been in practice despite high costs (Hitt et al., 1997; Sullivan, 1994). In other words, this strategic behavior occurs when performance is below the aspiration levels (Audia et al., 2000; Baum et al., 2005; Bolton, 1993; Chen & Miller, 1994; Greve, 2003; 2008). In summary, based on previous studies, this empirical research examined multifaceted factors in the context of innovation: particularly, managerial cognition and strategic behavior.

## **Methodology**

### Sample Studied

The target population was those who worked at biotechnology and pharmaceutical companies throughout the United States, particularly R&D departments. The Bureau of Labor Statistics estimated that as of May 2010, the industry employed approximately 416,000 workers. Participants of this study were recruited from directories, websites and events of Yahoo Finance, ContractPharma, BIOCOM, American Chemical Society (ACS), American Association of Pharmaceutical Scientists Association (AAPS), Pharmaceutical Research and Manufacturers of America (PhRMA), BayBio, and Licensing Executive Society (LES).

### Data Collection

The online survey was set in Survey Monkey immediately following IRB approval. The distribution of the survey was conducted via emails and mails to those identified companies and managers. Thus, total 900 emails and 600 mails were sent out. In the emailing, three different links to the survey were attached, ensuring respondents anonymity. In the mailing, a return envelope with the researcher's address was enclosed. The returned questionnaires via mail (34 out of 600 mailed) were manually typed into Survey Monkey by the researcher.

### Validity and Reliability of the Construct

The operational constructs were Strategic cognition (Lorton, 2006); Collaboration and offshore R&D (Thakur, 2010); Innovation (Chandy et al., 1998, p. 485); openness to technology (Zahara et al., 2000); Openness to networking and information sharing (Dewett, 2007; Sundgren et al., 2005) with good validity since the variables were tested in prior studies. Using factor analysis (principal component), each variable was examined to see if there were underlying dimensions (see Belsley et al., 1980). The Cronbach  $\alpha$  (reliability coefficient) of each variable is as follows: openness to technology (0.734), openness to information sharing (0.820), openness to networking (0.797), strategic cognition (0.604), and collaboration (0.759). These are all higher than 0.6, which is the bar standard for a reliable variable (Nunnally & Bernstein, 1994).

### Statistical Methodology

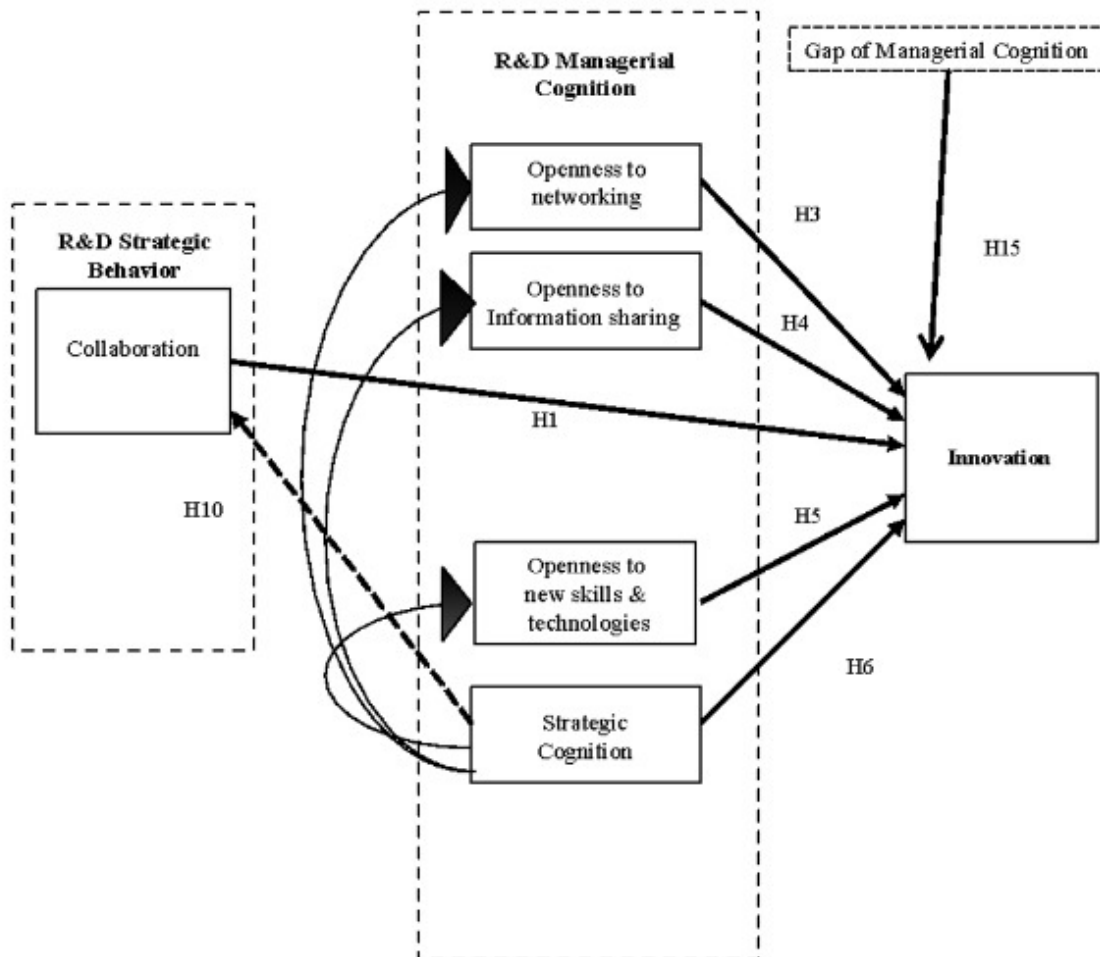
Though 94 responses were received, six questionnaires were incomplete and were not included in analyses, leaving only 88 responses applicable for the study. First checking variables with factor analysis, correlations were examined (see figure 2). By using regression models in SPSS, the results identified the strongest predictors of innovation.

