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LEARNING | GROWING | ADVANCING | TOGETHER

2026

AAOHN NATIONAL CONFERENCE



ORLANDO, FLORIDA

ROSEN SHINGLE CREEK

Poster Session 2

Monday April 27th
12:45 P.M. -1:45 P.M.

2026

AAOHN NATIONAL CONFERENCE

Disclosures

Accreditation statement: The American Association of Occupational Health Nurses, Inc. (AAOHN) is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

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INTRODUCTIONS

Obstructive Sleep Apnea (OSA) is a syndrome of breathing abnormalities during sleep, due to the blockage of airflow in the upper airway near the tongue and soft palate, causing periodic apneas.

- Apneas cause dips in blood oxygen saturation, which in turn lead to surges in blood pressure and heart rate, and interrupt sleep continuity.
- OSA is associated with poor sleep quality and daytime sleepiness, two metrics that closely impact drivers' alertness on the road.

OBJECTIVES

- Estimate the **overall global prevalence** of OSA among truck drivers.
- Compare the pooled prevalence rate of OSA in truck drivers across different **OSA screening measures** and **time periods**.

METHODS

- PubMed, CINAHL, PsycINFO, and Web of Science were searched for articles that assessed the prevalence of OSA in truck drivers using objective measures
- The pooled prevalence rates of OSA were estimated using the **logit event rate**.

SEARCHED RESULTS

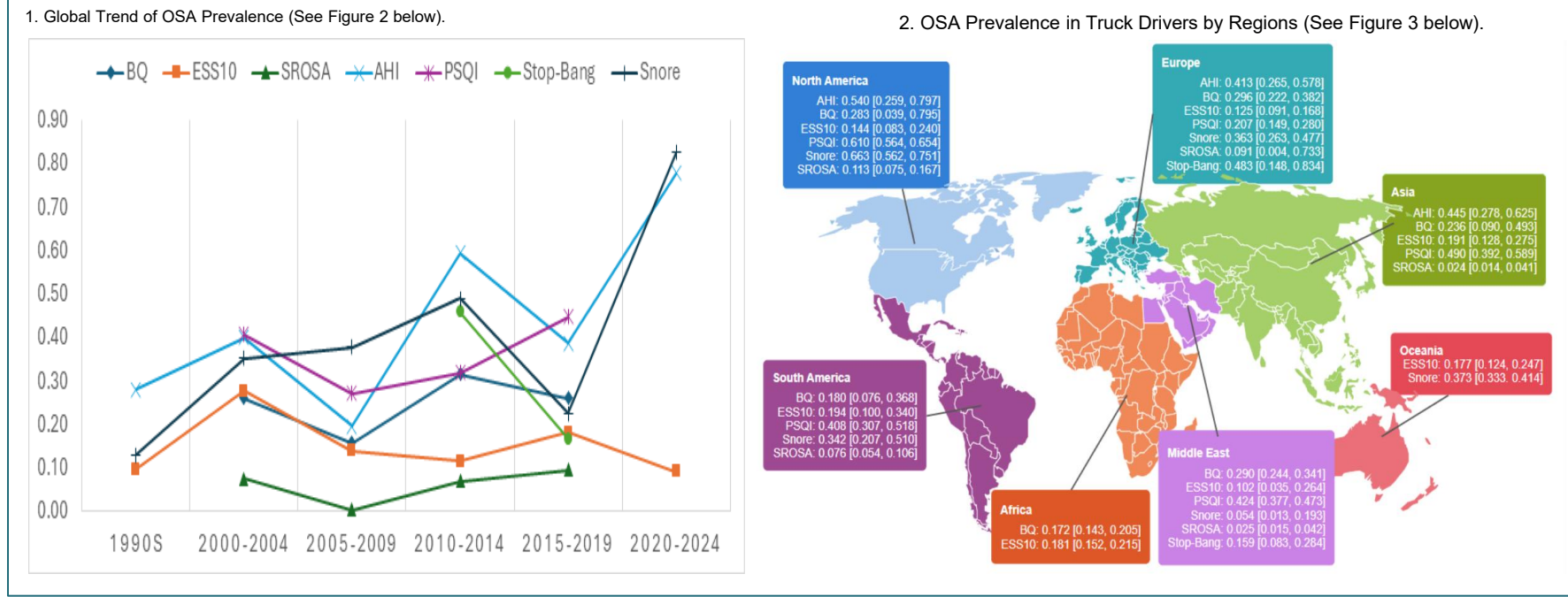
64 Studies → 187,925 truck drivers (20-71 y/o)

