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## Humor development: Communication tool for pediatric nurses

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Pediatric nurses require comprehensive skills related to growth and development to support communication with pediatric clients of all stages of development. Pediatrics is a specialized area of nursing. Nurses and student nurses are required to recognize, understand, and apply knowledge of growth and developmental stages to have successful communication with children in healthcare settings. Nurses encounter pediatric clients in various settings in healthcare. These range from educational settings to acute and chronic care settings. Communication with children is dependent on the child's level of growth and development. A skilled healthcare provider who communicates effectively with children does so by recognizing stages of growth and development. Humor development, which mirrors cognitive development, is not readily used in the education of student nurses or pediatric nurses. Educating nurses and student nurses on humor development could enhance the understanding and comprehension of cognitive growth and development.

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## Implementing a community bullying awareness intervention in an adolescent psychiatric unit: A feasibility study

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**Background:** Bullying is a public health concern for adolescents, and has negative immediate and long term outcomes for both the perpetrator and the person being bullied. Outcomes for both include higher incidence of physical and mental illness (addictions, anxiety, depression); withdrawal from others, involvement in delinquent behaviors as a youth and violence as an adult, injuries and self-directed injury including suicide and death.

**Problem:** Adolescent with a mental diagnosis is at risk of involvement in bullying. The study tested the feasibility of implementing a bullying awareness group intervention in an established inpatient psychiatric unit milieu.

**Methods:** Adolescents admitted to an urban inpatient adolescent psychiatric unit were eligible to attend 2 sequential one-hour Bullying Awareness intervention group sessions. Data were collected before the first session (T1), post-both session (T2), and following discharge from the unit (T3). All staff members in the Adolescent Unit attended the bullying in-service class and were invited to sign a "Community Anti-Bullying Contract" prior to the implementation of the research study.

**Findings:** In this study 65 adolescents were enrolled; most were female (66.2%), African-American (60%), and in grades 10 to 12 (57%). Intervention feasibility was achieved as >80% of participants completed all components of the intervention and 100% completed all study questionnaires at T1 and T2. Feasibility of the follow-up (T3) was not achieved. Ethnicity, gender, age, mental health diagnosis, and family structure were compared between participants who dropped off from the study versus those who did not at T3. We found adolescents living in single-parent families were more likely to drop off compared to those in two-parent families (70% vs. 40%,  $P=0.0156$ ). Bullying knowledge scores improved significantly from T1 to T2.

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