## **Results**

### Main Findings

This statistical analysis found a relationship between strategic cognition and collaboration. There was also a direct correlation between collaboration and innovation: the greater the number of external collaborations, the more innovative the firm was. Strategic cognition has direct relationship with innovation and indirect relationship with innovation via collaboration, which underscores the significance of managerial cognition. Testing the four R&D managerial cognitions, only strategic cognition shows a relationship with both collaboration and innovation. This means there is a great chance to achieve innovation when managers have strategic cognition and conduct collaborations. This finding supports the overall research model as hypothesized. Details are illustrated in Figure 2.

Figure 2: Summary of Main Findings



In terms of the levels of significance on innovation, strategic cognition was the most significant (sig. = 0.051), followed by collaboration in 5 years (sig. = 0.088), openness to new skills/technology (sig. = 0.193), openness to networking (0.120), and the least significant was openness to information sharing (0.431). Table 2 outlines these results.

Table 2: *Coefficients of Best-fitting Innovation Model*

Best Fitting Innovation Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.	Correlations			Collinearity Statistics	
	B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF
(Constant)	.035	.626		.056	.955					
Strategic cognition	.322	.162	.253	1.987	.051	.400	.243	.217	.732	1.366
Openness to net working	.259	.165	.238	1.576	.120	.330	.195	.172	.519	1.925
Openness to new skills /technologies	.173	.132	.162	1.317	.193	.313	.164	.144	.785	1.273
Openness to information sharing	-.139	.175	-.116	-.793	.431	.189	-.099	-.086	.558	1.793
Collaboration in 5 years	.111	.064	.191	1.735	.088	.220	.214	.189	.980	1.020