Objective Measures (AHI, 16 Studies)

Subjective Measures

- Berlin Questionnaire (15 Studies, 23%)
- Stop-Bang (5 Studies, 8%)
- Others

RESULTS



CONCLUSIONS

- Regional variations in OSA prevalence and the scarcity of research in certain regions** underscore the need for global collaboration.
- Continuous stakeholder engagement and local public health efforts:** To assess the landscape of tiered screening strategies and the operationalization of the MTSS model.
- Future multinational cohort studies and cost-effectiveness analyses** are warranted to inform the decision-making for a sustainable upstream approach.

ACKNOWLEDGEMENTS

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GAP IN NURSING PRACTICE

- ❖ Current nursing practice lacks structure-support systems to help nurses restore balance and well-being after experiencing stress or burnout
- ❖ A nurse coach can offer direction and assistance to help nurses regain equilibrium, promote recovery and healing

RECOGNIZE SUBJECT MATTERS

- ❖ **Roles of the Nurse Coach**
 - Encourage healthy lifestyle
 - Provide guidance towards health goals
 - Raise awareness of preventative care and disease management
 - Implement integrative measures

TOPIC ISSUES

- ❖ Nurses need to create balance and harmony in their own lives to provide better care for others
 - Find their own inner voice
 - Learn what is best for them
 - Attain greater life alignment

References

Dermody, E. (2023). When the Nurse Coach Becomes the Client: How I Restored Balance and Set Goals on a Healing Journey. *ONS Voice*, 1.
 Montgomery-Dossey, B.M., Luck, & Guillino-Schaub. (2015). Nursing Coaching Integrative Approaches for Health and Wellbeing (2nd ed). North Miami, FL: International Nurse Coach Association
 Bark, L., & Oehrug, H. (2021). Nurse Coaching Assessment: Using an Integral Approach for Greater Life Alignment. *AHNA Beginnings*, 41 (4), 5-9.
 Oakley. (2025). A Strategic Coaching Framework to Support Nurse Well-Being in A Hospital Setting. *AHNA Beginnings*, 45 (2) , 28-31.
 Luck, S. J., & Dossey, B. M. (2021). Integrative Nurse Coaching As a Reflective Journey. *AHNA -BEGINNINGS*, 41(4), 10-11.

EVIDENCE-BASED PRACTICE USED

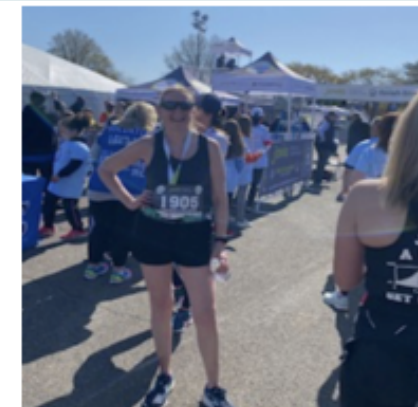
- ❖ **The Theory of Integrative Nurse Coaching (TINC)** : middle – range nursing theory, developed by Dossey, Luck ,and Gulino Schaub (2015)
 - **TINC-** a philosophy and methodology framework, –theory in action –grounded in clinical knowledge, traditional and integrative practice, health care policy & through nursing lens
 - **TINC** contains five components: (1) Nurse Coach Self-Development. (2) Integral Perspectives and Change. (3) Integrative Lifestyle Health and Wellbeing (4) Awareness and Choice. (5) Listening with HEART
 - **Implemented:** Component 1: Nurse Coach: Self –Development. Consists of four interrelated areas -Self-Reflection ,Self-Assessment-Self Evaluation-Self-Care

IMPLICATIONS FOR CLINICAL PRACTICE

- ❖ **Component 1: Nurse Coach Self-Development:**
 - ❖ **Self-Reflection:**
 - State of mindfulness – being in present moment - awareness of thoughts
 - Face fears, exploration of own dying
 - Deeper understanding of impermanence, surrendering to capacity for healing
 - ❖ **Self-Assessment:**
 - Understanding present way of life
 - Identify personal health, wellness and goals
 - Integrates -life balance, satisfaction, relationships, spiritual, mental, emotional and physical
 - ❖ **Self-Evaluation:**
 - Explore –how to let go fixed ideas about ourselves and others
 - Explore understanding and experience of deep attention –intention-compassion-presence-empathy-humility-resilience-healing
 - Listen for what resonates as right, creating steps towards goals
 - ❖ **Self-Care:**
 - Achieve balance and harmony in daily life
 - Learning to see things in new ways

