The Psychological Impacts of the COVID-19 Pandemic on Final Year Nursing
Mesgana Abraham, Fifth Year, Nursing
UW Honors Program
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Mentor: Susan Spieker, Child, Family, and Population Health Nursing

The 2019 Novel Coronavirus (COVID-19) pandemic has necessitated the implementation of various infectious disease control measures, including the closure of non-essential businesses, social distancing, and the virtualization of schools and universities. As final year nursing students at the University of Washington (UW) adjust to virtual learning and social distancing, certain students working in healthcare may also face the threat of contracting the virus. Little is known about the psychological implications of the COVID-19 pandemic on this population, and there is a need to fill this knowledge gap. This study first aims to capture the perceived stress levels of final year nursing students at the UW amid the COVID-19 pandemic. It secondly aims to explore associations between perceived stress and factors such as COVID-19 testing history, living situation, and healthcare work history. We administered an online survey to final year UW nursing students that inquires about their COVID-19 testing history, living situation, and healthcare work history since March 1, 2020. The survey also includes the 10-item Perceived Stress Scale, which questions students’ feelings and thoughts over the past month. We will analyze the data for associations between scores on the Perceived Stress Scale and students’ testing history, living situation, and work history. Overall, we expect to find moderate to high perceived stress levels among nursing students. We also anticipate that several factors may be associated with higher stress levels among nursing students, including having a history of COVID-19 testing, living with more individuals, and working more hours in healthcare positions. The results of this study may indicate a need for increased psychosocial support in final year nursing students at the UW, as they complete the nursing program and join the nursing workforce to help combat the COVID-19 pandemic.

Analyzing Healthcare Experience of Safety-Net Patients
Jamie Root, Senior, Healthcare Leadership (Tacoma Campus)
Myai Nguyen, Senior, Healthcare Leadership (Tacoma Campus)
Mary Gates Scholar
Mentor: Sharon Laing, Nursing and Healthcare Leadership Program

Social determinates of health are such factors as lack of education, low income and low social support that can lead to health disparities. Presence of health disparities can lead to poor communication between patients and providers and consequent poor health decisions among patients. Marginalized populations such as racial/cultural minorities, elderly and the mentally ill are shown to face many of these unique challenges when accessing care. This study aims to determine the ways in which the healthcare system can better support the needs of these safety-net patients. In Washington state, electronic surveys were administered to patients accessing services at a community health center that offers healthcare to disadvantaged and low-resourced communities. The questionnaire was a 47-item instrument that evaluated patients’ perception of health services received. We were tasked with conducting a qualitative evaluation of a single item on the questionnaire that asked about patients’ perceptions of how the healthcare system can best support their healthcare needs. Using a thematic analyses approach, we evaluated survey responses from 61 patients by reviewing responses for code-words, codeword clusters, and finally, themes that accurately captured perceptions. Two themes were derived in response to the query of how the healthcare system can best support healthcare needs. (1) Accessibility of affordable resources.
(2) Availability of healthcare resources that can support decision making. These finding show that even with access to health resources, low-resource populations still face barriers to fully gaining access to affordable care to meet healthcare needs.

SESSION T-2A

NURSING, HEALTH SYSTEMS, & COMMUNITY HEALTH
10:05 AM to 10:50 AM

What Stands in the Way of Physical Activity?
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Recent studies reveal differences in the number of calories consumed by women residing in rural communities compared to individuals living in urban areas. Research suggests that there are many physical activity (PA) barriers for these women. Certain environmental and social factors hinder PA engagement, including environmental safety concerns as well as lack of PA facilities. For the current study, survey administration commenced on September 2018 and concluded October 2018. Researchers partnered with Grays Harbor Community Hospital to administer a 32-item electronic survey to N = 237 female employees. Inclusionary criteria included, English-speaking and self-identify as overweight/obese. My research team conducted a thematic analysis of a single open-ended question, “Are there any barriers to you engaging in any type of physical activity?” and the respondent was asked to explain the barriers as a follow-up. In total, 60 women completed the health surveys, (25% response rate). The mean age of respondents was 53.2 years, they reported a mean BMI of 32.2 (obese status), and majority were healthcare professionals in the hospital. We analyzed the data by conducting iterated evaluations of responses to the question and then deriving themes to characterize respondents’ perspectives. In response to the question of barriers to PA engagement two emergent themes were evident (1) daily life obligations (family and career hinderances) and (2) acute/chronic health concerns that limited physical activity engagement (arthritis, fibromyalgia and back pain concerns). In view of our findings, rural women appear to experience barriers to physical activity engagement. These barriers can help us to identify strategies that specifically target the health needs of residents in rural communities.

Perceived Barriers to Healthy Eating among Rural Communities
Yusra Ifatakhar, Senior, Healthcare Leadership (Tacoma Campus)
Mentor: Sharon Laing, Nursing and Healthcare Leadership Program

In the United States, women in rural communities face a lot of barriers to healthy eating due to their food environments. Many barriers are associated with busy lifestyles, cost of purchasing healthy foods, lack of healthy food options, and lack of will-power which can lead women to eat less fruits and vegetables and consume more unhealthy foods. The purpose of my project is to evaluate the barriers to unhealthy eating among a sample of rural middle-aged women. Partnering with Grays Harbor Community Hospital, a 32-item electronic questionnaire was administered to N = 237 female employees and 60 surveys were received back (25% response rate). Inclusionary criteria included, English-speaking and self-identifying as overweight/obese. My research team did a thematic analysis of a single open-ended question from the questionnaire, “Are there any barriers to you eating healthy (at least 2 servings of fruits and 3 servings of vegetables each day)?” The respondent was also asked to explain what the barriers were. The mean age of respondents was 53.2 years, they reported a mean BMI of 32.2 (obese status), and majority were healthcare professionals in the hospital. We recorded the responses to the question of barriers to healthy eating and conducted a thematic analysis by deriving codes, codeword clusters and themes. Emergent themes indicated that the barriers to healthy eating among rural obese women were time constraints, affordability, dietary restrictions and nutritional preferences. These findings suggest that perceived barriers are strongly related to their dietary behaviors and this information can offer important insight about helping women to manage their health behaviors.
Improving Healthcare Delivery for Marginalized Patients in Safety Net Clinics
Anna Howard, Senior, Healthcare Leadership (Tacoma Campus)
Mary Gates Scholar
Mentor: Sharon Laing, Nursing and Healthcare Leadership Program

Safety-net systems in the United States are crucial in ensuring that low-income and low-resourced, marginalized communities have access to healthcare. Many of the individuals accessing safety-net clinics within their communities are transgender, people of color, and/or Spanish speakers who often-times have unique healthcare needs compared to the general population. The aim of this study is to understand which needs of safety-net patients are not currently being supported by community health clinics, so that they can be considered and implemented in future healthcare frameworks. Our study team reviewed data from a sample of 61 patients from community and human services centers in Washington, DC. The patients who agreed to participate and met the eligibility criteria were taken to a private room where they completed a 47-item self-administered questionnaire. Using thematic qualitative analyses, we evaluated the responses to a single item addressing patients’ perceptions of how the healthcare system can address their healthcare needs. Themes that emerged from our analyses of the single item include the following: (1) safety-net patients seek more resources to support decision-making, (2) patients require accessible and affordable healthcare services, (3) transgender patients require improved gender-related healthcare, and (4) Spanish-speaking patients require more attention and compassion from clinical staff. These findings imply that even with access to healthcare, certain populations continue to face significant barriers to achieving good health outcomes within the safety-net system.