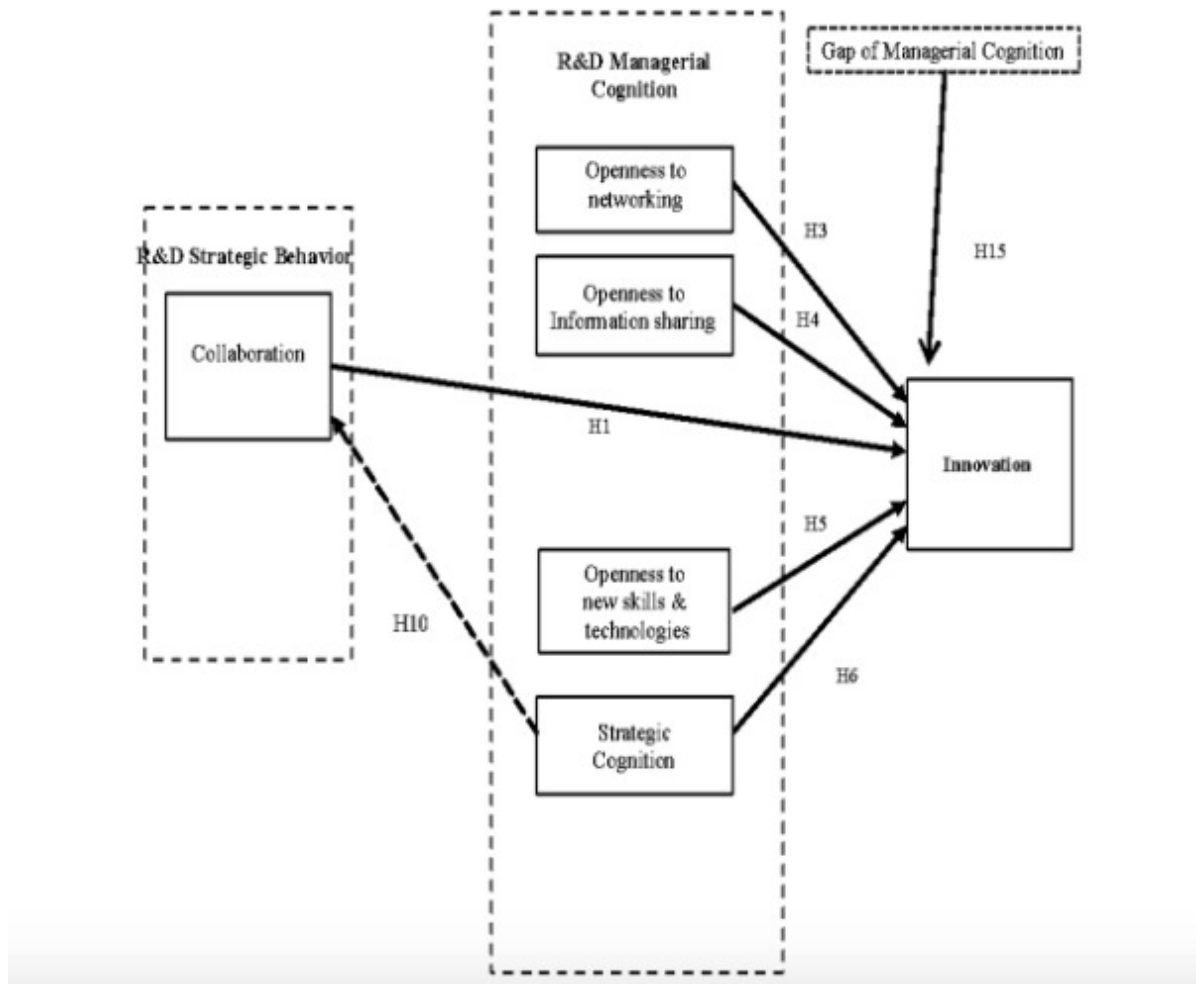
Dependent Variable: Innovation

#### Additional Findings

Using factor analysis and correlation analysis on individual questions, additional experiments were conducted to find an innovation model. When factor analysis was conducted to uncover the underlying factors in variables, there were no underlying dimensions within each variable. Then correlation was tested to examine which specific questions were more closely related to innovation.

In this innovation model, five predictors of innovation were identified. The strongest predictor was a large informal network outside the company (X Q37), the second strongest was innovation skill (X Q23), the third was the number of collaborations (X Q6), the fourth was new managerial skills (X Q21), and the fifth was the firm's strategies for addressing new regulatory and technology issues (X Q38). Figure 3 provides a detailed look at the Innovation Management Model with Predictors. For innovation, managers need to open their minds to information sharing, to attend networking, and to conduct collaborations with strategic cognition at the core.