APPLICATION TO CLINICAL PRACTICE

- ❖ **Case study:** Demonstrates how a nurse coach utilized her nurse coaching skills
 - Restored balance, set goals on a healing journey after a near fatal accident
- ❖ **Self-Reflection:**
 - Took a healing trip to Ireland
 - Processed thoughts related to near-death experience, began healing from trauma
- ❖ **Self-Assessment:**
 - Set goals for spiritual and physical recovery
 - Ran a half marathon, improved diet, focused on mental well-being
 - Stayed with family in Ireland, visited Mount Melleray, a place of spiritual importance (Healing)
- ❖ **Self-Evaluation:**
 - Recognized the shift from being a nurse to a patient-reliant on others
 - Questioned why the accident happened
 - Acknowledged the need to let go in order to heal
- ❖ **Self-Care:**
 - Recognized the importance of engaging in self-care
 - Chose osteopathic physiotherapy after the accident
 - Set clear recovery goals.



Author after completing half-marathon

Review of Reporting Data for Health Care–Related Workplace Violence (2020–2024)

Lisa McQueen French, MSN, RN, CPHQ, RHDS, Shawn Howe, Ben Goulart, Deyze Badarane, MD, MPH, CPH, Thomas R. Huston, PhD, Victoria W. Wulsin, PhD, MD, Beverly Hittle, PhD, RN, FAAOHN, Gordon L. Gillespie, PhD, DNP, RN, FAAN, Kermit G. Davis, PhD

PROBLEM

Health care workers face an elevated risk of workplace violence (WPV) compared to other private industries (BLS, 2021).

Purpose- This project analyzed WPV reporting data from 2020 to 2024 in a large Ohio healthcare system to identify trends, high-risk roles and areas, and to inform quality improvement/prevention opportunities.

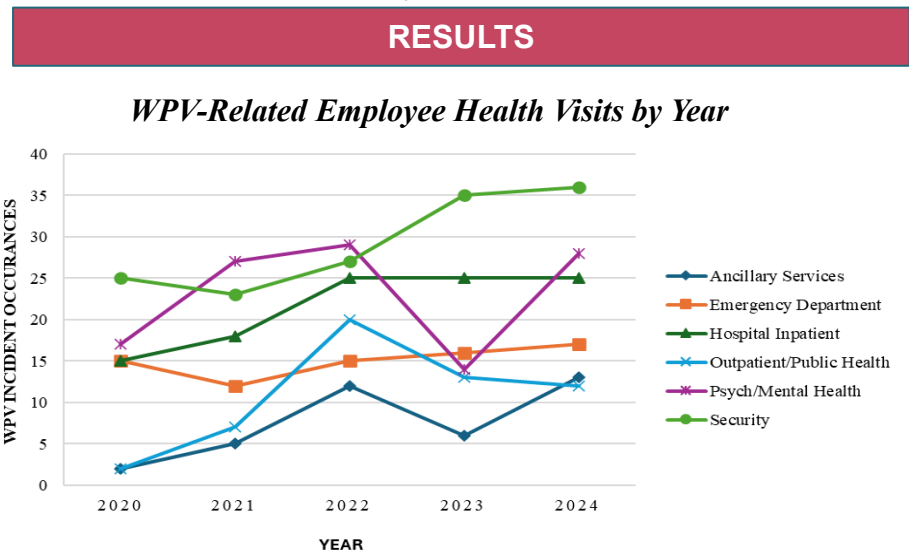
METHODS

Design- A retrospective, descriptive review of de-identified incident-reporting data.

Data Sources: Employee health (N=536) and an incident-reporting database (N=2,073).

Setting- An Ohio health system (>12,000 employees).

Participants: Employees who report incidents through the incident reporting system and those seen in the employee health clinic due to WPV.



WPV-Related Employee Health Visits by Job Title

Job Title	n	%
Assistant	71	13.3%
Paramedic	8	1.5%
Security/Police	148	27.6%
Nurse	213	39.7%
Tech	13	2.4%
Therapist Non-Psych	25	4.7%
Worker-Psych	45	8.3%
Clerical	9	1.7%
Physician/Resident	4	0.8%

DISCUSSION

- WPV trending upward from 2020-2024, consistent with Lombardi et al (2024).
- Employee health visits suggest injury severity and work disruption consistent with national data (BLS, 2021).
- WPV occurrences were higher in the psych/mental health units, consistent with Weltens et al. (2021).
- Underreporting is likely.
- System fragmentation may result in duplication.

