

WAYNE STATE
UNIVERSITY
COLLEGE OF NURSING

2009 COLLEGE OF NURSING (CON) RESEARCH DAY
MARCH 25, 2009 12:00 P.M. TO 1:00 P.M.
COMMUNITY ARTS AUDITORIUM AND MCGREGOR CONFERENCE CENTER

CALL FOR ABSTRACTS

Students, faculty, clinicians and administrators are invited to submit abstracts on all aspects of nursing and health-related research. Abstracts for the conference will be selected for poster presentation. Reports of completed research or research in progress are acceptable.

The deadline for submission of abstracts is 5:00 PM EST, Monday, February 2, 2009. To submit your abstract, send by email attachment to Victor Chuku at vchuku@wayne.edu. Submission of an abstract indicates permission to include it in an Abstract Book to be distributed for Research Day. Please direct any questions about abstract submission to Victor Chuku at 313-577-4135 or vchuku@wayne.edu.

PURPOSE: The purpose of the Research Day poster session is to present original research findings and share new and innovative ideas relative to nursing and health-related research. The Center for Health Research within the CON is proud to provide a forum for faculty, students and clinicians to share their ideas and best practices.

AWARDS: A cash award will be given to the best poster (high quality, visual appeal, and innovative in some aspect) in each of the following categories:

1. Faculty
2. WSU CON Student
3. Clinical partner

Two judges will be assigned to each category and review posters and speak to poster presenters during the poster reception in order to make a best poster determination for their specific category. All winners will be recognized at the conclusion of the Poster Session on Wednesday March 25, 2009.

SELECTION PROCESS: Each presenting author **must submit two forms of their abstract:** one should list all authors and one must be "blinded," excluding author information. A limited number of abstracts will be accepted based on conference space constraints and the competitive review process. The CON Abstract Review Committee will make selections using a blind review process. **In order to be accepted for review, abstracts must adhere to the guidelines set forth in this Call for Abstracts and must be received by email attachment no later than 5:00 pm on Monday February 2, 2009.** Authors will be notified by Tuesday February 24, 2009 of acceptance.

SELECTION CRITERIA

General: Abstracts should include: internal consistency of purpose/aims and methods and clarity of presentation. The abstract should be **typed in Times New Roman 12-point and single-spaced and fit on one page. Use 1-inch margins at the top, right side, and bottom; 1.5-inch margins at left to facilitate binding.**

Specific: In addition, the Abstract Selection Committee will use the following specific criteria when selecting abstracts: purposes/aims; rationale/conceptual basis/background; methods; results; and conclusions.

ABSTRACT PREPARATION GUIDELINES

- Abstract titles must start at the left margin (do not indent or center), be in upper case letters.
- Starting at left margin, list names of all authors.
- Starting at left margin, list of affiliation(s) of authors. Use superscripts to connect authors with affiliations.
- Starting at left margin indicate: faculty, clinical partner, WSU CON student
- The abstract itself must include the following headings: Background, Purpose, Methods, Results, and Conclusions. **All abstracts submitted must be limited to 300-words or less** (not including author information).
- The title, author names, affiliations and body of the abstract should not exceed one 8.5" x 11" paper using the margins defined above.
- Check for accuracy of spelling, grammar and punctuation. Your poster abstract will appear in print exactly as you submit it.
- See attached sample abstracts on next pages.

CORRELATES OF DEPRESSION AT BASELINE AMONG AFRICAN AMERICANS ENROLLED IN CARDIAC REHABILITATION

Nancy T. Artinian, PhD, RN^{1,2}, Steven Keteyian, PhD³, Judy Abrams^{2,4}, PhD, Melissa Franks⁵, PhD, Amy Pienta^{2,5}, PhD, Barry Franklin⁶, PhD, Steve Schwartz⁷, PhD, Rifky Tkatch^{2,8}, MA

¹College of Nursing, Wayne State University, Detroit, MI, ²Center for Urban and African American Health, Wayne State University, Detroit, MI, ³Henry Ford Hospital Heart & Vascular Institute, Detroit, MI, ⁴Karmanos Cancer Institute, Detroit, MI, ⁵University of Michigan, Ann Arbor, MI, ⁶William Beaumont Hospital, Royal Oak, MI, ⁷HealthMedia, Inc., Ann Arbor, MI, ⁸Department of Psychology, Wayne State University, Detroit, MI

Faculty

Background: Symptoms of depression and major depression may predict an increased likelihood of cardiac mortality, particularly in patients who have established cardiovascular disease. Therefore it is important to assess for risk factors of depression. The theory of stress-induced depression and stress resilience guided our investigation.

Purpose: To compare baseline psychosocial characteristics between African Americans entering phase 2 cardiac rehabilitation who have depression symptoms at/above threshold (Center for Epidemiological Studies Depression Scale [CES-D] score ≥ 16) with those who do not (CES-D score < 16).

Methods: A non-random sample of 112 men and women (n=78 below threshold, n=34 above) was recruited through phase 2 cardiac rehabilitation programs. Data were obtained by a structured interview and brief physical exam using several reliable and valid instruments. Chi-square tests, Kruskal-Wallis two-sample tests, Spearman's rank correlation coefficients, and logistic regression models were used for analyses.

Results: We found that 30% of the participants were above the depression symptom threshold. Demographic characteristics were not significantly different between individuals at/above and below threshold. However, depressed individuals above threshold were more likely to be dissatisfied with their neighborhoods ($P=.01$), had lower optimism scores ($P<.0001$), higher stress scores ($P<.0001$), lower adaptive coping scores ($P=.05$) and higher problematic coping scores ($P<.01$) than their counterparts who were below threshold. In the logistic regression model, the odds of being above the depression symptom threshold increased with stress ($P<.001$) and decreased with optimism ($P=.03$); none of the other psychosocial characteristics had an independent effect on depression symptoms.

Conclusions: At baseline, African Americans starting phase 2 cardiac rehabilitation with depression symptoms at/above threshold had more stress and fewer stress resilience factors. Assessing depression and stress resilience factors is important and may lead to more active participation in cardiac rehabilitation once enrolled, as well as optimal cardiovascular health outcomes.

(BLINDED VERSION—WITHOUT AUTHOR INFORMATION)

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