Figure 3: *Best Innovation Management Model with Predictors: R&D Managerial Cognition, Innovation, and R&D Strategic Behavior (collaboration).*



## Conclusion

This research explored R&D managerial cognition in the pursuit of innovation. According to the empirical data and statistical analysis of this study, R&D managers and their belief system are indeed at the center of innovation. Thus, if managers determine to achieve innovation, they need to see themselves as leaders and actively engage in external collaboration with other partners and participate in social networking. Therefore, this study offers innovation management model to study for innovation. In addition, this study provides the explanation for Pfizer who made vaccines first, with external collaboration and its strategic CEO (Hopkins, 2020). Previous studies had notable findings in the relationship between managerial cognition, behavior, and performance (Porac, Thomas & Baden-Fuller, 1989; Porac, Thomas & Baden-Fuller, 2011; Gavetti & Rivkin, 2007; Tripsas & Gavetti, 2000). However, management practitioners need constructive guidelines, which this study was able to offer.

This study faced limitations on R&D collaboration studies due to limited research (Leiblein et al., 2002). Additionally, this study had limitations on offshoring R&D strategies due to fewer responses in the survey. Thus, future researchers need to study collaboration and offshore R&D at deeper level. Despite limitations of this study, the empirical data and statistical analyses contribute to understanding both R&D management and innovation management.

Further studies should focus on managerial model of utilizing deeper levels of managerial cognitions and choosing wider options of behavior. This could lead to the strengthening of innovative R&D managerial capabilities in bio-pharmaceutical firms that aim long term success.



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## Field of Arts and Sciences

The field of the Arts and Sciences provides a well-rounded education related to history, civics, mathematics, languages, and general studies.



## Jarrood Sadulski, PhD

"Addressing the Problem of Stress in Policing: A Multiple Case Study"

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### Abstract

This study examines the problems associated with police stress and develops strategies that officers can use to effectively manage stress based on the lived experiences of successful police officers. Police stress is examined through the lens of the General Strain Theory. Data were collected through interviews with veteran police officers. Thematic analyses were applied to the data. Themes identified in this multiple case study include the importance of training, family, peer support through communication, experience, and a life and identity outside policing. These strategies can mitigate physical and mental health problems officers experience.

### Introduction

Stress is a phenomenon commonly associated with the law enforcement profession due to the dangers officers face daily. Policing is a stressful job that can have an adverse impact on an officer's mental and physical health, performance, and interactions with citizens (Queirós et al., 2020). Officers are at risk of debilitating mental health problems due to stress and maladaptive stress coping strategies (Steinkopf et al., 2015). Chopko et al. (2014) found officer suicide rates are three times more than the general population. The purpose of this qualitative case study was to gain a deeper understanding of effective stress coping strategies used by officers who have had a successful police career. A successful police career can be characterized by officers who enter a police career and remain healthy, have job satisfaction, and have the intention to remain in the police occupation until retirement (Annell et al., 2015).

Police stress and stress management was explored through the lens of the General Strain Theory which explains the impact of stress associated with exposure to violence (Bishopp & Boots, 2014), and this is relevant to the results of this study based on the occupational stress in policing and effective coping strategies. Through multiple case study interviews and the application of thematic analysis, several themes emerged that can be used to mitigate police stress. Those themes included the importance of training, family, peer support through communication, experience, and a life and identity outside policing.

### Research Questions

1. In what manner do experienced police officers who avoid stress-related health or psychological problems throughout their career address stress that is related to experiencing traumatic events in the workplace?
2. In what manner do experienced police officers cope with stress that promotes resilience in reducing outcomes of psychological, physiological, and behavioral problems throughout a police career?
3. How have police officers with successful careers managed stress as they achieved their career goals?

## **Literature Review**

A review of the literature revealed a limited body of knowledge about the police-stress phenomenon and how stress can be effectively managed through a successful police career. Due to stress, police officers are at a higher risk of physical disorders that include sleep disorders, stomach troubles, anxiety, depression, and flashbacks (Acquadro et al., 2018). Police officers are also at a higher risk for coronary artery disease and obesity (Acquadro et al., 2018).