TRANSLATION TO PRACTICE

- Align WPV policy, reporting systems, and training.
- Target high-risk areas.
- Strengthen reporting culture.
- Occupational health professionals play a central role in surveillance, injury evaluation, and strengthening safety culture.

REFERENCES

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Occupational Stress among Emergency Department Nurses: A Concept Analysis

Jennifer McCarty, DNP, and Jenni Wise, PhD

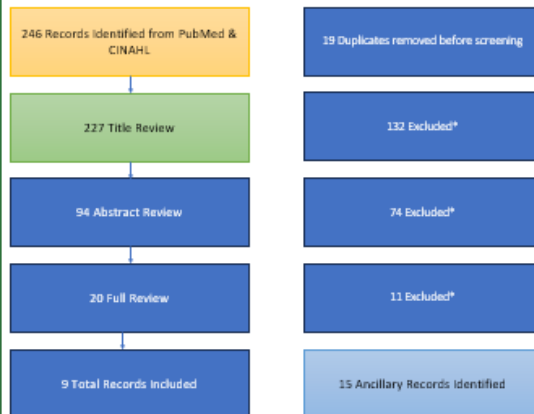
BACKGROUND & SIGNIFICANCE

- Stress is a known risk factor for multiple physical and mental health issues, and has been connected to increased cardiovascular risk and hypertension (1,6, 10,12, 14, 16).
- Emergency department (ED) nurses report some of the highest levels of stress related to their professional colleagues due to their low-control work environment, increased risk for exposure to workplace violence, and increased exposure to and care of critically ill and death/dying patients (1,3-4).
- Occupational stress can affect nurses in their work and home environment leading to acute and chronic health issues (13).
- Understanding the context surrounding the effects of occupational stress on ED nurses is important for the wellness of the nurses, the longevity of their careers, and good health, and is the purpose of this research.

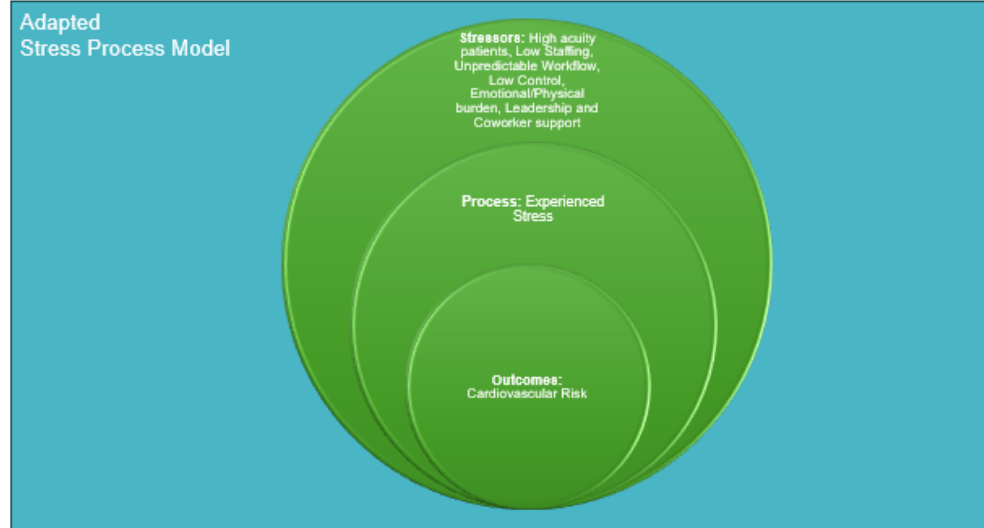
Occupational stress is defined by the National Institute for Occupational Health and Safety (NIOSH) as the "harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker" (2).

METHODS

Walker & Avant's approach to concept analysis was performed in eight stages: choosing a concept, determining the purpose of analysis, identifying all uses of the concept, defining attributes, identifying a model case, identifying borderline, related, and contrary cases, identifying antecedents and consequences, and defining empirical referents (17).



Occupational stress is associated with adverse physical and mental health outcomes among emergency department nurses.



Learning Objectives

Learner will be able to identify characteristics of the ED.

