

Research objectives. To examine the feasibility and acceptability of an innovative, cross-disciplinary pilot program using facilitated poetry writing and discussion to mitigate burnout for healthcare providers in palliative and emergency medicine.

Methods. An experienced teaching artist led a series of six virtual writing workshops. Participants were presented with a model poem, then encouraged to write and share their own poetry via discussion and posting to an interactive online platform. We collected data on recruitment, retention, satisfaction, intent to participate in future programming, and factors affecting participation.

Results. Of the 19 participants consented (13 palliative; six emergency), 16 attended at least one session. Of those who participated in at least one workshop, the median attendance was three sessions. Participant satisfaction, likelihood to recommend, and likelihood to engage in similar programming were measured using a 5-point Likert scale. Most respondents reported being at least “somewhat satisfied” with individual sessions (39/42; 92.8%) and the program overall (8/9; 88.9%). The majority reported being at least “somewhat likely” to recommend the program (47/51; 92.2%) and engage in similar programming (38/51; 74.5%). Barriers included clinical duties, conflicting meetings, and competing time commitments.

Conclusion. While participant retention was lower than expected, individuals who engaged with the programming reported overall satisfaction with the sessions and program as a whole, indicating feasibility and acceptability of this type of program.

Implications for research, policy, or practice. We are examining the efficacy of this program in mitigating burnout and providing an effective space to process emotions and experiences. Burnout negatively impacts the well-being of healthcare workers and the quality of patient care, and it is essential to develop reliable tools to combat burnout in this group.

Healthcare Professionals’ Perspectives of Cancer Care Delivery in American Indian, Rural, and Frontier Populations (Sci232)

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Outcomes.

1. Analyze the current state of cancer care in rural and frontier SD.
2. Evaluate strategies to overcome gaps in cancer care delivery in rural and frontier SD.

Original Research background. Cancer is the leading cause of death in South Dakota (SD) with mortality rates for American Indians (AIs) 26.2% higher than Whites. These racial disparities have worsened over the past decade especially for AIs who live in rural and frontier SD. Over half of the SD population resides in rural and frontier areas and lack adequate access to healthcare facilities, resulting in poorer outcomes. Palliative care can improve health outcomes for persons with cancer and their family caregivers. Yet, few resources exist for palliative care delivery in rural and frontier SD.

Research objective. The purpose of this descriptive qualitative study is to understand the barriers affecting cancer care delivery in AI, rural, and frontier populations from the perspective of multidisciplinary healthcare professionals.

Methods. One-on-one, semi-structured interviews with multidisciplinary healthcare professionals (n=18) were conducted to gather perspectives on delivering cancer care that serves AI, rural, and frontier populations. This study is guided by a cultural liaison who incorporates culturally congruent principles, values, and beliefs into the full scope of the study.

Results. Content analysis revealed three major themes: (1) Access, (2) Time, and (3) Isolation. The themes represent the healthcare professionals’ perspectives of patient and family caregiver needs while receiving cancer care; however, the themes are also reflective of their own needs when delivering cancer care to AI, rural and frontier populations.

Conclusion/implications. This study provides preliminary evidence for the need and strong multidisciplinary support for an early palliative care intervention in rural and frontier SD. This intervention could support the needs of the patients and family caregivers as well as healthcare professionals. Next steps include gathering feedback from healthcare professionals, patients, and family caregivers to adapt an intervention to ensure its cultural responsiveness for AI, rural, and frontier South Dakotans.

Healthcare Providers as Cultural Guests of Patients and Their Loved Ones During the Dual Pandemic of COVID-19 and Racism: Establishing Trust in the ICU (Sci233)

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