The literature search confirmed Agnew's General Strain Theory can be used as a framework to gain a deeper understanding of police stress but has limited use in past police stress studies (Bishopp & Boots, 2014; Menard & Arter, 2013; Moon & Jonson, 2012; Yun & Lee, 2015). General Strain Theory posits that as a person experiences high levels of stress, they become more likely to engage in three different types of strain: (a) loss of stimuli that is positively valued, (b) strain related to failing to achieve goals, and (c) strain based on stimuli that is negatively valued (Eriksson & Mazerolle, 2013; Menard & Arter, 2013). Strain in policing is the result of experiences associated with negative situations and experiences resulting in negative relations with others and negative after-events (Menard & Arter, 2013).

Queirós et al., (2020) collected data from 1,131 police officers in a cross-sectional study with online questionnaires to assess police stress. Findings discovered that 88.4% of police officers presented high operational stress, 87.2% had high organizational stress, and 53.8% displayed low resiliency in managing police stress (Queirós et al., 2020). Ballenger et al. (2011), Chopko et al. (2013), and Fox et al. (2012) all discovered stress in policing may result in alcohol abuse and can lead to psychological problems, health problems, obesity, and personal problems.

Dealing with death, challenges dealing with police management, incompatible partners, shift work, and exposure to crime scenes are common stressors in policing (Hakan Can & Hendy, 2014; Lucas et al., 2012). Stress in policing can also result in an increased risk of suicide by police officers (Chopko et al, 2014; Rouse et al., 2015; Stanley et al., 2016). Police suicide is a major problem in policing and compared to the public, police stress places police officers at a higher risk of suicide (Chopko et al., 2014; Rouse et al., 2015).

Domestic violence is a serious problem in police families (Ávila, 2015; Klinoff et al., 2015; Stinson & Liederbach, 2013). There is a need for coping strategies and support through prevention programs for police officers to address the issue of police-related domestic violence (Anderson & Lo, 2011; Klinoff et al., 2015). There is a need for further knowledge into police stressors and how police stress can be mitigated (Kuo, 2015; Lucas et al., 2012; Ramey et al., 2012). The following section is a review of the manner in which the research for the present study was conducted including the population studies, procedure, and analysis of data methods.

## **Methodology**

The purpose of this qualitative method study with a case study design was to gain a deeper understanding of effective stress coping strategies used by officers who have completed a successful police career. The design involved a multiple case study design that enabled the researcher to develop a deep understanding of how veteran police officers effectively manage stress. This study provided an analysis of participants' successful experiences in managing stress as separate case studies and provided an opportunity to identify themes of



effective stress management techniques that were generalized to support the entire police population.

### Sample Studied

The sample used in this study included the Florida and Georgia Fraternal Order of Police. The Florida and Georgia Fraternal Order of Police are part of the nationwide Fraternal Order of Police that has 355,000 members and is the largest organization of sworn law enforcement officers in the world (Fraternal Order of Police, 2021). The sample provided external validity as participants had varying backgrounds and experiences that were like the greater population of police officers. Officers with 16 to 32 years are experienced police officers (Masip et al., 2016). Thus, participants were required to have at least 16 years of experience as a police officer.

### Design of Study

Interviews were the primary instrument used to collect data in this qualitative study. The interview questions were field-tested by a panel of experts who had extensive experience in police work. Questions provided participants with the opportunity to share what they learned regarding stress management throughout their careers.

### Datasets Collected

Data were collected and transcribed during the recorded phone meetings. The transcribed data was entered into the qualitative software program Dedoose®. Identification of the themes involving effectively managing police stress were based on triangulation through the different data sources and perspectives of participants as they provided data on effectively managing police stress, which added validity to the study (Creswell, 2014). As patterns and themes emerged through the data, an analysis was conducted regarding the lived experiences of police officers who successfully managed stress throughout their careers. Agreements and contradictions were used to emphasize data triangulation.

## **Results**

The five primary themes that emerged from the current study were: (a) Peer Support through Communication; (b) Experience; (c) Family; (d) Life and Identity Outside of Policing; (e) Training. In the evaluation of evidence, an analysis of the emerging themes was established based on triangulation of participant responses. Themes were developed through the lens of the General Strain Theory and codes emerged involving the effective ways to manage police stress throughout a successful police career. Themes that emerged are provided in Table 1.