Learner will be able to identify the possible consequences of exposure to occupational stress.

Learner will be able to discuss the stress process model in relation to the ED environment.

RESULTS OF CONCEPT ANALYSIS

Characteristics:

low control environment, unpredictable workflow, exposure to death/dying, increased exposure to violence

Antecedents:

high acuity patients, high volume, emotional/physical burden, shift work

Consequences:

hypertension, increased risk for heart disease, anxiety, depression, sleep cycle disruption

NEXT STEPS

The Stress Process Model suggests that the impact of occupational stressors on cardiovascular disease risk/health depends not only on exposure to occupational stressors but also on the psychologic, physiologic, and behavioral responses to stress. I will leverage the SPM to examine the impact of stress response on cardiovascular risk/health to inform areas of possible intervention.

SPECIFIC AIMS

- AIM 1:** Characterize the occupational stressors, perceived stress, and cardiovascular risk of ED Nurses
- AIM 2:** Examine the relationships between occupational stressors, perceived stress, and cardiovascular risk among ED Nurses
- AIM 3:** Determine whether perceived stress mediates or moderates the relationship between occupational stress and cardiovascular risk among ED Nurses

The Changing Landscape: A 10-Year Analysis of Return-to-Work Durations

PROBLEM

- Setting return to work expectations after an injury or illness is an important part of helping patients manage recovery goals, manage stress, and improve health outcomes.¹⁻⁴ However, individual-level, evidence-based knowledge of recovery for all conditions and procedures is an unrealistic standard for occupational health nurses.
- Systematic reviews of available research provide information to support decision-making, including injury or illness durations. Reviewing aggregate data changes over time can provide insight into factors that influence durations. For example, an aging population, changes in medical techniques, and societal pressures.⁵⁻⁸
- The aim of this study is to examine which frequent condition durations have changed over the past 10 years in a claims dataset to highlight conditions that should be regularly reviewed to ensure care remains evidence based.

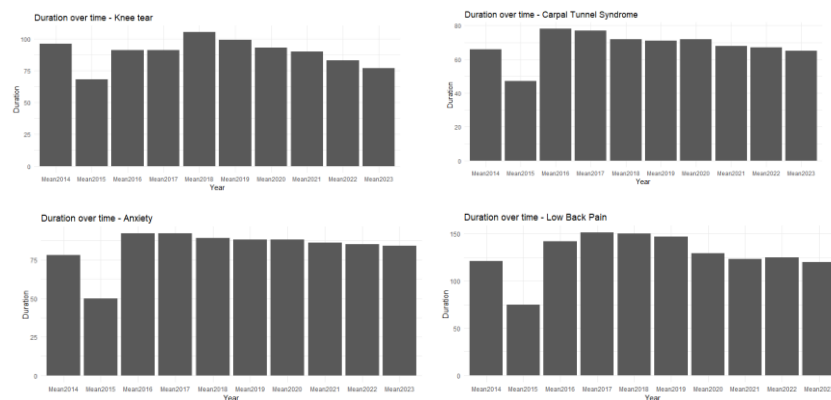
PICO

- In frequently occurring injury or illness conditions among insured individuals, how do current claims-based recovery durations compare with durations from 10 years ago in terms of changes in return-to-work (RTW) guidance provided by occupational health nurses?

SEARCH FOR THE EVIDENCE

- The MDGuidelines population database consists of 29 million short- and long-term disability claims and workers compensation claims. Each year data is added, removed, and cleansed within this dataset; thus, condition duration means represent a large sample of real-world recoveries. Common conditions, excluding pregnancy and related conditions, from 2014 to 2023 were analyzed to review which had high duration variability across the years.
- Means for each condition (grouped ICD codes) were determined per year. A Mann-Kendall test was used for statistical significance across the time series because durations are non-normal data. A p-value of $p < 0.01$ was considered statistically significant.
- The most frequent conditions from 10 years of data were: **depression, herniated disc, knee osteoarthritis, low back pain, anxiety, knee tear, uterine fibroids, carpal tunnel, breast cancer and hip osteoarthritis** (see Table 1). Four topics had statistically significant differences in duration over time (low back pain, anxiety, knee tear, and carpal tunnel, see Figure 1), and 8 trended towards lower durations in recent years (all except herniated disc and knee tear).

Figure 1. Conditions that had significant changes in duration over a 10-year period.



