NURS 380: Research and Evidence Based Practice
One-Shot Assessment

What is the most useful tool/service/research tip you learned about today?

What is one question about research or libraries that you still have?

Read the following abstracts. For each abstract, determine if it represents a research or non-research article. If the abstract comes from a research article, determine if it is primary or secondary.

Medication administration accounts for 40% of the nursing clinical activity in hospitals and nurses play a central role in granting the patient safety, as they are directly responsible for the patient care. This review aims at analyzing the correlation between the clinical risk management and the occurrence of medication errors and the effects of the shift work (such as excessive fatigue and sleep deprivation after a shift in hospital) on inpatient nurses. This paper adheres to the relevant EQUATOR guidelines.

A systematic review was conducted according to the PRISMA statement and pertinent articles were selected based on inclusion criteria and quality assessment factors. Two reviewers searched the bibliographic databases PubMed, Scopus, Cochrane, CINAHL to collect all the available articles in English and Italian issued between 1992 and August 2017. The reviewers analyzed 19 of the 723 initially extracted references, as they focused on the impact of workload, shifts and sleep deprivation on the probability of making medication errors. The main reasons behind medication errors are stress, fatigue, increased workload, night shifts, nurse staffing ratio and workflow interruptions. These factors can have a significant negative impact on the health and the performance of the employees. It is desirable to extend and deepen the research to identify appropriate measures to minimize medication errors.

- Non-Research
- Primary Research
- Secondary Research

In recent years, sleep medicine has evolved into a full-grown discipline, featuring a multidisciplinary approach to diagnosis and treatment of patients with sleep disorders. Sleep medicine cuts across the boundaries of different conventional disciplines and is therefore open to medical and non-medical professionals with different specialty backgrounds. The aim of the current paper is to introduce a qualification for those professionals whose main occupation is to practice sleep medicine in the setting of a sleep medicine centre. The drafting of guidelines dealing with requirements for such qualification was entrusted to a task force by the European Sleep Research Society. The guidelines are the result of a progressive consensus procedure in which standards were defined for education, training, and evaluation. The final step along this pathway is a theoretical and practical examination, providing proof of proficiency in the field of sleep medicine. This paper describes the object of specific competences, the scope of sleep medicine, and the qualification procedures that pertain to three professional categories: medical specialists, non-medical professionals with a university master degree (such as psychologists and biologists), and nurses and technologists. Indices of preceding practical experience and theoretical knowledge are presented in Appendices 1 and 2. These guidelines are a European standard. They may be adapted in the future according to new scientific insights. National certification programs that comply with these guidelines may be subject to homologation by the ESRS.
This study investigated the relationship between the sleep-wake cycle and body mass index (BMI) of female shift-working nurses and examine the mediating effect of sleep quality on this relationship. We recruited a total of 147 female nurses working monthly rotating shifts at a teaching hospital in Taiwan from the day (n=63), evening (n=50), and night (n=34) shifts. Our research instruments utilized a questionnaire to collect demographic and work-related information, the Pittsburgh Sleep Quality Index (PSQI), and actigraphs to record sleep patterns for seven consecutive days. The sleep-wake cycles were then estimated using the dichotomy index (I<0). The I<0 values were negatively associated with both BMI ($\beta = -0.28$, p=0.001) and PSQI scores ($\beta = -0.29$, p<0.001), the bootstrapping results indicated that the estimate of the indirect effect was -0.28, and the 95% confidence interval ranged from -0.68 to -0.05. For female shift-working nurses, sleep quality mediates the influence of the sleep-wake cycle on BMI, indicating that the maintenance of a regular sleep-wake cycle and good sleep quality could be important for female shift-working nurses.