Table 1

*Themes*

Research Questions	Themes
Q1. In what manner do experienced police officers who avoid stress-related health or psychological problems throughout their career address stress that is related to experiencing traumatic events in the workplace?	1. Peer Support Through Communication 2. Experience
Q2. In what manner do experienced police officers cope with stress that promotes resilience in reducing outcomes of psychological, physiological, and behavioral problems throughout out a police career?	3. Family 4. Life and Identity Outside of Policing
Q3. How have police officers with successful careers managed stress as they achieved their career goals?	5. Training

The themes that emerged in this study were prioritized through weighting the frequency of excerpts captured in Dedoose®, based on the narratives of the participants and are provided below in Table 2.

Table 2

*Emerging Themes Ranked by Frequency and Percentage*

Themes	Frequency	Percentage
Family	84	25%
Peer Support	40	13%
Through Communication		
Training	123	36%
Life and Identity	38	12%
Outside of Police Work		
Experience	41	13%

This analytic approach led to themes that answered each of the research questions and saturation was confirmed through data analysis. Table 3 below displays saturation.

Table 3

*Themes from Each Participant's Pseudonym*

Themes	Subject A							
		B	C	D	E	F	G	H
Family	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Peer Support	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Through Communication								
Training	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Life and Identity	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Outside of Police Work								
Experience	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

**Conclusions**

Participants associated general strain to the loss of positively viewed aspects of their career such as loss of career opportunity, loss of the ability to control emotions, and health implications due to police stress. Further contributions included validating the strain associated with missing goals due to internal politics, personal injury, or lack of promotion. Participants addressed the strain associated with being exposed to the loss of life on the job, loss of fellow officers, experiencing traumatic events in the field, and being exposed to personal hazards, which contributed to the general strain theory.

Research questions guided the inquiry for this study and provided five themes: (a) Peer Support through Communication; (b) Experience; (c) Family; (d) Life and Identity Outside of Policing; and (e) Training. Findings in this study support the need to promote and emphasize the theme of Peer Support through Communication following a traumatic event experienced by police officers, and this form of support is supported in the literature (Papazoglou & Andersen, 2014; Powell et al., 2014). Recommendations include support from police agencies to adopt measures to support police officers and their families by minimizing work-family conflict and promoting an effective work-life balance.

Future research should study police stress management by categorizing different types of stressors and then determine if specific stress management interventions are effective. Future research should also examine the effectiveness of having senior officers who have successfully managed stress throughout their career provide stress-management training to junior officers during in-house training.

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## **Doraine Baul-Pinson, PhD**

"Nation Attachment- Implications for African Americans: An Introduction"

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### **Abstract**

Eight minutes and forty-six seconds snuffed out George Floyd's life and highlighted the two realities of black and white Americans. The treacherous forced 'adoption' or involuntary immigration of Africans from their homeland initially set the stage for lifetime enslavement and ongoing second-class citizenship. Attachment theory and Interpersonal Acceptance-Rejection Theory (IPARTheory) explore the parent/child dyad. As with the significance of parent/child dyad in attachment and IPARTheory, so too is the United States black/white dyad relationship. Nation attachment, often measured by patriotism, reveals itself through pride of nation. This work explores the black attachment by using America as an attachment figure.

### **Introduction**

Exclusionary laws developed at America's inception, hindered African Americans' full acceptance and participation within the nation and established a system of two realities. Dominant ideologies in terms of worldviews, values, beliefs, assumptions, and goals ties both micro and macro systems of oppression together to form oppressive system inherent in American society (Jamel, Bussey & Young, 2020). A Christian based ideology and a pseudoscientific racial classification structure erected a racial order establishing whites with higher status (Dawson, 2000; Kim, 2003; Masuoka & Junn, 2013; Sidanius et al., 1997).

African Americans adopted feelings of self-degradation and self-alienation that promoted assumptions of inferiority (Pyke, 2010). Race maltreatment occurs "when one civilization has absolute control over another (Baldwin, 1965)," Racial patriarchy established a social system limiting the ability for the enslaved to function as independent families. This domination helped established insecure and disorganized nation attachment for African Americans.