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Table 1. Most frequent conditions of 2014 to 2023 from dataset.

Rank	Condition	Mean 2023 duration	n	tau	P value
1	Depression	80 days	1,243,467	-0.238	0.07302
2	Herniated disc	102 days	929,181	0.114	0.20397
3	Knee osteoarthritis	96 days	863,450	-0.088	0.43432
4	Low back pain	102 days	738,574	-0.415	0.0000000001*
5	Anxiety	77 days	595,195	-0.689	0.0000001*
6	Knee tear	72 days	558,780	0.347	0.00012*
7	Uterine fibroids	46 days	524,328	-0.286	0.03450
8	Carpal tunnel	65 days	462,450	-0.854	0.00089*
9	Breast cancer	103 days	367,051	-0.029	0.71444
10	Hip osteoarthritis	89 days	127,121	-0.328	0.01485

*Indicates statistical significance

CRITICAL APPRAISAL OF THE EVIDENCE

- This review of a very large dataset over a 10-year period provides insight into frequent conditions seen in working populations. While most condition durations are decreasing, only some have statistically significantly changed and should be the focus of ongoing education for occupational health nurses.
- Limitations to this research include that conditions that have more ICD codes may be biased towards larger counts, care for each condition could not be measured (i.e., surgical versus conservative care) which could impact durations, and that code correctness could not be confirmed which could cause misclassification.

CLINICAL PRACTICE IMPLICATIONS

- These duration shifts highlight the need for occupational health nurses to regularly review and update return-to-work guidance, especially for conditions with notable or emerging changes in typical recovery patterns (e.g., low back pain, anxiety, knee tear, and carpal tunnel syndrome).
- Shorter durations for many of the most frequently reported conditions suggest that there have been improvements in treatment and modern rehabilitation practices that have had a positive impact on functional outcomes.⁹⁻¹² This underscores the importance of providing patients with current recovery expectations and supporting timely engagement in modified, transitional, or full return to activities.
- In contrast, conditions such as **herniated disc** and **knee tear**, which **did not show decreasing durations**, may require more individualized planning and collaboration with care teams to empower workers with safe and realistic timelines for return to activities.

TRANSLATION TO PRACTICE

- Update RTW guidance for conditions with significant change.** Low back pain, anxiety, knee tears, and carpal tunnel syndrome demonstrated notable shifts in recovery duration, underscoring the need to revisit and update RTW timelines and adjust patient education and recovery planning for these conditions.
- Monitor conditions trending toward shorter durations.** Shorter recovery times were observed for most conditions, supporting policies and practices that promote early RTW interventions as an effective strategy to improve overall recovery and reduce the negative impact of being away from work after an injury.¹³ Occupational health nurses can use this information to set realistic goals that empower patients, encourage early rehabilitation engagement, and support timely and safe return to activities.
- Recognize conditions with stable or lengthening durations.** Herniated disc and knee tear did not follow the overall trend toward shorter durations, indicating more complex recovery patterns or persistent functional limitations. These cases may require individualized planning, closer collaboration with multidisciplinary team members, and advocacy for appropriate transitional activities and workplace accommodations.
- Strengthen evidence-based communication and care coordination by occupational health nurses.** Awareness of changing duration trends enables occupational health nurses to provide more accurate, data-informed RTW expectations. This helps reduce uncertainty for individuals, supports clearer discussions with the care team, and improves shared decision-making around realistic recovery expectations and coordinated work planning.¹⁴ Previous studies have shown the importance of the central role occupational health nurses have in providing effective RTW communication and coordination of care.¹⁵
- Identify priorities for clinical guideline review.** Conditions with significant or emerging changes should be identified for ongoing monitoring, updated literature review, and revision of organizational RTW protocols to ensure occupational health practices remain current and evidence based.
- The results of this study align with recent research indicating that recovery durations for common work-related conditions are shaped by evolving clinical practices and early intervention strategies, including timely access to physical therapy and biopsychosocial care, which have been shown to shorten disability durations for individuals with musculoskeletal conditions.¹⁶ These findings correspond with the decreasing durations observed in conditions such as low back pain and carpal tunnel syndrome, suggesting improvements in evidence-based care.
- These findings underscore the critical role of occupational health nurses and reinforce the need for ongoing professional engagement in monitoring evolving recovery duration trends, updating return to activity guidance as evidence advances, and applying this evidence to tailor recovery expectations to each individual's unique clinical and work-related circumstances.

REFERENCES

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