### **Abbreviated Literature Review**

Attachment theory, developed by Bowlby and Ainsworth, focuses on relationship patterns between primary caregivers and their children by emphasizing social development and subsequent relational functioning in adulthood (Cassidy & Shaver, 2016, Fraley, 2002, Keller, Bard & Lupp, 2017; Posada, Trumbell, Lu & Kaloustain, 2018). Attachment theory evaluates the parent/child dyad, and its effects in early childhood. A child's connection to a primary caregiver establishes a relationship that affects future attachment to others (McWey, 2004). With child maltreatment, the caregiver may abuse or neglect the child and enable dysfunctional dynamics. As a collective, African Americans experienced documented maltreatment and citizen neglect for centuries, and this affected their ability to experience secure nation attachment.

Ferenczi and Marshall (2013) investigated the concept of a nation as an attachment figure. Ferenczi and Marshall explain their belief that nation personifications come in areas of



literature, sociological narratives, folk traditions, and other areas of life. The authors describe historical and sociological narratives of nations as attachment figures by using Jean LaPonce's study on body imagery as a metaphor (1984). The researchers describe emotional significance to a nation as a secure base during distress and as a parental or attachment figure creating a super family (2013).

### **Theoretical Background**

Ferenczi and Marshall used the six criteria of attachment theory for their study: desire for maintaining proximity, distress at involuntary separation, holding emotional significance, providing security, providing a safe haven in times of distress, persistence of internal working models, and specificity to a particular individual. They invited participants to complete online questionnaires by developing a prototype based on a nation with Bartholomew and Horowitz's Relationships Scales Questionnaire (RSQ). They used subscales of neuroticism, acculturation, general attachment, and subjective well-being. Participants were asked to assess their feelings for their country and if they believe their country cares about them. Areas assessed included whether nation attachment was fearful, secure, and dismissive (2013).

Jean LaPonce tested the idea of the human body as a physical archetype to explain the social environment. He used this physical conception as a natural inclination to structure thoughts and perceptions to create a metaphor of the nation as a human body. In his study, LaPonce asked political science students whether they see a country as a body or a box to assess if a nation was perceived as a body or an inanimate object (1984). Participants perceived their nation as a body.

According to concepts surrounding IPARTheory, personality development results from the conditions of attachment, particularly rejection or acceptance by the attachment figure. IPARTheory addresses lifespan development by attempting to predict major antecedents, consequences, and other correlations to parental acceptance or rejection. Epistemological assumptions associated with IPARTheory involve a phylogenetically gained human need for positive response from people most important to them. If a need fails in consistency for positive responses, the response will prove inconsistent (Hughes, Blom, Rohner & Butner, 2005). Both children and adults who do not receive positive responses from attachment figures, may develop personality dispositions measurable with seven variables within the sociocultural systems model: natural environment, maintenance system, parental behavior, child/personality behavior, intervening developmental experiences, adult personality behavior, and institutionalized expressive systems and behaviors. Many philosophies account for challenges faced by African Americans, and while this work focuses on attachment and IPARTheory, other theories complement and provide a context for the intentional exclusion of African Americans.

### **Conclusion**

"My daddy changed the world," said Gianna, George Floyd's six-year-old daughter. The unmistakable horror of his death resonated where other cries of injustice failed. People from a variety of racial backgrounds took to the streets in protest for social justice and equality overall. The air filled with cautious hope and desire for real substantive change. America's short attention span, coupled with backlash, has shown a decrease in support for Black Lives Matter and the protests.

African Americans meet all six criteria for attachment theory and show insecure and disorganized attachment to America based on past injustices. James Baldwin referred to the

United States as a “western house,” and his work, speeches, and interviews were often intertwined within a familial analogy associated with the black/white dyad in America. Historical examples and ongoing struggles of today illustrate the relevancy of attachment and IPARTheory and their connection to the African American experience,

To be human means functioning on an even platform, and to achieve this, interventions might involve an honest distribution of United States history, a proactive rejection of white people as the superior race, and full acceptance and inclusion within society. The socially constructed lie of racial hierarchy impedes full citizenship for African Americans and others. With so many institutions intentionally blocking African American inclusion, tensions will inevitably continue.

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